



# The Biophilia in the Promotion of Salutogenic Environments in Palliative Care



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## Mini Review

The mutual and beneficial relationship established between human and the elements of nature was proposed by Edward Osborn Wilson in the book "Biophilia" [1]. The biologist associated these needs with the coevolution process. After 10 years of publication of this book, research and evidence of benefits related to global health lead to the publication of the "Biophilia Hypothesis" [2] that conditioned the biopsychosocial health the insertion of natural elements in the routine of people. This expectation endorses the Universal Declaration on Bioethics and Human Rights [3], which emphasizes that the identity of an individual comprises biological, psychological, social, cultural and spiritual dimensions, including their relationship with the environment.

The World Health Organization [4] defined guiding principles for palliative care aimed at improving the quality of life of patients and their families in the face of vulnerability situations. Consequently, was decided to apply humanizing practices in the hospital environment, aiming to offer a more pleasant, counting mainly with the support of volunteerism. However, the dynamics of the hospital environment and the demands of patients in palliative care may be a limitation in the insertion of natural elements in these spaces, even in the face of the legitimacy of benefits. The palliative care aims at preserving the dignity and integrity of the patient respecting the person and his connection with what has meaning and value in his life, mitigating the sequence of losses [5]. Roger Ulrich's "Healing Gardens" theory [6] pointed to a potential benefit to the patients' general health that would be verified already after five minutes, promoting an environment of contemplation and nature, social and spiritual interactions, as well as stimulating physical movements and sensory by improving mood and decreasing stress and depression. Therapeutic horticulture has

also been practiced as a biophilic tool, whose proposal involves engaging in the production of seedlings, planting and caring for plants as a means to alleviate their suffering. In addition, a tree can represent the connection with the world and symbolizing a contact with your family members when he is no longer present.

The Zootherapy, a type of biophilia that specifically involves animal therapists, has also been pronounced as a practice of humanization in hospitals, whose contact with animals has promote emotional and relational improvement with decreased solitude and pain sensation [8]. However, even in the face of the obvious benefits, institutions list several operational constraints mainly on the increased risk involved with biosafety. Obviously, the vulnerabilities of animals that may have their well-being compromised should be added if the practice does not consider their interests leading to exhaustion due to the number of hours worked; anxiety due to exposure to different odors and sites; incompatibility of physical and psychological characteristics of animals to practice; lack of validated protocols. The identification of these limitations can be difficult due to the emotional bias intrinsic to the work of solidarity [8]. In the specific situation of palliative care, the interaction with his pet is questioned as a more beneficial conduct than the contact with the volunteer's animals. Contact with the pet could represent the opportunity to introspection and re-signify death through dialogue without judgment and with a beneficial emotional exchange for both [9].

The Biophilia must be inserted in the holl of humanization practices in palliative care coordinated by a multidisciplinary team that excels in the ethical conduct established between institution, medical team, patients, family and obviously the natural elements. Therefore, there should be added the conventional medical staff, other professional areas such as biologists, agronomists, environmental educators and

environmental psychologists. Although the practice of biophilia is still the expectation of its insertion in care guidelines, they call for an ethical reflection and scientific evaluation in the care and priorities at the end of life from a bioethical perspective. However, is necessary to identify the vulnerabilities inherent to this period of confrontation with an incurable disease, promoting the humanization of palliative care that also affects relatives and medical staff.

The insertion of biophilic elements constitutes a means of mitigating these vulnerabilities facilitating communication between the actors involved in this scenario and the confluence of common values aim at valuing the life and non-suffering of all living beings. For some people caring for a garden, interacting with animals or simply contemplating nature may involve values that are directly related to the dignity of the moment that is passing. For this, we suggest that the stimulus to healthy living with natural elements should be part of the educational and health agendas well before the disease arises, preventing its manifestation. We propose that the insertion of biophilic elements into palliative care compose the agenda of ethics committees that encourage studies to be conducted in order to validate interventions that must be coordinated by multidisciplinary teams inserted in deliberative spaces of hospital ethics committees, ethics in the use of animals and in research with human. The possibility for a person to re-signify

their death through interaction with the natural elements that connect their history and their physical, biological and ecological integrity, inserts bio-ethical principles in the practice of palliative care for its multidisciplinary and dialogue action and mitigation of pain and suffering.

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