

Compassionate interprofessional and interagency community: palliative care

Abstract

The year 2023 marks palliative care with a global theme of compassionate communities. This short communication concerns an extension project developed by students, professors, and palliative care and social service staff at a Brazilian public hospital.

Keywords: palliative care; nursing; compassion

Volume 6 Issue 3 - 2023

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Received: September 25, 2023 | **Published:** October 05, 2023

Introduction

The increase in life expectancy and the decrease in birth rates have led to an aging population, giving rise to new problems. Increasing the capacity of individuals and communities to control their health as they age becomes a challenge, and nurses will have to know how to respond to care.

In this sense, promoting the practice of “compassionate communities” is defined as one of the strategies of social support, support for the family, and the importance of the Community, which is why intervention in this theme is given greater relevance. It is, therefore, essential to promote Community Empowerment in Palliative Care, contributing to promoting a Health Promotion practice to empower the Community to achieve more significant influence autonomously.¹

Nursing staff must be constantly updated about their oncology care. This is a lengthy treatment that requires careful attention, as it impacts the patient's life in various ways, both in terms of social as well as physical. Some of the physical aspects that may be affected by the side effects of the treatment are nausea, vomiting, fatigue, reduced appetite, and oral and skin complications, among others.²

Such side effects can occur intensely and cause significant discomfort. The treatment period is arduous for the patient who suffers physical, psychological, social, and financial impacts and interpersonal relationships. Even when the treatment is completed, the patient still needs to live with the fear of recurrence and the sequelae that come from an oncological treatment.^{3,4} It is understood that Palliative Care is a comprehensive approach that works to prevent and alleviate biopsychosocial and spiritual pain, promoting the quality of life of patients facing illnesses that threaten the continuity of life and who currently do not have definitive treatment.⁵

The palliative care model emerges with the idea of treating the individual and their family members. It addresses the individual care of the patient, family, and Community with a multidisciplinary team whose vision is to meet physical needs, alleviating and controlling pain and other reported complaints, as well as biological, psychological, and social needs, also going beyond the needs spiritual, beliefs, culture, values that determine with the patient how they want to be

treated and as a way of involving all caregivers with the aim of quality of life and assistance.⁶

Through dialogue, the professional can evaluate, recognize, welcome, and provide quality and humanized assistance according to each patient's needs. Given the clinical condition of impossibility of cure, dialogue between the professional, patient, and family aims to alleviate feelings of anxiety, anger, and fear, among others present at this moment, in addition to transmitting security and reliability to everyone involved in the process.¹ It is essential to highlight that to implement systematized care for patients with palliative care needs. It is necessary to prepare the professionals involved, the importance of a multidisciplinary team involved in the process, the exchange of experiences of these professionals based on continued health practices, a network of health care, patient and family to give new meaning to the quality of life within the reality of care.⁷

Therefore, it is crucial to establish a dialogical teaching-service-community relationship between the academic Community and the Community of people undergoing chemotherapy and their families. The aim of this study was to integrate students in assisting cancer patients eligible for inpatient palliative care and in the chemotherapy outpatient clinic at public teaching hospital in Campinas, Sao Paulo, Brazil.

Popular Education in Health was used as a methodological principle for the proposed objectives. Based on Freire's pedagogy and the concepts of popular education, education is understood as a dialogical act between subjects and requires a transformative action on reality. Therefore, in a participatory dimension with the university, exercising citizenship, critical thinking, and education in students is a liberating and transforming act of social reality. The extension project follows the World Health Organization, which explicitly recognizes Palliative Care as a fundamental human right. During visits to the wards where cancer patients are hospitalized and to the chemotherapy outpatient clinic, patients and family members receive health care, biopsychosocial, and spiritual support from academics, guided by the professor coordinating the project in partnership with the palliative care team from the same hospital. This is done to achieve the primary purposes of Palliative Care: preserving the patient's dignity and promoting dignified care for them.

Bring the service closer to students, training students to care for cancer patients eligible for palliative care. Participation in the project will also enable students to work with other health team professionals and users, which can favor the development of leadership, flexibility, teamwork, solidarity, the ability to deal with the uncertainty and suffering of others and the clinical reasoning and articulation of concepts worked in the classroom.

Concerning the professors, the project contributes to strengthen the bond with students, qualify the dialogue between teaching and the health service, and get closer to the practical situations of everyday nursing and health services. Furthermore, the articulation between the academy and the service may lead to a critical reflection on theory/practice, uniting professors, students, and health professionals to qualify for care.

It is possible to say that the execution of the project is based on the National Health Promotion Policy in Brazil, approved by Ordinance⁸ No. 687 of March 30, 2006, and also in the National Permanent Education Policy, which aims to promote the updating of health professionals and enable involvement with educational institutions, approved by Consolidation Ordinance No. 2, of September 28, 2017, by the Ministry of Health.⁹ Furthermore, this project is expected to qualify the students' academic experience and collaborate with the educational and care practices of the institution's health team.

Acknowledgments

None.

Conflicts of interest

The authors declare that there are no conflicts of interest.

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