

**PALLIATIVE CARE:
THE USE OF LECTURES
AS ONE OF THE
TOOLS/INFORMATIVE,
ENLIGHTENING-
REVIEW OF LECTURES
ON THE YOUTUBE
CHANNEL IN BRAZIL**

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Abstract: Introduction: In an interview with colleagues of health professionals, an information deficiency regarding the Palliative Care philosophy was observed, observing empiricism informative. In the interactions during postcourse in palliative care it was noticed that the philosophy is little spread and that in general such care is seen by the population as something derogatory. Hence the question: is it possible to disseminate adequate information that can inform properly? Thinking that means like Youtube can contribute, and knowing of the existence of videos in this media, with people inserted in this type of care, can clarify and be multipliers of the philosophy, a study was carried out with the objective of ascertaining who the professionals are and what they have spoken in lectures about CP on Youtube, as well as raise the scope of such information, as well as analyze the type of information is offered to the public, check how the lectures are aligned with the objectives of the CP; time and analyze their content. Methodology: Exploratory study of a qualitative nature, with videos available on the Youtube channel. Twenty randomly selected lectures given over the last five years were attended. These materials were analyzed in light of articles related to the theme. Results: The lectures seemed enlightening and informative, as proposed by the speaker. The videos analyzed with time interval between 00h19min and 2h33min and from 78 to 1500 accessions, carried out in seminars, symposia, congresses, cafes, TV and others. The professional speakers were identified, categorized, observing linked institutions at the time of the lecture. Approaches that refer to palliative care are contemplated individually by professionals, seminars, symposia and others. In the 20 lectures, 8 professionals approached PC for the philosophy of care, while 12 approached the philosophy partially, being the medical

professionals more assertive about the intervention of the PC. When the academic formation in CP is raised by the speakers, there is agreement as to their absence in the training of health professionals and lack of preparation to deal with the absence of cure and introduction to palliative care.

Keywords: Palliative Care, lectures, youtube.

The decision to build this work took place at the face-to-face meeting of the postgraduate course in palliative care of Medical Sciences in 2017. The embryo already existed, until a certain movement. It was born in the face of the perception of a deficiency in information about what palliative care is, in studies and informal conversations with colleagues and other professionals where a current empiricism was confirmed.

Lectures on youtube channels were already known, with an educational and informative proposal, influencing knowledge (GURGEL, 2014). The idea was strengthened when it was noticed during the interactions during the course that “palliative care” is not widespread (COELHO AF. et al.2016), that citizens, for the most part, perceive palliative care as something derogatory or completely unaware of what it is about (PESSINI, L. & BERTACHINI, L., 2004). It is noted that there is even a great prejudice regarding the subject. As for impasse and discomfort, for professionals as well as for patients and their surroundings, this is based on the absence of information). So how could philosophy be disseminated? Through those who are directly involved in this type of care, it can be a possibility. Can and must new forms of communication be used? We found on youtube channels speakers who address the topic from various aspects.

The World Health Organization defined in 1990 and updated the concept in 2002 Palliative Care consists of assistance provided by a multidisciplinary team, which aims to

improve the quality of life of patients and their families, in the face of a life-threatening disease, through prevention and relief of suffering, early identification, impeccable assessment and treatment of pain and other physical, social, psychological and spiritual symptoms” (W.H.O., 2002). Already in 2017, the W.H.O. (World Health Organization) makes a new update on the concept and says that Palliative Care is an approach that improves the quality of life of its patients (adults and children) and families facing problems associated with life-threatening illness. It prevents and alleviates suffering through early identification, correct assessment and treatment of pain and other physical, psychosocial or spiritual problems” (W.H.O., 2017).

These definitions reinforce the holistic view focusing on “being cared for” as it directly refers to quality of life, and in order to have this, there must be every interest of this individual and their surroundings in this improvement, aiming to add quality and not quantity to the life they want. one has (MATSUMOTO DY. 2009; BURLA, 2011).

General goal

- Investigate if and how the videos on Palliative Care available on youtube can contribute to the dissemination of this philosophy of care;

Specific goal

- Analyze what information about Palliative Care is being offered;
- Find out who the speakers are and what their background is;

METHOD

A qualitative research was carried out on the youtube channel and lectures were heard and analyzed regarding duration, number of hits, identification of speakers and professional

training, institution to which they were linked when the video was published and the content of the material.

THEORETICAL REFERENCE

Palliative care, or it would be said, its philosophy, has been going for some time, it is noteworthy that it may have been older, coming from the middle ages, when patients entered inns (RODRIGUES, 2014), being therefore in a format of reception, protection, relief from suffering, sheltering, in addition to the sick and dying, women in labor, the poor, orphans and lepers. The philosophy of palliative care becomes more evident, from the one cited as a precursor, Cicely Saunders. While they would say, there is nothing more to do, she said, one can take care, not for the cure of the disease, but for comfort, there is still much to do.(PESSINI, L;BERTACHINI,2010),(SILVA,2015), then it delves into studies in order to relieve pain and other symptoms, understood in its entirety, a combination of physical, psychosocial and spiritual elements, contemplates the person holistically in all its expression. Endowed with what could be said increased sensitivity, when looking at human suffering of any kind, she understands that good emotional, social, spiritual control and communication could improve the quality of life of patients with life-threatening diseases.

The philosophy of palliative care offers a look at the person as a sick human being, aware of his finitude as a living being, he meets him with his frustration, he will be able to find reasons to review his life and transcend his supposed, imagined, mazela.(RNCCI.2013), dying is part of life, but over time this reality seems to have been forgotten by some.

As medicine has been fighting uncontrollably to maintain survival at any cost, people live much longer, but to what extent do

they live better, without fear of confrontation with finitude. Cure at any price is based on more advanced technologies every day, death is seen as a failure, failure, disagreement with the progress that characterizes the twentieth century, wanting to say no to death as a naturalness of life, is present all the time, postponing it as much as possible, you see people of a hundred-odd years old, with metastatic cancers, brain invasions, heroically intubated in ICUs, waiting for the final moment, far from their loved ones, their loves, subjected or victimized by obstinate, futile treatments, prolonging suffering, committed to loneliness.

The team is faced with a situation where it cannot be cured, but care can be taken, and on the other hand, when the family is approached about offering comfort, not invading the person futilely, is there sufficient understanding and understanding? The philosophy of palliative care is likely to be known so that it is not heard in a pejorative nature, where palliative care is heard and understood, left aside to die, without investments, that proposes a cure.

Perhaps this hypothesis is understood; we give up trying to cure, it is not possible to read between the lines, let's take care, as a team, together with the family. And this team lives the reality that is intended within the philosophy of palliative care and its principles, which are: to promote pain relief and other unpleasant symptoms; prevent the occurrence of new problems; improve quality of life and positively influence the course of the disease; integrate psychosocial and spiritual aspects of patient care; offer multiprofessional support to meet the needs of patients and their families, including follow-up in grief; not to anticipate or postpone the natural process of death; dealing with fears, expectations, needs and hopes; initiate care as early as possible, along

with necessary investigations after diagnosis and disease-modifying therapy; prepare the patient for self-determination in end-of-life management.

It is urgent, if not of great importance, that the culture of palliative care is disseminated, so that the latter is provided based on its principles. There is a deficit in training and experience in the field of palliative care (Bifulco, 2009), professionals are still trained to cure diseases, when this is no longer possible, palliative care is the watchword. The population and professionals need more information and training for this mentioned reality.

In an attempt to alleviate or alleviate this gap, the lectures can be used as one of the tools/informative/enlightening for those who access the available Youtube channels. Those who listen to these messages can become multipliers in their means, reaching their communities or teams, thus disseminating the culture of palliative care, and also taking possession of this tool (ENFERM, A. P. 2010).

RESULTS

20 lectures were analyzed, of which 8 professionals address palliative care in the full breadth of its philosophy and from this total of speakers, 12 address partially. Accesses range from 78 to 1,500 thousand and approaches that refer to palliative care are not only addressed individually by professionals, but also in seminars, symposia and others. The posts that were evaluated range from the year 2013 to the year 2018.

Of the videos accessed, not all of them effectively contemplate what palliative care is. It was observed that there are several categories that talk about the topic, professor, doctor, nurse, nursing technician, nutritionist, psychologist, with doctors being the most active in this context.

Talks are given on related subjects and the topic is sometimes approached very superficially.

Regarding the videos, some long and others very short were observed, the average time and very varied.

The spaces in which these professionals are received are in seminars, congresses, documentaries, café spaces, reports, hospitals.

All speakers, when referring to academic preparation in training, agree that they were not prepared to deal with the absence of healing.

The lectures are enlightening, informative as proposed by the study, which can be concluded from the speeches transcribed here.

(Table 1)

Transcripts of some speeches by the speakers heard by the researcher:

Program: reporter profession

Maria Goretti Maciel; Doctor - Phrases taken from videos

“Why restrict food taste for someone who has a serious illness?”

“The idea of palliative care is for everyone to live without pain and close to those they love.”

“When they get a little better, they go home to stay with their families.”

Ana Cláudia Arantes; Doctor - Phrases taken from her lecture on palliative care:

“There is total suffering.”

“The pain of dying says about helplessness.”

“When the disease meets the human being, it produces a unique melody, suffering.”

“The disease is repeated in people, but the suffering is unique.”

“No one knows how to treat suffering.”

“Death is not pretty.”

“Everyone leaves something to do on the way out.”

Names - Specificity	Videos	Year	Hits	Time	Full contemplation
Adriana Tomaz Medical Thanatology	Thanatology Symposium: Talking about palliative care	2013	2483	0,48:18	YES
Ana Claudia Quintana Arantes geriatric doctor	A story that shows the meaning of life	2013	61978	04:22	YES
Ana Claudia Quintana Arantes geriatric doctor	Death is a day worth living for	2017	1.5 MIL	18:10	YES
Carlos Augusto Ayres Brito Jurist and Professor	Seminar=dignity in death	2017	263	2,33"	NO
Luis Carlos Barroso Jurist and Professor	Seminar=dignity in death	2017	263	2,33	NO
Evis Gandra da Silva Jurist, Professor, Writer and Lawyer	Seminar=dignity in death	2017	263	2,33	NO
Otávio Martins Producer	Philosophical coffee= CP= finitude and the desire for infinity.	2017	37.766	0,48"	NO
Cláudia Buriá geriatric doctor	Philosophical coffee= CP= finitude and the desire for infinity.	2017	37.766	0,48"	NO
Maria da Conceição Nurse	Nursing in the CP- PALLIATIVE CARE	2017	37.766	0,48"	NO
Tamires Monteiro Psychologist and Master's Student	Changing science into kids - Psychologist's role	2017	6.330	04;26"	NO
Sarah Vieira Psychologist	10 Things I've Learned About Grief	2018	353 mil	00;19"	NO
José Eduardo de Siqueira Doctor and Teacher	PC service forum=palliative care	2016	78	1;12"	NO
Renata Dalfino Doctor and Oncologist	2nd congress, all against cancer. -the importance of CP.	2015	7.997	1;58"	YES
Fabiana Nurse	2nd congress, all against cancer. -the importance of CP.	2015	7.997	1;58"	YES
Mariana Ferraz Nutritionist	2nd congress, all against cancer. -the importance of CP.	2015	7.997	1;58"	YES
Thatiany Santana Psychologist	22nd congress, all against cancer. -the importance of CP.	2015	7.997	1;58"	YES
Ingrid Deliberati Nurse	Programa de TV em família=família e CP	2016	640	27;40"	NO

Felipe Gusman Doctor	Programa de TV em família=família e CP	2016	640	27;40”	NO
Maria Goreti Maciel Doctor	Profissão repórter=CP,vida e morte	2013	104 thousand	28;42”	NO
Regina Céla de Jesus Nursing technique	Profissão repórter=CP,vida e morte	2013	104 thousand	28;42”	NO

SUBTITLE:

* CONTEMPLATION OF THE PHILOSOPHY OF CP,

**CP-palliative care

Table 1 - Summary of accesses to randomly chosen videos

Source: The author

“Only 2 out of 10 will have a sudden death.”
 “Illness is in the book, microscope, examination, and in the patient is suffering.”
 “The W.H.O. (World Health Organization) definition of palliative care does not cite death, palliative care “deals with life.”
 “Palliative care promotes quality of life.”
 “No one needs help to die, everyone gets it alone.”
 “Doing palliative care and receiving palliative care is not being abandoned.”
 “There’s something bothering you in your body right now, let’s treat it before any intervention.”

Nursing in palliative care

Maria da Conceição; Nurse - Phrases taken from the video,

- “Palliative care is active and comprehensive care.”
- “Palliative care must begin at the early stage of chronic degenerative disease.”
- “Nurses and nursing technicians are not prepared in their training to deal, they learn to deal with the recovery of health and not loss of health and death.”
- “Professionals need to work together.”

- “We must speak of death, not denying its existence.”
- “Nursing must promote a better quality of life.”
- “He heard about palliative care, he thought it was leaving his grandmother to die.”
- “Nursing can suffer psychological distress, such as Burnot syndrome, for not having the time and preparation to listen to it.”

Fabiana; Nurse - Phrases taken from the video,

“Cecily Saunders, precursor to CP, was multi-team, nurse, social work, doctor, sister of charity, 60s.”

“All the holistic care, total pain, she started it.”

“Leonardo Boff - care is more than an act, it is an attitude.”

“Affective involvement with the other.”

“Nursing care is comprehensive, multi-dimensional, helping to control symptoms, the psychological dimension, in welcoming, is for many people to reassess.”

CONCLUSION

Not all videos accessed effectively contemplate what palliative care is. It was observed that there are several categories, professors, doctors, nurses, nursing technicians, nutritionists, psychologists, in spaces where they lecture on topics involving the subject; palliative care. Being physicians, the professionals who most offer lectures on the subject.

Speakers were found enamored with patients who provide palliative care.

There is talk of related subjects and the topic is sometimes approached very superficially, long videos and others very short, the average time is very varied.

The spaces where these professionals are received are in seminars, congresses, documentaries, café spaces, reports, hospitals, etc.

All speakers, when referring to academic preparation in training, agree that they were not prepared to deal with the absence of healing.

The lectures are enlightening, informative as proposed by the study and the transcribed speeches.

The study managed to achieve the proposed objectives where some speakers were identified in coupling their speeches while some fully contemplate the proposed philosophy in palliative care, some not, as mentioned in the course of the study.

In view of the relevance of the palliative care theme, more dissemination is suggested, so that communities can master the subject and subtract a certain stigma that is present around the subject.

“Palliative care promotes quality of life.”
(Ana Quintana Arantes).

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