

EDITORIAL

Palliative Care: a new specialty in profession of nursing?

Palliative care is a “philosophy”, a “way of caring” that aims to improve the quality of life of patients and families facing problems associated with life threatening illnesses, providing relief from pain and other symptoms, spiritual support and psychological, from the diagnosis till the end of the life and during the mourning.

The palliative care advocates for compassion, non-neglecting, non-suspension of treatment and non-death-inducing (euthanasia); futile treatments are not recommended (therapeutic obstinacy), the limits of life must be accepted and the goal is to care for the patient and not to cure him. In the palliative care the relationship professional-patient is meant to be humanized, to die with dignity, to respect ethical principles of truthfulness (basis for trust in the doctor-patient relationship) and, the therapeutic proportionality (implementation of therapeutic measures hardly useful) of double effect (positive effect is sought, despite recognizing the possibility of negative effects) and prevention (implementing measures to prevent complications), are constant themes.

Studies indicate that nurses spend more time with patients that are at the end of their lives than any other health care professional and others indicate that nurses do not feel competent or with confidence in caring for patients who are dying. However, what is that - care at the end of life?

Palliative nursing care is to provide comfort, act and react appropriately - in a situation of death - with the patient, family and himself, is to promote personal growth of the patient, family and himself, is to exploit the suffering and achievements empowering the other with the care and empowering himself through the care, is fighting to preserve the physical, moral, emotional and spiritual integrity, is connecting and linking, and helping the other and himself to find meaning in that situations. To care in palliative nursing is to provide relief of symptoms, be flexible, have care goals, advocate for the patient and recognize him as a unique human being.

The roles of nurses in palliative care is to educate, care for, promote, coordinate and devote, the attributes to perform these roles are to have clinic expertise, to keep the focus on the patient and family, to have full consciousness of the acts, intentionality, to cooperate, to maintain honesty in communication and to be present, available and attentive (discern with wisdom).

The philosophy of palliative care is well established, but research in the area, is in the process of growth and consolidation. There are significant knowledge about the dynamics of the processes of dying, death and grief, communication, and emotional aspects of ethical and legal principles applied to palliative care. However, there are large gaps in our understanding of what is spiritual anguish, the role of spirituality/religiosity in mourning and death situations, of strategies to relieve spiritual suffering and, of improving foster care and communication.

In the area of symptom control there is important production of knowledge about the etiology and strategies for pain control, but much less is known about the physiopathology and therapies for the management of fatigue, cognitive alterations, anorexia, constipation, dyspnea

and vegetative malignant injuries, among others.

The palliative care education begins to grow in our area. There are specific class associations, various proposals for scientific meetings and it was organized a proposal for curriculum in palliative care nursing: (<http://abcpaliativos.wordpress.com>).

Palliative care is not a “novelty” as it consists of actions that are and have always been inherent to the “duties” of nursing, but the movement in favor of Palliative Care is a “re-emphasis” of care, educate, accommodate , protect, advocate, relieve discomfort, control symptoms and minimize suffering, that should be daily actions in the lives of professionals.

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