

PALLIATIVE CARE: THE SEARCH FOR LIFE IN FACE OF AN UPCOMING DEATH

In spite of technological advances regarding antineoplastic therapies, the presence of cancer still involves suffering situations and inevitable death. Vital statistics show neoplasia as the second cause of death in the country⁽¹⁾, which denotes that many families live with finitude at home. Patients with guarded prognosis and their families become a challenge to health teams, because of a lack of assistance to maintain the ill subject's life, of a support for relatives to cope with the process of dying, and of help in mourning, and professionals are not always prepared to such a reality.

The university extension project "Palliative care to patients with cancer, and their families", created in 2004 by Professor Catarina Aparecida Sales, is an example of the attempt to keep the flame of life burning in the houses of patients with cancer without prospects of healing. Contemplating 10 years, the project counts with the action of Undergraduate, Master's and Doctoral students in Nursing, who carry out household visits to those experiencing the situation of death at home, in order to offer assistance and comfort to these families before, during and after the death of their loved ones.

The experiences during the project portray the tough reality of families when facing situations of finitude: death, as an austere enemy, represents the failure of professionals in the quest for the cure of the illness, being the reflex of the feeling of hostility and revolt, when there is the belief that nothing else can be done. In these moments, the nursing professional can be a key piece in the attempt to build up the home shaken by the news of the imminent loss, inserting Palliative Care into the assistance to this family. As a result of the follow up, families and patients can comprehend and make a better use of the remaining time of life by the side of their loved ones, and students can approach the reality of death in a more profound and intimate manner, unforgettable to their personal and professional life.

The indication of Palliative Care during the course of any life-threatening illness allows assistance to leave a strictly clinical focus to turn as well to needs claimed by the patients themselves. In spite of having an interdisciplinary and collaborative character with curative therapies, this modality of care brings the patient as the protagonist of the action plan of the team, maintaining him or her with an active and decisive power in all moments of the illness.

The importance of nursing is noticeable within the context of Palliative Care, since these professionals are in charge of promoting care at all stages of the treatment, in addition to being closer to the patient and the family in their daily complaints and difficulties. Nursing professionals, through empathy and solicitude, can identify physical, psychic and social needs of the family by establishing bonds with subjects living an upcoming death.

However, the reality that surrounds nursing care, in spite of being emphasized as a pillar of the profession in the university, is often endowed with an impersonal mechanism that keeps the professional far from the reality lived by patients and families, even in situations of imminent death. The early identification of symptoms and their careful assessment and treatment, pillars of Palliative Care, are left in the background in work routines, and do not

come to be concretely implemented in many realities. The opposite should happen, since to these professionals care should be the fundamental art, their reason to exist as beings that care.

To comply with the principles of Palliative Care, the assistance to the patient in situation of imminent death, as to any other individual, should contemplate a holistic view of their needs. Health professionals and families should attune their communication and actions to meeting the needs of the patient, so that desires and feelings are not forgotten or masked. Dialogue is an attitude that should be encouraged and valued by professionals, in such a way that patients and families can be effectively heard by the health team.

In face of all this complexity of nursing assistance, there is an implicit need for empathy towards whom is under the attention focus, and without this step, the subjective dimension of care is hardly reached. Within the possibilities of professional intervention, every complaint should be pondered and reassessed until it is no longer annoying to the patient.

In addition, accepting life limitations is primordial to the offering of Palliative Care. This conception makes clear the foundation of caring, not of healing. Caring as a palliative caregiver is humanizing actions, possessing empowerment to orient without ever imposing, staying available even without being together, it is providing patients and families with security so that together they can enjoy the moments that are still left.

From this perspective, in order to care and to comfort, seeking to meet the expectations and needs of whom receives care, the nurse should be interested in learning. Moreover, being instructed about how to care for patients with cancer means to understand that the suffering in face of the illness and death, which is a universal suffering, is not limited to a certain time and space, but has very clear and distinct existential characteristics, in different economic and social contexts.

It is also worth highlighting that, to implement the humanization of care for people who suffer, undergraduate nursing courses need to value the palliative instance of care and to bring students closer to the situation/condition of death and/or imminent death and to the process of dying, from the beginning of their academic journey. Taking care of death can be the most enlivening experience of a being, in addition to allowing for a singular growth through his or her path as a nursing student and professional.

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