

SOCIAL WORK AND THE RIGHTS OF PALLIATIVE ONCOLOGY PATIENTS OF BRAZIL

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Abstract: The Social Service operates in the field of social policies, with the objective of making access to the population's rights and the exercise of citizenship viable. In the area of health, social workers base their actions on the commitment to enable the participation and social control of users in order to implement social protection policies in the country. It is crucial that health professionals have a more critical perception about social determinants that are strongly expressed in the illness of the SUS user population. In this context, this chapter provides a brief reflection on the organization of the rights and benefits provided to cancer patients whose role as a social worker reaffirms their commitment to the extension of the integral and universal right to health.

Keywords: Social Work; Rights and Benefits, Humanization Policy - SUS (Unified Health System).

INTRODUCTION

The admission of palliative cancer patients to a specialized unit is permeated by stigmas, fears and doubts that arise from the discovery of cancer. Faced with these challenges, a holistic attention, on the part of professionals who assist this individual, is necessary. This guidance helps to understand the primary needs (physiological and safety), secondary (social, esteem and self-fulfillment) and to identify factors that may interfere in the health-disease process.

The word holistic, from the Greek "*holos*", considers that the understanding of reality takes place through the function of integral wholes, whose properties cannot be reduced to smaller units¹. Working in this sense, the Social Service at the High Complexity Unit in Oncology (UNACON) at the University Hospital of Brasília (HUB), guides its activities to allow users to be assisted in their entirety. This holistic guideline provides an opportunity

for the adequacy between the work of the Social Service and the care and management models of the Unified Health System (SUS), in accordance with the parameters of the National Policy for Humanization in Specialized Care in Oncology.

The inclusion of Social Work in the oncology care line makes it possible, at the first meeting, whether individual or collective, through knowledge of the economic and cultural situation of users and families, the identification of concrete conditions and potential problems that may interfere in the process of treatment. In addition, the Social Service performs its activity having as one of the focuses the feasibility of the rights of palliative cancer patients, including: free transportation, social security and social assistance benefits of income transfer, tax exemption and legal rights.

In view of these considerations about the role of Social Work in enabling social rights for palliative cancer patients, this chapter proposes, in the next items, to discuss the rights and benefits for these users.

SOCIAL SERVICE AND THE RIGHTS OF PALLIATIVE ONCOLOGY PATIENTS

The role of the Social Service allows access to rights in order to guarantee that citizenship is exercised by SUS users, a crucial activity for the implementation of social protection policies in Brazil. It is in this sense that the pedagogical character of the Social Worker profession stands out, having in its professional practice in the public health system the orientation to make users aware of their rights⁵. The work of Social Service with cancer patients follows these guidelines.

"The proposal of this pedagogical project transcends academic limits, seeking an effective teaching-care integration of Social Work professionals who work in Oncology services, aiming primarily at a society where

equity in health is a central category of a legal framework, above all, a concrete reality for the population, especially for those who depend only on public health services to face their illnesses⁶. (CHALHUB; SKABA, p. 45, 2003).

As provided for in the Parameters for the *Performance of Social Workers in Health Policy*, the action of this professional is guided by four main axes: “direct service to users; mobilization, participation and social control; research, planning and management; advice, qualification and professional training⁹” (CFESS, p. 41, 2010). Inserted in the axis of direct service to users are social assistance actions, which in turn, nowadays, have been constituted as one of the main demands of Social Work professionals in health. Among the main actions developed in this regard, the following stand out: the democratization of information through guidelines and referrals regarding the social rights of users; the focus on the social determinants of health of the user population, their families and caregivers; to facilitate, through routine mechanisms, access to policies and services, as well as the guarantee of rights in the scope of social security; knowledge about the service network, in order to promote institutional interfaces, if necessary; and the strengthening of family bonds, in order to encourage both the user and their family to be subjects in the process of prevention, promotion, protection, recovery and rehabilitation of health⁹ (CFESS, 2010).

That said, in the context of oncology care, the social worker will be able to provide guidance and referrals to enable the user's access to rights and benefits in the universe of intersectoral social policies.

The main demands requested by oncology users, which include the process of requesting medical reports and reports, some guidelines and possibilities for referrals, respecting the criteria of each benefit, are:

- Out of Home Treatment – TFD

Out-of-Home Treatment – TFD, established by Ordinance number: 55/99 of the Health Assistance Secretariat (Ministry of Health) is a legal instrument that aims to ensure, through the SUS, medical treatment for patients with non-treatable diseases in the municipality of origin, when all means of care are exhausted. The TFD is operationalized in municipalities with the guarantee of transport to users who need specialized treatments offered in other regions.

- Federal District Free Pass – DF

The Free Pass of the Federal District is governed by District Law n° 4.887/12, and provides the right to free public transport for patients with chronic kidney and heart failure, cancer, HIV virus, congenital and clotting anemia, with physical, sensory or mental disability, who have low income (up to two minimum wages).

The companion will only be entitled to free transport when the need for follow-up is specified and justified on the medical form. In the case of palliative cancer patients, what justifies it is the debilitating treatment of chemotherapy and/or radiotherapy, as well as permanent sequelae of surgeries or toxicities of cancer treatment that cause physical restrictions in the patient's daily life.

- Free Interstate Pass

It provides people with physical disabilities/illness, who bring a disability, free tickets to travel between Brazilian states. The criterion for access is a monthly per capita family income of up to one minimum wage, in accordance with the law that regulates this right Number: 8,899 of June 1994.

- Sick Pay - Social Security

Benefit granted for incapacity of the Social Security insured, when affected by

an illness or accident that makes him or her temporarily unable to work for more than fifteen consecutive days, as provided for in Law Number: 8,213 of July 1991. The benefit has a transitory nature of up to two years, if after these two years the patient is not able to return to his work activities, he may be indicated for the disability retirement process by the INSS (National Social Security Institute) expert.

- Disability Retirement – Social Security

Disability retirement is a benefit due to the worker permanently unable to perform any work activity and who cannot be rehabilitated in another profession, according to the assessment of the INSS medical expertise. The benefit is paid while the incapacity persists and can be reassessed by the INSS every two years, in accordance with Law Number: 8,213 of July 1991.

- 25% increase in disability retirement

The value of the disability retirement of the insured person who needs permanent assistance from another person will be increased by 25% (twenty-five percent). Proof of this permanent assistance (when the retiree is unable to carry out activities of daily living) may depend on verification by the INSS medical expertise, considering that:

- a) it will be due even if the pension amount reaches the legal maximum limit;
- b) will be recalculated when the benefit that gave rise to it is readjusted;
- c) will cease with the death of the retiree, not being incorporated into the pension amount.

- Continuous Cash Benefit – BPC of the Organic Law of Social Assistance - LOAS

The Continuous Cash Benefit (BPC) was established by the Federal Constitution of 1988 and regulated by Law Number: 8,742 of 1993 (LOAS – Organic Law of Social Assistance).

BPC guarantees a monthly minimum wage for people with disabilities and elderly people who are unable to support themselves.

Cancer patients are entitled to such benefit, to receive it, they must meet all these criteria: be over 65 years old or be unable to work, plus a per capita family income of less than 25% of the salary minimum, have the Social Registration Number (NIS) and updated registration at the Social Assistance Reference Center (CRAS).

- Withdrawal from the Severance Indemnity Fund (FGTS)

The worker governed by the CLT (Consolidation of Labor Laws) every time he is registered, he starts to have a linked account, in which the employer deposits, monthly, 8% (eight percent) of the salary. Exceptionally, this account can be operated by the worker.

Workers or dependents suffering from malignant neoplasm are entitled to redeem their FGTS deposits (Guarantee Fund for length of service), by express legal authorization (Law 8,922/94). It is not necessary to have the Work Card registered at the time of finding the disease; just have balance in the linked account from other records. The release of the benefit may be requested as many times as necessary, with the symptoms of the disease persisting. This means that, even after a withdrawal, with more deposits in the linked account, the release operation can be repeated.

- Withdrawal of the Social Integration Program (PIS) and the Civil Servant Heritage Formation Program (PASEP)

Decree 78,276 and Law Number: 8,922 provide that the PIS/PASEP can be withdrawn from the Caixa Econômica Federal (CEF) by the registered worker who, among other hypotheses, has a malignant neoplasm (cancer) or by any worker who has a dependent with a malignant neoplasm (cancer). The worker will receive the full balance of dues and income.

- Income Tax Exemption on Retirement

Patients with cancer (malignant neoplasia) are exempt from Income Tax on retirement, retirement and pension income, including supplements (RIR/1999, art. 39, XXXIII; IN/SRF 15, 2001, article 5, XII). Even the earnings from retirement or pensions received accruedly are not taxed, the person suffering from cancer who received the referred earnings is exempt (Law 7713, of 1988, article 6, item XIV).

The Income Tax exemption applies to retirement or retirement earnings for people with serious illnesses, even when the illness has been identified after retirement. There are no limits; all income is exempt.

- Exemption from Tax on Circulation of Goods and on Provision of Services ICMS and Tax on Industrialized Products (IPI) on the purchase of adapted vehicles from the Motor Vehicle Property Tax (IPVA) for adapted vehicles

People with a physical disability/illness that brings a disability may purchase, directly or through their legal representative, with exemption from the IPI, a passenger car or mixed-use vehicle, manufactured in Brazil, even without having a license, in this case until 03 qualified persons may be appointed as drivers. A person with a physical disability/illness that brings a disability is also exempt from the payment of IPVA and ICMS, laid down in Law Number: 4,727, of December 28, 2017.

- Discharge of Financing of Own Home

The person with total and permanent disability, caused by accident or illness (malignant neoplasia), is entitled to discharge, if this clause exists in their contract. For this, you must be unfit for work and the illness determining the incapacity must have been acquired after signing the property purchase contract.

- Referral to Cancer Patient Support Associations

It is the right of palliative cancer patients, when not included in social policies, to be referred to Cancer Patients Support Associations, so that they can receive financial and social support. The care criteria of these institutions must be taken into account so that the services and benefits are correctly transferred to patients.

FINAL CONSIDERATIONS

Over the course of history, Social Work has resized and rebuilt itself qualitatively as a profession, which, in turn, has become recognized and is now inscribed in the socio-technical division of work. Therefore, the social worker is inserted in the health area in a significant way, promoting support to cancer patients and their families, who experience experiences of suffering and illness that cause considerable impact on them during treatment.

Social Work works from the understanding that the illness process is directly related to social determinants that define conditions of existence, and that coping with the disease must therefore go through a concrete understanding of the relationship between social structures and experience of the individual. In view of this, the activity of the social worker, to apprehend and understand the trajectory of each patient and their families, as well as the social, economic and cultural context in which they are inserted, is a fundamental condition for the promotion of comprehensive care in the face of demands that are expressed in terms of the disease and the treatment. From this perspective, its practice aims to contribute and guarantee the rights of its users, using techniques that are fundamental to the treatment process, such as intervention, mediation, opinions and reports.

The role of Social Service in Oncology is

broad in prevention, assistance and palliative care, seeking an action based on concepts of Bioethics, Humanization and Comprehensive Care. The practice addresses the demands of users in various modalities, such as: home care, hospital stay, outpatient care, palliative care and professional training/updating. This action is carried out based on the constant discussion and problematization of the role of the social worker in these modalities and the techniques they use, a work that is part of an attempt to adapt to a relatively recent practice in the area of health⁵.

New demands arise for the intervention of Social Work in cancer patient care units. Law Number: 12732 of November 22, 2012, which provides for the first treatment of a patient with proven malignant neoplasm and establishes a deadline for its beginning, poses an immense challenge for units that collect patient queues, especially in the diagnostic stages.

How to guarantee the access of these users in a timely manner to adequate treatment, if there are numerous bottlenecks in the public system, from primary care to access to cancer treatment? This is undoubtedly an immense challenge for managers and health professionals in the field of clinical oncology.

In addition, other challenges are daily present in our practice, such as the fact that with easier access to information, users who seek information about treatment possibilities find clear disparities within the SUS. It turns out that there is no universal, single SUS, but different SUS, especially with regard to the supply of medicines. Not all treatment units have the same drug supply and they guarantee continuity for the time established in protocols for different limiting reasons, including lengthy bidding deadlines, discontinued procurement and supply processes.

Last but not least, we must seek to develop studies and open curricular internship fields for Social Work. A constant updating and

professional training exchange of knowledge not only with the UNACON team, but with other teams from other spheres of sectorial policies. A relentless search to know the reality of users, always striving for comprehensive care, with the PNH4 as a reference and concern with the quality of life of patients and their family network. See the user as a whole, but always respecting their individuality.

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