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Palliative care: general aspects, pain control and the role of the anesthesiologist

Cuidados paliativos: aspectos gerais, controle da dor e papel do anestesiologista

Cuidados paliativos: aspectos generales, control del dolor y el papel del anestesiólogo

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Abstract
Palliative Care emerges as a humanitarian philosophy of caring for patients terminally ill, alleviating their pain and suffering. These precautions foresee the actionof an interdisciplinary team, where each professional, recognizing the limits of his action will contribute to the patient, in a terminal state, having dignity in his death. Specifically in the field of anesthesia, the expansion of palliative care is even more recent, verifying that the challenges for the anesthetist who assists the patient what requires care palliatives he comes increasing due to the growing progress obtained with the new techniques of analgesia and sedation. Caring in anesthesia palliative care is intended to provide comfort, provide the other with their own care and give you O power in if blame per that. Among these news techniques stands out the controlled analgesia for the patient (ACP).
Keywords: Palliative care; Anesthesia; Pain.

Resumo
Os Cuidados Paliativos surgem como uma filosofia humanitária de cuidar de doentes terminais, aliviando a sua dor e sofrimento. Esses cuidados preveem a atuação de uma equipe interdisciplinar, onde cada profissional, reconhecendo os limites de sua atuação contribuirá para que o paciente, em estado terminal, tenha dignidade em sua morte. Especificamente no campo da anestesia, a expansão dos cuidados paliativos é ainda mais recente, verificando-se que os desafios para o anestesista que assiste o paciente que requer cuidados paliativos vem aumentando devido ao

crescente progresso obtido com as novas técnicas de analgesia e sedação. Cuidar em cuidados paliativos anestésicos visa proporcionar conforto, proporcionar ao outro o seu próprio cuidado e dar-lhe poder para se culpar por isso. Dentre essas novas técnicas destaca-se a analgesia controlada para o paciente (ACP).
Palavras-chave: Cuidados paliativos; Anestesia; Dor.

Resumen
Los Cuidados Paliativos surgen como una filosofía humanitaria de cuidar a los enfermos terminales, aliviando su dolor y sufrimiento. Estas precauciones prevén la actuación de un equipo interdisciplinario, donde cada profesional, reconociendo los límites de su actuación, contribuirá para que el paciente, en estado terminal, tenga dignidad en su muerte. Específicamente en el campo de la anestesia, la expansión de los cuidados paliativos es aún más reciente, comprobándose que los retos para el anestesista que asiste al paciente que requiere cuidados paliativos viene aumentando debido al creciente avance obtenido con las nuevas técnicas de analgesia y sedación. El cuidado en los cuidados paliativos anestésicos tiene como finalidad brindar comodidad, brindar al otro su propio cuidado y darle poder a uno en caso de culpa por ello. Entre estas nuevas técnicas destaca la analgesia controlada por el paciente (ACP).
Palabras clave: Cuidados paliativos; Anestesia; Dolor.

1. Introduction

At the moment, illnesses in prognoses treble he comes winning bigger chronicity.This is due to the advances present in the health area, which have been providing a increase in the lifespan of the population. Allied to this, with the development of science and technology of drugs and treatments, there has been an increase in life expectancy and the cure of diseases previously considered lethal. In this way, the society watched to the aging from the population It is to the increase from the incidence non transmissive chronic degenerative diseases (NCDs) (Souza et al., 2015). Next toThrough this process, medicine acquired a more technical and biological aspect, focusing on disease rather than the individual as a whole. These factors contributed to the training of doctors focused on treating organic disorders and not the patient, lots of times incapable in give The due attention for you sufferings physicists It is psychic inherent in the process in illness (Brugugnolli et al., 2013).

In that context, you care palliatives They emerge as one big area in humanization within Medicine, as defined by the World Health Organization as one approach in care what seek better quality in life for the personIt is your family, in face to the problems arising from the illness It is of risk in life, per quite prevention, minimization and relief of suffering. This can be achieved by early identification, assessment and treatment of pain and other problems of a physical, psychosocial and spiritual nature (WHO, 2016). It is notable that this issue is still under construction, which is why most of the action strategies yet are challenging and require attention of a team interdisciplinary. Per that, that approach no if restricts the mere execution in procedures in patients, but the propagation from the concern, interest, interaction It iscommitment for the Careful (Andrade et al., 2017).

You care palliatives they are performed in scenarios several, as in wards hospital, institutions in long permanence, outpatient clinics specialists and at home, working in a multidisciplinary field, in the search for contemplate the patient in all his aspects and in an attempt to provide relief fromyour pains It is sufferings (Andrade et al., 2017). Like this, it is noticed the big importance that Palliative Care has and will have over the years, with eachturn more necessary as model in assistance what contemplate O end from the life (Kovacs, 2014). O Careful The person in process in to die It is against from the death It is part from the experiencefrom the team in health, above all in professionals from the Nursing, what they are uninterruptedly present providing the largest share of care directly, caring even when the cure is no longer a possibility and, why not say, Caring of body after death It is during O mourning (Silva et. al., 2017).

Given the circumstances, according to the World Health Organization (WHO), Principles guiding of that approach permeate in between promote O relief from the pain It is other symptoms, consider death as a natural process and affirm life, not accelerate (euthanasia) nor postpone (dysthanasia) the death of patients, integrate aspects psychological, emotional and spiritual aspects in patient care, offer a system of support what enable to the patient to live so actively how much possible until O

timeof his death, offer a multidisciplinary approach focused on the needs of patients and their families, improve the patient's quality of life and influence positively O progress from the illness It is start you care palliatives O more as early as possible, in order to include all the necessary investigations to better understand and control the possible stressful clinical situations of this individual (WHO, 2016). Thus, the objective of this study is to highlight the general aspects of palliative care, as well as highlighting how symptom control is done and the role of anesthesiologists.

2. Methodology

It is about in one search descriptive of type revision integrative from the literature, whatsought to analyze the general aspects of palliative care, as well as to highlight how it is symptom control is the role of anesthesiologists. The selection of studies was carried out in July 2023 through a survey of publications indexed on the Virtual Health Library (VHL), Google Scholar, ScientificElectronic Library Online (SciELO) It is National Library of medicine (PubMed MEDLINE). You descriptors were selected based on Health Sciences Descriptors (DeCS) and organized with Boolean operators, in Portuguese: *"palliative care", "pain", "anesthesiology* " it is in English: *"care palliatives", "pain", "anaesthesiology".*

The established inclusion criteria were: original articles published in period in 2015 The 2022, us languages English It is Portuguese, without restrictions in locations, available at full in form online It is what approach O content integral or partially. As exclusion criteria, articles unrelated to the thematic It is what no were available at full in form online us languages Englishis Portuguese. The article selection strategy followed the following steps: search in pre-established databases, title and abstract reading of all articles selected, exclusion of articles that did not meet the inclusion criteria and reading criticism It is at full of the articles elected. Of that form, after reading judiciously, among the 20 articles selected, 10 were not used because they did not meet the criteria in inclusion. Like this, totaled up 24 articles scientific for the revision integrative in literature, with presented descriptors above.

3. Results and Discussion

3.1 Symptom control

With regard to Palliative Care, it is of paramount importance that the principles guidelines are followed, since they predict the relief of the symptoms with which the assisted patient deals with during the dying process (WHO, 2016). Such principles they are based in knowledge in miscellaneous areas of knowledge doctor, aiming interventions clinics It is therapeutic what promote O relief from the pain It is in others symptomsnasty, as dyspnoea it is nausea (Matsumoto, 2009).

A pain is one "experience sensitive and emotional unpleasant associate or related to actual or potential tissue damage", according to the Brazilian Society for Study of Pain. There are two types of treatment for that symptom, you which permeate per all you aspects from the lifegifts at training from the pain, The to know: O treatment pharmacological, what will affect directly O aspect physicist, It is O treatment no pharmacological, what will evidence techniques non-invasive affecting O aspect emotional, spiritual It is the physical (OPS, 2020).

For the pharmacological treatment of pain, a first group of drugs that should be considered are non-opioid analgesics such as Paracetamol, Dipyrone or non- steroidal anti-inflammatory drugs, used in cases of visceral pain, bone, muscular It is articulate. Other group in drugs very used they are you opioids, such as Codeine and Morphine (Brasil, 2020). already the treatment non-pharmacological addresses the various care with the integrity of aspects of life for in addition of physicist, impacting positively in aspects what interfere at modulation of pain, such as spiritual and psychological (OPS, 2020; Rodrigues et al., 2020). Examples in treatment no pharmacological they are: The therapy, per quite from the art, perexample, the hydrotherapy It is the physiotherapy (OPS, 2020).

Furthermore, symptoms as nausea it is vomiting they are recurrent in patients whatif find in care palliatives. Second The Organization world from the Health, nausea is an unpleasant sensation of needing to vomit, while vomiting is the expulsion of gastric contents through the mouth. It is of paramount importance that these symptoms are controlled to ensure comprehensive care and the patient's quality of life, in addition in avoid others complications, as anorexia, imbalance electrolytic It is dehydration (Magalhães; Oliveira; Wedge, 2018).

Antiemetics are the most commonly used drugs to prevent vomiting. In case of the patients without relationship with treatment what involve radiotherapy it is chemotherapy, Odrug recommended It is The metoclopramide It is 5HT3 antagonists they can to be added The that therapy for better control of the symptoms (Garcia et al., 2019). Already in patients with chemotherapy or radiotherapy treatments, this prophylaxis is performed with antagonists 5HT3, as ondansetron, it is with use in corticosteroids, as dexamethasone It is tempting (Lau et al., 2016). In relationship to the treatment no medication, diet therapy can be used to reduce symptoms of nausea andvomiting (Magalhães et al., 2018), which can occur with the adoption of measures that prevent the various gastrointestinal manifestations, such as: splitting meals, avoid smells of strong seasonings, consume food slowly and intake of liquids in minors quantities (Duarte et al., 2020).

Moreover, in the context of Palliative Care, dyspnea appears as one of the most recurrent symptoms, although it varies according to the diagnosis, stage of the disease and even with the emotional apparatuses that support the patient in the face of in your situation (Rock, 2018). O concept more accepted for that symptom It is described for the American thoracic Society, which characterizes it as a respiratory distress of subjective character marked by the feeling of asphyxia or suffocation (Pinto, 2015; Severino, 2020) and that can occur in cases of oncological treatments, COPD, renal failure, neurodegenerative diseases, among others (Rocha, 2018; Silva et al., 2006).

Thinking about palliative care as a tool to alleviate suffering and improvement from the quality in life in people in state in illness what undertakes life (WHO, 2016), the diagnosis of dyspnea, as well as the treatment of this symptom, either through drugs or through alternative interventions, are extremely importance. (Severino, 2020). Like this, taking per base O Manual in care palliatives of Hospital Syrian Lebanese in Brazil (2020), The conduct initial he must to be deal with the cause of the symptom, if possible, using, per example, antibiotics for infections or drainage procedure for pleural effusion. In case of impossibility of treatment triggering factors, the use of opioids, anxiolytics or even oxygen therapy should be considered, always evaluating the particularities of each case. Per end, in patients with dyspnoea refractory what cause discomfort unbearable, the palliative sedation can be a path to relief from symptom, according to severino (2020), the Association in between morphine It is midazolam O criterion standard adopted forthe sedation.

3.2 Role of the anesthesiologist in palliative care

Palliative care presupposes the action of a multidisciplinary team, since that the proposal consists of taking care of the individual in all aspects: physical, mental, spiritual and social. The terminally ill patient must be fully assisted, and this requires complementation in knowledge, share in responsibilities, where demandsdifferentiated if solve in set (Santos et al., 2014; Alves et al., 2019).

The multidetermined understanding of illness provides the team with a broad and diversified action that takes place through observation, analysis, guidance, aiming identify you aspects positives It is negative, relevant for the evolution in each case. In addition from that, you knowledge they are unfinished, limited, ever needing to be complemented. The patient is not only biological or social, he is also spiritual, psychological, having to be taken care of in all spheres, and when one works badly, all the others they are affected (Ameno et al., 2020).

And in fundamental importance for o patient outside in possibilities healing therapies that the team is very familiar with your problem, thus being able to help you and contribute to an improvement. PCs translate change significant in the role

of health service professionals, who in addition to caring for thelife must also take care of the process of dying, given that they are interventions destined those ones in situation in end in life, facing the soften symptoms unpleasant, provoked by the incurable disease (Balboni et al., 2017; Basol, 2016; Brazil, 2020).

Considering what the training of the professionals in health ever been facingfor you aspects biological, being he your practice predominantly individual, consisting of fragmented interventions by different professionals for the same patient, it is understood that it is so important to use humanitarian precepts among professionals (Evangelista et al., 2016). In short, palliative care is centered on the right of the patient to live the days that remain and to die with dignity, constituting an interdisciplinary field of total, active and comprehensive care dispensed to patients with advanced and terminal illness. this set of interdisciplinary actions seeks to offer the "good death" to patients with terminals, good as support to the relatives It is caregivers (Esperandio & Leget, 2020).

Specifically in the field of anesthesia, the expansion of palliative care is even more recent, verifying that the challenges for the anesthetist who assists the patient what requires care palliatives he comes increasing due to the growing progress obtained with the new techniques of analgesia and sedation. Caring in anesthesia palliative care is intended to provide comfort, provide the other with their own care and give you O power in if blame per this (Monteiro et al., 2014).

Among these news techniques stands out the patient-controlled analgesia (PCA) is, ultimately, acting and reacting appropriately to the situation of death with the patient and the family, fighting to preserve their integrity physical, moral, emotional and spiritual, connecting with the patient and committing toif the help you It is to allow what also be likely to decide per yes same as It is when usepalliative sedation to ease your symptoms. Caring in palliative anesthesia is provide o relief It is to recognize your patient as to be human single. Per that, it is essential to control symptoms such as pain and fatigue, anorexia, constipation and the dyspnoea, in between others (Felix et al., 2013).

4. Final Considerations

You care palliatives advocate humanize the relationship team in health- patient-family, and provide a reasonable response for people with diseases that threaten the continuity of life, from the diagnosis of that disease to your moments finals. Palliative medicine seeks its space, so that not only the patient withpossibilities of cure is taken care of, but those who suffer from diseases in which death it is also inevitable, because scientific medicine should not be antagonistic to medicine palliative, but must to be symbiotic. A death worthy It is in big meaning the patient and also for the professional who is understanding and supportive. So, a lot if have to walk when it comes to palliative care, and health professionals in general need to know It is to explore that thematic what It is so rich, although little discussed.

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