Ethics, reception and humanized treatment of oncological patients

Ética, acolhimento e tratamento humanizado aos pacientes oncológicos

Ética, recepción y trato humanizado de los pacientes oncologia

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RESUMO

Objetivo: analisar importância da assistência ética, acolhedora e humanizada aos pacientes oncológicos pelos profissionais de saúde. **Método:** estudo de revisão narrativa. A busca foi realizada na biblioteca virtual Scielo, PubMed e Lilacs. **Resultados:** os filtros inseridos para a busca foram: trabalhos nacionais e internacionais, completos e disponíveis em português e inglês, que discorreram sobre o tema proposto para o estudo, de 2010 a 2022 . Resultados:foram encontrados 57 artigos na Scielo; 50 artigos na PubMed e 312 na LILACS. Foram selecionados 37 artigos e o restante descartado pelo título. Após a leitura completa dos artigos, foram incluídos 16 para confecção desse artigo. Devido à complexidade do câncer e seu tratamento, o paciente e seus familiares necessitam que os profissionais de saúde estejam aptos para proporcionar uma assistência acolhedora e um tratamento ético e humanizado, levando em considerações suas dores físicas, medos e anseios. **Conclusão:** cada paciente tem suas necessidades específicas, em alguns casos o paciente pode não estar consciente, ou precisar de cuidados especiais, no entanto, a humanização visa proporcionar o conforto físico e emocional para o paciente e seus familiares/cuidadores para que possam passar por esse momento de uma maneira menos traumática.

Descritores: Humanização; Ética; Acolhimento; Câncer.

ABSTRACT

Objective: to analyze the importance of ethical, welcoming and humanized care to cancer patients by health professionals. **Method:** narrative review study. The search was performed in the virtual library Scielo, PubMed and Lilacs. Results: the filters inserted for the search were: national and international papers, complete and available in Portuguese and English, which addressed the theme proposed for the study, from 2010 to 2022. **Results**: 57 articles were found in Scielo; 50 articles in PubMed and 312 in LILACS. Thirty-seven articles were selected and the remainder discarded by the title. After the complete reading of the articles, 16 were included to make this article. Due to the complexity of cancer and its treatment, patients and their families need health professionals to be able to provide welcoming care and ethical and humanized treatment, taking into consideration their physical pains, fears and longings. **Conclusion:** each patient has their specific needs, in some cases the patient may not be conscious, or need special care, however, humanization aims to provide physical and emotional comfort for the patient and his/her family/caregivers so that they can go through this moment in a less traumatic way.

Descriptors: Humanization; Ethics; Reception; Cancer.

RESUMEN

Objetivo: analizar la importancia de la atención ética, acogedora y humanizada a los pacientes con cáncer por parte de los profesionales de la salud. **Método:** estudio de revisión narrativa. La búsqueda se realizó en la biblioteca virtual Scielo, PubMed y Lilacs. **Resultados:** los filtros insertados para la búsqueda fueron: documentos nacionales e internacionales, completos y disponibles en portugués e inglés, que abordaron el tema propuesto para el estudio, de 2010 a 2022. Resultados: se encontraron 57 artículos en Scielo; 50 artículos en PubMed y 312 en LILACS. Treinta y siete artículos fueron seleccionados y el resto descartado por el título. Después de la lectura completa de los artículos, se incluyeron 16 para hacer este artículo. Debido a la complejidad del cáncer y su tratamiento, los pacientes y sus familias necesitan profesionales de la salud para poder brindar una atención acogedora y un tratamiento ético y humanizado, teniendo en cuenta sus dolores físicos, miedos y anhelos. **Conclusión:** cada paciente tiene sus necesidades específicas, en algunos casos el paciente puede no estar consciente, o necesitar cuidados especiales, sin embargo, la humanización tiene como objetivo proporcionar comodidad física y emocional para el paciente y su familia / cuidadores para que puedan pasar por este momento de una manera menos traumática.

Descritores: Humanización; Ética; Recepción; Cáncer.

REVIEW

Introduction

Cancer is the name given to a group of diseases that affects any part of the human body, in which changes occur in the growth of normal cells and with power to spread to other tissues. It has multiple causes, such as environmental, social, economic, cultural, genetic factors, the aging process itself and lifestyle. Genetic and hereditary factors represent 5-10% of the causes. In 2018, cancer was the second leading cause of death with 9.6 million deaths worldwide.[1] The main therapeutic approaches to cancer are surgery, chemotherapy and radiotherapy, with chemotherapy being the most important component of treatment for cancer patients today.[2]

In this sense, currently, much has been discussed about ethical and humanized care in health care services. This requires, in addition to the technical competence of the health professional in the exercise of his/her duties, a personal capacity to perceive and understand the patient in his/her existential experience, meet essential needs and preserve autonomy. It is noteworthy that this type of care has become a concern of health professionals, especially in relation to cancer patients, due to the special conditions presented.[3]

In order to humanize the relationship between health service, health professional and user, it is not enough to consider the responsibility and respect assumptions for the performance of care, it is necessary to overcome this view and discuss a way in which professionals relate to their main work object – the life and suffering of individuals and the collectivity.[4] Humanizing, according to ethical values, basically constitutes making what is done in a beautiful practice, no longer that it deals with what has the most degrading, painful and sad in human nature, suffering, deterioration and death. It therefore concerns the possibility of assuming an ethical position of respect for the other.[5]

To worry about humanization is to defend a specific vision or value of what it means to be human and, moreover, to find ways to act on that concern. If the main objective of humanization of care is to provide the best possible care and meet the needs of patients, it is indispensable to contact with health professionals committed to this goal.[6]

Based on the above, it is essential studies that address the theme so that more professionals understand the importance of this ethical, humanized and welcoming look at care and care for patients, especially those who are in cancer treatment, who require efforts to address their physical and psychological demands.

The problem addressed in this study was: How to provide ethical, welcoming and humanized care to cancer patients? Therefore, the main objective of the study was to highlight the importance of ethical, welcoming and humanized care of nurses to cancer patients, based on recent literature.

Method

A qualitative study of narrative review was conducted. The search was conducted at the Scientific Electronic Library Online (Scielo); National Library of Medicine of the United States (PubMed) and Latin American and Caribbean Literature on Health Sciences (LILACS). The keywords used based on the

Descriptors in Health Sciences (DeCS) were: humanization, ethics, welcoming, associated with the word cancer, through the boolean operator AND.

With regard to ethical aspects, as it is a review of narrative literature, the study was not submitted to the evaluation of the Research Ethics Committee according to Resolution No. 466 of 2012 of the National Health Council (CNS), however, all established ethical precepts were performed, in relation to ensuring the legitimacy of the information, referencing authors and confidentiality of information, when necessary.

The inclusion criteria were: papers that addressed the theme proposed for the study, from 2010 to 2022, in Portuguese and English, with full texts and available in free versions. Exclusion criteria were: studies that did not contemplate the proposed objective of the research; who did not have adherence to the research area and who were unavailable at the time of collection and that, therefore, would not have relevance for this study.

The articles were searched between February and May 2022. The search resulted in 57 articles in Scielo; 50 articles in PubMed and 312 in LILACS. Thirty-seven articles were selected and the rest discarded by the title that was not related to the study proposal. After the complete reading of the articles, 15 were excluded because they did not contemplate the proposed theme. For eligibility, 22 articles were evaluated and, of these, 16 were included to prepare this article.

Results and Discussion

With possession and after reading the 16 scientific articles, an instrument of synthesis of studies was created, for easy evaluation and comparison between studies. Below, Chart 1 describes the selected articles with their respective authors, year of publication (ascending order), methods and main results, for further analysis.

Chart 1- Papers selected for the preparation of this article, highlighting the authors/year of publication, title, methods and main results of the studies.

Author/Year	Title	Method	Main Results
Brito e Carvalho (2010)	Humanization according to cancer patients with long periods of hospitalization	Descriptive-exploratory research, with a qualitative-quantitative approach. Sample of 10 patients.	Humanization becomes vital in oncology to understand the difficult period that the patient is going through, showing interest in his problems and struggles with an attitude of empathy and cordiality, always acting with ethics and professional responsibility.
Souza e Ferreira (2010)	Humanized care in neonatal ICU: the senses and the limitations identified by health professionals	Field search	There is a need for a careful look at managers in relation to the quality of care production, with regard to the production of humanized care
Lima et al. (2010)	Humanization in Health Care	Literature review	It is necessary to insist on collection, in providing the means and purposes so that patients can enjoy their rights, so well placed in the statutes, policies and health programs
Andrade et al. (2011)	Humanization of health in an emergency service of a public hospital: comparison	Comparative study, evaluating	The realization of universality, integrality and equity of health care, in the daily life of health institutions, is in

	of social representations of professionals before and after training	interventions in emergency services to understand the humanization of health	the light of numerous problems that persist unsolved, imposing urgency, either of improvement of the system or of change of direction.
Chernicharo et al. (2013)	Humanization in nursing care: contribution to debate on the National Humanization Policy	Individual semi-structured interviews with 27 nurses	The conceptions of humanization refer to social issues, which show the relationship between the professional and the user in care; that show the difficulties and facilities in the care environment for humanized care.
Rabelo; Borella (2013)	Pharmacist's role in pharmacotherapeutic follow-up to control oncologic pain	Literature review	Pain measurement scales combined with the protocol recommended by the World Health Organization have proven to be an essential instrument for the rational use of medications.
Oliveira et al. (2013)	Humanization in theory and practice: the construction of the action of a team of nurses	This is a descriptive, exploratory study with a qualitative approach, developed in the Intensive Care Unit, with 8 nurses, 23 nursing technicians.	Nurses know the concept and know how to perform humanized practice, but do not yet apply this knowledge to all situations, attributing responsibility for it to factors external to themselves. It is necessary to identify the bottlenecks in this process to help in the planning of the interventions necessary to produce effective changes in the behavior of these professionals.
Veleda e Gerhardt (2014)	The insertion of nursing in the humanization movement in Brazil	Literature review	This professional is able to produce changes in health care that enable quality care and, ultimately, humanized. effective changes can be made in environments and forms of care.
Rios e Sirino (2015)	Humanization in Undergraduate Teaching in Medicine: The Students' Gaze	Investigation of the experiential field semi-structured interviews	It is essential to insert humanization in the teaching of health professionals, as an integral part of their actions, and as part of the institutional culture.
Nunes et al. (2015)	Home visits as an instrument for nursing educational actions: summary experience report	Experience report	Home care enables preventive, curative, rehabilitation, or control care. Being a form of humanization in health care.
Souza e Pontes (2016)	The various faces of loss: mourning for psychoanalysis	Literature review	Anticipatory mourning may be present in the patient and his/her family members, and effective psychological follow-up is necessary as part of humanized and ethical care.
Zugazagoitia et al. (2016)	Current challenges in cancer treatment	Systematic literature review	many challenges need to be addressed to improve the treatment outcomes of cancer patients.
Mota; Oliveira e Batista (2017)	Quality of life in old age: a theoretical reflection	Literature review	Physical, psychological, social and environmental care, among others, impacts the patient's quality of life.
Lobato et al. (2019)	Pharmaceutical care in cancer treatment: An integrative review of the literature	Integrative literature review	Non-pharmacological treatment seeks to effectively minimize possible adverse effects, with the patient's main focus and not the disease.

Fink et al. (2019)	Cancer pain assessment and measurement	Systematic literature review	The management of quality pain for cancer patients depends on an accurate assessment of pain and continuous reassessment, considering the person as a whole.
Cogo et al. (2020)	Perception of nurses and physicians about the care of cancer patients in the emergency room	Semi-structured interview	The care of people with cancer in the emergency room is performed differently in relation to the general population due to the particularities of the disease, which leads us to reflect on the quality and humanization of care.

Humanization, ethics and welcoming in health services are essential to provide patients with the physical and emotional comfort they demand during treatment.[10] In the oncological context, this becomes even more relevant due to the delicate moment, with great physical and psychological impact of those who undergo chemotherapy, radiotherapy, surgery, hospitalization, among others. All this brings with it pains and uncertainties that require care aimed at meeting all the needs of the patient.[2]

Thus, after the analysis of the articles, the following themes were found that will be best discussed: Concept of humanization, ethics and welcoming; Importance of ethical, welcoming and humanized care to provide physical and mental comfort to cancer patients; e Need for professional commitment in welcoming care and humanized treatment.

Concepts of humanization, ethics and welcoming

The National Humanization Policy defines welcoming as a practical posture in the care and pregnancy actions of health units, which favors the construction of a relationship of trust and commitment of users with teams and services, contributing to the promotion of the culture of solidarity and to the legitimation of the public health system.[7]

The care process represents the way in which care occurs, showing behaviors such as interest, compassion, affection and consideration for others, in order to provide relief, comfort and support. These actions go beyond technical assistance or biomedical model of care, it should be based on the permanent relationship between themselves, which permeates communication, physical care and respect, and these aspects are fundamental for the promotion of the well-being of those who care.[2]

It is essential that health professionals understand that communication is one of the main tools for the development of interpersonal relationships, being indispensable for improving the humanization of care. As such, it provides spaces for the establishment of dialogue and a thread, which are an important element in the composition of health practices.[8]

In recent decades, there has been a progressive increase in the use of technology in the prevention, diagnosis, treatment and rehabilitation of diseases. The goal is usually to increase the quality, efficiency and safety of care. In addition, there has been an increase in specialization and subspecialization in medical environments in order to provide greater experience in the treatment of specific and complex diseases and conditions.[7]

Although these medical developments have improved some elements of patient care, such as safety, efficacy and efficiency, they present new problems. The automation and standardization of care and the fragmentation of work and care trajectories, often tied to the rationing of time and personnel, can lead to dehumanization and depersonalization of care. There is a tendency to treat the patient as a 'group of symptoms' rather than a human with individual needs. This can negatively affect the doctor-patient relationship and undermine the confidence of patients and caregivers in the health system.[7]

In addition, health care providers are evaluated primarily based on their professional performance and are often not seen as a valuable resource, but as a risk in health care. As a consequence, health professionals may suffer stress, exhaustion and compassion fatigue.[8]

To overcome this counterproductive approach to health, the concept of "humanization of care" was introduced in the scientific literature. This is still a vague concept that overlaps with existing approaches to health, such as patient-centered care and person-focused care. Introduced by Balint in 1969, patient-centered care was developed as an alternative to the traditional, paternalistic and disease-centered model.[9] Instead of focusing primarily on symptoms during the clinical encounter, the doctor shows compassion and empathy for the patient, respects their individual values, needs and preferences, and engages the patient in the decision-making process. While patient-centered care is primarily oriented to visits and episodes, person-focused care adopts a more holistic perspective, considering the patient as a person with a unique personal history and treating symptoms and diseases in the context of the course of life.[7]

The humanization of care embraces these principles, but also considers the other stakeholders involved in the care process (i.e., patients, patient caregivers, health professionals, policymakers) and their interactions. This approach aims to humanize the health system as a whole, focusing on relational aspects, as well as organizational and structural aspects of health, involving all medical tasks and procedures.[9]

In Brazil, the term "humanization" began to be debated from the 1990s onto the 1990s and thus became part of the health vocabulary. At first, as a compound that indicated the impersonal and dehumanized character of health care, leading to later to change in proposals that aims to change care practices.[10]

In a study by Souza and Ferreira[7], the professionals attributed humanized care to three definitions: comprehensiveness, expanded care and comfort promotion. The integrality of care seeks to go beyond the disease and suffering presented.

Lima et al.[8] analyzed comprehensiveness in hospital care and found that the patient is considered as a numerical addition of various cares, showing a drama that configures the flow, knowledge, routine and work process within the hospital environment.

In the expanded care, the meaning is allusive to the apprehension that the team has in integrating in a participatory way the family members who accompany the patient during hospitalization. It can be expressed that this is a way to reduce the impact and suffering generated by the hospital environment.[7]

There is a need for integration between the team and the family and recognize that the knowledge of family members at the time of hospitalization will help as a basis for the interruption of care when the patient is at home.[10]

The concept of humanization can be represented as a search for the physical, psychic and spiritual comfort of the patient, his family and the team. In the hospital context, Rios and Sirino[12], when discussing what the humanization of the hospital is, understands that humanizing means acting on its administration and functioning, as well as the attitude of the staff towards the sick, with the objective of providing them with a physical and social environment as pleasant as possible, highlighting the inevitable discomforts of their treatment. Humanizing is a measure that aims, above all, to make effective the care of the critically ill individual, considering it as a biopsychosociospiritual being.[8]

Importance of ethical, welcoming and humanized care to provide physical and mental comfort to cancer patients

Although comfort is subjective, personal and multifactorial, this does not always refer to the procedures, technologies and medicines used for recovery, but also encompasses the interactional and human aspects of care. The interactional dimension translated into the form of attention, courtesy, delicacy, promptness, requests and effective communication, is entirely linked to emotional comfort and is understood as a need of the patient.[10]

In addition to the prescription and administration of drug therapy, it is also necessary to take care of the patient with affection, dedication, respect him as a human being, considering his beliefs, values, desires and expectations regarding hospitalization and evolution of health status. Developing care with the responsibility of minimizing the situation of depression and anguish installed in the patient due to their stay in the hospital environment, this can be done through dialogue, when possible, carrying words of encouragement, aiming to win the trust of the patient and family member. Especially in the treatment of critically ill patients, humanization is as important as the medication and instrumental procedures used during work.[8]

In relation to physical comfort, comfort and health are words of common sense, where everyone has a sense of their meaning and understand their reference. Comfort is the convenience or feeling of physical well-being. In practice, both health and comfort are usually defined as the absence of unpleasant sensations.[12]

In this context, all members of the skimening must work in an integrated and efficient manner in order to promote physical comfort to the patient. Caring for the patient represents an opportunity to put into practice not only the technical knowledge necessary for health professionals in this scenario of complexity, but also the essential reflections for a care that visualizes man as an integral subject of this action.[10]

Health professionals often report a concern with the direction of care to physical comfort. This is associated with the provision of care designed to alleviate the pain and suffering of the patient through the physical healing of the body. In a strange environment, uncomfortable, constant deprivation, interruptions and sleep

deprivation, sensory overstimulation, home, pain, withdrawal from common foods, intravenous or nasoenteral feeding, ventilator breathing, cardiac monitoring and signaling, catheters, invasive procedures, patient immobilization and overcrowding of equipment at the site, all of which are triggers for situations that provide psychopathological changes and intense physical discomfort.[12]

In this sense, in relation to physical pain, it can be highlighted that almost all people with cancer feel some pain during the disease, and this can get considerably worse at the end of life. Fortunately, with an effective and immediate intervention, pain can be controlled in most patients. There have been many efforts to improve the education of health professionals about pain treatment strategies in oncology, but these patients still do not have enough medication for pain.[13]

The current pattern for treating cancer pain follows the world health organization's analgesic ladder, which describes a strategy for adapting pain interventions to the level of pain reported by the patient. Pain should be assessed frequently and medications adjusted as needed. Self-report pain should be requested whenever possible and should be considered of utmost importance.[14]

First, pain medications should be programmed and not administered only as needed. Second, there are many routes to administer an opioid; one should choose the simplest and most acceptable route for the patient. Third, adjuvants, such as antiepileptic medications and antidepressants for neuropathic pain, should be used to facilitate pain control. Fourth, side effects should be predicted and treated aggressively. It can be assumed that any patient receiving chronic opioid therapy will develop constipation and therefore an intestinal regimen should be implemented coincident with the initiation of opioid therapy. Fifth, pain can manifest in several ways, including crying, retracting, aggression, fear of touch, and fear of movement. Some individuals with pain have minimal or no evidence of physical discomfort. Finally, pain can change over time and it is critical to reevaluate. The professional who works in oncology is invaluable in ensuring appropriate analgesia, adhering to these principles, identifying subtle signs and symptoms of pain expression, especially in children or patients who cannot communicate, detecting changes in pain and advocating additional diagnostic tests and/or changes in therapy.[13]

In addition, people with cancer often require very high doses of opioids to control pain. This can occur for several reasons. People exposed to opioids for long periods develop tolerance to the drug and therefore require higher doses of the opioid to maintain the level of pain relief. It is important to note that this is the result of tolerance and not of addiction; addiction is a psychological dependence on the effects of opioids. This distinction may be useful for some families who care about the potential for addiction.[15]

According to the principle of double effect, an action that has a good (intended) effect and a potentially bad (unintentional but

predictable) effect is permitted, if the following conditions are met: (1) the action itself must be good or indifferent, with only the good consequences of sincerely intended action, (2) the good effect should not be produced by the bad effect, and (3) there must be a compelling reason to allow the foreseeable bad effect to potentially occur. This well-evaluated approach provides an ethical standard that supports the use of interventions aimed at relieving pain and suffering, although there is a predictable possibility that death will be rushed. In cases where the child is terminally ill and in severe pain, the use of large doses of opioids and sedatives to control pain is justified when there are no other treatment options available that relieve pain and make the risk of death less likely. In these cases, consultation specialized in palliative care is recommended.[13]

Need for professional commitment in welcoming care and humanized treatment

According to Brito and Carvalho[16], the fulfillment of humanization in health services requires the union and collaboration of all those involved in the hospital environment, managers, technicians, employees and the active participation of users.

Another crucial point that should be analyzed when proposing more humancare concerns the training of professionals in the health area, which despite the whole crisis of rationalist science and the proposals for changes in the health care model, which preach integrality and the humanization of care, is still centered today, predominantly, in technical, rational and individualized learning, often without the exercise of criticism, creativity and sensitivity.[12]

In this context, it is necessary to impose a culture of critical development and the sensitivity of the professional since the training, but not in the sense of conducting tests and tests, but an environment that makes him understand the human being and make him create that bond.[10]

The humanized vision should be seen as a form of commitment to the chosen profession. As well, the availability of care conditions leads to important aspects for the exercise of the activity to be performed.[10] Among these, it should be evidenced that the professional should have an adequate work environment, with a physical structure prepared to assist patients; have a multidisciplinary team, in order to provide dynamic and systematized care; appropriate and properly functioning materials and equipment; sufficient medication to meet the demand of the service; personal protective equipment to ensure the health of the professional; scientific and technical knowledge in the area of expertise; also from financial reward to professional satisfaction.[12]

Final Considerations

Cancer is a complex disease, in which it often weakens the patient, generating physical and mental suffering. Curative intervention should incorporate attention and supportive care on the part of health professionals, as well as a genuine interest in the patient. For cancer patients, there should be guidance and willingness to participate in decision-making, encouraging their autonomy.

Due to the complexity of cancer and its treatment, the patient and his/her family members need health professionals to be able to provide welcoming care and ethical and humanized treatment, taking into consideration their physical, psychological, fears and longing pains. In this sense, each patient has its specific needs, in some cases the patient may not be conscious, or need special care, however, humanization aims to provide physical and emotional comfort for the patient and his/her family/caregivers so that they can go through this moment in a less traumatic way.

Thus, it can be concluded that humanization and welcoming should be experienced and felt by all those who work in the health field and need to be reflected in the care offered to patients and their families. These aspects become vital in oncology to understand the difficult period that the patient is going through, showing interest in his problems and struggles with an attitude of empathy and cordiality, always acting with ethics and professional responsibility.

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