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**PALLIATIVE CARE:
PALIENCONTROS
(PALLIATIVE CARE
MEETINGS) AND
THE IMPACT ON THE
PERFORMANCE OF THE
SOCIAL ASSISTANT**

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Abstract: The trajectory of the construction of knowledge about Palliative Care, by a group of social workers, through the so-called “Paliencntros” (Palliative Care Meetings), is the focus of this experience report, which addresses the experience of social workers who work in four Basic Health Units, in the municipality of Aracaju/SE, Brazil. It aims to reflect on the need for constant intellectual improvement. The methodology is qualitative in nature, of the experience report type, based on bibliographic review, participation in online events and discussions through social networks. The experience had an impact on the development of palliative actions in the UBS involved in this work, with an impact on the quality of care offered to individuals and families. In this sense, it was an innovative and successful experience in Primary Health Care in Aracaju/SE.

Keywords: Palliative care, Primary Health Care, Social service.

INTRODUCTION

The Palliative Care (PC) approach is one of the health issues that has gained more supporters and visibility in the Brazilian contemporary scene. In 2020, the media and digital platforms launched a variety of events, such as distance courses, congresses, symposia, seminars, lives and other live broadcasts on the internet, unequivocally revealing the growing interest of health professionals and society on the subject.

Palliative Care, what kind of care is this anyway? The word “palliative”, in our culture, is commonly associated with a type of patch, a gambiarra or an improvisation, of inferior dimensions, insecure and of dubious quality. However, historically, the word palliative originates from the Latin “pallium” and refers to a type of cloak or protective cape that medieval knights used to protect themselves from the weather, and is still its deepest

allusion today: protective care and protection. comfort that require complex and refined technical knowledge for the assessment and adequate intervention in the symptoms that cause pain and suffering of a physical, psychological, social and/or spiritual nature, through necessarily multidisciplinary action, people who are diagnosed with a serious illness and threatening the continuity of life, from the diagnosis, illness, finitude and mourning, extended to family members (BRASIL, 2020, p.13).

Among the explanations for the growth of the palliative philosophy, population aging, changes in the profile of morbidity and mortality, with the prevalence of Chronic Non-Communicable Diseases (NCDs) and Degenerative Chronicles with no cure prognosis and, more recently, the alarming number of deaths caused by the Covid-19 pandemic, which by the end of 2020 had exceeded 191,000 lives, in Brazil alone, according to Portal G1.com.

In 2014, W.H.O. published a Recommendation for its Member States to “[...] develop, strengthen and implement evidence-based palliative care policies to support the comprehensive strengthening of health systems at all levels.” (BRAZIL, 2020, P. 20). In the same direction, in 2018, Brazil presented a legal framework with a view to implementing PC as a public policy: Resolution No. Unified Health System (SUS). Pursuant to the Law, number: 41, of October 31, 2018:

Article number 2: 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 the prevention and relief of suffering, early identification, impeccable assessment and treatment of pain and other physical, social, psychological and spiritual symptoms.

Art. 5th 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, will be responsible for monitoring users with life-threatening diseases in their 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; [...]” (BRAZIL, 2018).

Palliative Care differs from curative medicine, fundamentally by taking care of the user and their family in their entirety, focusing on the patient and not the disease. Thus, there is a consensus in the literature on the need for multiprofessional and interdisciplinary action in Palliative Care. This understanding is illuminated by the legacy of Dame Cicely Saunders (1918-2005), born in England, considered the pioneer and most influential professional in the field, founder of modern Palliative Care. Saunders, in the interest of developing care focused on the person's suffering and at the end of life, deepened his knowledge, initially graduating in Nursing, then in Social Work and finally in Medicine (BRANDES, 2020).

Historically, the Health area has one of the largest contingents of social workers. The objective of the profession, although influenced by the biomedical approach, “[...] involves understanding the social, economic and cultural determinants that interfere in the health-disease process and in the search for political-institutional strategies to face these issues.” (CFESS, 2010, p. 28).

This work records the pedagogical path taken by four social workers from the Aracaju Primary Care Network to acquire knowledge about PC from August/2020. The introduction of this knowledge resulted in the improvement of professional intervention aimed at bedridden users or those with reduced mobility, with organic incontinence,

advanced chronic illness and irreversible prognosis. The demand grew rapidly and the professional was required to compose an interprofessional assessment that enabled the granting of geriatric diapers. In addition to the common practice scenario, the protagonists referred to a distressing, routine, fragmented and not very pleasant professional work.

It was in the midst of the COVID-19 pandemic and also motivated by the above reasons that a cycle of the virtual meetings, called Paliencentros (Palliative Care Meetings) emerged. These moments were mediated by the google meet platform, initially every two weeks and lasting two hours. The aim was to reflect on the experience in the services through readings of foreign and Brazilian literary works, technical books, articles, dissertations, theses, films, songs and participation in virtual events related to the theme, which, as already exposed, proliferated during the pandemic. From that moment on, a daily and fruitful routine of exchanging information via messaging applications and e-mails was promoted. With the continuity of these moments, occasional face-to-face meetings became imperative, which took place at UBS Dona Sinhazinha, given its privileged location.

PALIENCONTROS (PALLIATIVE CARE MEETINGS)

Paliencentros (Palliative Care Meetings) was the term created by the social workers who were protagonists of this experience, to refer to the periodical meetings of studies and reflections on Palliative Care. It is necessary to clarify, which precedes this moment, the pioneering spirit of the Social Service of UBS Dona Sinhazinha, which two years ago accumulated theoretical knowledge and practical intervention of PC with users of the profile described above. It means to register that the social worker of this unit, moved by

a genuine interest and for the professional reasons mentioned above, introduced on an experimental basis, a set of initiatives added to the social evaluation for the granting of geriatric diapers to people with sphincter incontinence, without walking and partially dependent or wholly from third parties for activities of daily living and instrumental activities.

This professional, after a postgraduate course in PC and some extension courses with related topics, sensitized other professionals in the team, obtained partnerships and then started to undertake actions of: situational diagnosis; in-depth anamnesis, including the use of multiprofessional scales recommended by the Ministry of Health and duly recorded in Electronic Medical Records; interviews with family members and guidance on Advance Directives of Will (DAV); reports for the Socio-Legal Field Bodies already prepared with a new connotation; continued sensitization of the team; offering palliative actions at home; post-death care for bereaved families, elaboration of a specific line of care for formal and informal caregivers; social mobilization; coordination of a support group with family members and caregivers called "Palliative Tea" and invitation, in the virtual group of social workers, to form an independent study group aimed at disseminating innovative experiences.

In this context, the Paliencontos (Palliative Care Meetings) emerged, the first meeting being in August 2020, with themes and pedagogical resources previously and democratically agreed (Table 1).

In addition to the meetings via the digital platform, the group computed approximately 800 hours of studies, including face-to-face moments, readings, films, events, online meetings, audio messages on whatsapp and text production. This intense process culminated in relevant theoretical progress

and personal satisfaction in the face of new intervention possibilities, validating the participants' full identification with the theme. This led to the modification of the group's profile from a relatively amateur phase to a more solid theoretical training, with the entry into duly certified events, mini-courses and specializations in Palliative Care, still in the same year. (Table 2).

The role of the social worker of the Municipal Health Department of Aracaju is included in the Protocol of Social Service in the Health Networks of SUS/Aracaju (2016) and can be summarized as follows: reception, qualified listening, social assessment, planned intervention, home care, work teamwork, social mobilization, coordination of group work and health education. The experience, through the Paliencontos (Palliative Care Meetings), made it possible to expand skills and attributions that relate to those extensively studied and exercised by the professional, but emphasizes global attention in the face of the imminent risk of death, at home or at any point of attention of the Care Network. the health. In this sense, in their daily professional practice, considering the due proportions and particularities of each UBS, social workers have been developing, in non-uniform and procedural conditions, skills to: participate in the process of communicating difficult news; compassionate action and at the same time more proactive in the face of some weaknesses observed in families; close ties with some family nuclei to avoid therapeutic abandonment; reinforcement of non-pharmacological measures aligned to the biographical life and not to the purely biological existence of the sick person; systemic approach, including religious, syncretic and spiritual aspects centered on the person's beliefs, thus preventing religious intolerance; involvement of family members in shared care, who are also assisted by the

DATA	FACILITADORA	TEMAS	RECURSOS
17/07/2020	Assistente Social 1	Contextualização histórica dos Cuidados Paliativos: Cicely Sowers; multidimensionalidade da dor; dor total, dor social	Filme “O Pianista”
31/07/2020	Assistente Social 2	Evolução conceitual dos Cuidados Paliativos	Filme “Maudie” Podcast “Íma” Podcast Atualização em CP Web Conferência
07/08/2020	Assistente Social 3	Princípios dos Cuidados Paliativos	Palestra CREMEPE Música “Aqui e agora” Gilberto Gil Filme Buraco na Parede
26/08/2020	Assistente Social 4	A distribuição dos Cuidados Paliativos na RAS e a introdução na APS; A experiência dos AS do Serviço Privado.	Textos diversos Convidadas
04/09/2020	Assistente Social 1	O pioneirismo da UBS Dona Sinhazinha na introdução de ações paliativas na SMS de Aracaju A experiência das AS do Serviço Privado	Convidadas
11/09/2020	Assistente Social 1	Apresentação da experiência da AS do Hospital Universitário na Comissão de CP/HU	Convidada
18/09/2020	Assistente Social 2	O Serviço Social e os Cuidados Paliativos – Parte I	Apresentação de Slides
27/10/2020	Assistente Social 4	Escalas de avaliação: apresentação e discussão em grupo	Encontro presencial
11/11/2020	Assistente Social 1	Discussão de casos	Encontro presencial

Source: Authors' elaboration.

CURSOS	
Abordagem Domiciliar de Pacientes. Universidade Federal de Pelotas, UFPEL, Brasil	Abordagem Familiar e Manejo das Fragilidades e da Pessoa Idosa. FIOCRUZ, Brasília, Brasil.
Cuidados Paliativos. Associação Brasileira de Educação Online, ABELINE, Brasil	Cuidados paliativos no Cenário da APS. Associação Brasileira de Ligas Acadêmicas de Saúde da Família, ALASF, Brasil.
Especialização, Humanização e Cuidados paliativos. SOCIEDADE BRASILEIRA PARA O ENSINO E PESQUISA LTDA, Sobresp, Brasil	A atuação do Serviço Social junto a pacientes terminais. Associação Brasileira de Educação Online, ABELINE, Brasil.
Comunicando Melhor na Crise. Instituto Brasileiro de Comunicação em Saúde, IBCS, Brasil	Política Nacional de Humanização. Universidade Federal de Pernambuco, UFPE, Brasil.
Envelhecimento da População Brasileira. Fundação Oswaldo Cruz, FIOCRUZ, Brasil	Curso Introdutório em Serviço Social e Cuidados Paliativos. Alumiar – Casa de Cultura e Educação Ltda.
Curso de Atualização Multiprofissional Cuidados Paliativos. SECAD/SBGG.	Pós em Cuidados Paliativos e Terapia de Dor. FAVENI.
Curso Introdutório em Cuidados Paliativos. Alumiar – Casa de Cultura e Educação LTDA.	
EVENTOS	
I Ciclo de Palestras – Bioética e Cuidados Paliativos	I Congresso Nacional Multidisciplinar em Saúde do Idoso
I Congresso <i>on-line</i> da ALASF	I Simpósio de Psiquiatria, Espiritualidade e Cuidados Paliativos
I Simpósio Interdisciplinar Acadêmico de Cuidados Paliativos.	I Simpósio Multidisciplinar de Cuidados Paliativos e Saúde Coletiva
I Seminário de Práticas Integrativas, Complementares e Espiritualidade	I Simpósio Goiano do Envelhecimento Saudável
I WEBINAR de Cuidados Paliativos da UNI-BH	I Simpósio Multidisciplinar Norte-Nordeste de Oncologia e cuidados paliativos.
I Simpósio Internacional de Pesquisa em Cuidados Paliativos	I Simpósio Acadêmico de Geriatria e Cuidados Paliativos
Cuidados Paliativos: uma discussão integrada	II Jornada Acadêmica de Cuidados Paliativos.
II Simpósio Pernambucano de Cuidados Paliativos	Congresso Nacional Multidisciplinar em Saúde do Idosos
II Conferência de Gerontologia: Consolidando a visibilidade do cuidado à pessoa idosa	I Simpósio Interligas de Humanização em Saúde
II Conferência de Gerontologia – <i>on line</i>	I Simpósio de Bioética no Envelhecimento e na Morte
Festival InFinito 2020 – Instituto Olga Rabinovich	I Simpósio Acadêmico de Geriatria e Cuidados Paliativos – Faculdade Israelita

Source: Authors' elaboration.

health team; attention to the “reorganization” of the family nucleus in the face of the modification of social roles during the stage of physical and social disability and also in the face of upcoming emotional and material losses; strengthening guidelines on social and labor rights; carrying out studies and research on topics that are transversal to palliation; prevention of pathological bereavement, post-death care and group coordination.

Iamamoto (2001, p. 62, author’s emphasis) warns that

Generally, there is a view of work instruments as an “arsenal of techniques”: interviews, meetings, shifts, referrals, etc. [...] The strict notion of instrument as a mere set of techniques is expanded to encompass knowledge as a means of work, without which this specialized worker cannot carry out his activity or work. [...] Thus, knowledge is not just a veneer that is superficially superimposed on professional practice and can be dispensed with; but it is a means by which it is possible to decipher reality and clarify the conduct of the work to be carried out.

In this same line of analysis, the Social Worker’s Code of Ethics reinforces the importance of knowledge by introducing among its principles the “commitment to the quality of services provided to the population and to intellectual improvement, from the perspective of professional competence.” (BRAZIL, 2012, p. 24).

This way, the newly acquired knowledge has been giving new directions to professional practice, requiring action capable of assisting families in the process of anticipatory grief, identifying preexisting agreements; affective bonds; legal liability; post-death material provision; mediation of conflicts arising from the person’s end-of-life wishes (for example: not being resuscitated, organ donation, refusing invasive procedures, not sharing diagnoses, inheritances, custody of children,

etc.); cultural aspects involving care, social support network; family knowledge about illness and death. In addition to clarifications and guidance on sickness benefit/disability retirement; Continuing Payment Benefit (BPC); trusteeship, power of attorney; stable marriages/unions, including for the lesbian and gay population; wills; recognition of children; service time guarantee fund, social integration program, income tax exemption, travel/returns to place of origin and burial.

The palliative meetings made it possible to problematize the work of palliative social workers of the Family Health (eSF) teams, identifying challenges, such as: the lack of knowledge (and consequently resistance) of the PC by the other members of the eSF, lack of motivation and the perception that this concept would overload the professionals. professionals introducing new demands; early indication of PC, leaving little time for deeper action, precarious communication between teams, scarcity of resources and weaknesses in the care network, especially because the municipality does not have the Better Home Care Program at SUS and the extinction in 2019 by the Federal Government of the Expanded Family Health Centers (NASF), which financed the participation of various health categories (physiotherapists, psychologists, speech therapists, nutritionists, pharmacists, physical educators, social workers, among others). A striking aspect for the practice of palliative care, since the diagnosis of a serious illness is always accompanied by physical symptoms and other issues of a social, psychological or spiritual nature, which cannot be treated by a single professional (ANCP, 2020).

With regard to the family, barriers arise, above all, from the financial situation, insufficient communication about end-of-life decisions, physical and cognitive incapacity of the user to decide about their end-of-life

care, religious aspects, family conflicts, little information and expectations. unrealistic about prognosis and lack of time to establish linkages.

The palliative social worker is expected to develop a technical, critical-reflective, dynamic, purposeful, flexible and open profile to deal with diverse and complex family scenarios, with the curative approach that still presides over the performance of other professionals and with the successive shrinkage of the SUS. It is an experience that makes it possible to reveal to managers, professionals, users and other social workers the expansion of the scope of practices in the health area, in tune with the Sanitary Reform and with the Professional Code of Ethics, with the Political Ethical Project, based on the positioning in favor of equity and social justice, which ensures universal access to goods and services related to social programs and policies, as well as their democratic management (BRASIL, 2012, p. 24).

FINAL CONSIDERATIONS

Palliative Care is a current, complex, urgent and sensitive issue, which is part of the discussion of Public Health and Social Service Policies, requiring professional qualification for the exercise of this approach, with education being an effective way to expand knowledge and strengthen practices. In this sense, it is understood that the acquired knowledge redirected the professional exercise of the group, qualifying the Social Work actions in the approach to all those eligible for Palliative Care, training and promoting improvements for all the interventions developed by the Social Work professional in the Family Health Strategy (ESF).

The experience identified unequivocal benefits for the user population, as a result of the palliative approach developed by the social worker with theoretical knowledge

without, however, losing sight of the fact that Palliative Care essentially takes place through a multiprofessional and interdisciplinary action.

Finally, this experience aims to socialize the professional experience of a group of social workers, capable of broadening the discussion on the subject, emphasizing that this work has given rise to a common identity among the participants: that of a militant in favor of the promotion of a qualified palliative approach. Thus, the path followed was that of theoretical deepening, dissemination of knowledge and engagement to ensure the implementation of PC as a Health Policy.

AUTHORS' CONTRIBUTIONS

All authors worked in the different stages of text production.

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