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THE IMPORTANCE OF PALLIATIVE CARE FOR CANCER PATIENTS IN HOME CARE

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Abstract: Introduction: Home palliative care is on the rise in Brazil, and in most cases it is only indicated in the final moments of life. When faced with the diagnosis of terminal cancer, patients and their families tend to go through many moments of physical, psychological, social and spiritual instability, where it is of paramount importance to be accompanied and supported by a multidisciplinary team in the home environment, providing humanized care, helping both throughout the process from diagnosis to termination. Taking into account the rise in cancer rates in Brazil and worldwide, and consequently the increase in demand for palliative home care, the **general aim of** this research is to identify the influence of palliative care provided to cancer patients in home care. **Methodology:** This is an integrative bibliographic review, where the Virtual Health Library (VHL) was used to build the database, using the following descriptors: palliative care at the end of life, oncology, patient care and home health care, whose topics considered relevant total 13 articles, the Palliative Care Manual, Ordinance No. 825 of April 25, 2016, and Estimates of the National Cancer Institute (INCA) for the years 2020-2022. **Results and Conclusion** Based on the results obtained, it can be concluded that PC in home care is of paramount importance to ensure a better quality of life for patients, through individualized and humanized care.

INTRODUCTION

According to the World Health Organization (WHO -2002), palliative care (PC), whose term palliative originates from the Latin "pallium" and means cloak, symbolizing relief from suffering in the face of a life-threatening illness, consists of a line of care aimed at improving the quality of life of the patient and their family [1 2 3]. The palliative approach is provided from the diagnosis of the disease to family bereavement, in an integrated and multidisciplinary way, helping to manage and control symptoms that influence quality of life, such as pain, which can be physical or psychological, causing changes in mood; irritability; altered sleep; agitation; screaming; depression; mobility difficulties and aggression, as well as social and spiritual factors [1 4]. When they are suffering from a terminal illness, which is characterized as one of the most difficult phases of life and psychological fragility, they tend to go through stages of denial, anger, bargaining, depression and acceptance [5 6].

There are five ways of providing PC: primary care (PC), primary care (PC) and primary care (PC) which consists of a model of assistance that coordinates care, working together with the NASF - AB (Expanded Family Health Center), remaining close to the patient with a life-threatening illness; inpatient is aimed at managing symptoms that are not susceptible to control in other modalities; outpatient is responsible for taking care of palliative care needs from other points of care; urgent and emergency care, whose purpose is to relieve acute symptoms, with a focus on comfort, in line with excellent practices; home care, indicated for patients who require palliative care and are restricted to bed or home, requires a prepared family so that they can be indispensable in end-of-life care [7].

Ordinance No. 825 of April 2016 characterizes Home Care (HC) as follows as a type of health care that guarantees continuity of care at home and is integrated into the health care networks (RAS). It aims to reduce hospitalizations, provide humanized care, reduce hospital demand and deinstitutionalize. It defines three models of AD care: AD 1 care is provided by the primary care team, in which AD2 is intended for those who need frequent care, with the aim of reducing hospitalizations; and AD3 are those who fall within AD2, but need care that requires greater complexity [8]. In addition, this Ordinance describes the types of home care teams: Multiprofessional Home Care Teams (EMAD) (type 1 and type 2) and Multiprofessional Support Teams (EMAP) [1].

Home care is a type of care harmonized with the RAS (Health Care Network). Its actions were designed by the Ministry of Health with the aim of helping teams to provide adequate care, with the support and participation of the family, which plays an essential role in helping from the moment of diagnosis to the course of the cancer disease. Together with health professionals, they must establish good communication to maintain therapy, in order to offer effective and individual care [8 9 10].

Such practice is still scarce in Brazil today, since palliative care is in its formative stages, which is why most of the action strategies are new and require caution and a specialized team. When providing PC, caregivers, whether they are professionals or not, must be trained, oriented and receive adequate support to deal with any and all situations involving the patient, and it is necessary to implement initiatives centered on caring in solidarity, understanding death as a natural and irremediable process [1 11 12].

In this way, humanized care is inserted as a mechanism for establishing bonds, empathy and trust, valuing the patient in a biopsychosocial-spiritual way, according to their specific needs, always preserving their dignity, values, autonomy and allowing both patient and caregiver to be informed about the diagnosis and treatment. Therefore, it is up to the multi-professional team to act by minimizing the factors that generate suffering in order to facilitate the practice of humanized care, going beyond technical procedures and welcoming through the establishment of empathy, trust, bonding and friendship [5].

In Brazil, between 521,000 and 536,000 people need palliative care, However, they are only recommended at the end of life, reducing the performance of the interdisciplinary care team [11]. According to the WHO, it is estimated that only 14% of people who need palliative care receive it and that at least 80% of terminally ill cancer patients need it.

The need for palliative care is of great importance in places where a large proportion of patients are diagnosed with cancer at advanced stages and with little chance of cure [1]. The demand for palliative care occurs according to the lack of therapeutic options available with the aim of a cure and the proximity of the end of life. The peak of this care is reached in the last days and hours of the patient's life, thus attenuated after this moment, according to the constitution of the method of mourning [11].

According to the National Cancer Institute (INCA-2020), cancer has come to be characterized as the world's main public health problem, ranking among the four main causes of death before the age of 70. It is estimated that each year between 2020 and 2022, Brazil will register around 625,000 new cases. The region with the highest incidence is the Southeast (60%), followed by the Northeast (27.8%) and the South (23.4%). The most frequent types of cancer in males for this three-year period are: prostate, colon and rectum, lung, stomach and oral cavity, and for females, the most frequent cancers will be breast, colon and rectum, cervix, lung and thyroid [14].

Patients undergoing palliative care in oncology often present the following symptoms: depression, drowsiness, anxiety, lack of appetite, fatigue, nausea, dyspnea, malaise and pain. To assess and monitor these symptoms, the team uses the Edmonton Scale (ESAS), developed in Canada by the Edmonton Palliative Care Service and adapted by Neto. It refers to a questionnaire that tends to indicate objective and subjective symptoms. With this scale, the patient or caregiver gives a score from

0 to 10 for each symptom, so 0 for absence and 10 for the greatest intensity of the symptom, it should be applied by health professionals, helping to plan therapy and define measures to relieve the symptoms presented, helping to improve the living conditions of the patient and their family. In this way, the team works to improve the physical, emotional, social and palliative care aspects [11 13 15].

Cancer in Brazil and around the world is on the rise, and with it the number of patients who need a team trained to work in a holistic way, and thus offer an end of life free of suffering, which can be alleviated. This work is justified by the intention to encourage more and more scientific knowledge about, so that terminality happens in the least painful way possible.

Patients diagnosed with cancer tend to go through countless transformations, where fear of the unknown can lead to suffering and anguish.

This process of change becomes less difficult when the patient starts receiving palliative care from the moment the disease is diagnosed, where any complications are dealt with under the care of a support network prepared to receive the patient and their family and guide them through the whole palliative care process, clearing up any doubts and helping the patient to be assisted throughout the disease process. As far as possible, they can keep the patient at home, with the support of the family and qualified professionals to ensure a dignified and pain-free process of death and dying.

With the well-being of adult cancer patients under palliative care in mind, the following question arose: “What is the influence of palliative care provided to cancer patients in AD?” since the individual who is treated at home does not need to adapt to hospital routines, and the family environment can collaborate positively so that the process of death and dying is more humanized.

The general aim of this study is to identify the influence of palliative care provided to cancer patients in home care. The specific objectives are: to discuss the role of the multidisciplinary team in providing care; to recognize what home care in PCs is and what it is; and to describe how the multidisciplinary team develops humanized care in home PCs.

METHODOLOGY

Qualitative integrative bibliographic review. This method consists of reducing the results obtained in research. The steps followed to construct the method were: defining the problem, searching the literature following inclusion and exclusion criteria (delimiting the database), categorizing studies, evaluating and analyzing the data obtained, interpreting the results, and presenting the synthesis of knowledge [16].

The central theme of this study is: Palliative care provided to adult cancer patients in home care. The interest in this research on palliative care in home care was sparked by the experience of two of the authors, in which their relatives affected by terminal cancer did not receive such care in their terminal process.

To create the database, we drew up the guiding question according to the PICO strategy (Patient/population/disease; Intervention or issue of interest; Comparison, Intervention or issue of interest; Outcome) (Chart 2). The descriptors used were: palliative care at the end of life, oncology, patient care and home health care. Population was defined as “adult oncology patients”, Intervention as “palliative care”, Context as “the influence of palliative care provided to oncology patients in home care”, Comparison was not used and Outcome was not used. Thus, the research question was presented as: “What is the influence of palliative care provided to cancer patients in home care?”

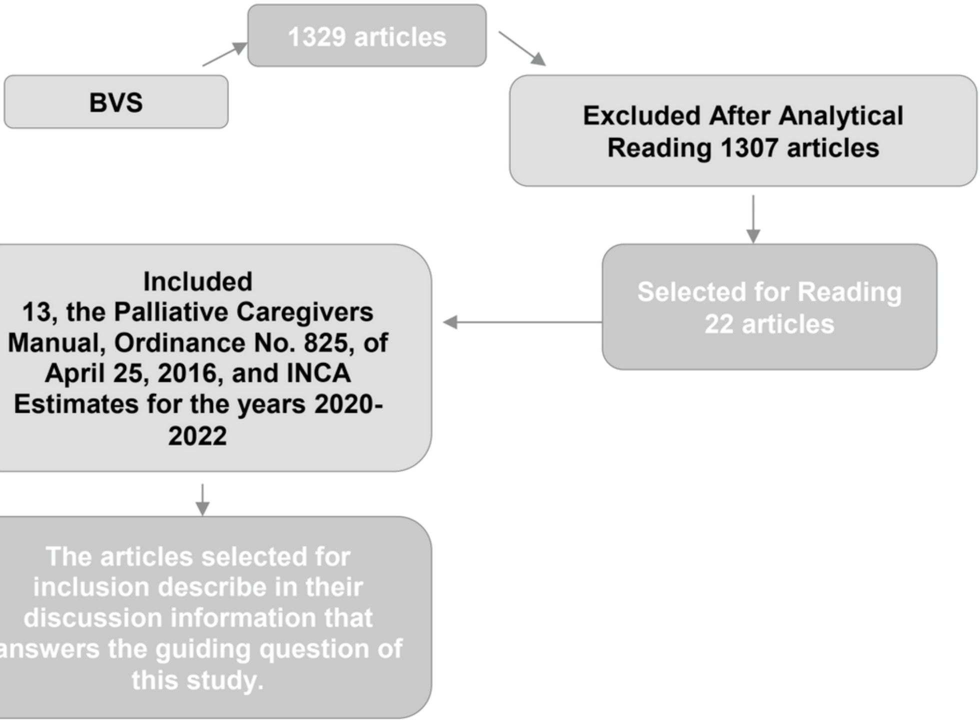


Figure 1: Study selection flowchart.

Source: Prepared by the authors, based on the articles read.

PICo	Variables	Components	Descriptors
P	Population	Adult cancer patients	Oncology; Assistance to patient;
I	Interest	Care Palliatives	Palliative Care in end of life;
Co	Context	Assistance home.	Home care in health.

Table 1: PICo strategy

Source: Prepared by the authors, based on the articles read.

The literature search took place between September and November 2021. The inclusion criteria for the studies were: articles in English and Portuguese, with up to five years of publication, which discussed aspects of palliative care in home care, the importance of the family in care, signs and symptoms presented by patients who use palliative care, and humanized care.

The VHL (Virtual Health Library) was used to survey the research for the database. For the descriptors: Palliative Care at the End of Life and Oncology, 240 articles were found, of which 70 were from Medline, 23 from LILACS and 22 from BDENF and for the descriptors: Patient care and Home health care, 1,089 articles, of which 1006 were from MEDLINE, 77 from LILACS and 65 from BDENF. The terms were cross-referenced as descriptors, title, abstract and subject.

Initially, 22 articles were found. After analytical reading, 13 articles were selected because their discussion described information that answered the guiding question of this study. The Palliative Care Manual, Ordinance No. 825 of April 25, 2016, and INCA's Estimates for the years 2020-2022 were also included, as these documents provide important and specific information for the construction and enrichment of this study.

	Name /Author	Article title	Date of publication	Objectives	Results	Methodology	Conclusion
A 1	Adriana Tavares of Moraes, AttyJeane Gláucia Tomazelli	Care palliative care in attention home for patients oncology in Brazil	2018	• To describe the profile of cancer patients undergoing palliative care at home.	• This study highlights the number of cancer patients reported in palliative care at home in the period considered, ranging from 3,748 in 2013 to 8,651 in 2015, equivalent to an increase of 131%	Descriptive study, with data secondary SIA/SUS available at website Department of Information Technology SUS (Datasus) (www.datasus.go v.br), for the Brazil in the period from 2013 to 2015.	Presents results of interest to monitoring of cancer and monitoring of different types of line of care, mainly from susceptible cancers early detection.
A 2	Livia Coast of Oliveira	Care Palliatives: For we need Talk about that?	2019	• Not applicable.	• Not applicable.	Not applicable.	Palliative care is a need to public health that, due to a offer still incipient, is accessed by a small portion of individuals who need. There is a long way to go traveled towards universal supply and improvement of this kind care. We need to talk on this topic and put it in evidence through of an education/awareness system for the whole of society, generating new organizations of conscience that corroborate the development of Palliative Care, as well as the access to him.
A 3	Maria do Bom Parto de Oliveira, Nauã Rodrigues de Souza, Magaly Bushatsk y, Bruno Felipe Remígio Dâmaso, Dayse Medeiros Bezerra, José Anchieta de Brito	Oncology home care: perception of family members/caregivers about palliative care.	2017	• To understand the perception of family members/caregivers of patients diagnosed with terminal cancer in home care about palliative care.	• The following themes emerged: Family/caregiver routine in the face of palliative care; Palliative care team: Support for the family/caregiver; Family/caregiver understanding of care palliative care; Feelings of the relative/caregiver in palliative care; Experience of the relative/caregiver about palliative care at home.	This was a descriptive, qualitative study of six home care patients receiving palliative care selected by the Palliative Care Unit of a referral hospital. The data was obtained in September 2015 by means of a Bardin light period interview.	It was possible to avoid the solution of prevention and risk prevention palliative care.

A 4	Tony José de Souza; Julia Maria Vicente de Assis; Amanda Gabrielly M. dos Santos Coelho; Jussara Conceiçã o Santos Pires; Laiane Luzia Correia de Lima; Solange da Silva Lima	Conduct of nurses in palliative care: a integrative review.	2021	• Recognizing er the main behaviors the professional nurse in nursing care for patients in palliative care	• Data collection using the descriptors palliative care; care palliative care at the end of life; palliative care nursing at the end of life resulted in the selection of 81 articles, 08 of which met the inclusion criteria and were used to prepare this study.	Review integrative study of the literature carried out between March to June 2021, developed according to the following stages: 1st stage (elaboration of the guiding question); 2nd stage (definition of the sources of information, and inclusion and exclusion criteria; 3rd stage (data collection, reading and selection of articles); 4th stage (interpretation of the results and elaboration of the study's reflections).	The professional nurses result in the provision of care based on humanization and bioethics, guaranteeing respect for the patient's human dignity and including intervention in physical, social and emotional symptoms
A 5	Graziela Anacleto, Fátima Helena Cecchetto ; Fernando Riegel	Care of humanized nursing for cancer patients: an integrative review	2020	• Check how the nursing team promotes humanized care for cancer patients .	• The factors that promote humanized nursing care are: welcoming; valuing the patient and paying attention to their overall needs; establishing good relationships, good communication, active listening and creating bonds with the patient and their family; respect for the patient's individuality, autonomy and particularities; spiritual needs and faith; qualification of professionals; regular team meetings; protection of the patient's rights; development of recreational activities; and improvement of the infrastructure in the hospital environment.	Review which followed the steps described by Cooper	The factors that promote humanized nursing care are directly related to the attitudes and behavior of the nursing professionals who assist patients oriented to by the National Policy for the Humanization of

A 6	Rebecca Maria Oliveira de Góis; Mateus Lima de Almeida Brandão	Nursing care for cancer patients in palliative care: the importance of family interaction in treatment	2020	• Show the importance of family interaction and nursing care in order to treat the patient's physical and mental health. palliative oncology.	• After analyzing the selected articles, discussions were held between the results found in the articles in order to provide readers with a better understanding of the topic. First, the epidemiology of cancer was discussed. This was followed by Care palliative care and family interaction during treatment.	An exploratory and descriptive integrative review of published scientific articles on the subject.	Through the scientific productions found in this study, the aim of palliative care is not to cure the patient, but to promote comfort and relief from the symptoms of cancer during the dying process. Finally, in this process of care, it is clear that integrating the family into the treatment of cancer patients is an important aspect of palliative care. palliative care is a strategy to promote comfort for the patient and their families
A 7	Ana Paula Mirarchi Vieira Maiello, Fernanda Pimentel Coelho, Aline de Almada Messias and Maria Perez Soares D'Alessan dro	Palliative Care Manual	2020	• Not applicable.	• Not applicable.	Not applicable.	Not applicable.
A 8	Marcelo Castro	Ordinance No. 825 April 2016	2016	• No apply.	• Not applicable.	Not applicable.	Not applicable.
A 9	Nair Caroline Cavalcant i de Mendonç a Bittencour t, Karoliny Alves Santos, Maria Gefé da Rosa Mesquita, Vanessa Gomes da Silva, Audrei Castro Telles, Marcelle Miranda da Silva	Signs and symptoms manifested by palliative care oncology patients in home care: an integrative review	2021	• Identify the main signs and symptoms manifested by patients in oncology palliative care s in the home care.	• Thirty-five articles were selected and 25 signs and 23 symptoms were identified. The most frequent were: pain, nausea/vomiting, dyspnea, fatigue, depression, anxiety, constipation, loss of appetite, drowsiness, well-being and insomnia. A majority (39) was related to the physical domain.	Integrative review in the LILACS, MEDLINE and CINAHL databases on January 2020.	The identification of the main signs and symptoms in this context directs the practice of health professionals towards the most appropriate interventions at the earliest possible stage, helping to make home care feasible, and alerting them to the possibility of the need for ongoing education on this subject.

A 10	Jamil Michel Miranda do Vale, Antônio Corrêa Marques Neto, Lucialba Maria Silva dos Santos, Mary Elizabeth de Santana	Health education for family caregivers of patients undergoing palliative oncology care at home.	2019	• To analyze how nurses provide health education to family caregivers of patients undergoing palliative oncology care at home.	• Two categories emerged: Experience of health education for family caregivers and Health education at home: nurses' role in teaching care for the sick and self-care for family caregivers.	A descriptive study with a qualitative approach was carried out with 10 family caregivers of cancer patients registered with the Home Care Service at Ophir Loyola Hospital.	This study found a weakness in nursing care when it comes to providing health education aimed at self-care for these caregivers. We identified that they have tried to provide the necessary assistance to the sick person, teaching the family caregiver the basic care to be given to the sick person, but they do not guide the caregiver in self-care.
A 11	Gabriella Belém Vasconcel o, Patrícia Mora Pereira	Care palliative care at home: a literature review	2018	• Elaborate a service proposal palliative care in home care.	• The results achieved made it possible to understand the concept of the palliative care approach and its peculiarities, as well as identifying the physical and human resources needed to establish a palliative care service in home care.	Review bibliography and meetings with experts in palliative care and health operators	A team specialized and well-trained can be considered as the This is the essence of a palliative care service, so most of the financial resources should initially be allocated in this direction. In addition, despite the existence of guides and manuals to help understand and structure services of this type, there is still a need to adapt the tools used to assess palliative performance, taking into account the profile of patients undergoing palliative care. home hospitalization.
A 12	Alexandre Ernesto Silva; Elysângel a Dittz Duarte; Sérgio Joaquim Deodato Fernande s	Production of palliative care for health professionals in the context of home care.	2022	• To analyze the production of palliative care developed by health professionals for patients in home care.	• Actions taken: measures to maintain and accompany people eligible for palliative care, in acts of dialog and "listening" to caregivers and users, carrying out orientations for the caregiver. care process and self-care, carrying out technical procedures, delivering materials, referrals and prescriptions to users.	This is an exploratory study with a qualitative approach, using the theoretical framework of transpersonal care. Thirteen interviews were conducted with health professionals and 18 observations in different cases. Content analysis was using MAXQDA© .	There is a need for progress in the implementation of government policies in Brazil that include palliative care in the Health Care Network through educational, managerial and assistance actions which ensure human dignity, thus enabling the development of these and other palliative care interventions.

A 13	Camila Oliveira da Silva, Cleide Gonçalo Rufino, Patrícia de Souza Patricia Marques Ribeiro de Mello Pinheiro Aline Oliveira Rodrigues	Systematization of nursing care for cancer patients in palliative care: from a perspective based on Callista Roy's adaptation theory	2020	• Identify the nursing diagnoses of cancer patients related to the Edmonton Scale by applying the adaptation theory .	• We evaluated the results as positive for the role of nurses in applying Callista Roy's theory to cancer patients in palliative care, systematizing with the symptoms of the Edmonton/ ESAS Scale.	Descriptive bibliographical research with a qualitative approach.	It was observed that patients with terminal cancer have presented themselves in a significant way in recent years, which has made it necessary for nursing professionals to improve their knowledge, skills and techniques, due to the continuous care provided.
A 14	Arthur Orlando Corrêa Schilithz Fernanda Cristina da Silva de Lima Julio Fernando Pinto Oliveira Marceli de Oliveira Santos Marise Souto Rebelo	Estimate: Cancer incidence in Brazil	2019	• Providing up-to-date and more comprehensive information to these professionals comprises INCA is committed to the health of the population and society. provides estimates of new cancer incidence cases for all years	• Not applicable.	Not applicable.	Not applicable.
A 15	Fábia Leticia Martins Andrade, Monique Ellen de Sousa e Silva, Débora Thaíse Freires de Brito, Glenda Agra, Elton de Lima Macedo, Alana Tamar Oliveira de Sousa	Cancer pain: clinical management by nurses	2018	• To investigate the clinical management of cancer pain by nurses.	• Eighteen nurses took part in this study, 17 of whom were female and one male. Their ages ranged from 25 to 42. The length of professional training ranged from one to 16 years. The length of experience in oncology ranged from one to 10 years. When asked about their qualifications, 15 of the nurses said they had a specialization degree, one was studying for a specialization degree and one was studying for a specialization degree. lato sensu post-graduate degree and the others reported only having an undergraduate degree.	Exploratory research with a qualitative approach.	Nurses play a key role in caring for cancer patients, as they are the professionals who spend the longest time in contact with the client and are one of the members of the multi-professional team who are able to recognize signs and symptoms related to pain, as well as assess and provide the necessary pain relief care.

Figure 2: Articles selected for analysis of results.

Source: Prepared by the authors, based on the articles read.

RESULTS

To illustrate the search strategy, we constructed a flowchart (Figure 1), which summarizes the number of articles initially found that potentially answered the central question of the study and those included in the study.

DISCUSSION

The discussions were held after analyzing the selected articles. Of the 13 articles found, the Palliative Care Manual, Ordinance No. 825 of April 2016 and INCA's Estimates for the years 2020-2022, 26.6% discuss how and what home care in PCs is, 20% talk about the influence of palliative care provided to cancer patients in home care, 40% discuss the role of the multidisciplinary team in care assistance, and 20% discuss how the multidisciplinary team develops humanized care in home PCs.

CHAPTER 1: HOW AND WHAT HOME CARE IN PCS IS

The studies found on the subject totaled 4 articles (26.6%) [1 7 8 11]. In them, it is possible to identify the main approaches to home care in PCs, highlighting the importance of the family environment throughout therapy, based on the individual needs of the patient being cared for.

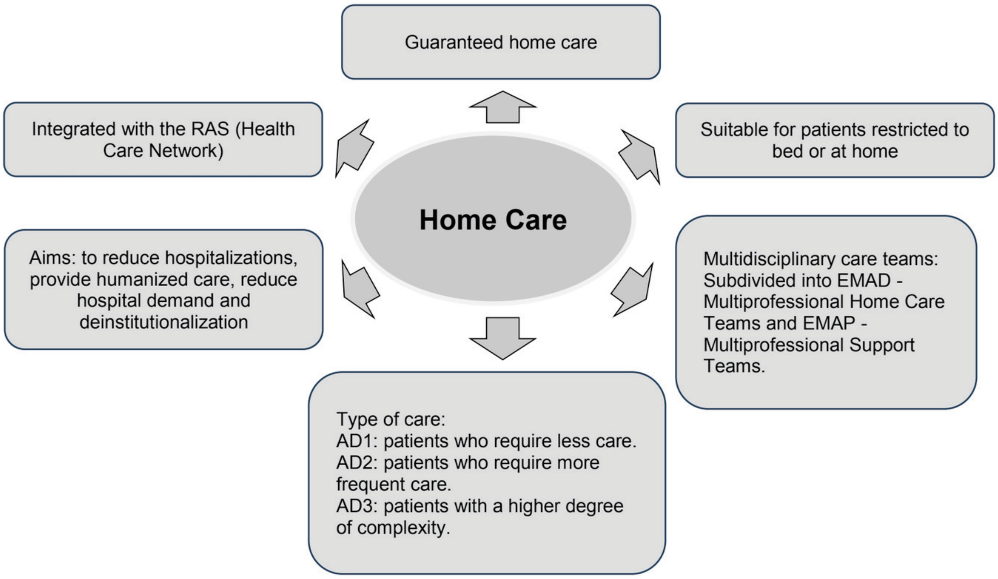
At first, Home Care was provided for by Ordinance No. 963/2013, as a type of health care, subdivided into care teams (Emad - Multiprofessional Home Care Teams) and (Emap - Multiprofessional Support Teams) and according to specificities (AD1, AD2 and AD3), that is, each type of AD care is aimed at a type of patient. Palliative Care, as mentioned earlier, consists of patient-centered care aimed at improving the quality of life of terminal oncology patients, ensuring comfort, dignity and well-being[1]. The Palliative Care Manual stresses the importance of "talking less and acting more", recognizing the patient's needs and always respecting their values and dignity, regardless of where they are being cared for [7]. Ordinance No. 825 of April 2016 states that AD is a type of care that aims to guarantee home care, subdivided according to the specificities of the user and the care teams, reducing hospitalizations, providing humanized care, reducing hospital demand and deinstitutionalization, which is integrated into the RAS (Health Care Network). Such care is indicated for patients who are restricted to bed, and guarantees the development of autonomy on the part of the patient caregiver/family and the assisted patient [8]. It is worth emphasizing the importance of the family environment during the end-of-life phase, given that home care benefits both the user and the family, as it increases quality of life, reduces hospitalizations and the risk of infections, especially cross-infections (acquired in a hospital environment), as well as helping family members and caregivers through the process of end-of-life, death and bereavement[11].

In Brazil, palliative care is still developing in practice, highlighting the importance of public policies that enable and guarantee the training of new professionals in the field, as well as financial support[1]. Most forms of care still suffer from various challenges and rely on the help of a multidisciplinary team. It is worth noting that in 2015 Brazil was 42nd in a world ranking that classifies countries according to the quality of death [11].

CHAPTER 2: THE INFLUENCE OF PALLIATIVE CARE FOR CANCER PATIENTS ON HOME CARE:

Of the articles found, 20% dealt with the influence of palliative home care for cancer patients on AD.

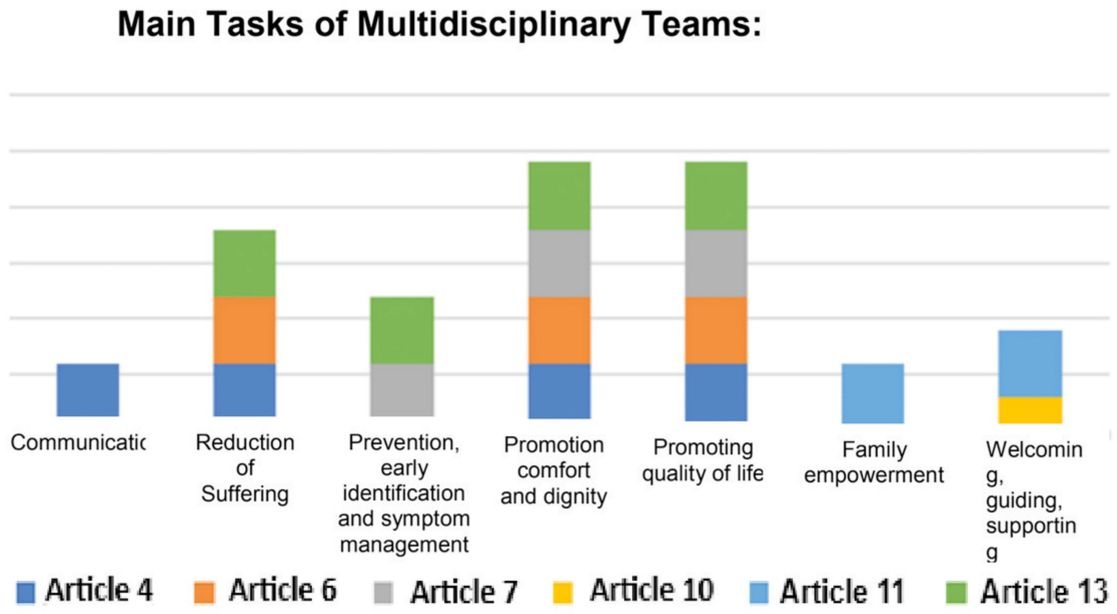
The participation and support of the family in a structured way is important for the care provided to the patient, the importance of managing signs and symptoms correctly to



Source: Prepared by the authors, with data based on Ordinance No. 825 of April 25, 2016.

Potential	Challenges	Points of attention	Article
Good quality of life in your final days [9];	Lack of information on the part of the relative/caregiver[9];	Correct management of signs and symptoms to ensure that the patient receives specific and individualized care[9];	Only 20% address the issue.
Relevance of communication between team and family/ caregiver [10];	Ensuring the autonomy of the caregiver/family member through health education[10];	Health education [10];	
Reduction of complications such as hospital-acquired infections[11].	PCs, an immature practice in Brazil[11].	Reduce intercurrences [11].	

Source: Prepared by the authors, based on the articles read.



Source: Prepared by the authors, based on the articles read.

ensure that the patient receives specific and individualized care, guaranteeing a good quality of life in their final days, as well as including the patient in the family nucleus, referring to the family as an essential part of the practice of PC care, and mentioning how the team must be prepared to assist and guide the family/caregiver in providing care in the best possible way, with the aim of educating in health and not just transmitting information, where it is necessary for the caregiver/family member to receive all the knowledge about the health condition of the sick person so that they can help them along the path of terminality, highlighting the importance of communication between the team and the family/caregiver in this process, as a guarantee of individualized and effective care [9 10].

The family in home PC is a great ally, since they experience the patient's complaints and emotions on a daily basis, telling the team everything that is going on so that they can help this family member/caregiver through health education practices, providing all the necessary knowledge and information about the care to be offered to terminal oncology patients [10].

Furthermore, the family environment can be considered a favorable place for care practice, as it provides support to the family, enables the terminally ill patient to be part of the family nucleus, and helps to prevent complications, such as hospital admissions and risks of infections, such as cross-infections, are minimized, since these risks are reduced at home[11].

On the other hand, it reports how the lack of information on the part of the family/caregiver can cause negative damage to the patient, such as recurrent cases of hospitalization, since the evaluation of signs and symptoms is not carried out carefully according to the specificity of the patient, which can cause damage, such as the worsening of symptoms. It should be emphasized that guaranteeing the autonomy of the caregiver/family member would be more effective in the care provided at home, through quality health education provided by professional nurses. PCs are still an immature practice in Brazil, and it is essential to adjust the techniques used, taking into account the individuality of each patient in home care [9 10 11].

CHAPTER 3: THE ROLE OF THE MULTIDISCIPLINARY TEAM IN CARE ASSISTANCE

2,2 These studies, (4); (6); (7); (10); (11); (13) - 40%, address issues related to the role of the multidisciplinary team in care assistance.

The multidisciplinary care team plays an extremely important role, through communication, reduction of suffering; prevention and early identification, and management of signs and symptoms; promotion of comfort and dignity; promotion of quality of life; family empowerment; ensuring welcome, guidance and support for patients and their families/caregivers [4 6 7 10 11 13].

Communication is indispensable and one of the main factors responsible for providing individualized, integrated and humanized care, in the face of the patient's needs, and is an effective strategy for promoting humanized care. It is worth emphasizing that in addition to promoting active listening, the multi-professional team must also pay attention to non-verbal communication. Humanized care sees the patient as a unique and individual being, which is essential for humanizing care in palliative care, always listening attentively to the patient and caregiver, acting in the management of the main complaints and respecting their individuality. With regard to bioethics in PC, the importance of the team using knowledge on the subject to manage and promote care is highlighted. It also shows how nursing care helps with the patient's quality of life in the face of their terminal illness [4].

This means that CP should be carried out according to the individuality of the patient each patient, guaranteeing their autonomy and preserving their dignity, promoting humanized and holistic care, thus making it possible to minimize the symptoms manifested by the patient, without neglecting the relevance of the family throughout the process[6]. The Palliative Care Manual contains pertinent information on how to provide optimal care in PC, from the meaning of the term to care practices [7].

With regard to nursing systematization, according to the work of Callista Roy, the patient must be seen as a holistic being, and it is up to the multi-professional team to act in such a way as to mediate care through actions that minimize suffering and pain, that are approved by all team members, including the patient and family/caregiver, and that the care provided is adapted to each patient in question, according to their dying process [13].

It is important for professionals to provide care based on humanistic and ethical practices, always seeking specialization and qualification [4].

In addition to improving the patient's quality of life, the PC also This means that professionals need to expand their technical and scientific knowledge about PC care, since there is still a lack of information, knowledge and training in PC, as well as other factors, such as beliefs, which influence thinking about the practice of palliative care and death[6].

As previously mentioned, this type of care is still in its infancy in Brazil, making it necessary for the techniques employed to undergo adaptations and focus on the patient in a holistic way, since the word palliative is seen as something negative and that generates fear, making it difficult to accept the care that is essential for patients facing terminal cancer[11] [13].

- **How the multidisciplinary team develops humanized care in home PCs**

Among the articles read, 20% highlighted humanized care, which should be offered in an individualized way according to the specific needs of each patient, seeing them in a holistic and biopsychosocial-spiritual way.

Effective, humanized care is implemented through communication, since it guarantees individualized care according to the user's specific needs; humanized care, which must follow the parameters of equity, one of the principles of the Unified Health System (SUS), ensuring that the care offered is appropriate for that patient, guaranteeing dignity and respect, always paying attention to their complaints; and bioethics in terminality, whose principles, beneficence and autonomy, non-maleficence and justice, must always be present in the practice of humanized care. These three mechanisms together, through the promotion of care and nursing assistance together with the multidisciplinary team, guarantee quality of life for cancer patients in their final stages[4]. Humanized care, which allows for the establishment of a bond, empathy and trust between the caregiver and care recipient, brings the importance of the nursing team in reducing suffering, going beyond technique [5].

The Palliative Care Manual refers in one of its topics and communication as important for humanized care, with a good patient-team-family relationship generating safety[7].

With the increase in quality of life resulting from technological advances, the The survival rate of cancer patients has increased, but some studies point to this as a negative factor, since the patient will be induced to undergo treatments that are often unjustifiable in order to prolong their life considered dispensable, it is important that there are changes in ethical conduct in relation to such technologies [4].

The relevance of the PNH (National Health Policy) is therefore highlighted.

Objectives	Main findings	Source	Percentage
To identify the influence of palliative care provided to cancer patients in home care.	• It contributes positively to lower hospitalization rates, thus reducing the risk of complications such as hospital-acquired infections; • Patient and family do not need to adapt to hospital routines; • The patient feels more at home, as the environment is familiar, reducing fear, anxiety and distress.	(9); (10); (11)	20%
Discuss the role of the multidisciplinary team in providing care.	• The team acts by providing help and support to the family/caregiver and patient; • They minimize factors that generate suffering, going beyond technical procedures; • Mediator of care.	(4); (6); (7); (10); (11); (13)	40%
Recognize how and what home care in PCs is.	• Indicated for patients who require palliative care and are restricted to bed or at home. • Care modality harmonized with the HCN. • Aimed at helping teams to provide adequate care, it relies on family support and participation. • Ensures continuity of care at home. • Reduces hospitalizations.	(1); (7); (8); (11)	26,6%

Figure 3: Summary of the discussion.

Source: Prepared by the authors, based on the articles read.

Humanization) in the context of referral and promotion of improvements in the humanistic practices of care in the process of illness of the cancer patient in terminality[5].

CONCLUSION

This study was developed out of a desire to provide scientific knowledge on palliative care provided to cancer patients in home care for the general population and health professionals, since this subject is still unknown to many people today. It is worth highlighting the experience of two of the authors who went through the process of terminality with family members suffering from cancer, who did not receive individualized and humanized care according to their specific needs.

In addition, the work highlights the importance of the PC provided from diagnosis to family bereavement, which if carried out in an integrated and multidisciplinary manner has a positive and direct influence on quality of life, bringing comfort and humanization during all phases of the disease, both for the patient and the family.

When we look at palliative care in the home, it is possible to see the benefits, since the familiar environment provides more comfort and welcome, allowing the patient not to have to adapt to hospital routines, always having the person they want close by. In addition, this practice of care reduces the risk of complications caused by hospital infections.

This set of practices provided by home care, viewing the patient in a holistic way, makes the process of death and dying dignified and free of suffering, preparing the family to deal with death, working on mourning so that it can be experienced in the best possible way.

However, during the study it became clear that palliative care is still on the rise in Brazil, since it is little talked about and accessible, and in most cases it is only recommended at the end of life, which reduces the performance of the multidisciplinary team and makes the support network lack information, limiting the practice of care.

It is hoped that this study will help family members and the multi-professional team to take the best care of cancer patients in their final stages, understanding their emotions, providing information about their clinical condition and, above all, guaranteeing and preserving their values and autonomy. Considering how beneficial home palliative care is for family members, caregivers and the patient.

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