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QUALITY OF LIFE OF ELDERLY ONCOLOGY PATIENTS UNDER PALLIATIVE CARE: AN INTEGRATIVE LITERATURE REVIEW

Kemilly Annay Silva Rocha
Medical student, Afya Jaboatão

Laryssa Tavares Cruz Figueiredo
Medical student, Afya Jaboatão

Willyan Douglas de Melo Felix
Medical student, Afya Jaboatão

Raíssa Alves Falcão Rodrigues
Medical student, Afya Jaboatão

Nívea Gabriela Braga e Silva
Medical student, Afya Jaboatão

Maria Izabel de Arruda Quinteiro
Medical student, Afya Jaboatão

Letícia Dall'Agnol Costa
Medical student, Afya Jaboatão

Heloísa Melo Campos
Medical student, Afya Jaboatão

João Víctor Araujo de Acioli
Medical student, Afya Jaboatão

Marília Freire de Moraes
Medical student, Afya Jaboatão

Clécio da Silva Oliveira
Medical student, ``Universidade Federal de Pernambuco`` - UFPE

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Hamilton Araújo Júnior
Medical student, ``Universidade Federal de Pernambuco`` - UFPE

Claudia Roberta Miranda Pereira
Doctor from UFPE, Neonatologist and professor at Afya Jaboatão

Rita de Cássia Hoffmann Leão
Advisor, Doctor from UPE, Advisor at CREMEPE and Coordinator of the Medicine Course at Afya Jaboatão

Abstract: Cancer is responsible for 12% of global mortality, and will double in approximately two decades, as well as morbidity and mortality, reaching an increase of 60% in underdeveloped countries. A large proportion of cancer patients in palliative care have advanced disease with a low cure rate. Furthermore, there is a gradual increase in palliative care, so that the terminally ill patient has all the comfort for a better quality of life in the terminal phase. The objective of this study is to evaluate, through a literature review, the quality of life of cancer patients receiving palliative care. Methodology: A literature review was carried out through searches in the LILACS and MEDLINE/PubMed databases, between February and May 2023. 15 full articles were analyzed. Result/Discussion: The analysis of the studies that made up this review highlighted predictors that could positively or negatively affect the health-related quality of life for elderly individuals with advanced cancer without the possibility of effective treatment, that is, those who are in palliative care. Regarding changes in quality of life, overall health tends to decrease throughout the chemotherapy and radiotherapy process, however it tends to be overcome after the end of treatment. Furthermore, a certain increase in symptoms was noted in several studies, and such an increase was detrimental to the patients' health-related living conditions. Conclusion: The quality of life related to elderly individuals suffering from cancer is negatively affected by chemotherapy and radiotherapy treatment, with this quality being improved in some cases through Palliative Care, making such therapeutic conduct crucial in the segment and deserves attention. more investments through public bodies, as well as greater studies by the scientific community.

Keywords: Palliative care; Quality of life; Oncology; Neoplasms; Elderly.

INTRODUCTION

Neoplasia is defined as a set of more than 100 diseases, in which there is an unlimited and self-sufficient replication process of cells, which tend to invade tissues and organs. Thus, the cells are highly malignant, predisposing them to the formation of malignant tumors, which tend to spread, whether via lymphatic, hematogenous or contiguous routes[1]. Thus, with the progression of this disease, so that it does not fit into the possibilities of treatment for cure, it is stated that the patient is in the process of palliative care (PC), considering that from such a situation, the focus will be despite measures aimed at therapeutic conduct in cases of clinical signs, and even psychosocial and spiritual aspects that affect the individual's quality of life (QoL)[2].

The first WHO definition for palliative care, in 1998: "care offered by an interdisciplinary team aimed at patients with disease in an advanced, active, progressive phase, whose prognosis is poor and the focus of attention is quality of life". Therefore, it reveals that palliative care for elderly cancer patients can and must be offered as quickly as possible in the course of any potentially fatal chronic disease such as neoplasms. The most recent WHO definition establishes that "palliative care is an approach that improves the quality of life of patients and their families in the face of problems associated with terminal illness, through the prevention and relief of suffering, identifying, evaluating and treating pain and other problems, physical, psychosocial and spiritual"[3].

From this perspective, different approaches are taken in the care environment by professionals at different levels of health care. Furthermore, it is estimated by the World Health Organization (WHO) that, each year, more than 40 million people worldwide need palliative care. Thus, to the extent that they are offered early and correctly, palliative care tends to improve the quality of the service offered, and, above all, the quality of life, as well as the mood and survival of elderly individuals suffering from this pathology[4]. Furthermore, therapy based on palliative care tends to be indicated from diagnosis to all people with serious illnesses with no prospect of a cure, especially elderly cancer patients, who need palliative care as an integrative approach to antineoplastic therapy from the beginning. diagnosis and not just at the end of life [5].

When taking into consideration, the influence of palliative care on the quality of life of patients with advanced-stage cancer and without the possibility of treatment that will modify the course of the disease, it is understood that they can contribute to relieving symptoms and reduction of suffering in this population.

OBJECTIVE

The present study aims to evaluate, through a literature review, the quality of life of cancer patients receiving palliative care.

THEORETICAL FOUNDATION

Sociodemographic and clinical aspects must be considered when evaluating the quality of life of cancer patients, in order to enable humanized care integrated with the principles of the Unified Health System in force in Brazil. Thus, associated with personal values and influenced by the repercussions of the health-disease process. Furthermore, it has been observed that aging has as a risk factor the development of chronic diseases, which can cause cancer. Neoplasms represent more than 45% of deaths in individuals over 80 years of age, with a tendency for a gradual increase in mortality rates [2]. Cancer, in addition to affecting the body, also affects the mind, social well-being, family relationships and the spirit. With this extreme in elderly cancer patients, an approach is necessary that must provide comprehensive therapy, with the inclusion of psychological, social and spiritual components[6].

Therefore, the World Health Organization (WHO) defines palliative care as "an approach that seeks to provide the best possible quality of life for patients and families facing life-threatening illnesses through the relief of suffering, treatment of pain and other physical, psychological and spiritual problems." Treatment is often insidious, where it is only focused on the patient's survival, causing suffering [7]. Palliative care has been transforming this perspective to a vision of patient relief, developing better treatment for elderly patients, in which it offers restrictions in daily activities, changes in the body, such as decreased physical strength, weight loss or weight gain, swelling, alopecia, nausea and vomiting, loss of appetite, and others that affect the quality of life of elderly people with cancer [6].

It is estimated that 10 to 20% of deaths in elderly patients with cancer are attributed to malnutrition and not to oncological disease. Malnutrition and metabolic disorders present have a negative impact on surgery, radiotherapy and pharmacological therapy. A decrease in nutritional status also reduces the response to oncological treatment. This condition is associated with the type of cancer and stage of the disease[8]. Furthermore, it is known that aging has a risk factor in developing chronic diseases, which can cause cancer. Neoplasms represent more than 45% of deaths in individuals over 80 years of age, with a tendency for a gradual increase in mortality rates [2], This increase is intrinsically associated with too many hospitalizations and loss of functionality in elderly patients.

Therefore, palliative care is of great importance in medicine, being increasingly necessary in everyday medical life, thus, we approach a better experience in a disease with great impact and which causes irreparable damage to the patient. Furthermore, the study provides a better psychological, social and cognitive approach aimed at elderly cancer patients, who are under palliative care.

METHODOLOGY

15 articles were selected, using the related descriptors. A literature review was carried out through searches in the LILACS database, and MEDLINE/PubMed, in May 2023. The descriptors used in the databases were removed by consulting the NIH (National Library Of Medicine) database. Furthermore, the following combinations of descriptors were used: 1. "palliative care"*AND; "elderly*" AND; *"oncology";* AND; life quality" restrições nos campos de pesquisa: 2. *"final care*"; AND; "*elderly*"; AND; "*cancer patients*"

The searches and pre-selection of articles were carried out by two independent researchers, without the need for a third researcher. In addition, research restrictions were used, such as: 1. Text availability: free full text; 2. Type of article: clinical trials and controlled and randomized tests; 3. Publication date: last 10 years.

Furthermore, the articles were searched with language restriction to Portuguese (Brazil) and added in an original way, with human beings, which were based on the analysis of quality of life, focused exclusively on elderly cancer patients in advanced stages and as well as consequence attached to palliative care. Since they also used valid mechanisms to evaluate this patient-disease relationship, as previously mentioned. Clinical, editorial, retrospective, intervention and secondary database cases were also excluded, in addition to repeated articles and research that did not correlate with the theme/outcome.

FLOW CHART

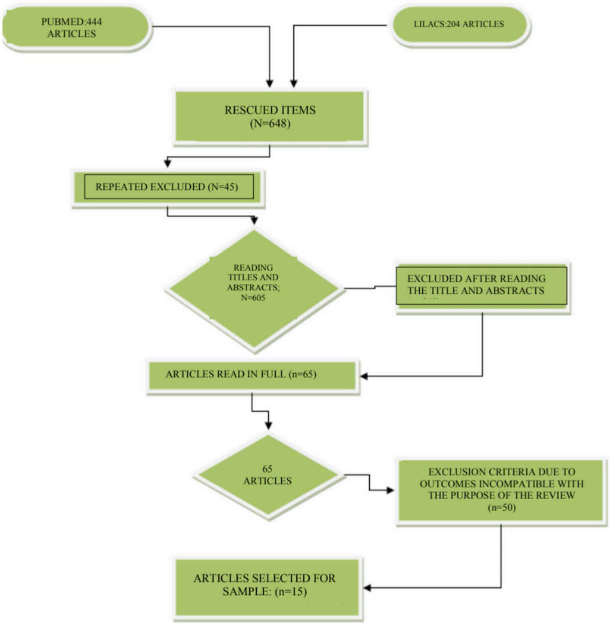

Figure 1: Flowchart of articles found selected by the authors of the work.

RESULTS

Furthermore, in Table 2, a brief summary of each study is presented, subdividing it in the table by topics: objectives; methods; sample studied and the main results. The organization of the research leads to a line of argument that supports the discussion section.

DISCUSSION

From a socio-demographic and clinical point of view, there was a predominance of females when it comes to the diagnosis of breast cancer. Furthermore, data from the literature indicate that breast cancer is the most common when it comes to women, being the second most common type of cancer in the world and the first among women. With regard to colorectal cancer, data from INCA, in 2015, estimated for 2018, the incidence of 12,490 cases for males and 14,500 for females, being the second most recurrent type of cancer in the world, followed by breast cancer.

With regard to the age group, the research carried out by Freire et al. inferred that age over 60 years old denotes the highest percentage, although, in this study, the predominant age group was under 60 years old. In this same research, the issue of education was also noted, so that the majority of patients in the palliative care process had only completed primary education and, furthermore, it was noted that a large part came from other municipalities in the interior of the State, which denotes the lack of oncology services in services further away from the capitals.

Furthermore, with regard to alternative quality of life, through studies by Visentin et.al, carried out in 2018, it is clear that a good number of patients have used alternative medicine and trust in its effectiveness in cancer therapy, as well as improving the effects of chemotherapy and radiotherapy. Thus, the most frequently mentioned type of complementary/alternative medicine was individual prayer, showing that praying and believing in complementary/alternative medicine is intrinsically related to a better quality of life.

With regard to palliative care itself, individuals with an oncological process in an advanced stage tend to receive greater care due to the attention paid to their quality of life due to the high rate of symptoms which they may develop, secondary to the disease itself. pathology or therapeutic management carried out, which have harmful effects, above all, in the physical and emotional domains. Therefore, it is clear that early initiation of palliative care in individuals with an advanced oncological process tends to provide a more comfortable quality of life[9].

In reports by Silva, et al., (2020), the reasons why pain control is a priority in cancer care is to improve the QoL of cancer patients in a positive way in terms of survival. By Rocha et al., (2021) the management of pain, on the other hand, helps the patient to better endure,

STATE (UF)	ARTICLE TITLE	AUTHOR (S)	DATA BASE	YEAR
MA	Assessment of the Quality of Life of Oncology Patients in Palliative Care	Silva, I. B. S; et al.	MEDLINE	2020
SP	Perception of quality of life from a cross-sectional study	Rocha, A. R; et al.	MEDLINE	2021
SP	The impact of cancer on mental health: a review of Brazilian nursing literature	Corbo, L. N; et al	MEDLINE	2020
MG	Quality of life in cancer patients	Gomes, M. C. A; et al	MEDLINE	2019
MS	Impact of chemotherapy treatment on the quality of life of cancer patients.	Silveira, F. M; et al	LILACS	2021
PE	Costs and quality of life of patients in palliative care.	Ribeiro SZRS, Vidal LILACS SA, Oliveira AG, et al.	LILACS	2018
PR	Quality of life of patients with advanced cancer in palliative therapy and palliative care.	Silva LS, Lenhani BE, Tomim DH, et al.	MEDLINE	2019
SE	Quality of life related to health and spirituality in people with cancer.	SE Menezes RR, Kameo SY, Valença TS, et al.	LILACS	2018
SP	Correlation between the patient's quality of life in palliative care and the burden of their family caregivers: a prospective observational cohort study.	Krug K, Miksch A, Peters-Klimm, F. et al.	LILACS	2016
MG	Quality of life of cancer patients in palliative care.	Figueiredo JF, Souza MEDLINE VM, Coelho HV, et al.	MEDLINE	2018
MG	Factors that modify cancer quality of life in chemotherapy treatment.	Lopes AB, Guimarães IV, Melo IMV, et al.	MEDLINE	2016
PR	Impairment of the quality of life of patients undergoing palliative chemotherapy and palliative care scoping review	Lenhani BE, Tomim DH, Silva LS, et al.	LILACS	2019
RJ	Significance of palliative care for the quality of survival of cancer patients.	Silva CP, Santos ATC, Silva RP, et al.	LILACS	2019
PR	Palliative therapy in adults with cancer: a cross-sectional study.	MF, Kalinke LP, et al.	LILACS	2018
GO	Quality of life and needs of Indian patients with advanced cancer receiving palliative care.	Asthana S, Bhatia S, Dhoundiyal R, et al.	MEDLINE	2019

Table 1: Extraction of initial information from selected articles.

Source: Authors (2023).

N°	OBJECTIVE	METHODS	SAMPLE STUDIED	MAIN RESULTS
01	Assess the quality of life of cancer patients in palliative care.	Descriptive, cross-sectional research with a quantitative approach	21 patients	The global health average was 60.32, with quality of life considered satisfactory. On the symptom scale, the most affected domains were pain (52.38), constipation (46.03) and fatigue (42.86). Emotional function (37.30) was worse than the assessment of physical function (59.79). There was a significant relationship between diagnosis time and general quality of life and Karnofsky performance status (KPS) dyspnea with physical functioning, as well as the presence of metastasis with dyspnea.
02	Investigate the impact of socioeconomic and psychosocial factors on the quality of life of cancer patients	This is a cross-sectional study	100 patients	Among all WHOQOL-bref domains (physical, psychological, social relationships and environment), low family income and head and neck cancer influenced the perception of quality of life in men.
03	Identify in national literature the production of knowledge on the topic of mental health and cancer	Literature review	10 articles	The authors found extensive discussion in the literature, and consider 3 groups regarding the desired objective.
04	The present study aimed to investigate the importance of some factors that help in the quality of life of cancer patients	Literature review	27 articles	The main factors that improved quality of life are: physical activity, support groups, spirituality and multidisciplinary support.

05	To evaluate the health-related quality of life (HRQoL) of cancer patients before and three months after the start of chemotherapy treatment	Field research, prospective cohort, exploratory	79 participants	The EORTC QLQ-C30 instrument indicated adequate reliability at both assessment moments. Regarding the functionality scale, physical and cognitive functions showed improvement; and emotional function, worsens after three months of treatment.
06	Compare the costs and quality of life of cancer patients receiving palliative care in the hospital and at home.	Quantitative, descriptive, cross-sectional and economic and health evaluation study carried out with patients, with 46 patients admitted to the hospital and 17 at home.	63 participants	In the hospital, the average monthly expenditure per capita was R$724.30, however, with a worse quality of life. The quality of life in the hospital was lower even with slightly lower values. It is important to expand the offer of this care in order to guarantee the best assistance at the end of life.
07	Assess the quality of life of patients with advanced cancer undergoing palliative therapy and palliative care	Quantitative, observational, cross-sectional and analytical study, developed in a teaching hospital in Paraná, Brazil, from January to June 2018, with 126 patients, 107 receiving palliative therapy and 19 receiving exclusive palliative care.	125 participants	The overall quality of life in palliative therapy and palliative care was 71.54/59.65, respectively; when correlating the total quality of life score from the Quality of Life Questionnaire-Core 15-Palliative with the Functional Assessment of Chronic Illness Therapy- -Palliative Care 14 (p = 0.001) and the Edmonton Sympton Assessment (p = 0.001), it was observed- significant difference in better quality of life in palliative therapy.
08	To evaluate the quality of life related to health and spirituality in people with cancer followed in Primary health care in the city of Lagarto/SE	This is a cross-sectional and exploratory research, of a quantitative nature, with descriptive and analytical approaches. To collect data, interviews were carried out, from March to December 2017, with people diagnosed with cancer, in basic health units and in the participants' homes in the city of Lagarto/SE.	42 participants	The sample consisted of 42 people with cancer and showed equivalent results between men and women, a predominance of elderly, mixed race, married, with incomplete primary education, retired, Catholics and residents in urban areas. The most reported cancers were prostate, breast and skin. The participants presented a satisfactory health-related quality of life (62.10) and a positive response related to the connection with the spiritual being (17.36), as well as the influence of faith(17.49%) in situations of confrontation in life.
09	Identify correlations between changes in patient QoL and changes in the burden of family caregivers that need to be considered in patient management.	Palliative cancer patients in primary care assessed their QoL (Quality of Life Questionnaire Core 15 Palliative Care, QLQ-C15-PAL). They were evaluated monthly for an interval of 6 months or until the patient's death. Family caregivers reported the burden they perceived when supporting the patient (short form of the Burden Scale for Family Caregivers, BSFC).	100 participants	One hundred patients (63 men, 37 women; mean age: 68 years) were included in the study. The most common primary diagnoses were colon, lung, or breast cancer. In 58 cases, patient and caregiver assessments were available. Patients reported that overall quality of life increased toward the end of life, although they reported that physical functioning deteriorated.
10	To evaluate the quality of life of cancer patients in palliative care, using a validated instrument.	This is a descriptive, quantitative study with patients admitted to an oncology unit of a large hospital in the Center-West of Minas Gerais.	09 participants	There was a significant loss in the quality of life of the participants, especially in the areas of "emotional well-being" and "functional well-being". However, the domains of "physical well-being" and "social-family well-being" were well evaluated by the participants.
11	Evaluate QoL of cancer patients undergoing chemotherapy treatment and determine disease-related modifying factors	Prospective clinical cohort study with 61 patients diagnosed with cancer at a Unacon in Minas Gerais. Patients responded to a sociodemographic questionnaire and the EORTC-C30 3.0 QoL questionnaire and its module corresponding to the type of cancer. Comparison of quantitative variables was done using the Kruskal-Wallis test. The significance level used was 0.05.	61 participants	The most prevalent types of tumors were breast (36.8%) and colorectal (17.5%) cancer. The majority of patients presented stages II and III (36.8% each). Chemotherapy alone was the most prevalent treatment (45.6%), followed by chemotherapy associated with surgery (26.3%). No statistically significant differences were observed between the QoL scores obtained before and during treatment, in all scales. The type of tumor influences the general health (p=0.0136), the intensity of symptoms (p=0.0314) and the functional health (p=0.0107) of patients throughout chemotherapy treatment. Initial staging influences patients' functional health throughout chemotherapy treatment (p=0.0274), but not symptoms or general health.

12	To evaluate the domains that compromise the quality of life of patients with advanced cancer undergoing palliative chemotherapy treatment and palliative care.	This is a scoping review carried out from March to May 2018, in the databases CINAHL, LILACS, PubMed, Cuiden and in gray literature (Google Scholar and references found in the articles analyzed), using the descriptors "palliative care" "quality of life", "emotional care", "functional care" "sexual care", "physical care" "social care" "comfort care" "spiritual care", "palliative chemotherapy" and "advanced cancer". A quality assessment of methodological quality was carried out using the STROBE instrument for observational studies and CONSORT for clinical trials.	09 articles	The nine articles found and analyzed are international, published between 2012 and 2016, with good methodological quality. The domains identified were physical, social and emotional; hospital admission and place of death are factors that also compromise quality of life.
13	Understand the relationships of interdependence and complementarity between the application of the concept of palliation and the quality of survival of cancer patients, from the perspective of the multidisciplinary team.	Qualitative research based on dialectical hermeneutics, carried out in a reference oncology hospital in Rio de Janeiro, with the participation of nine health professionals who are members of the multidisciplinary team, with data produced in two focus groups, between July and August 2015	47 participants	Four broad empirical categories were identified: notion of survival in oncology; survival, palliation and line of care in oncology; palliation and quality of survival and evaluation of the institutional palliation model
14	Characterize the socioeconomic and clinical profile of adult cancer patients undergoing palliative therapy.	Cross-sectional study carried out in an oncology hospital in Paraná, with 124 adult patients who started palliative therapy in the period from January 2 to June 30, 2015.	124 participants	Of the participating population, 60.5% were female, 68.5% were white, 48.4% were married, 72.6% were Catholic and had an income of one to two minimum wages. Non-smokers, 45.2%, 75% non-drinkers, and 92% have Performance Status 1 and 2. The diagnosis of the prevalent primary cancer was breast, with previous chemotherapy and radiotherapy treatment. The sites of metastasis were lung/ mediastinum/ bronchi and lymph nodes.
15	The aim of the study was to evaluate the quality of life, problems and needs of patients with advanced cancer receiving palliative care.	The research was carried out using structured questionnaires with tools for problems and needs in palliative care and the European Organization for Research and Treatment of Cancer (EORTC) QLQ-C15-PAL.	100 participants	More than 50% of patients had difficulty in daily life and the majority of patients (77%) had difficulty carrying out heavy work. 82% of patients had fatigue, 47% of patients had problems with excessive concern for others, 71% were afraid of physical suffering, 77% faced difficulties in their usual activities and 80% felt the need to be informed about the possibility of treatment and effects collaterals. Requirements were greater in female patients, including a statistically significant difference in sleep quality ($P < 0.05$).

Table 2: Presentation of the summary of selected works.

and for longer, treatment as invasive as cancer. Despite this, however, pain is still seen by the healthcare team, family members and the patient as a symptom intrinsic to the history of the disease. A factor that correctly explains that opioid medications, to obtain the analgesia effect when necessary, are either taken in disproportionate doses or taken too late, also said by Silva, et al., (2020). For adequate treatment, the introduction of the medication must be done at the correct time, and potential and adverse events must be treated[10],[11],[12].

Regarding changes in quality of life due to the chemotherapy and radiotherapy process, according to Silva, et. al., (2019) an impairment in global health is noted, but it tends to improve upon completion of treatment. Several studies reported an increase in systemic symptoms related to treatment and this affected patients' quality of life 10. Of the studies that evaluated the quality of care in the post-treatment period in parallel with the palliative care process, the majority showed a reduction in symptoms after the end of chemotherapy, except for some symptoms, such as depressive symptoms, fatigue and pain, which interfere directly into daily activities.

According to Gomes et al., oncological therapy can have multiple effects. Among them can be mentioned: alopecia, lack of appetite, discomfort, loss/reduction of sensory and proprioceptive touch, thus having a significant impact on the patient's quality of life (QoL). [13]

Silveira et al., mentioned that routine chemotherapy treatment is seen as one of the main aggravating factors for changes in daily activities, affecting lifestyle. From this perspective, individuals may experience weight loss or gain, emotional and physical instability, contributing to the deterioration of these patients' quality of life [14].

According to Ribeiro et. al., (2018), such changes often cause the individual to present themselves in a state of sadness, fear and pain, directly affecting their physical and mental health, resulting in impaired quality of life. For Corbo et al., oncological therapy tends to impact quality of life directly, reducing it, secondary, to psychological problems. Menezes et al. (2018), mentions that it is common for people undergoing such treatment to have negative mental health issues, with clear symptoms of depressive syndromes[15,16].

According to Krug et al., there are a variety of individuals who experience feelings of anger, episodes of anxiety, as well as situations of anguish, fear, denial, worry and aggression in the face of such a conflicting life situation. Such feelings tend to disrupt the daily lives of individuals with such a problem, leaving them in a situation of greater vulnerability. According to Figueiredo et al. (2018), this context occurs in the face of treatment that alters self-perception[17,18].

CONCLUSION

It is therefore inferred, through this study, that it is evident that sociodemographic and clinical factors identified in the study population broadly affected their quality of life with a greater impact in relation to the domains of physical function of the cancer patient, as well as its cognitive function. A certain impact was noted, above all, on the patient's functional scope, with major repercussions on daily activities, social relationships and financial relationships.

When referring to the end-of-life process, there are several impasses to be overcome through the applicability of the environmental biopsychosocial model postulated by the World Health Organization, in which the health process is not just focused on the disease. To achieve this objective, more investments are needed in intervention processes aimed at valuing the different dimensions of health care.

Furthermore, with regard to lifestyle, resources such as information, the patient's level of education, financial conditions and other changes, all of this tends to have major influences on a healthy life, especially in individuals affected by neoplasms. Finally, it is expected that the present study can cover new investigations and research, which, through effectiveness, can contribute to reflections and discussions among all health professionals. Thus, the issue of effective quality of life will be a widespread reality among cancer patients.

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