Palliative Medicine & Care International Journal
ISSN: 2688-3821

Juniper Publishers
key to the Researchers

Opinion
Volume 1 Issue 4 - January 2019
DOI: 10.19080/PMCIJ.2019.01.555568

Palliat Med Care Int J

Toward the Post-Mortem Care: A Necessary Turn Around

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Submission: December 14, 2018; **Published:** January 11, 2019

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Keywords: Illness; Death; Bereaved; Culture; Beliefs; Context; Dynamics; Family relationsh

Opinion

Mourning is experienced by each individual in a singular way, without a pattern of reaction. There are variations in intensity and duration influenced by factors such as the context of illness and death and characteristics of the bereaved family. Care must be taken not to interpret as pathological reactions that are natural. The bereaved individual needs to be supported and cared for. For this to occur, support for mourning should be effective and misconceptions should be avoided. Some recommendations are important:

i. It is necessary to consider the culture, beliefs, context, dynamics and family relationship;

ii. It is important to identify factors detrimental to coping, such as non-manifestation of feelings, postponement of the process or denial of loss.

The elaboration of mourning can be understood as the phase in which there is decrease of the suffering in front of the memories of the deceased and it becomes possible to resume the interest for the life. Even when the process of mourning is considered normal, it does not mean that there is no suffering or need to adapt to the new family structure. Therefore, to find spaces where it is possible to express oneself freely, to share the pain and to encounter other people who experience similar feelings and difficulties, softens the suffering and favors the search for solutions of the problems faced.

The technological advances to produce health eventually distanced the health professional from the patient, who came to be seen in a fragmented and reductionist way. A change is necessary: toward assistance that values the sick person. In this way, care does not end with death, and change is not limited to care. Based on these arguments, the occurrence of death should not end the care offered by health professionals. The family that suffers such losses needs care to face suffering. Still, doubts may arise as to which interventions are significant; how to plan, when to start or what the responsible team should be. These responses can be built by the team, both in the hospital and in outpatient and primary care settings. This is the necessary cultural turnaround on how the population understands health, how to use services, and how to understand and deal with death, and not avoid it at all costs. It is also the new scope of quality of care action in and out of the hospital.

The change is simple. The action is direct. Propose the reflection on the existence of demand for bereaved families in their place of work, evaluate if there is space and possibility of implementation of intervention. Begin the care, articulate with the services, evaluate if it is fulfilling its purpose and divulge the results so that we can become more and more protagonists of the change, so necessary.

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How to cite this article: Giovanni Gurgel Aciole. Toward the Post-Mortem Care: A Necessary Turn Around. Palliat Med Care Int J. 2019; 1(4): 555568. DOI: 10.19080/PMCIJ.2019.01.555568