Chapter 82

The importance of palliative care in geriatric medicine

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ABSTRACT

Introduction: The world is going through a phase of demographic transition, with an inversion of the age pyramid, and increasing population aging. Thus, palliative care becomes increasingly necessary, and it is important to deepen this area of knowledge, identifying the role of each professional within the multidisciplinary team and the bioethical principles of this specialty. It is also central to identifying the main difficulties for its implementation so that these obstacles can be tackled. In convergence with the theme addressed, in the book "Knocking on Heaven's Door" the discussion about the limit between the use of medical technology and the humanized form of treatment is noticeable. Objective: This article aims to explain the importance of geriatric palliative care due to population aging, as well as the role of the physician in this area of activity and its professional characteristics that should be prevalent. Finally, it seeks to identify the main challenges for the implementation of this specialty, addressing the importance of family involvement and ethics throughout the process. Methodology: Cross-sectional studies, articles, and statistical data published between 2013 and 2021 were used. The ponies used were Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (MEDLINE/Pubmed), Google Scholar, and data obtained through official websites of the Brazilian Government, using the descriptors "palliative cares", "geriatrics", "slow medicine" and "bioethics". Conclusion: It is concluded that the demographic increase in the elderly population culminated in an increase in the need for palliative care. Because of this, bioethics and its relationship with curative tracts are discussed in an attempt to prolong life to the detriment of a comfortable life.

Keywords: Palliative care, Geriatrics, Slow Medicine, Bioethics.

1 INTRODUCTION

The present work seeks to make a relationship with the literary and autobiographical work "Knocking On Heaven's Door: The Path To A Better Way of Death" by author Katy Butler. It is an account of the life and death of Katy's parents, who went through several health circumstances that made her question the current medical model, especially about care when the end of life is immune.

The world's population is going through a moment of demographic transition, which is characterized by its aging, which is explained by the declines in mortality and fertility rates (QUEIROGA *et al*, 2020). The first can be described by numerous factors, mainly due to the medical and technological advances associated with better hygiene, housing, and sanitation conditions, reasons that made it possible to combat

acute infectious diseases more effectively and thus promote greater survival. The second can be associated with the wide insertion of women in the labor market and the high financial costs of having children.

Thus, life expectancy is increasing, and with this chronic diseases are more present in society, so palliative care is a theme that needs to be addressed with more emphasis on contemporaneity. Palliative care implies the various spheres that surround the human being, addressing beyond the physical, disease, and symptoms, but encompassing the psychological, social, cultural, and spiritual areas of each being. Palliative care, according to the WHO definition, aims to improve the quality of life of patients whose medicine curative no longer makes sense, since they face diseases or health circumstances that do not have a cure and are therefore life-threatening (WHO, 2002). Their principles are to relieve the pain, and suffering of both the patient and friends and family who remain alive, and seek to individualize each case since each patient has its values, beliefs, and culture.

Within palliative care, which is a multidisciplinary approach that requires the follow-up of a team with several physical, each area has a main role, being that of the physician acting as a facilitator, assisting in communication between the team itself, and mainly maintaining good communication with the patient, guiding him without coercing him (HERMES; LAMARCA, 2013). For the physician to fulfill his role successfully it is fundamental to practice the aspect of "medicine without haste", which has as principles active listening, with emphasis on clinical reasoning and patient-centered focus rather than only on disease. However, there are many challenges to implementing geriatric palliative care in Brazil and worldwide, one of the main ones being the fragmentation of medicine today (VOUMARD et al, 2018).

Finally, another factor that may be controversial within geriatric palliative care concerns the different cultural and generational conceptions about the end of life (HERMES; LAMARCA, 2013), in addition, the ethical discussion about these principles, especially about non-maleficence (COSTA, et al, 2016).

2 MATERIALS AND MÉALL

The present study consists of a literature review combined with a qualitative study based on the analysis of the author Katy Butler's "Knocking On Heaven's Door: The Path to a Better Way of Death". The review was carried out with the search for the theoretical reference for the articles through the digital portals: Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (MEDLINE/Pubmed), Google Scholar and data obtained through official Gover websites Brazilian companies, such as IBGE and the Ministry of Health. The following descriptors were used: "palliative care" and "geriatrics" combined through the Boolean operator AND.

Inclusion criteria were: articles in English and Portuguese; from2013 from 2022; made available in full and addressed the theme proposed for this research. Exclusion criteria were: duplicate articles; that did not directly address the proposal studied and that did not meet the other inclusion criteria.

After the criteria, 14 articles were selected, in which the results were presented and discussed descriptively in thematic categories, addressing the importance of palliative care in the life of terminal geriatric patients.

3 RESULTS AND DISCUSSION

3.1 THE RELATIONSHIP BETWEEN DEMOGRAPHIC TRANSITION AND INCREASED NEED FOR PALLIATIVE CARE

The aging of the world population is an indisputable fact today (5), and in Brazil, it is a phenomenon that affects several sectors of society, which can be explained by the gradual demographic changes that have been occurring in the country. Thus, data from the Brazilian Institute of Geography and Statistics (IBGE) show that the number of people in Brazil jumped from 3 million in1,960 to 17 million in 2010. In addition, in 2021 the share of people aged 65 years or older represented about 10.2% of the population. Based on these data, it is possible to see a transformation in the demographic profile with impacts also for a non-distant future, since projections made by IBGE for the year 2060 point to a percentage of 25.49% of people over 65 years of age, exceeding the rate of young people from 0 to 15 years.

In this context, it is impossible to emphasize that one of the most affected by this event is the scope of health services since the increase in the elderly population consequently entails a higher demand for high-quality palliative care and specialized care (SANTIVASI, 2019). This is because the natural aging process is multidimensional and brings several changes that require medical follow-up, a fact that explains a higher prevalence of chronic and degenerative diseases in the elderly. Thus, the importance of end-of-life palliative care in an attempt to promote quality to it and the process of dying, as well as the increase in its need in the outpatient and hospital setting (SBGG, 2015) is discussed.

Concomitantly with the demographic transition, there is an increase in life expectancy and transformations associated with end-of-life morbidity, that is, the causes of death change, and the last moments experienced are marked by a series of complications such as difficulties in the decision and treatment placement; in the management of symptoms and the attention to the psychosocial and spiritual aspects of the patient (1). Thus, palliative care has a multidisciplinary approach that aims to mitigate such setbacks, in addition to providing quality professional care, and reducing the incidence of hospitalizations and unnecessary treatments (5).

Aggressive treatments have little efficacy in the geriatric age group (LAZRIS, 2019), so the palliative approach is more desired. Studies indicate that 20 million people around the world require palliative care, and 69% of these individuals are elderly (QUEIROGA *et al*, 2020), a fact that can be explained by factors such as immunosenescence and other immunological changes associated with aging. In Brazil, it is important to emphasize that only a small portion of the population has access to this type of specialized care since this service is concentrated in more individualized medical centers. Thus, the

implementation of preventive care, even with great demand, in primary health care is still in need, which is an obstacle for the elderly who depend on public health services (5).

3.2 THE ROLE OF THE DOCTOR AND ITS RELATIONSHIP WITH THE "UNHURRIED MEDICINE" ASPECT

One of the differentials of the palliative care approach is its structured basis in multidisciplinarity, covering professionals in the areas of medical clinics, nurses, pharmacists, social workers, and spiritual guides (SANTIVASI et al, 2019). Traditionally, the physician's training is centered on the diagnosis and treatment of diseases, but when he is introduced into the palliative care team, he admits a communicator function, both within the team itself, as with the family and with the patient, making the intersection of all spheres. It is part of his function too, to guide the patient and to answer all his doubts, without, however, coercing him to make skewed decisions and seeing him as a whole (HERMES; LAMARCA, 2013).

However, a subject that medical schools do not give due importance to during the process of training new professionals, is thanatology Death is a natural process of life, and specialists in any area that deals with this theme should receive emotional help and support, as well as training to avoid a psychological overload and so that the responsibility to deal with this subject is treated with due importance (FOSTER; GEOVANINI, 2013). In addition, with the process of population aging and the prevalence of chronic non-communicable diseases on acute infections, death becomes a process, and it is the role of palliative care to make this evolution painless, respecting all cultural, physical and psychological aspects of the being in question (HERMES; LAMARCA, 2013).

Finally, geriatric palliative care does not aim to prolong the lives of the elderly, but studies show that if implemented in advance, in addition to bringing the patient's comfort and well-being to the family to deal with this delicate process, they can bring a longer survival (MILAZZO, et al, 2020). Allied with this, there is the "slow medicine" strand, which can be translated as medicine without haste. This line of action has as some principles active and attentive listening, including longer and more detailed consultations and decision-making in a shared way between doctor and patient (MARX; KAHN, 2021). Therefore, unhurried medicine can be a great ally to palliative care by reinforcing this perspective of decisions together, respecting the cultural and personal values of the patient, and listening carefully to all his symptoms, complaints, and desires to better serve him at this moment of the end of the life, in addition to rescuing in medical practice empathy with the patient and with his core support.

3.3 CHALLENGES OF PALLIATIVE CARE AND THE ROLE OF THE FAMILY IN THIS PROCESS

According to the World Health Organization, "palliative care consists of care promoted by a multidisciplinary team, which aims to improve the quality of life of patients and their families, in the face of a disease that threatens life by preventing and relieving suffering, through early identification,

impeccable assessment, and treatment of pain and other physical symptoms, psychological and spiritual." Thus, palliative care contains measures and conducts that take into account the individual's life phase, in addition to respecting the physical and emotional limits of the elderly (QUEIROGA et al,2020), enabling a better end-of-life process. This can be perceived in a study, in which palliative therapeutic conducts showed promotion of quality of life and longer survival in these patients (TEMEL et al,2010). Thus, geriatric patients have different needs from younger patients, covering issues such as higher demand for medical care for support both in making diagnostic and treatment decisions, as well as in providing support to families (SANTIVASI, 2019), making them more susceptible to the criteria for indicating palliative care, such as those established by academia National Palliative Care (2012).

It is important to highlight the role of geriatric medicine and the importance of the approach together with palliative care since it is an interdisciplinary area, which presents several challenges in health promotion. The main challenges are seen in the increasing fragmentation and specialization in health care, since palliative medicine requires multiple approaches, besides that specialization can culminate in polypharmacy. Another problem would be the taking of therapeutic fission in the face of communication problems or the inability of the patient to decide for himself (VOUMARD et al,2018). In addition, there are barriers to the role of health professionals, since there is confusion around those who provide care to geriatric patients. In this sense, there is a limitation regarding the collaboration between geriatricians and palliative care physicians, due to the lack of understanding of the interdisciplinary organization and shared training (SANTIVASI, 2019).

Families play a crucial role in the well-being of terminally ill patients. They present themselves as one of the structuring axes in palliative care medical care, occupying a leading position together with the interdisciplinary team. In this form, it is essential to emphasize that the support provided by the family nucleus generates feelings of belonging, care, esteem, and affection, besides increasing the chances of patients' treatment and support (ESPÍNDOLA, et al 2018).

In this way, it is also important to discuss the importance of providing psychological support to families in the mourning period experienced by them, since family members may experience complex feelings of guilt, anger, and impotence, especially when they do not continue to deal with the suffering of the elderly (HUYNH, MOORE 2021). The due caution given to family members by the care team can transform the view about the process of death of a loved one, besides facilitating the communication of health professionals to the redbreast of medical decisions and the prognosis of the patient.

Thus, it is crucial the inclusion of families in palliative care, since it has been demonstrated in studies that the interventions performed by the care team improve the experiences of mourning for the aware parents, family members, and caregivers (SANTIVASI et al 2019). Given the difficulty in dealing with human finitude, a multidisciplinary approach is needed that aggregates the emotional, spiritual, and psychosocial phenomena experienced by the elderly and their families.

3.4 ETHICAL PRINCIPLES OF PALLIATIVE CARE AND THE NATURAL END-OF-LIFE PROCESS

The natural process of the end of life has changed over the decades, mainly due to technological innovations, which have led to an increase in the distance between life and the origin of body worship. Thus, death has become a process and may be prolonged, delayed, and/or attenuated, depending on the disease (HERMES; LAMARCA, 2013).

The collective imagery about death has also been transformed. In the Middle Ages, death was seen as something natural and just, so a "ritual" was performed with the presence of friends and family, in the moments that preceded death, so that the individual would be considered prepared to die after the forgiveness of those who were part of his life. During the 16th, 17th, 18th, and 19th centuries, the process of the end of life was founded on affection, therefore, dying is now characterized as a violation of the family above, engendering a feeling of melancholy. However, in the twentieth century, there is a transgression of formalities, so mourning becomes increasingly discreet, as in an attempt to forget all that is left of the body and, therefore, the individual begins to die in medical centers, more appropriate places, conceptualizing Modern Death (HERMES; LAMARCA, 2013).

On the other hand, in contemporary times, the model of " good death" -death without pain, according to the patient's demands, in an environment without suffering and harmonic - has been employed in several scenarios, which the health team seeks to minimize the pain and discomfort of the individual, through emotional and even spiritual support to the patient and family members (HERMES; LAMARCA, 2013). This is ratified by the implementation and dissemination of palliative care in geriatric patients, a recent and still socially unstructured subject, given the difficulty of human beings in dealing with death. Because of this, it is remarkable the clash in the health sciences on the theme of palliative care, covering bioethical and cultural issues about the body itself, dealing with pain, and the biological and technological limits involved in the process.

Despite the urgency of a quiet and painless death, scientific advances have provoked an excessive struggle against death, d and a way to seek life at any cost, often making use of diagnostic tests, medications, therapies, and other unlimited interventions, which exposes society to unnecessary risks, not taking into account the quality of life of the patient, so as not to have to deal with the pain of loss (LIMA; MANCHOLA-CASTILLO, 2021). A clear example of this is the quote from the book "Knocking on heaven's door: the path to a better way of death": "Later, she is reporting on a cardiology conference where she holds a current pacemaker. I closed my hand around the tiny little machine that had saved many a life, made many a fortune, and led my family to so much unnecessary suffering .", in which the character mentions how the pacemaker was and still is important to save the lives of many people, however, it was an unnecessary procedure at that stage of the disease, responsible for causing much suffering in his family. Thus, the indiscriminate use of technologies, leading to the unbridled postponement of death, violates an essential pillar of human dignity: the autonomy of individuals with their bodies.

Moreover, the same tool that enables life raises conflicts concerning ethical principles between health professionals and ordinary citizens, because, for some, the prolongation of life and, consequently, postponement of death is sufficient, while for others, the primary is to live and die with dignity, regardless of time. In this context, it is common to question the veracity of the patient's choice when determining which treatments to undergo and/or when and where to die. However, by preventing a sick person, without the possibility of cure, from doing his preferences, the removal of his social rights and dignity occurs. Thus, in each case of palliative care, limits should be established regarding the autonomy and freedom of the patient in their determinations, provided that they do not interfere with the rights of other individuals (LIMA; MANCHOLA-CASTILLO, 2021).

4 FINAL CONSIDERATIONS

The growing number of the elderly population makes evident the need to deepen palliative approaches, humanized treatment, and spare the patient from euthanasia. This is a theme much addressed in the book Knocking on Heaven's Door, in which one of the characters goes through several procedures in an attempt to prolong its survival, to the detriment of its quality of life and its family members, demonstrating how imperfect care has become at the end of life. In this context, it comes into discussion of the extent to which it is ethical to perform aggressive treatments in patients who have already entered a disease process in which curative medicine can no longer act.

Making a parallel, the account of the experience of the family of Katy, the author of the book, was widely discussed due to its alarming portrayal of the current medical-industrial conjuncture with the new wave of radical interventions that may be dubious when considering the quality of life and natural course of death, which goes against palliative care, which focuses on the patient's well-being. At the same time, palliative care provides a less painful illness by addressing multidisciplinary issues of both the patient and his/her caregivers and family members, allowing the natural flow of these processes.

Finally, the attitude of the professionals of this multidisciplinary team would be more beneficial if the conduct of medicine without haste was further expanded and taught in health schools. It is also essential that all those involved with geriatric palliative data, both the technicians, the family, and the patient, are always available for emotional support and psychological follow-up routinely to deal in the best possible way with the natural process of the end of life.

REFERENCES

ACADEMIA NACIONAL DE CUIDADOS PALIATIVOS. Manual de Cuidados Paliativos ANCP. 2 ed. São Paulo, 2012. 592 p. Disponível em: http://biblioteca.cofen.gov.br/wp-content/uploads/2017/05/Manual-de-cuidados-paliativos-ANCP.pdf . Acesso em: 20 nov. 2022

COSTA, Rosely Souza da; SANTOS, Adriana Glay Barbosa; YARID, Sérgio Donha; SENA, Edite Lago da Silva; BOERY, Rita Narriman Silva de Oliveira. Reflexões bioéticas acerca da promoção de cuidados paliativos a idosos. **Saúde em Debate**, [S.L.], v. 40, n. 108, p. 170-177, mar. 2016. FapUNIFESP (SciELO). http://dx.doi.org/10.1590/0103-1104-20161080014.

ESPÍNDOLA, Amanda Valério; QUINTANA, Alberto Manuel; FARIAS, Camila Peixoto; MÜNCHEN, Mikaela Aline Bade. Relações familiares no contexto dos cuidados paliativos. **Revista Bioética**, [S.L.], v. 26, n. 3, p. 371-377, dez. 2018. FapUNIFESP (SciELO). http://dx.doi.org/10.1590/1983-80422018263256.

FONSECA, Anelise; GEOVANINI, Fatima. Cuidados paliativos na formação do profissional da área de saúde. **Revista Brasileira de Educação Médica**, [S.L.], v. 37, n. 1, p. 120-125, mar. 2013. FapUNIFESP (SciELO). http://dx.doi.org/10.1590/s0100-55022013000100017.

HERMES, Hélida Ribeiro; LAMARCA, Isabel Cristina Arruda. Cuidados paliativos: uma abordagem a partir das categorias profissionais de saúde. **Ciência & Saúde Coletiva**, [S.L.], v. 18, n. 9, p. 2577-2588, set. 2013. FapUNIFESP (SciELO). http://dx.doi.org/10.1590/s1413-81232013000900012.

HUYNH L, MOORE J. Palliative and end-of-life care for the older adult with cancer. Curr Opin Support Palliat Care. 2021 Mar 1;15(1):23-28. doi: 10.1097/SPC.0000000000000541. PMID: 33507037.

IBGE. **Conheça o Brasil**: pirâmide etária. Pirâmide Etária. 2022. Disponível em: https://educa.ibge.gov.br/jovens/conheca-o-brasil/populacao/18318-piramide-etaria.html. Acesso em: 20 nov. 2022

LAZRIS A. Geriatric Palliative Care. Prim Care. 2019 Sep;46(3):447-459. doi: 10.1016/j.pop.2019.05.007. Epub 2019 Jun 8. PMID: 31375192.

LIMA, Meiriany Arruda; MANCHOLA-CASTILLO, Camilo. Bioética, cuidados paliativos e libertação: contribuição ao .⁝bem morrer⁝⁝. **Revista Bioética**, [S.L.], v. 29, n. 2, p. 268-278, jun. 2021. FapUNIFESP (SciELO). http://dx.doi.org/10.1590/1983-80422021292464.

MARX, Rani; KAHN, James G.. A Narrative Review of Slow Medicine Outcomes. **The Journal Of The American Board Of Family Medicine**, [S.L.], v. 34, n. 6, p. 1249-1264, nov. 2021. American Board of Family Medicine (ABFM). http://dx.doi.org/10.3122/jabfm.2021.06.210137.

MILAZZO, S., HANSEN, E., CAROZZA, D. *et al.* How Effective Is Palliative Care in Improving Patient Outcomes?. *Curr. Treat. Options in Oncol.* 21, 12 (2020). https://doi.org/10.1007/s11864-020-0702-x

QUEIROGA, Vinícius Moreira; MENEZES, Loyanne Vilela; LIMA, Julia Marinho Ramos; ANDRADE, Débora Dornelas Belchior Costa. Cuidados Paliativos de Idosos no Contexto da Atenção Primária à Saúde: uma revisão da literatura. **Brazilian Journal Of Development**, [S.L.], v. 6, n. 6, p. 38821-38832, 2020. Brazilian Journal of Development. http://dx.doi.org/10.34117/bjdv6n6-429

SANTIVASI, Wil L.; PARTAIN, Daniel K.; WHITFORD, Kevin J.. The role of geriatric palliative care in hospitalized older adults. **Hospital Practice**, [S.L.], v. 48, n. 1, p. 37-47, 22 dez. 2019. Informa UK Limited. http://dx.doi.org/10.1080/21548331.2019.1703707.

SOCIEDADE BRASILEIRA DE GERIATRIA E GERONTOLOGIA. **.**: Vamos falar de Cuidados Paliativos. Columbus: Comissão Permanente de Cuidados Paliativos da Sbgg, 2015. Disponível em: https://sbgg.org.br/wp-content/uploads/2014/11/vamos-falar-de-cuidados-paliativos-vers--o-online.pdf. Acesso em: 22 nov. 2022.

TEMEL, Jennifer S.; GREER, Joseph A.; MUZIKANSKY, Alona; GALLAGHER, Emily R.; ADMANE, Sonal; JACKSON, Vicki A.; DAHLIN, Constance M.; BLINDERMAN, Craig D.; JACOBSEN, Juliet; PIRL, William F.. Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer. **New England Journal Of Medicine**, [S.L.], v. 363, n. 8, p. 733-742, 19 ago. 2010. Massachusetts Medical Society. http://dx.doi.org/10.1056/nejmoa1000678.

VOUMARD R, RUBLI TRUCHARD E, BENAROYO L, BORASIO GD, BÜLA C, JOX RJ. Geriatric palliative care: a view of its concept, challenges and strategies. BMC Geriatr. 2018 Sep 20;18(1):220. doi: 10.1186/s12877-018-0914-0. PMID: 30236063; PMCID: PMC6148954.

WORLD HEALTH ORGANIZATION (WHO). National cancer control programmes: policies and managerial guidelines. 2.ed. Geneva: WHO, 2002.