

Palliative Care to the Reality of the Coping of Finitude Worthy



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What is the Meaning of giving up Life in this World?

It is known that human health has obtained obvious benefits with technological advances, allowing thus the increase in average life span, prevention and eradication of several evils, and the reversibility of expectations in the evolution of many diseases. However, death is indiscriminately democratic. Everyone must die, unknown, anonymous, good or bad, rich or poor. With the changes that society has come over time, people were becoming less receptive to death, therefore, this displacement of death, which does not happen more at home amid the family, but in a hospital bed. With the understanding that the hospital would be the most suitable place to die, surrounded by invasive devices and heavy technology, making the die a lonely and temido act [1].

Has experienced a hectic process in the course of recent decades, transformations and unprecedented technological innovation in the health history, endless techniques, tools, diagnostic tools and developed and improved therapeutic, for treatments that aim to cure or remission of disease. But it cannot be forgotten that in recent decades there has been a progressive increase in life expectancy of the population. This increase is justified by the improvement of living conditions and health care to the population. However, the increase in life expectancy and an aging population brings with it increased incidence of chronic degenerative diseases, among them cancer.

Despite the unquestionable advances in knowledge, it is still not possible to say that cancer is always a curable disease. However, if a cure is not possible, control of symptoms is a goal to be pursued by health professionals. Among palliative care to cancer patients, care is included with malignant vegetative lesions, fatigue, pain management, dyspnea, also the emotional, social, spiritual considerations. Living with the limit of life situations and fear of death is common in these patients ie, the perspective of holistic care, associated with the use of appropriate disciplinary conduct and creative, not watertight, can minimize and suffering that accompanies the sick.

As for the stress related to the nature of the disease can cite the unpredictability of chronic degenerative disease. The stress factor for both professionals and for patients and families considering

here the subjective aspects of in relation to cancer. The desire of the health professional to get good results of their work, that in the view of subjective elements that may be involved, could trigger anxiety reactions, anxiety or even avoidance behaviors. This may constitute a risk factor for stress, existence of charged impressions of negative affect and interfere with the quality of the relationship with the patient or family, as well as the clarity of judgments that pipelines be taken.

It has been noted that the desire to keep the patient alive, combined with technological resources today, has often generated unreasonable effort for the maintenance of life at any cost, resulting in a grieving process toward the patient triad, family and staff. Featuring most of the time as futile treatment, one that no longer benefits the patient in critical condition, when the disease becomes life threatening when the patient is in critical condition, experiencing the process of dying, becoming thus a futile process and characterized useless as dysthanasia. It is argued orthothanasia not lose sight of the function of the art of caring, staying up with a single goal to the function of relieving the signs and symptoms that end up devastating human suffering and should always create conditions to treat the patient for it can have a humane death and quality of life with the least possible suffering.

The death and the dying process will always exist between us because dying is an integral part of life and human existence as natural and predictable as sunrise. Why then is it so hard to die? Why, in modern society, death has become a subject to be avoided in every way? In modern times, no longer die again as before, the expected death in the bed, the last wishes, the family together, children present. In modern technological society, death is something that happens in the hospital. And the patient often is already unconscious and is in an intensive care unit. The High Calling of medicine is to preserve life, their legitimate effort in the fight against death, seeking to stop her or trying to delay it. The world has evolved, as well as their ways of life, and many health professionals no longer question what the desire of is the other, just run for the treatment, which is the same for everyone.

Why do we need Palliative Care?

Situations occur with great suffering and imminent death have raised approaches which are anchored in palliative care. According to the World Health Organization (WHO), palliative care is total care and assets administered to patients whose disease does not correspond to curative treatment and when the control of pain and symptoms of psychological, social and spiritual become prioridade [2]. It is understood that the best way to be traveled is through education in teaching and learning. Teach that person is made up of body, mind and spirit, and, death is a process that can be instantaneous or slow, unnoticed or suffered. One way to change the face of death and dying. The most appropriate way is to teach the training of academic healthcare. Teach them how to work the humanization of human suffering and death with dignity. Still in the field of education, the goal is to bring future professionals a cultural change option and behavior, diagnose and treat the disease, without leaving aside the bearer of the same, that is, the human person. The educational process is shown as a process in permanent construction, so it is necessary feeds back it continuously by the dynamics of the health sector and the demands expressed by users, and that makes to be understood as a device to transform the practices whose main goal is the training and development of workers in the health area.

The principles that govern and guide the integrated model of palliative care is guided by [3]:

- i. Respect for the dignity of patients and families.
- ii. Access to a competent and compassionate service.
- iii. Service and support to health professionals.
- iv. Improve the social and professional support for palliative care.
- v. Continuous improvement of palliative care through research and education.

The palliative care is required for a range of conditions, which differ from the conditions of different ages. The transition between the aggressive treatment to cure or to prolong a good quality of life, and palliative care may not be clear, and both approximations must be made in conjunction, each becoming dominant in each time. If the humanization guided by the host, the appreciation of the subjective, historical and cultural aspects of users contribute stimulating the acquisition of internal resources by the person who, although weakened by a disease or due to his incurable, can feel welcomed, comforted and strengthened spiritually.

Therefore, it is necessary that the autonomy of the patient, can be considered as respect to his will, it's about self-government up and active involvement in its therapeutic process. Therefore, it can be said that the principle of autonomy, the more common name for which is known the principle of respect for people, requires that it is accepted that they autogovernar or be autonomous, that in his choice, and his actions.

Death usually means pain and loneliness for those left behind. So, in this light, it is not only the destruction of the physical and biological state that it brings, but also the end of a being in correlation with each other. There is a time when you may want the death to do its work without trying futile procedures of varying complexity and burden. Life is an aesthetic entity, not just biological.

The principle of autonomy requires that health professionals respect the will of the patient or his representative, as well as their moral values and beliefs. That recognizes the patient's dominion over their own lives and respect your privacy. Limit, so the intrusion into the world of the person who is in treatment. Since humanitarian care can encompass custom care, provided the situations provided in the institution and aiming to benefit people in severe loss of autonomia process [3]. It is much more a matter of attitude of the professional. Today there's more to think about health care without transdisciplinary. We must have the combination of knowledge because health conditions and diseases are very complex. To listen, to accept the stories of people who have a beginning, middle and an end, see what's beyond words, palpate the aches and pains, strike the organs, listening to their complaints and responses limits and potential, and finally, listen not only with the stethoscope over with the third ear, realizing the body help requests, the psycho-affective, social, spiritual and cultural, are the demands of that collecting data profile therefore have knowledge to interpret them is fundamental to welcome it and the art of caring humanized when built together with the patient and his family and multi-disciplinary look, they have more possibility to achieve success.

Watch the patients and their families when the disease threatens life is what Boff [4] termed essential care, essential because it becomes attitude, qualifying that practice the art of care that should be practiced by all health professionals. The size of the value of human beings is grounded by the therapeutic relationship of quality and is a basis of relationship health professional and patient passing by value and which is linked to the knowledge built with the palliative care service by creating a channel of dialogue and present other prospects for caring for the process of dying and death with quality of life. The suffering of patients when the disease threatens the lives spreads beyond the body, so it must be evaluated and addressed by transdisciplinary team, acting paying up the symptoms of the body to the mind. The actions directed to the patient dependent on palliative care, understand each therapeutic measure for the control of physical symptoms, psychotherapeutic interventions and holistic forward for analysis and the process of dying and death.

Die with Dignity and the Right to Death

Please note that the humanization to a person in his finiteness process is linked to a previous process of care that permeates the family care to the demands require the need for professional care. Health is something fleeting valued especially when fades away before the disease or in the presence of pain caused by the treatment

sometimes aggressive or the reality of incurable. In this sense the complexity of the forms of human survival on the planet requires much more than cognitive domain, but it is necessary to develop affective, effective and psychomotor skills to collect data and make sense for the measures to be taken. His interpretation calls for the articulation of these attributes with feelings, perceptions of each about life, and his. In this sense, it is believed that universities, grounded in the commitment of teaching, research and extension, meet conditions to form qualified professionals, sensitive to the art of administration caring humanitarian, ie the essence of being human to be sensitive and solidarity in the breath of dispensation to the suffering of others and that is always available the service of the dignity of patients and their familiars [5].

It is therefore remembering that palliative care, ie the humane care understand death and dying process as a physiological process that integrates the disease-patient relationship, where they show the natural course of the disease and the impact of the state bio- psycho-affective-social-spiritual and cultural in morbid manifestations and therefore demand comprehensive care based on holistic, transdisciplinary vision. Finally, these reflections, combining the dimension of care ethics and palliative care means thinking human being, that is, listen to him, giving him the

opportunity to say about others, about their history, about their choices and decisions.

The meaning of care in the patient's voice, speech unveiling, authentically the phenomenon, the art of caring [1]:

Nearer the patient would be more time on your side, try to hear it anymore. I paid more attention to what he is saying, or perhaps what he means, but is failing. Would give more opportunity for him to externalize their pain, let him cry your fears, cry injustice, cry suffering.

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