

The teaching of palliative care in the formation of nutritionists

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Abstract

In this communication, we argue in favor of the need to introduce the discipline of Palliative Care in Undergraduate Schools of Nutrition. We propose a kind of educational activities focused on the technological development in the education and training of new health professionals, skills development and professional qualification, reflective and critical training about nutritionist competencies, relevant aspects of the nutritionist insertion into a differentiated care, through the discipline “Nutrition in Palliative Care”.

Key words: Education. Palliative Care. Teaching. Curriculum. Discipline.

Introduction

In Brazil, the massive urbanization process, industrialization, extended life expectancy translated into population aging, and health promotion and recovery actions are factors that have taken part of the growing process of chronic-degenerative diseases, the enlargement of the population pyramid and the epidemiological transition, with diverse impacts on the public health system.^{1,2}

Since the 1960s, cardiovascular diseases and neoplasia have replaced infectious and parasitic diseases as the main causes of death, while technological breakthroughs and new diagnostic methods have contributed to the patients' increased lifetime. It can be seen that such advances have been accompanied by identical innovations and researches in the field of care humanization.^{3,4}

In this scenario, one can see institutionalized, medicalized death, giving rise to ethical and situational dilemmas, often observed in intensive care units^{4,5} and in the hospital emergency rooms. As a result, a new modality of care has gained importance – palliative care (PC) –, which consists of adopting holistic communicative approaches, seeking to transcend the hegemonic care model, as it is based on the training of professionals for a humanized therapeutic support and focused on the patient during all stages of the illness, death and after death.^{6,7}

Although the need for such specialized medical care has grown worldwide, developing countries have faced difficulties in prioritizing and institutionalizing PC.⁸ For several decades, implementation of PC in Brazil has met some obstacles, such as the lack of funds for the development and investment on research, lack of specific government policies, deficient professional training and qualification, added to the lack of assistance structures or specific care modalities.^{3,9} Although the Ministry of Health (MH), through the Ordinance no. 4.279 of December 30, 2010, has established PC in the guidelines for the Health Care Network, it is still considerable the lack of accurate information on the principles that guide such medical care approach.¹⁰

Palliative care in the professional's education grid

There are several elements that justify the need and urgency of adding Palliative Care in the curriculum grid of health professionals.⁸ Higher education institutions, considered privileged spaces for the construction of social and professional identities, have shown numerous limitations, especially a disconnection between formal education and the challenges of contexts and social demands. The competencies, skills and the technical-scientific knowledge acquired in college and the professional qualification and capabilities are unsatisfactory to meet the needs for care and understand the subjectivity of the individual, who deals with the imminent finitude and loss of autonomy and hope.

When one seeks to associate conventional formal education with the set of philosophical principles that guide PC, one can find that the professional's work, when dealing with incurable illnesses, such as cancer in advanced stage, without possibility of curative treatment, rarely is considered. This is a challenging situation for the health professional, who, both in the academic and professional periods, is molded for curative care.

Academic gaps in nutritionist's education

The nutritionists' professional training, in the manner of medical training, puts a generalist and technical emphasis on curative care, which does not enable them to cope with the patients' peculiarities in situations where cure is impossible and thus are faced with the objective reality of finitude. Therefore, in the routine work of health professionals there are inner conflicts and difficulties often insurmountable, deriving from such "academic gaps".¹¹

As a member of a health team, nutritionists have a relationship of support and help, which requires sound technical-scientific knowledge. Nutritionists should be able to use verbal and nonverbal communication skills (gestures, eye and body expressions), with respect, ethics and sensitivity. It is important to show attention, calm and readiness to listen and, in doing so, provide the patients with a sense of safety and trust that are necessary for them to express their fears and anxieties.^{7,11}

Considering these principles in situations where cure is impossible, humanization in care requires compassion, communication, dialogue and low-cost approaches in the control of symptoms, which means to reconsider some insights on the ethical aspects involved in PC. Such aspects, as an emerging need in the area of health, require a multidisciplinary team focused on transdisciplinary efforts in order to provide the required support to patients and their families. The care process, in such dimension, requires improvement of ethical, cognitive, attitudinal and communicative competencies, a big challenge in the clinical practice.⁵

The nutritionist's role in Palliative Care – providing care in all stages of the illness and according to the proposed therapeutic strategy – means to provide nutrition means and routes based on a re-signification of food. It should be added to this proposed practice the reduction of treatment side effects, addition of artificial feeding via catheter or ostomy, maintenance of satisfactory hydration, preservation – as possible – of the body composition, and support in physical, psychological and social aspects.¹¹

Nutrition care requires reconsidering food and its nutrients as biological components, beginning to notice the foods that relate to the patient's biography and preferences. This movement includes individualized guidance, assessment and monitoring, with a focus on the quality of life, providing nutrition associated with palliation of symptoms. The patient's nutritional needs, preferences, tolerances and food habits as well as the desire to eat are taken into account, although in some cases food does not necessarily bring well-being nor even the recovery or maintenance of the nutritional status. In addition, sometimes artificial feeding has undesirable effects, deteriorating the quality of life and even hindering the achievement of the goals of Palliative Care.¹¹

It should be emphasized that nutritionists have a valuable, crucial function in their job performed with creativity, sensitivity and ability to understand the human condition, as a differential. However, the great challenge is the recognition and legitimation of the importance and value of Palliative Care, so that this kind of care be promoted in the training of the diverse professionals that make up the health teams, including nutritionists. Actually, it is necessary that every professional recognize the paradigm shift of healing and care.¹¹

Proposal for inclusion of the discipline “nutrition and palliative care” in the undergraduate program

Despite the obstacles described, data from literature confirms that the Palliative Care course is a reasonable and justifiable proposal, considering important to encourage its inclusion in undergraduate health courses.¹² There is a consensus of opinion in recognizing the need for specific academic training for the success of Palliative Care teams, with possibilities of enhancing and promoting the understanding of the work performed, the improvement of the professional competencies, acquisition of knowledge and information systematization.¹³

In today's debates, curriculum reform processes and development of political-pedagogical projects provide opportunities for changes and the collective construction of such curriculum, with objectives that link contents, methodologies and adequacy of care practices.¹²

In this context, the importance of defining teaching-learning methodologies in the course of Palliative Care should be considered, according to the guidelines set by Ministry of Education. It should be noted that undergraduate courses of Nutrition should be founded on the new curriculum guidelines for health courses. It is worth noting that the Resolution CNE-CES no.5, 2001 provides the re-evaluation of the minimum curriculum contents and the focus on skills and competencies, preconizing the individual's integrality and the broad conception of the health-illness process.¹⁴

According to Article 2 of this resolution, the National Curriculum Guidelines for Undergraduate Nutrition Courses define principles, fundamentals, conditions and procedures for the curriculum organization of the course of Nutrition in higher education institutions in the country. According to such guidelines, paragraph 1, which refers to Article 6, establishes that the curriculum contents to be assimilated in the undergraduate nutrition course emphasizes that the academic and/or professional skills and competencies should be focused on the demands and prevalent and priority needs of the population, according to the epidemiological conditions of the country region – for example, the terminal condition.¹⁵

Therefore, the proposed change of the curriculum design aims to provide students with the tools they need to become more competent in the best quality of the Palliative Care offered,¹⁶ with a proposed care provided by an inter-disciplinary team, designed to the biopsychosocial-spiritual integrality of patients and family members.¹¹

Based on the literature available, Palliative Care is claimed as a discipline that should be included in undergraduate health courses. It argues in favor of a care model that is appropriate to patients with illnesses in advanced or terminal stage and in end of life care, with systematic evidence-based procedures and behaviors, in order to provide, ultimately, death with dignity. However, the non-application of PC to the families, in after-death situations in case of sudden death from illness, accident, or violence, has been questioned.

It is worth noting that the curriculum grids of public universities that offer Nutrition courses in the state of Rio de Janeiro fail to include PC and contents related to the topic herein examined. There is an elective discipline (Table 1), which addresses such contents in the Course of Nutrition in the Arthur Sá Earp Neto Faculty (FASE) in Petrópolis-RJ, available to the undergraduate students from the 5th school term.

Table 1. Discipline: Food and Nutrition in Palliative Care.

UNDERGRADUATE COURSE OF NUTRITION
DISCIPLINE: FOOD AND NUTRITION IN PALLIATIVE CARE
<p>GOAL</p> <p>Provide an opportunity to learn and reflect on Palliative Care and contribute to the qualification of nutritionists as member of a multi-disciplinary health care team, which acts on integral and humanized care that does not aim to healing but to the quality of life of patients, relatives or caregivers.</p>
<p>BRIEF</p> <p>Didactic-pedagogical approach on said “incurable” or “out of chances of cure” diseases, which aims to the development and practice of humanization in caring with technical, scientific and ethical skills and competencies.</p>
<p>PROGRAM</p> <p>Unit I: The philosophy of Palliative Care. Unit II: The pillars of Palliative Care. Unit III: The care model of Palliative Care. Unit IV: The nutrition context in Palliative Care. Unit V: Policy for Humanization in SUS (Brazilian Public Unified Health System), National Policy for Oncological Care and Quality of Life (QoL). Unit VI: Ethics and bioethics in Palliative Care.</p>
<p>METHODOLOGY</p> <p>Classroom lectures with use of audiovisual aids. Circular discussion of texts, articles and clinical cases. Visits to institutions that offer palliative care. Seminars. Reports.</p>
<p>ASSESSMENT</p> <p>Continuous, qualitative assessment, by including the students in the activities proposed in class and in the visits to the institution of interest to the topic.</p>
<p>BASIC BIBLIOGRAPHY</p> <p>BENARROZ, M. O.; FAILLACE, G. B. D.; BARBOSA, L. A. Bioética e nutrição em Cuidados Paliativos oncológicos em adultos. <i>Cadernos de Saúde Pública</i>. Rio de Janeiro, v. 25, n. 9, p. 1875-1882, set. 2009.</p> <p>FIGUEIREDO, M. T. A. Educação em Cuidados Paliativos: uma experiência brasileira. <i>Prática Hospitalar</i>. São Paulo, ano III, n. 17, set-out. 2001.</p> <p>KIRA, C. M.; MONTAGNINI, M.; BARBOSA, S. M. M. Desenvolvendo um Currículo Básico em Cuidados Paliativos. In: CONSELHO REGIONAL DE MEDICINA DO ESTADO DE SÃO PAULO. <i>Cuidado Paliativo</i>. São Paulo: CREMESP, p. 595-612. 2008.</p> <p>POWER, J. Nutritional Issues in Advanced Cancer. <i>European Journal of Palliative Care</i>, v. 6, n. 2, p. 39-42, 1999.</p> <p>FLORIANI, C. A.; SCHRAMM, F. R. Desafios morais e operacionais da inclusão dos Cuidados Paliativos na rede de atenção básica. <i>Cadernos de Saúde Pública</i>. Rio de Janeiro, v. 23, n. 9, p. 2072-2080, set. 2007.</p> <p>FAILLACE, G. B. D. <i>Proposta de Inclusão da Disciplina Nutrição e Cuidados Paliativos no Curso de Graduação</i>. 2010. Dissertação (Mestrado) - Centro Universitário Plínio Leite, Rio de Janeiro, 2010.</p>

Final considerations

Health professionals lack specific training in Palliative Care, being understood that the provision of care services and the assurance of the quality of care as a differential service in health is all-important.

With an approach focused on the health professionals of the area of Nutrition, the goal is to emphasize the need for enhancement of the academic education, by including palliative care to the knowledge applied and added to their future professional activities and meeting the demands of the labor market. In this context, it is brought to the educational system the challenge to rethink, reformulate, and adequate the curriculum grids in the area of health, by developing a proper teaching methodology, assessment, and inter-relationship in the “teaching and learning” binomial as indispensable tools in today’s health professionals education.

Care approaches should encompass both the transformation of palliative care as part of the health services and ensure the access and rights to this service. It is necessary to link care services with reality and the challenges faced by the professional practice in the modalities of teaching, research and care, as well as a critical review of the academic curricula and the introduction of didactic tools specifically oriented to the Palliative Care teaching-learning context.

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References

1. Paz CRP. Cuidados paliativos na atenção primária à saúde: novos desafios [dissertação]. São Paulo: Escola de Enfermagem da Universidade de São Paulo; 2013.
2. Combinato DS, Martins STF. Em defesa dos cuidados paliativos na atenção primária à saúde. *O Mundo da Saúde* 2012; 36(3):433-441.
3. Melo AGC. Os cuidados paliativos no Brasil. *O Mundo da Saúde* 2003; 27(1):58-63.
4. Ferrai CMM, Silva L, Paganine MC, Padilha KG, Gandolpho MA. Uma leitura bioética sobre cuidados paliativos: caracterização da produção científica sobre o tema. *Centro Universitário São Camilo* 2008; 2(1):99-104.
5. Guedes JAD, Sardo PMG, Borenstein MS. A enfermagem nos cuidados paliativos. *Online Brazilian Journal of Nursing* [Internet] 2007; 6(2). Disponível em: <http://www.objnursing.uff.br/index.php/nursing/article/view/j.1676-4285.2007.740/198>

6. World Health Organization. National cancer control programmes: policies and managerial guidelines. 2 ed. Geneva: OMS; 2002.
7. Vasconcellos-Silva PR, Rivera FJ, Siebeneichler FB. Healthcare organizations, linguistic communities, and the emblematic model of palliative care. *Cad. Saúde Pública* 2007; 23(7):1529-1538.
8. Florian CA, Schramm FR. Cuidados paliativos: interfaces, conflitos e necessidades. *Ciênc. Saúde Coletiva* 2008; 13(Sup. 2):2123-2132.
9. Roncarati R, Camargo RMP, Rosetto EG, Matsuo T. Cuidados paliativos num Hospital Universitário de assistência terciária: uma necessidade? *Semina Ciênc. Biol. Saúde* 2003; 24:37-48.
10. Brasil. Portaria 4.279, de 30 de dezembro de 2010. Estabelece diretrizes para a organização da Rede de atenção à saúde, no âmbito do Sistema Único de Saúde. *Diário Oficial da União* 2010; 31 dez. 2010. Disponível em: <http://www.brasilsus.com.br/legislações/gm/107038-4279.html>
11. Benarroz MO, Faillace GBD, Barbosa LA. Bioética e nutrição em cuidados paliativos oncológicos em adultos. *Cad. Saúde Pública* 2009; 25(9):1875-1882.
12. Kira CM, Montagnini M, Barbosa SMM. Desenvolvendo um currículo básico em cuidados paliativos. In: Conselho Regional de Medicina do Estado de São Paulo. *Cuidado paliativo*. São Paulo: CREMESP; 2008. p. 595-612.
13. Menezes RA. Em busca da “Boa Morte”: uma investigação sócio-antropológica sobre cuidados paliativos [Tese]. Rio de Janeiro: Instituto de Medicina Social, Universidade do Estado do Rio de Janeiro; 2004.
14. Brasil. Resolução CNE/CES 5/2001. Inclui Diretrizes Curriculares Nacionais do Curso de Graduação em Nutrição. *Diário Oficial da União* 9 nov. 2001; Seção1:39.
15. Rego S, Palácios M. A finitude humana e a saúde pública. *Cad. Saúde Pública* 2006; 22(8):1755-1760.
16. Calil AM, Prado C. O ensino de oncologia na formação do enfermeiro. *Rev. Bras. Enferm.* 2009; 62(3):467-70.

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