

## Scientific Production About Pain in Palliative Care: Nursing Contribution in The Brazilian Framework

Produção Científica Acerca da Dor em Cuidados Paliativos: Contribuição da Enfermagem no Cenário Brasileiro

Producción Científica Sobre el Dolor en Cuidados Paliativos: Contribución de la Enfermería en el Escenario Brasileño

Márcia Abath Aires de Barros<sup>1\*</sup>; Francilene Jane Rodrigues Pereira<sup>2</sup>; Marisaulina Wanderley Abrantes<sup>3</sup>; Gilmara Barboza da Silva<sup>4</sup>; Virgínia de Araújo Porto<sup>5</sup>; Mariana Albernaz Pinheiro de Carvalho<sup>6</sup>

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### ABSTRACT

**Objective:** The study's goal has been to characterize the national scientific production about pain in palliative care published by nurses. **Methods:** It is an integrative literature review. The bibliographic survey took place in June 2019 and publications from the last five years were included in the LILACS, BDNF and Medline databases. **Results:** A sample of 23 articles was obtained, most of them (78.26%) original articles that were published, almost all (60.86%), in LILACS in various regions of the country. Three thematic categories have been delimited: Prevalence of pain and treatment modalities in palliative care; Tools and pain assessment; and Perception of pain in palliative care. **Conclusion:** There was a high prevalence of pain among patients; association between pharmacological and complementary therapies as treatment modalities; scales that subsidize their evaluation by nursing professionals; and the existence of professionals with gaps in knowledge about the perception of pain.

**Descriptors:** Palliative care, Nursing, Pain, Oncology, Pain Management.

<sup>1</sup> Nursing Graduate, MSc in Nursing, Clinical Nurse at the *Hospital Universitário Lauro Wanderley (HULW)* of the *Universidade Federal da Paraíba (UFPB)*. *Universidade Federal da Paraíba (UFPB)*, Brazil.

<sup>2</sup> Nursing Graduate, PhD in Health Decision Models, Clinical Nurse at *Hospital Universitário Lauro Wanderley (HULW)* of the *Universidade Federal da Paraíba (UFPB)*. *Universidade Federal da Paraíba (UFPB)*, Brazil.

<sup>3</sup> Nursing Graduate, PhD in Nursing, Clinical Nurse at *Hospital Universitário Lauro Wanderley (HULW)* of the *Universidade Federal da Paraíba (UFPB)*. *Universidade Federal da Paraíba (UFPB)*, Brazil.

<sup>4</sup> Nursing Graduate, MSc in Nursing, Clinical Nurse at *Hospital Universitário Lauro Wanderley (HULW)* of the *Universidade Federal da Paraíba (UFPB)*. *Universidade Federal da Paraíba (UFPB)*, Brazil.

<sup>5</sup> Nursing Graduate, MSc in Health Sciences, Clinical Nurse at *Hospital Universitário Lauro Wanderley (HULW)* of the *Universidade Federal da Paraíba (UFPB)*. *Universidade Federal da Paraíba (UFPB)*, Brazil.

<sup>6</sup> Nursing Graduate, PhD in Nursing, Associate Professor at *Universidade Federal de Campina Grande (UFCG)*. *Universidade Federal de Campina Grande (UFCG)*, Brazil.

## RESUMO

**Objetivo:** Caracterizar a produção científica nacional acerca da dor em cuidados paliativos publicados pelos Enfermeiros. **Métodos:** Utilizou-se, como delineamento do estudo, uma revisão integrativa da literatura. O levantamento bibliográfico ocorreu no mês de junho de 2019, sendo incluídas publicações dos últimos cinco anos nas bases de dados Lilacs, Bdenf e Medline. **Resultados:** Obteve-se uma amostra de 23 artigos, sendo a maior parte deles (78,26%) artigos originais que foram publicados, em sua maioria (60,86%), na Lilacs nas diversas regiões do país. Foram delimitadas três categorias temáticas: Prevalência da dor e modalidades de tratamento em cuidados paliativos; Ferramentas e avaliação da dor; e Percepção da dor em cuidados paliativos. **Conclusão:** Evidenciou-se alta prevalência de dor entre pacientes; associação entre terapias farmacológicas e complementares como modalidades de tratamento; escalas que subsidiam sua avaliação pelos profissionais da enfermagem e; existência de profissionais com lacunas no conhecimento sobre a percepção da dor.

**Descritores:** Cuidados Paliativos, Enfermagem, Dor, Oncologia, Manejo da dor.

## RESUMEN

**Objetivo:** El propósito del trabajo es caracterizar la producción científica nacional sobre dolor en cuidados paliativos publicada por enfermeras. **Métodos:** Este estudio es una revisión integradora de la literatura. La investigación bibliográfica se realizó en junio de 2019, fueron incluídas las publicaciones de los últimos cinco años en las bases de datos LILACS, BDNF y Medline. **Resultados:** Se obtuvo una muestra de 23 artículos, la mayoría de ellos (78,26%) artículos originales que se publicaron, en su mayoría (60,86%), en LILACS en las diversas regiones del país. Se definieron tres categorías temáticas: prevalencia del dolor y modalidades de tratamiento en cuidados paliativos; Herramientas y evaluación del dolor; y Percepción del dolor en cuidados paliativos. **Conclusión:** Hubo una alta prevalencia de dolor entre los pacientes; asociación entre terapias farmacológicas y complementarias como modalidades de tratamiento; escalas que apoyan su evaluación por profesionales de enfermería y; existencia de profesionales con lagunas en el conocimiento sobre la percepción del dolor.

**Descriptores:** Cuidados paliativos, Enfermería, Dolor, Oncología, Manejo del dolor.

## INTRODUCTION

The human being's illness process reveals profound changes in the way of life, especially when the person is faced with the diagnosis of a life-threatening disease. Among these pathologies, neoplasms, neuro-degenerative diseases, and chronic progressive diseases stand out, which can affect all age groups, representing a challenge for health professionals, among which the nurse, who must trace the path in search for the best therapeutic resources aiming at the relief of human suffering in all its dimensions.

In this framework, pain is the most feared affection in coping with the evolution of the disease and its treatment - both for patients and their families.<sup>1</sup> Its identification is often a subjective translation of the suffering of others, as it transcends physical pain localized. The relief, in all its dimensions, is the basis of the Palliative Care proposal, which permeates the performance of all professionals of the multidisciplinary team.

The World Health Organization (WHO) conceptualizes palliative care, defining it as an approach to improve the quality of life of patients and family members who face a life-threatening disease, through the prevention and relief of suffering, early and impeccable identification, assessment and treatment of pain and other physical, psychosocial, and spiritual problems.<sup>2</sup>

The attention that healthcare professionals should pay to pain in palliative care emerges with its philosophy, which dates back to the 1970s, when a study developed by Cicely Saunders was published in patients who received effective therapy for the control of pain. The WHO also highlights this care, listing it as the first principle of palliative care, emphasizing "the promotion of pain relief and other unpleasant symptoms", through specific knowledge for pharmacological treatments and other therapies that promote the quality of life of these patients.<sup>3</sup> It is understood, therefore, that there is no way to dissociate pain control and palliative care.

As a conceptual definition, the International Association for the Study of Pain (IASP) describes it as an unpleasant sensory and emotional experience, associated with an actual or potential tissue injury or described in terms of this injury. Cicely Saunders, however, covers this definition and portrays pain in palliative care as being a multidimensional relationship in which physical, emotional, spiritual, and social pain present each other, being recognized and spread among palliative care professionals, such as Total Pain.<sup>4</sup>

The guidelines for pain management, especially those experienced by cancer patients or patients with life-threatening diseases, recommend a more comprehensive assessment, since this symptom results from a multiplicity of factors, which require different interventions.<sup>4,5</sup> In this care, since 1986, the WHO has developed and published a pain management guide known as the "analgesic ladder", which is used as a world standard for pharmacological analgesia, requiring, nevertheless, a thorough analysis for the adequate therapeutic management for each patient.<sup>6</sup>

Therefore, for these interventions to occur, it is imperative to determine the source of the pain, in addition to characterizing its intensity and presentation, which can be: nociceptive - which is related to the chemical or physical stimulation of normal nerve endings; neuropathic - which is due to total or partial injury or alteration of function in any part of the peripheral or central nervous system, or mixed. With this recognition, health professionals must establish therapies that promote relief, through the choice of the best drug and other interventions that relate to the type of pain presented by these patients.<sup>4,5</sup>

In this attention, particularly the professionals of the nursing team, for actively participating in the care of patients, they are often the first professionals who identify pain and can facilitate communication with the health team, in the search for treatments and interventions that promote their relief. This is one of the most important goals,

present in the actions of nurses who work with patients in palliative care. It is important to note that the cessation of pain promotes a decrease in the stress of the patient and an improvement in their quality of life, a fact that reflects positively on the relationships with their family, caregivers, and health team.<sup>7</sup>

Nevertheless, to implement this care, Nurse must be qualified in the knowledge about concepts, identification, and management of pain, so that they can contribute, together with the other professionals who make up the palliative care team, to the effective control of this symptom.<sup>7</sup>

Bearing in mind the aforesaid, since 2002, the Ministry of Health presented the National Program of assistance to pain and palliative care that describes, among its objectives, the dissemination of relevant information both for health professionals and patients, as well as for family members, and the general population regarding concepts, evidence and research publications that address the theme of pain and the pertinent actions in the scope of palliative care.<sup>8</sup> Hence, this study aims to characterize the national scientific production about pain in palliative care published by Nurses.

## METHODS

An integrative literature review was used to plan and carry out this study. The path taken was developed respecting the following steps: Identification of the theme and guiding research question; Establishment of inclusion and exclusion criteria for articles; Data collection and categorization of studies; Analysis of included studies; Discussion of results, Synthesis and presentation of the review.

As a guiding question for this study, we asked: which studies published by Brazilian nursing deal with pain in palliative care and how are they characterized? The bibliographic survey took place in June 2019, in the electronic databases MEDLINE (Medical Literature Analysis and Retrieval System Online), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) [Latin American and Caribbean Literature in Health Sciences], and Base de Dados de Enfermagem (BDENF) [Nursing Database] accessed through the Virtual Health Library (VHL/BIREME) operating platform. The choice of these databases was because they gathered data from the international literature for the medical and biomedical areas, contain publications referring to the health sciences and aggregate specialized bibliographic data in the Nursing area, respectively.

The integrative review was built from the consultation of the controlled descriptors with the Health Sciences Descriptors (DeCS) of the Virtual Health Library, represented by “pain”, “palliative care”, “nursing”, and “oncology”, together with the uncontrolled “pain treatment”.

Then, the research was carried out based on the following combinations involving the controlled descriptors and the Boolean operator AND: the first, “pain” AND “palliative care” AND “nursing” and the second, “pain” AND “oncology” AND “nursing”.

For the collection of the articles, an instrument was elaborated that compiled the following information: title of the article, the title of the journal, year of publication, nature/type of study and place of the research, to contemplate the object investigated in the perspective of answering the question guiding principle proposed in this integrative review. For the selection of the initial sample, the inclusion criteria were used: I) indexed articles, II) published in Portuguese, III) published in the last five years and found in the LILACS, Medline and BDENF databases, IV) publication in national journals and V) field research articles that were relevant to the theme, having pain in palliative care as a selection criterion from the perspective of the nursing team; and exclusion: I) articles not available in full, II) components of gray literature, such as manuals and books, III) repeated articles and IV) articles of prior note.

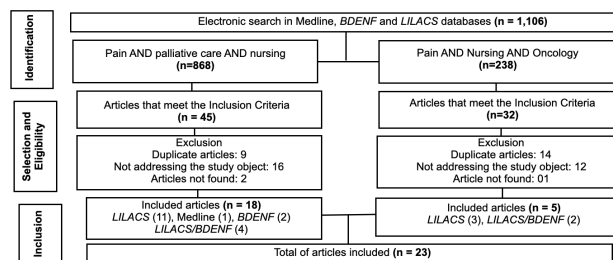


Figure 1- Prisma flowchart for collecting research data. João Pessoa City, Paraíba State, Brazil, 2019

## METHODS

From a total of two combinations used, 23 studies were included in this review, which are listed in the Table below. Ag 4020-7 cc 41126-4.

Title	First Author	Journal/Year	Types of Study	Study Location City/State
Nursing outcomes for pain assessment of patients undergoing palliative care	Mello BOSS	Rebe/ 2019	Original article	Porto Alegre/Rio Grande do Sul
Scientific production from brazilian nurses on nursing and oncology: a narrative literature review	Rolim DAS	Arq.Ciênc.Saúd e UNIPAR/ 2019	Narrative literature review	Cruz Alta-RS
Implementation of the evaluation of pain as the fifth vital sign	Castro CC de	Rev enferm UFPE line/2018	Original article	Belém/ Pará
The nurse's attention to the patient in palliative care	Picollo DP	Rev. Ciênc. Méd./ 2018	Integrative review	Caxias do Sul/Rio Grande do Sul
Oncological palliative care: perception of caregivers	Cunha AS	J. Health Biol Sci./ 2018	Original article	Belém/ Pará
Palliative nursing care in the elderly in UCI: an integrative review	Luiz MM	Cuidado é fundamental/2018	Integrative review	Juazeiro do Norte/ Ceará
Palliative care to the elderly in intensive care: the perspective of the nursing team	Queiroz TA	Texto Contexto Enferm/ 2018	Original article	Fortaleza/ Ceará
Health-related quality of life of patients with cancer in palliative care	Freire MEM	Texto Contexto Enferm/ 2018	Original article	João Pessoa/ Paraíba
Pediatric palliative care: analysis of nursing studies	Souza TCF	Rev enferm UFPE line/2018	Bibliometric review	Belém/ Pará
Profile of care measures provided to cancer patients in an emergency care unit	Gonçalves MM	Revista de Enfermagem do Centro-Oeste Mineiro/ 2018	Original article	Belo Horizonte/ Minas Gerais
Orthothanasia in intensive care units: perception of nurses	Santana JC	Rev. bioét. (Impr.)/ 2017	Original article	Belo Horizonte/ Minas Gerais
Willfulness therapeutic under reference bioethical vulnerability the practice nursing	D'Arco C	O Mundo da Saúde/ 2016	Original article	São Paulo/ São Paulo
Multidimensional pain and symptom assessment scale for elderly people in palliative care	Faller JW	Cogitare Enferm./ 2016	Original article	Foz do Iguaçu/ Paraná
Nursing team actions from the perspective of families of patients under palliative care	Silva RS	REME/ 2016	Original article	Vale do São Francisco-BA
Knowledge of resident nurses on the management of cancer pain: a cross-sectional study	Ferreira FS	Online braz j nurs/2016	Original article	Rio de Janeiro/ Rio de Janeiro
Therapeutic conducts used in pain management in oncology	Pereira DTS	Cuidado é fundamental online/2015	Original article	Campina Grande/ Paraíba
Perceptions of nurses and pain management of cancer patients	Stuber M	Rev Min Enferm./ 2015	Original article	Ijuí/ Rio Grande do Sul
Nursing diagnoses identified in onco-hematologic patients: a cross-mapping study	Sousa RM	Esc. Anna Nery/ 2015	Original article	Rio de Janeiro/ Rio de Janeiro
Nursing diagnoses identified in onco-hematologic patients: a cross-mapping study	Sousa RM	Esc. Anna Nery/ 2015	Original article	Rio de Janeiro/ Rio de Janeiro
Profile of the oncologic patients treated at the emergency unit	Boaventura A	Ciencia y Enfermeria/ 2015	Original article	Campinas/ São Paulo
Therapeutic Interventions in Fungating Wounds: Case Reports	Silva KRM	Revista Brasileira de Cancerologia/ 2015	Case Reports	Brasília/ Distrito Federal
The use of complementary therapies in palliative care: benefits and purposes	Caires JS	Cogitare Enferm. /2014	Original article	Salvador/ Bahia
Occurrence of pain in cancer patients in palliative care	Mendes TR	Acta Paul Enferm./ 2014	Original article	Uberlândia / Minas Gerais
Palliative care for pain originated from the bone mineral disease of chronic renal failure	Silva FS	Cuidado é fundamental online/2014	Original article	Natal/ Rio Grande do Norte

**Table 1-** Characterization of the selected studies, according to title, authors, journal/year of publication/database and descriptors. João Pessoa City, Paraíba State, Brazil, 2019

**Source:** Research data, 2019.

Characterizing the articles selected according to the type of study, it was identified that, among 23 articles, 18 (78.26%) were original articles, four (17.40%) review articles and one (4.34%) case reports. This higher percentage of original articles possibly reflects the researchers' anxiety to

observe in loco, how the theme is being treated in different institutions.

According to the year of publication, they were selected according to the decreasing order of publication, so that the following quantitative result was obtained: two (2019); eight (2018); one (2017); four (2016); five (2015), and three (2014). Regarding the location of the authors, 4 studies were carried out by researchers from the state of Rio Grande do Sul, three in each of these states: Minas Gerais and Pará, followed by two studies in each of the following states: Ceará; Paraíba; Sao Paulo; Bahia; Rio de Janeiro. A study published in the state of Paraná, one in Rio Grande do Norte and one in the Distrito Federal, was selected, demonstrating that the theme attracts the interest of study in different regions of the country, appearing more discreetly in the north and central-west regions.

Given the analysis resulting from the selected articles, some elements were extracted to better synthesize the theme, delimiting three categories, namely: Prevalence of pain and treatment modalities in patients in palliative care; Tools and pain assessment; Perception of pain in palliative care.

### Prevalence of pain and treatment modalities in patients in palliative care

The survey of scientific researches that makes up this study points to the convergence of reviews that highlight the prevalence<sup>9-14</sup> and treatment modalities.<sup>11,14-18</sup> It appears that its occurrence is constant, and often dramatic, being considered a medical emergency due to the strong physical, psychological, and social impact that results from it.

In this context, a study carried out in 2015, in an emergency unit of a University Hospital in the interior of São Paulo, identified that of the 172 cancer patients treated, 143 (83.1%) felt pain.<sup>9</sup> Another study carried out with 315 patients with cancer seen in the emergency department of a large hospital in the City of Belo Horizonte/ Minas Gerais State also listed pain as the main occurrence, being present in 114 (36.2%) of these patients.<sup>10</sup> Another study, which aimed to investigate the quality of life of cancer patients, assessed self-reported symptoms by 155 patients in hospital institutions in the City of João Pessoa/ Paraíba State and identified that pain was present in 89.9% (n = 127) of these.<sup>11</sup> This prevalence (90.1 %) also occurred in elderly people in palliative care followed at home (n = 33), with daily occurrence (60.61%) and continuous (48.49%).<sup>12</sup>

Pain is also present in palliative care for patients with chronic degenerative diseases. A study carried out in patients with bone mineral disease of chronic renal failure (n = 35), showed that 77.14% of them felt pain, 88.89% of which occurred at the beginning of the hemodialysis session, and 37.14% of these reported how unbearable pain presented.<sup>13</sup>

It is perceived that pain represents the greatest



challenge faced by patients who live with life-threatening diseases. Physical pain, once identified, leads to established treatments, either through the implementation of validated pharmacological protocols or through individualized strategies and offered by adjuvant therapy experts. In this regard, the application of the knowledge promoted by the competence of each professional joins the greater objective of adding resources in the management of pain.

In a study addressing pain control<sup>15</sup>, four investigations (40%) were identified, emphasizing that the relief of suffering contributes to a better quality of life and that this statement does not depend on the patient's longevity. In this same context, another study emphasizes that health professionals who care for cancer patients, especially in the advanced stage of the disease, in which the pain is often unbearable, need to implement the immediate promotion of relief of this symptom, due to the intense discomfort physical and psychological that this picture represents.<sup>11</sup>

In children and adolescents, a review study shows that further research on pain control aimed at this audience is needed. The importance of the association of pharmacological therapies complemented with recreational activities, such as arts, readings, and music for pain relief is highlighted.<sup>16</sup> Therefore, nurses who work in the implementation of care in the treatment of pain must use all technological resources and available, requiring knowledge of pharmacological and non-pharmacological modalities.

In this context, in 2018, a study carried out in hospitalized patients with cancer (n = 50) in a reference unit aimed to identify the main therapeutic modalities used by the nursing team in the treatment of pain, and identified that the implementation of therapy pharmacological treatment followed the most used modality. In this intervention, 46% of pain patients received only analgesics and anti-inflammatory drugs, 44% had to associate weak opioids and 10%, strong opioids, alone or combined with pharmacological adjuvants. As for the use of non-pharmacological therapy, only 32% of patients used any complementary method, so that thermotherapy (37.5%) and massage therapy (31.3%) were the most used techniques. Only 43.75%, however, considered these interventions satisfactory, while 88% of this group considered pharmacological therapy as the most effective.<sup>17</sup>

In another study, carried out on cancer patients registered in a palliative care program in the City of *Uberlândia/ Minas Gerais* (n = 56), it was shown that 94.6% of them used some type of pain reliever. Even so, just over half of the participants (53.71%) had some type of pain, with severe pain (36.75%) being the most frequent, even when using pharmacological therapy, which was associated, for these patients, as a factor indicating a worsening in the quality of life. Among the drugs described, strong opiates and adjuvant analgesics were the most used.<sup>14</sup>

The use of non-pharmacological treatment appears,

however, as an additional resource that can be used in the care of patients with life-threatening diseases. In this sense, it is important to note that, since 2003, Brazil has regulated the use of Complementary Therapies (CT), through the Academia Nacional de Cuidados Paliativos (ANCP) [National Policy on Integrative and Complementary Practices], which authorized 29 practices within the scope of the *Sistema Único de Saúde* (SUS) [Unified Health System]. It appears that its implementation has been gradually introduced in health care, however, a study carried out in Brazilian institutions registered with the Academia Nacional de Cuidados Paliativos (ANCP) [National Academy of Palliative Care] identified that only 25% of these use it as part of the treatment, of which 83 % used non-pharmacological modalities as additional resources for pain relief. The CT most used in this study was music therapy (100%), followed by massage and acupuncture (67%).<sup>18</sup>

Following this theme, a review study published in 2019 - which aimed to identify the production of Brazilian nursing in the area of oncology - categorized, within the 14 studies that composed that narrative, 8 articles (57.14%) that dealt with the nursing care for patients in pain. In this category, the use of complementary therapies stands out in 37% of these. Non-pharmacological interventions have been described, such as application of heat and/or cold, manual massage, relaxation, and directed distraction. Still in this review, a study was carried out with patients undergoing chemotherapy, who used complementary therapies and who present positive results for pain relief.<sup>19</sup>

Adequate pain management must contain several therapeutic allies. A single approach is often not enough to treat suffering. Professionals must join the evidence and build new ones. In this context, a study on musical interventions in the care of cancer patients - carried out in 2014, which was not included in this review, as it was not selected within the established methodological scope - found that the use of soft and familiar music provided significant relief from cancer pain at the expense of treatment that used analgesics alone, so nurses were advised to offer complementary analgesia to people with cancer pain.<sup>20</sup>

### **Tools and pain assessment**

To recognize pain, the nursing team must use validated tools to identify its location and intensity. In this review, studies<sup>1,2,11,12,19-23</sup> are presented that also deal with tools and pain assessment.

Pain presents itself as a visual and verbal communication mechanism between patients and health professionals, to alert the immediate need for care, as it interferes with the quality of life, especially for those who undergo the experience of having a life-threatening disease. In health care, it has been considered as the fifth vital sign, one of the main concerns of the nursing team being its effective

control, especially when skills and knowledge are developed to assess and measure pain.<sup>2</sup>

Nonetheless, a study indicates that only 52% of nurses perform the assessment along with the other vital signs and identify pain through the interpretation of the patient's gaze and facial expression and verbal reports.<sup>19,21</sup> Another study carried out in a palliative care clinic identified that, even knowing the importance of implementing pain assessment as a constituent of vital signs, only 57.16% of nurses performed it in slightly less than half of the patients (47.37%).<sup>1</sup>

Given the complexity of the health situation of patients in palliative care, a complete and systematic assessment of pain that is conditioned to scientific knowledge and the skill of the Nurse is essential. In this regard, the Nursing Outcomes Classification (NOC) presents itself as an instrument that can effectively guide interventions aimed at the diagnosis of Acute Pain and Chronic Pain in the clinical practice of relieving this symptom. To this end, a recent study carried out with oncology specialist nurses suggested 19 priority indicators for pain assessment, which guide the behaviors that these professionals should adopt based on a conceptual definition, operational definition, and evaluation of the response to implemented care.<sup>22</sup>

When dealing with the evolution of the disease and its treatment, the nursing team seeks, in the excellence of its care, to identify the measures that can help in the control of pain; for this, it is necessary to identify it with great accuracy. In the case study in approaches to tumor wounds<sup>23</sup>, the Visual Analogue Scale (VAS) was used before and during treatment with special covers to assess the intensity of pain, encouraging the patients in the study to describe the painful sensation and its location. Despite technological advances, the guidelines still recommend this scale as the best parameter to identify pain intensity.

The visual numerical scale was described as an instrument for recording pain as a vital sign, being the starting point for the systematization of nursing care, so that it served as a parameter for the administration of analgesics and their effectiveness.<sup>1</sup> In 2 other studies that make up this review, the EORTC QLQ-C30 Symptom Scale<sup>11</sup> and the Edmonton Symptom Assessment Scale - ESAS-r.<sup>12</sup> were used.

It is noticed that the use of instruments is a facilitator for the beginning of a translation of the self-report of the pain felt by the patients. The real listening and observation of signs of physical suffering are transformed into a record for the decision-making of the proposed treatment that is based on the intensity of the pain and the response to the therapy already used.

### **Perception of pain in palliative care**

The perception of pain is the first step towards the institution of implementations that can assist in its management within the scope of palliative care. Training

and experience with the theme are elements that drive this care, and the process of education in the area of pain must begin with the professional training itself. However, in this review, research was identified that reflect the existing gap in the area. A study with oncology resident nurses (n = 22) found that 68.2% of them had inadequate knowledge about cancer pain management.<sup>24</sup>

Another study carried out with nurses who worked in a clinical cancer unit that aimed to collect information about their perceptions when dealing with pain in cancer patients, demonstrated that they perceive it in several ways, being it expressed in the speeches and the eyes, so that the professionals identify that, in addition to the existence of physical pain, there is an emotional pain that also needs to be addressed and treated properly.<sup>21</sup>

Intensive care nurses, in turn, recognize that pain control for both patients and family is paramount, relieving suffering as well as accepting the process of death and terminality.<sup>25</sup>

Another study, which investigated how nurses understand palliative care in elderly patients admitted to the Intensive Care Unit (ICU), identified that it is a prerequisite to provide the palliative care with quality, an emphasis on relieving pain and suffering.<sup>26</sup> In this regard, a study that evaluates nurses' perception of the establishment of orthothanasia in ICUs identifies that they understand that, when choosing palliative care, greater pain and suffering in patients is avoided, as long as it is expressed by their will or interpretation by a legal constituent through the living will.<sup>27</sup>

Regarding the perception of caregivers about pain in life-threatening diseases, a study published in 2018<sup>28</sup>, identified that most were unaware of the terminology "palliative care", however, a small part associated it with the relief of pain and suffering. Another study found that caregivers report that the most painful and delicate moment of treatment is chemotherapy, both for the patient and family members.<sup>29</sup>

## **CONCLUSIONS**

The present investigation made it possible to synthesize the knowledge about pain in palliative care, gathering relevant data regarding their prevalence, addressing many studies with oncological patients, elderly in palliative care and patients with chronic degenerative diseases; regarding the association of pharmacological and non-pharmacological therapies as treatment modalities; as for the existence of validated scales pointed out as tools for their evaluation, providing the correct identification and subsidizing the implementation of nursing care and yet; regarding their perception in the scope of palliative care, sometimes presented widely among professionals, but also with the presence of gaps in knowledge between training professionals and caregivers.

It is also emphasized the need for new studies that address innovative pain management strategies in palliative care, so that an equitable and welcoming look remains.

As knowledge about what is being done to identify pain and treatments implemented emerges, professionals, caregivers, health managers, and family members are mobilized to provide a better quality of life for patients affected by life-threatening diseases. A multidisciplinary approach is always imperative, so this study was consolidated in a brief contribution aimed at verifying gaps and evidence related to pain management.

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**\*Corresponding Author:**

Márcia Abath Aires de Barros

Rua Coronel Miguel Sátiro, 30, apt. 1502

Cabo Branco, João Pessoa, Paraíba, Brasil

E-mail address: marciabath@gmail.com

Zip Code: 58045-110

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