

How is psychology present in the production of knowledge in palliative care?

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Mini review

In 2002, the World Health Organization defined Palliative Care as the approach whose main objective is to promote quality of life in patients facing life-threatening diseases and their families. The model includes identifying and assisting pain symptoms and other problems, as physical, emotional or spiritual.¹

From this definition, it is understood that the assistance to the palliative patient and their relatives requires work with an interdisciplinary approach. Thus, it becomes possible to cover the individual aspects of each patient, considering specificities of patient and their relatives, besides their interference in the treatment.

Currently, the different health areas focus attention on evidence-based interventions. The use of practices with proven empirical efficacy through research with methodological rigor is presupposed. Researches contribute to the study of important moderators in different treatments and in clinical practice. Thus, reporting relevant data, whether positive or negative, favors professionals to make better decisions in the choice of their intervention strategies.²

Psychology as a specialty has an important role in treating patients facing life-threatening diseases, as well as patients with no curative possibilities. The use of assertive intervention strategies by trained professionals allows the emotional symptoms to be better identified, more effectively treated and in a shorter time. Thus, it reduces patient and family suffering and spending on financial resources.

In order to analyze the participation of psychology professionals in scientific production in the field of palliative care, quantitative searches were performed in the databases Scopus, PsycInfo, Pubmed, Web of Science and EBSCO. The following search strategy was used with indexed descriptors in Mesh: (“Palliative care” OR “Hospice Care” OR “terminal care”) AND (“interdisciplinary studies” OR “patient care studies”). The search was limited to articles indexed in peer-reviewed journals, published between 2015 and 2017, using each base-specific filter for title, keywords, and abstract. In the Pubmed database were found 241 results; on the Scopus were found 209 results; Web of Science were found 09 results and no work was found in the bases PsycInfo and EBSCO.

When Boolean operator “AND” and the descriptor “Psychology” was added in the search, the results decreased considerably. In the Pubmed database a result is found, as well as on the Web of Science base, which is the same work. In the Scopus database 74 results are found, and in the bases PsycInfo and EBSCO presented no results.

The results of Pubmed and Web of Science databases were found in the search in the Scopus database. Thus, analyzing the methodology of the abstracts found in this database, it was identified that 22 of the results used qualitative methodology; 19 were theoretical articles; 13 used quantitative methodology; 12 reported interventions; 07 used mixed methods without intervention; and one it was not possible to identify the methodology used.

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Analyzing numbers of the search results, two points are highlighted. The first one concerns the reduced number of publications found when including Psychology as descriptor term. It is important to rethink the role of psychology in the interdisciplinary scientific field about publications in palliative care. Among the 12 articles describing interventions, only two papers reported a professional psychologist in their teams,^{3,4} and one article reported a researcher with extensive knowledge in health psychology.⁵ Thus, several papers claimed to cover emotional symptoms. It is understood that emotional symptoms have been considered important variables in palliative care. However, professional psychologists do not cover these symptoms in the scientific field.

The second point concerns the low number of papers describing interventions. Most articles are theoretical or used qualitative methods. Considering the perspective of evidence-based practices, it is pertinent to question the effectiveness of the current assistance in palliative care. The subject has been widely studied, but mostly in exploratory studies. It is noticed that the subjects and theories investigated are not empirically tested.

This review concludes with two questions for reflection. The first concerns evidence-based interventions in the area of palliative care. How effective are current practices? The second is the participation of professional psychologists in these practices. The low number of publications that reported psychologists on their teams sets the precedent for two hypotheses. Are psychologists not inserted in the palliative care teams or are psychologists not participating in the scientific production of the teams?

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Conflicts of interest

The authors declare there is no conflicts of interest.

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