

A TOTAL PAIN IN THE END OF LIFE: a perspective in the Home Context

COSTA, Tânia¹; Coutinho, António²; Capelas, M.L.³; Coelho, Patrícia¹

¹ Catholic University of Portugal, Institute of Health Sciences, Oporto, Portugal; ² Obra Diocesana de Promoção Social, Oporto, Portugal; ³ Catholic University of Portugal, Institute of Health Sciences, Lisbon, Portugal

INTRODUCTION

In palliative care we apply the concept of total pain to emphasize that the pain arises from multiple factors affecting all areas of the human being - physical, spiritual, emotional, psychological and social – which results in decreased quality of life of the patient and family (Pepper et al., 2006).

Although empirically easily deduce the interaction of the above areas and their relationship with the environment, the current reality is that the partnership with a distinguished team allows an effectively pain control, specially in the home context (Klepping 2012).

In fact, the philosophy of palliative care practice that stands out, however its operation continues to take up a challenge due to barriers associated with patient, family, health professionals or health system itself (Mehta et al. , 2008).

OBJECTIVES

Understanding the factors that contributed to the emergence of total pain in the case studied, as well as the importance of personalized and holistic care to the phenomenon in the home context.

MATERIAL AND METHODS

Case study of an elderly resident in the home, who has the intervention of one Specialized Palliative Care Team.

We used participant observation, field notes and conceptualization/implementation of a multidisciplinary plan and individualised care.

Informed consent and anonymity was respected.

RESULTS

The analysis showed that the total pain emerged as a result of the sum of many events that contributed to enhance the social, physical, spiritual, psychological and emotional pain. The relief of these events becomes a priority goal due to the worsening of them and the increasing of the pain intensity experienced by the patient and your family (Figure 1). For achieve this goal the palliative care team delivered several interventions (Figure 2).

Fig. 1 - Total Pain Experience

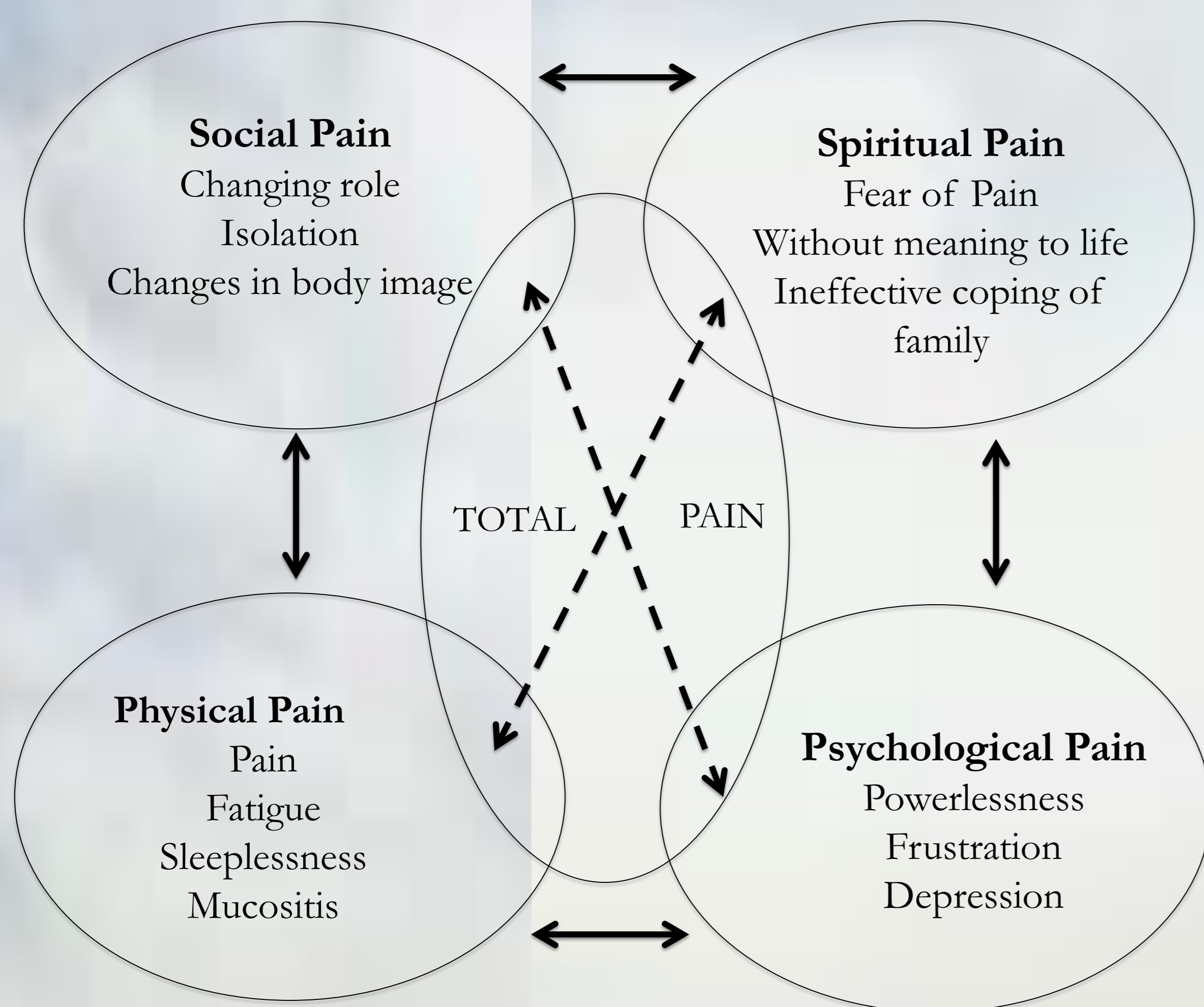
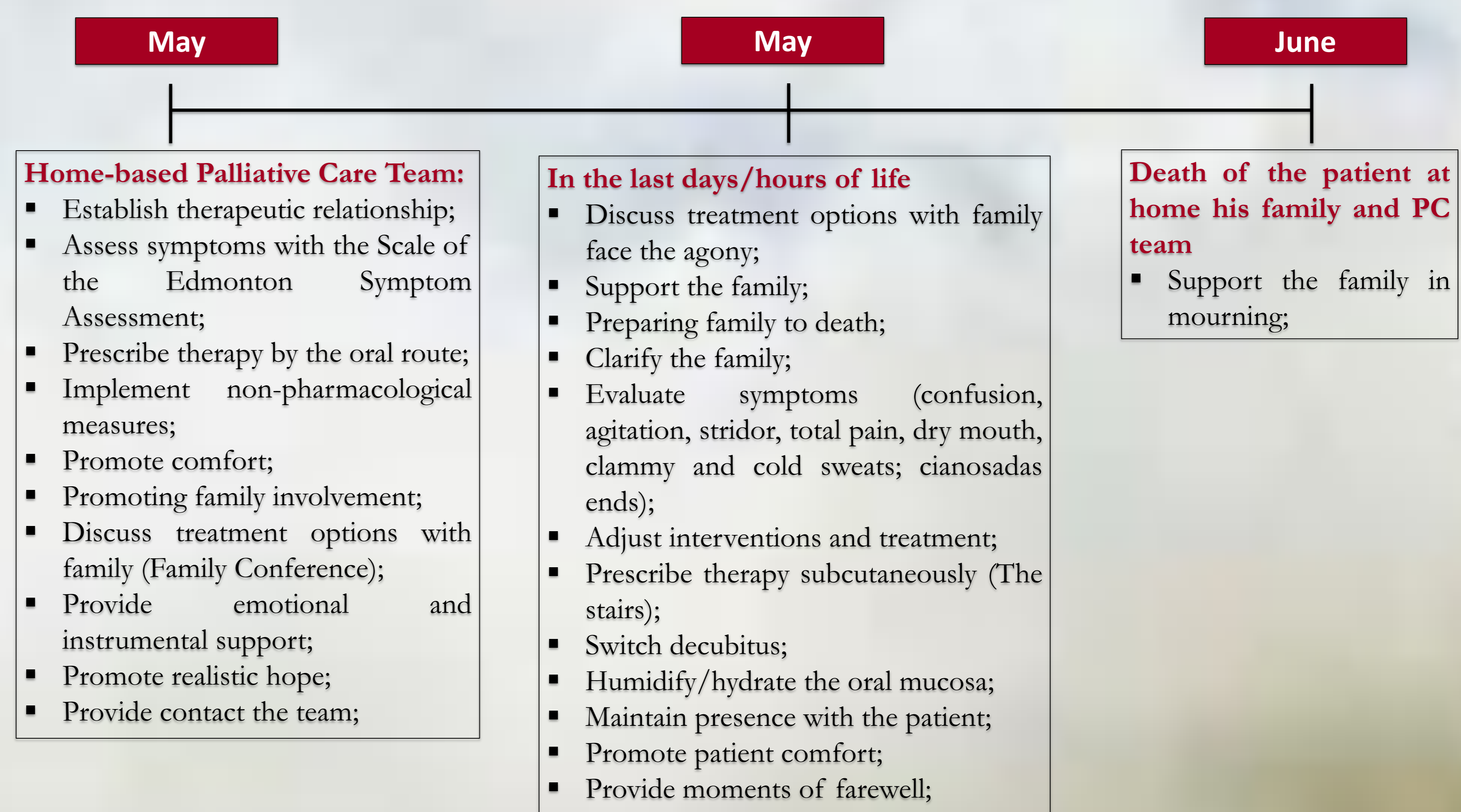


Fig. 2- Intervention of Team Specializing in Palliative Care



CONCLUSION

The experiences of the case showed that the provision of home-based palliative care may be an answer to closing the gap in access to palliative care services or by lack of specialized staff, ensuring care based on scientific knowledge and expertise allowing fulfill the objectives and purposes of palliative care: to prevent and the relief of the suffering enabling an end-of-life with dignity, comfort and quality of life.

CHAPMAN. 2012. Cancer pain part 2: assessment and management. *Nursing Standard*. 26 (48): 44-49;

GOMES; HIGGINSON; CALANZANI; COHEN; DELIENS; DAVESON; ET AL. 2012. On behalf of PRISMA. Preferences for place of death if faced with advanced cancer: a population survey in England, Flanders, Italy, Germany, the Netherlands, Portugal and Spain. *Annals Oncology*. 23(8);

KLEPPING. 2012. Total Pain: a reflective case study addressing the experience of a terminally ill adolescent. *International Journal of Palliative Nursing*. 18(3):115-123;

MEHTA; CHAN. 2008. Understanding of the Concept of "Total Pain" A prerequisite for Pain Control. *Journal of Hospice and Palliative Nursing*. 10(1): 26-32;

PIMENTA; MOTA; CRUZ. 2006. *Dor e Cuidados Paliativos: Enfermagem, Medicina e Psicologia*. Tamboré: Manole.