Global Academic Nursing Journal

REVIEW ARTICLE

Palliative care: care for cancer patients

Cuidados paliativos: cuidados para pacientes con câncer

Cuidados paliativos: a atenção aos pacientes oncológicos

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How to cite this article:
Voltarelli A, Sakman R, Leonardi MJ, Ferreira LC, Silva RGM. Palliative care: care for cancer patients. Glob Acad Nurs. 2021;2(1):e83. https://dx.doi.org/10.5935/2675-5602.20200083

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Chief Editor: Caroliny dos Santos Guimarães da Fonseca
Executive Editor: Kátia dos Santos Armada de Oliveira

Submission: 07-04-2020
Approval: 11-12-2020

Abstract

The present study was a research about paliativo care aimed at cancer patients. The search for the results of the results was done in a bibligraphic way through consultation and analysis of various authors and articles. The principal finalidade of this work is that of analisar a influência and the impact of the attention of nursing professionals in working with cancer patients in paliativos care according to the existing literatura. In the end, this teaching will elucidate the central issue that led to its beginning to give due credit to the medical care invested, as far as its applications to cancer patients are concerned.

Descriptors: Palliative Care; Oncological Patients; Nursing; Oncology.

Resumén

El presente estudio fue una investigación sobre la atención paliativa dirigida a pacientes con cáncer. La búsqueda de los resultados de estos resultados se llevó a cabo de forma bíblica a través de la consulta y análisis de diversos autores y artículos. El principal final de este trabajo es el de un analista y el impacto de la atención de los profesionales de enfermería en el trabajo con pacientes con cáncer en la atención paliativa de acuerdo con las leyes existentes. Al final, esta enseñanza aclarará el tema central que motivó su inicio para dar el debido crédito a la atención médica invertida, en cuanto a sus aplicaciones a los pacientes oncológicos.

Descriptores: Cuidados Paliativos; Pacientes Oncológicos; Enfermería; Oncología.

Resumo

O presente estudo foi uma pesquisa acerca de cuidados paliativos voltados a pacientes oncológicos. A pesquisa para se alcançar tais resultados se deu de forma bibliográfica por meio de consulta e análise de vários autores e artigos. A principal finalidade desse trabalho é o de analisar a influência e o impacto da atenção dos profissionais de enfermagem na atuação com pacientes oncológicos em cuidados paliativos de acordo com a literatura existente. Ao final, esse ensaio elucidará a problemática central levantada em seu início a fim de dar o devido crédito aos cuidados médicos investigados, no que tangem às suas aplicações a pacientes oncológicos.

Descritores: Cuidados Paliativos; Pacientes Oncológicos; Enfermagem; Oncologia.

https://dx.doi.org/10.5935/2675-5602.20200083

Introduction

For those who are aware, death was perceived as a natural phenomenon of life and, over the course of human evolution, the perception of death was transforming and taking a different proportion of people. Since it is necessary to deal with that person, for that reason he does not have the resources to stop the disease from happening, bringing in the health team, and the same ones. The palliative care is more than a method, it is a philosophy of care. The palliative care is mistaken historically with the hospice term, which defined shelters designed to receive and care for pilgrims and visitors[1].

In 1982, the Cancer Committee of the World Health Organization (WHO) created a working group responsible for defining policies for pain relief and hospice care that were recommended in all countries for cancer patients. The term Palliative Care, already used in Canada, came to be adopted by WHO due to the difficulty of adequately translating the term hospice into some languages. The WHO published its first definition of Palliative Care in 1990, which was revised in 2002 as care that improves the quality of life of patients and their families, addressing the problems associated with life-threatening diseases, preventing and relieving suffering through early identification and thorough evaluation of pain and other physical, psychological, social, and spiritual problems. With this understanding, access to palliative care is a legal obligation, as recognized by United Nations conventions, and has been claimed as a human right by international associations, based on the right to the highest possible level of physical and mental health[2,3].

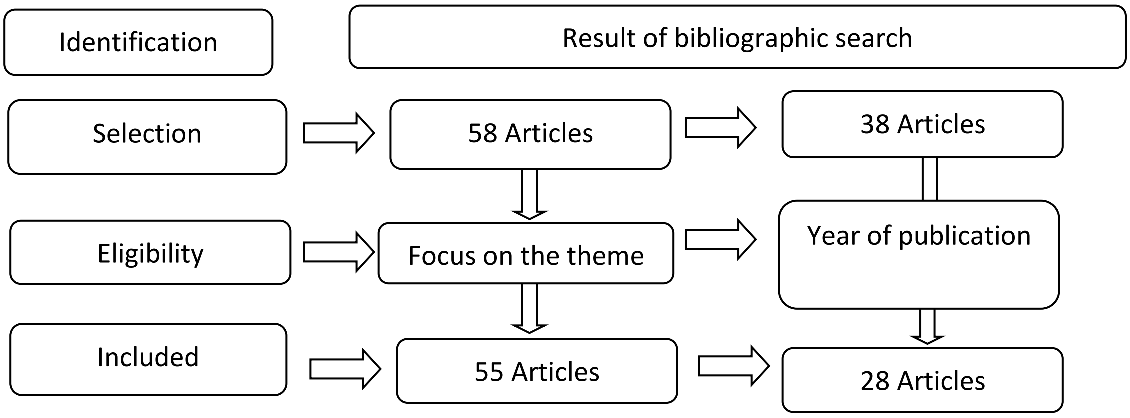
For patients who experience severe pain, the failure of governments to provide palliative care can be considered cruel, inhuman, or degrading treatment. Palliative care is a therapeutic approach that involves a multidisciplinary team, including several medical specialties, nurses, psychologists, psychiatrists, nutritionists, physiotherapists, speech therapists, social workers, pharmacists, spiritual counselors, etc. All these professionals are important, since Palliative Medicine aims to identify and resolve the problems related to hospitalization in the physical, psychological, spiritual, and social spheres. It is assumed that the vision of the nursing team regarding palliative care for cancer patients is incorporated into humanistic aspects where investments in the learning process are beyond technical knowledge, which it considers not only the physical dimension, but which seeks to offer psycho-affective support, spiritual and social to the patient[4].

Being recognized that empathy, attention, compassion, and comfort are necessary elements so that the demands of patient care are met, recognizing the meaning of palliative care. The establishment of bonds and attitudes capable of offering coping strategies based on the relationship established with the patient is of paramount importance to facilitate the provision of palliative care[5]. The main purpose of this work is to analyze the influence and impact of the attention of nursing professionals in working with cancer patients in palliative care according to the existing literature.

Methodology

This is an Integrative Review that refers to a method that allows the synthesis of multiple published studies and allows general conclusions about a particular area of study, in which it was carried out from January to May 2020. The integrative review it took place in six stages: Phase 1 - identification of the theme and hypothesis of a research problem for the elaboration of the integrative review; Phase 2 - Establishment of criteria for inclusion and exclusion of studies found in the literature search; Phase 3 - categorization of studies and data collection; Phase 4 - Evaluation of studies included in the integrative review; Phase 5 - Interpretation and discussion of results; Phase 6 - Writing the study.

Figure 1. Flowchart of search and selection of studies. São Paulo, SP, Brazil, 2020



The study included publications: scientific articles; those published in the period from 2010 to 2020 were selected; available electronically in full text; in the referred databases Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library Online (SciELO), Database in Nursing (BDENF) and International Literature in Health Sciences (MEDLINE); in Portuguese, Spanish and English; and according to the descriptors: "Palliative care", "Cancer patients" and "Nursing".

To select the articles, the following selection criteria were established: reading the title and abstracts that covered the theme. Exclusion criteria were articles outside the defined period; not available in full text; books, doctoral theses, master's dissertations; those that were repeated in the combination of the selected descriptors; and those whose subjects did not answer the research's guiding question or had no relation to the research objective. The health terminology consulted in the *Descritores em Ciências da Saúde* (DeCS) and Medical Subject Headings (MeSH) were used, by which the descriptors were identified.

Results

Figure 2 shows the studies selected for this review.

Figure 2. Distribution of publications on paliativos care in the care of cancer patients. São Paulo, SP, Brazil, 2020

Author	Year	Method	Title	Results
SEKI, N. H.	2010	Bibliographic research	O uso da música nos cuidados paliativos: humanizando o cuidado e facilitando o adeus	The use of music played live, by voice and guitar, was not only an important instrument for the process of humanization of the care and a creative and effective alternative for pain relief, but it also brought benefits to the health team, such as: the prevention of stress, the reduction of levels of tension and psychological wear, greater social interaction, and greater commitment to professional activities.
BASTOS, B.R; PEREIRA, A.K.S; CASTRO, C.C; CARVALHO, M.M.C.	2018	Retrospective, descriptive and cross-sectional study	Perfil sociodemográfico dos pacientes em cuidados paliativos em um hospital de referência em oncologia do estado do Pará, Brasil	Knowing the profile of these patients contributes to the understanding of the peculiarities of these individuals, assisting the multidisciplinary team of the palliative care clinic in planning the assistance provided. When designing and suggesting interventions to patients in palliative care, it is essential to consider the resources, the language used to guide care and the type of population most affected by the disease.
WORLD HEALTH ORGANIZATION	2009	Integrative research	Serviços De Cuidado Paliativo e Gestão Da Qualidade	Perform the situational diagnosis - Assessment of strengths and weaknesses, identification of guidelines and actions, deadlines and responsibilities.
MENDES, E.C VASCONCELLOS, L.C. F	2015	Literature review	Cuidados paliativos no câncer e os princípios doutrinários do SUS	The instrumentalization of a national palliative care policy that includes the citizen in the right to have the right, in the right to have health and in the right to have assistance at the end of life, corresponds, consequently, the right to have a dignified death or, better saying, a more dignified end to life.
MENOSSI, M. J.; ZORZO, J. C. C.; LIMA, R. A. G.	2012	Qualitative study	A dialógica vida/morte no cuidado do adolescente com câncer	Tomar decisões, relativas ao tratamento do adolescente e aos modos de cuidar, faz a equipe aproximar-se da condição complexa do ser humano, que tem implicações éticas, mas também existenciais, trazendo ao profissional a sua própria finitude. Deparar-se com sua própria finitude pode aproximar a equipe de saúde do adolescente e de seus familiares que experienciam a dor da provável perda.
FRATEZI, F. R.; GUTIERREZ, B. A. O.	2011	Qualitative study, with open and semi-structured interview script	Cuidador familiar do idoso em cuidados paliativos: o processo de morrer no domicílio	It must be said that the help relationship can be considered as essential to help caregivers to deal with the process of dying patients out of therapeutic possibilities, as well as with the burdens arising from the task of caring.
SALES, C. A.; D’ARTIBALE, E. F	2011	Qualitative research	O Cuidar Na Terminalidade da Vida: Escutando Os Familiares	When we unveiled the meanings expressed by the subjects, we apprehended that the dimension of suffering associated with cancer and the terminal condition generates anxieties, fears, and anxieties in the family, thus raising the need to develop assistance that is compatible with the condition experienced by the family and meet the precepts of palliative care.
SILVA, A. F.; ISSI, H. B.; MOTTA, M. G. C.	2012	Qualitative exploratory-descriptive study	A Família da Criança Oncológica em Cuidados Paliativos: O Olhar da Equipe de Enfermagem	This feeling of preserving existence, on the other hand, brings about a compassionate state of mindfulness to the unique care approaches for each child and family.
SALOTTI, S. R. A.; GUIMARÃES, H. C. Q. C. P	2012	Cross-sectional, exploratory, quantitative and	Enfrentamento do paciente oncológico e do familiar/cuidador frente à terminalidade de vida	Accepting finitude is a complex process, but when a patient reaches the capacity to understand the situation they are experiencing and all its consequences, acceptance of death and a rationalization of suffering are evident, which results in the elaboration of ways of coping with their finitude.

		qualitative study		
HERMES, H.R; LAMARCA I.C.A.	2013	Literature review	Enfermeiros do Serviço de Atendimento Móvel de Urgência: perfil e atividades desenvolvidas	The doctor in palliative care is an important professional. It will contribute to providing clarifications on diagnoses and prognosis for the patient whose death is inevitable, guiding the team, always maintaining good communication with other professionals, so that the patient has dignity in the last years of his life. So, when you can no longer heal, you can still take care and have a good relationship between doctors and patients.
ATTY, A.T.M; TOMAZELLI, J.G.	2018	Descriptive study	Cuidados paliativos na atenção domiciliar para pacientes oncológicos no Brasil	In the three years analyzed, more than 45% of referrals in palliative care for home care were carried out in primary care. There is also a small increase in referrals from hospital admissions and a decrease in referrals made by cancer centers.
ANDRADE, C.G, COSTA S.F.G, LOPES M.E.L.	2013	Exploratory, qualitative research	Cuidados paliativos: a comunicação como estratégia de cuidado para o paciente em fase terminal	The relevance of the type of language used depends on the degree of commitment of the patient, but it is possible to communicate by passing on information that comfort, clarify and dignify human finitude. Therefore, the interpersonal relationship that occurs between the nurse and the patient / family member, in the care process, has its essence in the communication skills, and this is essential for the nursing care to be humanized.
ALVES, R. F, MELO, M; ANDRADE, S.; SOUSA, V.	2014	Quantitative and qualitative researc	Saberes e Práticas sobre Cuidados Paliativos Segundo Psicólogos Atuantes Em Hospitais Públicos	It indicates weakness in the preparation of health professionals to exercise this care. Fact that compromises care for terminally ill patients and leads to an increase in suffering that could be avoided.
MELO, A.C, VALERO, F.F, MENEZES, M.	2013	Literature review	A Intervenção Psicológica Em Cuidados Paliativos	It is understood, therefore, that the contribution of the psychology professional occurs in various activities, these occur from knowledge arising from a view of the phenomenon as belonging to the field of the mind and the experiences and expressions by the body.
PALMEIRA, H.M; SCORSOLINI-COMIN, F.; PERES, R.S.	2011	Exploratory, descriptive and qualitative study	Cuidados paliativos no Brasil: revisão integrativa da literatura científica	Without any questioning the quality of the source of the other articles, the authors' preference for journals aimed more specifically at certain professional categories can be considered negative because it does not favor the dissemination of knowledge among other professional categories, which, ultimately, contradicts the multidisciplinary inherent in palliative care.
ANDRADE, CG; *et al.*	2012	Integrative review	Cuidados paliativos no paciente idoso: uma revisão integrativa da literatura	Thus, it is necessary for professionals to become aware of the finite character of their own life, so that they arouse interest in learning about human ways worthy of dealing with the finitude of being.
NUNES, M. G. S.; RODRIGUES, B. M. R. D	2012	Phenomenological study	Tratamento Paliativo: Perspectiva da Família	In this sense, it is up to the professional to value the social issues present in the world of life of these family members who care for a family member in palliative care, as well as the meanings of this experience attributed by them, their actions, or their interactions. Through the understanding of the phenomena, a more authentic care can be sought.
SOUZA, M. G. G.; GOMES, A. M. T.	2012	Qualitative study	Sentimentos compartilhados por familiares de pacientes oncológicos em tratamento quimioterápico: um estudo de representações sociais	At the same time, this experience can present itself as an important personal growth for the comfort that can be provided and for the professional reward, through the feeling of having done the maximum to alleviate the suffering of the patient and his family, thus contributing way, with the improvement in the quality of life or with the death process with dignity.
NUNES, M. G. S.	2010	Qualitative study	Assistência Paliativa em Oncologia na Perspectiva do Familiar: Contribuições da Enfermagem	Offering a way to understand the care of this family member, located in the institutional world, making it possible to apprehend the experience and the meanings that underlie this practice, leads to behavior, actions, and relationships; that is, a way of thinking that guides the individual in his daily life to be and be with the other in this phase of life.

Discussion

After the discovery of the disease, it is necessary to assess whether the treatment adopted will be ideal for the improvement of the patient's clinical condition, verifying even if the assisted person is within the possibilities of being treated with therapeutic practices. Nowadays some diseases are out of the possibility of therapeutic practices, such as: cancer, AIDS, diseases of the neurovegetative and progressive neurological system, congestive heart failure, kidney failure, chronic obstructive pulmonary disease, and other chronic conditions. Such a picture, when found in children, calls for extra attention, as diseases are aggressive limiters of routine activities, which results in a very drastic drop in activity[6].

It is important to emphasize that cancer is the one with the greatest social appeal, since it implies other diverse diseases, which have multiple causes and forms of diagnosis and treatments. Such an approach brings quality of life to the patient during the final moments of life, such palliative practice is defined according to each patient, and its main objective is to reduce the negative reverberation of the disease, whether in the home or hospital environment. It is shown that, in the absence of a cure, palliative therapeutic practice is a guide to be considered within the approach of care in the physical, emotional, spiritual, and social spheres. The importance of respect for the understanding of life on the part of the patient and his family is shown, which is based on individual experiences, customs, and beliefs[6-8].

Regarding helpers, whether they are caregivers and/or family members, palliative therapy also provides support for those who face the construction of understanding about loss and grief, humanization is the key part of the concept of palliative care, through multiprofessional activities, where it is possible to create pending situations for family members and, later, be a foundation for the resumption of the individual activities of those who remain[8].

The family base is constituted as the first moment of socialization for everyone, through it we learn to live in society, we build values and beliefs that will guide us throughout our lives. The family is a nucleus made up of human beings who recognize each other through affective bonds, common interests, and consanguinity within a historical system of lives, regardless of whether these individuals share the same environment. It is particularly important to highlight that, from this new approach, the term called family is not only for those with blood ties, but also for those where affection exists[9,10].

Sickness is not a fact of the individual, as it also affects physical aspects that demand rebalancing in different structures of family life. it is emphasized that, in the face of the severe affliction of a relative, the consequences for the other members can generate physical and social reactions and affect several other areas, feelings of guilt and helplessness are the most recurrent; the individual being a member of the biopsychosocial nucleus, which is the family, needs support, as well as the other members who act by resonance in the face of illness and grief[10,11].

Family members have special needs as they experience high stress loads and mood disorders. The occurrence of double feelings on the part of the family, in view of the severity and the impossibility of cure, on the other hand, can at the same time nurture expectations of prolonged visa time. It is worth noting that the experience of mourning is experienced even before death, which is called anticipatory mourning, during such a process, the family members go through phases of parting and meaning within the family structure, gradually, the family member it has the possibility of organizing its emotional structure, thus allowing the suffering of the loss to be alleviated[11].

When the finitude of life becomes something tangible, it is essential that family members feel distressed and experience intense pain[12]. According to the research, 61.90% of the analyzed articles deal with the theme related to the importance that the support to family members in the moment of mourning is related to the acceptance and engagement of the multidisciplinary team. It was also possible to observe that beliefs are important for both the caregiver and the family member, and that through faith in something superior, it is possible to give strength and thus bear the pain of illness and loss. Religiosity is very recurrent within the study, being present in 42.86% of the articles studied, and through it, it is possible to achieve comfort and relief in the face of illness. It was found that, in the absence of religiosity, some family members faced greater difficulties in accepting the loss, with spiritual belief being a strong point to maintain everyone's emotional control[13].

This new act causes the family member to develop new roles, which he had never done before, and which in most cases has no qualifications. To maintain family balance, try to adapt to the situations that arise when taking care of this sick relative. When a family member intends to care for a loved one, their psychic symptoms are interrelated with the caregiver, as well as the rest of the family[14].

There are many reasons that make a person decide to take care of a family member, that is, these decisions are generally based on beliefs and precepts, for example, on subjective intention, on the feeling of obligation that a relative has in not leaving his helpless sick relative, to give back both in affective and financial matters[15].

Authors[16] highlight that the factors, that is, the reasons for choosing a caregiver are: age, degree of kinship, gender, proximity to residence, affinity, financial status and personality.

The decision is almost always due to the affective relationship, with a feeling of both solidarity and respect, helping to alleviate the suffering of the patient and caregiver. Certainly, personal, and psychological resources will influence the form of care for that relative. It is worth noting that, many times, the family will not be satisfied with that care provided by the caregiver and given dissatisfaction, it will generate conflicts within the family itself and, if these are not resolved, they may harm the entire structure of affection in the family.

The act of caring is often expensive and causes emotional, financial, and physical transformation, but when this act is positive, that is, with positive feelings, feelings such as affection, satisfaction, zeal, end up appearing. However, if the feelings are not positive, but negative, the caregiver's care and feelings will show discomfort, lack of zeal and sadness. to be a caregiver, it is difficult and time-consuming, and will only improve over time and with the security provided by the rest of the family and the sick person over time[17].

Feelings, such as depression, loneliness, anxiety, surround the thoughts of the family caregiver in the face of the whole process of illness and death of their loved one[18].

There are also feelings of love and hatred by the caregiver for the sick family member. The financial issue is a primary factor for most cases and considered to be of extreme importance, since the caregiver will stop taking care of his own life and will spend more time devoting himself to the patient. When analyzing these consequences, it is possible to notice that the caregiver is more vulnerable to physical diseases.

The stress that exists during the care process of the family member can make the caregiver sick, because according to studies[19,20], taking care of a dependent adult is exhausting and implies risks of making the caregiver sick and equally dependent. In addition, the caregiver may have his/her social life impaired, such as the isolation of other people from his/her life. Some caregivers are unable to leave their old lives and, as a result, end up not paying attention to present needs[20].

In this way, the well-being of those who care for the sick family will worsen, worsen, being linked to the patient's health, causing serious feelings of depression and anxiety. The caregiver's adaptation process is slow and should always be checked by the rest of the family or by a doctor, because taking care of someone will generate more work and responsibility for the caregiver, coupled with a greater burden and reduced time for the caregiver's life. caregiver, affecting and eroding it.

Conclusion

The professional habitus identified corresponding to the primary concept of comfort for a treatment that will no longer impact the cure of an oncology patient in palliative care. The absence of training and specific protocol for the conduct with palliative care does not interfere in the individual's self-perception of mastery and ability to treat these patients. There is still a general discomfort among all categories regarding the uncertainty of the definition of treatment.

Nursing professionals are the ones who most perceive this condition of doubt regarding the continuity or not of a therapeutic treatment, even though medical professionals claim to give assertive diagnoses. In the hospital context, the multidisciplinary team acts without procedure, in most cases, guided by the opinion of medical professionals. This practical conduct proves to be bad, not only due to the lack of standard norms that everyone can follow, but also due to the fact already stated of the situations in which the pairs of medical professionals, who work in different shifts, do not have a definitive agreement on the patients in palliative care.

This research also aimed to analyze the situations of many families, facing a disease of a loved one, who need a caregiver, allowing to analyze the difficulties that the caregiver has in the face of the problems faced daily. Therefore, palliative care is a way of trying to provide, for both the caregiver, family and patient, a certain dignity, receiving support throughout the disease process of the patient and support in the event of death. There is a need to create a multiprofessional palliative care group and family support that supports and complements nursing, especially in situations of palliative care for cancer patients.

Based on the pressing demand of a group offering lectures, improvement of multiprofessional communication and other forms of continuous training specific to the area, it would be welcome and necessary to improve the efficiency of the treatment of palliative care in terminal cancer patients. In addition, the creation of specific and standardized protocols for hospital institutions is the fundamental factor for the proper functioning of a group with such purpose.

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