Revista ARACÊ
ISSN: 2358-2472

THE INTERDISCIPLINARY PRACTICE OF THE PATIENT CARE TEAM IN PALLIATIVE ONCOLOGY CARE

https://doi.org/10.56238/arev7n1-033

Submitted on: 03/12/2024 **Publication date:** 03/01/2025

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ABSTRACT

Palliative care is composed of an interdisciplinary care team with an approach with the purpose of improving the quality of life of the patient and their families. This research aims to discuss the interdisciplinary practice of the care team as an important ally in the palliative care of cancer patients based on a literature review. This was a bibliographic research that is justified by the need to mobilize a theoretical foundation, carried out in the databases through the search for electronic information: Latin American and Caribbean Literature in Health Sciences (LILACS), and in the virtual library Scientific Electronic Library Online (SCIELO), which were published between 2014 and 2024. As for the interdisciplinary practice of the cancer care team, it is considered an important ally because it enables a closer bond between professionals and between patients/families. It is concluded that the interdisciplinary practice of the oncology care team provides a greater approximation with patients and families, being evaluated and controlled not only pain, but all symptoms of physical, social, emotional and spiritual nature, with a palliative proposal, thus distancing itself from the assistentialist view.

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Keywords: Interdisciplinary practice. Assistance Team. Palliative Care. Oncology.

INTRODUCTION

The increase in the population's expectations worldwide and in Brazil is in a process of accentuated increase due to the reduction in the fertility rate, the decrease in the mortality rate, active aging, combined with significant variations in Public Health Policies regarding the transformations in the epidemiological data of infectious diseases, in addition to better health care, according to data from the Ministry of Health (LINI; PORTELLA & DORING, 2016).

Also according to the authors cited above, as a result of these facts, there is an increase in life expectancy, the emergence of chronic diseases, as well as limitations to activities of daily living, which requires individualized follow-up with a trained professional, including in cases where there is no curative possibility.

Based on the assumptions, the Unified Health System (SUS) is mentioned, which represents a logic of organization of the management and health care model that contains proposals for the Brazilian health reform, presenting a new health paradigm and important changes in the conception of the health-disease process, such as palliative care.

Its creation as a health policy occurred with the approval of Ordinance No. 2,439/GM, of December 8, 2005, which institutes the National Policy of Oncological Care with a focus on promotion, prevention, diagnosis, treatment, rehabilitation and palliative care. Therefore, in order for health care for cancer patients to be made possible in accordance with the principles of the law mentioned above, it is necessary to organize and enable interdisciplinary practices of the palliative care team and for professionals to be committed to defending quality of life, making finitude more tenuous.

Cancer is a disease characterized by being multifactorial and is considered one of the main causes of morbidity and mortality in the world population (WHO, 2020). Based on data from the International Agency for Research on Cancer (IARC) of the World Health Organization (WHO), 20 million new cases of cancer and 9.7 million deaths were recorded in 2022.

It is an important public health issue in the world due to its growing impact on people's lives in recent decades. Despite the advances over the years, cancer still presents itself in a worrisome, frightening disease that often advances rapidly, reducing treatment options with the purpose of cure, and in many cases requiring palliative attention.

Thus, it is pertinent to mention that the National Policy for Cancer Prevention and Control, Ordinance No. 874/2013, establishes and supports palliative care for people with cancer with strategies to cope with chronic diseases in search of quality of oncological care (BRASIL, 2013a).

In the context of politics, the crucial point of palliative care is supported by expanding, strengthening and promoting cancer care (MENDES & VASCONCELLOS, 2015). Thus, it requires the oncology care team to be aware of the specificity of this care proposal, its particularities and activities involved, that is, everything that implies and means both for the patient/family and for the professionals from the perspective of interdisciplinary care.

In this thought, it is mentioned that through palliative care it is possible to work on several aspects with patients, such as demystifying the stigma of the disease, in addition to working with patients/families, in providing guidance regarding the necessary access to public health policies and helping them to identify resources that favor the treatment process.

That said, it is through the democratization of information that patients will have access to the health policies necessary for their treatment and, at the same time, ensure their social rights. In addition, the health professionals who make up the oncology team of interdisciplinary care also have other functions such as promoting humanized care, prevention, control, work evaluation, treatment, rehabilitation and others.

About interdisciplinary actions, it is possible to infer and say that it is a reciprocal action of the interdisciplinary team with possibilities of exchange of instruments, techniques, methodology and approaches among professionals permeated with a dialogue that leads to the enrichment and transformation of care for cancer patients. In other words, it is a combination of new internal elements with exchanges between knowledge for a task to be carried out jointly (SILVA et al., 2018).

Thus, the focus of the research will investigate the following problem: is the interdisciplinary practice of the care team an important ally in the palliative care of cancer patients?

The objective of this article is to discuss the interdisciplinary practice of the care team as an important ally in the palliative care of cancer patients.

METHODOLOGY

It was necessary to carry out a bibliographic research for the development of the investigation through electronic databases: Latin American and Caribbean Literature in

Health Sciences (LILACS), and in the virtual library Scientific Electronic Library Online (SCIELO), which were published between the years 2014 and 2024, which is justified by the need to mobilize a theoretical foundation, to enable approximate results of the investigative questions of the present work.

According to Marconi and Lakatos (2014), the bibliographic research comprises a review of the available literature on the subject, that is, a systematized survey of books, articles published in journals, theses, dissertations and other publications on the subject, in which it aims to theoretically support the work.

For Minayo (2014), the main advantage of bibliographic research is the appropriate way to understand the nature of a social phenomenon, because it is understood that there are problems that can be investigated through an analysis, and in qualitative research it is possible to present the problem, describing its complexity, analyzing the interaction of certain variables, understanding and classifying dynamic processes and thus, contribute, at a greater level of depth, to the understanding of the particularities of the behavior of individuals.

This approach allows exploring a set of opinions in relation to a given theme to be investigated, where interpretation assumes a central focus since, according to Marconi and Lakatos (2014), it is the principle, it is the starting point of the actors' interpretations and it is the point of arrival, due to the interpretation of the interpretations. Therefore, through this approach, it is possible to adequately understand the use of criteria, thematic axes, identifying with what intensity, a concept, an attitude, an opinion, manifests itself.

RESULTS

It was decided to present the results in topics based on the question that guided the study, which is called qualitative analysis for reasons of better organization of information.

APPROACH TO INTERDISCIPLINARY PRACTICE IN HEALTH

The term interdisciplinarity in health is considered as a need that is found in the essence of health practices, which consists of the articulation of different areas of knowledge, with their integration, permeated by the diversity of perspectives, the recognition of the complexity of the phenomena and the effectiveness of comprehensiveness (MENDES, 2018).

This assertion triggers the understanding that several institutions and health professionals have made available and implemented the legal provisions in relation to palliative care in line with the thinking, knowing, and doing of the palliative care philosophy with practices and actions articulated in health care (PORTO et al. 2022).

From this perspective, interdisciplinary practices are on the list of integral acts, with the main scope of promoting and ensuring quality of life and death, through the relief of symptoms for both users and their respective families and caregivers, with an interdisciplinary approach for the patient and his family (COSTA; POLES & SILVA, 2016).

The health professionals who are part of the care team must provide palliative care to their object of work, which is the human being diagnosed with terminal cancer, to complete the cycle of comprehensive care. In general, the interdisciplinary context and the various perspectives for care must be understood, recognized, and put into effect in the direction of a more totalizing knowledge and action (MATOS & PIRES, 2019).

PALIATIVE CARE

The definition of Palliative Care, according to the World Health Organization (WHO), occurred in 1990 and was updated in 2002 in which it was defined as:

The approach that promotes quality of life of patients and their families in the face of diseases that threaten the continuity of life, through prevention and relief of suffering. It requires early identification, evaluation and impeccable treatment of pain and other problems of a physical, psychosocial and spiritual nature (WHO, 2002, p. 4).

In view of the above, one of the pillars of the Palliative Care proposal is interdisciplinary work whose focus of care is not only on the disease to be cured or controlled, but on the patient, who should be understood as an active person, who has the right to information capable of having full autonomy to decide about their treatment. In this view, it is pertinent to say that the adequate practice of palliative care recommends individualized care for the patient and his family, so that there is an action of excellence regarding the control of symptoms and the prevention of suffering (WHO, 2002).

For this, the interdisciplinary cancer care team needs to know the patient and his family and be together discussing and evaluating the treatment. With this in mind, it can be said that this team in the field of palliative care works with the patient and his social support network (family), whose main objective is to provide their quality of life.

INTERDISCIPLINARY PRACTICE IN PALLIATIVE ONCOLOGICAL CARE

As previously mentioned, the need for interdisciplinary work in palliative oncology care is recognized by all, so it has been progressively taking part in daily health practice. It is understood, therefore, that the vision of palliative care consists of caring for the individual in all aspects: physical, mental, spiritual and social.

Thus, for Oliveira and Silva (2020) there are some aspects that are relevant to palliative care with regard to interdisciplinary action with the aim of producing harmonious and convergent care for the individual with no possibility of cure and his family. Furthermore, for the authors, the work of this team is indispensable with regard to the proposal of care that seeks to rescue ethical and human values, individual autonomy.

Thus, it is clear that in Palliative Care the promotion of relief of the patient's suffering requires interdisciplinary planning, with multiprofessional action (TAQUEMORI & SERA, 2018) with joint and incorporated action (BRITO et al. 2022) with guidance to family members, especially with the ease of access and sensitivity of the oncology team regarding the particularities of the patients (OLIVEIRA, 2021).

In this context, it is commented that an articulated palliative oncology care team can promote care effectively, in which knowledge and responsibilities are shared, as long as they are based on the team's joint deliberation on the demands, which are factors that determine work efficiency (OLIVEIRA, 2021). In addition, effective team communication that will directly impact the quality of care (HERMES & LAMARCA, 2023).

Another point that deserves to be highlighted is the close bond with the family, providing information and guidance on the equity of the patient's treatment, which requires care at the time of death, with the preparation of the family, the management of signs and symptoms, offering support, close monitoring in order to promote the autonomy of the patient and family members (BRASIL, 2018).

In this perspective, it is understood that the health care team in palliative oncological care is a process of evolution because it contemplates care with the integration of diverse professional knowledge, with the purpose of promoting quality of life and dignity of death for cancer patients in which they can be welcomed in their biopsychosocial and spiritual sphere (INCA, 2022).

Thus, palliative care should be worked on in the evaluation and care of the patient in a way that makes him safe and happy, despite the disease. Furthermore, palliative patients need a different look at health, especially because it is about the maintenance of human dignity, referred to in complex and serious situations (CASTÔR et al., 2024).

DISCUSSION

It is reiterated that palliative care plays a crucial role in the treatment, care and support of patients and their families because they offer comprehensive support that goes beyond the disease, that is, they aim to ensure the best possible quality of life for the patient and must be guaranteed from the diagnosis phase of the disease to the phase of the family member's mourning (MACIEL, 2018).

Thus, this type of care is also essential to ensure that the patient has the minimum of pain and symptoms and, in parallel to this, seeks to promote greater autonomy and independence, in addition to support and support for the family. Palliative care is a complement to promote the well-being and quality of life of the patient in a holistic perspective of their suffering and is provided to patients in the process of finitude, and who have no therapeutic possibilities of cure, based on the ethical principles of human rights.

For Pessini L (2014), this support and support to the family translates into helping to face the situation of illness and death of their loved one, resuming or strengthening family ties, since this care is capable of reducing the suffering of the patient and his family. Faced with the diagnosis of cancer of one of the members, the patient and the family members act according to the symbolic meanings attributed to the disease, originated in the culture and learned through human interaction. In the face of health and disease, the patient and the family assume their own forms of behavior, structured in the family culture and in the interaction with society.

In this sense, it is up to the interdisciplinary team to guide these patients, as well as their families, and to assist them in identifying resources that favor the patient's treatment process through access to the democratization of information related to their treatment and social rights.

It can be inferred that the practice of the interdisciplinary team is integrated with the professional practice that makes up the field of palliative oncological care and presents particularities with regard to its competencies and attributions where it seeks to contribute to the improvement and quality of the service made available to users who are in a situation of physical, emotional, social and spiritual vulnerability, needing, therefore, of a service where their demands are met in an integral way (MATOS & PIRES, 2019).

In short, the theme in question, which resides in the promotion of care to mitigate pain, suffering and seek to establish a treatment that enables the perspective of promoting quality of life, has been gaining notoriety, strength and space, in global terms, the performance of an oncology care team with interdisciplinary practices whose intervention protocols are based on palliative care, of patients and family members who face problems associated with oncological diseases, with a correct assessment of the treatment of pain and other physical, psychosocial and/or spiritual problems that may occur in the midst of the illness.

CONCLUSION

Through this study, it was discussed that the interdisciplinary practice of the cancer care team is of paramount importance because it undertakes necessary and appropriate means so that patients can have access to health policies and the social rights related to it. To this end, it is necessary to relieve and control not only pain, but all symptoms of a physical, social, emotional and spiritual nature, with a palliative proposal, as they are human beings and citizens of law. Therefore, in the face of the illness process, patients and their families are faced with numerous difficulties that reflect on the economic and social contexts, generating even more suffering.

In this sense, it was possible to understand the importance of an interdisciplinary practice of the oncology care team with patients in palliative care, since it is necessary that this health team, in the provision of care, has a perception that is in line with the current reality, where it is not only necessary to have scientific knowledge, but also to know how to deal with the great challenge of human frailty in the face of a potentially devastating disease and with a high mortality rate.

Based on the results obtained, based on the theoretical discussion related to these results, it is highlighted that the oncology care team is an important ally with attributions that are complementary and inseparable from each other and can be described as: assistance, together, socio-educational, mobilization and participation, investigation, planning and management, advisory, qualification and professional training. With this in mind, it is necessary to emphasize the importance of the health team, since these attributions are essential for the development of qualified work in this sector.

Regarding the limitations of the study, it is reiterated the importance of future studies on the understanding of the theme under study, in order to establish the culture that this interdisciplinary care should be implemented from the diagnosis of chronic and/or severe disease and be part of all stages of treatment.

Finally, this research does not intend to exhaust the theme, but to raise new and constant studies on the subject, taking into account the marked advance of scientific knowledge, specifically in the context of health and with a theme that is still a great challenge for science, such as cancer and, more peculiarly, cancer pain as total pain.

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