

Advances and challenges of the national palliative care policy in Brazil

Avanços e desafios da política nacional de cuidados paliativos no Brasil

João Vitor Andrade¹, Juliana Cristina Martins de Souza²

Andrade JV, Souza, JCM. Advances and challenges of the national palliative care policy in Brazil / *Avanços e desafios da política nacional de cuidados paliativos no Brasil*. Rev Med (São Paulo). 2024 Mayo-Jun;103(3):e-225623.

ABSTRACT: Dear Editor and readers, Palliative care aims to improve the quality of life of patients and their families facing serious illness, preventing and relieving suffering through early identification and treatment of pain and physical, psychosocial and spiritual problems. In Brazil, where the need for such care is alarming, approximately one million Brazilians need palliative care, but the supply is insufficient. Most services are concentrated in large urban centers, leaving many people without the necessary support, facing pain that could be mitigated with adequate treatment. The promulgation of Ordinance GM No. 3681, which establishes the National Palliative Care Policy in the Unified Health System (SUS), represents a significant step in the regulation and expansion of this care, providing a legal basis for the development of specialized services. In order to effectively implement the National Palliative Care Policy, several challenges need to be overcome, including training health professionals and combating the stigma related to this care. Currently, there is a significant gap in the training of doctors and other professionals in palliative care, resulting in inadequate assistance. The policy provides for the implementation of palliative care by matrix and care teams throughout the country, but it is crucial to increase investment in material, technological and educational resources. Only with a joint effort by managers, health professionals and civil society will it be possible to guarantee dignified and humanized care for all patients in need of palliative care in Brazil.

DESCRIPTORS: Palliative Care, Public Policy, Patient Care Team. of the national palliative care policy in Brazil.

RESUMO: Prezados Editor e leitores, os cuidados paliativos visam melhorar a qualidade de vida de pacientes e suas famílias enfrentando doenças graves, prevenindo e aliviando o sofrimento através da identificação precoce e tratamento da dor e problemas físicos, psicossociais e espirituais. No Brasil, onde a necessidade de tais cuidados é alarmante, aproximadamente um milhão de brasileiros necessitam de cuidados paliativos, mas a oferta é insuficiente. A maioria dos serviços está concentrada em grandes centros urbanos, deixando muitas pessoas sem o suporte necessário, enfrentando dores que poderiam ser mitigadas com um tratamento adequado. A promulgação da Portaria GM nº 3681, que institui a Política Nacional de Cuidados Paliativos no Sistema Único de Saúde (SUS), representa um passo significativo na regulamentação e expansão desses cuidados, proporcionando uma base legal para o desenvolvimento de serviços especializados. Para a efetiva implementação da Política Nacional de Cuidados Paliativos, é necessário superar diversos desafios, incluindo a capacitação dos profissionais de saúde e o combate ao estigma relacionado a esses cuidados. Atualmente, há uma lacuna significativa na formação de médicos e outros profissionais sobre cuidados paliativos, resultando em uma assistência inadequada. A política prevê a implementação de cuidados paliativos por equipes matriciais e assistenciais em todo o território nacional, mas é crucial aumentar o investimento em recursos materiais, tecnológicos e educacionais. Somente com um esforço conjunto de gestores, profissionais de saúde e sociedade civil será possível garantir um cuidado digno e humanizado para todos os pacientes que necessitam de cuidados paliativos no Brasil.

DESCRITORES: Cuidados Paliativos, Política de Saúde, Equipe de Assistência ao Paciente.

¹ Universidade Federal de Alfenas, Alfenas, Minas Gerais, Brasil. ORCID: <https://orcid.org/0000-0003-3729-501X>. E-mail: jvma100@gmail.com. Endereço: Rua Gabriel Monteiro da Silva, 700, Prédio R-200 A, 37130-000, Alfenas-MG.

² Universidade Federal de Alfenas, Alfenas, Minas Gerais, Brasil. ORCID: <https://orcid.org/0000-0003-3729-501X>. E-mail: jvma100@gmail.com

Correspondence: Rua Gabriel Monteiro da Silva, 700, Prédio R-200 A, 37130-000, Alfenas-MG. : E-mail: jvma100@gmail.com.

Dear Editor and readers, palliative care is an approach aimed at improving the quality of life for patients and their families who are facing life-threatening illnesses. This care includes the prevention and relief of suffering through early identification, correct assessment, and treatment of pain and other physical, psychosocial, and spiritual issues¹.

The importance of palliative care is immeasurable, as it provides essential support for patients in life-threatening conditions, promoting dignity and relief in advanced stages of illness². In Brazil, a country of continental dimensions, the need for this type of care is alarming. It is estimated that approximately one million Brazilians require palliative care annually, but the current provision is insufficient to meet this demand³. Most palliative care services are concentrated in large urban centers, leaving a significant portion of the population without adequate care⁴.

Palliative care in Brazil is limited and unequal. There are initiatives and specialized units in some regions, but access remains restricted⁴. Many patients lack the necessary support, facing pain and discomfort that could be alleviated with appropriate treatment, resulting in poor quality of death⁵. The shortage of qualified professionals and lack of resources exacerbate this situation⁶⁻⁷.

A significant recent advance was the promulgation of Ordinance GM No. 3681, which establishes the National Palliative Care Policy within the Unified Health System (SUS). This measure, through the amendment of Consolidation Ordinance GM/MS No. 2/17, marks a significant step in regulating and expanding palliative care in Brazil, providing a legal and institutional framework for the development of specialized services³.

The new policy foresees the implementation of palliative care through large multidisciplinary and care teams across the national territory, ensuring that patients in different stages of chronic diseases can access humane and comprehensive care. This change is essential to expand access and improve the quality of services provided, integrating them with other levels of health care in the SUS⁸.

However, for the National Palliative Care Policy to be effectively implemented, several paradigms must be broken. Firstly, it is crucial for society and healthcare professionals to understand the importance of palliative care as an essential part of treatment and not as a surrender. There is still significant stigma regarding this care, often seen as a last-resort measure⁹⁻¹⁰.

Training healthcare professionals is another challenge. Currently, there is a significant gap in the training of doctors, nurses, and other professionals concerning palliative care¹¹⁻¹³. Few training courses, especially in federal universities, include specific subjects on this topic, resulting in professionals unprepared to deal with patients in palliative conditions¹²⁻¹⁴.

Thus, the implementation of the policy must be accompanied by concrete actions, such as increased investment in material and technological resources. Specific equipment and medications for palliative care need to be available in all health units, especially in the most remote and underserved areas. Additionally, investing in training and specialization courses for healthcare professionals is necessary to ensure they can provide quality care¹³⁻¹⁵.

The training of new professionals should be conducted within the SUS and for the SUS, with an emphasis on a humane and comprehensive approach to the patient. This requires a commitment from educational institutions to include palliative care subjects in their curricula and promote the continuous training of current professionals^{6,14}.

The social stigma surrounding palliative care also needs to be addressed. In many medium-sized cities in Brazil, the mentality that “when it’s over, it’s over” still prevails, meaning that offering palliative care is seen as giving up on treatment. It is essential to raise awareness among the population and healthcare professionals about the importance of this care as an integral part of treatment and patient dignity⁹⁻¹⁰.

The promulgation of the National Palliative Care Policy is a significant milestone for healthcare in Brazil. It represents an opportunity to ensure that all patients receive the necessary care, regardless of their condition or location. However, for this policy to become a reality, the commitment of all involved parties - from managers and healthcare professionals to civil society - is essential.

The effective implementation of this policy requires continuous dedication and a collective effort to overcome existing challenges. Only with united efforts will it be possible to provide dignified and humane care for all patients needing palliative care in Brazil.

Authors Contribution: Both authors, João Vitor Andrade and Juliana Cristina Martins de Souza, participated in the following stages of manuscript elaboration: a) conception and/or design of the study; b) collection, analysis, and interpretation of data; c) writing and/or critical review of the manuscript; d) approval of the final version to be published.

REFERÊNCIAS

1. International Association for Hospice e Palliative Care. Palliative Care Definition [online], 2019. <https://hospicecare.com/what-we-do/projects/consensus-based-definition-of-palliative-care/definition/>
2. Trevizan FB, Paiva CE, De Almeida LF, De Oliveira MA, Bruera E, Paiva BS. When and how to discuss about palliative care and advance care planning with cancer patients: A mixed-methods study. *Palliat Support Care*. 2024;22(2):387-95. Doi: <https://doi.org/10.1017/s1478951523001517>
3. Brasil. Ministério da Saúde. Ministério da Saúde lança política inédita no SUS para cuidados paliativos [online], 2024. Disponível em: <https://www.gov.br/saude/pt-br/assuntos/noticias/2024/maio/ministerio-da-saude-lanca-politica-inedita-no-sus-para-cuidados-paliativos>
4. Prado UB, Castilho RK, Crispim D, Lucena NC. Atlas dos cuidados paliativos no Brasil. São Paulo: Academia Nacional de Cuidados

- Paliativos; 2023. <https://cuidadospaliativos.org/uploads/2024/1/Atlas-ANCP.pdf>
5. Finkelstein EA, Bhadelia A, Goh C, Baid D, Singh R, Bhatnagar S, et al. Cross country comparison of expert assessments of the quality of death and dying 2021. *J Pain Symptom Manage* 2022;63:e419-29. Doi: <https://doi.org/10.1016/j.jpainsymman.2021.12.015>
 6. Lins ALR, Andrade JV, Paiva LM, Martins TCF, Mendonça ET. “O que sabemos sobre cuidados paliativos”: (re)construindo conceitos por meio de uma experiência dialógica. *ELO*. 2019;8(1). Doi: <https://doi.org/10.21284/elo.v8i1.8245>
 7. Rodrigues LF, Silva JF, Cabrera M. Palliative care: pathway in primary health care in Brazil. *Cad. Saúde Pública*. 2022;38(9):e00130222. Doi: <https://doi.org/10.1590/0102-311XEN130222>
 8. Brasil. Ministério da Saúde. Portaria GM nº 3681, de 22 de maio de 2024. Institui a Política Nacional de Cuidados Paliativos no âmbito do Sistema Único de Saúde (SUS), por meio da alteração da Portaria de Consolidação GM/MS nº 2/2017. Brasília, DF, 22 maio 2024. Disponível em: <https://www.conass.org.br/conass-informa-n-87-2024-publicada-a-portaria-gm-n-3681-que-institui-a-politica-nacional-de-cuidados-paliativos-no-ambito-do-sus-por-meio-da-alteracao-da-portaria-de-consolidacao-gm-ms-n/>
 9. Braga CO, Machado CS, Afiune FG. A percepção da família sobre cuidados paliativos. *Rev. Cient. Esc. Est. Saúde Pública Goiás Cândido Santiago*. 2021;7:e7000041. Doi: <https://doi.org/10.22491/2447-3405.2021.V7.7000041>
 10. Oliveira LC de. Pesquisa em Cuidado Paliativo no Brasil. *Rev Bras Cancerol*. 2021;67(3):e-031934. Doi: <https://doi.org/10.32635/2176-9745.RBC.2021v67n3.1934>
 11. Gomes AL, Othero MB. Cuidados paliativos. *Estudos avançados*. 2016;30:155-66. Doi: <https://doi.org/10.1590/S0103-40142016.30880011>
 12. Gonçalves RG, Oliveira LP, Silva CJ, Elias TM, Nogueira IL, Menezes RM. Cuidados paliativos na formação de enfermeiros: percepção dos coordenadores de cursos de ensino superior. *Rev Bras Enferm*. 2023;76(3):e20220222. Doi: <https://doi.org/10.1590/0034-7167-2022-0222pt>
 13. Castro AA, Taquette SR, Marques NI. Cuidados paliativos: inserção do ensino nas escolas médicas do Brasil. *Rev Bras Educ Med*. 2021;45(2):e056. Doi: <https://doi.org/10.1590/1981-5271v45.2-20200162>
 14. Costa ÁP, Poles K, Silva AE. Formação em cuidados paliativos: experiência de alunos de medicina e enfermagem. *Interface*. 2016;20(59):1041-52. Doi: <https://doi.org/10.1590/1807-57622015.0774>
 15. Alves RS, Oliveira FF. Cuidados paliativos para profissionais de saúde: avanços e dificuldades. *Psicol Cienc Prof*. 2022;42:e238471. Doi: <https://doi.org/10.1590/1982-3703003238471>

Received: 2024, Mayo 24

Accepted: 2024, June 22