

Challenges of palliative care at home in brazil: a reflection

Keywords: complexity, private, public, drugs, dementia

Abbreviations: PC, palliative care; HC, home care; NHA, national health agency

Introduction

The extension of Palliative Care (PC) to home represents a challenge in Brazil today. To discuss the issue is necessary, regardless of the financial system, public or private, as there are several aspects that its make it difficult to proceed.¹ In the private financing health system, this discussion is interspersed by the lack of regulation of the care model known as Home Care (HC) by the National Health Agency (NHA), a regulatory authority for the private financing system in Brazil.^{2,3} In addition, the shortage of PC trained health professionals working in HC, the need to break the paradigm of death at home, the challenges of teamwork in this care modality, and the difficulties in accessing of essential drugs to control the symptoms are other factors that contribute to the complexity of this discussion in the private financing health system in Brazil.

The prevalence of chronic-degenerative diseases, especially cancer and dementia syndromes, have been gradually increasing among the Brazilian population making it necessary to elaborate PC at HC system, in order to guarantee a quality care supply. The first step would be, besides regulation of the HC model by the NHA, the recognition of the insertion of the PC into the HC by the same agency. This recognition would favor the development of PCs at home, encouraging even the technical training of professionals.⁴⁻⁷

However, in order to provide high quality of palliative care in home care, it is also necessary to analyze other contexts and their details. One of them is the understanding of families and patients about the natural evolution history of the disease that threatens life and also the concept of PC and its objectives. At the same time, demystify death at home by ensuring the control of symptoms with drugs, family support and the systematic presence of health professionals to ensure patient comfort and safety. Also, teamwork in home care is something that requires constant training. The professionals must be able to perform their functions as a team, so that the decisions are agreed upon, even with diversified thinking among the members. The provision of service in at the patient's home involves knowledge of the characteristics of the care model, such as administrative organization, care logistics, and, in the private healthcare system, the relationship between service providers and health insurers. It is important to emphasize that health professionals should have a theoretical and practical knowledge in PC to provide a collaborative service, with compassionate and technical attitudes of the area, such as: efforts to preserve the autonomy and dignity of the patient, to know how to deal with the death process and the art of communication. Palliative Care-centered teamwork develops the ability to understand, respect, and even surpass the boundaries of professional practice without causing embarrassment.⁸

In Brazil there is a significant educational deficit in PC, highlighting the scarcity in technical ability to manage drugs for controlling the symptoms at various stages of the dying process. There is a shortage of

Volume 1 Issue 6 - 2017

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Received: August 23, 2017 | **Published:** November 24, 2017

formal training centers and therefore, training in Palliative Care often occurs in isolation at few institutions. PC education is fundamental because eventually it promotes technical and scientific excellence, together with ethical and humanistic work, which are the important element in PCs at home and also in any other assistance model.

Finally, regarding the drug dispensary, there is a difficulty in accessing strong opioids in the private network of pharmacies, especially the injectable forms. This makes it difficult to control the "end-of-life" symptoms at home. The lack of a public policy in Brazil for PC makes it more gruelling. At the same time, it can be speculated that there is a low consumption, probably due to a scarce number of medical prescriptions and another reason being the lack of technical knowledge among doctors regarding the rational use and handling of opioids, and their safety, linked to the myth of the side effects of opioids that comes from their inadequate use.⁹

This study proposes the discussion of some aspects that influence the incorporation of Palliative Care to home care and helps to reflect the possible solutions. Brazil, as compared to other Latin American countries, is far behind the real needs of PC. To discuss and reflect our reality can be the first step towards the necessary changes.

Acknowledgements

None.

Conflict of interest

The author declares no conflict of interest.

References

1. WHO. *Definition of Palliative Care*. World Health Organization, Switzerland: Springer; 2016.
2. NHA. *Technical Regulation for the Operation of Services that Provide Home Care*. National health surveillance agency, Brazil: Springer; 2006. 79 p.
3. Mendes W. *Home care: a modality of health care*. Open University of the Third Age, State University of Rio de Janeiro, Brazil: Springer; 2001.
4. Carvalho RT, Parsons HA. *Manual of Palliative Care ANCP*. 2nd ed. National Academy of Palliative Care; 2012.
5. Pimentel PKA, Coelho N. Some considerations about the use of empathy in cases and limit situations. *Psic Clin*. 2009;21(2):301-314.

6. <http://www.neadsaude.org.br/>
7. <Http://www.ans.gov.br/>
8. Fonseca Anelise. *Integrate care in private health sistem Brasil*. Health model to elderly with chronic disease, Rio de Janeiro, Brazil: Springer; 2015.
9. Health Ministry. *Departamento de Atenção Básica. Caderno de atenção domiciliar/Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica*. Secretaria de Atenção à Saúde, Ministério da Saúde, Brasília: Springer; 2012.