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HOSPICE: SUPPORT CENTER FOR PALLIATIVE CARE

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Abstract: Cancer is responsible for 12 million deaths in Brazil. Still, it is one of the main pathologies for which palliative care is indicated, directed even to patients who are in the terminal stage of the disease, care is offered in hospices, in which it aims to prioritize the best quality of life, focusing on the patient and not on the disease. The general objective of the article is to study architectural solutions for support centers in palliative care that offer better comfort for terminally ill patients. The methodology used in this work was qualitative and exploratory. In the main results, it was understood that a better quality of life is essential for people who are unmotivated and with low life expectancies, and that support centers with specialization in the area and integrated with humanized architecture significantly provide well-being. for the patient and his family. It is concluded that hospice is very important for patients who are in a state of fragility, uncertainty and the quality environment allows reception in a difficult time.
Keywords: Cancer; Palliative care; hospices; Humanized Architecture.

INTRODUCTION

Health is often associated with the absence of disease, but it goes far beyond that, according to the World Health Organization (WHO) in 1946, health is defined as balancing physical, mental and social well-being. There are many factors in which health is related throughout history, including water, clean air, healthy eating, physical exercise, rest, temperance, sunlight, among others, but many of them are not carried out correctly, giving rise to various pathologies, of the simplest, the most complex to be treated (SAÚDE BRASIL, 2020).

With this, it is valid to say that cancer is one of the most complex diseases that exists and requires palliative care, considered chronic, prolonged treatment is necessary, which, if not treated properly, acts in a generalized way, increasing its complications. However, like every disease, some types of cancer have a cure unlike others, however what determines the possibility of cure is the type of tumor and what stage it is at when making the diagnosis, therefore, if performed late, the chances cure are minimal (ONCOGUIA, 2017).

Using a path perpendicular to curative medicine, palliative care, which goes beyond the search for a cure, is the path of acceptance and a better quality of life. According to the World Health Organization (WHO) in 2002, every individual with a prognosis of terminal illness must have the help of a team with multiprofessionals to assist with their physical, mental and spiritual needs (INCA, 2020).

Scientific studies for the treatment of different pathologies integrated there are some aspects of great importance that directly influence the cure, the better development of the treatment and even the better quality of life of the individual when living with the disease, as well as the humanization of spaces, plan environments that offer comfort and reception, and this way integrate neuroscience with architecture, resulting in neuroarchitecture, stimulating different areas of the brain, providing physical and psychological well-being, and directly influencing their behavior (SILVA, 2020)

This way, it is possible to understand the importance of designing spaces for people, causing sensations and offering comfort. Neuroarchitecture can be applied to different types of architectural projects, including those that refer to health issues, such as Hospice (support center for palliative care), because in these places the hospitality of patients diagnosed with diseases is carried out. terminals, and need the assistance of a team, so that they can obtain a better quality of life, in addition to qualified professionals, the environment, the architecture together with

the concept of neuroscience can satisfactorily intensify the spatial quality of a hospice.

Thus, the general objective of this work is to study architectural solutions for Hospice (support center for palliative care), which can offer comfort and quality of life for terminally ill patients. As specific objectives: to debate and understand about humanization integrated with architecture and establish positive guidelines and, in accordance with the regulations, implement a hospice unit - support center for palliative care.

MATERIALS AND METHODS

This article is methodologically based on qualitative research, which can be defined as a better understanding of a given problem, understanding and relating efficient procedures in society, and interpreting the behavioral characteristics of individuals (RICHARDSON, 2012).

Still, exploratory research was used with the intention of better understanding the subject, this type of research is recommended when there is little information about the raised, and then the purpose is to examine and collect data, and understand this little known subject. Bibliographic research, based on materials produced, prepared through books, scientific articles, theses and dissertations. (GIL, 2002).

Interest in the physical and organizational structure of Hospices (Support Center for Palliative Care), and the positive features it offers. Evidencing guidelines that this support center can develop for better results in the treatments granted. This way, claims that some authors already presented were used, such as the World Health Organization (WHO), the National Cancer Institute (INCA), which was important for providing data and information.

CANCER IN BRAZIL

Among many diseases that have progressed these days, there is cancer, a chronic disease, requiring palliative care from the beginning and throughout the treatment process, it is caused not only by one reason, but by internal (organism) or external factors. (environment). Through the figure below, (figure 01) between 80% and 90% of the causes of cancer are related to the external, that is, by environment in general terms such as water, land and air, work environment such as chemical industries, consumer environment, through food or medication, social and cultural environments which relate habits and lifestyles, and about 10% to 20% are associated with genetics (INCA, 2018).

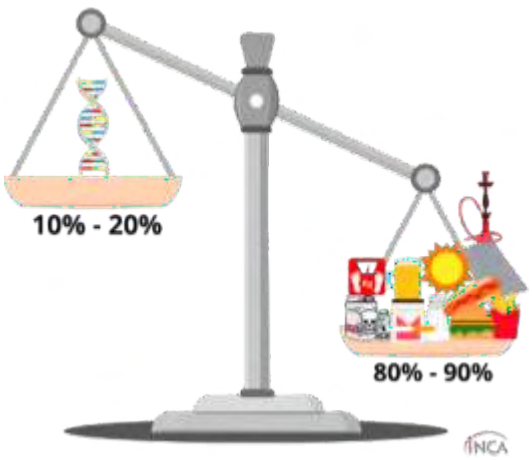


Figure 01 - Cause of Cancer.

Source – INCA, 2018.

Cancer is the disease that has advanced the most nowadays, responsible for the main causes of death from diseases in the world, causing about 9.6% million deaths in 2018 (PAHO, 2018). In Brazil, according to the National Cancer Institute (INCA, 2006), 15 million new cases were recorded for the year 2020 and approximately 12 million deaths from cancer. Therefore, in the next table (table 01) it is possible to see the most common types of cancer, namely: Prostate, Breast, Colon and rectum, with similar percentages between men and women, identifying that, regardless of gender, the disease acts sharply.

Primary Location	Cases	%	Men	Women	%	Cases	Primary Location
Prostate	65.840	29,20%			29,70%	66.280	**Female breast**
Colon and Rectum	20.520	9,10%			9,20%	20.470	**Colon and Rectum**
Trachea, bronchus and lung	17.760	7,90%			7,40%	16.590	**Uterus Colon**
Stomach	13.360	5,90%			5,60%	12.440	**Trachea, bronchus and Lung**
Oral cavity	11.180	5,00%			5,40%	11.950	**Thyroid gland**
Esophagus	8.690	3,90%			3,50%	7.870	**Ovaries**
Bladder	7.590	3,40%			3,00%	6.650	**Ovaries**
Non-Hodgkin's lymphoma	6.580	2,90%			2,90%	6.540	**Body of uterus**
Larynx	6.470	2,90%			2,40%	5.450	**Non-Hodgkin's lymphoma**
Leukemias	5.920	2,60%			2,30%	5.220	**Central Nervous System**

Table 1. Most common types of cancer in Brazil.

Source: Inca, 2019.

Over time, great technologies began to exist for the treatment of different types and stages of cancer, being possible to perform through surgeries, chemotherapies, radiotherapy, bone marrow transplantation and palliative care, in many cases more than one treatment is used (INCA, 2019).

In addition to other pathologies, cancer can also be treated free of charge, for which Brazil has a wide network for treatment, providing care through the SUS, with 317 units and also a center qualified to receive patients, with at least one unit for each state. In the Campinas region there are three units for adults and one unit for children (INCA, 2019).

Thus, in the face of a wide infrastructure, cancer is a curable chronic disease, according to doctor Rodrigo Munhoz (2018), which determines the chances of a cure depending on the type of cancer, as each one has its specific biology, associated with different types of cancer. their level of aggressiveness or complete satisfaction in the treatment, is also related to the stage at which the cancer is diagnosed, since, if identified at the beginning, there is a greater probability of curing the disease (BARROS, 2018).

The great importance of diagnosing cancer at the beginning is due to the fact that it is classified as malignant or benign tumors, as shown in the table below (Table 02), it classifies the difference between them.

According to the ABC of Cancer (2020), benign tumors develop in a structured way, unlike malignant tumors that show themselves aggressively, and more easily resistant to treatment, which can lead to death. This way, by anticipating the diagnosis it is possible to identify the best treatment and have a greater chance of cure.

However, in a pandemic scenario, with a survey carried out in hospital centers, it was about 75% lower in the care of patients undergoing cancer treatment for the month of March and April compared to last year, so this interruption in treatment causes delay in diagnosis and may cause the advancement of tumors, and thus also hampering care in post-pandemic oncology hospitals, due

BENIGN TUMOR	MALIGNANT TUMOR
Made up of well-differentiated cells (similar to normal tissue); typical structure of the tissue of origin	Made up of anaplastic cells (different from normal tissue); atypical; lack of differentiation
Progressive growth; can regress; Normal and rare mitoses	Rapid growth; abnormal and numerous mitoses
Well-delimited, expansive mass; does not invade or infiltrate adjacent tissue	Poorly delimited, locally invasive mass; infiltrates adjacent tissues
no metastasis	Metastasis often present

Table 02. Main Differences between Benign Tumor and Malignant Tumor.

Source: ABC do Câncer, 2020.

to the accumulation and great demand of patients for treatment (ONCOGUIA, 2020).

Therefore, many people miss the opportunity to make the diagnosis in the initial stage of the tumor, because there is a lack of information and many times they do not identify the symptoms presented, and through their late diagnosis, the chances of cure are reduced and they start to need care. special needs, enjoy a humanized, welcoming and comfortable space for the patient and their families.

PALLIATIVE CARE

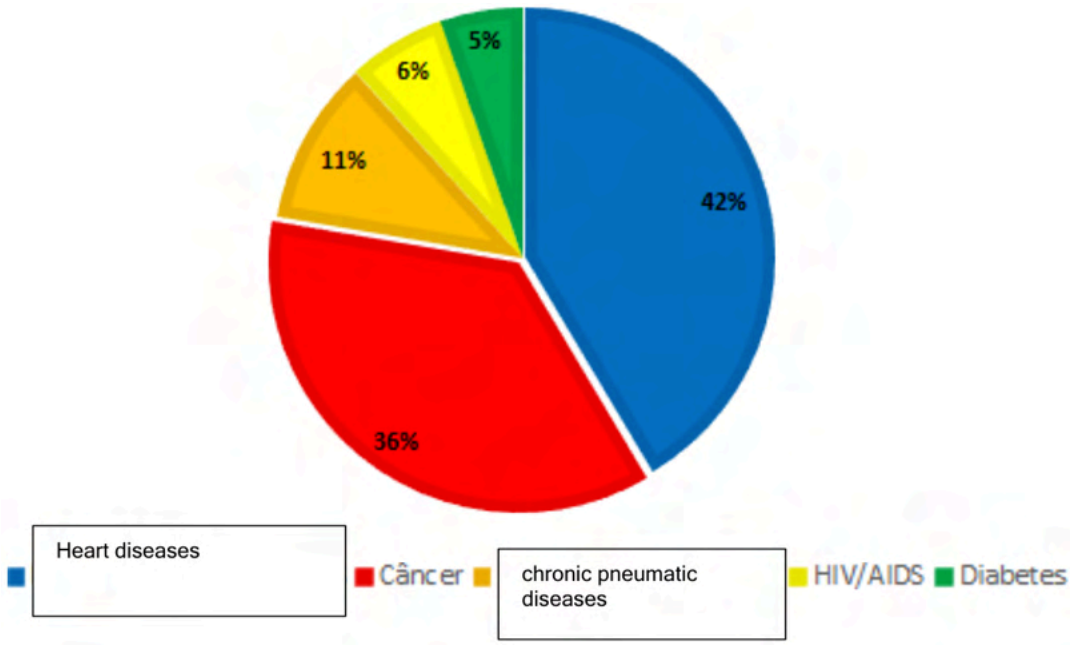
The term "palliative" derives from the Latin pallium, which refers to "covering". This way, when a cure is not possible, it is possible to "cover" or "hide" the signs of the disease, in a calm way, in order to alleviate suffering (ANDRADE, COSTA, LOPES; 2013).

Palliative care is offered through a team of qualified multiprofessionals, with the aim of improving quality of life, relieving suffering, treating physical pain and offering support for other symptoms of patients and their families when exposed to a threatening disease. the end of life (INCA, 2018).

The structure of palliative medicine according to the World Health Organization (WHO) has established means to propose quality of life in palliative care, through:

- recognize life, and affirm death as a natural process;
- not hasten or postpone death;
- offer the patient's family support, at all times, including in dealing with grief;
- offer relief from pain and other oppressive symptoms;
- include psychological and spiritual concepts for patient care, and make treatment decisions ethically;
- provide assistance for patients to actively live until death;
- establish a focus on quality of life, positively influencing the disease;
- indicate palliative care at the beginning of the disease, integrated with other therapies with the intention of prolonging life. (GOMES, OTHERO; 2016)

According to the health organization (WHO), about 40 million people need palliative care every year, in different pathologies, especially cardiovascular diseases and cancer, as shown in the graph below (Graph 1).



Graph 01. Diseases with greater need for palliative care.

Source: (OMS, 2014).

Therefore, it is unfortunately not possible for everyone to access palliative care, for reasons such as limited knowledge about its role and importance, cultural and social issues and lack of qualified professionals in the area, and little infrastructure that offers care.

In the following table (table 03) it is possible to identify the most common types of diseases among adults and children who need palliative care, considering that it is recommended that it is for terminal diseases, but it is also possible for different types of illnesses.

According to the Worldwide Hospice Palliative Care Alliance (WHPCA), world mortality increased from 55.64 to 56.30 between 2015 and 2017. responsible for 8.7 million deaths, chronic obstructive pulmonary disorder 3.6 million deaths, but from HIV the number of deaths reduced, from 1.53 million to 1.06 million, as you can see in the following chart (Graph 02).

With this, it is clear that there is a great demand from needy people in palliative care and that this index tends to grow in the coming years.

However, it is worth mentioning that people who need this care do not indicate that there is nothing more to do for the individual and theirs, but that a team of qualified professionals is needed to care for them, so there is, yes, what to do for them. patient (ANCP, 2021).

In addition to having specific types of treatment for people suffering from a disease that threatens the end of life, these treatments are offered in suitable places to meet the individual needs of each patient and their family, for example Hospices.

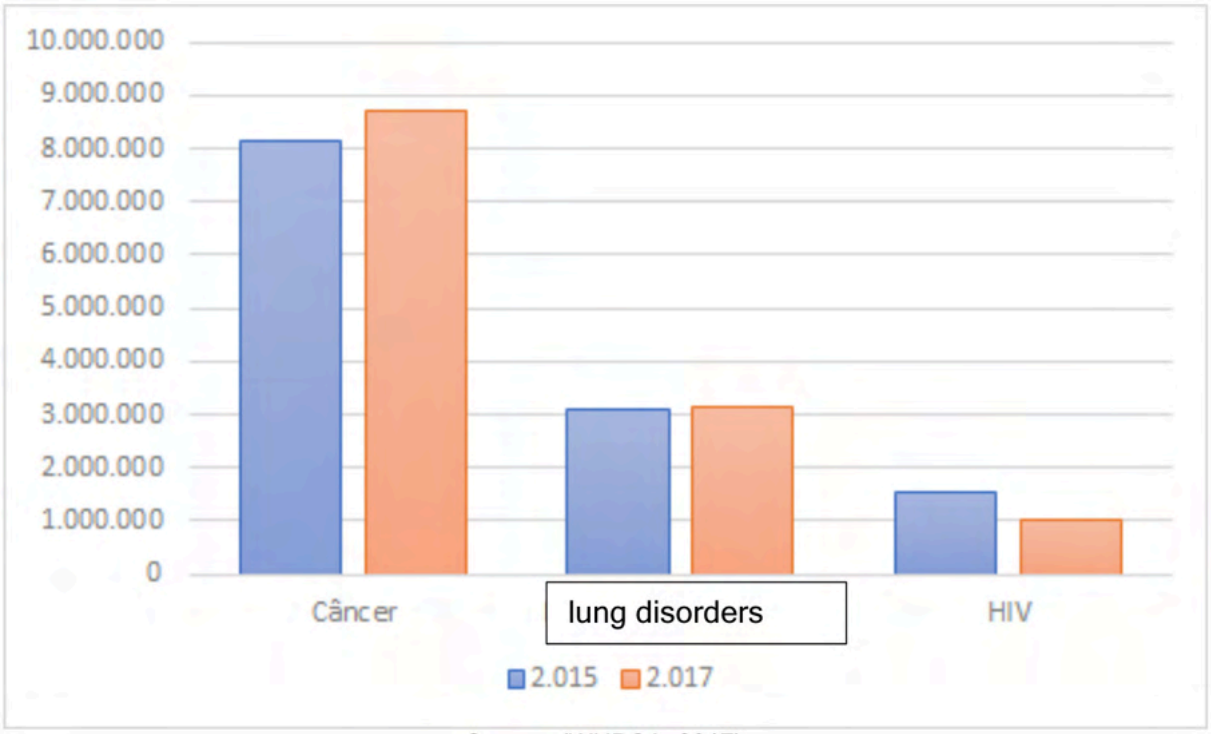
HOSPICE

Considered a term, it is used to integrate the philosophy of comprehensive multidisciplinary care offered to terminally ill patients, regardless of their stage. (ANCP, 2021).

Adults (15 years or older)	Children (under 15 years old)
Alzheimer	Congenital anomalies
Rheumatic arthritis	Cancer
Cancer	Liver cirrhosis
Liver cirrhosis	Neonatal condition
Cardiovascular diseases	Protein-calorie malnutrition
Chronic obstructive pulmonary disease	Endocrine, blood, immune disorder
Diabetes	Distúrbio mental
Multiple sclerosis	Cardiovascular diseases
kidney failure	Kidney disease
HIV/AIDS	HIV/AIDS
Parkinson	Meningitis
Tuberculosis	

Table 03. Diseases that require palliative care.

Source: own authorship.



Graph 02. Diseases that require palliative care.

Source: (WHPCA, 2017).

Its origin dates back to the Middle Ages, and in the period of the Crusades mention is already made of places with hospice characteristics. When in monasteries the priests started to welcome sick people and the disabled, and the monks started to shelter sick travelers, and then the first concept emerged (SBGG, 2015).

The hospice is not just a physical location, but a complex philosophy regarding the delivery of care. Over the decades, the development of the idea gave the place previously occupied by a priest or monk, space for doctors and multidisciplinary teams.

The first characteristics of hospices implanted in Brazil were in 1944, in Rio de Janeiro, and in about a year they received 83 patients with 63 deaths. The first initiative to create the same happened in an isolated way, and only then, from 1980, new hospices units started to appear offering palliative care services in Brazil. Most of the patients who maintained a link with these centers were due to illnesses such as cancer or any disease considered chronic. And currently Brazil has about thirty units, the largest of them established by the Inca in the city of Rio de Janeiro (FLORIANI, SCHRAMM; 2010).

This type of unit is currently most used to characterize a medium-complexity institution as a specialist hospital in the practice of palliative care and its physical structure is usually composed of a wide, well-lit and tree-lined horizontal building, common spaces for integration, suites with and outpatient clinic for possible emergencies (TOURINHO, 2021).

Figure 02 clearly exemplifies the physical structure model composed of a Hospice unit, with the characteristics mentioned above, the main objective of this unit is to offer tranquility, through ventilation and natural lighting so that the patient can enjoy some of the goods that nature offers and helps in your quality of life.

In figure 03, it is still possible to perceive that in addition to the external benefits that these buildings offer, the internal one appears to complement, the integration environments have the intention of embracing the patient, and making him feel at home, with a focus on in your well-being.

Patients oriented to care in the hospices model are patients diagnosed with advanced or terminal diseases that require comprehensive care, but do not exclude the indication for any type of pathology.

RESULT

Throughout the studies, it is possible to perceive the relevance of a Hospice, a support center for palliative care. The importance of, through architecture, implementing spaces that provide quality of life, consisting of places that offer varied treatments, with professionals from different areas, such as psychology, therapies, nutrition, among others, according to the needs of patients, and your family members can also be made available.

This way, neuroarchitecture plays an important role in understanding how the human body reacts to space, and in addition to establishing basic guidelines, in addition to advantages for patients, employees are also favored, both tend to improve concentration, reduce emotional problems, improve productivity and be more assertive in decisions. (GONÇALVES and PAIVA; 2018). Through architectural projects it is possible to offer those who are going to enjoy different sensations, both positive and negative, an example of this is hearing, it presents the space through acoustics, touch collaborates to get to know the environment, through textures and materials, different temperatures and shapes, another meaning that is well known in neuroarchitecture is wayfinding,

Figure 02. Facade with natural lighting and trees – Hospice Valencis (Curitiba).

Source: VALENCIS, 2021.

Figure 03. Integration space – Hospice Valencis (Curitiba).

Source: VALENCIS, 2021.

which is defined by the orientation of space, the composition of the layout, where shapes, objects create the paths and instigate not to let the individual get lost (GONÇALVES and PAIVA ; 2018).

Support centers for palliative care not only can, but must provide these recommendations. The areas that make up the support center need to be designed so that the people who attend it feel welcomed, making them feel at home (VASCONCELOS, 2004).

Inserting humanization in environments is essential for the sensations described above to be satisfactorily met. João Filgueiras Lima (2004), popularly known as Lelé, stated the following:

> No one can only heal from physical pain, they have to heal spiritual pain as well. I think that the health centers that we have created prove that it is possible to have a more humane hospital, without giving up functionality. We started to think of functionality as a broader word: it is functional to create environments in which the patient is comfortable, which allow his psychic healing. Because beauty may not feed the belly, but it feeds the spirit. (LIMA, 2014, p. 50)

Therefore, it is correct to relate neuroarchitecture to humanization in spaces, as it is necessary when designing buildings that individuals who will visit can understand its importance, especially in places that are related to health.

The interior of the building, together with the exterior, can provide benefits such as natural lighting and ventilation represented in (figure 04). Offers the patient eye contact, positive distractions, as these resources lead to good feelings, engages attention and prevents negative thoughts (VASCONCELOS, 2004)

There are other health benefits that it is possible to achieve through architecture integrated with nature, one of the examples is gardens, as the same, if composed of trees or different types of vegetation, has the ability to improve the relative humidity of the air, causing that the environment is pleasant, and thus reducing stress for both patients and employees, it is possible to identify these characteristics in the figure below (figure 05).

Another way to achieve harmony in an environment is through colors, not taking into account the fad, but the therapeutic effect it can offer to the individual. The color balance between the furniture, walls, floor, ceiling, decoration and clothes are important, considering the length of stay of patients and the workload that professionals will stay in this space. For example, neutral colors in health environments, or that remind of diseases, can directly influence physical, emotional and psychological aspects of patients (BOCCANERA, 2007).

In the following figure (figure 06) it is possible to immediately identify two elements, the green color of the walls and the woody texture of the panels, which offer a feeling of tranquility and coziness, the green color is capable of providing stress reduction, considered as the color of balance (LUCY, 2000). In addition, the wooden panels provide the patient with a feeling of comfort, contributing through thermal and acoustic comfort.

To establish architectural guidelines, based on all the matters discussed above, to provide a better quality of life for children and adults living with a terminal illness, can be a notable difference, as it induces to think and want to live better, with the patient's intention understand that, regardless of your conditions, your life is worth a lot.

FINAL CONSIDERATIONS

Due to data obtained through research, it was possible to perceive the need for an early diagnosis of any disease, in specific and addressed in this work an example such as

Figure 04. Natural lighting and ventilation – Hospital Gheskio - Haiti.

Source: ARCHDAILY, 2015.

Figure 05. Use of vegetation – Hospital do Rocio (Brazil)

Source: ARCHDAILY, 2014.

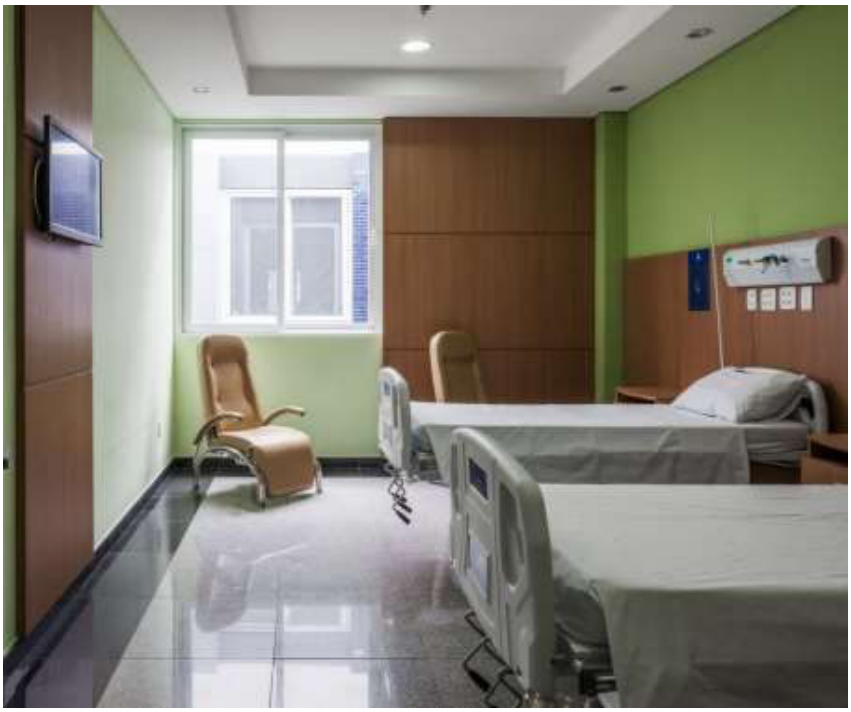


Figure 06. Use of colors and textures – Hospital do Rocio (Brazil).

Source: ARCHDAILY, 2014.

cancer, a chronic, aggressive disease that often has no identifiable symptoms. This terrible disease that has taken millions of lives in recent years can be diagnosed early and can increase the chances of cure, and serve as an identification for the best treatment to be used.

Many of the patients who acquire a disease that threatens the end of life are properly oriented towards palliative care treatment, in which they will be attended by a team of multiprofessionals who will guide the patient and their family, during or after treatment.

This procedure is offered in places known as hospices, but there was a questioning of what an ideal hospice would be like, so the general objective of this research was exactly to discover how a support center for palliative care must be, and to affirm that this objective was achieved because the research clearly showed how these spaces must actually be, so that the environment, in addition to offering psychological and spiritual quality of life, could also offer comfort and coziness.

The specific objectives where positive guidelines were presented through humanized architecture, such as materials that offer relief from stress and tension caused by the disease.

During the production of the research, there was great difficulty in finding information about hospices, considering that it is a subject that is not very developed in Brazil, with little material informing the subject in an abundant way, controlling the production of results.

It is concluded that the small amount of support center for palliative care is due to the lack of academic materials in the area of medicine to qualify professionals and offer care, therefore, the rate of people in need of this care grows every day and with that the The need to provide through architecture an environment focused on the patient, on quality of life and comfort becomes essential.

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