

Palliative care for the lay population: educational aspects of interventions

Cuidados paliativos para la población laica: aspectos educativos de las intervenciones

Cuidados paliativos para a população leiga: aspectos educacionais de intervenções

Thaynara Maria dos Santos Martins^{1*}

ORCID: 0000-0002-0000-6993

Fabiana Tomie Becker Chino dos Santos²

ORCID: 0009-0008-8927-9410

Victória Pereira Garcia Domingues³

ORCID: 0000-0002-8074-6085

Andrea Rodrigues Baldin de Moraes⁴

ORCID: 0009-0009-1256-6355

¹Galileu Saúde. São Paulo, Brazil.

²Mundipharma. São Paulo, Brazil.

³Núcleo de Assistência e Ensino em Psicologia Clínica e Hospitalar. São Paulo, Brazil.

⁴Fundação Getulio Vargas. São Paulo, Brazil.

How to cite this article:

Martins TMS, Santos FTBC,

Domingues VPG, Moraes ARB.

Palliative care for the lay population: educational aspects of interventions.

Glob Acad Nurs. 2025;6(3):e464.

<https://dx.doi.org/10.5935/2675-5602.20200464>

*Corresponding author:

thaymartins.enf@gmail.com

Submission: 04-30-2025

Approval: 07-02-2025

Abstract

The aim was to develop two innovative instruments to assess and improve the knowledge of the lay population about Palliative Care (PC) in Brazil: the CAP-CP-PL Questionnaire and a Guiding Model for the creation of personalized educational materials. The methodology consisted of an exploratory research with an integrative literature review, which revealed a gap in materials on the subject for the lay public. From there, the two instruments were developed and validated with experts. The questionnaire, structured in sections that assess knowledge, attitudes, and perceptions, serves to diagnose the level of understanding of the community. The results of this application, in turn, feed into the guiding model, an instructional design tool that guides the creation of educational resources (such as booklets, videos, or comics) adapted to the sociocultural profile and specific needs identified. In the discussion, it is concluded that the proposed innovation responds to the urgency of popularizing public health, as foreseen in the National Policy, by offering a systematic method to demystify concepts, guide public policies and, fundamentally, personalize health education, ensuring that information reaches the population in an accessible and effective way, becoming a right in fact and not just in theory.

Descriptors: Palliative Care; Health Education; Perceptions; Knowledge; Lay Population.

Resumen

El objetivo fue desarrollar dos instrumentos innovadores para evaluar y mejorar el conocimiento de la población general sobre Cuidados Paliativos (CP) en Brasil: el Cuestionario CAP-CP-PL y un Modelo Guía para la creación de materiales educativos personalizados. La metodología consistió en una investigación exploratoria con una revisión bibliográfica integradora, que reveló una brecha en materiales sobre el tema para el público general. A partir de ahí, los dos instrumentos fueron desarrollados y validados con expertos. El cuestionario, estructurado en secciones que evalúan conocimientos, actitudes y percepciones, sirve para diagnosticar el nivel de comprensión de la comunidad. Los resultados de esta aplicación, a su vez, alimentan el modelo guía, una herramienta de diseño instruccional que guía la creación de recursos educativos (como folletos, videos o cómics) adaptados al perfil sociocultural y a las necesidades específicas identificadas. En la discusión se concluye que la innovación propuesta responde a la urgencia de popularizar la salud pública, prevista en la Política Nacional, al ofrecer un método sistemático para desmitificar conceptos, orientar políticas públicas y, fundamentalmente, personalizar la educación en salud, garantizando que la información llegue a la población de forma accesible y eficaz, convirtiéndose en un derecho de hecho y no sólo de teoría.

Descriptorios: Cuidados Paliativos; Educación en Salud; Percepciones; Conocimiento; Población Laica.

Resumo

Objetivou-se desenvolver dois instrumentos inovadores para avaliar e melhorar o conhecimento da população leiga sobre Cuidados Paliativos (CP) no Brasil: o Questionário CAP-CP-PL e um Modelo Norteador para criação de materiais educativos personalizados. A metodologia consistiu em uma pesquisa exploratória com revisão integrativa da literatura, que evidenciou uma lacuna de materiais sobre o tema para o público leigo. A partir daí, elaborou-se e validou-se com especialistas os dois instrumentos. O questionário, estruturado em seções que avaliam conhecimento, atitudes e percepções, serve para diagnosticar o nível de compreensão da comunidade. Os resultados dessa aplicação, por sua vez, alimentam o modelo norteador, uma ferramenta de desenho instrucional que orienta a criação de recursos educativos (como cartilhas, vídeos ou HQs) adaptados ao perfil sociocultural e às necessidades específicas identificadas. Na discussão, conclui-se que a inovação proposta responde à urgência de popularizar os CP, prevista na Política Nacional, ao oferecer um método sistemático para desmistificar conceitos, direcionar políticas públicas e, fundamentalmente, personalizar a educação em saúde, garantindo que a informação chegue à população de forma acessível e eficaz, tornando-se um direito de fato e não apenas na teoria.

Descritores: Cuidados Paliativos; Educação em Saúde; Percepções; Conhecimento; População Leiga.



demystifies various concepts related to the topic, learns about their rights, and receives personalized education.

When we talk about the education of the adult population, we are talking about andragogy, referring to educational teaching intervention techniques for this audience that carry with them diverse ideologies, different from pedagogy, whose educational focus is geared towards the considerations of the child audience, where the knowledge of the new predominates.

For the creation of educational materials, instructional design is highly regarded, as it can serve as a means of facilitating communication and psychoeducation for patients and families in palliative care, through the production of educational materials and resources tailored to that population and audience on the subject.

This work proposes the creation of two instruments: a questionnaire on Knowledge, Attitudes, and Perceptions about Palliative Care in the Lay Population (CAP-CP-PL), designed to assess the level of perception of the lay population regarding Palliative Care, and a guiding form model for the development of personalized educational material, based on the analysis of the results obtained. The objective is for health professionals and public managers to be able to understand the community's perceptions through this data, thus allowing for the implementation, adjustment, and remodeling of flows, processes, and services in the area. Furthermore, it seeks to establish the basis to produce educational materials that assist in customizing care, considering factors such as regionalization and other qualitative and quantitative variables identified by the questionnaire.

Methodology

As a research methodology, an integrative literature review of Brazilian articles was used, searched in databases such as the Virtual Health Library (BVS) and Google Scholar from the last five years (2019-2024) with keywords such as: "Education in Palliative Care", "Lay Population", "Health Education in Palliative Care" and "Challenges of Palliative Care".

The absence of articles on the topic of knowledge, perception, and education levels in the Brazilian lay population regarding Palliative Care was verified. Using these quantitative inclusion criteria, only 19 articles were found in the BVS (Virtual Health Library), and few of them addressed the central theme, even if in a fragmented way, of the main objective of the research. In Google Scholar, only three articles were found, which also presented fragmented information on the topic.

The exclusion criteria were articles that dealt solely with the education of the professional population by category, such as doctors, social workers, and nurses, as well as the school curriculum of these professionals; duplicate articles; non-Brazilian articles; articles older than five years; and articles focusing on individual experiences and specific population groups. Based on this initial filter, a qualitative analysis of each article was conducted, but the difficulty of locating references on education among the lay population and their perceptions of palliative care remained.

Introduction

We have a significant difficulty in the population understanding the true meaning of Palliative Care, including a professional deficit in the health field regarding the true conception of the principles of palliative care, and even more so among the general population.

The word palliative has Latin origins, "pallium," meaning cloak, representing the relief of suffering while the underlying condition/disease cannot be cured. When referring to this approach, we emphasize how important it is to understand it so that it can be initiated promptly upon diagnosis of chronic pathologies with no prospect of cure to promote greater quality of life, patient autonomy, and support for the family. However, if these families and patients, being laypeople, lack knowledge about the principles of this approach, and professionals do not educate them about it, we will be neglecting the right to health¹.

It is necessary to talk about Palliative Care and bring it to the forefront through an education/awareness system for the whole of society, generating new organizations of awareness that support its development, as well as access to it¹.

However, despite advances in recent years, according to a mapping carried out by the National Academy of Palliative Care (ANCP) in 2019, there were only 191 Palliative Care (PC) services in Brazil, with 55% concentrated in the Southeast region. The entity also estimates that only 5% of the 2,500 Brazilian hospitals with more than 50 beds have a PC team. In this context, Palliative Care services in Brazil are still insufficient to meet the entire population demand and guarantee quality of life and death in the country, due to the existence of some obstacles that need to be addressed for the effective implementation of these services nationally².

In a study² shows that in Brazil, the main challenges identified for the implementation and expansion of Palliative Care were the deficit in professional qualification, failures in communication between healthcare professionals, family members, and patients, lack of government support, and restrictions in the supply of medications. Access to Palliative Care is a challenge faced by healthcare systems worldwide, not only in Brazil. This is further amplified when it comes to ensuring access for minorities, such as homeless populations and LGBTQIAPN+ individuals, where the difficulties are even greater. The failure of communication between healthcare professionals, patients, and family members is considered a problem, as communication is essential in palliative medicine^{3,4}.

Therefore, in-service education can minimize stigmatizing behaviors on the part of healthcare workers, since communication between healthcare professionals and family members and lay patients presents significant barriers and challenges that need to be addressed³.

However, given the cultural, social, and economic diversity that the country, as a developing third-world nation, faces, we see the need to move forward in implementing the PNCP (National Policy for the Promotion of Citizenship) so that it is offered within the principles of the SUS (Unified Health System) and that the general population



The research that underpins this study is at the documentary level, with a process of analyzing these documents within the framework of qualitative research. As a research exercise, it is not presented as a rigidly structured proposal; it allows imagination and creativity to lead researchers to propose works that explore new approaches⁵.

Based on exploratory research methodology, a documentary analysis of different publications was carried out, contrasting the authors' conclusions and scientific research associated with the object of study. This analysis was limited by the difficulty in finding direct sources on the subject; however, a fragmented analysis of the publications' content was achieved to classify the research contributions and results, and to define the essential characteristics for proposing a didactic material base and a questionnaire instrument for application to the population.

After tabling and analyzing the documents, studies, and results, the materials presented here were developed. The instruments were reviewed and adjusted by seven renowned expert professionals, including: a PhD in psychology and education who served as advisor and tutor for this research; two Masters in Nursing with experience in education and palliative care; a specialist nurse with extensive experience in producing educational content and involvement in home-based and emergency palliative care; a gerontologist with knowledge and training in palliative care and involvement in a university student league; a Master in Public and Social Sciences with experience in the public system in this area; and a psychologist with clinical experience and training in grief, oncology, and palliative care, as well as experience in educational content in this field.

Results and Discussion

Objective of the teaching resource

The Guiding Model for Structuring Didactic-Pedagogical Resources should be based on the proposal of the Questionnaire on Knowledge, Attitudes, and Perceptions about Palliative Care in the Lay Population (CAP-CP-PL).

The objective of this educational resource is to offer essential, high-quality, and personalized content to the public - those who lack formal technical and operational training in healthcare, particularly regarding palliative care. This educational resource can also be adapted to the specific context and setting, and may take the form of audiovisual materials, booklets, guides, brochures, e-books, and more.

To achieve the personalization of this resource to the level of knowledge of this lay population, respecting the economic, social, cultural, and regional factors regarding Palliative Care, this research proposes the CAP-CP-PL questionnaire. This resource can be administered by any person trained in its application, serving as an instrument for health professionals, research and educational institutions, and public bodies to outline actions to deepen the population's understanding of the right to Palliative Care, as well as to support the demystification of taboos about morphine being used only for people who are dying, and that Palliative Care is only for when there is nothing else to be done, that using morphine will lead to addiction,

Justification

Are Palliative Care services offered, understood, and disseminated to the entire Brazilian population in an equal manner, following the principles of the Brazilian Unified Health System (SUS) in a universal, comprehensive, and equitable way? In the search for references associated with this level of perception and knowledge, as well as attitudes towards the lay Brazilian population, a lack of articles and publications addressing this topic was observed. Furthermore, the few materials found revealed a need to expand the level of knowledge in a real and high-quality way for society.

Even with technological advancements, Brazil is an underdeveloped country, and its reality reflects cultural and regional diversity, as well as differing forms of knowledge. Many lack internet access, others are unaware of their rights regarding palliative care, and often even healthcare professionals, particularly those in general practice, lack the necessary expertise to guide the public.

Having examined the various scientific publications on Palliative Care regarding the level of knowledge, perceptions, and attitudes towards the field among healthcare professionals, and despite the political and social advancements we are experiencing in palliative care, no one has stopped to document and produce a theoretical framework or instrument that would show how the general public perceives Palliative Care, how much the publication of, for example, the National Palliative Care Policy would impact their daily lives, or the impact of theory on practice.

And from this initial understanding of perception and knowledge, it is necessary to adopt attitudes towards this axis, to expand it to the population so that they understand, that they know their rights, that they understand the impact of having a National Palliative Care Policy, and in this way, the emphasis is on the guidelines of this policy, even other assumptions brought by the WHO and WHPCA about promoting education and knowledge in society and involving them in the process.

Target population

The CAP-CP-PL can be applied to any layperson who can understand and interpret the questions described or who can analyze, reflect on, and form their own judgment regarding the questions asked by the interviewer.

The teaching materials developed by the responsible team should consider the comprehension and accessibility needs of the target population. The CAP-CP-PL tool can be applied digitally or physically. The teaching resources can also be produced in either physical or digital format.

Resource content

CAP-CP-PL is structured in several sections:

- **Section A:** Sociodemographic data.
- **Section B:** Knowledge of Palliative Care.
- **Section C:** Attitudes Towards Palliative Care.



method among social scientists and researchers for collecting and measuring individuals' perceptions within a given context, providing knowledge from qualitative assessments of the study universe. This scale was conceived in 1932 to measure "attitude" in a scientifically accepted and validated way. The fundamental points that must be considered are the validity, reliability, and analysis of the scale⁶.

It is important to consider the difficulty involved in measuring qualitative data due to the significance of understanding and the overall objective of the research; quantitative data offers ease of interpretation due to its objectivity and comfort in representation. Measuring qualitative data is complex and necessary when the research objective is to understand the opinions and perceptions of participants. In this case, the data is intrinsically cataloged to subjectivity, desires, longings, perceptions, expectations, attitudes, and values. Therefore, the use of subjective measurements has been relevant in studies that present variables such as love, customer satisfaction, or the environmental efficiency of oil companies, where the Likert scale guides this parameter. These points are applied to the perception of the respondents and judged by the creator of the response item. The closer the answers to the questions are to the interviewer's original view, reducing possible ambiguity, the more valid and reliable the scale will be, thus allowing for precise data analysis⁶.

According to study⁷, it proposes five elements for creating theoretical content for teaching materials; its focus is primarily on distance education, but it can be expanded to blended and in-person approaches:

- Seeking clarity.
- Efficiency in communication.
- Consistency.
- Offering connections between what is presented and other hyperlinks and situations, encouraging the reader's imagination and abstraction.
- Understanding that this multiplicity is essential for dialogue^{7:79}.

Another element to consider that CAP-CP-LP leads us to reflect on is that when we associate the education of this lay population about Palliative Care, it is important to associate that the approach most compatible with the relevance of this instruction would be the approaches:

- Constructivist: considers that learning is actively constructed through interaction with the environment, with Jean Piaget as a prominent figure.
- Sociocultural: focuses on and emphasizes the social and cultural context in learning, with Lev Vygotsky being one of the greatest theorists of this approach.
- Critical: emphasizes awareness and social transformation, as proposed by Paulo Freire⁸.

In this context, it is necessary to highlight that each human being has a preferred learning style, adapting to their life stage. A prominent learning style does not mean they lack others, but rather that one style predominates more than another. Therefore, an instructive educational material should blend different learning styles to increase the

- **Section D:** Personal Perceptions and Experiences with Palliative Care.

- **Section E:** Assessment of Applied Knowledge.

With this CAP-CP-PL structuring in mind, it is possible to conceive of a teaching resource containing at least the following items:

- Concepts and definitions regarding Palliative Care, including the pathologies it may encompass and the prognoses.
- The principles of Palliative Care.
- The phases and levels of care and the network of articulation.
- The main signs and symptoms.
- The main medications used and their indications.
- The structure of the multidisciplinary team.
- The role of the family/caregiver.
- The ethical-legal aspects.
- Spirituality and religiosity within Palliative Care.

This proposal, with these basic elements, should be adapted to the analysis and interpretation of the data collected from the CAP-CP-PL, and may be offered in comic book format, video with a professional interview, digital animation, questions and answers, gamification techniques, among others. It may also involve a combination of these approaches, and depending on the scope of the service, face-to-face strategies may be used, adding to this educational intervention process the community, in which the Guiding Model for Structuring Didactic-Pedagogical Resources may be used.

Name of the teaching resource

Questionnaire on Knowledge, Attitudes and Perceptions about Palliative Care in the Lay Population (CAP-CP-PL) and Guiding Model for Structuring Didactic-Pedagogical Resources.

Function of the teaching resource

- Knowledge, Attitudes and Perceptions about Palliative Care in the Lay Population (KAP-CP-PL): collect data, identify perceptions, measure knowledge, analyze attitudes, compare groups, evaluate interventions, guide public policies.
- Guiding Model for Structuring Educational Resources: to guarantee the quality and coherence of teaching resources, facilitate the organization of content, promote standardization of the quality of teaching content delivery, facilitate the effectiveness of assessment, promote innovation, and serve as a guide, offering an organized and systematic structure for creating resources that facilitate the teaching and learning process.

Theoretical support for the teaching resource

The way the CAP-CP-LP was structured allowed us to assess the conditions that socially and cognitively influence the interpretation and perceptions of the lay population, in a way that the distribution of questions is based on the Likert scale. The Likert scale has been a popular



chances of comprehension and validation by its audience; the Guiding Model for Structuring Didactic-Pedagogical Resources proposed in this research can support this evaluation and construction.

Teaching resource time

Based on simulation calculations using the Google Forms feature, the estimated average time to answer the CAP-CP-LP is around 8 minutes, which may vary from individual to individual, as well as the application format.

For filling out the form for the Guiding Model for Structuring Didactic-Pedagogical Resources, there will also be these variations in scenario, context, and individuals, with an average estimate of 10 minutes for its completion.

Applicator profile

The administrators of both the CAP-CP-PL and the Guiding Model for Structuring Didactic-Pedagogical Resources must be individuals over 18 years of age, with full cognitive abilities and prior knowledge of the tools for mastering the content, to avoid bias. It is also important for the administrator to set aside their personal implications and tendencies. It is crucial to ensure that the interviewed population is laypeople and understands the objective, the resource (whether digital or physical), and even communication with the interviewer in the case of the CAP-CP-PL. Both the Guiding Model for Structuring Didactic-Pedagogical Resources and the CAP-CP-PL require that the main facilitator be a flexible, adaptable person with well-structured bioethical values, detail-oriented, communicative, open to questioning, patient, organized, focused on quality and safety processes, as well as responsible and creative.

Teaching resources guide

The CAP-CP-LP – Questionnaire on Knowledge, Attitudes and Perceptions about Palliative Care in the Lay Population aims to be a basis for understanding the level of interpretation of the subject among the population without training or direct assistance in health to encourage improvements in processes, protocols, public policies and other structures of palliative care services, as well as to personalize this assistance offered, respecting the predominance of regionalizations, cultures, socioeconomic conditions and personalizing it to individuals, whether family, territory, patient, or in broader dimensions.

Section A: Sociodemographic data

a. Objective:

- Understand, in general terms, the profile of this respondent.

b. Specific objectives:

- Establish the prevalence of gender, sex, and sexual orientation.
- Define the level of education.
- Know the generational profile.
- Understand the experience of palliative care.

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c) Thematic content of the section: See Appendix 1. CAP-CP-LP – Questionnaire on Knowledge, Attitudes and Perceptions about Palliative Care in the Lay Population in Section A.

d) Recommendations: We have two points of attention in this section, regarding sexual orientation and gender. Sexual orientation can be paralleled with biological sex. The other point of attention concerns prior experience in Palliative Care. This refers to professional work not directly related to the healthcare field; this could include hospital clerks, security guards, cleaning professionals, administrative professionals in healthcare institutions, and informal learning. Informal learning can be considered for any of these laypersons who have informal knowledge through digital, or in-person means, including conversations, live streams, reading magazines, books, and so on.

e) Section description: The aim is to have prior knowledge of the sociodemographic profile to understand strategies, reformulate them, give them greater emphasis, and delve deeper into the particularities of this group, for example.

Section B: Palliative Care Knowledge

a. Objective:

- Analyze the level of knowledge regarding the topic of Palliative Care.

b. Specific objectives:

- Understanding the impacts of social, regional, spiritual/religious, and cultural factors on the dimensions of Palliative Care.
- Propose interventions that present the principles, foundations, and concepts of palliative care and bioethics.

c) Thematic content of the section: See Appendix 1. CAP-CP-LP – Questionnaire on Knowledge, Attitudes, and Perceptions about Palliative Care in the Lay Population in Section B.

d) Recommendations: The questions must address the following concepts and themes: the definition of Palliative Care, its principles, the understanding between curative and palliative approaches, the multidisciplinary team involved in the process, issues such as pain control and total pain, as well as pain management with pharmacological and non-pharmacological measures, the phases of Palliative Care, the pillars of bioethics, and the role of the family in this process.

e) Section description: Objective questions involving a general overview of the definition and concepts in Palliative Care to reflect on the myths, taboos, and lack of accessibility to the National Palliative Care Policy.

Section C: Attitudes towards palliative care

a. Objective:

- Assess ethical and rights-related perceptions regarding palliative care.

b. Specific objectives:

- Analyze the level of knowledge regarding rights and public policies in Palliative Care.
- Assess the understanding of confidentiality and ethics in healthcare, as well as patient rights.
- Verify how the family views its role and function in the palliative care setting.



c) Thematic content of the section: See Appendix 1. CAP-CP-LP – Questionnaire on Knowledge, Attitudes and Perceptions about Palliative Care in the Lay Population in Section C.

d) Recommendations: This section is entirely composed of objective content and at its core deals with what is known and understood about viewing Palliative Care as a right of access to health. It will also address concepts such as bioethics, autonomy, ethics, professional confidentiality, beneficence, justice, and non-maleficence.

e) Section description: Objective questions that will continue from the previous section on ethical aspects and dimensions of accessibility and knowledge of health rights.

Section D: Personal perceptions and experiences with palliative care

a. Objective:

- Understand the perspective qualitatively regarding accessibility and experiences with Palliative Care.

b. Specific objectives:

- Broaden the dissemination and operation of Palliative Care services in the region.
- Delve deeper into accessibility and challenges to palliative care.
- Link past experiences to the current understanding and scope of palliative care.

c) Thematic content of the section: See Annex 1. CAP-CP-LP – Questionnaire on Knowledge, Attitudes, and Perceptions about Palliative Care in the Lay Population in Section D.

d) Recommendations: This section is composed of a blend of objective and subjective qualitative content to induce the respondent to reflect on their answers, minimizing the bias of automated responses.

e) Section Description: Few objective questions and mostly subjective questions that will delve deeper into the previous sections, highlighting accessibility, behavior, and challenges in Palliative Care services, as well as subsequent practical experience with the approach. Question 2 should only be answered if you answered "yes" to question 1.

Section E: Assessment of applied knowledge

a. Objective:

- Understand the perspective qualitatively regarding legal issues in Palliative Care.

b. Specific objectives:

- Understanding the concepts of Advance Directives (ADs) and Living Wills.
- Verify if there is knowledge about palliative sedation.

c) Thematic content of the section: See Appendix 1. CAP-CP-LP – Questionnaire on Knowledge, Attitudes and Perceptions about Palliative Care in the Lay Population in Section E.

d) Resources used: This section is composed of subjective qualitative content. It is important that if the respondent does not know the terms presented - such as living will, advance directives, and palliative sedation - they are not explained to them, since the core of this section is precisely these concepts. They should be instructed to answer what they know, and if they know nothing about it, they should write that they do not know and/or do not understand what it is about. As background to this section, concepts and

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legislation regarding euthanasia, assisted suicide, orthothanasia, and dysthanasia should also be introduced later, complementing those mentioned in the previous paragraphs.

e) Section description: Entirely composed of subjective questions that will provide depth and final contextualization to the questionnaire.

Teaching resources guide

The Guiding Model for Structuring Didactic-Pedagogical Resources aims to support those who implement the CAP-CP-LP, as well as other individuals who have not implemented the CAP-CP-LP but are interested in creating a didactic-pedagogical resource, mainly on the topic of palliative care. It serves as a support document for conducting this process and as a historical record of the stages, widely used and required in quality processes.

Section 1. The form

a. Objective:

- Guide the instructional design process for teaching and learning resources.

b. Specific objectives:

- Establish the expected results.
- Define the characteristics of the target audience.
- Estimate the base target audience.
- Describe the roles and responsibilities of the team.
- Structure the steps of the teaching resource.
- Design the methods and methodologies to be applied.

c) Thematic content of the section: See Annex 2. Guiding Model for Structuring Didactic-Pedagogical Resources.

d) Resources and methods used: It is important to determine the best learning solution, personalize the context, scenario, and available resources, as well as the characteristics of the target audience. It should be emphasized that the form is adjustable to each phase of the creation and implementation process. It is necessary to consider the following phases: scenario evaluation, theoretical foundations, how the content will be applied, how its effectiveness will be verified, and the objectives achieved, whether any prior content or other resources are needed, and who should be involved in the educational project process. The participation of key team members is essential in completing and defining the project. For larger projects, the public and other health professionals can be invited to support the validation of the teaching resource. Professionals in marketing, advertising, film, design, and technology can also be involved in content development.

e) Section description: The purpose of the form is to support knowledge management and learning in a structured and planned way, promoting better time management and favoring the best personalized learning solution.

Conclusion

This study concludes that it is necessary to implement measures to improve accessibility for the public to their rights in Palliative Care, to educate the public about the true purpose of this approach, and to disseminate and operationalize the National Palliative Care Policy and



international recommendations on palliative care, moving beyond documentation and expanding to its actual implementation. However, it is evident that health professionals and government authorities need to review the operationalization, distribution, and resources of the processes and flows involved in Palliative Care. Many communities lack access to this right, and the number of services and qualified personnel does not correspond proportionally. Based on the research presented here and our understanding of historical and social factors, we have observed that Brazil is evolving in relation to this issue. While progress may be slow compared to other underdeveloped countries, the creation and publication of the National Palliative Care Policy represents progress for society. It reaffirms the right of everyone to access this palliative care approach and highlights the need for greater visibility in more peripheral and isolated areas, those with poor service distribution, and those with fewer financial resources. Providing these areas with attractive resources, personnel, and structural planning is essential.

However, it is crucial to disseminate and popularize quality information about Palliative Care to reshape ideologies rooted in society, in some cultures and territories,

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and to educate and instruct on the pillars of health education. Primarily, this aims to promote accessibility to Palliative Care for people in vulnerable situations, guided by the principles of the Brazilian Unified Health System (SUS). It is recommended that field research be conducted in diverse segments involving Palliative Care and in different dimensions to provide a basis for understanding and reflecting on the actual level of knowledge of the lay population about Palliative Care. Since no material on this topic was found, the search for a nationally renowned educational material with widespread dissemination in the public domain and based on this level of knowledge, attitudes, and perceptions of the lay population was unsuccessful. Therefore, this study had to take a step back to first establish a basis for initiating this process by proposing the offer of model materials to effectively carry out this survey and draw society's attention to this reality.

Acknowledgements

For the supervision of Dr. Fernando Payares Bravo and for the validation of the instrument, Renata Vietas and Rogério Paulo Sobral.

References

1. Oliveira LC. Cuidados Paliativos: Por que Precisamos Falar sobre isso? *Rev Bras Cancerol.* 2019;65(4):e-04558. DOI: <https://doi.org/10.32635/2176-9745.RBC.2019v65n4.558>
2. Sabino SA, Souza FRC, Moreira ACG. Cuidados paliativos: desafios para a prática no Brasil. *Cuad Educ Desarro.* 2024;16(2):01-11. DOI: <https://doi.org/10.55905/cuadv16n2-ed.esp.022>
3. Campelo HC, et al. Facilidades e dificuldades no acesso aos cuidados paliativos por populações em situação de rua e LGBTQIA+: revisão integrativa. *Rev Saúde Redes.* 2022;8(Supl. 1):161-78. DOI: <https://doi.org/10.18310/2446-4813.2022v8nsup1p161-178>
4. Kurogi LT, Vieira CALG, Ramalho RM, Silva AW. Implantação e implementação de serviços em cuidados paliativos. *Rev Bioét.* 2022;30(4):825-36.
5. Godoy AS. Pesquisa qualitativa: tipos fundamentais. *Rev Adm Empres.* 1995;35(3):20-9.
6. Júnior JFC, et al. Um estudo sobre o uso da escala de Likert na coleta de dados qualitativos e sua correlação com as ferramentas estatísticas. *Rev Contrib Cienc Soc.* 2024;17(1):360-76. DOI: <https://doi.org/10.55905/revconv.17n.1-021>
7. Brasil. Ministério da Saúde. Portaria GM/MS nº 3.681, de 7 de maio de 2024. Institui a Política Nacional de Cuidados Paliativos - PNCP no âmbito do Sistema Único de Saúde - SUS, por meio da alteração da Portaria de Consolidação GM/MS nº 2, de 28 de setembro de 2017.
8. Filho NA, et al. Universidade e educação básica: ensaios Bosianos [recurso eletrônico]. São Paulo: Instituto de Estudos Avançados, Universidade de São Paulo; 2024. 392 p. DOI: <https://doi.org/10.11606/9786587773605>

