THE PHYSIOTHERAPIST ROLE IN THE PALLIATIVE CARE TEAM IN THE SERVICE TO CANCER PATIENT

O papel do fisioterapeuta na equipe de cuidados paliativos no atendimento ao paciente com câncer

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Abstract: The present article intends to know how the physiotherapist can manifest assistance to the cancer patient, based on the principles that describe the Palliative Care. The research consisted of a review of the current literature, in the following databases: Google Academic data, SciELO (Scientific Electronic Library Online), Lilacs (Latin American Health Sciences Literature), Bireme, Virtual Health Library PePSIC, Brazilian Society of Hospital Psychology (SBPH), Scientific Journals as Mind and Brain and Psyche & Life and Brazilian Journal of Cancerology. The bibliographic survey was carried out in May and June of 2017. There were 43 studies, 31 scientific articles, 03 books, 05 abstracts and 04 theses, dissertations and monographs on the subject. Of these publications, 15 met all the selection criteria. The role of the physiotherapist was identified attached to the Palliative Care team which is presented in the specialized bibliography with great relevance, since the practice of this professional fosters the improvement of the quality of life of individuals who are in therapy of an adverse disease such as cancer, and can minimize suffering and pain, caused by the treatment. It is suggested to carry out more studies with methodological rigor inherent to the performance of physiotherapy in palliative care, as a way to deepen and specify the performance of the physiotherapist within a team of palliative care.

Keywords: Palliative care; Physiotherapy; Oncology.

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Resumo: O presente artigo objetivou conhecer como o fisioterapeuta pode manifestar auxílio ao paciente com câncer, pautado nos princípios que descrevem os Cuidados Paliativos. Trata-se de uma revisão da literatura atual, nas seguintes bases de dados: dados Google Acadêmico, SciELO (Scientific Eletronic Library Online), Lilacs (Literatura Latino-americana de Ciências da Saúde), Bireme, BVS (Biblioteca Virtual em Saúde), PePSIC, Sociedade Brasileira de Vida e Revista Brasileira de Cancerologia. O levantamento bibliográfico foi realizado no mês de maio e junho de 2017. Foram encontrados, 43 estudos, sendo 31 artigos científicos, 03 Livros, 05 resumos e 04 Teses, dissertações e monografias sobre o tema. Dessas publicações, 15 atenderam todos os critérios de seleção. Identificou-se que o papel do fisioterapeuta agregado à equipe de Cuidados Paliativos é apresentado na bibliografia especializada com muita relevância, pois a prática desse profissional fomenta a melhora da qualidade de vida de indivíduos que se encontram em terapia de uma doença adversa como o câncer, podendo minimizar o sofrimento e a dor, provocados pelo tratamento. Sugere-se a realização de mais estudos com rigor metodológico inerente à atuação da fisioterapia em cuidados paliativos, como forma de se aprofundar e especificar a atuação do fisioterapeuta dentro de uma equipe de cuidados paliativos.

Palavras-chave: Cuidados paliativos; Fisioterapia; Oncologia.
INTRODUCTION

With the progress of medicine, the battle against potentially lethal diseases and death itself has been extended each time more, prolonging life, and sometimes the suffering of people who already have no possibility of cure. This current progressive reality, as well as population aging that causes the increase in chronic diseases, have demanded for new interventions by health care professionals in order to facilitate the administration of the final moment of the patient’s life, and the physiotherapist is an important and indispensable agent. This new prototype of respect and care for the life and the individual is manifested as palliative care.

In accordance with the Regional Medical Council of the State of São Paulo Palliative Care consists of a way of relieving symptoms, the unpleasantness and anguish in patients with chronic, evolutive, advanced, degenerative, incurable diseases, or diseases in final stage. The care aims the patient in his or her total humanity, in the perspective to offer affection and meaning in their quality of life.

The term palliative originates from the Latin word pallium, which means robe, blanket, expressing a purpose of shelter against the adversities along the path. Therefore, palliative care can be understood as protection Care, within a holistic view of several characteristics of the human being.

In the obsolete medical model there was the supremacy of biological proportion for the health team, currently seeking the dimensions of the human being in a caring (Remedy), involving family, social, emotional, and spiritual issues. Palliative Care had its origins in the United Kingdom in the 1960s, after the creation of the St. Christopher Hospice, in London, by a doctor, nurse and social worker Cicely Saunders, with the aim of systematizing a group of knowledge that would enable the provision of more humanized assistance both for the affected by the disease, as well as for their friends and family, in the space before dying. This proposal was intended the association to biomedical support, already existent and not rupture.

Thus, the objective of this study was to highlight the role of the physiotherapist to aid in the treatment of patients with cancer, based on the principles that describe the Palliative Cares. Knowing that, since the beginning of the study, that there are a lot of references that specify the role of the physiotherapist in a roadmap of palliative care, which can be taken as one of the probable cause of the fact that the specific preparation, is not made easier for professionals of physiotherapy.

In this way, it is hoped that this research provides content that contributes to the opening of more discussions in the field of physiotherapy for the discipline of palliative care, as well as for the improvement of performances of professional physical therapist as a key member of the multiprofessional team which gives the support needed to establish, to the extent possible, the quality of life of patients diagnosed with cancer. In addition, the action must maintain harmony in relations with other professionals and find ways of communication that allow the exchange and knowledge from different knowledge.

The present study was a bibliographic literature on the topic that addresses the following guiding question: What is the physiotherapist role on the palliative care team for the cancer patient?

Studies found on the data base of Google
Academic, SciELO (Scientific Electronic Library Online), Lilacs (Latin American Health Sciences Literature), Bireme, Virtual Health Library PePSIC, Brazilian Society of Hospital Psychology (SBPH), Scientific Journals as Mind and Brain and Psyche & Life and Brazilian Journal of Cancerology.

The descriptors used as inclusion criteria for the study included combinations between cancer “OR” Oncology “AND” palliative care “OR” terminal patient “AND” physiotherapy “OR” physiotherapist, in Portuguese and English.

The survey consisted of a review of current literature, without an exact definition of dates due to the scarcity of publications. The bibliographic survey was carried out in May and June of 2017. There were 43 studies, 31 scientific articles, 03 books, 05 abstracts and 04 theses, dissertations and monographs on the subject. Of these publications, 15 met all selection criteria and were included in this review. The results are exhibited in the next table.

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<td>01</td>
<td>Fernando Cesar Iwamoto Marcucci</td>
<td>The role of physiotherapy in palliative care to cancer patients.</td>
<td>2005</td>
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<td>Maria Julia Kovács</td>
<td>Education for death</td>
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<td>2013</td>
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Source: Survey data, 2017.
LITERATURE REVIEW

Role of physiotherapy

Physiotherapy is an applied science, whose purpose of study is the human dynamics in all its forms of expression, whether in the pathological, psychical or organic changes. Even in other times, when the profession was subordinate to the principles of medical area, its field of action was already outlined in the largest scientific centers existent.

In understanding, it is claimed that the idea of physiotherapy is a solution of real problems and that is the object of studies of human movement. Your goal is to preserve, maintain (preventive manner), develop or restore (rehabilitation) the integrity of organs, system or function.

The role of the physiotherapist is comprehensive and the accumulation of professional experience is redirecting his or her field of attention. This expert has been working at all levels of health care, including prevention, promotion, treatment and recovery, with emphasis on movement and function.

Although the path of professionalisation of physiotherapy in Brazil has been marked by the medical hegemony in health, as well as the other professions in health, it is possible to say that the area has been growing in the specialization of knowledge and professional practice. The physiotherapist, who until very limited time was seen as an auxiliary to the doctor, today he or she is recognized by legislation in force, as a professional capable to analyze and treat his or her patient autonomously, with wisdom enough for various tasks in health care.

The formation of the physiotherapist professional needs to be associated with the reality of life and health conditions of the population, centered on the patient and in his or her different environments, developing actions of promotion, prevention, treatment and rehabilitation of social degradation and, above all, must be committed not only to the patient as well as his or her family. This requires a generalist education, allowing the realization of adapted and modified interventions according to the needs of the community, taking into account the culture, traditions and other psychosocial aspects.

The physiotherapist has been acquiring prestige in his or her performance, increasingly honored as an agent in the health system. His or her space before the medical competence, even though small, has plausible recognition. This is due, in part, to having been able to claim a monopoly over an area of knowledge and his or her role in outpatient clinics, private clinics, rehabilitation centers, Family Health Program and the activities of teaching, both in undergraduate and graduate programs.

Role of physiotherapy in relation to palliative cares.

The physiotherapist has methods and resources specific to his or her area that are immensely useful in palliative care, and his or her performance corroborates the multiprofessional and integrated treatment to the reception of patients with cancer, and may contribute to the process of improving quality of life through therapeutic resources as analgesic resources, application of techniques that minimize the complications, exercises for rehabilitation of functions, among others. Resources which make a substantial contribution in aid of cancer patients.

The physiotherapist is one of the professionals that operates directly with cancer patients, not only during his or her rehabilitation process, but also in the palliative disease, when pain
is the most frequent symptom and cause of suffering of this patient. Having as objectives: minimize the symptom of pain, intervene in symptoms as psychophysical stress and depression, maintain and/or improve the respiratory and functional capacity in this patient, i.e., keep him or her active, so that he or she can perform basic activities of daily living.7

Physiotherapy has a relevant performance within the oncology. Its solicitude is not focal, but systemic. In other words, it is not attentive only to the region affected by cancer, but with the reverberation of the nuisance throughout the constitution of the person, as well as his or her self-esteem and quality of life. The main aim of physiotherapy for oncology is to present the patient the need to resume the daily chores and offer him or her conditions for this.4

Currently, Palliative Medicine is defined by WHO (2012) as a kind of aid that promotes quality of life of patients and their families in the face of diseases that threaten the progression of life, through the prevention and relief of suffering. It requires the recognition, judgment in advanced and skillful treatment of pain and other physical, psychosocial and spiritual problems,8 and it can and should be extended to the diagnosis until after death, that is, in service to the families in relation to mourning.

Before the Palliative Medicine was used in the treatment of patients in the final stage of their disease and had as its objective the improvement of the quality of life and dignity at the time of death only and this latest definition, the focus of attention is not the disease to be cured/controlled, but the sick person, understood as a biographical, active geing, with the right to information and the full autonomy for decisions about his or her treatment9 The practice of Palliative Care advocates individualized attention to the patient and his or her family, pursuit of excellence in control of all symptoms and prevention of suffering.

Palliative cares are performed by a multidisciplinary team of which they are part of the Nursing, Psychology, Physiotherapy, Social Work and Medicine. And despite this therapeutic modality is essential to patients outside the capabilities of regeneration, it is evident that these precautions are not disclosed in medical schools, which contributes to a lack of knowledge of doctors recently graduates.10

People with diseases outside of healing, especially those with cancer, are still subject to aggressive curative treatment, even when this becomes impossible. The palliative model is centered on the patient himself or herself, having as the essence not only the attention to physical needs, but also the psychological and spiritual needs of the patients.11

The concept of quality of life has also been used to justify therapeutic indications for questionable palliative purposes, when it should be incorporated into the practice of oncology to support medical decisions and establish the validity of the treatments applied.12

In palliative cares, the physiotherapist, from a physiotherapy assessment, will prescribe a treatment program that is compatible with the use of resources, techniques and exercises, aiming through the multiprofessional and interdisciplinary approach, reduction of suffering, relief of pain and other symptoms of stress, support for which patients live as actively as possible, with quality of life, dignity and comfort, in addition to providing support to help family members in care itself to the sick, to cope with the disease and in mourning.13

The sorrow and suffering are characterized
by emotional states which are intrinsic to any human being, deprived of certain personal and emotional satisfaction. It is a reaction of the organism when it faces deeply with its fragility.  

In all proposals for assistance in palliative care, it is important to note the inclusion of concepts and guidelines of care also to family members, especially when we know what we face, with great frequency, with a generation of caregivers worn physically and emotionally.  

The physiotherapist who works with palliative care also uses resources to alleviate the pain. For this type of work he or she will have available to some therapeutic procedures that can alleviate the pain and suffering of the patient and help in its handling.  

It is also the responsibility of the professional the initial conjecture to distinguish the physical and psychosocial needs, as well as information on the environment where the sick person is inserted. Meanwhile, before beginning any of the procedures, the physiotherapist must investigate the yearning of the patient - if this has the possibility to choose and make decisions of experiencing the physiotherapeutic treatment. The non-compliance in relation to obtaining the bestowal of the patient about the procedures to be performed may result in conflict, in violation of the respect for autonomy.  

It is worthy of prominence the fact that the issues regarding palliative care and the completion of life is still poorly addressed in academic formation of physiotherapy under graduates, area that requires from the future professional good emotional subsidy to cope with the pain, suffering and the expectations of the person and the family members about the physiotherapeutic treatment.  

It is imperative that the professional understands the threshold of his or her exercise, in order not to provoke the unrealistic perspectives and frustrations in the patient, nor in the family and friends who are waiting for the ‘cure’, because, as suggested by Kovács, “there is no remedy for death, but if you can help dying well and with dignity”.  

**FINAL CONSIDERATIONS**

The role of the physiotherapist was identified attached to the Palliative Care team which is presented in the specialized bibliography with great relevance, since the practice of this professional fosters the improvement of the quality of life of individuals who are in therapy of an adverse disease such as cancer, and can minimize suffering and pain, caused by the treatment.  

It is evident that the professional of physiotherapy when acting in a Palliative Care team requires specific training in the area, in search of techniques to assist the patient in coping and elaboration of intense physical experiences and emotional experiences experimented in the terminal stage of life. It is necessary care, caution and care in the way of accommodation of the patient, the family and the multidisciplinary team, trying to keep the focus on the human being (not the pathology). Pain relief and the progress in quality of life (or end of life) of the patient become essential in this context (not the fruitless extension of his or her suffering).  

However, the therapy is based on the reduction of the patient’s symptoms and the promotion of his or her functional independence, providing comfort and seeking to share, encourage and seek internal resources to mitigate and (re) mean the experience of going sick.  

This study showed a considerable level of obstacles, since, despite the gradual increase in the research in this theme, there is still a shortage. From this perspective it is suggested to perform further studies with methodological rigor in which can be raised and analyzed data related to the performance of physiotherapy in palliative care, as a way to deepen and specify that impact.
There are no conflict of interests.

REFERENCES


