



The role of nurses in palliative care for cancer patients

El papel de las enfermeras en los cuidados paliativos de los pacientes oncológicos

O papel do enfermeiro nos cuidados paliativos a pacientes com câncer

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Abstract

Palliative care is extremely important for the treatment of cancer patients. The nursing professional has an essential role in palliative care, both in the technical aspect and in the human and sensitive aspect. The main objective of this work was to analyze and study the role of nurses in palliative care for cancer patients. The methodology used was the systematic review of the literature, which had 17 articles found in the main scientific bases and platforms: PubMed, LILACS, Google Scholar and Online Nursing Library. Thus, from the analysis and discussion of the results and the selected materials, it was possible to conclude that the Nurse has the role of accompanying the patient and their families in all stages of the disease.

Descriptors: Nursing; Quality of Life; Palliative Care; Medical Oncology; Nursing Care.

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Resumén

Los cuidados paliativos son extremadamente importantes para el tratamiento de pacientes con cáncer. El profesional de enfermería tiene un papel esencial en los cuidados paliativos, tanto en el aspecto técnico como en el aspecto humano y sensitivo. El objetivo principal de este trabajo fue analizar y estudiar el papel de las enfermeras en los cuidados paliativos de los pacientes oncológicos. La metodología utilizada fue la revisión sistemática de la literatura, la cual contó con 17 artículos encontrados en las principales bases y plataformas científicas: PubMed, LILACS, Google Scholar y Online Nursing Library. Así, del análisis y discusión de los resultados y de los materiales seleccionados, fue posible concluir que el Enfermero tiene el papel de acompañar al paciente y sus familiares en todas las etapas de la enfermedad.

Descriptor: Enfermería; Calidad de Vida; Cuidados Paliativos; Oncología Médica; Atención de Enfermería.

Resumo

Os cuidados paliativos são de extrema importância para o tratamento de pacientes com câncer. O profissional de enfermagem possui um papel essencial nos cuidados paliativos, tanto no aspecto técnico quanto no aspecto humano e sensível. O objetivo principal deste trabalho foi analisar e estudar qual o papel do Enfermeiro nos cuidados paliativos a pacientes com câncer. A metodologia utilizada foi a revisão sistemática da literatura, a qual contou com 17 artigos encontrados nas principais bases científicas e plataformas: PubMed, LILACS, Google Acadêmico e Biblioteca Online de Enfermagem. Dessa forma, a partir da análise e da discussão dos resultados e dos materiais selecionados, pôde-se concluir que o Enfermeiro possui o papel de acompanhar o paciente e seus familiares em todas as fases da doença.

Descritores: Enfermagem; Qualidade de Vida; Cuidados Paliativos; Oncologia; Cuidados de Enfermagem.

Introduction

Cancer is a disease characterized by the disordered growth of cells, which leads to the formation of a mass which we call neoplasm or malignant tumor. These cells invade tissues and organs and can spread, that is, when metastasis occurs, causing the organism to no longer perform its normal functions¹.

It defines palliative care as “active and comprehensive actions provided to patients with progressive and irreversible disease”, these are some procedures that improve the quality of life of patients and their families².

Early in the diagnosis of illness – any illness that is serious and life-threatening – palliative care is few and far between and aimed at prolonging the patient's life. However, as the disease progresses, the palliative resources used also increase, both to make the patient as comfortable as possible and to reach family members in their grieving process³.

The nurse who works in palliative care addresses a more humanistic issue, appreciation and quality of life, respecting the physical, psychological, social and spiritual limitations of the patient. In this way, the research problem can be raised from the following question: what does the nurse provide to the cancer patient in palliative care? This is the main and central question that has been raised throughout this work.

The importance of nurses' attention to cancer patients and support for both the patient and their families during palliative care is essential to be discussed today. For this reason, the choice of the theme of this study is justified

by the fundamentality of the subject that will be elucidated here during the actions of this work².

Concomitant to this, the general objective of this research was to analyze and study what is the real role of the Nurse in the treatment of cancer patients through palliative care, taking into account all the specificities and sensitivity of the disease in question. In addition, the focus of the work was a more humane view of the patient, their families and also the professionals involved, since when palliative care is necessary, everyone is affected³.

In turn, the specific objectives were to understand the importance and outline the role of the nurse in palliative care, as well as to know treatment methods.

Palliative care is a new form of care present in the current health area. It is something that has been gradually becoming popular and that has gained strength in recent decades. In 1990, just 30 years ago, the WHO published its first definition of Palliative Care:

“Active and total care for patients whose disease is unresponsive to healing treatment. Control of pain, other symptoms, and psychosocial and spiritual problems is paramount. The goal of Palliative Care is to provide the best possible quality of life for patients and their families”⁴.

Twelve years later, in 2002, the WHO revised the concept of Palliative Care and updated it, ratifying that:

“Palliative care is an approach that promotes the quality of life of patients and their families, who face diseases that threaten the continuity of life, through the prevention and relief of suffering. Requires early identification, assessment and treatment of pain and other problems of a physical, psychosocial and spiritual nature”⁴.



According to studies, they have the purpose of improving the quality of life of both patients and family members, in order to moderate the level of suffering and pain of all involved⁴.

The WHO defines principles for Palliative Care, as they are not based on protocols, laws or impositions, but rather on principles, that is, on a humanized view of the patient and their family. The defined principles are: Promoting the relief of pain and other unpleasant symptoms; Affirm life and consider death a normal process of life; Not to hasten life, nor to postpone death; Integrate psychological and spiritual aspects in patient care; Offer a support system that allows the patient to live as actively as possible until the moment of death; Offer a support system to assist family members during the patient's illness and bereavement; Offer a multiprofessional approach to focus on the needs of patients and their families, including bereavement support; Improve the quality of life and positively influence the course of the disease; e Initiate Palliative Care as early as possible, along with other life-prolonging measures such as chemotherapy and radiotherapy, and include all investigations necessary to better understand and manage stressful clinical situations⁵.

Palliative care is essential in cancer patients. It is through them that patients are able to maintain their human dignity throughout the illness, treatment, death and bereavement of their families and loved ones. It is also important for the patient to have autonomy and awareness to make decisions, from the discovery of the diagnosis, to the end of life⁵.

According to studies, it is extremely important to accompany family members in the period of mourning, since after the death of the patient, several changes and transformations occur in the family, personal and social environment, therefore, it is important that everyone involved knows how to deal with the events after the loss⁶.

It is exactly at this moment that multidisciplinary medical care takes place, involving oncologists, physical therapists, psychologists and religious leaders (such as priests and pastors). Several aspects are considered: such as physical and psychological health; spiritual life and faith; and, family and social coexistence⁶.

Among the palliative treatment options for cancer patients, three main ones can be mentioned: targeted therapy, hormone therapy and immunotherapy:

- Targeted therapy: drugs used alone or in combination, which act specifically on the growth of tumor cells⁷.
- Hormone therapy: blocking the actions and reducing hormone production, can prevent the growth and/or reduce the size of tumors, often used for breast and prostate cancer¹⁷.
- Immunotherapy: stimulates or reinforces some proteins of the immune system to fight cancer cells, with emphasis on the advanced stage⁷.

In addition, there is palliative radiotherapy, used to alleviate some of the symptoms of cancer, such as local pain and pain caused by tumor progression. In the case of surgical

intervention as a form of palliative therapy, it only happens in some specific cases, such as when there is bleeding or perforations, however, it is not fully scientifically proven that palliative surgeries increase the survival of the individual when it comes to an oncological patient^{7,8}.

It is necessary to remember that there is a patient, a human being, in pain and alive there, that there is a worried family and maybe still hopeful, but it is also necessary that there is medical care without forgetting the disease⁷.

Bioethics is conceptualized as an interdisciplinary study between biology, medicine and philosophy, which analyzes and explores all the necessary conditions for a responsible administration of life and the human being. Thus, it is essential that all attitudes and actions of the nursing team are based on bioethics³.

Since the beginnings of medicine, death has been discussed from different perspectives. After the first manifestations of bioethics, dating from the first half of the 20th century, in 1900 with the first document that established ethical principles for experimentation on humans, formulated by the Prussian Ministry of Health, issues such as life and death began to be considered under the perspective of ethics, initiating bioethics⁸.

As for the medical approach, the Federal Council of Medicine defines as the classic objective of medicine the protection and salvation of life, in addition to the maintenance and promotion of health. The bioethical discussion begins at times when the reduction of suffering and quality of life come into question, above even the preservation of life, as in cases of terminally ill patients and euthanasia⁸.

The Code of Medical Ethics dictates, in relation to end-of-life situations and human suffering that:

"Art. XXI - In the process of making professional decisions, in accordance with their dictates of conscience and legal provisions, the doctor will accept the choices of his patients regarding the diagnostic and therapeutic procedures expressed by them, as long as they are appropriate to the case and scientifically recognized. Art. XXII - In irreversible and terminal clinical situations, the doctor will avoid performing unnecessary diagnostic and therapeutic procedures and will provide the patients under his care with all appropriate palliative care".

Bioethics presents four bioethical principles, highlighted by the Bioethics Center of CREMESP, namely autonomy, which dictates that individuals capable of reflecting on their personal choices must be respected, as well as their decisions about their own body and life. The principle of beneficence refers to the ethical obligation to minimize losses, aiming at maximizing benefits, that is, the professional must prioritize techniques and information that ensure the medical act that most benefits the patient. The principle of non-maleficence reinforces this prohibition of inflicting harm, establishing that the doctor's actions must always cause the least harm to the patient, avoiding harm to his health. Thus, the doctor must always act with impartiality, avoiding religious, financial, social judgments, among others, that interfere in some way in the doctor-patient relationship and its consequent effectiveness in the



treatment⁸.

In this sense, the four ethical principles (autonomy, beneficence, non-maleficence and justice) are respected in the hospital environment, respecting the patient's wishes. Dysthanasia is conceptualized by the prolongation of the death process. It is a type of unnecessary and expendable work that has no benefits for the terminally ill patient, resulting in more pain and suffering⁹.

Faced with a case of incurability, the search for a cure is an aggression to the dignity of that person. The advanced measures and their limits must be considered with the aim of beneficence for the patient and not science seen as an end in itself¹⁰.

In this way, it can be said that dysthanasia is the abusive use of resources, used without considering what is best for the patient, in a search for delaying the death process. On the other hand, orthothanasia concerns the natural process of death, where the resources used do not prolong the death process nor cause more pain for the patient who is already suffering¹⁰.

Therefore, it is essential that the relationship between doctor and patient is based on trust, so that decisions are made in a well-thought-out and considered manner. It is well known within the health field that cancer is a chronic, frightening, challenging and multicausal disease. Recognized for the uncontrolled increase of cells that dominate the human body, causing its suffering. A situation that in many cases brings suffering not only to the patient, but also to family and friends. Therefore, it is essential to understand what the quality of life of these patients is like, in such a complicated situation⁹.

From the analysis of studies, the initiative of the International Agency for Research on Cancer (IARC) cancer deaths reached 10 million people worldwide in 2020. The cases total almost 20 million patients. These are increasingly relevant numbers and people who need attention from health, family and community services¹¹.

In this way, thinking about these numbers and understanding the complexity of the treatment and impacts on the lives of patients is an urgent need for several groups. According to projections such as those contained in the INCA reports, melanoma cases alone will add up to 450,000 more by 2022 in Brazil. A simple example, which shows the need for a reflection on how our society is preparing to provide quality of life for these patients¹².

Analyzing the numbers of health and its performance in relation to COVID-19, taking a current example for comparison, the unpreparedness, lack of inputs, ineffectiveness of large-scale vaccination planning and the organization of social distancing measures, can- It can be said that the health system needs to have planning for its actions in various sectors¹¹.

It is necessary not only to discuss, from a technical or instrumental point of view, the care of patients who need emotional support, since coping with the disease involves behavioral nuances, profound impacts on daily routines - elements that affect the emotional health of patients and that need to be taken into account, because in many situations the positive or negative impulse to be ready for

The subjective aspect can be seen as the sudden importance of the patient's sense of personal satisfaction. In the objective aspects, there are economic factors, from financial support to expensive treatments or their impossibility due to poverty⁹.

In short, it is possible to perceive that the congruence of these factors and it is not possible to think about the treatment and the provision of quality of life, without having this awareness, the patient becomes, thus, the bearer of a responsibility that he himself incurs not only to himself, but also by committing to their family members¹⁴.

The core of people who support you will be the patient's target of concern and a source of help or frustrations. The importance of this social support is highlighted as the "family well-being" that is evaluated by patients in their treatments¹³. Symptoms such as nausea, vomiting and other personal suffering, which are common during treatment, gain greater impacts because in many cases, patients understand the effects of these symptoms on those around them.

In addition, according to studies, there are currently several studies showing that the practice of physical activities helps to improve the quality of life of cancer patients, due to the numerous benefits of physical exercise for the patient. Several studies have demonstrated the benefits of physical activity, such as improved functional status; increased cardiorespiratory capacity; reduced feeling of fatigue and increased quality of life in cancer patients; in addition to providing better ability to perform activities of daily living; decrease in mortality and, consequently, increase in survival. Regular exercise could also act as a modifiable prognostic factor¹⁵.

According to studies, there are several concerns that make palliative treatment a key point of study and analysis for thinking about health programs. In addition, improvements in the quality of life of patients are not sought if these elements are not in tune. The presence of a multidisciplinary team, which increasingly seeks references in the wide scope of possible treatment, gains increasingly present and clear colors. The comfort that these teams seek to bring is encompassed within a sphere of studies and social notes^{9,13}.

They are recognized professionals who dress up in the concerns of their patients and, aware of this tangle of situations, bring diverse knowledge to their routines. Therefore, it is important to think about the importance of quality of life in these patients from different angles and - as already highlighted here - for this, help is sought in different spheres of medical, psychological and social knowledge⁹.

First, it is necessary to understand that patient care must be provided by a trained and multidisciplinary team, including physical therapists, physicians, and nurses, for example, so that the patient is fully attended, covering all their needs. Within this team, it is essential to create bonds between professionals, the family and the patient, always practicing empathy^{9,16}.

Therefore, it is essential that the professional knows how to listen and understand what will be reported



by the patient, being empathetic and working to help him.

According to studies, it is essential that nursing professionals have knowledge about palliative care, as well as being able to deal with these patients. Nurses' humanization attitude is based on bringing well-being and comfort to the patient and their family both during the death process and in the period of mourning. Therefore, it is necessary for the nursing professional to take pleasure in their work and to show good humor in carrying out their work, as they will also be able to relieve the existing tension^{9,16}.

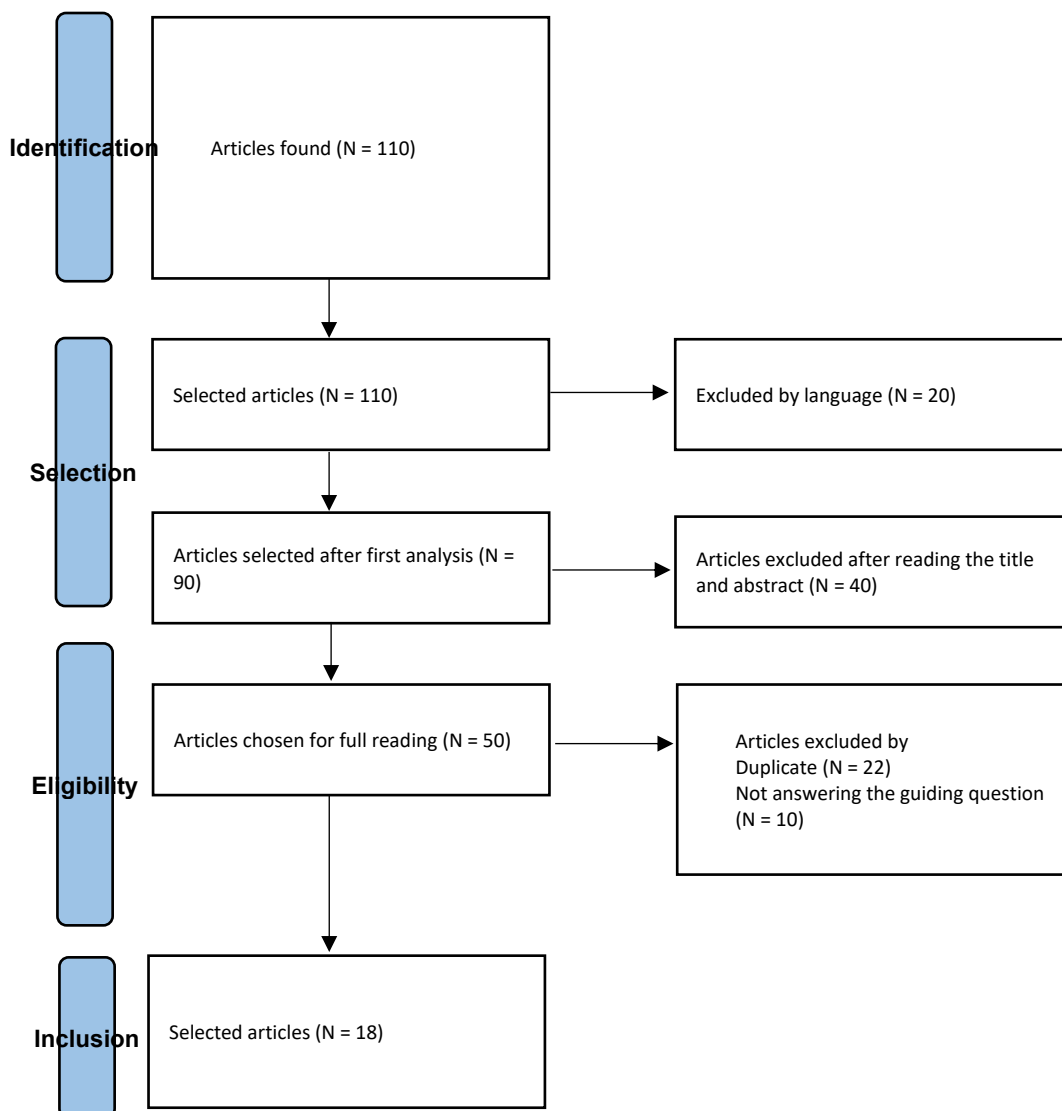
Furthermore, the nurse must have the ability to understand the patient's needs that go beyond what is

expressed and spoken. Sometimes the problem or pain can be in the movement or implied, and it needs to be observed and discovered.

Methodology

The methodology used for this work was the integrative literature search. In order to carry out the integrative review, it is necessary to carry out a research on reliable scientific bases, providing a synthesis of the acquired knowledge, in addition to finding significant results to be applied in day-to-day practice. In this case, the results found will serve for applicability in the daily life of a nurse.

Figure 1. Article selection criteria. São Paulo, SP, Brazil, 2021



In this work, the research question designed to guide the actions and to help achieve the objectives is: What is the role of nurses in the palliative care of cancer patients?

The keywords used in this research were nursing; quality of life; palliative care; cancer patients. The period of material used for the elaboration and theoretical basis of this research is 10 years, that is, from 2012 to 2022. The

only exceptions for this period are the publications of the World Health Organization and the National Agency for Palliative Care. Furthermore, Figure 1 presents the selection criteria.

In addition, the searches were carried out in the following databases: PubMed, Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature in Health Sciences (LILACS), Google Scholar and Online Nursing



Library (BDENF).

process, respectively. At work, this issue was addressed from the perspective of the Regional Nursing Council¹⁰.

Results and Discussion

On the INCA website, you can find epidemiological reports, the scientific definition of the most varied types of cancer, the prognosis of the disease and how it works from the discovery of something in the initial exams, until the moment when the oncologist asks for more information. exams and make the diagnosis to the patient¹².

The addresses several essential information about palliative care of its importance, including giving guidance to various professionals on how to proceed. In addition, the ANCP also reports what are the benefits of palliative care for cancer patients^{12,13}.

In addition, to contribute in this work with the transitions for the patient and the family in the phases from the patient's diagnosis to the mourning phase, in addition to demonstrating what the needs of the patient and their families are, emphasizing the importance of a multiprofessional follow-up⁵.

In the same sense, the types of therapy and procedures that can be performed in cancer patients are approached as palliative treatment, from radiotherapy to surgical intervention, but always emphasizing that, in this area, the humanization of care is something that cannot be forgotten in no time¹⁸.

However, in other studies, the bioethical perspective of palliative care can be observed, something that is still much discussed within the scope of health professionals, including citing the fundamental principles of the Code of Medical Ethics, and the four ethical principles: autonomy, beneficence, non-maleficence and justice^{3,8}.

Another very controversial and discussed issue on the subject is dysthanasia and orthothanasia, being the prolongation of death and the natural respect of the death

The quality of life for cancer patients is very important, as these patients are already suffering from the consequences of their disease. Several studies and authors address this issue, it is so essential.

In other studies, one can demonstrate the concern with the quality of life of these patients from the perspective of the COVID-19 pandemic, given the lack of supplies, the capacity of hospitals and the ineffectiveness of government planning that devastated Brazil - and the worldwide - in 2020 and 2021¹².

From the analysis of studies, it is possible to observe the emotional and behavioral aspects that involve cancer patients and that can interfere with their quality of life, as is also the case of, who report the symptoms that these patients have and that end up lowering your quality of life significantly^{13,14}.

Finally, within this theme of quality of life for cancer patients, it addresses the benefits that palliative care can bring to cancer patients and that other attitudes can also help, such as physical activities, which the author also highlights all the benefits for the patient¹⁵.

Based on all the above, including the literature review, it was found that the multidisciplinary team is essential for the care of cancer patients, especially those who need palliative care, and this is confirmed by several studies. However, the nurse is the ideal professional to provide specific and humanized care to patients^{16,17}.

In addition, the professional nurse must take into account essential items, such as having good communication with the patient and their families, knowing how to understand the patient's needs and, primarily, humanizing care¹⁸.

Chart 1. Distribution of publications on non-pharmacological pain relief methods used during normal labor. São Paulo, SP, Brazil, 2021

Title	Authors	Year	Research Type	Objectives
O que é câncer?	INCA	2019	Descriptive	Cancer is a term that encompasses more than 100 different types of malignancies that have in common the disordered growth of cells, which can invade adjacent tissues or distant organs.
Cuidados paliativos: reflexões sobre a psicologia e os cuidados paliativos para pacientes e familiares	Pereira C.A; Ribeiro J.F.S	2019	Review	In the approach of Palliative Care, which is comprehensive and continuous care, the health team will work with the patient and family, with the objective of relieving or reducing suffering, whether physical, psychological or spiritual, thus seeking an improvement in the quality of life of everyone involved in the process.
Bioética em Cuidados Paliativos	PAULINO, J. et al.	2020	Review	The objective was to describe the history, objective and elements that constitute the practice of palliative care. The work also discusses the practice of palliative care in Brazil and the current scenario of its development. Another objective is to analyze the relationship between palliative care and the principles of bioethics.
Manual de Cuidados Paliativos	Ministério da Saúde	2020	Review	One of the actions developed by the HSL was the preparation of the material presented below and named Palliative Care Manual. Through it, we seek to facilitate the dissemination of knowledge on the subject, bringing evidence from the international medical literature and what is official in Brazil on the subject in a practical, objective and compatible way with the reality of the SUS.
Cuidados paliativos	INCA	2021	Descriptive	Palliative care should include the investigations necessary for a better understanding and management of stressful complications and symptoms, both related to treatment and the evolution of the disease.



Perspectiva dos familiares cuidadores de doentes oncológicos em cuidados paliativos sobre morte digna	Cabral, G.K.A	2019	Qualitative and exploratory	General objective to deepen knowledge about the historical-cultural bases of palliative care.
Qualidade de vida de pacientes com câncer avançado na Terapêutica paliativa e no cuidado paliativo	Silva LS	2018	Quantitative, observational, transversal and analytical	Assess the quality of life of adult patients with advanced cancer undergoing palliative therapy or palliative care. Quantitative, observational, cross-sectional and analytical research, conducted in a public university hospital located in southern Brazil.
Código de Ética Médica	CFM	2019	Descriptive	Relevant point refers to the rules that define the responsibility of the attending physician, or his/her substitute, when preparing and delivering the discharge summary.
Cuidados paliativos: a atenção aos pacientes oncológicos	Voltarelli <i>et al</i>	2021	Review	Analyzing the influence and the impact of the attention of nursing professionals in the work with cancer patients in palliative care according to the existing literature.
Enfermagem em Cuidados Paliativos	Coren	2016	Descriptive	Aspects of the area, starting with historical references, passing through the phases of care, care policies, symptom control, the bioethical perspective and human finitude.
GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries	Sung h., <i>et al</i>	2021	Descriptive	Update on the global burden of cancer using the GLOBOCAN 2020 estimates of cancer incidence and mortality produced by the International Agency for Research on Cancer.
Estimativa	INCA	2020	Descriptive	There is a transition in the main types of cancer observed in developing countries, with a decline in types of cancer associated with infections and an increase in those associated with the improvement of socioeconomic conditions with the incorporation of habits and attitudes associated with urbanization (sedentary lifestyle, inappropriate, among others).
Avaliação da qualidade de vida e sobrevida de pacientes com câncer avançado na terapêutica paliativa	Visentin	2018	Longitudinal and analytical	Evaluate the quality of life (QoL) and survival of patients with advanced cancer in palliative therapy.
Avaliação da qualidade de vida de pacientes oncológicos em tratamento quimioterápico adjuvante	Machado S.M.; Sawada N.O	2019	Exploratory and descriptive	Evaluate the QoL of patients with breast and bowel cancer undergoing adjuvant chemotherapy at baseline and after three months.
Qualidade de vida em pacientes em tratamento de câncer	Ferreira, D. B.	2018	Transversal	Evaluate the association between social network, social support, physical activity and quality of life in a hospital cohort of women with this neoplasm before and during their treatment at Hospital do Câncer III/INCA in Rio de Janeiro/RJ.
Atenção do enfermeiro ao paciente em cuidado paliativo.	Piccolo P.; Fachini A	2018	Field research	Investigate the understanding of nursing professionals about the purpose of patient care in palliative care; and to identify resources adopted by the research participants aimed at the patient in the final stage of life.

Conclusion

Palliative care is provided to patients with an irreversible condition, such as advanced stage cancer, and aims to improve the quality of life of patients and their families. Thus, palliative care is applicable as the last therapeutic alternative, no longer focused on the disease itself and on the search for a cure, but as a way of humanizing patient care, guaranteeing dignity at the end of their life.

From the bioethical perspective and respecting the four ethical principles, it is not up to the health professional and the multidisciplinary team to dictate when the moment of death should be, in order to postpone or advance its occurrence. Thus, the time of this physiological process must be respected and treated with dignity.

That said, it was possible to perceive, throughout the elaboration of this study, that palliative care is essential for sensitive patients, so there must be an awareness when treating them. As for the quality of life of these patients, there is a subjective and philosophical issue that involves the theme, but there are also subterfuges for the patient to have a better survival, such as the practice of physical exercises.

Therefore, in light of what has been mentioned, it can be concluded that nursing, represented in this work by the figure of the nurse, as it is a profession that deals directly with these issues, must be trained in order to provide palliative care for humanized way possible, through appropriate communication and care techniques.



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