

Speech therapy intervention in the communication of patients in the palliative care

Abstract

Palliative care extends the focus on the disease's look to the patient and his family, with a proposal that is present since the diagnosis, remaining concomitant with the disease-modifying treatment and growing as it approaches the final phase of life. Dying slowly means that there will be more time to think about death and the possibility of what to do with it. At this time, the externalization of desires and outbursts about this process of mourning still in life requires the viability of the organs essential for the speech function when they are no longer present or no longer produce the same movements or the lungs are not as strong enough to make themselves heard it becomes a challenge for the watering of the water to complete. Therefore, this brief communication brings a reflection on the audiologist's performance in the aid of the communication of the patients in palliative care, well next to the team, considering their technical training to the linguistic aspects involved in this process.

Keywords: palliative care, speech, language and hearing sciences, communication, finitude

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Introduction

"I care about the fact that you are you until the last moment of your life, and we will do everything in our power, not only to help him die in peace, but for you to live until the day of your death". Long before the terminality takes the proportion and intensity that presents in the present days, Cicely Sanders reflects, in 1987, in a holistic view of human beings and integrated care, linking pain relief and symptom control with humanized care, teaching and clinical research, combining science with humanism. This paradigm expands the look on the sickness and the sick, shifting the focus of the disease to the patient and his family. A proposal of work in health that is present since the diagnosis, remaining concomitant to the treatment modifying disease and increasing the intensity of health actions as it approaches the final phase of life. In this way, multiprofessional palliative care teams are needed to attend to care in its entirety, the expansion of areas of knowledge such as nursing, physiotherapy, speech therapy, psychology, occupational therapy, social work and chaplains have been qualifying the actions proposed by the medical teams,¹ in accordance with the wishes of the patients and the family.

With the advancement of reflections on the finitude and quality of life and death of terminally ill patients, the World Health Organization (WHO),² defined in 1990 and updated in 2002, "palliative care consists of the assistance promoted by a multidisciplinary team, which aims to improve the quality of life of patients and their families, in the face of a life-threatening illness, through the prevention and relief of suffering, early identification, impeccable assessment and treatment of pain and other physical, social, psychological and spiritual". The same organization brought together experts from various regions of the world who defined quality of life as "the individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, concerns".³

In serious and irreversible clinical conditions and with the real possibility of death, time gives meaning to what has been experienced. Dying slowly means that there will be more time to think about death and the possibility of what to do with it,⁴ that is, to experience

mourning while still alive. In these moments, to those individuals who have had the necessary time and have managed to overcome all four previous phases of mourning, arriving at acceptance,⁵ tend to get more introspective look within themselves and for their own life and to face this fact is not always a simple task.⁴ And in these reflections people allow themselves the chance to say farewells, emotional and relational rescues. There is no set time for this, for this time is unique and individual.

For Habermas, a German philosopher,^{6,7} communicative action, as part of social action, collaborates in the three processes that make up socialization: reception and cultural reproduction, social integration and development of personality and personal identity. In each agent that acts linguistically, with the purpose of interacting with others, the following pretensions of validity can be found: intelligibility, truth, truthfulness and rectitude. In this way, communicative action refers to the interaction of at least two subjects capable of language and action that (either verbally or with extraverbal means) establish an interpersonal relationship.

Communication happens in a broad and pragmatic way a look can give us many clues as to how much that individual is suffering, with pain or content. Among the important and unspoken words, are not always supplied by the eye and in these cases the individual needs specialized help to mediate and improve this communication. Together with the closeness of finitude comes the desire to leave each thing in its place, so that his departure may be in peace.⁵ The multiprofessional team at this moment has a very important role to mediate these rescues through listening, help and searching for the people and families involved in this process. The viability of the communication of these patients in which the essential organs for speech function are no longer present or no longer produce the same movements or, the lungs are not as strong enough to make themselves heard becomes a challenge for what the showers if given in full.

The speech therapist is the professional who collaborates in the palliative care team, considering their technical training about the linguistic aspects involved in the communication process, acting on

the viability of compensatory mechanisms through the remaining structures for articulation of the phonemes in cases of tumors of the head and neck.^{5,6} When these compensatory mechanisms are not feasible, non-verbal communication can be adapted through Supplementary and Alternative Communication, covers all forms of communication alternatives to speech, being used to express the thoughts, needs, requests and ideas of people with complex communicative needs.^{8,9}

Communication is an essential element in the continuity of care by the different health teams. Good management of communication with patients with communicational impairment reduces their irritability and isolation. This management can happen in several ways, because it values the expression of the subject, from other channels of communication other than speech: gestures, sounds, facial and body expressions can be used and identified socially to manifest their autonomy. The stimuli are organized with communication cards (containing figures), communication boards (containing letters of the alphabet or words arranged in order of highest frequency), vocalizers or the computer itself which, through specific software, can become a powerful tool for voice and communication. Each person's communication capabilities are built in a totally personalized way and take into account several characteristics that meet their needs.

However, when there is limitation of the use of the stimuli mentioned above, we can use direct communication with the patient through closed questions and with responses through eye movements, which can be given manually or computerized. Emphasizing that, to use these communication facilitators the person needs to present a good cognitive level able to attend to execute and understand the orders, as well as present the understanding to use these communicative resources.

Conclusion

Communication is something of utmost importance to people who are in palliative care because apart from the outburst about their fears and feelings regarding the approaching finitude, death is usually facing several points of view, depending on experience, fears and perceptions that differ from person to person. In the end, thinking and talking about death involves doing this about life, the meaning of our existence, who we are and how we face our lives and our death process. It is an ethical duty for health professionals to assist patients and families in the communication process, since early directives of

will have a direct impact on their choices of the latter's life's desires, such as the organization of funerals or the living will, when this patient is cognitively able to make these decisions. The speech therapist can collaborate in raising the awareness of multiprofessional palliative care teams for various health care care situations, especially those related to the facilitation of communication. Adding to Cicely Sunders' reflection, the communication function provides empowerment over decisions about his death and his dying process, being he to the last moment of his life, helping him to die in peace and live until the day of your death.

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Conflict of interest

The author declares no conflicts of interest.

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