SAÚDE E PESQUISA
e-ISSN 2176-9206

ORIGINAL ARTICLE

https://doi.org/10.17765/2176-9206.2025v18e13282

HEALTH PROFESSIONALS' PERCEPTION OF PALLIATIVE CARE IN PRIMARY HEALTH CARE: AN INTEGRATIVE REVIEW

PERCEPÇÃO DE PROFISSIONAIS DE SAÚDE SOBRE CUIDADOS PALIATIVOS NA ATENÇÃO PRIMÁRIA À SAÚDE: UMA REVISÃO INTEGRATIVA

Jorge Samuel de Sousa Teixeira[1*], Roberlandia Evangelista Lopes Ávila[2], Edmara Rodrigues de Mesquita[1], Suênia Évelyn Simplício Teixeira[1], Joaquim Ismael de Sousa Teixeira[3], Dayana Gomes Migueis[4]

ABSTRACT: This study aims to summarize scientific evidence regarding the role of palliative care in primary health care based on recent publications. An integrative review of the literature from the past five years was conducted through searches in the Latin American and Caribbean Literature in Health Sciences (LILACS), PubMed, and SciELO databases. The descriptors used were "Integrative Palliative Care," "Palliative Care," "Primary Health Care," and "Home Care Services," resulting in the selection of eight studies. Two categories of analysis were identified, focusing on training processes and health care in the context of palliative care. The findings indicate that the training of professionals in this field remains inadequate, with limited coverage of this topic in educational curricular.

KEYWORDS: Palliative Care. Primary Health Care. Health Personnel.

RESUMO: Objetiva-se sumarizar evidências científicas que dizem respeito à atuação dos cuidados paliativos na atenção primária à saúde a partir de publicações científicas. Para tanto, foi realizada uma revisão integrativa da literatura dos últimos cinco anos, construída a partir de pesquisas nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde, PubMed e SciELO, por meio dos descritores "Integrative Palliative Care", "Palliative Care", "Primary Health Care" e "Home Care Services", resultando em 8 estudos selecionados. Definiram-se duas categorias de análise que abordam os processos formativos e a assistência em saúde junto aos Cuidados Paliativos. Conclui-se que a formação dos profissionais que atuam nesse campo ainda é muito deficitária, com a escassez de disciplinas ou módulos que contemplem essa temática.

PALAVRAS-CHAVE: Cuidados Paliativos. Atenção Primária à Saúde. Profissional de Saúde.

[1]Master's student in Family Health, Postgraduate Program in Family Health, Federal University of Ceará, Sobral (CE), Brazil; [2]Lecturer, Postgraduate Program in Family Health, Federal University of Ceará. Sobral (CE), Brazil. [3]Master's degree in Family Health, Postgraduate Program in Family Health, Federal University of Ceará, Sobral (CE), Brazil; [4]Specialist in Oncology, School of Public Health of Ceará, Fortaleza (CE), Brazil.

***Corresponding author**: Jorge Samuel de Sousa Teixeira – **Email**: jorgesamuel199@gmail.com.

Received: 29 Oct. 2024
Accepted: 09 Dec. 2024

INTRODUCTION

Palliative care is an active, holistic approach aimed at improving the quality of life for patients of all ages, as well as their families, who are facing challenges related to serious illnesses, particularly those nearing the end of life.[1,2,3]

Recent studies on this topic indicate that, when implemented alongside aggressive symptom management, palliative care can enhance both clinical outcomes and patient-centered results during treatment. It is thus a vital ally in promoting comfort and dignity. [4,5]

In this context, Primary Health Care (PHC) plays a pivotal role in addressing the scarcity of dedicated end-of-life care services. PHC provides care that allows patients to remain close to their own communities and receive support from professionals with whom they have already established a rapport. Within this setting, early detection, initial care, and referrals to higher-complexity services, when necessary, can be effectively carried out.[6]

Furthermore, it is important to highlight the health promotion potential of integrating palliative care into PHC. As a central component of care coordination, implementing palliative measures at the primary level brings benefits to patients from their first contact with public health services. It underscores the necessity of promoting health even in the face of challenging prognoses or the unavailability of curative measures.[7]

Among the services provided by PHC to palliative care patients, home care is particularly noteworthy. Home care encompasses a range of activities, including health promotion, disease prevention and treatment, rehabilitation, and palliation. This ensures continuity of care and integration into the Health Care Network (Rede de Atenção à Saúde).[8]

Community-based home care is often delivered by multidisciplinary teams comprising health professionals from various disciplines, who provide in-home care to individuals requiring frequent health services. For more complex cases, this care is provided by the multidisciplinary home care teams and support teams associated with the Home Care Services (SAD) or the Better at Home Program (*Programa Melhor em Casa*, PMC).[9] Access to these services is typically arranged through the hospital where the patient is admitted or via referral from Family Health Teams, PHC units, or Emergency Care Units.[10]

Therefore, the objective of the present study is to conduct an integrative review and summarize scientific evidence regarding health professionals' perceptions of the role of palliative care in primary health care.

METHODOLOGY

This study is an integrative literature review, a methodology that enables researchers to gain a detailed understanding of a specific topic. It is based on precise methodological criteria and follows a set of explicit stages, allowing the results to be presented in an accessible format.[11]

As a tool of Evidence-Based Practice (EBP), the process of conducting an integrative review involves six fundamental steps, all of which were followed in this study: identification and formulation of the problem; literature search; study selection and data extraction; data synthesis and analysis; discussion and interpretation of results; and conclusion and dissemination.[12]

To formulate the guiding question, considering the qualitative nature of the phenomenon under study, the PICO strategy was employed. In this context: P represents participants (primary care health professionals and caregivers), I represents the phenomenon of interest (implementation of palliative care), C refers to comparison (absence of intervention or lack of operationalization of palliative care in PHC), and O represents the outcome (improved quality of care in addressing palliative care needs).

resultando no seguinte questionamento: De que forma a atuação dos Cuidados Paliativos é operacionalizada na Atenção Primária à Saúde? This resulted in the following question: How is palliative care implemented in Primary Health Care?

The databases consulted were the Latin American and Caribbean Health Sciences Literature (LILACS), PubMed via the National Library of Medicine, and the Scientific Electronic Library Online (SciELO). These platforms were selected due to their substantial representation of academic and health-related scientific publications.

The terms used from Medical Subject Headings (MeSH) were "Integrative Palliative Care," "Palliative Care," "Primary Health Care," and "Home Care Services," applied in English and combined. To refine the findings, Boolean operators "AND" and "OR" were also used. The wildcard character of quotation marks was applied to search for exact phrases.

From the combination of characters, the following search string was derived: ("Integrative Palliative Care" OR "Palliative Care") AND ("Primary Health Care" OR "Home Care Services"). Data collection took place from March to July 2024.

Inclusion criteria included: a) Articles published in national and international journals with full-text availability, accessible for free through the selected databases; b) Articles addressing topics relevant to the study’s guiding question; c) Articles directly focused on palliative care in primary health care, providing a general perspective from healthcare professionals in this context; and d) Articles published in Portuguese, English, or Spanish between 2019 and 2024.

Exclusion criteria were: a) Articles without abstracts; b) Articles with content deemed irrelevant to the study's purpose; c) Articles lacking a direct connection to the research topic; d) Duplicate articles across databases; e) Articles addressing palliative care from the perspective of secondary or tertiary health care or private health services; and f) Scientific works not classified as articles, such as books, theses, dissertations, undergraduate capstone projects, chapters, editorials, letters to the editor, opinion articles, and review articles.

Article selection followed these steps: 1) Reading of titles; 2) Reading abstracts of articles selected in step 1; 3) Full-text reading of articles selected in step 2; 4) Exploration of articles included in the integrative review process; 5) Coding of the main contents within each article; 6) Categorization of the results identified in the analyzed corpus.

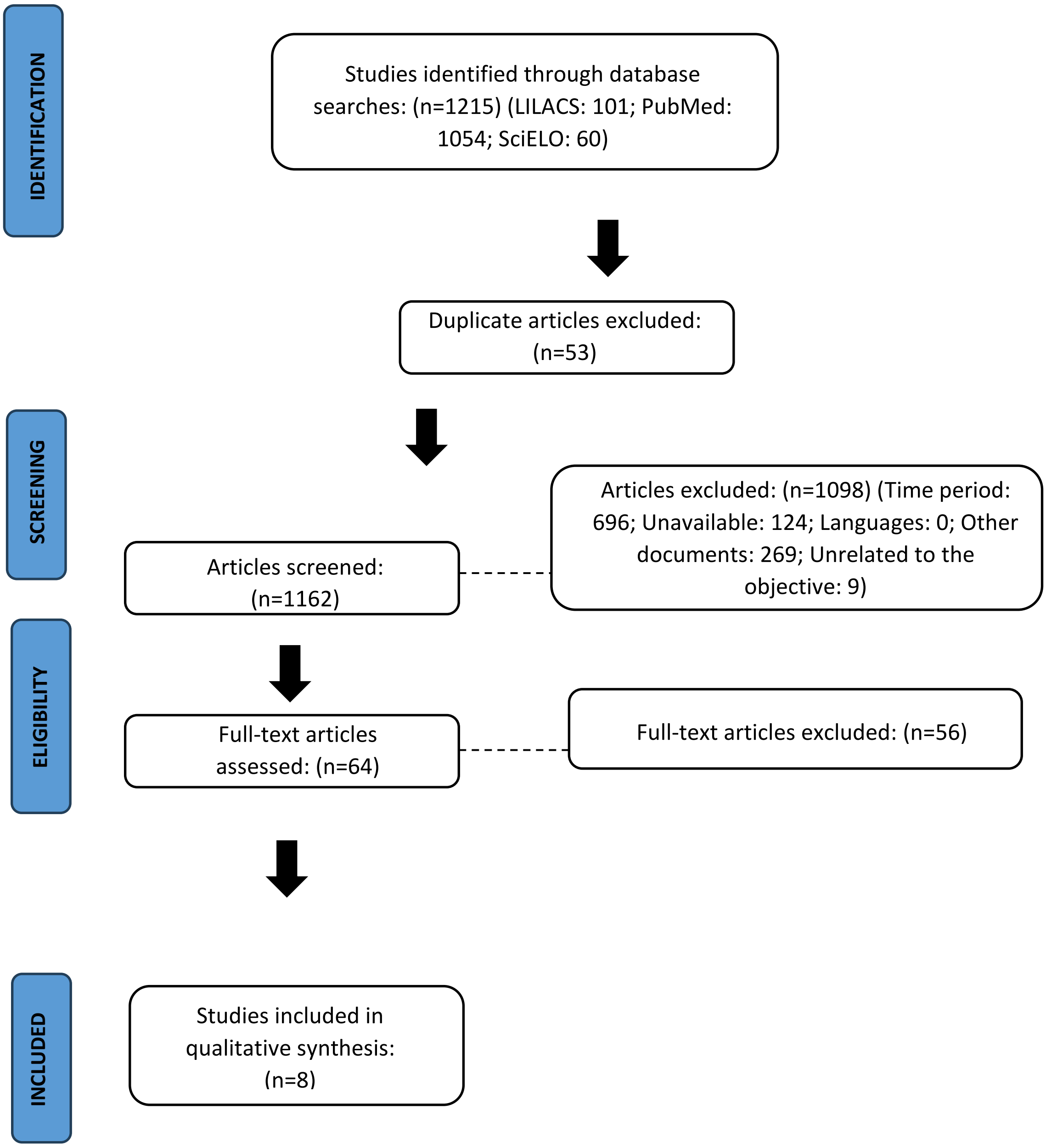

Figure 1. Diagram of the study selection process for the integrative review according to the databases, adapted from PRISMA.

The results were synthesized through the generation of codes to identify each text. The materials were assigned a numerical sequence to facilitate their identification (Article 1 - A1; Article 2 - A2, and so on).

To ensure data reliability, a methodological quality analysis was conducted based on the classification model for the level of evidence (LE) established by the Agency for Healthcare Research and Quality (AHRQ). This classification system divides evidence into the following levels: Level I: Meta-analyses of multiple controlled studies; Level II: Individual study with an experimental design; Level III: Study with a quasi-experimental design, such as non-randomized studies; Level IV: Non-experimental studies, including descriptive correlational research, qualitative studies, or case studies; Level V: Case reports or systematically obtained data; Level VI: Opinions from authorities based on clinical expertise or the views of expert committees.[13].

RESULTS

The final sample consisted of 8 articles out of a total of 1,215. Among the selected articles, 6 were written in Portuguese and 2 in English. Regarding the year of publication, two articles were published in 2019, one in 2020, two in 2021, two in 2022, and one in 2023.

Table 1 provides an overview of the articles included in the review.

Table 1 - Overview of selected articles, 2024.

Article	Authors/Year	Title	Methodological Design	Evidence level
A1	Spineli et al., 2022	Educational needs in palliative care of Primary Health Care nurses	Exploratory study, with a qualitative approach	IV
A2	Flores et al., 2019	Professional formation: care for the oncological patient without therapeutical possibility in Basic Health Care	Exploratory study, with a qualitative approach	IV
A3	Melo et al., 2021	Challenges and competences of nurses in palliative care in primary health care	Exploratory study, with a qualitative approach	IV
A4	Mattos; Derech, 2020	Palliative care provided by family and community doctors in primary health care in Brazil: a national survey	Cross-sectional, descriptive study with a quantitative approach	IV
A5	Ribeiro; Poles, 2019	Palliative Care: Practice of Family Health Strategy Physicians	Descriptive study, with a qualitative approach	IV
A6	Van Heerden; Jenkins, 2022	The role of community health workers in palliative care in a rural subdistrict in South Africa	Descriptive study, with a qualitative approach	IV
A7	Prado et al., 2023	Grounded theory about becoming a caregiver of a family member under palliative care at home	Explanatory study, with a qualitative approach	IV
A8	Nardino; Olesiak; Quintana, 2021	The meanings of palliative care for professionals in a home care service	Exploratory-descriptive study, with a qualitative approach	IV

Source: Prepared by the authors.

Subsequently, Table 2 presents the respective general objectives and key findings of the selected studies.

Table 2 – Summary of articles by objective and main results, 2024.

Article	Objective	Main Results
A1	Understand the experience of PHC nurses with palliative care and their educational needs on the subject.	Gaps were identified in the definition of palliative care and in the philosophical principles that guide it.
A2	Discuss the training of PHC professionals in working with cancer patients without therapeutic possibilities.	Professional training and job qualifications did not meet the demands of cancer patients without therapeutic possibilities.
A3	Identify skills and challenges of nurses in Family Health Strategies regarding palliative care.	The main challenges include incipient knowledge, lack of technical preparation and the absence of a multidisciplinary team.
A4	To characterize the practice of palliative care provided by family and community physicians in Brazilian primary care.	Most of the interviewees did not have a palliative care course in their undergraduate course. There is little availability of a multidisciplinary team.

Article	Objective	Main Results
A5	Understand the perception of Family Health Strategy doctors regarding palliative care.	Doctors have incipient knowledge about palliative care and have difficulty approaching it.
A6	Explore the role of Community Health Agents (CHAs) in providing palliative care.	Palliation as a nursing function. Professionals in conflict with their limited ability to provide palliative care.
A7	Understand the conditions for becoming the primary family caregiver for a palliative family member through Home Care services.	Service professionals showed difficulties in approaching the topic of death and palliative care with patients and caregivers.
A8	Understand the meanings of palliative care for professionals in a home care team.	Working in palliative care requires good emotional management and preparation to work with complex situations.

Source: Prepared by the authors.

Based on the characterization of the selected articles, two discussion categories were established, representing the main points highlighted by the authors of the analyzed studies.

DISCUSSION

Based on the main results from the articles outlined in Table 2, it becomes evident that most findings highlight limited knowledge regarding the practices and principles underlying the philosophy of palliative care. This underscores several critical points for consideration throughout this process. Consequently, two analytical categories were established based on this exposition: (1) Training Processes in Health and Palliative Care: Developing the Professional and (2) Health Care and Palliative Care: Operationalizing Core Principles.

TRAINING PROCESSES IN HEALTH AND PALLIATIVE CARE: DEVELOPING THE PROFESSIONAL

This category includes Articles A2, A3, A4, A7, and A8. Across the analyzed studies, there was consensus regarding the fragility in the training of healthcare professionals to work with palliative care. Despite data indicating population aging and an increasing number of patients within the Unified Health System (SUS) requiring this care profile, the reality demonstrates that professionals are being trained without sufficient knowledge of this approach.

For instance, Melo *et al*. (2021)[14] conducted an online questionnaire with 24 primary care nurses in Rio Grande do Sul, concluding that the primary challenges faced by these professionals include insufficient knowledge about the topic, inadequate technical and scientific preparation, and the lack of a multidisciplinary team in the services where they work. Beyond this identified knowledge gap, the study also highlights a shortage of professionals to collaborate with nurses in delivering palliative care, making it unfeasible to implement the principle of multidisciplinary action.

Similarly, Mattos e Derech (2020)[15] conducted a study with family and community physicians working in primary care and found a significant gap in the diversity of professional categories needed to support medical practice in palliative care. Additionally, 92% of the participants reported not having received any coursework on palliative care during their undergraduate studies, further illustrating the inadequacy of training

Flores *et al* (2019)[16] interviewed primary care health professionals in Santa Maria, Rio Grande do Sul, and found that participants did not feel qualified to care for oncology patients without therapeutic possibilities due to insufficient professional training. The study emphasizes the importance of viewing health education as a continuous process, extending beyond academic environments, such as undergraduate and postgraduate programs. On-the-job training can also provide significant benefits, provided it addresses the specific demands of services. However, the analyzed articles reveal a gap between the ideal and the actual knowledge and practices concerning palliative care in healthcare services.

The study by Nardino, Olesiak e Quintana (2021)[17] also highlights the importance of educational processes, conducting semi-structured interviews with professionals from Home Care Services assisting palliative care patients. The authors emphasize that integrating palliative care principles into undergraduate curricula, combined with personal development and effective emotional management, can enhance the quality of care provided. Their focus on professionals delivering home care sheds light on the need to train these individuals to meet the unique and diverse needs of each patient.[17]

Topics related to grief and end-of-life care can also significantly enhance professional training. For example, Prado *et al.* (2023)[18] found that nursing professionals struggled to address death with patients and their caregivers. This demonstrates that merely outlining palliative care principles is insufficient without connecting them to situational realities, including sensitive topics for certain individuals. Additionally, the focus on caregivers highlights the growing importance of preparing these individuals to offer holistic care, especially for end-of-life patients. The integration of informal caregivers with Home Care Service professionals represents an opportunity to enhance therapeutic interventions and promote patient dignity and well-being.[18]

A critical milestone in this context occurred in 2024 with the publication of the National Palliative Care Policy through Ordinance GM No. 3681, reaffirming a commitment to promoting the education and continuous training of professionals within the Healthcare Network (RAS) and developing educational activities on palliative care for the general population.[19]

Thus, when analyzing the relationship between professional training and palliative care, it becomes clear that there is insufficient knowledge regarding fundamental aspects of managing and caring for this patient profile and their families. This gap undermines the quality of care provided and hampers the implementation of best practices in health services.

HEALTH CARE AND PALLIATIVE CARE: OPERATIONALIZING CORE PRINCIPLES

This category includes Articles A1, A5, and A6. Beyond theoretical knowledge, effectively working within the field of palliative care or its related services requires a solid understanding of the foundational principles that guide palliative practices. This is essential to avoid poor health decisions, bioethical breaches, and the risks of therapeutic futility or excessive interventions.

Ribeiro e Poles (2019)[20] analyzed the professional challenges faced by physicians working in palliative care. Through semi-structured interviews with 16 physicians from the Family Health Strategy in Lavras, Minas Gerais, they identified limited knowledge about the field and barriers to adopting a holistic care perspective. Given that healthcare education and practice are often grounded in a uniprofessional approach with limited interdisciplinary exposure, this educational model's shortcomings are reflected in professional practice. This hampers both understanding and implementing therapeutic measures.

Spineli *et al.* (2022)[21] conducted 19 focus groups with 181 nurses in Primary Care and found that their knowledge of palliative care was limited. The participants demonstrated significant gaps in fundamental aspects of the topic, including basic definitions of palliative care and the philosophical principles guiding the practice. The study underscores the necessity of continuous education initiatives for these professionals, encompassing broader topics such as patient eligibility criteria, comprehensive care for patients and families, interpersonal communication, delivering difficult news, multidisciplinary teamwork, and end-of-life care.

In a study conducted in a rural sub-district of South Africa, Van Heerden e Jenkins (2022)[22] explored the role of Community Health Agents (CHAs) through semi-structured interviews and thematic focus groups. They found that while CHAs were capable of identifying and referring patients, palliative care was largely confined to the nurse in charge of the health unit. Additionally, CHAs experienced persistent conflicts regarding their limited capacity to provide direct care to these patients. Based on the findings of this study, it is evident that this reality is mirrored in other regions and services, where a single reference professional assumes the majority of the responsibility for setting directives when curative options are no longer viable. In other words, palliative care often becomes the sole responsibility of one individual, undermining the multiprofessional decision-making process that could offer diverse and valuable perspectives for therapeutic planning.

It is also worth emphasizing that palliative care, when integrated into primary care settings, helps mitigate various factors that negatively affect the well-being of hospitalized patients. This approach promotes more humanized care delivery by maintaining patients within their support networks, which are often disrupted during hospitalization, leaving them vulnerable. In such contexts, professionals play a crucial role in advocating for patients' rights and ensuring they receive positive care experiences. Thus, the implementation of palliative care in primary care emphasizes the importance of a community-centered approach to holistic end-of-life care.

PRACTICAL IMPLICATIONS OF THE STUDY

The results discussed in this review highlight the potential benefits of integrating palliative care practices into primary health care, particularly concerning the roles of professionals and caregivers. These benefits extend to structuring care pathways specifically for patients at the end of life or those facing life-threatening illnesses, as well as their families. The lack of robust, well-established courses within professional curricula reveals a significant gap in formal training, underscoring the urgent need to reform educational programs to include comprehensive discussions on palliative care.

Furthermore, the creation and expansion of public policies addressing the needs of this patient population emerge as a critical practical implication. Government initiatives can reach a broader segment of the population, driving innovation and enhancing the quality of care provided in this area

CONCLUSION

This review of selected articles allowed for a synthesis of scientific evidence regarding professional practices in palliative care within primary health care. The findings revealed significant deficits in the training of professionals working in this field, including the absence or scarcity of courses, modules, or discussions on the subject during undergraduate education. Additionally, professional practice is compromised by the lack of a solid theoretical foundation, which is essential for ensuring that health professionals can act in accordance with the ethical and political principles underpinning the palliative care philosophy.

Future studies are recommended to map the profile of palliative care within primary health care, creating opportunities to develop public policies aimed at supporting and improving professional competencies in this area. It is important to note that the publication of the National Policy on Palliative Care in 2024 represents a step forward in these discussions, fostering greater prioritization and focus on this crucial topic.

ACKNOWLEDGMENTS

We extend our gratitude to the Ceará Foundation for Support of Scientific and Technological Development (FUNCAP) for funding this study.

REFERENCES

1. Brasil. Ministério da Saúde. Manual de Cuidados Paliativos. 2 ed. São Paulo: Hospital Sírio-Libanês, 2023, 424p. https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/guias-e-manuais/2023/manual-de-cuidados-paliativos-2a-edicao/view.
2. World Health Organization (WHO), Worldwhide Palliative Care Alliance (WPCA). Global atlas of palliative care at the end of life. England. 2017. 111p. https://www.thewhpca.org/resources/global-atlas-on-end-of-life-care.
3. Khamis EAR, Abu Raddaha AH, Nafae WH, Al-Sabeely AA, Ebrahim EE, Elhadary SM. Effectiveness of Aromatherapy in Early Palliative Care for Oncology Patients: Blind Controlled Study. Asian Pac J Cancer Prev. 2023;24(8): 2729-2739. https://doi.org/10.31557/APJCP.2023.24.8.2729.
4. Chung V, Sun V, Ruel N, Smith TJ, Ferrell BR. Improving Palliative Care and Quality of Life in Pancreatic Cancer Patients. J Palliat Med. 2022;25(5): 720-727. https://doi.org/10.1089/jpm.2021.0187.
5. Schenker Y, Althouse AD, Rosenzweig M, White DB, Chu E, Smith KJ, Resick JM, Belin S, Park SY, Smith TJ, Bakitas MA, Arnold RM. Effect of an Oncology Nurse-Led Primary Palliative Care Intervention on Patients With Advanced Cancer: The CONNECT Cluster Randomized Clinical Trial. JAMA Intern Med. 2021;181(11): 1451-1460. https://doi.org/10.1001/jamainternmed.2021.5185.
6. Santos AF, Ferreira EA, Guirro UD. Atlas dos cuidados paliativos no Brasil 2019. 1. ed. São Paulo: Academia Nacional de Cuidados Paliativos, 2020. 55p. https://paliativo.org.br/wp-content/uploads/2020/05/ATLAS_2019_final_compressed.pdf.
7. Côbo VDA, Dal Fabbro AL, Parreira ACSP, Pardi F. Cuidados Paliativos na Atenção Primária à Saúde: perspectiva dos profissionais de saúde. Bol -Acad Paul Psicol. 2019;39(97): 225-235. http://pepsic.bvsalud.org/scielo.php?pid=S1415-711X2019000200008&script=sci_arttext
8. Procópio LCR, Seixas CT, Avellar RS, Silva KL, Santos MLM. A Atenção Domiciliar no âmbito do Sistema Único de Saúde: desafios e potencialidades. Saúde Debate. 2019;43(121): 592-604. https://doi.org/10.1590/0103-1104201912123.
9. Rajão FL, Martins M. Atenção Domiciliar no Brasil: estudo exploratório sobre a consolidação e uso de serviços no Sistema Único de Saúde. Cien Saude Colet. 2020;25(5): 1863-1877. https://doi.org/10.1590/1413-81232020255.34692019.
10. Santos JF, Rocha RM, Costa PAD, Squarcini CFR. Desafios da enfermagem no programa Melhor em Casa: relato de experiência. Res Soc Dev. 2022;11(4): e17311427242-e17311427242. https://doi.org/10.33448/rsd-v11i4.27242.
11. Lobo LAC, Rieth CE. Saúde Mental e Covid-19: Uma revisão integrativa da literatura. Saúde Debate. 2021;45(130): 885-901. https://doi.org/10.1590/0103-1104202113024.

12. Cabral MVA, Araújo JAC, Sousa AM, Reis PB, Bitencourt EB, Costa RAS, *et al*. Análise dos aspectos gerais e as etapas da revisão de literatura integrativa para profissionais da saúde. BJIHS. 2023;5(4): 1459-1469. https://doi.org/10.36557/2674-8169.2023v5n4p2-1459-1469.
13. Agency for Healthcare Research and Quality (AHRQ). Quality Improvement and Monitoring at your fingertips. Rockville: Agency for Healthcare Research and Quality, 2017. http://www.qualityindicators.ahrq.gov.
14. Melo CM, Sangoi KM, Kocchann JK, Hesler LZ, Fontana RT. Concepções, desafios e competências dos enfermeiros em cuidados paliativos na atenção primária à saúde. Nursing. 2021;24(277): 5833-5846. https://doi.org/10.36489/nursing.2021v24i277p5833-5846.
15. Mattos CW, Derech RD. Cuidados paliativos providos por médicos de família e comunidade na atenção primária à saúde brasileira: um *survey* nacional. RBMFC. 2020;15(42): 2094-2094. https://doi.org/10.5712/rbmfc15(42)2094.
16. Flores TG, Silva KF, Giaretton DWL, Weiller TH, Pucci VR. Formação profissional: cuidado ao paciente oncológico sem possibilidade terapêutica na Atenção Básica. Rev APS. 2019;22(3): 574-586. https://doi.org/10.34019/1809-8363.2019.v22.15931.
17. Nardino F, Olesiak LR, Quintana AM. Significações dos cuidados paliativos para profissionais de um serviço de atenção domiciliar. Psicol Ciênc Prof. 2021;41: e222519. https://doi.org/10.1590/1982-3703003222519.
18. Prado RT, Leone DRR, Souza TM, Pereira PBA, Lopes ES, Castro EAB. Teoria fundamentada sobre o tornar-se cuidador de um familiar em cuidado paliativo pela atenção domiciliar. REVENF. 2023;45: 1-14. http://dx.doi.org/10.15517/enferm.actual.cr.i45.49378.
19. Brasil. Ministério da Saúde. Portaria GM/MS Nº 3681, de 7 de maio de 2024. Institui a Política Nacional de Cuidados Paliativos – PNCP no âmbito do Sistema Único de Saúde – SUS, por meio da alteração da Portaria de Consolidação GM/MS nº 2, de 28 de setembro de 2017. Diário Oficial da União. 07 Mai 2024. https://www.conass.org.br/conass-informa-n-87-2024-publicada-a-portaria-gm-n-3681-que-institui-a-politica-nacional-de-cuidados-paliativos-no-ambito-do-sus-por-meio-da-alteracao-da-portaria-de-consolidacao-gm-ms-n/.
20. Ribeiro JR, Poles K. Cuidados paliativos: prática dos médicos da estratégia saúde da família. RBEM. 2019;43: 62-72. https://doi.org/10.1590/1981-52712015v43n3RB20180172.
21. Spineli VMCD, Costa GD, Minosso JSM, Oliveira MAC. Educational needs in palliative care of Primary Health Care nurses. REBEn. 2022;75(3): e20210391-e20210391. https://doi.org/10.1590/0034-7167-2021-0391.
22. Van Heerden EM, Jenkins LS. The role of community health workers in palliative care in a rural subdistrict in South Africa. PHCFM. 2022;14(1): 1-9. http://dx.doi.org/10.4102/phcfm.v14i1.3657.
23. Mattei GN, Schapko TR, Cheffer MH, Backes MTS, Ferrari MAP, Baggio MA. Assistência ao parto: profissional de enfermagem como advogado da parturiente. Saud Pesq. 2024;17(1): e-11893. https://doi.org/10.17765/2176-9206.2024v17n1.e11893.