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Relationship established between the concepts of palliative care and long-term care: an integrative review

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ABSTRACT

Introduction: Long-term care aims to care for users who need rehabilitation or adaptation in the face of clinical, surgical and traumatological conditions, provided they are clinically stable. Palliative care is for those who have a diagnosis of life-threatening illness. These concepts have intersections and differences that are important to understand. Objective: To present the concepts of palliative care and long-term care and clarify the relationship established between them. Methodology: This study is a review of the literature conducted on the VHL platform from the search of key words. The sample included articles available in full and published between 2018 and 2023, which address the concepts of palliative care and long-term care. Results and Discussion: The research consisted of a sample of 5 articles that characterize the two modalities of care. It was exposed that the lack of information about both methodologies of care by health professionals and the difficulty in identifying the opportune moment for the definition of care. Conclusion: From this research it was possible to realize the need to carry out studies related to long-term care, in addition to the training of the health team on an ongoing basis, so that the assistance provided to these patients is of quality and is in accordance with the legislation.

Keywords: Prolonged Care, Palliative Care, Concept.

1 INTRODUCTION

Quality care, provided in a humanized manner, therapeutic choice based on the provision of clear information regarding therapeutic possibilities and their risk-benefit, in addition to the choice of place of death, are rights of all people, guaranteed by the Charter of Rights of Health Users (MINISTÉRIO DA SAÚDE, 2011).

For users to have access to their rights, it is essential that the multidisciplinary strategy, the continuity of care and the articulation with all points of the Health Care Network are inserted in the care process (MINISTÉRIO DA SAÚDE, 2012). Based on these, among other terms, Extended Care and Palliative Care emerge seeking to guarantee humanized and comprehensive care practices for patients with a more complex clinical condition, through individual-centered care (WHO, 2020a; WHO, 2020b).

Prolonged Care was established in Brazil in 2012 by Ordinance 2,809, seeking to mediate hospital care and primary care in chronic, acute or acute cases, being structured either in General Hospital Inpatient Units or in Hospital Specialized in Prolonged Care, with a multidisciplinary team that provides humanized and resolutive care (BRASIL, 2012).

In addition, the objectives of Extended Care include providing the person with loss of autonomy with recovery, evaluation and comprehensive and intensive rehabilitation, where hospital care is not necessary in the acute stage. Its destination is for patients who need, due to clinical, surgical, traumatological conditions, to be rehabilitated or prepared for adaptation, provided they have clinical stability (BRASIL, 2012; FHEMIG, 2010).

Palliative Care, on the other hand, focuses on ensuring, in the face of a life-threatening illness, the improvement of the quality of life of the patient and their family members, through a multidisciplinary team that will seek prevention and relief of suffering, early identification, impeccable assessment and treatment of pain and other physical, social, psychological and spiritual symptoms. (BRASIL, 2018).

Thus, it is perceived that Extended Care has intersections with Palliative Care, being forms of multidisciplinary health care established in legislation and available in tertiary care. However, there is a gap in the literature regarding the difference in the application of these care modalities, making this research necessary.

2 METHODOLOGY

This article is an integrative literature review in order to clarify the existing gap about the relationship established between palliative care and long-term care. This research methodology, in the context of nursing, is of paramount importance for contributing to the realization of an Evidence-Based Practice, favoring critical thinking and minimizing the occurrence of errors (SOUZA; SILVA; CARVALHO, 2010).

The interest in this theme arose from the observation of the difficulty of health professionals in differentiating the two types of care and the scarcity of information on long-term care in the literature. Thus, inspired by the methodology proposed in the PICO question, the following question was raised: What is the relationship established between palliative care and long-term care according to the literature?

The searches were carried out during the month of April 2023, using the keywords "palliative care" and "long-term care" in the Virtual Health Library (VHL) database. Scientific articles and theses were obtained as a sample. In addition, documents related to palliative care and long-term care legislation were extracted from the Google Scholar platform, in order to confront them with the evidence available in the literature.

The inclusion criteria were articles available in full, published between 2018 and 2023. On the other hand, the exclusion criteria adopted were articles that did not address the definition of types of care; and paid articles or not available in full.

Two database searches were conducted, the first referring to long-term care and the second to palliative care. As the production on palliative care is more abundant, the keyword "concept" was associated with the search for better targeting the search. The filters applied were: texts available in full and publication period (last 5 years).

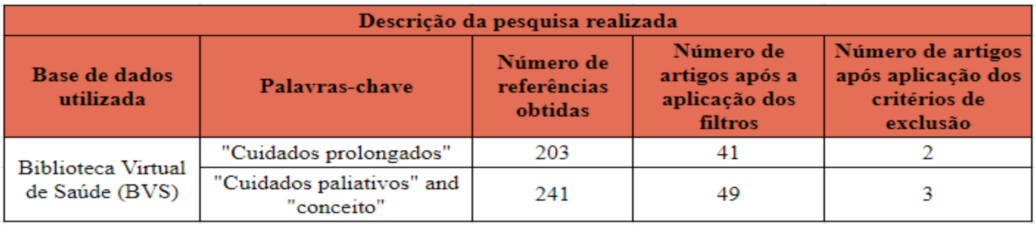
The articles found in the search were pre-selected by reading the abstracts and applying the inclusion and exclusion criteria. After selection, the articles were read in full in order to analyze how each of them contributes to the resolution of the guiding question. To organize the results obtained, the important information provided by each article was separated in a document in order to relate them to each other.

3 RESULTS AND DISCUSSION

The search on long-term care resulted in 203 articles, of which only 41 were full texts published in the last 5 years (from 2018 to 2023). After pre-selection, only 2 remained that had the potential to contribute to this research, as shown in tables 1 and 2. In the search on palliative care associated with the keyword "concept", 241 articles were obtained, of which only 49 corresponded to texts available in full published in the last 5 years (from 2018 to 2023). After pre-selection, 3 articles had the potential to contribute to this research, as shown in tables 1 and 3.

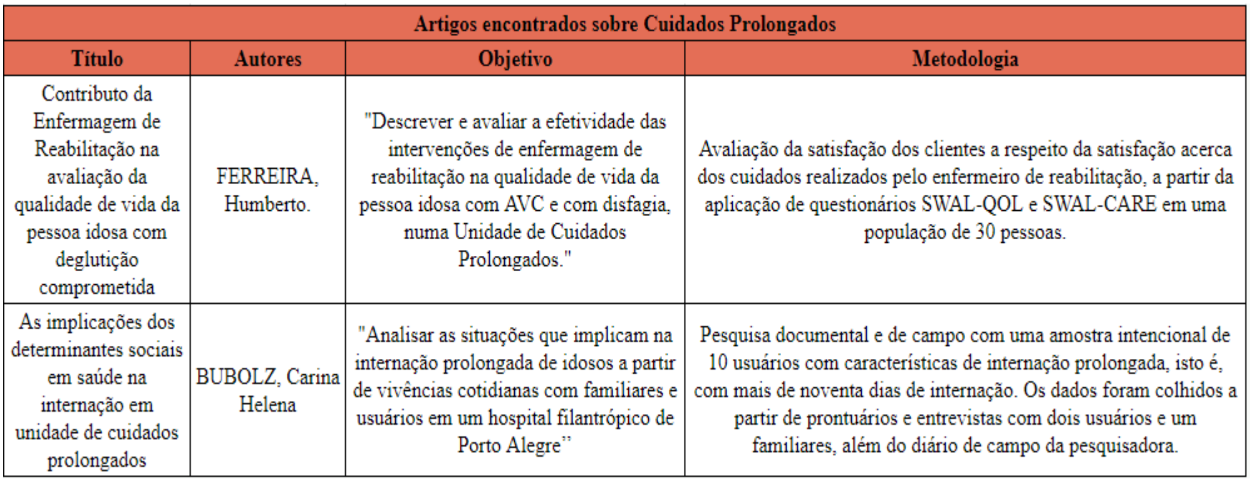
In Google Scholar, 2 documents were found that regulate the practice of palliative care and long-term care in Brazil (Table 4).

Table 1.



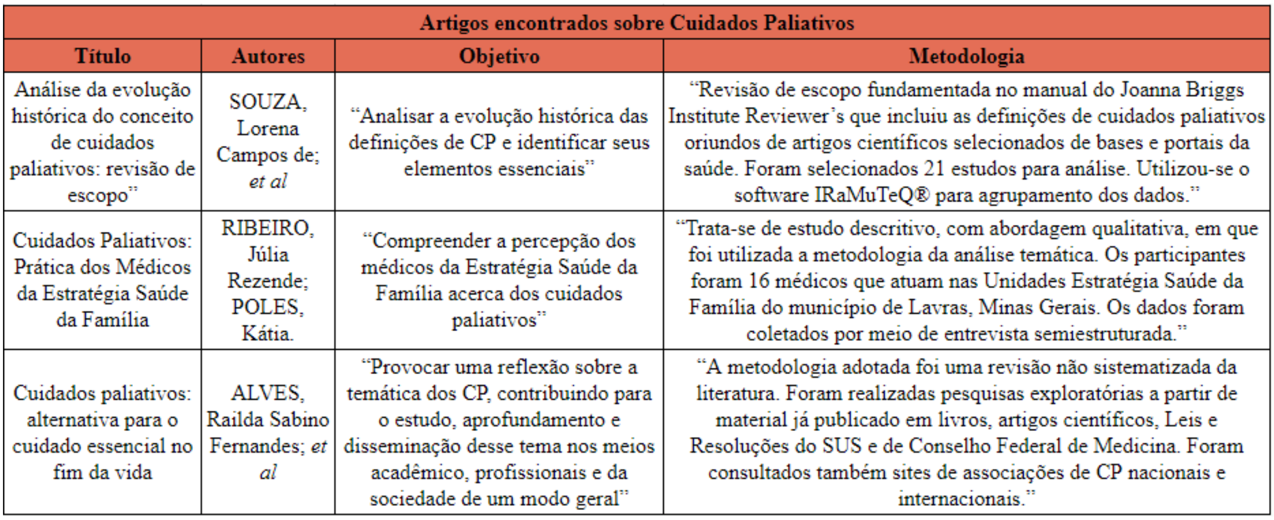
Descrição da pesquisa realizada				
Base de dados utilizada	**Palavras-chave**	**Número de referências obtidas**	**Número de artigos após a aplicação dos filtros**	**Número de artigos após aplicação dos critérios de exclusão**
Biblioteca Virtual de Saúde (BVS)	"Cuidados prolongados"	203	41	2
	"Cuidados paliativos" and "conceito"	241	49	3

Table 2.



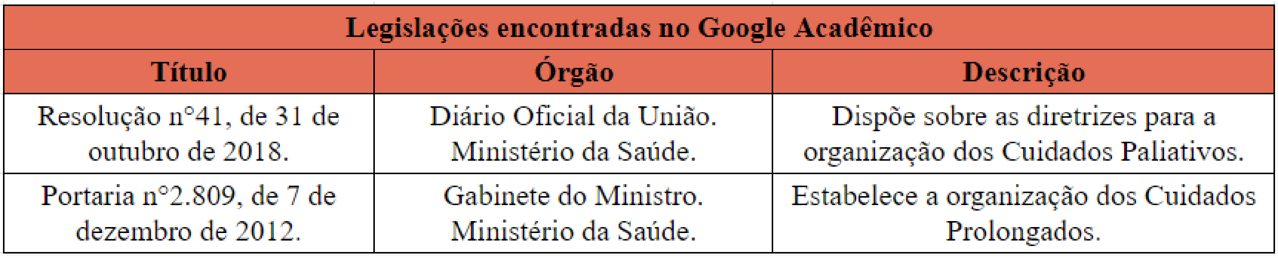
Artigos encontrados sobre Cuidados Prolongados			
Título	**Autores**	**Objetivo**	**Metodologia**
Contributo da Enfermagem de Reabilitação na avaliação da qualidade de vida da pessoa idosa com deglutição comprometida	FERREIRA, Humberto.	"Descrever e avaliar a efetividade das intervenções de enfermagem de reabilitação na qualidade de vida da pessoa idosa com AVC e com disfagia, numa Unidade de Cuidados Prolongados."	Avaliação da satisfação dos clientes a respeito da satisfação acerca dos cuidados realizados pelo enfermeiro de reabilitação, a partir da aplicação de questionários SWAL-QOL e SWAL-CARE em uma população de 30 pessoas.
As implicações dos determinantes sociais em saúde na internação em unidade de cuidados prolongados	BUBOLZ, Carina Helena	"Analisar as situações que implicam na internação prolongada de idosos a partir de vivências cotidianas com familiares e usuários em um hospital filantrópico de Porto Alegre"	Pesquisa documental e de campo com uma amostra intencional de 10 usuários com características de internação prolongada, isto é, com mais de noventa dias de internação. Os dados foram colhidos a partir de prontuários e entrevistas com dois usuários e um familiares, além do diário de campo da pesquisadora.

Table 3.



Artigos encontrados sobre Cuidados Paliativos			
Título	**Autores**	**Objetivo**	**Metodologia**
Análise da evolução histórica do conceito de cuidados paliativos: revisão de escopo"	SOUZA, Lorena Campos de; *et al*	"Analisar a evolução histórica das definições de CP e identificar seus elementos essenciais"	"Revisão de escopo fundamentada no manual do Joanna Briggs Institute Reviewer's que incluiu as definições de cuidados paliativos oriundos de artigos científicos selecionados de bases e portais da saúde. Foram selecionados 21 estudos para análise. Utilizou-se o software IRaMuTeQ® para agrupamento dos dados."
Cuidados Paliativos: Prática dos Médicos da Estratégia Saúde da Família	RIBEIRO, Júlia Rezende; POLES, Kátia.	"Compreender a percepção dos médicos da Estratégia Saúde da Família acerca dos cuidados paliativos"	"Trata-se de estudo descritivo, com abordagem qualitativa, em que foi utilizada a metodologia da análise temática. Os participantes foram 16 médicos que atuam nas Unidades Estratégia Saúde da Família do município de Lavras, Minas Gerais. Os dados foram coletados por meio de entrevista semiestruturada."
Cuidados paliativos: alternativa para o cuidado essencial no fim da vida	ALVES, Railda Sabino Fernandes; *et al*	"Provocar uma reflexão sobre a temática dos CP, contribuindo para o estudo, aprofundamento e disseminação desse tema nos meios acadêmico, profissionais e da sociedade de um modo geral"	"A metodologia adotada foi uma revisão não sistematizada da literatura. Foram realizadas pesquisas exploratórias a partir de material já publicado em livros, artigos científicos, Leis e Resoluções do SUS e de Conselho Federal de Medicina. Foram consultados também sites de associações de CP nacionais e internacionais."

Table 4.



Legislações encontradas no Google Acadêmico		
Título	**Órgão**	**Descrição**
Resolução n°41, de 31 de outubro de 2018.	Diário Oficial da União. Ministério da Saúde.	Dispõe sobre as diretrizes para a organização dos Cuidados Paliativos.
Portaria n°2.809, de 7 de dezembro de 2012.	Gabinete do Ministro. Ministério da Saúde.	Estabelece a organização dos Cuidados Prolongados.

Souza, 2022, conducted a literature review in which he clarifies that palliative care, previously defined as "care for the relief of pain and suffering", is currently classified as multidisciplinary care with the aim of promoting comfort, quality of life and dignity to people with chronic or acute diseases, in the biopsychosocial and spiritual spheres. This care occurs through the early assessment and monitoring of physical, emotional and spiritual symptoms, in the phases of diagnosis, illness, finitude and death (WHOb, 2020).

Any person affected by a life-threatening illness is eligible for palliative care. In care practice, however, the vast majority of patients in this type of care have oncological conditions, and the professionals who deal with these people associate palliative care mostly with oncology and the absence of alternatives (SOUZA, 2022).

The studies found address the lack of knowledge about palliative care by health professionals, from academic training to professional specializations, which generates insecurity and unpreparedness when assisting patients with palliative needs. In addition, studies indicate that these professionals consider palliative care as unavailability of services and reduction of hope for patients and their families (RIBEIRO, 2019; SOUZA, 2022).

According to Resolution No. 41, of October 31, 2018, referring to the guidelines for the organization of palliative care, in the light of integrated continuous care, within the scope of the Unified Health System (SUS), it is essential to stimulate the work of the entire multidisciplinary and interdisciplinary team, to foster disciplines and programmatic contents of palliative care in the graduation and specialization of health professionals, which includes permanent education. Despite this, policies related to palliative care in Brazil are recent and there are many professionals who were not qualified during their training in relation to this modality of assistance. (ALVES, 2019).

Also according to Resolution No. 41, the start of palliative care should occur early. However, in the survey conducted by Ribeiro in 2019, most of the professionals interviewed stated that palliative care is provided to terminally ill patients, in an end-of-life context.

In the organization of palliative care, guiding principles can be adopted for the organization of care, which concerns the health team to promote the relief of pain and other symptoms presented by the patient, including emotions, spirituality and desires. Care does not only cover the patient, but also his family, with the aim of building a support network in the face of illness and mourning, providing physical and emotional support (MINISTÉRIO DA SAÚDE, 2012; SOUZA, 2022).

Extended Care aims at functional and clinical recovery, comprehensive and intensive rehabilitation of the person with permanent or momentary loss of autonomy that can be partially or totally recovered. Thus, this care is an articulation between primary and tertiary care, provided by a multidisciplinary team (BRASIL, 2012). In addition, nursing has a primary role in the recovery and rehabilitation process of individuals who need this approach (FERREIRA, 2020).

According to a technical note published by CONAS in 2012, long-term care units need to have 15 to 25 beds for patients in need of such care. The note proposes that the provision of the service should be individualized and humanized, since the patient is in intensive, semi-intensive or non-intensive rehabilitation care. In addition, it encourages the autonomy and self-care of the client, as well as the realization of the integrality of assistance and continuity of care.

In addition, from the legislation it can be understood that the Extended Care Units have the purpose of providing what is necessary for patients in a place and with adequate resources to enable the completion of treatment and preparation of the individual for hospital discharge. UCPs also consider social factors, providing a Therapeutic Plan in complex cases or those with high vulnerability, acting in conjunction with primary care in order to seek the adaptation of the individual to the home (BRASIL, 2012; BULBOLZ, 2020).

Despite being beds directed to long hospitalizations for clinical management, in many cases individuals remain hospitalized for a long time due to the social conditions in which they were before the health problem and which were enhanced by the loss of autonomy, even if it was temporary. In this way, prolonged care becomes easily understood as simply a long hospitalization due to social and non-clinical factors, such as family support, home infrastructure and even lack of income (BULBOLZ, 2020).

Thus, the intersection between palliative and prolonged care begins with the understanding that prolonged care is a long hospitalization, which can occur in patients who would be eligible for palliative care. This intersection can be conceptually reinforced by understanding that long-term care beds have been defined as a back-up to the hospital care network and includes terminally ill users as eligible, provided that they have a worsening condition that justifies the need for hospital care, when they do not require intensive care (BRASIL, 2012).

Another similarity between the care strands is to provide the patient with the appropriate service within the health care network, enabling dehospitalization in adequate time, based on responsible discharge, with intersectoral guidelines and articulations to ensure that the user enjoys the necessary resources and has comfort and assistance proportional to their needs (BULBOLZ, 2020; RIBEIRO, 2019).

It is important to highlight that the long-term care inpatient unit is a unit within a general hospital or a specialized unit, while palliative care is presented as a line of assistance. Systematically differentiating their care and care for patients.

Finally, it is understood that palliative and prolonged care is fundamental for the development of health care in the care network, seeking to encompass all health professionals, with the aim of providing users with the appropriate reception and direction in the face of facing finitude, or the difficulties of rehabilitation and recovery, as well as to benefit from assistance compatible with their needs, enjoying all the tools available in the Health System for their condition. Therefore, it is essential that the health team is prepared and trained to ensure quality care and proportional to the needs and wishes of the clients.

4 CONCLUSION

From the research it was possible to identify the scarcity of studies regarding Extended Care, in addition to this not being a term considered a descriptor in scientific research bases, even though it is a form of assistance guaranteed by legislation since 2012. For this reason, it was necessary to use keywords to ensure the search for information and the development of the theme.

In addition, the use of the term Extended Care related only to hospitalization time became evident, since in many cases, even if the patient falls into the category of care mentioned, he remains in tertiary care for reasons of social vulnerability. This characterizes a point of care that in many cases would require a multiprofessional team that includes other professionals beyond the health area and even public measures.

On the other hand, it was noticed that the amount of scientific production on palliative care is much broader when compared to long-term care. However, it was evident that, despite the existence of information, many professionals who deal with palliative care are not properly qualified to provide assistance to them.

In addition, given the information collected in this research, it is clear that it is essential to carry out training in palliative care for health professionals, in all areas of the care network, in order to favor the early definition of care and the application of measures consistent with the patient's condition. In this way, the network user will be guaranteed individualized and humanized care, avoiding diagnostic and therapeutic futility, as provided for in Resolution No. 41 of 2018.

Moreover, it is concluded that there are intersections between palliative care and long-term care, regarding the palliative patient who benefits from a long hospitalization in Extended Care Units. It is necessary to emphasize that, although both have as premise a humanized, qualified and multiprofessional assistance, which aims at the patient's autonomy, there are important differences. In palliative cases, it is essential that the professional has in mind the proportionality of the treatment, being focused on symptom relief and promotion of comfort and quality of life, in addition to working on mourning whenever necessary, while the Extended Care team may also have a focus on the rehabilitation of individuals, seeking reversal of the health condition and application of therapeutic measures.

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