International Journal of Advanced Engineering Research and Science (IJAERS)
Peer-Reviewed Journal
ISSN: 2349-6495(P) | 2456-1908(O)
Vol-9, Issue-9; Sep, 2022
Journal Home Page Available: https://ijaers.com/
Article DOI: https://dx.doi.org/10.22161/ijaers.99.30

The difficulties of implementing palliative care

Mariângela Ferraz Rodrigues Araújo[1], Ana Paula Saldanha Santos[1], Andressa Jordânia Alves de Amorim[1], Francielly Aparecida Lemos Walder[1], Ivan Paioletti Pisani[1], Thalyta Eduarda de Menezes Gouvea[1], Bruna Rafaela Gomes de Sousa Oliveira[1], Pamela Nery do Lago[2], Simone Aparecida de Souza Freitas[2], Luciana Moreira Batista[2], Danielle Cristina de Oliveira Silva Saturnino[2], Luciana de Morais Lisboa[2], Aline da Silva Fernandes[2], Diva Maria de Oliveira[2], Carolina Costa Pinto[2], Elessandra Antônia Santos de Rezende[2], Nicolle Silva de Menezes[2], Ana Paula Caetano Pereira[2], Ronaldo Gomes Rodrigues[2], Fabíola Fontes Padovani[2], Laiana Otto da Costa[2], Raquel Resende Cabral de Castro e Silva[2], Ângelo Aparecido Ninditi[2], João Eduardo Pinho[2], Maria Emília Lúcio Duarte[2], Darlan dos Santos Damásio Silva[3], Juliane Guerra Golfetto[4], Leticia do Nascimento[4], Rita de Cássia Almeida Sales[5], Kiwisunny Galvão Franzoi[5], Hirlla Karla de Amorim[5], Kelly Monte Santo Fontes[6], Rafaela Bezerra Gama Guimarães[6], Fabiana Nascimento Silva[6], Marcelo Dangllys Duarte Fernandes[6], Lisyanne Pinheiro Costa Silva[6], Hilma Keylla de Amorim[7], Tatiana Lamounier Silva[8], Leonardo Oliveira Silva[9], Michelly Angelina Lazzari da Silva[9], Edma Nogueira da Silva[10], Ana Patrícia da Cruz[11], Tatiana Alves Costa[11], Raiane Almeida Silva[12], Ana Luiza Loiola Santos[13], Juliana Grazielle Lobato Alexandre[14], Fernando Henrique da Silva Costa[15], Eugênio Barros Bortoluzi[15], Maria Ivanilde de Andrade[16], Daniel da Silva Costa Lazzari[17], Claudiomiro da Silva Alonso[18], Daniele Estéfany de Souza Pires Silva[18], Andrea de Sousa Quintela[19]

[1]University Center UNA Bom Despacho, Bom Despacho, Brazil.
[2]Clinical Hospital of the Federal University of Minas Gerais, Belo Horizonte, Brazil.
[3]Professor Alberto Antunes University Hospital of the Federal University of Alagoas, Maceió, Brazil.
[4]University Hospital of the Federal University of Santa Maria, Santa Maria, Brazil.
[5]Clinical Hospital of the Federal University of Pernambuco, Recife, Brazil.
[6]University Hospital of the Federal University of Sergipe, Aracaju, Brazil.
[7]Professor Alberto Antunes University Hospital of the Federal University of Alagoas, Maceió, Brazil.
[8]Clinical Hospital of the Federal University of Triângulo Mineiro, Uberaba, Brazil.
[9]University Hospital of the Federal University of Grande Dourados, Dourados, Brazil.
[10]University Hospital of the Federal University of Juiz de Fora, Juiz de Fora, Brazil.
[11]Maria Aparecida Pedrossian University Hospital, Federal University of Mato Grosso do Sul, Campo Grande, Brazil.
[12]Dr. Washington Antônio de Barros Teaching Hospital, Federal University of Vale do São Francisco, Petrolina, Brazil.
[13]Clinical Hospital of the Federal University of Uberlândia, Uberlândia, Brazil.
[14]Sofia Feldman Hospital, Belo Horizonte, Brazil.
[15]Faculty of Applied Social Sciences, Campina Grande, Brazil.
[16]Lagoa Santa City Hall, Lagoa Santa, Brazil.
[17]University of Grande Dourados, Dourados, Brazil.
[18]Minas Gerais Military Police Hospital, Belo Horizonte, Brazil.

[19]Walter Cantídio University Hospital of the Federal University of Ceará, Fortaleza, Brazil.

Received: 08 Aug 2022,

Received in revised form: 04 Sep 2022,

Accepted: 12 Sep 2022,

Available online: 21 Sep 2022

***Keywords*— Palliative Care, Intensive Care, Physical Therapy. Terminal Patient.**

Abstract*—Palliative Joint Care (PC) is a set of palpable care practices that aim to prevent patients from increasing patients with diseases or a more advanced stage according to their disease. Care is provided by a multidisciplinary team, composed of nurses, nutritionists, nutritionists, doctors, whose purpose is to relieve autonomy, making what has one and the patient possible to prepare the death in their own way. The study aims to analyze the importance through qualitative data and what are the difficulties for the implementation of palliative care in the Adult Intensive Care Unit (ICU). It consists of a literature review, through a bibliographic survey, with an exploratory and relative approach, not on the physiotherapeutic performance in palliative care within the same Intensive Care (ICU) system, and how the environment among professionals is seen and graphic care multidisciplinary teams within hospitals. Realizing the importance of palliative care for critically ill patients, endorsing the phases of the patient's importance, was possible, in addition to the importance in this process. The prioritization of the patient's well-being in an intensive environment is always the focus of the treatment from the initial point, until its delivery, always maximizing its intention, psychological and physical health in a global way, where all the professionals involved are of paramount importance. with responsibility.*

I. INTRODUCTION

The World Health Organization (WHO) defines palliative care as active and comprehensive actions provided to patients with progressive and irreversible disease, becoming necessary from the moment that all therapeutic possibilities for the cure of the sick person are exhausted [1] .

The increase in the world population has resulted in important aspects in the health sector, especially due to the growing population of elderly people, increasing the prevalence of chronic non-communicable diseases (NCDs), cancer, diabetes and chronic respiratory and cardiovascular diseases, impacting the volume of admission to the Intensive Care Unit (ICU). The ICU is a place where technology is used to save life or improve the patient's functional status. When dealing with terminal patients, there is a great need to establish limits between the best possible quality of life and the prolongation of dying [2].

Given this scenario, palliative care emerges, which seek to establish an adequate treatment program, with a multiprofessional and interdisciplinary approach, with the objective of relieving suffering, relieving pain and other physical, psychological and spiritual symptoms, with a view to making that the patient feels comfortable, and that their family members participate in this disease process with less anguish [3].

The importance of the performance of the multidisciplinary team considering its actions within the intensive unit, there is health promotion through integrated care, its approach is essential so that the patient's comfort is prioritized, establishing pillars of trust and effective communication, reducing the stress related to the bereavement of family members and later outlining decisive interventions in palliative treatment [4].

Physiotherapy presents a set of therapeutic resources that integrate both palliative care, acting in the improvement of symptoms, as well as in the patient's quality of life. It also contributes through manual therapy methods, stretching, passive and active exercises, joint mobilizations, positioning, breathing exercises and bronchial hygiene techniques, oxygen support and mechanical ventilation when necessary. In this way, the professional acts to complement the palliative approach in order to obtain, within their professional reach, the care that the patient needs [5].

ICUs are seen as units for patients with unfavorable prognoses and, in most cases, with no prospect of survival, with the purpose of bringing together recoverable patients, technology and human resources capable of care and constant observation in the same physical environment [6].

Technological and scientific advances allowed the prolongation of life and, mainly, the reversal of impairments without prognosis. More sophisticated devices such as respirators, monitors, equipment for

medication and other supports and the need for space in large hospitals have increased the stereotype of cold and inhumane units, full of machines where only scientific reasoning would fit, with the disease being above the human being itself. [6].

In recent years, ICUs have become a concentration not only of critical patients and advanced technology, but also with an experienced team with skills and competences [7], who seek to provide comfort to the patient and, for their family, the understanding of the mourning, making them understand that death is a natural process of life [8]. Therefore, we justify the importance of finding in the literature answers to our guiding question: What makes the implementation of palliative care in the ICU difficult?

Therefore, this research aims to analyze through qualitative data, what are the difficulties for the implementation of palliative care in the ICU.

II. METHODOLOGY

The present study consists of a literature review, through a scientific bibliographic survey, with an exploratory and relative, non-systematic approach, on the physiotherapeutic performance in palliative care within the ICU environment. The search for theoretical reference was carried out through searches of articles available on the following platforms: Scientific Electronic Library Online (SCIELO), Google Scholar, Pedro and PubMed.

To search the databases, a combination of descriptors was used: palliative care, intensive care, physical therapy and terminal patients, in the following databases: Lilacs, VHL (Virtual Health Library), SciELO and PubMed. The texts were analyzed and selected in a reflective way, in order to obtain accurate information.

The inclusion criteria were: articles that contain information related to the chosen topic and be available online for free from 2016 to 2021, in Portuguese. All those published before 2016 and other literature review articles were excluded.

The research consists of a total of seven selected studies, as shown in the following flowchart:

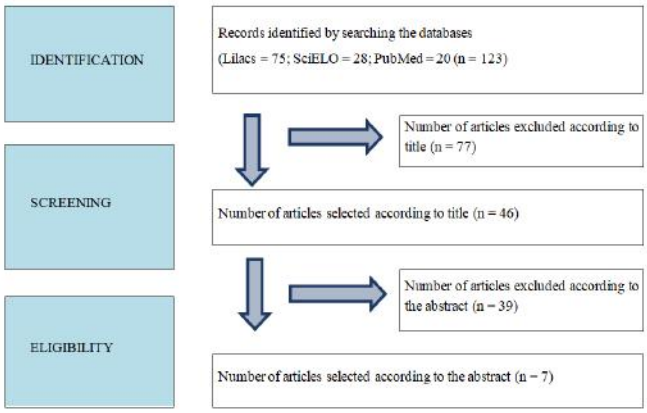

Fig.1: flowchart of the search process for scientific articles.

III. RESULTS

In the process of bibliographic survey, in relation to the theme adopted in this study, it was possible to identify the importance of palliative care in terminally ill patients. It is worth mentioning that the search on Palliative care, Intensive care, Lilacs, VHL, SciELO and PubMed platforms allowed the selection of 7 scientific productions.

The studies were analyzed and selected carefully, and the articles were carefully read so that they were classified in the table according to the year, author, title, methodology and results:

Table 1. Representation of selected articles.

AUTHOR/YEAR	TITLE	METHODOLOGY	RESULTS
Mazutti [9]	Limitation of Advanced Life Support in patients admitted to an intensive care unit with integrated palliative care.	Retrospective cohort study, which included patients over 18 years of age enrolled in the palliative care program of the intensive care unit of Hospital Paulistano, from May 1, 2011 to January 31, 2014. Limitations of Advanced Life Support analyzed were: do not resuscitate order, mechanical ventilation, hemodialysis and vasoactive drug. For quantitative variables, measures of central tendency were calculated. The Chi-	According to the study, 3.487 patients were admitted to the intensive care unit, 342 of whom were included in the palliative care program. It was observed that, after entering the palliative care program, it took a median of 2 (1 - 4) days for death in the intensive care unit and 4 (2 - 11) days for in-hospital death. Most of the limitations of Advanced Life Support (42.7%) occurred on the first day of hospitalization. Cardiopulmonary resuscitation (96.8%) and ventilatory support (73.6%) were the most adopted limitations.

		Square test was used to compare characteristics of patients with or without Advanced Life Support limitations and the Wilcoxon test to compare the length of stay after Advanced Life Support. For statistical significance, the confidence interval and $p \leq 0.05$ were considered.	
Lima [2]	Palliative care in intensive care: the perspective of the multiprofessional team.	This is a qualitative study, in which 21 health professionals working in the ICU of a public hospital in the Federal District participated. The instruments used were: socio-demographic questionnaire and semi-structured interview. The interviews were submitted to Bardin's content analysis.	The results indicated four thematic axes, the most frequent categories being: 1) Thematic axis "PC Concept": without prognosis (n = 15) and quality of life (n = 14); 2) "Factors that favor PC": PC demand (n = 3) and technological resources (n = 2); 3) "Factors that make PC difficult": communication problems (n = 11) and lack of knowledge (n = 6); 4) "Suggestions for the implementation of PC": training (n = 13) and improvements in communication (n = 4); and CP protocol (n = 3).
Pires [10]	End-of-life comfort in intensive care: perception of the multidisciplinary team.	Qualitative, descriptive and exploratory study, carried out with 50 professionals from the health team of an Intensive Care Unit of a private hospital in Bahia. A socio-demographic questionnaire and a semi-structured interview were used to collect data, which were analyzed using the thematic content analysis technique and discussed in the light of the Pacific End of Life Theory.	According to authors, there was a predominance of women (72%) and young adults (age range from 30 to 45 years with 70%), with a mean age of 37.5 years. As for specialization, 56% have it in the ICU and none in the PC. Although all participants stated that they had already provided assistance to terminally ill patients, only 32% had approached the topic at graduation, with nurses standing out, 53.8%. Based on the identification of the basic needs of PC patients in the ICU, the participants directed care towards the concepts of the Peaceful End of Life Theory (PTVP), prioritizing the promotion of comfort. Three categories emerged: 1. Relieving pain to promote comfort; 2. Comfort to achieve peace, dignity and respect and 3. Approaching loved ones and faith as a comfort strategy.
Maingué [11]	Bioethical discussion about the patient in end-of-life care.	This is a quantitative research carried out in two hospitals in Paraná, between March and May 2018, with a sample of 45 members of a multidisciplinary team.	In the study, it was found that the interviewees were concerned about respecting autonomy, protecting dignity and preserving the quality of life of patients and families through shared decision-making. However, the tendency of therapeutic obstinacy to fulfill the professional duty showed the need for more discussions and training in palliative care to minimize ethical conflicts.
Marques [12]	Palliative care: speech of physiotherapists working in ICU.	Exploratory research of a qualitative nature, carried out by 11 physiotherapists from the ICU of a University Hospital in the city of João Pessoa-PB. For data collection, a form containing questions relevant to the content of the study was used. The empirical material was analyzed using	Among the professionals who participated in the research, there was a predominance of females, totaling 8 professionals. As for the training time, most of the physical therapists interviewed have between 10 and 15 years of training, corresponding to 8 professionals, which is the shortest training time found in the interviewed sample. This fact characterizes a certain maturity regarding the

		the Collective Subject Discourse (CSD) technique.	professional practice of physiotherapy. Regarding the length of time working in the ICU, most of them have worked as an intensivist for between 10 and 15 years, and only 3 of the participants have worked in the ICU for less than 3 years. With regard to postgraduate courses, 5 participants have postgraduate degrees at a specialization level, 4 are masters and 2 are doctors. From the analysis of the empirical material, 6 central ideas emerged. These will be presented with the respective DSC.
Barbosa [13]	Experiences in the intensive care unit: the multidisciplinary team's view of patients in palliative care.	Descriptive study, with a qualitative approach, carried out with 15 health professionals from the ICU of a University Hospital who underwent a semi-structured interview.	The study pointed to a survey with a total of 15 health professionals working in the ICU of that hospital, being 5 nurses, 3 nursing technicians, 3 physiotherapists, 2 doctors, 1 pharmacist and 1 nutritionist. The predominant sex of the participants was female, with 9 (66.6%) professionals; professionals with higher education totaled 12 (80%), while 3 (20%) were mid-level professionals. Participants aged between 25 and 30 years predominated, with 5 (33.3%) participants; 6 (40%) participants reported having between 11 and 15 years of professional experience. Regarding professional qualification, participants with a postgraduate degree in the area of intensive care predominated, with 7 (53.3%) participants. From the speeches of the participants, 3 categories emerged, which will be presented below.
Perão [14]	Social representations of comfort for relatives of patients in palliative care in intensive care.	Descriptive, qualitative study, theoretical framework adopted by social representations. Participants were 30 family members of patients hospitalized in an intensive care unit, in palliative care. Data were collected through individual semi-structured interviews, organized and analyzed using the Collective Subject Discourse technique.	In view of the survey results, the family members interviewed were between 25 and 75 years old, and most were female (n=19;63.3%). Regarding the degree of kinship, children (n=9; 30%) stood out, followed by husbands (n=6; 20%) and wives (n=6; 20%) and the others were partners, mother, sister, brother and father (n=9; 30%). Regarding the level of education, family members with complete elementary school stood out (n=10; 33.3%) and in the same number completed high school (n=10;33.3%). Only 1 family member reported having completed high school (n=01;3.3%). Regarding religion, family members were Catholic (n=18; 60%), evangelical (n=9; 30%) or had another religion (n=03; 10%). Most of the interviewees were employed, and some family members had another experience of a relative hospitalized under palliative therapy in an ICU (n=07;23.3%).

Source: survey data (2021).

IV. DISCUSSION

In the study by Mazzutti, carried out in the ICU of Hospital Paulistano in the city of São Paulo, cohort studies were used as an evaluation tool, useful in the identification of risk and prognostic factors, in the follow-up regarding the impact of diagnostic and therapeutic interventions. It was observed that the applied study prioritizes the contribution of palliative care in the intensive care unit to the practice of orthonasia, inserting patients from the palliative care program admitted to the ICU of this hospital. This is due to the subsistence of qualitative and quantitative questioning in the estimative index and incidence in the limitation of advanced life support in critically ill patients. From the analysis of the results through the cohort study, it can be seen that there was a fundamental contribution to the understanding related to the contribution of palliative care in intensive care to the practice of orthonasia [9], which corroborates the article by the author Lima [15], where he states that palliative care in the face of the published study is effective in guaranteeing respect for a dignified death according to Human Rights, bioethics and medical ethics, in which he expresses the importance of progress related to the express regulation of orthonasia , where, only through this process, all professionals inserted in the palliative scope will be able to exercise their offices with legal certainty.

According to a study by Lima, carried out at a public hospital in the Federal District, with 21 health professionals, the socio-demographic questionnaire and semi-structured interview were used as an evaluation instrument, where an increase in the demand for PC was observed, and that the technologies are considered important and indispensable tools in an ICU, to promote a better quality in the final comfort [15]. It is noticed that there is little knowledge of the multidisciplinary team together with the lack of resources, both physical and human, hindering the advancement of PC within the ICU [1]. Comparing with the study by Silva, carried out in the city of Recife, we were able to analyze that there are several factors that contribute to the difficulty of effectively implementing palliative care, including the lack of practical contact during graduation, lack of protocols made by the institution, failure to communication between the team, and, at the end of the study, the professionals themselves admit to having little knowledge about PC, which requires more information [16].

The study by Pires, carried out in a private hospital in Salvador, with 50 health professionals, used the same evaluation process as the aforementioned study. In this study, it was possible to observe that, even in the case of a private hospital, the lack of knowledge of professionals in relation to PC has become an obstacle, but when identifying a patient in need of palliative care, they put into practice interventions to relieve pain. promoting comfort to achieve peace, dignity, respect, and putting an end to the approximation of family members, which will also bring comfort to the patient [10]. The study by the author Ascenção, 2013, reinforces that palliative care should be for the prevention and relief of suffering, in addition to the importance of family support to the patient, which in this process makes all the difference, which brings more safety and comfort to the patient because be someone you trust [3].

The study by Maingué [11], carried out in two hospitals in Paraná, between March and May 2018, with the participation of 45 members of a multiprofessional team, showed that technical advances in ICU health care have increased the capacity of the science in prolonging life, replacing the patient's vital functions with technology. This added value to medical practice, but changed the way illness and death are interpreted. It is difficult to accept finitude, even for health professionals, who often exploit disproportionate measures to increase the end of life, prolonging suffering. It is the use of non-recommended practices instead of palliative actions, opposing the natural model of death [11]. When we compare with the study by the author Borges [17], we can observe that, with the growth of studies and technology, together with the space that palliative care has been gaining, it is possible to bring greater comfort to patients at the end of their lives and more information on how family members can help in this process [17].

According to the study by Marques, carried out in the ICU of a university hospital in João Pessoa, through a qualitative exploratory research using a form for data collection carried out with 11 physical therapists, it was possible to observe that the physical therapy team has knowledge on the subject, but the lack of resources in the hospital, makes the implementation of PC difficult [12], this difficulty was also reported in the study by Pereira, highlighting the scarcity of specific protocols and training that facilitate the implementation of PC and that is not always available by the hospital [18] .

In a study carried out by Barbosa, with the objective of analyzing the view of health professionals, facing the patient with no therapeutic possibility in the ICU, of a University Hospital in the state of Rio de Janeiro, with the participation of 15 health professionals working in the ICU, it was evidenced through a questionnaire of semi-structured interviews with an elaborate script of open questions, that the participants highlighted the suffering of the patient and the family, which, in most cases, is intensified along the course of the disease, mainly in the ICU, due to the use of resources and efforts considered unnecessary. Reinforcing the importance and the need for

qualification of the multiprofessional team in the face of the palliative care process and the terminality process [13], they corroborate the study by Silva, who mentions that it is necessary to develop a national policy that supports the terminal critical patient care, the continuing education of professionals and the creation of care protocols to promote the comfort of the patient during the final phase of life and that of his family [19].

In the study by Perão, carried out at the Hospital de Florianópolis, being a descriptive and qualitative study, it is observed that this was aimed at sampling palliative care and understanding the family comfort concomitant with the patient and its variables, prioritizing their health on a global scale, observing questionable points in some intensive care units about the priority of family integration as an integral part of palliative care, later on, there is a distance between the multiprofessional team and the family. It was noticed the importance of care and the family and the patient in the intensive unit related to palliative care, which are defined by actions that improve the quality of life so that, the greater the palliative occurrence performed by the multiprofessional team, the greater the approximation the same with the patient and his/her relatives and the better the effectiveness of the treatment [14]. This study corroborates the findings of Pegaroro, which highlights the patient in intensive palliative care with limited life support and their life prospects, and the analysis of professional activities related to their normally performed tasks, where the need was recognized. to plan criteria for the care of these patients and the importance of palliative care. The observed results were the withdrawn position of the professionals, in terms of providing a dignified death without suffering for inpatients, and it is important for the institutions to plan to provide critical analysis and reflection on the process of palliative care, in the case of a more attentive observation. of the entire multidisciplinary team to avoid such retraction and lack of professional positioning [20].

Based on the above, it was possible to perceive the importance of palliative care for patients in critical, terminal stages, highlighting pain relief, dignity and respect, in addition to the importance of the family in this process. It is clear that most of the articles reviewed, both in private hospitals and in public hospitals, mostly found the lack of knowledge and communication of the multidisciplinary team, together with the lack of protocols, hindering the implementation and quality of palliative care in the units. intensive care unit, which requires greater guidance and training for hospital staff.

V. CONCLUSION

In view of the aspects addressed in the study, it is clear that, with the implementation of the patient in the PC, it is possible to improve the quality of life, relieve pain and provide the patient with a dignified death. The family plays a fundamental role in this process, showing significant effectiveness when there is a rapprochement between itself and the patient, offering them greater comfort and safety, thus increasing the effectiveness of the treatment.

However, it is noted that, even with technological advances, there is still difficulty in implementing palliative care, as hospitals that have excellent infrastructure for this implementation have a team with little knowledge and ineffective communication, while hospitals with qualified professionals and with the necessary understanding, does not have the proper infrastructure to put their skills into practice.

This study shows us the importance of communication between the multidisciplinary team in the hospital environment. Academically, it is important to continue studying the subject addressed, so that the professional obtains a better knowledge about palliative care, leading to dignity, respect and quality of life not only for the patient, but also for the family.

REFERENCES

[1] World Health Organization. (2021). Who Definition of palliative care. Retrieved from https://www.who.int/health-topics/palliative-care.

[2] Lima, A. S. S., Nogueira, G. S. & Werneck-Leite, C. D. S. (2019). Cuidados paliativos em terapia intensiva: a ótica da equipe multiprofissional. Rev. SBPH, 22, 91-106. Retrieved from http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-08582019000100006.

[3] Ascensão, D. S. (2013). Burnout nos enfermeiros em cuidados paliativos. Relatório de Prática Clínica [Mestrado em Cuidados Paliativos]. Instituto Politécnico de Castelo Branco, Portugal. Retrieved from https://repositorio.ipcb.pt/handle/10400.11/2220.

[4] Nascimento, L. C., Fonseca, I. A. C. (2021). Cuidados paliativos na assistência domiciliar: a vivência de uma equipe multidisciplinar. Revista Eletrônica Acervo Saúde, 13 (6), e8117. Retrieved from https://doi.org/10.25248/reas.e8117.

[5] Resende, J. M. D. (2012). Fisioterapia nos cuidados paliativos oncológicos - Aspectos Gerais. Simpósio de Cuidados Paliativos Para os Hospitais Federais do Rio de Janeiro. Retrieved from http://bvsms.saude.gov.br/bvs/publicacoes/inca/Fisioterapia_nos_cuidados_paliativos.pdf.

[6] Ribeiro, C. G., Silva, C. V. N.S. & Miranda, M. M. (2005). O paciente crítico em uma unidade de terapia intensiva: uma revisão da literatura. Rev. Min. Enf, 9(4), 371-377.

Retrieved from https://cdn.publisher.gn1.link/reme.org.br/pdf/v9n4a14.pdf.

[7] Nozawa, E., Sarmento, G. J. V., Veja, J. M., Costa, D., Silva, J. E. P. & Feltrim, M. I. Z. (2008). Perfil de fisioterapeutas brasileiros que atuam em unidades de terapia intensiva. Fisioter. Pesqui., 15 (2). Retrieved from https://www.scielo.br/j/fp/a/WDsNsLgrsPWCKDNhLPcnrSf/?lang=pt.

[8] Brasil (Ministério da Saúde). 2004. Programa Nacional de Cuidados Paliativos. Direção Geral de Saúde: Conselho Nacional de Oncologia. Brasília. Retrieved from http://1nj5ms2lli5hdggbe3mm7ms5-wpengine.netdna-ssl.com/files/2015/08/Programa-Nacional-de-Cuidados-Paliativos.pdf.

[9] Mazzutti, S. R., Nascimento, A. F. & Fumis, R. R. L. (2016). Limitação de Suporte Avançado de Vida em pacientes admitidos em unidade de terapia intensiva com cuidados paliativos integrados. Rev. Bras. de Terapia Intensiva, 28 (03). Retrieved from https://www.scielo.br/j/rbti/a/yyFvhfwbQ6PNZq5T54bBs6B/?lang=en.

[10] Pires, I. B., Menezes, T. M. O., Cerqueira, B. B., Albuquerque, R. S., Moura, H. C. G. B., Freitas, R. A., Santos, A. L. S. & Oliveira, E. S. (2020). Conforto no final de vida na terapia intensiva: percepção da equipe multiprofissional. Acta Paulista de Enfermagem, 33, eAPE20190148. Retrieved from http://www.revenf.bvs.br/scielo.php?script=sci_arttext&pid=S0103-21002020000100436&lng=pt&nrm=iso.

[11] Maingué, P. C. P. M., Sganzerla, A., Guirro, U. B. P. & Perini., C. C. (2020). Discussão bioética sobre o paciente em cuidados de fim de vida. Revista Bioética, 28, 135-146. Retrieved from https://www.scielo.br/j/bioet/a/QBc3qsn7WSNN37rC99DZJQD/?lang=pt.

[12] Marques, C. C. O, Pessoa, J. C. S., Nóbrega, I. R. A. P., Farias, R. C., Favero, A. B. L. & Andrade,F. L. J. P. (2020). Cuidados Paliativos: Discurso de Fisioterapeutas que Atuam em Unidade de Terapia Intensiva. Rev Fun Care Online 12, 1241-1246. Retrieved from http://seer.unirio.br/cuidadofundamental/article/view/9446/pdf_1.

[13] Barbosa, A. P. M., Santo, F. H. E., Hipólito, R. L., Silveira, I. A. & Silva, R. C. (2021). Vivências do CTI: Visão da Equipe Multiprofissional Frente ao Paciente em Cuidados Paliativos. Enfermagem em Foco, 10 (4) 161-166. Retrieved from http://revista.cofen.gov.br/index.php/enfermagem/article/view/2990/966.

[14] Perão, O. F., Nascimento, E., Padilha, M., Lazzari, D. D., Hermida, P. & Kersten, M. (2021). Social representations of comfort for patients' family members in palliative care in intensive care. Rev Gaucha Enferm., 26 (42), e20190434. Retrieved from https://pubmed.ncbi.nlm.nih.gov/33656163/.

[15] Lima, C. A. S. (2015). Ortotanásia, cuidados paliativos e direitos humanos. Rev Soc Bras Clin Med., 13 (1), 14-7. Retrieved from http://files.bvs.br/upload/S/1679-1010/2015/v13n1/a4762.pdf.

[16] Silva, G. M., Cavalcante, E. R., Souza, V. M. S., Lima, K. M. O., Cavalcanti, B. K. C. & Silva, S. S. C. (2017). Análise do conhecimento da equipe multidisciplinar em uma unidade de terapia intensiva à cerca dos cuidados paliativos. Rev Saúde-UNG-Ser., 11 (1), 39. Retrieved from http://revistas.ung.br/index.php/saude/article/view/3125.

[17] Borges, M. M. & Santos Junior, R. (2014). A comunicação na transição para os cuidados paliativos: artigo de revisão. Rev. bras. educ. med.,, 38 (2). Retrieved from https://www.scielo.br/j/rbem/a/kwFkVRhDzdWqNdpXzQ7zHqR/?lang=pt.

[18] Pereira, C. P., Bellinati, N. V. C. & Silva, B. F. (2021). Fragilidades e potencialidades da equipe multiprofissional no desenvolvimento dos cuidados paliativos em Unidade de Terapia Intensiva. Research, Society and Development, 10 (9), e22210917989. Retrieved from https://rsdjournal.org/index.php/rsd/article/view/17989.

[19] Silva, C. F., Souza, D. M., Pedreira, L. C, Santos, M. R & Faustino, T. N. (2013). Concepções da equipe multiprofissional sobre a implementação dos cuidados paliativos na unidade de terapia intensiva. Ciênc. saúde coletiva, 18 (9). Retrieved from https://www.scielo.br/j/csc/a/Yzg37SkczWT8KZ5MRDQDZbF/?lang=pt.

[20] Pegaroro, M. M. O. & Paganini, M. C. (2019). Cuidados paliativos e limitação de suporte de vida em terapia intensiva. Rev. Bioét., 27 (4). Retrieved from https://www.scielo.br/j/bioet/a/yHcNTcvdcw6wQp8rPRKrQjK/?lang=pt.