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INTEGRATION OF PALLIATIVE CARE INTO PRIMARY HEALTH CARE IN BRAZIL: SUMMARY OF A PREVIOUSLY PUBLISHED ARTICLE

INTEGRAÇÃO DOS CUIDADOS PALIATIVOS NA ATENÇÃO PRIMÁRIA À SAÚDE NO BRASIL: RESUMO DE ARTIGO PREVIAMENTE PUBLICADO

INTEGRACIÓN DE LOS CUIDADOS PALIATIVOS EN LA ATENCIÓN PRIMARIA DE SALUD EN BRASIL: RESUMEN DE UN ARTÍCULO PUBLICADO PREVIAMENTE

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ABSTRACT

The increase in life expectancy in Brazil and worldwide has required greater use of new approaches in medicine, including the expansion of the availability of previously existing demands, with particular emphasis on the role of palliative care (PC). This article aimed to summarize a previously published paper in the Revista Brasileira de Medicina de Família e Comunidade, which characterized the PC practices carried out by family and community physicians (FCP) in Brazilian PHC, according to the domains of the National Consensus Project for Quality Palliative Care. PC practices in PHC were shown to be limited by training gaps, low availability of qualified teams, difficulties accessing opioids, and insufficient approaches to psychosocial and communication aspects. It was concluded that the provision of PC in Brazilian PHC is restricted and depends not only on the competencies of FCPs but also on public policies that enable a structured multidisciplinary practice. Further studies are needed to deepen and compare these findings, as well as promote the strengthening of PC within the scope of PHC in the country.

Keywords: Palliative Care. Primary Health Care. Family and Community Medicine.

RESUMO

O aumento na expectativa de vida no Brasil e no mundo demandou aumento da utilização de novas abordagens na medicina, incluindo ampliação de disponibilidade de demandas já previamente existentes, destacando-se o papel dos cuidados paliativos (CP). Este artigo teve como objetivo resumir o artigo previamente publicado na Revista Brasileira de Medicina de Família e Comunidade, que caracterizou a prática de CP realizada por médicos de família e comunidade (MFC) na APS brasileira, segundo os domínios do National Consensus Project for Quality Palliative Care. A prática de CP na APS mostrou-se limitada por lacunas formativas, baixa disponibilidade de equipes capacitadas,

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dificuldades no acesso a opioides e insuficiência na abordagem de aspectos psicossociais e comunicacionais. Concluiu-se que a oferta de CP na APS brasileira é restrita e depende não apenas das competências do MFC, mas de políticas públicas que viabilizem uma prática multidisciplinar estruturada. São necessários novos estudos para aprofundar e comparar esses achados, além de fomentar o fortalecimento dos CP no âmbito da APS no país.

Palavras-chave: Cuidados Paliativos. Atenção Primária à Saúde. Medicina de Família e Comunidade.

RESUMEN

El aumento de la esperanza de vida en Brasil y en el mundo ha exigido una mayor utilización de nuevas aproximaciones en la medicina, incluyendo la ampliación de la disponibilidad de demandas previamente existentes, destacándose el papel de los cuidados paliativos (CP). Este artículo tuvo como objetivo resumir un trabajo previamente publicado en la Revista Brasileira de Medicina de Família e Comunidade, que caracterizó la práctica de CP realizada por médicos de familia y comunidad (MFC) en la APS brasileña, según los dominios del National Consensus Project for Quality Palliative Care. La práctica de CP en la APS se mostró limitada por brechas formativas, baja disponibilidad de equipos capacitados, dificultades en el acceso a opioides y una insuficiente atención a los aspectos psicosociales y comunicacionales. Se concluyó que la oferta de CP en la APS brasileña es restringida y depende no solo de las competencias de los MFC, sino también de políticas públicas que posibiliten una práctica multidisciplinaria estructurada. Se necesitan nuevos estudios para profundizar y comparar estos hallazgos, además de fomentar el fortalecimiento de los CP en el ámbito de la APS en el país.

Palabras clave: Cuidados Paliativos. Atención Primaria de Salud. Medicina de Familia y Comunidad.

1 INTRODUCTION

Population aging increases the demand for palliative care, as it is a consequence of the increase in life expectancy worldwide. In Brazil, this care is still concentrated in the hospital environment, although national guidelines recommend its offer also in Primary Health Care (PHC). The family and community physician (FCM) has essential competencies to provide PC in a longitudinal, comprehensive way, thus causing less burden to the system, in addition to its primary role in the coordination of patient care, and PHC is also the preferred gateway to the Unified Health System (SUS). Thus, the consequence is a reduction in the number of admissions to urgent and emergency services, length of hospital stay and consequent improvement in the quality of life of the population, as well as a reduction in psychosocial, physical and spiritual suffering, both for patients and family members involved in this line of care.

2 GOAL

To characterize the practice of palliative care performed by family and community physicians in Brazilian PHC, according to the domains of the National Consensus Project for Quality Palliative Care.

3 METHODS

This summary presents the main results of the study previously published in the Brazilian Journal of Family and Community Medicine in 2020, through a cross-sectional and descriptive study using a self-administered questionnaire, with questions involving the domains of the National Consensus Project for Quality Palliative Care. Family and Community Doctors, with a title or residency working in PHC, participated. 136 professionals were contacted; 89 responded to the instrument, 2 of which were discarded according to exclusion criteria. The final sample consisted of 87 participants.

4 FINDINGS

Most of the interviewees (92%) did not have a mandatory course in Palliative Care during their undergraduate studies. Less than half of the physicians use pain analysis tools (35.6%) and functionality (13.8%) of the patients eligible for PC, except for the use of the pain scale, which is frequently used (63.2%). Less than a fifth of the participants (15%) reported having the help of a multidisciplinary team trained in PC to care for their patients. Most professionals reported never or almost never receiving help from professionals trained to monitor psychological or psychiatric impact (80.4%), monitoring family members in the grieving process (73.5%), and never or almost never offering help from professionals for spiritual or religious support to their patients (85%).

5 DISCUSSION

In Brazil, palliative care emerged in the 80s, and a resolution was approved in 2018 establishing guidelines for its organization within the scope of the SUS;

Art. 5 Palliative care must be offered at any point in the health care network, notably:

I - Primary Care: organizer of the network and coordinator of care, it will be responsible for monitoring users with life-threatening diseases in its territory, prevailing longitudinal care, offered by primary care teams, together with the Expanded Family Health Center (NASF-AB), with the support of the other points of the care network whenever necessary;

According to the principles of Family and Community Medicine, the family and community doctor is a qualified clinician, working in the community and on behalf of the population, and the doctor-patient relationship is crucial for adequate follow-up of the patient in palliative care. According to the competency-based curriculum developed by the Brazilian Society of Family and Community Medicine, among the skills expected of family and community physicians are pain management in terminal patients, management of pressure ulcers, guidance of family members regarding measures related to the patient's death, management of complications in palliative patients and the approach to grief.

The practice of Palliative Care in Brazilian PHC is below the potential of Family and Community Doctors, marked by a lack of approach during specialization, low use of validated tools, little availability of trained teams and difficulty in accessing specific medications for symptomatic symptom control. There are important gaps in communication, psychosocial management, and advance care planning. Such limitations also reflect the absence of local public policies that support the effective practice of Palliative Care in PHC.

The concentration of Palliative Care in the hospital environment is also reiterated, being little addressed in other spheres of care. There is an urgent need to integrate palliative patient care into the spectrum of Primary Care, based on the definition of palliative care by the WHO, which focuses on improving the quality of life of patients and their families facing life-threatening diseases, also involving prevention and relief of suffering by identifying physical, psychosocial and spiritual problems. In this context, the family and community physician (FCM) is the specialized professional to serve in this network, considered the coordinator of care, articulating the user at the various levels of care, and ensuring their access to health services.

In Brazil, patients in need of PC in PHC are patients with advanced age and non-malignant diseases. Few FCM participants in this research reported using specific instruments to identify patients eligible to receive PC frequently in their daily practice. Tools for performance evaluation are important, however, many professionals in the present study reported not knowing them or not using them frequently. The availability of opioids has also proven to be an obstacle, both in Brazil and in the rest of the world, and should be provided for in local public policies for the development of quality PC. The assessment and management of physical symptoms is a domain contemplated by the NCP as an indicator of the quality of PC provision and is foreseen as a desired competence for a FCM, according to the SBMFC competency curriculum.

Addressing psychosocial and emotional needs is an important role of PHC staff, and many patients complain of not being able to speak with their physician about their end-of-life desires. Patients would like this subject to be addressed at the initiative of their doctor. Family members also report that they would like to be involved in the decision-making processes. Therefore, having a physician established in PHC is a positive predictor for the approach of advance care directives, for this reason it is necessary to continue education of PC providers, especially the PHC team.

6 CONCLUSION

Palliative care in Brazilian PHC is offered in a limited way. There is little use of validated tools for pain analysis and patient functionality, and insufficient multidisciplinary care trained in PC. Symptom control should be below what is desired, considering the low availability and use of opioids in PHC. Communication with family members and discussion of end-of-life wishes with the patient are topics that are not very present. It is understood that the results of this study are not only consistent with the function of FCM, but also require the support of a

local health policy that allows the exercise of such functions, including by the multidisciplinary PHC team. Further studies are needed to compare the findings on this important topic and to stimulate the development of PC in PHC in Brazil.

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