

Patient care in palliative care in primary care in Brazil from 2015 to 2024

Abstract

Introduction: Palliative care (PC) comprises health care that, through scientific means, dignity and compassion, provides a reduction in suffering in patients with serious, chronic or life-threatening health conditions, avoiding unnecessary interventions and improving quality of life. Primary Health Care plays an important role in addressing these conditions, especially outside the hospital environment and acting to prevent adverse outcomes.

Objectives: This study aims to investigate the profile of palliative care patients in Primary Care in Brazil from 2015 to 2024.

Methodology: A cross-sectional, quantitative, descriptive, exploratory and epidemiological study was carried out on the care of patients in palliative care, in primary care, in Brazil, from 2015-2024, with data from TABNET/DATASUS, Ministry of Health-Brazil.

Results: Palliative care services in primary care numbered n=113076 appointments, the year with the highest number of appointments was 2024 with n=28827 appointments, the southeast region was the one that performed this procedure the most, representing 50% of the sample. Females represented the majority number of cases in Brazil, with n=57598, although in the North and Southeast regions males prevailed. Regarding the age group, 80 and over with n=29320 appointments. The elective nature had the greatest expressiveness of cases, totaling n=108286.

Final considerations: Although most palliative care is provided in the hospital, primary health care has served a large number of patients in palliative care, although this hospital orientation may lead to difficulties in providing comprehensive care.

Keywords: palliative care, primary health care, public health

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Introduction

Primary health care is considered the gateway to health services and is essential for preventing adverse outcomes. Among the functions of primary care, the essential role in addressing chronic and terminal conditions that require strategies to accommodate, alleviate suffering and improve quality of life stands out. Palliative care is essential to provide a network of social, physical and emotional support for individuals and families in need.¹

Palliative care comprises the type of health care that, through scientific technical means, dignity and compassion, promotes relief from the suffering of those who have serious, chronic or life-threatening health conditions, in order to avoid unnecessary interventions, improving the quality of life of the individual and their family members through a multidisciplinary approach, considering physical, social, psychological and spiritual aspects. In addition, it seeks to understand death as a natural process, without accelerating or delaying it.²

It is known that the first records and practices of palliative care date back to the European continent in the Middle Ages, where establishments called hospices (inns) were places of shelter for travelers and pilgrims who, after going through long journeys and adverse conditions, were often affected by diseases. These inns functioned as places of reception and were most often managed by the clergy, religious people in general. The aim of the reception was focused on alleviating the suffering of the pilgrims, in order to enable them to recover and continue their journeys of life; the assistance was not focused on curing illnesses.³

In Brazil, palliative care was established in the mid-1980s, at the end of the military regime, which primarily adopted a hospital-centered and curative model. The biomedical model predominated in the training of professionals. Many patients in the final stages of their lives suffered alone, without the presence of their loved ones, and often died without knowing their diagnosis and clinical condition.⁴

Primary health care is essential for the development of palliative care practices outside the hospital environment. However, there are still numerous challenges. Among them are related to human resources. For example, many primary care professionals, such as community health agents, nursing technicians, and nursing assistants, still do not have knowledge or believe that palliative care is only for the end of life. However, many professionals already apply palliative care practices in their daily work, even without knowing it, providing support to patients and their families. It is necessary for health professionals to be able to accompany community agents and nursing technicians in order to raise awareness about the importance of palliative care practices, their nuances and benefits.⁵

Given the scope of care and the need for palliative care, and the lack of dissemination of the relevance of care among health professionals and the population, this study aims to investigate the profile of palliative care patients in Primary Care in Brazil from 2015 to 2024.

Methodology

This research is a cross-sectional, quantitative, descriptive, exploratory and epidemiological study on palliative care patient care in primary care in Brazil, including the 2015-2024 time series.

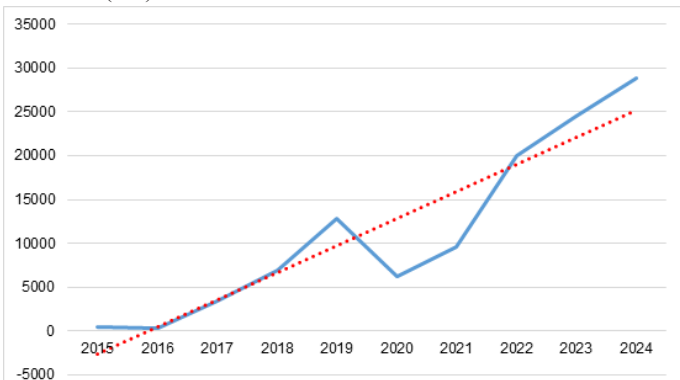
Secondary data on Procedure: 0301140014 Palliative Care Patient Care were used, extracted from TABNET-DATASUS, of the Ministry of Health - SUS Outpatient Information System (SIA/SUS), subtab SUS Outpatient Production. The variables studied were: palliative care care, Brazil, by place of residence, year, sex, age group, approved quantity, type of care, primary care.

The data explored in TABNET/DATASUS were exported to EXCEL, in which graphs and tables were tabulated and constructed, the results were then presented in absolute numbers and frequencies, graphs and tables.

This work meets the ethical requirements demanded by Brazilian and world legislation, with regard to Research in Humans, since epidemiological studies obtained through secondary data from public health information systems, such as DATASUS, which presents population data, which do not allow individual identification, do not require submission and approval by a Research Ethics Committee, therefore this work meets the requirements of Brazilian legislation, expressed in law no. 14,874/2024, as well as respecting the Nuremberg Code (1949) and the Declaration of Helsinki (1964).

Results

Palliative care services in primary care totaled n=113076, showing an increasing trend throughout the period, demonstrating a large increase from 2020 (n=6265 services), with significant peaks in 2019 (n=12757) and 2022 (19956), 2023 (24519) and 2024 (n=28827), and a decreasing peak in 2016 (n=374) and 2020 (6265). The year 2015, which begins the study period, had n=475 services. These data are represented by an average =11,307.6 (±10031.30) and Coefficient of Variation (CV)=88.71%.



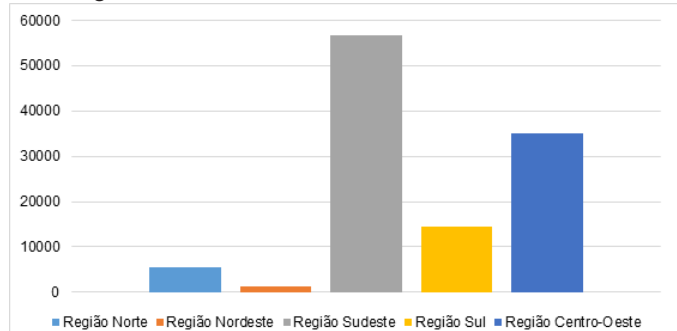
Graph 1 Distribution of palliative care services in Brazil, from 2015 to 2024.

Source: Prepared by the authors, with data from the Ministry of Health - SUS Outpatient Information System (SIA/SUS), 2025.

Regarding palliative care services by region (Graph 2), it is observed that the Southeast region had the highest number of palliative care services in Primary Health Care in Brazil, in the period under study with n=56777 services, which is equivalent to 50% of the sample; followed by the Central-West region with n=35021, which represents 31% of the sample; the South region comes next with n=14401, equivalent to 13%; the North region had n=5607, representing 5% of services and the Northeast with n=1270, representing only 1% of palliative care services in Primary Care.

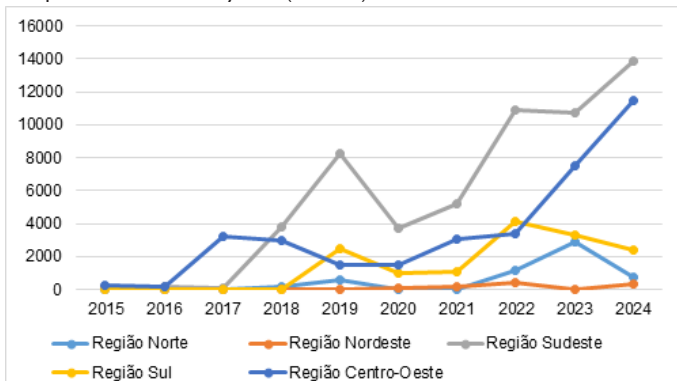
About the palliative care by region/year (Graph 3), the Southeast region showed the greatest oscillating growing trend, with a relevant growing peak in 2019 (n=8240), followed by a decrease in the number of cases in 2020 (n=3737), and a subsequent growing trend from 2021 (n=5232), until 2024 (n=13857) where the most expressive growing peak was noted in Brazil, throughout the period analyzed. As for the Central-West region, it expressed an also oscillating growing trend,

with the first growing peak in 2017 (n=3213), accompanied by a decrease in the number of cases in 2018 (n=2984) and a consecutive decrease in 2019 (n=1454), accompanied by a slight increase in cases in 2019 (n=1477) which started a significant growing trend in subsequent years, until evidencing in 2024 (n=11500) the second largest growing peak in Brazil in the years studied. Regarding the South region, it presented the first increasing peak in 2019 (n = 2504), with a subsequent decrease in cases in 2020 (n = 959), showing a consecutive increasing trend in 2021 (n = 1070) and 2022 (n = 4096) and a subsequent slightly decreasing trend in 2023 (n = 3297) and 2024 (n = 2398). In the North region, there was a slightly oscillating trend until 2018 (n = 151), in which the first ascending peak in the period under study was in 2019 (n = 559), followed by an increasing trend, presenting peaks in 2022 (n = 1122) and 2023 (n = 2934), with a descending peak in 2024 (n = 741). As for the Northeast region, it presented a discreet linear trend, indicating some stability until 2019 (n = 0), showing the lowest value found in Brazil during the years analyzed, in 2020 (n = 41) an increasing trend of cases began, until 2022 (n = 431), being the year with the highest number of cases in the Northeast, followed by the second increasing peak of 2024 (n = 331) in this region.



Graph 2 Distribution of palliative care services in Brazil, by region, from 2015 to 2024.

Source: Prepared by the authors, with data from the Ministry of Health - SUS Outpatient Information System (SIA/SUS), 2025.

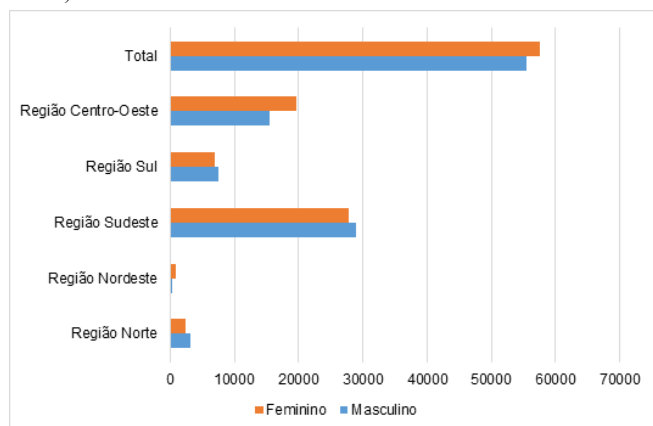


Graph 3 Distribution of palliative care services in Brazil, by region/year, from 2015 to 2024.

Source: Prepared by the authors, with data from the Ministry of Health - SUS Outpatient Information System (SIA/SUS), 2025.

As regards the distribution of palliative care services by sex (Graph 4), females prevailed, with a total of n=57598 in Brazil, compared to the total of n=55478 cases of males in the national territory during the period analyzed. In the Central-West region, there was a greater number of cases in the female population (n=19632), while males (n=15389) represented a smaller number of cases. In the Northeast region, more frequent cases were observed in women (n=867), while men (n=403) had fewer cases. In the Southeast region, there was a greater number of cases in males

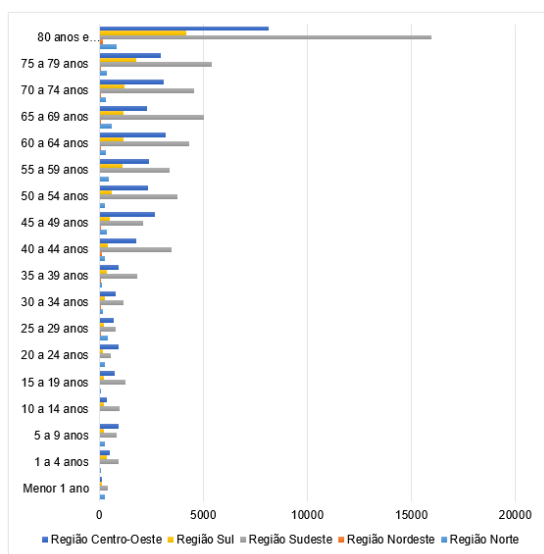
(n=29015), a slight contrast to the females (n=27762). In the South region, more cases were also observed in men (n=7485), compared to women (n=6916). In the North region, there were also higher numbers of cases in the male population (n=3186), while the female population (n=2421) had lower numbers.



Graph 4 Distribution of palliative care services in Brazil, by sex, from 2015 to 2024.

Source: Prepared by the authors, with data from the Ministry of Health - SUS Outpatient Information System (SIA/SUS), 2025.

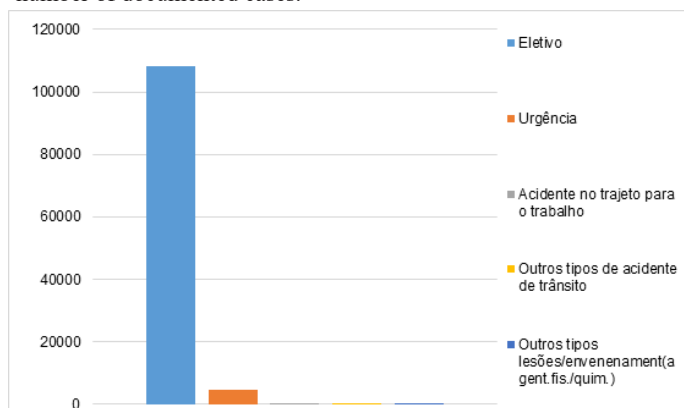
Regarding the age group for palliative care (Graph 5), the age group of 80 years and over had the vast majority of cases of chaos, totaling n=29320, throughout Brazil, during the years analyzed. Among individuals of this age, the region that represented the largest number of cases was the Southeast (n=15961), in second place the Central-West region (n=8150), followed by the South (n=4189), the North (n=840) and the Northeast (n=180). The age group with the second largest number of care is individuals from 75 to 79 years old, totaling n=10603, in which the Southeast region (n=5397) also led the number of cases, followed by the Central-West region (n=2962), in third place by the South (n=1772), the North (n=369) and the Northeast (n=103). The age group with the lowest number of cases was under 1 year old, with a total of n=967 palliative care visits, with the largest number in the Southeast (n=402), followed by the North (n=279), Midwest (n=148), South (n=128) and, lastly, the Northeast (n=11).



Graph 5 Distribution of palliative care visits in Brazil, by age group, from 2015 to 2024.

Source: Prepared by the authors, with data from the Ministry of Health - SUS Outpatient Information System (SIA/SUS), 2025.

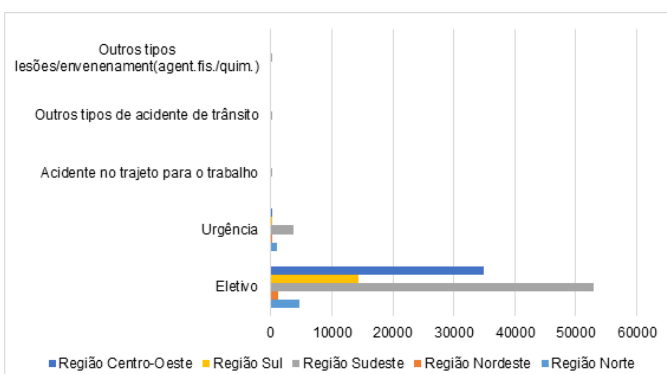
In respect of the type of palliative care (Graph 6), Elective care had the highest number of cases, totaling n=108286. Urgent care had the second highest number of cases, with n=4779. Other types of traffic accidents accounted for the third highest number of cases, with n=6. Accidents on the way to work (n=4) had the second lowest number of cases, while other types of injuries/poisoning (physical/chemical agents), with n=1, occupied the position of the type with the highest number of documented cases.



Graph 6 Distribution of palliative care services in Brazil, by type of care, from 2015 to 2024.

Source: Prepared by the authors, with data from the Ministry of Health - SUS Outpatient Information System (SIA/SUS), 2025.

Regarding the type of care provided by region in palliative care (Graph 7), elective care, which predominated in the period studied, had the highest number of cases in the Southeast region (n=53007), followed by the Midwest (n=34944), in third place the South region (n=14400), then the North (n=4672) and lastly the Northeast (n=1263). Emergency care, classified as the type with the second highest number of cases, prevailed in the Southeast region (n=3,759), followed by the North (n=935), then the Midwest (n=77), Northeast (n=7) and lastly the South (n=1). About other types of traffic accidents, the Southeast region represented n=6 computed cases. Regarding accidents on the way to work, the Southeast region concentrated n=4 in the period studied. Regarding the type of injury/poisoning (physical/chemical agents), the only type of care also occurred in the Southeast region (n=1).



Graph 7 Distribution of palliative care services in Brazil, by type of care/region, from 2015 to 2024.

Source: Prepared by the authors, with data from the Ministry of Health - SUS Outpatient Information System (SIA/SUS), 2025

Discussion

In Brazil, we obtained $n=113076$ palliative care services in primary care from 2015 to 2024. These services show an increasing trend due to the aging process of the Brazilian population, since the processes related to senescence contribute to the advent and worsening of chronic health diseases. Thus, it is observable that Brazil faces challenges related to the legal and operational principles of the health system in guaranteeing the provision of palliative care assistance within the scope of Brazilian primary care. Since in the national territory, most palliative care services are set in the hospital sector, this infers that the comprehensiveness of care is not covering patients who need this palliative support outside the hospital environment.⁶

The challenges in implementing palliative care in primary health care in Brazil are the lack of specific academic training, shortage of medicines and supplies, and high staff turnover, which compromise the provision of care. The palliative care actions in primary health care are limited to home visits and guidance, with frequent referrals to tertiary care. Professionals face difficulties in emotional management, symptom control, and effective communication with patients and families.⁷

Despite many advances, the establishment of palliative care in Brazil still faces many challenges, especially in the context of primary health care (PHC). It is observed that the lack of structuring of palliative care teams and budget deficits compromise the arrival of palliative care, far from the hospital sector and reference centers. With a persistent influence of the biomedical model on the way palliative care is understood and adopted in the public health system.⁸

The legislation that governs and promotes palliative care in primary health care has advanced significantly in the last 10 years, including palliative care in the macro-processes of primary health care. Obviously, there are still many obstacles, including compliance with legislation, the need for professional training, and a lack of appreciation for the principle of comprehensive care in ensuring dignity and comfort for individuals with life-threatening conditions.⁶

In this sense, it is noteworthy that the Brazilian health system has sought to provide strategies for establishing palliative care assistance within the scope of primary care. As established in accordance with Ordinance MS No. 3.681, of May 7, 2024, it institutes the National Palliative Care Policy (PNCP), integrated with the National Primary Care Policy (PNAB) of 2017, which aims to ensure that individuals with serious illnesses, which compromise or impair the quality and continuity of life, receive palliative care assistance aimed at alleviating pain, treating symptoms of their ailments, actively contributing to the commitment to expand and consolidate palliative care in Brazil, particularly in primary health care, as a pillar of the comprehensive health care network. The National Palliative Care Policy establishes guidelines that establish the integration of palliative care into primary care, signaling the intrinsic need for professional training and coordination between health services, promoting palliative care assistance in a dignified, continuous and humanized manner for individuals and their families.⁹

When analyzing Brazilian regions, it is notable that the southeast region had the highest number of cases in which palliative care was required in Primary Health Care, totaling 56777 in the period 2015-2024. Based on these data, it is possible to note that the provision of palliative care and palliative care centers still have a significant regional concentration, in locations where the population has higher socioeconomic levels. Thus, the provision of palliative care is related

to major challenges with regional inequalities in the provision of these services. Despite the growth of palliative care assistance in Brazil, it is necessary to seek to guarantee more uniform access for all individuals who need palliative care in Brazilian territory.¹⁰

Regarding the distribution of palliative care services from 2015 to 2024, women prevailed with $n=57598$ patients treated in Brazil. Although the number of female patients is higher than that of male patients, it is evident that women face specific challenges related to palliative care. This is correlated with a biological and social context, as the female population requires attention regarding certain particularities. For example, throughout history, women have taken on various care roles, both in the family environment and in institutions. In a way, the care actions performed by women throughout their lives can influence their expectations and experiences with palliative care. Many social factors and traditional gender responsibilities can substantially impact the women's intense relationship with palliative care.¹¹

The age group of 80 years and over had the highest number of cases, totaling $n=29320$, throughout Brazil, in the period from 2015 to 2024. It is inferred that this pattern is related to the increase in life expectancy, advent of longevity and technical scientific development of health sciences. With the epidemiological transition and increased longevity, there was an increase in the rate of chronic and degenerative health conditions, among them oncological, cardiovascular, neurodegenerative and bone diseases, these that are more common in the elderly and that often require palliative care assistance.¹²

According to the results, it is notable that most palliative care is offered on an elective basis in primary health care, which has a negative impact on the hospital sector. This scenario is justified because primary health care has shown many weaknesses in receiving patients who require emergency care. Thus, many individuals attend emergency rooms seeking compassionate, problem-solving care, but this does not always happen and studies show that staff are distant from patients undergoing end-of-life care.¹³

Final considerations

Although most palliative care is provided in hospitals, primary health care has served a large number of patients who require this type of support, although this hospital-based approach may lead to difficulties in providing comprehensive care. There are still major challenges in providing PHC care in our country, ranging from academic training lacking guidance on the humane provision of palliative support, to high staff turnover, and even difficulties in obtaining the medications and supplies offered, which compromises the provision of the best care to individuals in the final stages of life.

This research portrayed the great demand for palliative care that exists in our country, in the PHC, therefore, having a management system more focused on hospital care in these cases, it is considered relevant to readjust public health policies to guarantee effectiveness and efficiency in this care for the population that comprises a majority of elderly people, treated on an elective basis. Therefore, these individuals depend on an excellent PHC structure, to guarantee them high-quality care and efficient assistance by multidisciplinary professionals, in the face of situations of great adversity in health that lead to palliative care at the end of their existential trajectories.

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Conflicts of interest

The authors declare there is no conflict of interest.

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References

1. Costa ACX, Firmiano VR, Milagres AO, et al. Palliative care in primary care: a look at humanization. *Revista Cedigma*. 2025;3(5)27–31.
2. De Carvalho JMG, Sanguino GZ, Murilho JAT, et al. Assistance received in primary care: perspective of patients in palliative oncological care and their families. *Rev Enferm UFPI*. 2025;14(1):5336.
3. Markus LA, Betiolli SE, Souza SJP, et al. The role of nurses in patient care in palliative care. *Revista Gestão e Saúde*. 2017;17(Supl 1):71–81.
4. Alves RF, Andrade SFO, Melo MO, et al. Palliative care: challenges for caregivers and health professionals. *Fractal: Journal of Psychology*. 2015;27(2):165–176.
5. Marcon SS, Oliveira VG, Gomes BJO, et al. Conceptions and practices of primary health care professionals about palliative care. *Rev Pesqui (Univ Fed Estado Rio J., Online)*. 2024;16:e13076–e13076.
6. Trintinalia DAP. *Palliative care in primary care: importance and challenges*. 2023.
7. Agrizzi LM, Nascimento TAB, Viana AVM, et al. The presence of palliative care in primary health care in Brazil: a literature review. *Observatório De La Economía Latinoamericana*. 2025;23(1):e8619–e8619.
8. Aleoni JKG. *Palliative care in primary care in Manaus: knowledge, practices and potentialities of health professionals*. Universidade Federal do Amazonas. 2024.
9. Brazil. Ministry of Health. *Ordinance GM/MS nº. 3.681, of May 7, 2024 establishes the National Policy on Palliative Care (PNCP) within the scope of the Unified Health System (SUS)*. Brasilia-DF, 2024.
10. De Almeida AJG, Preto BF, Soares FB, et al. Palliative care in Brazil: are we making progress?. *Annals of the Scientific Initiation Forum of Unifunec*. 2024;15(15).
11. Dos Santos AP. Challenges and needs of women in palliative care: a literature review. *Revista Topics*. 2024;2(12)1–15.
12. Costa RS, Santos AGB, Yarid SD, et al. Bioethical reflections on the promotion of palliative care for the elderly. *Saúde em Debate*. 2016;40(108):170–177.
13. Medeiros MOSF, Meira MV, Santos JSNT, et al. Palliative care in the emergency: an integrative review. *Bioethics Journal*. 2021;29:416–426.