

PALLIATIVE CARE: THE NURSE'S ROLE IN HUMANIZED PRACTICE IN URGENCY AND EMERGENCY CARE

*CUIDADOS PALIATIVOS: O PAPEL DO ENFERMEIRO NA PRÁTICA
HUMANIZADA NA URGÊNCIA E EMERGÊNCIA*

*CUIDADOS PALIATIVOS: EL PAPEL DEL ENFERMERO EN LA PRÁCTICA
HUMANIZADA EN URGENCIAS Y EMERGENCIAS*

*SOINS PALLIATIFS : LE ROLE DE L'INFIRMIER DANS LA PRATIQUE
HUMANISEE AUX URGENCES*

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Abstract: Introduction: Humanized care in nursing care for chronic patients in palliative care in the Emergency and Urgency Unit brings new perspectives on improving the quality of life of these patients, as they are cared for in a way that is targeted to their needs and with better results in their clinical condition and understanding of their health-disease and finitude process. Analyzing the issue of the visibility of palliative care in the follow-up of nursing care for chronic patients and the benefits of this care practice, we have that this present work justifies its research based on the need to separate the discussion on palliative care and humanization of Nursing care in Urgency and Emergency, it becomes possible to obtain better conditions for the applicability of this practice and provide it to more individuals and offer more quality of life to chronic patients. **Objective:** Explain the role of the nursing in assisting patients in palliative care in urgency and emergency. **Methodology:** This is an integrative literature review, with a descriptive method, bibliographic research and a qualitative approach. The research will be carried out by searching for data in the Virtual Health Library (BVS), SCIENTIFIC ELECTRONIC LIBRARY ONLINE (SCIELO), Google Scholar, DATASUS, Electronic Nursing Journal and PubMed. The following keywords will be used to search for articles: Urgency; Emergency; Palliative Care; Nursing, which will be searched in DeCS/MeSH. The research will be carried out between January and May 2025 with a qualitative approach with the aim of expanding the discussion on the proposed theme.

Keywords: Urgency; Emergency; Palliative Care; Nursing.

Resumo: Introdução: O cuidado humanizado na assistência de enfermagem à pacientes crônicos em cuidados paliativos em Unidade de Urgência e Emergência traz novos olhares na melhoria da qualidade de vida desses pacientes ao serem atendimentos de forma direcionada às suas necessidades e com melhores resultados de seu quadro clínico e compressão de seu processo de saúde-doença e finitude. Analisando a questão da visibilidade dos cuidados paliativos no seguimento da assistência de enfermagem à pacientes crônicos e os benefícios dessa prática Assistencial, temos que este presente trabalho justifica-se sua pesquisa a partir da necessidade de ampliação da discussão sobre cuidados paliativos e humanização do cuidado de Enfermagem em Urgência e Emergência, se torna possível obter melhores condições de aplicabilidade dessa prática e proporcionar à de mais indivíduos e ofertar mais qualidade de vida à pacientes crônicos. **Objetivo:** Explorar sobre o papel do Enfermeiro na assistência á pacientes em cuidados paliativos na de Urgência e Emergência. **Metodologia:** Trata-se de uma revisão de literatura integrativa, com método descritivo, pesquisa do tipo bibliográfica e abordagem qualitativa. A pesquisa será realizada por meio da busca de dados na Biblioteca Virtual de Saúde (BVS), SCIENTIFIC ELETRONIC LIBRARY ONLINE

(SCIELO), Google Acadêmico, DATASUS, Revista Eletrônica de Enfermagem e PubMed. Para a busca dos artigos serão utilizadas as seguintes palavras chaves: Urgência; Emergência; Cuidados Paliativos; Enfermagem, sendo estas pesquisadas no DeCS/MeSH. A pesquisa será realizada entre janeiro a maio de 2025 com uma abordagem qualitativa com o objetivo de ampliar a discussão sobre a temática proposta.

Palavras-chave: Urgência; Emergência; Cuidados Paliativos; Enfermagem.

Resumen: Introducción: El cuidado humanizado en la asistencia de enfermería a pacientes crónicos en cuidados paliativos en la Unidad de Urgencias y Emergencias aporta nuevas miradas para mejorar la calidad de vida de estos pacientes, al ser atendidos de forma orientada a sus necesidades y con mejores resultados en su cuadro clínico y en la comprensión de su proceso de salud-enfermedad y finitud. Al analizar la visibilidad de los cuidados paliativos en el ámbito de la asistencia de enfermería a pacientes crónicos y los beneficios de esta práctica asistencial, este trabajo se justifica por la necesidad de ampliar la discusión sobre los cuidados paliativos y la humanización del cuidado de enfermería en urgencias y emergencias, lo que permite obtener mejores condiciones de aplicabilidad de esta práctica, llegar a más personas y ofrecer más calidad de vida a los pacientes crónicos. **Objetivo:** Explicar el papel del enfermero en la asistencia a pacientes en cuidados paliativos en urgencias y emergencias. **Metodología:** Se trata de una revisión integrativa de la literatura, con método descriptivo, investigación de tipo bibliográfico y enfoque cualitativo. La investigación se realizará mediante la búsqueda de datos en la Biblioteca Virtual en Salud (BVS), SCIENTIFIC ELECTRONIC LIBRARY ONLINE (SCIELO), Google Acadêmico, DATASUS, Revista Electrónica de Enfermería y PubMed. Para la búsqueda de los artículos se utilizarán las siguientes palabras clave: Urgencia; Emergencia; Cuidados Paliativos; Enfermería, que serán consultadas en DeCS/MeSH. La investigación se realizará entre enero y mayo de 2025, con un enfoque cualitativo, con el objetivo de ampliar la discusión sobre la temática propuesta.

Palabras clave: Urgencia; Emergencia; Cuidados Paliativos; Enfermería.

Résumé: Introduction : Les soins humanisés dans l'assistance infirmière aux patients chroniques en soins palliatifs, au sein de l'unité d'urgence, apportent de nouveaux regards pour améliorer la qualité de vie de ces patients, pris en charge de manière orientée vers leurs besoins et avec de meilleurs résultats sur leur état clinique et sur la compréhension de leur processus santé-maladie et de leur finitude. En analysant la visibilité des soins palliatifs dans l'assistance infirmière aux patients chroniques et les bénéfices de cette pratique, ce travail se justifie par la nécessité d'élargir la discussion sur les soins palliatifs et l'humanisation des soins infirmiers aux urgences, ce qui permet d'obtenir de meilleures conditions d'applicabilité de cette pratique, de toucher davantage de personnes et d'offrir une meilleure qualité de vie aux patients chroniques. **Objectif :** Exposer le rôle de l'infirmier dans l'assistance aux patients en soins palliatifs aux urgences. **Méthodologie :** Il s'agit d'une revue intégrative de la littérature, de méthode descriptive, de type bibliographique et d'approche qualitative. La recherche sera menée par la consultation de la Bibliothèque virtuelle en santé (BVS), de SCIENTIFIC ELECTRONIC LIBRARY ONLINE (SCIELO), de Google Scholar, de DATASUS, de la Revista Eletrônica de Enfermagem et de PubMed. Pour la recherche des articles, les mots-clés suivants seront utilisés : Urgence ; Urgences ; Soins palliatifs ; Soins infirmiers, consultés dans DeCS/MeSH. La recherche sera réalisée entre janvier et mai 2025, avec une approche qualitative, afin d'élargir la discussion sur la thématique proposée.

Mots-clés: Urgence ; Urgences ; Soins palliatifs ; Soins infirmiers.

1 Introduction

The Urgent and Emergency Care Unit is part of the health policy integrated into the Unified Health System (SUS) as an "open-door" care setting for individuals experiencing clinical deterioration, whether due to chronic disease, exacerbation of pathologies, accidents or other events (MEDEIROS et al, 2021).

The aforementioned Unit also serves individuals in the process of finitude, or even those with chronic diseases that limit activities of daily living and who are receiving palliative care, who require differentiated attention owing to their specific health conditions. The Nursing professional is the worker responsible for assisting these individuals in a humanized way, from risk classification through to the administration of prescribed therapy or the performance of procedures (MENDES et al, 2023).

The study of finitude stands out as an analysis intrinsic to the discussion of the process of life and death, in which the need to reflect on life, death and dying is emphasized; the latter two are still subjects of restricted or even stereotyped discussion, since they are seen as negative to the maintenance of life, which is perceived as the sole purpose of health care (SANTANA; ABRÃO, 2021).

The maintenance of life in the Urgent and Emergency Care Unit is carried out by subjecting service users to therapies that target only the disease and its probable cure, without due and priority attention to the analysis of aspects related to the end of life, especially in individuals with chronic-degenerative diseases or even cancer patients (SOUZA et al, 2021).

The prescribed therapies regard the individual as the bearer of a pathology that must be "medicalized," and the "bearer" is then referred home under the illusion that all the work has been done, even when the reason for seeking the Unit was not a cure but the relief of the symptoms of the pathology affecting them (RIBEIRO; FILHO, 2022).

When we analyze health care focused on cure and on "life," even on its prolongation without benefit to the individual, we find that social well-being is perceived as the right to life, as if life were "light" and death were darkness, something to be hidden and avoided in discussion (INCA, 2022).

The process of death and dying, as mentioned above, does not receive due attention, because terminality is not perceived as it should be: it is seen as a single end rather than a cycle that runs through all phases of human growth and development, in which at every period of life the human being is accompanied by biological death, cellular death and organic aging (SANTANA; ABRÃO, 2021).

Death, unlike life, which is regarded as a beginning, a starting point, requires broad discussion and scientific studies with significant investment, owing to its significance in the individual's process of social construction. However, stereotypes about the process of death and dying restrict the real meaning of the cycle of finitude, which is accompanied by a process of construction, from the denial of its reality of existence to its apex, which culminates in the cessation of the biological signs of life (SOUZA et al, 2021).

When thinking about the process of death and dying, it is seen as the end, perceived merely as news to be reported directly to family members and described in documents, rather than as an event to be studied and considered relevant to human meaning-making. For the individual for whom cure is not a reality, death should be understood as the construction of a moment that must be marked by tranquility and welcome (INCA, 2022).

Considering the need to discuss death and dying, and the relevance of realizing that this moment must be approached with a welcoming outlook aimed at building elements that make this event more dignified for the terminal patient, one of the patient's most pressing needs is the relief of physical and mental pain, the acceptance of their uncertainties and the support of a care network, whether of qualified health professionals or of their own family (BRAGA et al, 2021).

With regard to the needs that arise in the process of life and death, in chronic-degenerative diseases and oncological pathologies pain relief becomes significant, since this symptom becomes a barrier to a dignified finitude (INCA, 2022).

Pain relief, whether achieved by pharmacological and/or non-pharmacological means, is relevant to reduce the harm that the disease already causes in the life of the aforementioned individual, whose initial wish is the relief of pain, which prevents social life from being closer to the normality of human life (SANTANA; ABRÃO, 2021).

In reflecting on pain relief, studies are also needed on the biopsychosocial state of the individual in the process of terminality, who must receive clinical care that goes beyond medicalization and the diagnosis of the pathology, and even beyond the negative

response of the comorbidity to the technological care governed by science (SOUZA et al, 2021).

The clinical care required by the individual at the end of life must also be provided with the necessary support to the family and/or reference caregivers, so that this attention can be extended to those who have the most intrinsic access to the service user's daily life, their limitations and their real needs at the time of care. To this end, health professionals must be adequately qualified on the basis of the humanization of care designated for chronic patients, especially cancer patients, in the Urgent and Emergency Care Unit, with the Nursing team being the group of professionals most present in this health care (TEIXEIRA et al, 2024).

Humanized care in nursing assistance to chronic patients in palliative care in the Urgent and Emergency Care Unit brings new perspectives for improving these patients' quality of life when they are cared for in a way directed to their needs, with better outcomes in their clinical condition and in their understanding of their health-disease process and finitude (TORRES, 2021).

In view of the above, regarding palliative care and humanized Nursing assistance in maintaining the quality of life of chronic patients in Urgent and Emergency Care, the question arises: what is the role of Nursing in the care of patients in palliative care in urgent and emergency settings?

Analyzing the question of the visibility of palliative care in the continuum of nursing care for chronic and/or cancer patients, and the benefits of this care practice, this study is justified by the need to broaden the discussion on palliative care and the humanization of Nursing care in Urgent and Emergency Care; in this way it becomes possible to obtain better conditions for applying this practice, reach more individuals and offer more quality of life to chronic patients.

Based on the above discussion of palliative care and humanization in the Urgent and Emergency Care Unit, with the integration of nursing care grounded in scientific evidence, this study is relevant for broadening discussions in academia and better preparing professionals to work in this care practice, as well as for contributing to the drafting of legislation that benefits chronic patients through greater investment in palliative practices.

2 Objectives

2.1 General objective

To explain the role of the Nurse in the care of patients in palliative care in Urgent and Emergency Care.

2.2 Specific objectives

- To research Palliative Care and its practice in Urgent and Emergency Care;
- To discuss the humanization of Nursing Care for chronic patients in palliative care in Urgent and Emergency Care;
- To reflect on the benefits of Palliative Care for chronic patients in the Urgent and Emergency Care Unit;

3 Literature review

The urgent and emergency care sector of Health Units provides "open-door" care in order to offer timely and agile care, working to prevent the exacerbation of the clinical

condition and to reduce length of hospital stay and the likelihood of hospital infection (MENDES et al, 2023).

Analyzing urgent and emergency care, it constitutes a sector of specialized care directed at monitoring and therapy for symptom control and the assessment of signs that may make the condition of the patient assisted by this sector chronic, using a classification of the patient's clinical conditions in order to organize the flow of care (MEDEIROS et al, 2021).

In treating acute and chronic clinical conditions, the aforementioned sector subjects its care to an intense flow of care in which patients are assisted in their organic problems, using specialized care technologies (GUIMARÃES; MAGNI, 2020).

The care offered in urgent and emergency care may culminate in hospital discharge through symptom control, or in admission for intensive attention to signs and symptoms, or even referral to advanced interventions such as surgery (MENDES et al, 2023).

With regard to the care provided in Urgent and Emergency Care, it also covers patients with chronic-degenerative diseases, or even cancer patients with negative results from prescribed therapies, who are referred to these Units for symptom-relief care (TEIXEIRA et al, 2024).

Users of health services with the aforementioned diseases must be cared for guided by an understanding of the process of life and death, which requires attention to the life cycle so that one may reflect that the meaning of health goes beyond maintaining life in society and also includes helping to understand that the process of death is also an integral part of human growth and development (SANTANA; ABRÃO, 2021).

Understanding the process of human life and death is relevant for understanding the organic cycle, knowing that the phases of life also involve periods of cell death, and that aging occurs owing to the "death" of a phase of the human cycle (INCA, 2022).

The life cycle in contemporary society, and the concept of construction, of birth as a positive moment owing to its nature relating to development and human evolution, is regarded as a counterpoint to death, which is perceived as a negative idea that does not give rise to positive discussion owing to its relation to the finitude of the cycle of human development (SANTANA; ABRÃO, 2021).

The idea of death as the end of something, as a closure, determines in present-day society a reductionism of this organic event, which should receive the reflection due to a moment that needs to be understood as part of the individual's trajectory in the process of life and death; scientific discussions on this subject are therefore relevant to the meaning of this process (TORRES, 2021).

In the process of understanding life and death and of perceiving death as a factor intrinsic to the understanding of this process, it is necessary to reflect on the process of caring for patients with life-threatening and/or life-limiting diseases, with palliative care being the means of offering care directed not entirely to cure but to the relief of the symptoms of their pathologies and to support and welcome (TEIXEIRA et al, 2024).

Understanding the urgent and emergency care sector as responsible for symptom control, hospital admission or advanced interventions such as cardiopulmonary resuscitation, or even surgery or the use of medical devices, we find that, besides users with exacerbations of pathologies, this sector also treats patients with chronic diseases that threaten their lives and their routine of daily and professional activities. On emergency medicine and palliative care, Mendes et al (p. 21, 2023) state that,

Traditionally, emergency medicine targets therapies to maintain and prolong life, often without attention to patients' prognosis, treatment values and care preferences. Jointly, emergency medicine acts mostly in the identification and stabilization of acute conditions, with emphasis on rapid intervention and the initiation of necessary procedures and treatments. However, the emergency

department has evolved into a gateway in many situations, constituting the point of reception for patients who arrive at the hospital in distress. Even so, there is great resistance to initiating the palliative approach; this stance may be related to professionals' attitudes and beliefs about the process of illness, as well as to a mistaken understanding of the emergency as a fast-paced sector in which there would be no time for interaction between team, patient and family.

In discussing chronic diseases that threaten and limit individuals' lives, and the attention due to the worsening of the clinical condition related to the exacerbation of the systemic conditions associated with these diseases, in the urgent and emergency care sector the care of these patients and the support to their support network must be provided in a humanized way and with attention to the axes inherent to the care of these individuals. On the care of chronic patients in palliative care in urgent and emergency care, Medeiros et al (p. 416, 2021) state that,

However, although it is not the ideal place to initiate palliative care, the emergency department could integrate symptom management in acute crises, deconstructing a culture of care for acute cases only, so as to make room for care centered on the patient and not exclusively on the disease. This already occurs in some developed countries, such as the United States, where the project Improving Palliative Care in Emergency Medicine was created, an embryonic education movement for emergency teams that defines goals for assessing the patient, including end-of-life care and symptom management.

Care for these individuals must respect the directives they have established, which are regarded as a priority in the national palliative care policy, which sets parameters for the care of these individuals from Primary Care to urgent and emergency care, the latter receiving greater attention owing to the imminent risk of death resulting from the conditions of the individuals under care according to the severity of the chronic disease, or the clinical worsening of cancer patients (ANDRES et al, 2021).

Respect for biopsychosocial conditions is related both to the individual and to their support network, and to the structuring of the care environment and the specialization of the professionals who care for users of the Urgent and Emergency Care Unit, which constitute the pillars of relevance for building a humanized care process in this sector (ALENCAR et al, 2024).

With regard to the biopsychosocial issues involved in health care for people in palliative care in urgent and emergency settings, these individuals go to these Units, in many cases, for pain relief, and this pain must be treated pharmacologically or non-pharmacologically, using means based on scientific evidence, in order to offer therapy centered on the patient and not on the disease, since these chronic patients in some cases do not respond positively to the therapies continuously prescribed for their pathologies; pain is regarded as a barrier to dignified social life and to the visibility of the process of life and death (RIBEIRO; FILHO, 2022).

Pain, as a symptom requiring immediate action owing to its harmful effects on daily life and its impairment of the patient's comfort, requires specialized care in order to improve the quality of life of the chronic and/or cancer patient (TORRES, 2021).

Attention to the aforementioned patients regarding pain relief results in better cooperation by these individuals with the care offered in Urgent and Emergency Care, aimed at the continuous improvement of the individual and their family and thereby providing care of excellence (TEIXEIRA et al, 2024).

In considering pain relief as one of the health care concerns for individuals with diseases that threaten and limit daily life, clinical care for these patients must be guided

by conditions related not only to the biological scope but also to the mental and social, making it possible to offer holistic care with positive results (TORRES, 2021).

Clinical care for patients with the aforementioned diseases falls within the care referred to as palliative care, whose focus is quality of life and the understanding of finitude as an integral part of the life cycle, thereby influencing the understanding of the process of death and dying as a relevant and determining theme for the humanized care of these individuals (SOUZA et al, 2021).

Health care work based on the humanization of care for patients in palliative care, especially in Urgent and Emergency Care Units, must be established as essential in the pursuit of results that benefit these patients and bring improvement in their clinical condition, even if symptomatic and short-term, but which brings significant change in these individuals' social and professional relationships (RIBEIRO; FILHO, 2022).

The humanization of care in the Urgent and Emergency Care sector for patients in palliative care goes beyond professionals qualified for this care; it is also established as care that promotes qualified listening to this population and an environment that welcomes these individuals in their most pressing needs related to their chronic and limiting condition. On palliative care in Urgent and Emergency Care, Alencar et al (p. 02, 2024) state that,

In this sense, the incorporation of palliative care into urgent and emergency services aims to protect the patient from unnecessary procedures that they do not want. It is considered essential to carry out triage in the sector, so that decision-making is swift, leading to appropriate interventions.

Thus, the humanization of care in urgent and emergency settings, and the resulting knowledge of the importance of Palliative Care in this sector, becomes essential to provide these individuals with qualified care directed to the specific clinical conditions of each chronic health condition of individuals in palliative care who enter this sector (D'ALESSANDRO et al, 2023).

In discussing palliative care, it is grounded in the relevant legislation, the National Palliative Care Policy, Ordinance GM/MS No. 3,681 of May 7, 2024, which determines the responsibility of Health Units to provide patients in palliative care with care centered on biopsychosocial issues at the various levels of health care, including specialized care focused on clinical severity, which is the care objective of the Urgent and Emergency Care sector discussed in the previous chapter. Regarding the cited ordinance, it establishes that,

Art. 1. The National Palliative Care Policy (PNCP) is hereby established within the scope of the Unified Health System (SUS). § 1. For the purposes of this Annex, palliative care is understood as the health actions and services for the relief of pain, suffering and other symptoms in people who face diseases or other health conditions that threaten or limit the continuity of life. § 2. The public health actions and services referred to in § 1 comprise treatment and prevention approaches aimed both at the person cared for and at their family members and caregivers (BRASIL, 2024).

This legislation, relevant to improving the care of patients with chronic conditions that threaten and limit life, has become essential for expanding knowledge about the definition of palliative care and for better adherence by individuals indicated for this therapy, which improves the quality of life of individuals with chronic health conditions. On chronic and limiting diseases, D'Alessandro et al (p. 12, 2023) state that,

A serious and life-threatening disease is understood to be any acute or chronic disease, or various health conditions that are related to a high degree of mortality, with impairment of the person's quality of life and functionality

resulting from symptoms or treatments, leading to dependence on care and possible burden on the responsible caregiver. In this context, life-threatening diseases, with or without the possibility of reversal or curative treatments, awaken in us the need for a broad and complex view of care, with interest in the totality of the patient's life and with respect for their suffering and that of their family members.

Analyzing palliative care, the National Palliative Care Policy establishes the matrix axis, responsible for State management of issues pertaining to the engagement of proactive citizens in professional and academic discussions and the management of care on this theme, and the care axis, related to the adoption of practices based on scientific evidence that provide the biopsychosocial and spiritual well-being of individuals with chronic and limiting health conditions (BRASIL, 2024).

Understanding the importance of discussing and applying Palliative Care today, it must be linked to the Humanization Policy in order to offer care that respects individuals' specificities and sees the professional-user-family relationship as essential for qualified care with short-, medium- and long-term results (ALENCAR et al, 2024).

With regard to the study of care for the support network of individuals in palliative care treated in Urgent and Emergency Care Units, this network must receive attention owing to its relationship with the health service user, which results in better quality of care by making the family unit a participant in the care process, fostering humanized care (BRAGA et al, 2021).

By understanding the need to welcome the family group and/or reference guardians of the individual in palliative care, it becomes possible to provide holistic care to the social subject and the feasibility of care directed to their health problems, which are not related only to cure but to reflection on the process of life and death and on the understanding of the cycle of death and dying (SANTANA; ABRÃO, 2021).

When family relationships are integrated as an element of care, the care process in urgent and emergency settings for patients in palliative care becomes a moment of respect for human dignity and of welcoming the individual's real needs, the family being the holder of intimate relationships of social coexistence with these individuals (BRAGA et al, 2021).

By establishing fruitful relationships among the health institution, professionals, family and patient, it becomes possible to broaden discussions on palliative care, its concept and applicability, making this theme an element of study and investment in the promotion of health care based on welcoming and understanding the cycle of life and death (TORRES, 2021).

The reality of the understanding of palliative care in Brazil, even with the resolution cited in earlier paragraphs, is still very restricted to the thinking associated with palliative care and the idea of an irrefutable end to care practices for patients with chronic diseases that threaten and limit daily life; the discussion of this theme has given rise to the argument that palliative care is a holistic and significant issue for the well-being of health service users with chronic diseases and for their fruitful relationship with health professionals and with their support network (D'ALESSANDRO et al, 2023).

Thinking of palliative care as a way of improving the quality of life of health service users, this is a broad practice that encompasses the various facets of the individual with a chronic disease that limits activities of daily and professional life, and it is significant to discuss this theme in terms of physical, psychological, social and spiritual health. In this regard, D'Alessandro et al (p. 12, 2023) state that,

The understanding of palliative care (PC) has been developed over the course of its definition, updated by the World Health Organization in 2018. It determines that palliative care is an approach that improves the quality of life of patients

(adults and children) and families facing problems associated with life-threatening illnesses, by preventing and relieving suffering through early identification, correct assessment and treatment of pain and other physical, psychosocial or spiritual problems.

Analyzing the issues related to the axes of care mentioned in the previous paragraph on palliative care, attention to the physical issues of the aforementioned patients refers to the adoption of therapy for the control of pain and other symptoms related to the health condition of the individual enrolled in palliative care. On palliative care and health care, Alencar et al (p. 02, 2024) state that,

Palliative Care aims to improve the quality of life of patients and their families facing life-threatening conditions, through its own approach. It is estimated that 40 million people need palliative care worldwide, and only 14% of people receive this care. Controlling pain, discomfort and other present symptoms, as well as assessing and supporting caregivers, through a multidisciplinary and interdisciplinary approach, are the focus of palliative care.

Care relating to biological issues that manifest physically in the individual is relevant with respect to the symptomatic control of the chronicity of the user's disease, in order to promote a better capacity for interpersonal relationships in this individual, in addition to obtaining from the individual being cared for cooperation with therapy and improvement in their social relationships and in the performance of their activities of daily living (ANDRES et al, 2021).

Besides the physical issues to be addressed in palliative care, attention to the psychological problems of the patient with the conditions cited in the previous paragraphs also becomes significant, since it is known that inadequate follow-up of psychological conditions directly interferes with the care of the terminal patient and their cooperation with the established therapy, whether pharmacological or non-pharmacological (ALENCAR et al, 2024).

Regarding the study of the relevance of monitoring the patient's mental health in line with the analysis of the chronicity of the health condition, the interrelationship among the professionals who provide care to the patient and the integration of the support network as an important part of monitoring the patient and their chronic health conditions create opportunities for better positive results of the patient with their therapy and for these professionals' and the support network's understanding of palliative care and its benefits, thus integrating the analysis of the social conditions that interfere in the care of individuals with chronic diseases that threaten and limit life and who are indicated for palliative care (MENDES et al, 2023).

The social conditions of the aforementioned individuals are related both to issues of social coexistence and their integration into the labor market and income generation, being a professionally active individual, as well as to their relationship with their support network and the preparedness of this network for palliative care. It is necessary to prepare the family and caregivers for their adherence to palliative care, both for the continuity of care at home and for support with the problems that members of the support network may present that interfere with the quality of life promoted by palliative care (ANDRES et al, 2021).

Working with palliative care, spiritual conditions also constitute a relevant axis of care for the patient in palliative care, as they interfere with the patient's adherence to and collaboration with the care offered, according to the understanding of the pillars of their religiosity and cultural values. Intrinsic to the understanding of the aforementioned axes is the continuous analysis of spiritual and cultural values to better adapt the palliative care plans of the patient with chronic diseases (MEDEIROS et al, 2021).

For the adoption of humanized care, aimed at promoting patient care that assesses everything from professional and management issues to structural issues, it would be incoherent to discuss this matter without attention to the professionals who assist these individuals in matters tied to the chronicity of their clinical conditions (RIBEIRO; FILHO, 2022).

With regard to the health professionals who provide care directed to users in palliative care in Health Units, especially at hospital level in the Urgent and Emergency Care sectors, the Nursing professional class is established as a working group present in patient care from the initial diagnosis of their comorbidity, through their follow-up and care in the Health Unit, to their adherence to and continuation of Palliative Care (D'ALESSANDRO et al, 2023).

The Nursing profession belongs to the social life cycle, in that its professionals are present in the care of the human being from birth through the process of dying and the preparation of the body; it is therefore necessary for this professional class to engage in palliative care, as a key profession for qualified and humanized care of individuals in palliative care (ALENCAR et al, 2024).

Palliative care, as already discussed, is present in the routine of individuals with chronic diseases that threaten and limit life, who for this reason need professionals who can understand and establish care plans focused on the individual and their support network, directed to quality of life and symptom relief with holistic care that does not specifically aim at cure but at understanding death as a process of life (BRASIL, 2024).

The engagement of the Nursing profession in palliative care, owing to its knowledge of the cycles of life and death, is relevant for establishing humanized care that promotes awareness of the details of the daily lives of individuals with chronic conditions and places them as authors of their own story and holders of power over their bodies. On the relevance of Nursing care in the composition of the palliative care team, Andres et al (p. 02, 2021) state that,

Nursing, as an integral member of the palliative multiprofessional team, in a service can act both in the technical-therapeutic plan or in care management and in the understanding of human nature, directing attention to the holistic needs of the patient and family, planning and implementing actions that allow the individual maximum control over their life and illness.

Nursing, as the profession responsible for continuous "bedside" care, provides differentiated attention in the collaborative and integrated adherence of the chronic patient to the establishment of their therapy, so that they perceive that the focus is not only on the disease but on attention to their biopsychosocial needs, and not on prolonging life without qualified listening to the patient (MENDES et al, 2023).

Nursing Care directed to palliative care concentrates on qualified listening, a differentiated therapeutic approach based on reducing discomfort related to the chronic condition, a critical eye and care based on scientific evidence, using these axes to offer humanized care that sees the individual, and their specificities, as a single being and a participant in their health-disease process (MINAME; LEDUE, 2022).

The nurse's perception of the health-disease process, and furthermore an understanding of the life and death cycle of the chronic patient, is fruitful for formulating directed care that has positive results for the patient and for their process of understanding their clinical conditions and cooperating in palliative care (GUIMARÃES; MAGNI, 2020).

Analyzing the nurse's care of the patient in palliative care, the nurse's care action in this care practice benefits the individual by regarding them as a being who deserves to have their views on their daily life respected, who needs to be at the center of care, and

who has the formative awareness that chronic disease does not take away their right to decide about their living and dying (ANDRES et al, 2021).

On palliative care and Nursing care for patients with chronic pathologies that threaten/limit life, cancer patients become a significant target population in the care provided in palliative care, owing to the need for attention directed to the process of death and dying, the life and death cycle having a differentiated meaning for these patients (SANTANA; ABRÃO, 2021).

Specialized health care for cancer patients must be integrated so as to promote reflection on directing health services to these patients' needs at the biopsychosocial level, focused on the human being and on maintaining their quality of life (TORRES, 2021).

Maintaining the quality of life of oncology patients in urgent and emergency care sectors requires from the Nursing team skills related to knowledge of the process of life and death tied to what palliative care determines, which gives new meaning to health care, in which pain relief and the welcoming of the support network and of the patient in their problems become relevant for the follow-up of this individual in situations requiring support in the aforementioned Unit (RIBEIRO; FILHO, 2022).

In reflecting on health care in urgent and emergency settings from the standpoint of humanization, the health care of cancer patients in these Units needs broad discussion aimed at the continuous improvement of care for these individuals, understanding palliative care as relevant to the quality of care and to the empowerment of these patients regarding the attention given to their health problems (TEIXEIRA et al, 2024).

Aiming at understanding the importance of Nursing care based on the humanization of the health care of cancer patients, grounded in scientific evidence on palliative care, so as to offer differentiated care that promotes well-being, and understanding that this theme should be prominent in the training of Nursing professionals in order to improve the qualification of work in palliative care and, consequently, the care of these patients (SOUZA et al, 21).

With regard to Nursing care and the benefits of palliative care, the benefits related to the care of individuals with chronic diseases are tied to the work of sensitizing the individual about their condition, the reduction of symptoms and also care for social, psychological and spiritual issues, completing a cycle of care with a care plan integrated into the individual's health-disease process (MENDES et al, 2023).

Analyzing the care plan for the patient in palliative care and the integration of the individual as an active participant in decisions about their care, the benefit related to the perception of their health status is visible from the diagnosis of the disease, since this early sensitization of the individual makes it possible to reduce denial about their critical state and to understand the disease as a process of life, as is death (MINAME; LEDUE, 2022).

The perception of one's chronic state is a relevant benefit in the process of perceiving the disease and its limitations, promoting better adherence by users to palliative care, with Nursing as the profession that directs dialogue on issues related to the process of life and death of the chronic patient (MEDEIROS et al, 2021).

The nurse, in the process of understanding finitude as a process of life, as well as in reflecting on the chronicity of the disease, plays a fundamental role in the patient's adaptation to this new reality, reducing fear and improving the patient's adherence to the care received (GUIMARÃES; MAGNI, 2020).

Palliative care and the work of Nursing in this care practice also have their results and benefits tied to the care level, and it is in hospital care, especially in the Urgent and Emergency Care sector, that specialized Nursing attention is needed in order to structure

a humanized care space that can welcome the chronic patient and their family in a qualified way (ANDRE et al, 2021).

Another benefit of palliative care for the chronic patient, especially in hospital care in the Urgent and Emergency Care sector, is the importance given to the patient's support network, which receives the support needed to understand their family member's directives, the process of life and death, living with the disease, among other issues that positively impact the family's relationship with the individual with chronic disease and the understanding of the care provided in the Hospital Unit and instructed to be continued at home (MEDEIROS et al, 2021).

The humanization of care for the chronic patient in palliative care, assisted in the Urgent and Emergency Care sector by the Nursing team, makes the aforementioned benefits possible and, depending on the patient, brings about positive reflection on the process of finitude as a life path and not only as a phase of pain and suffering; that is, the Nursing team becomes an important pillar of palliative care for the chronic patient treated in the Urgent and Emergency Care Unit (MENDES et al, 2023).

4 Methodology

4.1 Nature of the study

This is bibliographic research, with a descriptive method, of the bibliographic type, and a qualitative approach.

The integrative literature review brings to scientific research the possibility of critical analysis of the authors and articles related to the study theme and to the work and theoretical basis for a critical discussion grounded in scientific evidence (GIL, 2008). According to Gil (2008), descriptive research aims to gather detailed data in order to describe an event or phenomenon, and is thus essential for data collection for scientific research, underpinning the study proposed by the authors of the research. (Gil, 2008)

For Gil (2008), bibliographic research is composed on the basis of existing materials, consisting of books and scientific articles. (Gil, 2008)

In general, bibliographic research is established as a method that proposes updating the theoretical framework of the research in order to ground the study in data that give it more foundation and value. (Silva de Sousa et al., 2020).

4.2 Place and period of the study

The research will be carried out by searching for data in the Virtual Health Library (BVS), SCIENTIFIC ELECTRONIC LIBRARY ONLINE (SCIELO), Google Scholar, DATASUS, Revista Eletrônica de Enfermagem and PubMed. For the search for articles the following keywords will be used: Urgent Care; Emergency; Palliative Care; Nursing, searched in the DeCS/MeSH.

The research will be carried out between January and May 2025 with a qualitative approach with the aim of broadening the discussion on the proposed theme.

4.3 Population and sample

The target population of the study is patients with chronic diseases that threaten and/or limit life and the activities of daily living of individuals in palliative care in the Urgent and Emergency Care Unit.

4.4 Inclusion and exclusion criteria

The inclusion criterion of the research will be defined by articles related to the theme, in Portuguese and English, within the time frame of 2019 to 2024.

The exclusion criterion of the research will be determined by paid articles, incomplete texts, simple abstracts, themes opposite to the one addressed in the study, and duplicate articles.

4.5 Period and data collection

Data collection will be carried out from September to November 2024, in the evening hours, according to the availability of the research authors.

It will be carried out through critical analysis of the inclusion and exclusion criteria and the survey and selection of data and information on the theme, performed virtually on scientific research platforms, through articles and documents that will underpin the reflection and discussion on humanized Nursing practice with patients in palliative care in the Urgent Care Unit and its benefits, through documentary research and the DATASUS platform, organizing tables for later analysis.

4.6 Data analysis

After critical collection and selection, the selected data will be organized into tables for better understanding; these tables will make visible the scientific evidence and updates on the benefits of Nursing care for chronic patients in palliative care in the Urgent and Emergency Care Unit, with a descriptive analysis of the study.

5 Results and discussion

For the construction of this work, data were collected from 14 materials among articles, manuals and legislation on palliative care in Brazil, these materials being cataloged in the chart below, with the data organized into: title, author(s), journal/year and objective.

Chart 1 – Analysis of the literature on nursing care in palliative care in urgent and emergency settings

Nº	Title	Author(s)	Journal/Publisher/Year	Objective
1	Debates oncológicos e cuidados paliativos em enfermagem	SANTANA, Euzamar de Araújo Silva; ABRÃO, Ruhena Kelber	Quipá Editora, 2021	To highlight the challenges of nursing in the care of cancer patients and to seek traits of the epidemiological profile of the pathology in Brazil, as well as the factors that interfere in nursing care for the cancer patient.
2	Assistência de enfermagem aos pacientes em cuidados paliativos	ANDRES, Silvana Carlotto et al.	Research, Society and Development, 2021	To describe the knowledge of the nurse in care to improve quality of life and relieve the pain and suffering of patients in palliative care. To report the factors that challenge the inclusion of Palliative Care in the urgent and emergency setting, and the role of nursing in this scenario.

Nº	Title	Author(s)	Journal/Publisher/Year	Objective
3	Cuidados paliativos na emergência: desafios e atuação da enfermagem	ALENCAR, Cícero Damon Carvalho de et al.	Enferm Foco, 2024	To investigate in the scientific literature studies that report the factors that challenge the inclusion of Palliative Care in the urgent and emergency setting, and the role of nursing in this scenario.
4	A percepção da família sobre cuidados paliativos	BRAGA, Carlinda Oliveira et al.	Rev. Cient. Esc. Estadual de Saúde Pública, 2021	To assess the understanding of PC by family members of patients receiving this treatment at the State Rehabilitation and Readaptation Center Dr. Henrique Santillo (CRER).
5	Reflexões sobre a humanização do cuidado na presença de uma doença ameaçadora da vida	GUIMARÃES, Tamara Borox; MAGNI, Cristina	Rev. Mudanças – Psicologia da Saúde, 2020	To describe reflections on the humanization of care in professional practice with the end of life.
6	A avaliação do paciente em cuidados paliativos	Instituto Nacional de Câncer – INCA	INCA, 2022	To disseminate technical information on palliative care, favoring the training of health professionals working in the field.
7	O manejo de pacientes em cuidados paliativos na emergência por queixas relacionadas ou não à terminalidade: uma revisão integrativa	MENDES, João Vítor Santana et al.	Revista Inova Saúde, 2023	To review the application of the palliative approach in emergency care departments.
8	Cuidados paliativos na emergência: revisão integrativa	MEDEIROS, Maria Olívia Sobral Fraga de et al.	Rev. Bioética, 2021	To learn about emergency teams' approach to the care of patients with advanced chronic disease from the perspective of palliative care.
9	Cuidados paliativos na emergência: invocando Kairós e repensando os sistemas de saúde	RIBEIRO, Diego Lima; FILHO, Marco Antonio de Carvalho	Cad. Saúde Pública, 2022	To discuss palliative care in the emergency department, invoking Kairós and rethinking health systems.
10	Conforto de pacientes em cuidados paliativos: revisão integrativa	SOUZA, Mariana Cristina dos Santos et al.	Rev. Enfermería Global, 2021	To identify and synthesize research addressing the comfort of patients in palliative care.
11	Os desafios da integração dos cuidados paliativos na emergência	TEIXEIRA, Nathalia de Almeida et al.	Cuadernos de Educación y Desarrollo, 2024	To identify the particularities and challenges of the PC approach and its integration into emergency sectors.
12	O papel do enfermeiro aos cuidados paliativos em pacientes oncológicos	TORRES, Luana Gonçalves	Monograph, 2021	To understand the nursing care provided to cancer patients in the final stage, to gain full knowledge of the care given to the terminal patient, in order to identify

Nº	Title	Author(s)	Journal/Publisher/Year	Objective
				measures that can bring comfort and prioritize quality care for [...]

Source: Prepared by the authors.

The Unified Health System (SUS) has the role of offering attention to the population's health problems, through the levels of health care and specialized diagnostic services, assisting the users of its services in a fair and broad manner. On the provision of health care and, consequently, quality of life, as a social policy, Abrão/Santana (2022, p. 19) state that,

In this sense, in the pursuit of quality of life, it is assumed that the population should participate in defining social policy and in the social control and evaluation of the actions and services arising from it. It is worth emphasizing the responsibility of government representatives at all levels to guarantee the population, through participatory governance, living conditions that are favorable to health.

The health care services managed by the SUS offer care to the population in a holistic way, with a critical view of the specificities of each individual, with urgent and emergency services as the gateway to this care (D'ALESSANDRO et al, 2023).

Urgent and emergency services have, in their theoretical-practical framework, health care in all its extent, offering care that respects the immediate needs of the individual seeking resolution of their problems and, tied to this, respect for their biopsychosocial issues, as a single being and holder of inalienable rights (SOUZA et al, 2021).

Individuals who seek urgent and emergency care, whether on their own, referred by other health facilities, or even transported by Mobile Emergency Services, have as the qualifier of care the qualified listening to their needs and the resolution of the health issues that brought them to the aforementioned service (TEIXEIRA et al, 2024).

Care in the Urgent and Emergency Care Unit, as a right established by law, has as its principle health care that respects the pressing limitations of each individual, with the purpose of the quality of life of individuals and the reduction of harm, and with responsibility for patient safety, respect for the support network and attention to the quality of the service and the needs of staff (BRASIL, 2024).

In offering immediate care that requires specialized attention and a multiprofessional team with a critical and systematized view of health issues that directly threaten the life of the individual who seeks care in the aforementioned Health Units, the process of life and death is constantly called into question in these Units as a factor requiring continuous discussion. This process is considered not only as a biological factor but also as a matter of respect for the autonomy and specificity of each individual (D'ALESSANDRO et al, 2023).

The process of life and death, initially discussed in the previous paragraph, has as its most common discursive mark the understanding that life is of critical relevance and should be placed as the pillar of the human being, since from the birth of the social subject it is perceived as an element of social integration, as something to be maintained because it is inherent to the human being, a positive element that grants the individual the status of an active and social being (RIBEIRO; FILHO, 2022).

The maintenance of health is regarded as a crucial action in health care in the Urgent and Emergency Care Unit, with the harms inherent to the individual's comorbidities understood as the sole factor of attention, and the resolution of the clinical condition

perceived as the main element of health care in these Units, the maintenance of life being tied to the persistence of vital signs at standardized levels (TEIXEIRA et al, 2024).

Since the question of health in the maintenance of life is tied to the use of technology, the issues of the process of death and dying are perceived as a negative theme restricted to prognoses that are not widely discussed in professional and academic settings (INCA, 2022).

When the discussion of the process of death and dying is not continually held in a multilateral way, as life and health are discussed with legislation as a support for the matter, it fosters the unpreparedness of professionals to work with individuals with chronic pathologies that threaten and/or restrict the life cycle (RIBEIRO; FILHO, 2022).

By discussing the aforementioned process only to a limited extent, professionals, especially in the Urgent and Emergency Care sector, tend not to hold knowledge about these individuals and thus cannot offer directed and qualified health care to them, lacking the adequate understanding to promote differentiated care and to be multipliers on the theme surrounding this discussion, which relates to palliative care. Analyzing the relevance of palliative care, its guiding principles are, according to Brasil (2024, p. 01-02),

Art. 2. The principles of the PNCP are:

- valuing life and regarding death as a natural process;
- respect for the values, beliefs and cultural and religious practices of the person cared for;
- respect for the individual's autonomy, with special attention to substitute decision-making;

In the case of children and persons under curatorship or guardianship, safeguarding the bioethical principles of professional codes and related laws;

- provision of palliative care throughout the life cycle, without distinction, for people suffering from any clinical condition that threatens the continuity of life;
- initiation of the investigations necessary to better understand and control clinical situations that threaten the continuity of life;
- early initiation of palliative care, offered together with treatment of the disease;
- promotion of improvement in the course of the disease and recognition of suffering in its physical, psycho-emotional, spiritual and social dimensions;
- acceptance of the natural evolution of the disease, neither hastening death nor refusing treatments and diagnostic procedures that may cause suffering, or measures that artificially prolong the dying process;
- promotion of a care model centered on the health needs of the person cared for and their family, including bereavement support;
- provision of palliative care by a multiprofessional and interdisciplinary team;
- sensitive and empathetic communication, with respect for truth and honesty in all matters involving the persons cared for, family members, caregivers and professionals; and
- compliance with the Advance Directive of Will (DAV) of the person cared for.

Analyzing care in Urgent and Emergency Care for individuals with chronic diseases that threaten/restrict daily life, which according to INCA (2022, p. 12) are defined as "health conditions that are related to a high degree of mortality, with impairment of the person's quality of life and functionality," these demand a discussion of palliative care directly related to this issue, bringing to light the discussion of directing care to these individuals so as to offer Specialized health care, understanding the process of death and dying as essential to care and necessary for maintaining the quality of life of users of the

services of the aforementioned sector. Based on the above about care for life-threatening diseases and the process of death and dying, Abrão; Santana (2021, p. 64) report that,

In most cases, the management of oncological disease is characterized by the patient's emotional and clinical instability in the phases of worsening and critical care, with the exacerbation of symptoms that worsen quality of life, revealing a complex process of dying and death, since these critically ill patients are generally hospitalized.

The process of death and dying must be understood as an integral part of studies on clinical health care in the Urgent and Emergency Care sector, as well as in health care in general in public or private health institutions, making it relevant to establish training for professionals to understand this care as inherent to maintaining the health-disease process and to reflection on palliative care in the emergency sector. It is known, according to Mendes et al (2023, p. 25), that "[...] studies identified that [...] there is a clash when it comes to including palliative care in the emergency department, even with [...] discussions [...] to reformulate systems and include palliative care," which must offer immediate care, this being an open-door sector in health care (D'ALESSANDRO et al, 2023).

In the care of patients in palliative care in Urgent and Emergency Care, care has as its main focus clinical care carried out in a multifactorial way in which the biopsychosocial and spiritual issues of the individuals assisted in this Unit are considered, pain relief being an essential care for patients in palliative care, giving them a better opportunity to maintain their daily life through the relief of pain that prevents these individuals' social life (MENDES et al, 2023).

Pain relief becomes a relevant care in health care in palliative care, being essential in contrast to maintaining life with a focus on the pathology, since in Palliative care the provision of care is directed to maintaining quality of life; Andres et al (2021, p. 02) report that this strategy of caring "aims to promote the quality of life of patients and their families, through early assessment and control of physical, social, emotional and spiritual symptoms," a statement upheld by Alencar et al (2024, p. 02), who state that this care "aims to improve the quality of life [...] of the patient and their families, who face life-threatening conditions, which need to be united with care that seeks to control the disease," the reduction of painful stimuli of chronic pathologies, sensitization about the need for socialization and support from the support network being decisive factors in specialized attention in palliative care (INCA, 2022).

Clinical care for patients in palliative care in Urgent and Emergency Care, with a focus on biopsychosocial attention, with pain relief as the initial care, needs to be understood as inherent to care, attention to the biopsychosocial pillars being an elementary action for the "re-signification" of care for these individuals who, upon admission to this Unit, must be assisted by professionals trained in a clinical eye directed to their immediate needs and not only to the decompensated pathology that led to care in the aforementioned sector (GUIMARÃES; MAGNI, 2020).

By re-signifying clinical care for chronic patients in palliative care, it provides differentiated health care with more positive results for the follow-up of the patient treated in the aforementioned Unit, obtaining their cooperation in the prescribed therapies and continuous improvement of the symptoms presented by the patient in "palliation" (SOUZA et al, 2021).

Clinical care in palliative care integrates attention that works with the specificity of the individual in light of the needs of those who have chronic diseases that threaten or limit the performance of activities of daily living, and consequently social life and work activities, making it relevant to understand these pathologies, their biopsychosocial effects on the individual, and how the health professional can design in the urgent and

emergency care unit a care plan suited to this individual, especially users of the Health Unit who are being treated for oncological conditions (D'ALESSANDRO et al, 2023).

In working with cancer in the urgent and emergency care unit and, consequently, with the assignment of palliative care as a way of qualifying the services of this sector, Brasil (2024, p. 05) establishes in Article 9 that, "IV - urgent care service: will provide palliative care for the relief of acute symptoms, ensuring the comfort and dignity of the person, as well as of their family members and caregivers [...]," whereby it becomes possible to seek a better understanding of cancer and its problems for the life of the individual and of how it is possible to reduce the harms of the disease, without thereby minimizing care for the psychological, social and spiritual problems involved in working with cancer patients. Regarding oncological care, ABRÃO; SANTANA (2021, p. 12) state that,

Oncological care encompasses care for people affected by cancer, but also for those considered healthy, including people with a predisposition and those with signs and symptoms compatible with the need for intervention or treatment. In this sense, oncological care requires the undertaking of sectoral and intersectoral public policy actions.

With regard to work in oncology, cancer is regarded as a public health problem because it produces problems involving the gradual loss of psychomotor abilities and/or withdrawal from work activities, these being some of the issues that curtail rights positively acquired constitutionally (BRASIL, 2024).

Analyzing cancer in its biological aspect, in short it presents as a cellular alteration that prevents the monitoring of cells with disordered growth, which as the process advances alters the organic physiology of systems, causing the formation of tumors that may migrate to other organs, causing loss/impairment of organ function, worsening of the clinical condition and death (INCA, 2022).

In addressing the oncological process and its harms to the organism, it requires differentiated attention to symptoms, both those related to the type of cancer and to the stage of the disease the individual is in and their response to the prescribed treatments, for each type of cancer, and the physiological losses these cause to individuals and their support network, requiring care with multifactorial action and sensitization about the process of death and dying; indeed, according to Abrão; Santana (2021, p. 71-72), "the refusal of death tends to make the processes of illness without therapeutic possibilities of cure even more painful, with the individual enveloped in feelings of fear, rejection and revolt [...]," and understanding these problems is essential for planning palliative care, which for Braga et al (2021, p. 06) "[...] is directed to the human being in their wholeness and [...] intervention in symptoms of a physical, social, emotional and spiritual nature that transform the practice [...] of a team, with a multiprofessional and interdisciplinary character," which places palliative care in the category of strategic and organizing care (D'ALESSANDRO et al, 2023).

Attention directed to palliative care for individuals with diseases that threaten/limit daily life, especially individuals diagnosed with cancer, is relevant in maintaining the individual's life cycle; regarding this care strategy, Braga et al (2021, p. 05) state that "[...] the palliative approach can complement and expand disease-modifying treatments or can become the focus of care, according to the individual wishes and needs of each patient and their family members," and this strategy also promotes understanding of the life and death cycle, a fact corroborated by Abrão; Santana (2021, p. 87), who report that "palliative care neither prolongs nor shortens death, [...] it simply relieves pain and suffering, ensuring a better quality of life until death occurs peacefully, [...]," reflection on

the process of death and dying being called for here, understanding finitude as part of life (SOUZA et al, 2021).

For the sensitization of the patient and support network about the process of death and dying as an integral part of the life cycle and a factor to be discussed in order to improve the quality of life of the terminal patient, communication of the health team with the cancer patient and their support network, or even communication of the multiprofessional team among themselves, is key; INCA (2022, p. 98) reports that "Communication is a tool used for the practice of good health care," a fact corroborated by Mendes et al (2023, p. 48), who state that communication in this care strategy has "relevance as an indispensable tool for a humanized practice of care," complemented by Ribeiro; Filho (2022, p. 26), who understands communication between professional, patient and support network as "decisive in decision-making, being the main determinant of the conduct and decision-making by such professionals, always respecting the personal wishes of the patient," making possible through communication better directed health care with more concise results (MENDES et al, 2023).

The discussion of the end of life in line with health care in Urgent and Emergency Care Units sheds light on comprehensive health care for users of health services, as it proposes broad attention to the individual that does not end with the administration of therapies aimed at cure, but with the adoption of a care proposal that aims to reduce the fear of death and to provide analgesia for the symptoms of the pathology that impairs the performance of the individual's daily activities, that is, care directed to the quality of life of the individual and, consequently, of their support network (GUIMARÃES; MAGNI, 2020).

For specialized palliative care assistance, the training of professionals working in urgent and emergency care in the applicability of palliative care to these individuals is necessary, offering care in a timely manner. The Nursing team is thus the professional class best adapted to work with issues related to patients in palliative care owing to its constant presence at the "bedside" and its concern for the continuous improvement of care aimed at humanization; Alencar et al (2024, p. 06) weigh Nursing care in palliative care as care that aims "[...] from the monitoring of physiological needs to psychosocial, spiritual and affective ones," these factors being essential components for building the legitimacy of the performance of this professional, whose object of work is Caring. On the performance of the Nursing professional in applying palliative care in urgent and emergency settings, Alencar et al (2024, p. 02) present that

[...] nursing is necessary in this context, being part of the multidisciplinary team of the urgent and emergency service. In it, its care of patients in palliative care in the unit involves support for the patient and family members, spiritual support, symptom management and decision-making capacity, among others.

The Nursing professional, having Caring as the object of work, becomes essential for promoting directed attention that offers comprehensive and timely health care, giving visibility to the patient's most urgent problems and to the understanding of their needs; in the case of patients in palliative care, this specialized attention in many cases does not require such invasive actions, a fact discussed by Andres et al (2021, p. 07), who regard Nursing practice as "[...] much more than just technical interventions [...] with the focus of its action directed to the human being and not to the disease, seeking to act and intervene in the control of pain and suffering in the biopsychosocial and spiritual circumstances of patients and their families," this care being fruitful for restoring the patient's trust and cooperation (GUIMARÃES; MAGNI, 2020).

The Nurse's work, by aiming at the labor activities of the profession, bringing its object of work and scientific evidence as tools of care, provides users demanding its

services with differentiated attention that sees the individual holistically; according to Andres et al (2021, p. 06-07), this professional "seeks to ease pain and suffering [...] offering humanized care [...] although [...] not for cure, but for improvement in well-being and in the quality [...] of the remainder of the patient's life," and in corroboration of this discussion Abrão; Santana (2021, p. 91) state that, "nursing has a beautiful and valuable role in the recovery of patients, appreciating feelings and cooperating for the progress of their self-esteem," qualified listening being a tool of interrelation between patient and nurse (GUIMARÃES; MAGNI, 2020).

In working with qualified listening, the hospitalized patient at the end of life perceives the care received as satisfactory, integrating them as a participant in the care process, which makes their cooperation present in the care plan drawn up by the health team, with the nurse as the professional who manages the construction of a care plan directed to the specificities of the patient; Nursing care is discussed by Alencar et al (2024, p. 06) as a service that "[...] favors differentiated care for the patient in all dimensions, taking into account their well-being and respecting their dignity, especially people in palliative care," which makes Nursing care qualified for patients in palliative care, owing to its theoretical-practical framework in approaching these patients (MEDEIROS et al, 2023)

The nurse in Urgent and Emergency Care Units, by making use of palliative care as a means of qualifying the care of individuals with terminal illnesses, makes possible reflection on their role in health care as promoters of care and not only executors, the Nursing team thus being essential for maintaining the life and death cycle of individuals with terminal illness. On Nursing care in urgent and emergency settings for patients in palliative care, Alencar et al (2024, p. 06) report,

Considering nurses in urgent and emergency sectors, it is essential that they be able to identify and understand the signs, symptoms and aspects, from structural issues to the needs of patients in palliative care, for the operationalization of care for this population itself. They then build a care plan and thereby implement care that also integrates multidisciplinary.

In promoting multifactorial care for terminal patients, the Nursing team makes it possible to broaden the discussion on palliative care and on how the principles of this health care could be applied in the care of these patients, especially individuals diagnosed with cancer (TORRES, 2021).

Nursing work in Urgent and Emergency Care Units is established as essential to the health care of individuals who need immediate attention owing to their clinical condition, and in this context the Nursing professional, with the nurse as responsible for managing the care provided in these Units, works so as to use clinical reasoning, a critical eye and scientific evidence, participating in multiprofessional work in order to offer clinical care, comfort, welcome and empathy to the individual in palliative care treated in the aforementioned Units, including working with the mental health of terminal patients. On the aspects directed to the emotions of the patient in palliative care, Abrão; Santana (2021, p. 87) report that,

The diagnosis of cancer (CA) has an enormous emotional impact on clients and their family members, especially when it progresses to a stage of terminality. It is important to emphasize that, when the person reaches this stage, care must be maximized in order to promote comfort and preservation of this individual's dignity, since physical, spiritual and psychosocial discomforts, experienced together with other struggles and the fight as the disease advances, reduce quality of life.

Care for the mental health of terminal patients is significant for qualified Nursing care that makes its service efficient in meeting the needs of the individuals who demand it, this care being necessary so that the terminal patient and, consequently, their family are aware of the current health situation and of which measures can be taken for a more comfortable process of terminality (TORRES, 2021).

The nurse, as the person responsible for the care provided in the aforementioned Units, acts in both invasive and non-invasive care pre-established in the prescription and according to the need of the terminal patient, aiming at hospital follow-up of the individual from admission to discharge, planning their care in a multiprofessional way, perceiving the individual as a single being, this professional having an essential role in the quality and continuous improvement of this service (ABRÃO; SANTANA, 2021).

Given the work of Nursing, with the Nurse as leader, in performing their work duties in the urgent and emergency environment this professional is prepared to care for a variety of clinical cases, and nursing care in oncology is a reality that needs to be studied broadly with a view to improving the applicability of Palliative care in this Unit (ANDRES et al, 2021).

In working with the terminal patient, the nurse must exercise skills of clinical care, qualitative listening, therapeutic approach, a critical eye, empathy and scientific knowledge, being, according to Medeiros et al (2021, p. 423), "[...] a link of the team in the provision of care, connecting with the patient and their family, optimizing comfort care and ensuring a dignified and humane environment," offering care that aims to reduce harm, but making the terminal patient and their support network participants in the care process, basing care on the needs of the individual and not only on the physiology of the pathology presented, with a broadened view of the biopsychosocial aspects of the patient who demands their services (ALENCAR et al, 2024).

The aforementioned skills are essential for the care provided to individuals who demand care in the Units described in the previous paragraphs, especially terminal patients, for whom care goes beyond prescribed medications and requires attentive listening, in which their doubts and health problems are sometimes pain relief, for example, and listening that adds empathy for this patient, who may be in the process of accepting their process of life and death or still understanding their health situation. On the performance of the Oncology Nurse, Abrão; Santana (2021, p. 55) report that,

It was possible to conclude that the oncology nurse acts not only in the administration of chemotherapy drugs and in monitoring radiotherapy, but also in diagnosis, treatment and recovery, indicating and providing guidance ranging from preventive to palliative actions that can help in identifying side effects of the available treatments and minimize discomforts caused by the process of illness, in addition to providing psychological support also to the patient's family. As a result, professionals providing such care must be backed by up-to-date knowledge, understanding in an individualized way the care that must be offered according to each patient's need.

According to Abrão; Santana (2021, p. 51), in reflecting on oncology Nursing, it must "[...] observe the cancer patient in their totality, with care based on humanization [...] to the needs evidenced by the patients in the course of the disease," adding that a therapeutic approach aimed at identifying the terminal patient's psychological needs is of great value to qualified care, and given that Nursing is continuously present with this patient, a fact that, according to Torres (2021, p. 12), "[...] Nursing is the greatest direct link with the patient during cancer treatment, [...] in order to promote comprehensive, safe and humanized care for the patient and for the family," it follows that the way this patient is approached throughout the care process in the Hospital Unit is relevant to welcoming the patient, as stated by Medeiros et al (2021, p. 423): "The nurse has been identified as the

team's link in the provision of care, connecting with the patient and their family, optimizing comfort care and ensuring a dignified and humane environment," helping them perceive their process of life and death as something positive and open to dialogue, since weakness in this communication phase, according to Abrão; Santana (2021, p. 71-72), "tends to make the processes of illness without therapeutic possibilities of cure [...] painful, with the individual enveloped in feelings of fear, rejection and revolt," it being understood in this way that an active and empathetic communication process helps reduce the suffering and pain of their process of death and dying (ALENCAR et al, 2024).

Identifying the Nursing team's understanding of the terminal patient's understanding of their health situation, and the relevance of clear dialogue about the process of death and dying, makes possible a welcoming professional intervention, respecting their cultural and spiritual issues and thus promoting care in palliative care, since it facilitates the cooperation of the patient and their support network in the care of this patient in their health demands (MEDEIROS et al, 2021).

Oncology nursing, besides the whole clinical process of admission, medication administration and procedures, also establishes in its health care a care plan that consists of integrating the support network into the care of the terminal patient, with special attention to the care directives established by the user of its services, promoting autonomy for the terminal patient, which gives this individual the opportunity to participate in the care process and in understanding the phases of their treatment and the measures needed in each phase, including death, understanding that directives in oncology, in Urgent and Emergency Care Units, are of the utmost importance for maintaining the terminal patient's participation, even after death, also giving support to the family network, which according to Braga et al (2021, p. 06) "[...] is the first social support network of an individual and a space of protection in the face of the mismatches and tensions of everyday life," this group being essential for the patient's proper navigation in maintaining their life cycle during their follow-up in the Health Unit. On the directives established by the terminal patient, INCA (2022, p. 90) state that,

Advance directives of will (DAV) are considered a genre of document concerning expressions of will, in which the patient of legal age (18 years or older), with preserved autonomy and decision-making capacity, provides for how medical treatment decisions should be made when they are no longer able to make them.

The attention of oncology Nursing, as already explained in earlier paragraphs, begins at the patient's admission and runs through all the care for the health problem reported at the Health Unit's reception; however, in oncology and especially in the face of the patient in palliative care, oncology Nursing provides differentiated care that understands the individual on the basis of the process of death and dying, analyzing this individual's life and death cycle, the stage of cancer, the doubts about the disease that the individual brings, and how the support network is present at each moment of this individual's process of terminality, family participation being an important care action in approaching the terminal patient. On this matter, Medeiros et al (2021, p. 422) state that "[...] family participation [...] encompasses the patient's will in care decisions, a right that must be ensured by professionals," as also pointed out by Teixeira et al (2024, p. 09), who state that the family promotes "[...] the ideal quality of life for their family member in the emergency setting, and can fulfill their demands in mitigating suffering," it thus being understood that family participation is a key element in building humanized care for the terminal patient. Taking oncology nursing and its care of the terminal patient in palliative care as the basis of study, Abrão; Santana (2021, p. 63) state that,

Because it is a professional who is accessible for conversation or for clearing up doubts, the nurse is often recognized as the main link among the members of the

health team. From this perspective, reflection on nursing practice becomes indispensable regarding the demand for broad, technological and human knowledge about the care required by this specific clientele and about the challenges to its application.

In reflecting on the care of the palliative patient, with the Nursing team as relevant clinical support and the support network in line with it, it is understood that this support becomes an important tool of care, in which the individual has the view of being cared for in their completeness, having their directives respected and being guided about each process, with their support network present (TORRES, 2021).

6 Final considerations

Nursing is established as a professional class with reference in Caring based on scientific evidence and capable of assessing the user who demands its services in a humanized and empathetic way, performing technical care and welcoming their problems of a biopsychosocial nature.

In performing systematized Caring, offering health care directed to immediate health issues, Nursing occupies a broad service in the health field as a professional who acts at the "bedside" and who has differentiated communication skills owing to its continuous presence beside the patient.

Perceiving Nursing care holistically, it is seen to be inserted in the multiple areas of health, and among these areas we have oncology and the refinement of the care strategy at the end of life, which is conceptualized as palliative care.

Palliative care is adopted especially for terminal patients, who need attention that does not promote the discussion of cure as the main element, but the perception of care in an empathetic way in which healing pain and suffering and maintaining active and respectful communication are the main elements of approach, and the reduction of the harms of oncological symptoms is carried out in a participatory way with the patient and their family.

Although the value of palliative care is perceptible, we find that there is still a significant road ahead before this care strategy is applied satisfactorily in the spaces of care for the terminal patient, since the difficulty in applying this strategy begins in the undergraduate education of future nurses, who do not receive directed attention on the study of palliative care, which impairs their critical view of the subject and their practice.

Another important point is that a nurse who has not obtained adequate preparation in palliative care consequently does not perceive the relevance of this health care tool, fixing their practice on "curative" approaches, failing to obtain the cooperation and quality of life of the cancer patient, besides working to maintain backward and negative thinking about the process of life and death, to the detriment of the patient.

The qualification of professionals in loco in health institutions is also another point discussed in this work, since, if it is not carried out constantly, taking into account updates and the reduction of stereotypes, it fosters the persistence of mistaken reflections on death and dying and does not prepare the patient for finitude, permeating suffering and isolation for the patient and their family, who in Palliative care must also be seen as a participant in the process and in caring for palliative patients, owing to their importance in the social life of the individual who demands the "palliation" services of Nursing.

Finally, it is clear that the challenges of applying palliative care in the urgent and emergency sector are many, this being regarded as a space of immediate and curative-oriented care; however, Nursing needs to be trained from undergraduate education to ensure the unity of the multiprofessional team, in order to overcome these challenges and

offer terminal patients a dignified finitude that respects their directives and in which their support network receives welcome and continuous, empowered participation.

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Submitted on: 15.06.2026

Approved on: 11.10.2026

Published on: 12.10.2026

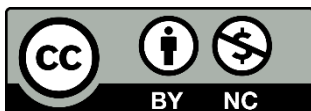
DOI: 10.5281/zenodo.23328627

Funding:

How to cite this work:

BARBOSA, Walisom Maercelino; SAMPAIO, Yara Siqueira Freitas; PAULA, Kelvia Coelho Campos de. Palliative care: the nurse's role in humanized practice in urgency and emergency care. **Duna: Revista Multidisciplinar de Inovação e Práticas de Ensino**, Fortaleza, v. 2, n. 2, p. 98–117, abr./jun. 2026. DOI: 10.5281/zenodo.23328627. (ABNT)

Barbosa, W. M., Sampaio, Y. S. F., & Paula, K. C. C. de (2026). Palliative care: the nurse's role in humanized practice in urgency and emergency care. *Duna: Revista Multidisciplinar de Inovação e Práticas de Ensino*, 2(2), 98–117. <https://doi.org/10.5281/zenodo.23328627> (APA)



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