

Challenges in End of Life Care in a Palliative Care Unit in Brazil

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Management of critical oncological patients in the last 48 hours of life is defined in literature as End of Life Care (ELC). At this point, the aim is to provide comfort to both patients and caregivers, avoiding dysthanasia, irrational use of resources, and therapeutic futilities such as artificial hydration, alternative nutritional pathway, antibiotic therapy, and blood transfusion. Adequate management of those patients included also palliative sedation for those who presented refractory symptoms.

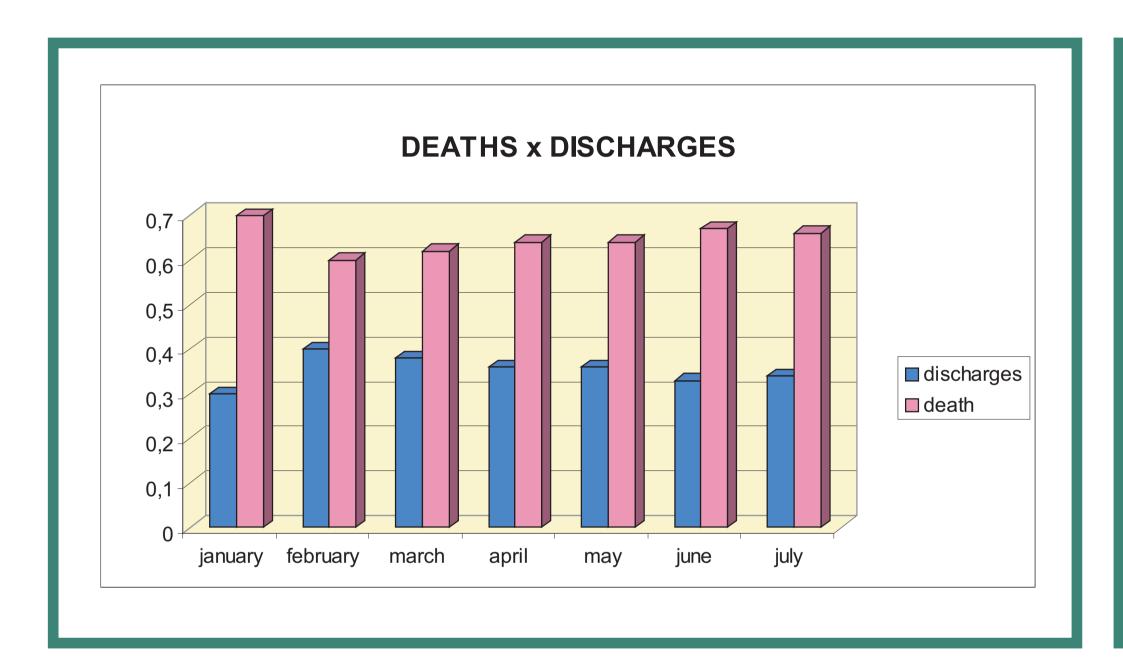
In our study, we observed those patients, under ELC, who deceased in our Palliative Care unit from January 2007 to August 2008.

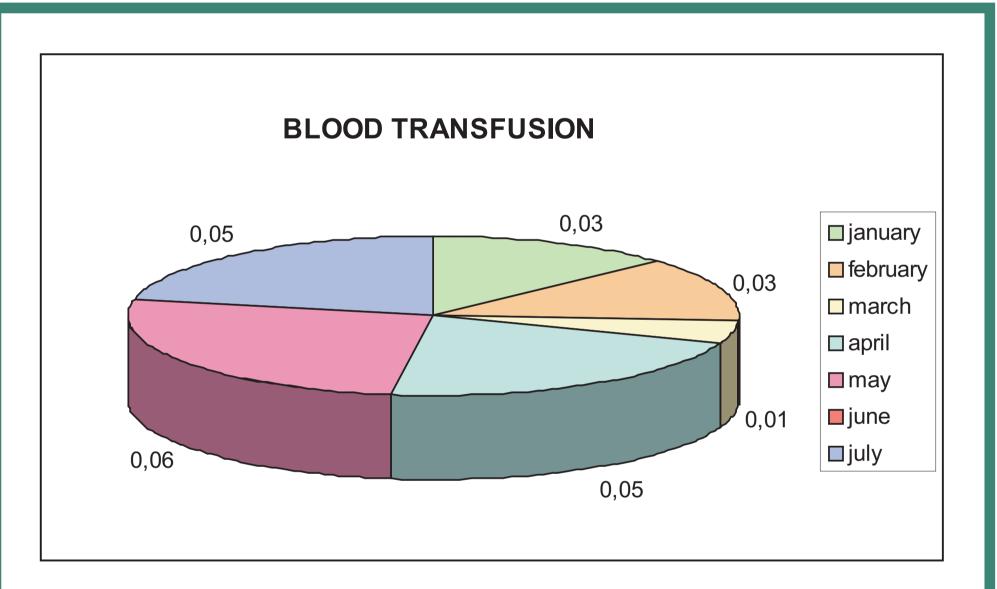
During the period, the monthly average admissions in our facilities were 164 with a global mortality rate of 65%, per month. However, considering exclusively patients under ELC, the mortality rate was 24% per month.

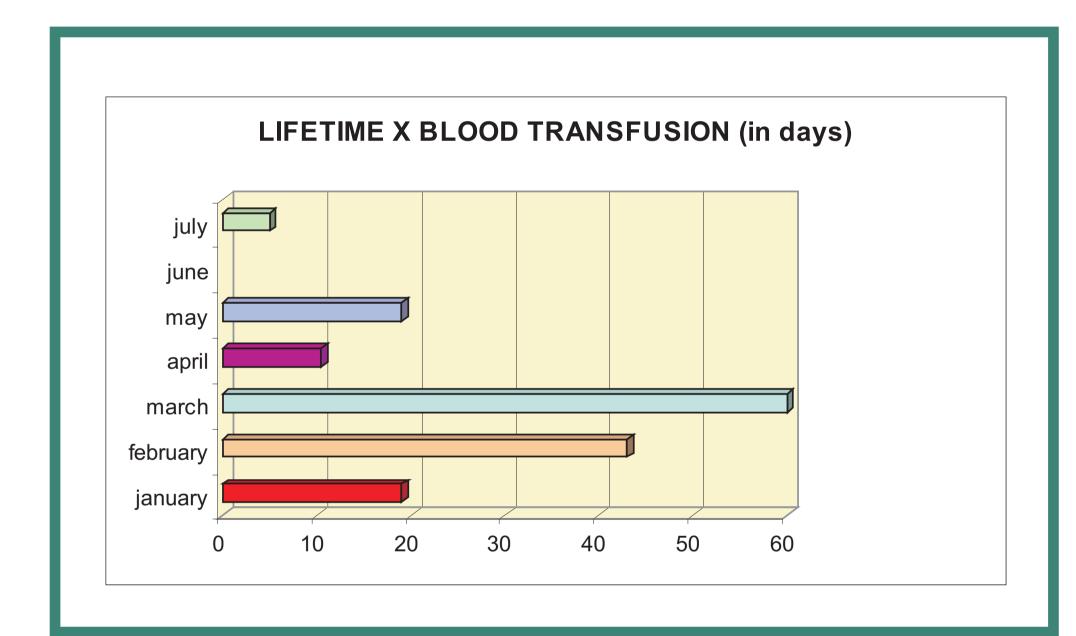
The average of patients submitted to blood transfusion was 5.2%, taking into consideration all inpatients, and not only ELC patients. Palliative sedation was implemented in 76 (3,2%) of total patients studied. The more frequent refractory symptom observed among those patients was dyspinea, which resulted in palliative sedation (55% of all sedated patients).

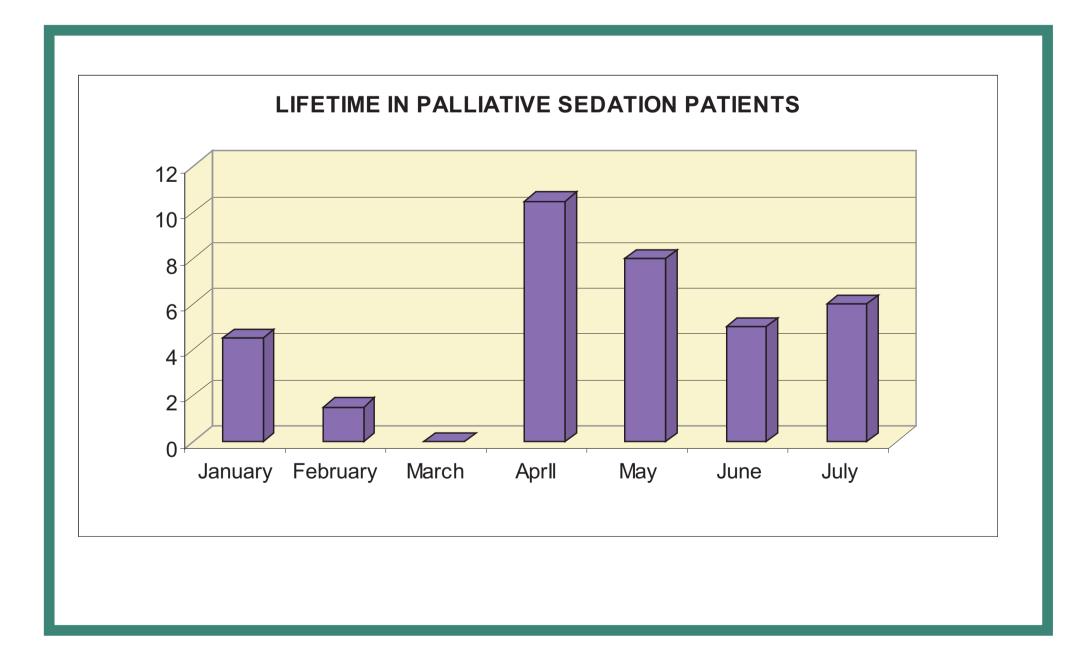
Antibiotics administration is formally contraindicated in ELC patients. In the population analyzed, 16.9% of patients were receiving antibiotics in the last 48h of life.

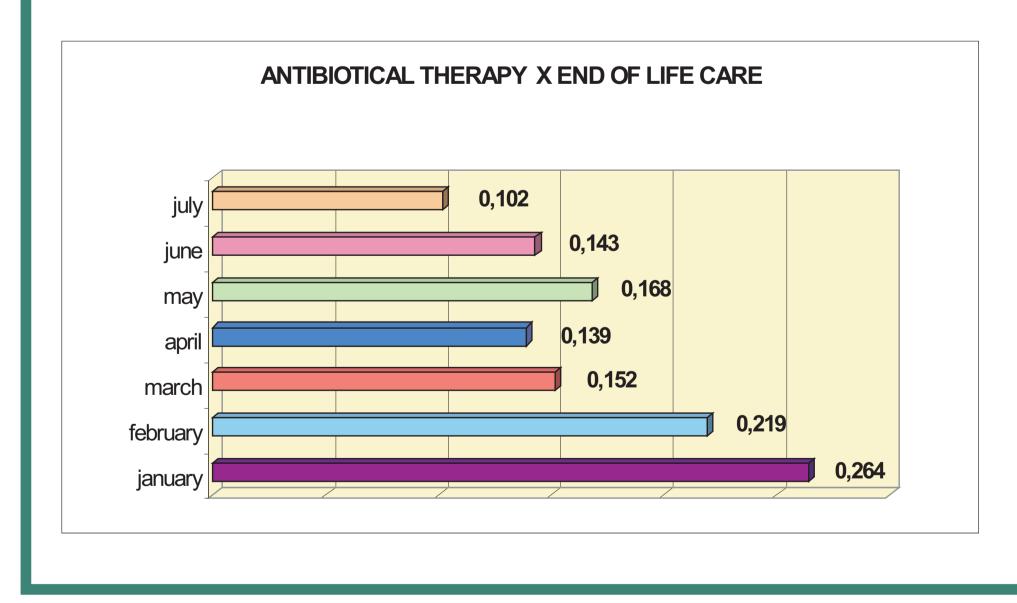
With the main purpose of improving ELC, discussions have been carried out in our Palliative Care Unit engaging all health professional team along with regular meetings with the caregivers to make out the best approach in each case.

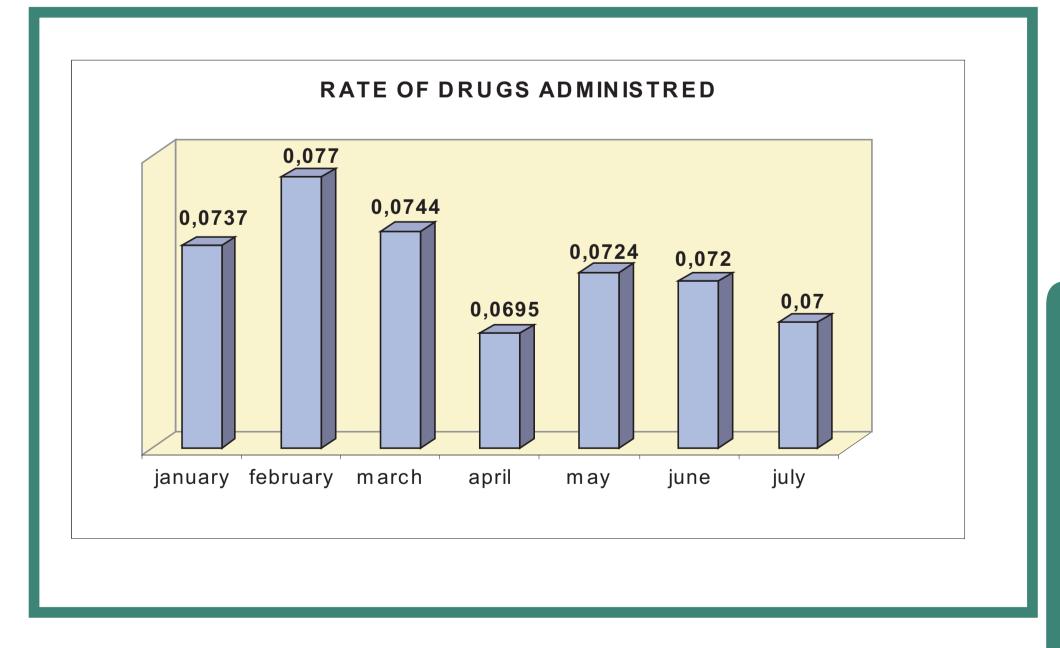












CONCLUSION

It is crucial to make a distinction between patients under Palliative Care and patients under ELC. The last group has exceptional needs which oblige to a distinctive handling. Health professionals who deal with these patients in a regular basis should be skilled not only in relieving patients' symptoms but also in comforting their families.



