

Compassion and empathy in palliative care for end-of-life patients



<https://doi.org/10.56238/sevened2023.006-133>

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ABSTRACT

Introduction: Compassion and empathy are considered an essential complement to palliative care. Professionals in the field seek to promote, investigate, and understand compassion and empathy as a fundamental part of care practice. **Objective:** To identify and synthesize articles that address compassion and empathy in palliative care of patients at the end of life. **Methodology:** Integrative literature review. The databases Medline, Pubmed, Lilacs, Bdenf, Ibesc, Binacis, Wprim were used. Descriptors used for online search: Bioethics, Palliative Care, Empathy and Compassion. **Results:** A total of forty-one articles were obtained, which after application of the exclusion criteria, resulted in four articles that explored the challenges that health professionals face when dealing with Palliative Care with patients at the end of life. **Discussion:** In the final moments of life, compassion aims to help patients relieve their symptoms, since there is no possibility of complete cure. **Conclusion:** Effective communication, compassion, and empathy in the provision of palliative care are essential to improve quality of life for patients and their families.

Keywords: Bioethics, Palliative Care, Empathy, Compassion.

1 INTRODUCTION

Palliative care is described by the World Health Organization as an approach that aims to improve the quality of life of patients facing problems associated with life-threatening diseases. It aims to prevent and alleviate suffering through the early identification, correct assessment, and treatment of pain and other problems, whether physical, psychosocial, sociocultural, or spiritual, of both patients and their families (WHO, 2020).

This care proposes the art of caring, that is, the relationship of the human being with nature and its behaviors, the need for zeal, respect and compassion, the health team stands out in this method, and the principles of fraternity, solidarity and respect for the patient's autonomy become indispensable (MENDES; VASCONCELLO, 2020). These principles must be fully observed, that is, the patient must be considered as a unique, dignified human being, who has his or her own experiences, lived and



shared among family members, which are reflected, mainly, in moments of pain and anguish, and must be respected until the end (HERMES; LAMARCA, 2013).

Nursing helps the team, the family, and the patient throughout the care process, however, it is not always possible to achieve a cure, so it is important to seek ways in which these professionals can be trained to provide better care (DESANOSKI et al, 2019).

Emotional support is a key aspect of palliative care, as it can have a major impact on a patient's quality of life. This care for people with life-threatening illnesses needs to be provided by individuals with the appropriate competence (HERMES; LAMARCA, 2013).

Today, compassion is considered an essential adjunct to palliative care. Professionals in the field seek to promote, investigate, and understand compassion as a fundamental part of care practice (BRET-PÉREZ *et al.*, 2019).

To ensure effective care for patients who are going through difficult times at the end of life, it is essential to recognize their specific needs and also value the challenges that may arise in the future. Thus, it is necessary to build a personalized care plan, in collaboration with the patient himself. This compassionate approach aims to allow for more effective and humane care both by specialists and by the patient's own family in cases of advanced diseases (BRET-PÉREZ *et al.*, 2019).

The objective of this study was to identify and synthesize articles that deal with compassion and empathy in palliative care for end-of-life patients.

2 METHODOLOGY

This is an integrative review of the literature with the following guiding question: what is the role of compassion and empathy in palliative care for end-of-life patients?

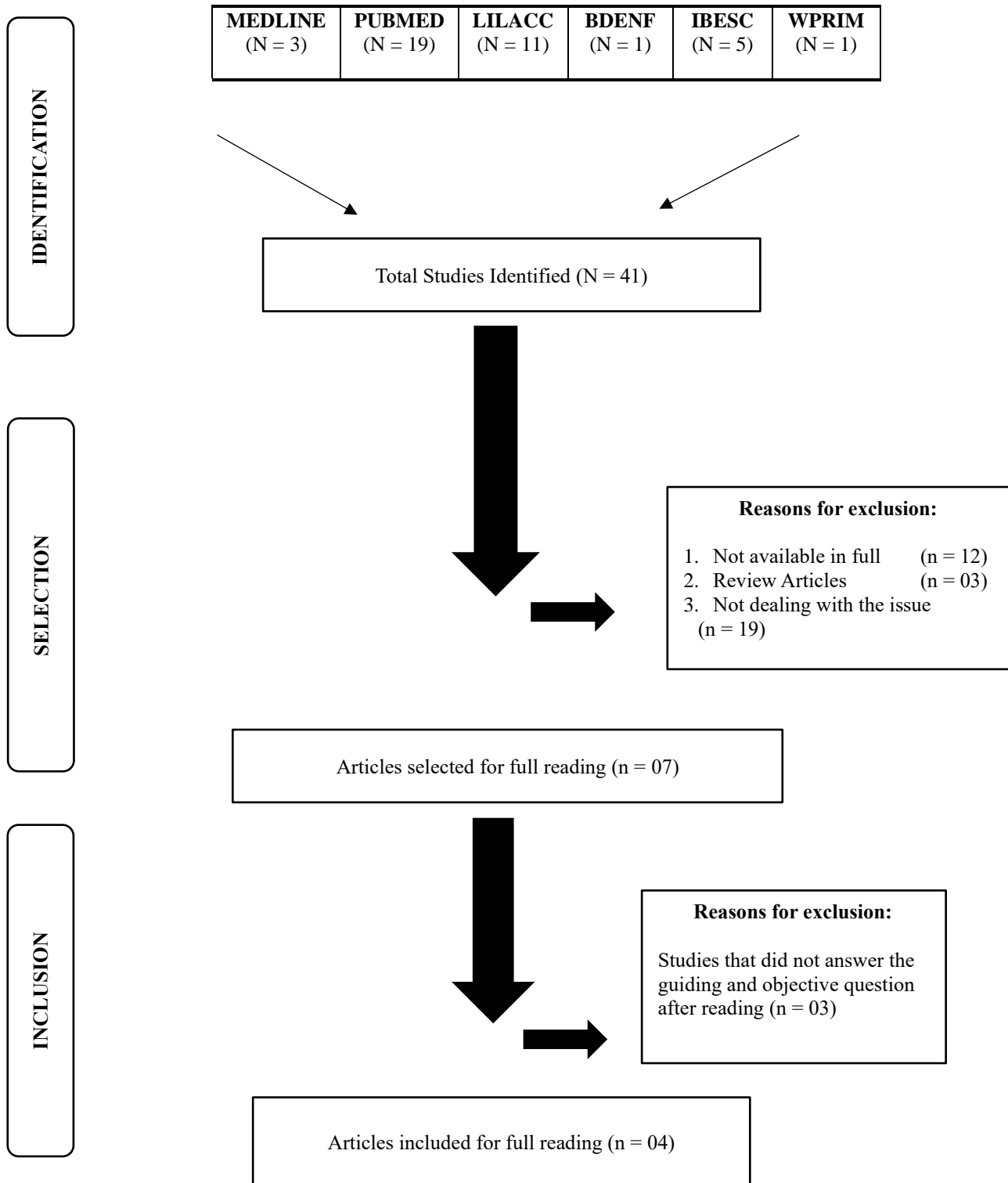
For the selection of articles, the following databases were used: Medline (Medical Literature Analysis and Retrieval System Online), Pubmed (Search Platform of the National Library of Medicine), Lilacs (Latin American and Caribbean Literature in Health Sciences), Bdenf (Nursing Database), Ibesc (Brazilian Institute of Health and Culture Education), Binacis (National Bibliography in Argentine Health Sciences), Wprim (Medicus Index of the Western Pacific Region). We searched during the period of March and May 2023, and articles that addressed the theme of the study in Portuguese, English and Spanish, which were available in full and that answered the guiding question, published within the ten-year timeframe, were used as inclusion criteria. This delimitation of the temporal space is intended to find more up-to-date information on the subject.

The following descriptors were used for online search: Bioethics, Palliative Care and Compassion, registered in the Health Sciences Descriptors Portal (DeCS). Figure 1 below shows the databases used for the selection of the articles, with 41 articles divided among the databases and the following were used as exclusion criteria: review articles (03 articles), those that were not available in



full (12 articles), those that did not allude to the proposed theme (19 articles) and those that did not answer the guiding and objective question after reading (3 articles). 4 articles were selected that meet the guiding question, with full reading and subsequent use,

Figure 1 - Flowchart of intersections adapted from the PRISMA flow diagram



Source: Prepared by the authors, 2023, based on PRISMA.



3 RESULTS

During the reading of the researched articles, the following topics of discussion emerged: Compassion, empathy, palliative care and the preparation of health professionals to deal with palliative care, and the table below shows how the articles selected for the study were divided.

Table 1. Articles selected for review. Brasilia, DF. Brazil, 2023.

YEAR	AUTHOR	TITLE	OBJECTIVE	DESIGN OF STUDY	RESULT
2023	Rachel Winter, Andy Ward, Robert I Norman, Jeremy Howick.	A study on clinical empathy training in UK medical schools.	Conduct research on the empathy training currently offered to medical students in UK medical schools.	Cross-sectional study	All colleges agreed that empathy training should be in the undergraduate curriculum.
2020	Linda Sheahan, Frank Brennan.	What's important? Palliative care, ethics, and the COVID-19 pandemic.	Explore the interface between the pandemic, ethics, and the role of palliative care.	Comparative	Practicing the highest standards of palliative care may seem impossible in this context, but it requires ingenuity and high degrees of flexibility in each patient encounter.
2019	Encarnación Perez-Bret, Rogelio Altisent Trota, Javier Rocafort Gil, Paula Jaman Mewes	End-of-life patient and family care: compassionate care advance planning.	The aim of this work is to Describe the concept of "compassionate anticipation"	Qualitative	Compassion is a virtue that entails postponing the needs of others. patients so that the patient can make the right shared decisions



2018	Tessie W. October, Zoelle B. Dizon, Robert M. Arnold , Abby R. Rosenberg.	Characteristics of Physician Empathetic Statements During Paediatric intensive care conferences with family members	To assess the characteristics of the physician's empathetic statements during the Intensive Care Unit Care Conferences.	Qualitative	Physicians responded with empathy often, But the answers were either hidden in other medical data or lost altogether by nearly a third of conferences
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Source: Prepared by the authors, 2023.

The articles were selected, observed and listed in the table above, divided by year, authors, title and objective. The three topics of discussion to which we referred were listed as those that were most discussed in the articles, as reflected in the discussion.

4 DISCUSSION

4.1 COMPASSION AND EMPATHY

Empathy in the Portuguese dictionary is defined as putting oneself in the other person's shoes, with the objective of trying to feel what the other person feels, thinks or acts in a given situation. It is to have the ability to understand the pain of the other, and, in the emotional aspect, to try in some way to understand how the other person feels and seek to understand their point of view (FERREIRA, 2005).

Compassion, on the other hand, has the dictionary definition of a person who feels pity, feels for the other the feeling of pity or pity. The person feels sadness and wants to help the other person. In this regard, although the two words are similar, they have different meanings and when used in a sentence, they have opposite or different contexts and meanings (FERREIRA, 2005).

Compassion, humility and respect are essential for health professionals to perform their duties effectively, especially in palliative care. Empathetic professionals tend to do a better job listening to their patients' wishes, as they are considered a reference for patients and families in decision-making. Thus, professionals need to be trained with technical and socio-emotional skills, including ethical principles, and for this there is an appetite for more investment in training centered on empathy in medical schools (CASTILHO; SILVA; PINTO, 2021; WINTER *et al.*, 2023).

The inclusion of empathy in communication has been added to patient satisfaction, improved health outcomes and reduced physician burnout. It is also observed that compassion and empathy is a virtue that generates an emotional response, even if it is a discomfort when perceiving that the patient



is suffering, generating support. This is when we put clinical bioethics into practice (OCTOBER *et al.*, 2018; SHEAHAN, 2020).

5 PALLIATIVE CARE

With regard to palliative care, it arose from the need for therapy for the patient who was disillusioned with medicine, and that it was no longer possible to perform any type of intervention, preventing and relieving suffering, pain, unpleasant symptoms, psychological, social, mental and spiritual problems (GUADANHIM, 2017; PAIVA *et al.*, 2022).

Thus, it is noted that the history of palliative care dates back to the nineteenth century, when religious institutions provided care, accommodation and food to terminally ill patients. In this regard, the first hospice for the terminally ill was created in France by Jeanne Garnier in 1842. In the twentieth century, Cicely Saunders, a physician, nurse, and social worker, played a significant role in modernizing palliative care by founding St. Christopher's Hospice; the latter, in turn, carried out research on new ways of caring for terminally ill patients (PAIVA *et al.*, 2022).

The term "palliative care" was officially adopted by the World Health Organization (WHO) and the *cancer committee* in 1974, Great Britain, Ireland and England were the first countries to recognize the specialization of palliative medicine, this brief history underlines the evolution of palliative care, which has since become an essential part of modern medicine, these are a form of health care approach that aims to improve the quality of life of severely ill, chronic or end-of-life patients, and to provide emotional, sociocultural and spiritual support to both the patient and their families (PAIVA *et al.*, 2022; SALGADO, 2019).

6 THE PREPARATION OF THE HEALTH PROFESSIONAL

Palliative care aims to bring the patient to cope with the disease process. Methods were created to fulfill the wishes and promote the resumption of activities that were important for the patient, which go beyond interventions for symptoms and the disease process, but were also the concern with care for the patient's family, providing emotional support and providing adequate guidance (GUADANHIM, 2017).

The aim is to encourage the patient to live with quality and autonomy in decision-making, aiming at what he believes to be the best for him/herself. Thus, contributing with active listening so that the patient has a dignified survival and a peaceful death, and health professionals act by giving voice and making the patient's will prevail, ensuring better comfort for them (MENDES, VASCONCELLO, 2020).

According to WINTER *et al.*, (2023) in their research on the teaching of clinical empathy in medical schools, of twenty-eight UK medical schools included in the analysis, twenty-six reported that



their undergraduate curriculum included some form of empathy-focused training, varying in what, when, and how it is taught. While some form of empathy-focused training seems to be included in the undergraduate curriculum in most UK medical schools, empathy is rarely specifically assessed. Most medical educators feel that their school does not do enough to promote empathy and would like it to be run in a clearer and better way.

Thus, it can be seen that the training of the professional in the humanized and empathetic context is an element that enables a differentiated treatment, emphasizing moral principles and giving dignity to the patient (MORRIS *et al.*, 2015).

It is essential that nurses know how to respect the patient's autonomy, as this favors trust in the therapeutic relationship between professionals and patients, strengthening the bonds of cooperation in the treatment and satisfaction in relation to the follow-up. By communicating appropriately with the patient and their families, it becomes an effective measure for the care provided to the patient, reducing anguish, stress and anxiety when sharing suffering with the team. Therefore, professionals need to turn their gaze attentively to the other, paying attention to their gestures, speech, and attitudes, thus establishing a relationship of trust with the patient and family (DESANOSKI *et al.*, 2019).

According to Nipp *et al.*, (2016), emotional support is crucial in palliative care, as it can improve the patient's overall well-being and help them cope with their illness. This care is provided by a multidisciplinary team that works together to help the patient cope with the pain, fatigue and other symptoms associated with their disease.

It is important for health professionals to pay close attention to the needs of patients and their families, given that they are going through a delicate and difficult process (SHEAHAN, 2020).

It is noteworthy that the needs of family members go beyond physical help, they often need emotional help, and the nursing professional should be able to periodically check these situations. When the team has a good relationship not only with the patient, but also with his family, the interaction and exchange of information on both sides is more effective (LEGUIA *et al.*, 2019).

Although it is not easy to face death as an alternative, one of the principles of this care is to consider death as a natural process of life. This can be very difficult for patients, family members and the professional who is providing care, however, it does not mean that the day of death will be postponed or anticipated, but rather in knowing when the interventions should be performed (GOMES; OTHERO, 2016).

This perception is important so that interventions are not performed unnecessarily, causing more pain and discomfort to the patient, as the objective of these interventions should be to provide a better quality of life. Thus, it is up to the professional to have empathy to carry out the interventions, always aiming at the comfort and respect of the patient and his family (GUADANHIM, 2017).



Developing the ability of positive communication and active listening facilitates the interpersonal relationships of the health team with family members and patients, especially nurses, as they are the professionals who spend the most time at the patient's side during hospitalization, who must have an empathetic attitude to encourage patients to express their needs (FERNANDES; ANGELO, 2015).

For the patient, the way the health professional expresses himself, verbally or non-verbally, reflects on the follow-up of palliative care throughout the process and even in the post-mortem by family members (CHERNY *et al.*, 2013).

It is necessary to understand that compassion is more than pity or sympathy, it is the ability to feel and suffer with the patient. In this way, it is observed that true compassion is more than feeling. It awakens the desire and intention to help, without sacrifice, Cicely Saunders, a pioneer of this care, maintained that its basis is to show respect (BRET-PÉREZ *et al.*, 2019).

Compassion promotes an aspect of care that recognizes the emotional dimension of the human experience and encompasses sympathy for the loss of another person, while empathy is the ability to perceive and understand the emotional experience of others and to relate to it in a meaningful and appropriate way, generating care and compassion. In the clinical context, an empathetic connection occurs when the practitioner understands what his patient is experiencing and communicates it in a way that he feels that he is being understood (CHERNY *et al.*, 2013).

7 FINAL THOUGHTS

Providing palliative care to end-of-life patients is a crucial aspect of health service practice. Nursing professionals and multidisciplinary staff play a key role in facilitating comfort, managing symptoms, and improving the quality of life of these patients during their last moments.

Thus, it was observed that effective communication, compassion and empathy have great value in relation to effective palliative care, as these will impact the quality of life of patients and consequently of their families. The use of evidence-based interventions, such as pain management, has been shown to improve patient outcomes and reduce suffering. Additionally, the survey highlighted the need for ongoing education and training for palliative care professionals to ensure that they are equipped with the knowledge and skills necessary to deliver high-quality care. The provision of effective palliative care requires a collaborative effort between health professionals, patients and their families, and nurses, by performing their duties with empathy, can become an essential support to patients and their families, thus enabling a higher quality of life.

Therefore, after the synthesis of the researched articles that dealt with the themes of compassion, empathy and palliative care, it was realized that there is a growing need for more research



focused on this content, so that it is possible to inform and assist nurses and health professionals in their training and improvement in dealing with palliative care with end-of-life patients.



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