



The importance of home visits by nurses to cancer patients in palliative care.

The importance of home visits by nurses to cancer patients undergoing palliative care

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SUMMARY

This article discusses home visits by nurses to cancer patients receiving palliative care. In this context, the main objective was to demonstrate the importance of these visits in relation to the patient's treatment and quality of life. To reflect on the relevance of palliative care in assisting patients with neoplasms in their homes, focusing on home visits by nurses, theoretical support was sought in the investigated literature. The research was guided by the following problem: what is the relevance of home visits by nurses to cancer patients receiving palliative care in relation to their treatment and quality of life? Among the hypotheses put forward, the following stands out: cancer patients in a terminal state, when attended to or assisted at home by a nurse, tend to feel more comforted by being with their families. Thus, to meet the needs of patients with no possibility of cure, palliative care emerged, focused on the comfort and relief of pain for those experiencing it.

During home visits, nurses can observe the influence of family relationships on care, medication administration, and the identification of the patient's physical, social, economic, spiritual, and emotional needs.

Keywords: Nurse. Home Visit. Cancer Patients. Palliative Care.

ABSTRACT

This article discusses home visits by nurses to cancer patients undergoing palliative care. In this context, the main objective was to demonstrate the importance of this visit in terms of the patient's treatment and quality of life. To reflect on the relevance of palliative care in assisting patients with cancer in their homes, prioritizing home visits by nurses, theoretical support was sought in the literature studied. The following question arose as the guiding principle of the research: what is the relevance of home visits by nurses to cancer patients undergoing palliative care in terms of their treatment and quality of life? Among the hypotheses raised, the following stands out: terminally ill cancer patients, when treated or assisted at home by nurses, tend to feel more comforted by being with their family members. Thus, to meet the needs of patients beyond the reach of cure, palliative care emerged, focused on providing comfort and pain relief to those experiencing the pain. During home visits, nurses can identify the influence of family relationships on care delivery, medication administration, and the identification of the patient's physical, social, economic, spiritual, and emotional needs.

Keywords: Nurse. Home Visit. OncologyPatients. Palliative Care.

INTRODUCTION

Most cancers in Brazil are diagnosed at advanced stages and, therefore, Patient survival rates are low, which means there is a large contingent that needs...

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of palliative care. The models of palliative care that have been tried, in
The vast majority are centered on hospitals that treat cancer, and the main limitation is that...
They have only local scope when the demand is predominantly regional. However,
With the decentralization of healthcare, palliative care has been extended to...
Patients' homes, sent home to spend the rest of their days with their families.

Given the above, the following problem arose: what is the relevance of the visit?
Home care provided by the nurse to the oncology patient in palliative care regarding
What about the treatment and quality of life of the patient?

In an attempt to answer the problem, the following hypotheses were raised: The
a terminally ill cancer patient when treated or assisted at home, by
The nurse tends to feel more comforted by being with their family; the patient
When treated at home, the patient feels more supported and resigned to the end of life;
The family of a patient receiving home care from a nurse understands the illness better and
Try to follow the medication instructions exactly.

Therefore, the fundamental objective was to demonstrate the relevance of
Home visit by a nurse to a cancer patient in palliative care regarding
treatment and quality of life.

The hospitalization of a loved one due to a serious and unexpected illness, via
As a rule, this leads to imbalances in the family structure, partly because the family plays a role.
important in the patient's recovery, and often their needs are unknown.
by the nurse.

In the case of a cancer patient in the terminal phase of the disease and the
Hospitalization can trigger a crisis situation for the patient and their family.
Although each person responds individually or differently to the implications of an illness.
Unexpected hospitalization and other emergencies mean that each person faces, in some way, a threat to their well-being.
physical changes, role shifts, and the loss of or estrangement from family support.

The adoption of palliative care, as well as systematic nurse visits, in
at home, they should mediate this situation, which is so painful for both the patient and their family.
family members, namely: imminent death. In these cases, the nurse's role is multifaceted,
involving clinical, affective, psychological, ethical, and spiritual aspects.

For these patients and their families, the nurse's home visit should prioritize...
the adoption of clinical measures aimed at providing the cancer patient nearing death with the best possible care.
guaranteeing a better quality of life through active and comprehensive action in pain management and
other symptoms.

1. Palliative Care as a Therapeutic Approach

Palliative care aims to provide the patient and their family with... the best possible quality of life. However, "despite the great emphasis on these precautions because it is focused on patients in the terminal stages of illness, many of its principles are also applied in early stages of the disease, in combination with therapies specific to the pathological process". (SALES; ALENCASTRE, 2003, p. 566).

The World Health Organization (WHO) defines palliative care as measures which can improve "the quality of life of patients [...] facing an illness terminal, through the prevention and relief of suffering by means of early identification, "Correct assessment and treatment of pain and other physical, psychosocial, and spiritual problems." (MARCUCCI, 2005, p. 67).

Simoni and Santos (2003, p. 171) assert that: "the definitions of palliative care The World Health Organization (WHO) guidelines are based on the cancer treatment model. although they can be applied to other types of disease." It is noticeable that the WHO adopts a A universalist definition encompassing pain relief, suffering reduction, and the provision of... Palliative care for those who cannot be cured, to date, is among the... main priorities for international action in health.

Palliative care adopts a humanistic and integrated approach to... treatment of patients with no possibility of cure, reducing symptoms and increasing quality of life.

Palliative care is a term adopted in modern times for end-of-life care. It is a term linked to ritualized death in hospitals in large urban centers. although it is not necessarily associated with medicalized end-of-life care. One of the major The difficulty in addressing this issue lies in the approach to uncovering deaths associated with illness. immunological diseases, such as AIDS, and the social representation of pain. It is not associated with... In a specific disease, palliative care is traditionally a subject of reflection. mainly in the medical field of oncology. (SIMONI; SANTOS, 2003, p. 170).

The origin of the term lies in a discussion within medical practice regarding how to deal with... Patients considered terminally ill. In this way, palliative care differs from curative care by The medical concept of a patient being "terminally ill" or "beyond therapeutic possibilities."

With regard to its peculiarities, palliative care has the following characteristics: The following characteristics, as taught by Rodrigues, Zago and Caliri (2005):



a) Comprehensive care for the human being:

- Management of chronic pain; and,
- Interdisciplinary team.

b) Death as a natural process: _____

- Preparing the patient for death;
- Autonomy and orthothanasia;
- Relief from suffering;

c) Service scenario: _____

- Hospital; and,
- Home delivery. _

d) Communication: _____

- Frank and honest; and,
- They aim at care, not cure.

It is pertinent to state that palliative care should be planned and implemented based on a humanistic and integrated approach to the treatment of patients in terminal condition, aiming to alleviate their suffering and pain.

2 Cancer in Brazil

Cancer, regardless of its cause, is recognized as a chronic disease which affects millions of people worldwide, regardless of social class, culture or religion. Camargo (2000) emphasizes that knowing one is a cancer carrier is, in general, terrifying, because despite therapeutic advances allowing for an improvement in the rate of survival. Despite the challenges of improving survival and quality of life, the stigma of a painful, debilitating disease remains. It is mutilating and deadly.

In 2006, 234,570 new cases were expected for males and 237,480 for females. It was estimated that non-melanoma skin cancer would be the most common type of cancer in women in the Brazilian population, followed by breast, prostate, lung, colon and rectum, stomach and cervix. (MENEZES et al, 2007, p. 3).

Koseki teaches (2002, p. 13) that:

Most cancers in Brazil are diagnosed at advanced stages, and therefore, patient survival rates are low, which means there is a large risk contingent that needs palliative care. [...]. In Brazil, both the



Breast cancer, like cervical cancer, is still diagnosed in advanced stages, which contributes to increased mortality and reduced survival rate.

Thus, the need for and appropriateness of interventions becomes clear. nursing professionals who assist people in coping with illness and its consequences, aiming at rehabilitation and improving quality of life.

3 The Cancer Patient in Terminal Condition

Pereira and Reis (2007, p. 225) state that "the terminal cancer patient or in End-of-life care is that which is beyond the possibility of a cure, where all other options have been exhausted. requiring specific antineoplastic treatment, with an irreversible clinical picture, and presenting a "Prospect for short survival, from weeks to days."

Due to the progression of the disease, it may also present with alterations. severe cognitive impairment, with no evidence of self-awareness or awareness of the environment, and a total inability to interact with others.

For these patients and their families, the adoption of clinical measures is recommended that aim to guarantee a better quality of life through active and comprehensive action in control of pain and other symptoms. Professional action should be guided by attention and respect for the patient. bioethical principles of beneficence, non-maleficence, patient autonomy, and justice, and appropriate and rational use of resources in defining care.

3. The Situation of Palliative Care in the Brazilian Public Health System

It is obvious that the predominant care modality for patients with Cancer care in Brazil is primarily based on hospital-based assistance, which is also costly to the Unified Health System (SUS). (BRASIL, 1997). It is known that "the models of palliative care that Studies that have been conducted are centered on hospitals that treat cancer, and the main limitation is... "The problem is that they only have local reach, when the demand is predominantly regional." (KOSEKI, 2002, pp. 19-20). Hospitals, in general, are structured for Effective treatment of acute illnesses and exacerbations of chronic diseases.

When it becomes clear that a cure is no longer possible, the hospital system often fails to provide alternative treatments. Sometimes, even when there are no alternatives... With better recovery conditions, treatment focused on prolonging life is maintained.



causing unnecessary suffering for the patient and creating emotional stress and difficulties. financial burden for the family. Although hospitals for the treatment of acute illnesses are not the preferred locations for many patients to end their lives, currently more than half of Adults die in institutions like these (REZENE, 2000, p. 24).

Koseki (2002) teaches that in Brazil, the most common cancers in women Breast and cervical cancer are the most curable the earlier they are detected. diagnoses have been made. Despite prevention campaigns, a significant number It continues to be diagnosed in advanced stages (III and IV), when cure rates are low blood levels and patients require symptomatic treatment or palliative care, in addition of curative cancer therapies.

Ovarian carcinoma, although not among the most common cancers, presents, in initial phase, nonspecific symptoms, and there is no adequate screening program for carry out its early diagnosis (BRAZIL, 2001).

4 Advantages and Disadvantages of Decentralizing Palliative Care

Palliative care has a major promoter of this practice in our country. This refers to Professor Figueiredo. This professional has been a promoter of teaching in palliative care and the creation of care services in Brazil. "Among them is your own outpatient clinic at UNIFESP; the Palliative Care Outpatient Clinic at the Hospital das Clinics of the Faculty of Medicine of the University of São Paulo and the Care Unit Palliative care at the Emílio Ribas Institute of Infectology" (FIGUEIREDO, 2003, p. 170).

According to the same author, these services, in most cases, initiated their actions. with pain management and, later, included palliative care among their... Services provided. They are located within public hospitals and clinics. private.

According to Caponero, (2002) the Brazilian Association of Care was founded in 1997 Palliative Care Association (ABCP), in the city of São Paulo, to bring together professionals working in Palliative care. Participants in this association include: doctors, psychologists, nurses, Social workers, physiotherapists, religious leaders, nutritionists, among others. Among the objectives

From ABCP, the following are cited:

• To provide scientific and professional connections for the healthcare team that studies and practices. the disciplines related to care for chronic-progressive diseases in advanced stages and at the terminal stage;



• To improve the quality of care for the sick;

• To promote research in the field of palliative care through conferences, seminars and conferences aimed at raising the technical and scientific level of all professionals in the field of health;

• Develop, advise on, and provide technical assistance regarding content and programs. curricular and academic aspects of education in the health field;

• To study and discuss ethical problems and their implications for care practice. palliative care, and promoting the well-being of the community, preserving and improving the quality of life. The lives of the sick, at various levels of health.

It is important to point out that Ordinance No. 19/GM, dated January 3, 2002, established the National Pain Relief Program within the scope of the Unified Health System.

Palliative Care (Article 1), and whose provisions are as follows:

a - To coordinate governmental and non-governmental initiatives aimed at providing care/ assistance to patients with pain and palliative care; b - To encourage the organization of health services and multidisciplinary teams for the care of patients with pain who require palliative care, in order to establish care networks that organize this care in a decentralized, hierarchical, and regionalized manner; c - To coordinate/promote initiatives aimed at increasing the culture of pain care, continuing education for health professionals, and community education for pain care and palliative care; d - To develop efforts to organize the collection and dissemination of information.

- To provide relevant information to healthcare professionals, patients, families, and the general population, relating to, among other things, the epidemiological reality of pain in the country, healthcare resources, palliative care, research, new diagnostic and treatment methods, technological advances, technical and ethical aspects; and - To develop national care guidelines, duly adapted/suited to the Brazilian reality, in order to offer adequate care to patients with pain and/or symptoms related to diseases beyond curative reach and in accordance with the guidelines internationally recommended by health agencies and societies involved in the matter.

There is an institutional concern to promote actions that benefit the well-being of patients in terminal condition. According to Koseki (2002), working on the concept of care Palliative care at the institutional level leads to the concept of *hospice*, which, according to the author cited, It has the following meaning:

The concept of hospice expanded, and in 1977, the National Hospice was formed. Organization (NHO), currently representing more than 650 hospices. In its standards, the NHO defines hospice as a program of palliative care and supportive services that provides physical, psychological, social, and spiritual care to people who are in the terminal phase of the disease and also to their families. (p. 25):



Koseki (2002) emphasizes that in the United States, there are four basic models, namely:

- Home-based, community-based care;
- Patient consultations, both hospital-based and home-based;
- Consultations for hospital-based patients and home care, with a small Palliative Care Unit for inpatient care;
- Autonomous palliative care institution.

Koseki (2002) highlights an important point regarding care.

Palliative care at the institutional level, that is, the author advocates for the decentralization of this therapy. arguing that with regard to the advantages of decentralizing the care program Palliative care for patients with no possibility of cure can be divided into two segments, one relating to the patient and their family and the other to the cancer hospital and the SUS.

For patients and their families, receiving care in their own municipality will avoid unnecessary stress. of the long journeys from their homes to CAISM, often unnecessary and that They cause suffering, difficulties, and a worsening of the patients' clinical condition. The more If patients are monitored or kept in their homes for an extended period, they will be... The biopsychosocial and humanitarian aspects of this relationship are valued, prioritizing the your time spent with family and friends, optimizing your physical and psychological comfort, providing quality of life during the survival period and assisted death with dignity. (KOSEKI, 2002, p. 29).

From what is informally known, the palliative care model centered on Hospitals are the predominant setting, despite their limited reach. As a consequence, part of Hospitals' operational capacity is occupied with palliative care, which restricts the The influx of new cases delays curative cancer treatment and generates more patients. requiring palliative care.

It is worth highlighting that the structure of the SUS (Brazilian Public Health System) favors the development of partnerships. between the most specialized centers and the municipalities, aiming at decentralization and expansion. providing assistance and care to patients.

Throughout the 1990s, the SUS (Brazilian Unified Health System) has been consolidating the regionalization of services. Health for municipalities. The legal basis for such decentralization and delegation of authority. It was established by the Organic Health Law of 1990 and by the Operational Norms. mainly those from 1993 (NOB-SUS 93), 1996 (NOB-SUS 96) and 2001 (NOAS-2001), which They regulate and operationalize the SUS. (CAPONERO, 2002, p. 32-33).



Therefore, health services should be organized hierarchically, being of

The management and execution of less complex services falls under the jurisdiction of municipalities.

5. Death of a Terminally Ill Patient at Home

It is a fact that a patient with controlled symptoms, in a terminal state, wishes to die.

at home alongside family, it should also be understood that for a patient in that situation...

Whether a situation allows them to remain in their home depends on their physical condition and whether there is a need for... good family structure.

As a rule, when referring to family structure, in addition to the factor of

Affection is also linked to this condition, as is the financial issue, which, in itself...

In the case of terminal illness, it reaches significant levels.

Caregiving presents challenges that must be overcome, involving long periods of time.

imposed on the patient, physical strain, financial costs, emotional burden, risks

mental and physical. "The terminal phase is considered the most difficult and distressing. In the last week

Throughout their lives, the main problems patients usually face are managing pain,

Respiratory failure, confusion, followed by anxiety and depression." (REZENDE,

2000, p. 62).

In this sense, Menezes (et al, 2007) recommend that, considering the distribution

Given the demographic, epidemiological, and sociocultural context of cancer in Brazil, it is essential to articulate...

It systematically provides care in oncology in situations of poverty and low development.

Human beings pose a challenge for nursing, given the actions required to...

Prevention, early detection, treatment, and rehabilitation range from low to high complexity.

When emphasizing issues related to poverty, it is appropriate to highlight the dismantling of

Welfare State, where social policies were previously understood as a right of citizens.

Services guaranteed by the State would then be viewed and managed by a private management model.

based on the market logic of the capitalist system, that is, efficiency, competition, and results and profitability.

It should be noted that poverty is a complex social phenomenon and can be defined, in

In simple terms, this refers to a situation where a person's needs are not met adequately.

adequate. "We emphasize that both the identification of needs and the supply

They incur in the relativization of these terms, which point us to the subjective dimension of

"The unique needs of each individual and their fulfillment within a given social context."

(MENEZES, et al, 2007, p. 19).



6. The Importance of the Nurse's Role in Palliative Care for Patients

Terminal Oncology: Emphasis on Home Visits

Unlike other chronic diseases, cancer takes on a much larger role. proportions related to hopelessness, anxiety, pain, and the anticipation of a painful death. From the anguish of diagnosis to the realization that the disease is progressing out of control. control, different contexts are determined that will have distinct consequences involving family, friends, and the patient themselves.

The care required for a terminally ill cancer patient is predominantly Specific nursing care, such as hygiene, feeding, and wound care. and attention to the effectiveness of analgesia, among other things, which basically focus on needs for reducing suffering. (FIRMINO, 2004 apud LAVOR, 2006, p. 25-26).

One of the paradigms that guide palliative care in oncology is undoubtedly the therapeutic approach based on a better quality of life for the The patient's condition and the relief of existing symptoms are not intended to be curative. They do not seek to delay or hasten death.

Based on this scenario, efforts are being made to understand how... Nurses understand home visits and how they are handled in various contexts. households.

Home visits are a category of home-based healthcare that prioritizes diagnosing the individual's reality and providing educational support. It is an intervention tool. fundamental to family health and the continuity of any form of care and/or home-based healthcare, being planned and used with the intention of supporting interventions or action planning. (GIACOMOZZI; LACERDA, 2006, p. 647).

Siqueira (et al, 2008) assert that respect for ethical aspects should guide the The nurse's actions, respecting the patient's clinical picture, their physical and spiritual condition. as well as their family members. Even knowing that there is no cure for that patient, They should also be given attention and care, addressing their suffering with appropriate treatments. specific ones, such as those intended for pain relief.

When making a home visit to a terminally ill patient, the nurse should keep in mind... that: "care is always specific and related to the context in which it is provided, creating possibilities involved with development that exist in care, where what matters is

"The person or the event they are going through, and not the disease itself." (GIACOMOZZI; LACERDA, 2006, p. 645).

It is important to emphasize that the objectives of the home visit carried out by the nurse in this stage where there is no cure, there are numerous possibilities, and they can address a wide variety of aspects present in the context of death, among these: attending to the psychological needs of the person, to assist in the decision-making process and resolution of any outstanding problems, to help the family cope with the emotions that arise in the context of death and separation and to collaborate (and ensure) that the treatment offered to the person respects their dignity and improves their quality of life, even in the face of imminent terminal illness.

Based on these paradigms, it is pertinent to point out that the home visit made by Nursing care for terminally ill cancer patients implies a specific approach. holistic care for the patient, considering not only the physical dimension, but also the factors Psychosocial aspects of human existence.

A key issue to be addressed by the nurse when providing care. Palliative care for the patient is the treatment of the patient's pain and suffering. It is... The problem is not just a technical issue; it is, in fact, one of the most important ethical questions. currently being discussed, and which need to be viewed and addressed in their physical, psychological, and other dimensions. social and even spiritual.

The nurse must also be technically and emotionally prepared for the coping with the loss process, especially when working on visits. households.

The professional must be prepared to follow certain ethical guidelines in Regarding coping with loss, one of the main points of reference, that of truth, is extremely important. The importance of the interpersonal relationship between healthcare professionals and patients and their families. It should- communicating the truth to the patient and their family, enabling their participation in decisions made by them and the beginning of the grieving process, since in the case of care palliative care, death is imminent. (SIQUEIRA, 2008, p. 23).

According to Rezende (2000), omitting and/or denying the patient's and family's condition The health problem is preventing them from facing their fears, thereby hindering their development. Each one is heading towards the process of terminal illness. And when the moment of death arrives, it is It's natural that, instead of feeling peace, tranquility, and acceptance, they feel and express anger. because they were deceived.

Within this context, the difficulty in communicating the truth in certain cases is noticeable. of prognoses of imminent terminal illness. Therefore, there is an urgent need for qualification of



many nurses need to know how to properly address these issues, as such Responses should be discussed with great caution and keen sensitivity.

Another important point to highlight is not to give up, thus bringing the real The meaning of palliative care is to provide assistance even when there is no cure. Regarding the training of... nurses, Rezende (2000, p. 56) asserts that "there is a need not only for forms of to provide measures that improve the patient's quality of life, but also that of The professional's own understanding that death does not signify an error in care, a failure in... assistance".

7. Prioritized Home Visits in the Context of the Brazilian Unified Health System (SUS)

With the various advances in the field of health and the increase in the quality of life of For many people, numerous health problems have been resolved, alleviated, cured, or delayed. Prevention, promotion, and new treatments have contributed to reducing the severity of these conditions. area.

However, for many healthcare professionals, the issue of loss continues to be... Viewed through a technocratic lens, the issue of pain is often neglected. by health professionals and educators.

What we see is that the treatment of pain is still largely technical; advances are occurring. through new analgesic drugs and not through understanding each individual's pain, often making no pharmacological intervention necessary. [...] In the view of some Experts say pain can be divided into acute and chronic, with only one definition being used. Regarding the patient's complaint time, it ultimately does not receive the attention it deserves in contemporary assistance. (SIQUEIRA, 2008, p. 19).

Within the SUS (Brazilian Public Health System), the guidelines and values that guide healthcare are... undergoing modifications, seeking paradigms based on factors such as quality of life, in In accordance with the indications arising from social demand, an example of this scenario is The Family Health Strategy (ESF) in the prevention of home-based health care. giving preference to home visits under these circumstances.

[...] Home visits, as a way to equip professionals for their insertion and knowledge of the population's living conditions, as well as the establishment of links with it, aiming to meet the different health needs of people,



Concerned with the existing infrastructure in the communities and the provision of healthcare to families. (GIACOMOZZI; LACERDA, 2006, p. 646).

It is understood that the 1988 Constitution of the Republic, in establishing health as The right of all and the duty of the State to promote social equity, determines that...

The organization of the SUS (Brazilian Public Health System) should be structured according to the principles of universal access and care. integral, administrative decentralization of actions, co-responsibility and control social. In this way, politicians, managers, technicians, and users have sought to implement Systematic changes, both from the point of view of laws and management mechanisms.

Specifically addressing such actions for patients with terminal cancer, the action Professional guidance should focus on pain management, relieving suffering, and providing support to... family and the best quality of life before death.

CONCLUSION

In human existence, a person does not plan (or even think) about their own mortality. especially with regard to the development of cancer. Thus, despite considering the Disease is a normal biological process of human evolution; the discovery of a neoplasm. malignant or simply the possibility of confirming the diagnosis in a loved one, This causes a series of difficulties within the family related to the fear of losing him.

At these moments, the world, as the horizon of human daily life, emerges before us. The person and their family and friends, annihilating not only the personal belongings around them, but also their dreams of living a pleasurable future, which then begin to point towards nothing, because Cancer brings with it, over time, the social stigma of being an incurable disease.

Terminal illness leads to the need for support and palliative care. dispensed by nurses not only in hospital settings, but also at home. A patient is released to live with their family because there is no longer any possibility of a cure. This requires special (palliative) care that must be administered by a nurse. your home together with your family.

These palliative care measures should be supervised by a nurse who will then... visiting the patient in their home not only to treat them, but also to provide support and Solidarity with the family who need comfort and guidance during this time to proceed. correct dosage of medication and other procedures.

The relevance of palliative care, as well as the importance of [the following], became evident. Home visits by nurses to terminally ill cancer patients. The family and the

Patients seek support from this professional in an attempt to accept their impending death with resignation. It is evident that the nurse is not emotionally immune to this situation, because as a human being, she also has her anxieties and fears, hence the need to be well prepared to develop this work of a technical, holistic and humanitarian nature.

It is noteworthy that palliative care is provided in the patient's home. Interventions involving terminally ill cancer patients allow many nurses to become more aware, recognizing the living conditions of the population they serve, and perhaps being more sensitive to difficulties and suffering, concluding that their actions could make a difference in maintaining health for life, as well as preparing for and accepting death, is important. That is, human beings are not prepared to passively and meekly accept the loss of a loved one dear.

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