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Palliative Care in the Intensive Care Unit (Icu) for Patients with Covid -19

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ABSTRACT: Background: This study was justified by the need to expand knowledge on the subject, with a view to covering the guidelines for palliative care. Objective: Is to recognise the importance of the health professional in carrying out palliative care, the objectives of the research in question are also to understand the beginnings of Covid-19; to punctuate palliative care in general and to discuss the care of ICU patients with Covid-19. Methods: The articles selected were those published between January 2015 and October 2023 and with relevant citations from previous periods, in the BVS (Virtual Health Library), LILACS (Latin American and Caribbean Literature), SCIELO (Scientific Electronic Library Online) and Nursing Periodical databases. Results: Research and advances in palliative care in the Intensive Care Unit (ICU) have proven to be extremely essential and impactful for improving the treatment of patients affected by COVID-19. In recent years, a series of studies have been carried out with the aim of identifying the best palliative care protocols, taking into account the severity of the disease and the specific needs presented by critically ill patients in the ICU Conclusion: Healthcare professionals play a crucial role in palliative care, especially during the COVID-19 pandemic. Nurses must develop strategies to improve care and ensure staff safety. They must also offer humanised care, applying technical and administrative knowledge to improve the quality and dignity of patient treatment.

Keywords: *ICU. Covid-19. Palliative care. Nursing care.*

INTRODUCTION

Covid-19 is a virus that has been widely recognized worldwide since mid-2019. It is a respiratory virus that has caused significant behavioral changes and aroused a range of emotions. The pandemic caused by COVID-19 has had a significant impact, particularly on the work of healthcare professionals who are working tirelessly to treat patients and contain the spread of the virus. In addition, the pandemic has created a new perspective on palliative care for patients infected with this virus. Palliative care in the intensive care unit (ICU) refers to a multidimensional approach aimed at alleviating suffering and improving the quality of life of patients affected by COVID-19. In this context, it includes symptom control measures, effective communication with patients and their families, shared decision-making, evaluation and management of ethical issues, and discussion of therapeutic limitations. This approach involves a multiprofessional team consisting of doctors, nurses, psychologists, social workers, and other professionals working together to provide patients with individualized and humanized care (Santos, 2021). The spread of the pandemic is increasing day by day and shows that vaccination is the only viable solution to save lives and reduce the high risk of infection, given the worrying mortality rate and the need for differentiated treatment of patients. This had serious consequences for society. In the context of the topic in question, it is important to note that the verb “palliate” has its roots in Latin and means “to protect” or “to cover with a cloak.” It is therefore used to express temporary relief and remedy. Palliative care focuses on the patient, not the disease itself, and aims to improve quality of life (Santos, 2021).

Healthcare professionals have a responsibility to offer support to patients and their families through palliative care. The relationship established in this context goes beyond pain control and institutional guidelines. Activities such as conversations, regular visits, assistance with hygiene and comfort and family support are among the responsibilities of these professionals. Prioritizing protection, prevention, rehabilitation and recovery, they have a broad vision that transcends purely medical care (Silveira, 2022).

It is imperative that Palliative Care (PC) is part of the treatment plan for patients affected by this infection, not only in terms of symptom control, but also in relation to end-of-life care and that of their families. This study was justified by the need to expand knowledge on the subject, with a view to covering the guidelines for palliative care. The social relevance of the research stems from the fact that one of the major problems with care is that it is started too late, thus bringing the knowledge that palliative care is not a last alternative for someone's life, it is there to offer hierarchical treatments and provide benefits and avoid harm at each stage of the disease. The main aim is to recognize the importance of healthcare professionals in the delivery of palliative care and the objectives of the research in question are also to understand the beginnings of Covid-19; to point out palliative care in general and to discuss the care of intensive care patients with Covid-19.

The main aim of the research was to recognise the importance of the health professional in carrying out palliative care, and also to understand the first steps of Covid-19; to point out palliative care in general and to discuss the care of ICU patients with Covid-19.

METHODOLOGY

The methodology used in this study consists of a systematic literature review with a search and selection of relevant scientific articles on palliative care in the intensive care unit for COVID-19 patients. The studies are selected on the basis of defined inclusion and exclusion criteria, taking into account the methodological quality, the sample examined and the relevance of the results. The data obtained will be analyzed with a focus on the characteristics of the sample of patients with COVID-19 in the intensive care unit, the assessment of the effectiveness of palliative care and the impact on the quality of life of patients. The discussion of these results is compared to studies in this area and the limitations of the study are highlighted and suggestions for future research are made (Mendes et al., 2008).

The articles selected were those published between January 2015 and October 2023 and with relevant citations from previous periods, in the VHL (Virtual Health Library), LILACS (Latin American and Caribbean Literature), SCIELO (Scientific Electronic Library Online) and Nursing Journal databases, using the following Boolean operators: "ITU-COVID-19", "Palliative care", "Nursing" and "Health professional".

RESULTS AND DISCUSSION

PALLIATIVE CARE: DISCUSSING ACTIONS

Palliative care has been defined by the World Health Organisation (WHO) as interventions provided by a multidisciplinary team, aimed at improving the quality of life of both the patient and their family in the face of a life-threatening health condition. The main aim of this care is to prevent and alleviate suffering, offering compassion, symptom and pain control, with a focus on providing well-being and quality of life throughout the patient's care. It is worth emphasising that palliative care is not restricted only to the terminal phase of the disease. It can be started from the moment the patient is diagnosed with a potentially fatal disease (Santos, 2021). Kipper (1999) defined a terminally ill patient as someone who suffers from an irreversible illness and is likely to die in a relatively short period of time, usually between three and six months.. Often, people only recognise that they are ill when they begin to feel the debilitating effects of the disease, which often prevent them from carrying out their daily activities. Initially, palliative care was conceived only for the treatment of cancer patients, but today it covers any life-threatening, progressive or even incurable illness. It is important to demystify the idea that palliative care should only be reserved for terminal cases, as its main aim is to improve the quality of life of patients and their families by preventing and relieving suffering (Melo, 2016).

Curative treatments and palliative care are complementary, because by controlling symptoms more effectively, the patient and their family can cope with curative treatments, even if they are intensive, in a more bearable way. As the disease progresses, there is a greater demand for palliative care, and it can reach a point where, during the evolution of the underlying disease, the priority of care centres on comfort and quality of life exclusively (Lopes, 2015).

In October 1997, the Brazilian Association of Palliative Care (ABCP) was established in the city of São Paulo, with the mission of promoting awareness of this care approach. Palliative care aims to assist patients who have no therapeutic options available and to unify the services that already exist in Brazil, which were not yet widely recognised (Hermes; Lamarca, 2013).

According to data from the World Health Organisation (WHO), of the 58 million deaths recorded annually worldwide, 34 million are attributed to chronic degenerative diseases that are disabling and have no cure. In Brazil, approximately one million deaths are recorded every year, 650,000 of which are due to chronic diseases. Around 70 per cent of these deaths occur in hospital environments, with the majority taking place in intensive care units. This is a fairly common pattern during later life (Penna, 2019).

From the state's commitment to health comes the Unified Health System (SUS), a system that guarantees health care to all Brazilian citizens, without gender discrimination. The SUS is not just limited to curative treatment, but is also based on the principles of health promotion, which aims to eliminate or control the causes of disease, protection, which seeks to prevent risks and exposure to disease, acting directly on people's lives, and recovery, which consists of actions aimed at preventing deaths and sequelae when the disease is already present (Costa, 2018).

The realisation of the reality and permanence of the loss manifests itself. Confusion, lack of motivation, disinterest, indecision and crying are common symptoms. There is a tendency to isolate oneself from relationships and activities, with patients becoming agitated and uncommunicative, experiencing feelings of loneliness. Memories of the past and lost goals begin to surface, while interest in appearance decreases. In some cases, suicidal thoughts and harmful behaviour, such as drug abuse, may arise (Gonzaga, 2021).

Acceptance: In this stage, the individual recognises their finite condition, physiological reactions decrease and social interactions resume. The patient accepts the reality of loss and death and begins to make plans. It is common to observe alternations between periods of sadness and moments of well-being. Positive moments begin to predominate over difficult periods, and life gradually seems to stabilise (Gonzaga, 2021).

The patient's ability to adapt to palliative care varies according to several factors, including age, stage of family development, type of illness, previous individual and family experiences in relation to illness and death, stress coping strategies, socioeconomic conditions and relevant cultural aspects (Gomes, 2022).

For each stage of the illness and the therapeutic procedure, the team will carry out a careful analysis to determine the most appropriate place to provide care. It is essential that support is offered to the family, as this will help everyone to feel more comfortable with the situation in question. It is crucial to carry out regular assessments of the patient's symptoms, not only to minimise their impact on daily life, but also to prepare the family to keep up with this new routine. Care is offered in a coordinated manner, and all members of the medical and multi-professional team play extremely important roles. Doctors, nurses, social workers, pharmacists, physiotherapists, occupational therapists, psychologists, nutritionists, physical educators and spiritual assistants must work together to find improvements (Matos, 2015).

According to Tojal (2011), healthcare professionals, especially nurses, deal with death on a daily basis and, regardless of their professional and life experience, face it with a mixture of uncertainty, despair and anguish. Uncertainty arises from the doubt as to whether they are providing all the care necessary for the patient's well-being; despair comes from the feeling of powerlessness in the face of the inevitability of death; and anguish stems from the difficulty in communicating effectively with the patient and their family.

The principles of palliative care are as follows: prioritising the relief of pain and other symptoms; recognising life as a natural process and not hastening or delaying death; integrating psychological and spiritual aspects into patient care; providing a support system that allows the patient to live as actively as possible until the moment of death; offering support to family members during the patient's illness and in the bereavement process; adopt a multi-professional approach to meet the needs of patients and their families, including accompaniment during the bereavement period; improve quality of life and positively influence the course of the illness; start palliative care as early as possible, along with other treatment measures such as chemotherapy and radiotherapy, and include all the investigations necessary to understand and control stressful clinical situations. There are several ways to make this situation as comfortable as possible for the patient and their loved ones (Oliveira et al, 2021).

Humanisation in treatment lies in the team's approach when assessing and implementing the therapeutic plan, covering the patient's emotional, physical, social and even spiritual aspects, as it is essential that all these dimensions are in balance to promote well-being. Substantial changes are needed in various aspects, especially in the training of health professionals, who should be guided by the principles of humanisation and engaged in the development of institutional actions aimed at care and attention to situations of suffering and stress related to work (Barbosa, 2017). Developed countries such as the United Kingdom, the United States and Canada are leaders in palliative care. In Brazil, there is still a need to strengthen this area, but in the last ten years there has been significant progress. Currently, the Federal Council of Medicine (CFM) recognises palliative care as a medical speciality, with residency programmes in some hospitals in the country. The CFM and organisations dedicated to palliative care are mobilised to raise public awareness of the subject and its benefits. Therefore, the presence of a multidisciplinary team is crucial to ensure that the patient receives attention in all areas of need (Osorio-de-Castro et al., 2014).

CARING FOR PATIENTS IN THE COVID-19 INTENSIVE CARE UNIT: THE IMPORTANCE OF NURSES

Let's start by emphasising that nursing is the professional area that spends the most time at the patient's side, acting as a link between the patient and the multidisciplinary team that cares for them, being responsible for receiving, recording and sharing a large amount of information between them (Anjos, 2018). The importance of the nursing professional is evident:

> Nursing care is orientated on the basis of a holistic view of the individual, conceiving of the individual as a being who reacts as a whole to aggressive or threatening statements from the environment. This response to the environment is understood as being unique to each individual. Thus, each person must be understood and cared for, taking their individuality into account. In this conception, the context of the family and community in which they are inserted cannot be neglected (Albert, 2019, p. 37).

As set out in the Code of Ethics for Nursing Professionals (Cofen, 2015), it is the nursing professional's duty, as described above, to provide assistance to people, family members and any individual who needs their special care. It is also their job to ensure that this care is provided safely, free from harm caused by lack of skill, carelessness or recklessness. Nurses must ensure that care is safe and provide adequate information to the person and their family about their rights, the risks, possible complications and the benefits of nursing care.

It is the nurse's responsibility to respect and meet the patient's needs and rights, as they are primarily responsible for ensuring that these rights are fulfilled. Oliveira (2019) point out that, in relation to healthcare professionals, it is nurses who often have the time, opportunity and, above all, the necessary preparation to demonstrate their knowledge of patients' rights, ensuring that they are treated with dignity and promoting these rights through their actions.

When involved in the care of COVID-19 patients in intensive care units, nurses must consider the proper management of daily activities, promoting safety in care practices. Likewise, it is essential that everyone receives training to prevent the spread of infectious agents and to use Personal Protective Equipment (PPE) appropriately. Professionals must adhere to the guidelines and procedures established by their institutions, prioritising the safety of both staff and patients (Jackson et al., 2020).

The treatment plan for COVID-19 patients varies according to the severity of the condition. In critical cases, where patients have difficulty breathing, hypoxaemia and an oxygen saturation (SpO2) of less than 93%, it is crucial to immediately offer oxygen therapy via nasal catheter or nasal mask, choosing the device that provides the best fit and comfort for the patient. In addition to ensuring the correct administration of oxygen with the appropriate equipment, nurses should instruct the patient to keep their mouth closed whenever possible (Faria et al., 2021).

Carefully monitoring vital signs, especially oxygen saturation, can have a positive impact on the outcome of treatment. Tracheal intubation is recommended for patients who require more than 5 litres per minute of nasal oxygen to maintain oxygen saturation above 93% and/or who have a respiratory rate of more than 28 breaths per minute, or CO2 retention (PaCO2 above 50mmHg and/or pH below 7.25) (Agnolo et al., 2021). In general terms, it is essential for nurses to have knowledge of prevention and safety measures for professionals involved in care, as well as recommendations for preventing the spread of the disease and its associated complications. This allows nurses to develop strategies to minimise or prevent the adverse effects of this practice. In addition, it is of the utmost importance to ensure that ventilatory support measures are available that are appropriate for each patient and that the multidisciplinary team is properly prepared to act in a coordinated manner, enabling the implementation of advanced care and techniques that are appropriate for each clinical situation (Texeira et al., 2020).

In healthcare, the role of the doctor is not the only determinant in the services provided; like the doctor, the nurse also plays a crucial role in caring for patients with various conditions. Nurses assume a great deal of responsibility in the hospital environment, in charge of various tasks related to promoting the health and well-being of patients. Faced with this complex and challenging context, Palliative Care has emerged as an innovative approach to health care and has gained prominence in Brazil over the last decade. It differs fundamentally from curative medicine by focusing on comprehensive care, concentrating on prevention and symptom control for all patients facing serious and life-threatening illnesses. This concept encompasses not only the patient, but also their immediate environment - family members, carers and the healthcare team itself - who share their suffering and the difficulties they face (Matsumoto, 2012).

In addition, the significant advance of technology in the health area and the team's growing dependence on it have contributed to increasing the distance between health professionals and terminally ill patients. This, in turn, allows for greater control over the timing and circumstances of death. In times before the modern era, health professionals, especially doctors, acted as mediators of this natural process. Nowadays, however, they have taken on the role of arbiters in an artificially prolonged existence, a phenomenon known as the medicalisation of death (Guerra, 2001). According to Cecily Saunders, a pioneer of the modern concept, palliative care:

> [...] palliative care starts from the understanding that each patient has their own history, relationships, culture and that they deserve respect as a unique and original being. This respect includes providing the best medical care available and making available to them the achievements of recent decades, so that everyone has the best chance of living their time well (Caldeira, 2013).

In order to provide quality care to an individual, it is essential to adopt a compassionate and empathetic perspective towards them. Nurses, in collaboration with other healthcare professionals, have a responsibility to preserve the patient's life. When someone is diagnosed with a chronic illness that significantly impacts their life, the professional's primary focus is to provide care from the beginning of treatment to the final moment, ensuring that there is adequate acceptance and comfort for family members. It is important to recognise that, for many patients, the healthcare team becomes a close and vital link during this period (Lucena, 2021).

To enter the field of palliative care, it is essential that professionals seek qualification beyond their initial training, looking for reputable educational institutions that offer the knowledge and skills necessary for their future practice. Those who wish to dedicate themselves to palliative care should seek specialised training and register with their professional council, with emphasis on Palliative Care Nursing, a specialisation recognised by COFEN that continues to develop as a combination of art and science in care (Rocha, 2018).

It is crucial to broaden the dissemination of the concept of palliative care to all those involved in patient care, including health institutions, hospitals, clinics and family members, in order to promote a deeper and more compassionate understanding of end-of-life care. One of the most difficult realities faced by nurses is dealing with the death of some of their patients, despite their best efforts. Nursing care is especially essential when caring for terminally ill patients, often provided in nursing homes, specialised institutions or in the home environment (Pancieri, 2023).

When it comes to preventing and controlling symptoms, De Gomes and Othero (2016) emphasise the importance of considering that symptoms are everything the patient perceives as a problem. The concept of total pain, introduced by Saunders, goes beyond the physical aspects of pain, recognising the importance of considering other components. Today, this concept is applied to all symptoms, highlighting the need to recognise their individual and subjective nature, as well as the influence of various factors - biological, sensory, affective, cognitive, behavioural, social and cultural - on the interpretation and expression of each symptom presented by the patient. This approach requires attention to detail and a broad understanding of the patient's clinical condition. It is crucial that professionals are present and support patients in the decisions made during the terminal phase, respecting their individual responses to the illness and supporting their values and goals. The evolution of education, clinical practice and research into terminal care emphasises the need to prepare nurses and other healthcare professionals for this type of care, making it a priority. Currently, this need has motivated health professionals to get involved in a more concrete way, uniting research, education and practice in favour of those who underestimated the importance of the terminal phase in the patient's life (Lucena, 2021).

Research and advances in palliative care in the Intensive Care Unit (ICU) have proven to be extremely essential and impactful for improving the treatment of patients affected by COVID-19. In recent years, a series of studies have been carried out with the aim of identifying the best palliative care protocols, taking into account the severity of the disease and the specific needs presented by critically ill patients in the ICU (Milagres, 2023).

Based on this research, efforts have been made to guarantee even more efficient and humanised care, capable of promoting patient comfort and well-being. In addition, technological advances have enabled the development of revolutionary tools and devices that play a crucial role in improving palliative care in the ICU. By implementing innovative pain relief methods, such as non-pharmacological therapies and multidisciplinary approaches, it is possible to significantly improve patients' quality of life. In addition, remote monitoring systems have been developed to enable constant and accurate surveillance of vital signs, ensuring closer monitoring of patients and allowing immediate intervention if necessary (Florêncio et al., 2020). Continuous research in this area is extremely important, as it provides a solid basis for adopting and improving increasingly effective therapeutic strategies. It is essential that the medical community, together with researchers and health professionals, is engaged in investigating and developing pioneering methods of palliative care in the ICU, always aiming to pass on knowledge and improve care for critically ill patients. This is the only way to guarantee comprehensive care that includes not only clinical treatment, but also the promotion of comfort and well-being for patients and their families (Glória et al., 2022).

CONTRIBUTION TO KNOWLEDGE

Research and findings related to palliative care in the Intensive Care Unit (ICU) for COVID-19 patients have been highly relevant, given the complex and serious characteristics of the disease, along with the ethical and medical dilemmas that arise. Some important areas include symptom management, facilitating communication and decision-making, providing emotional and spiritual support, ethical consideration in end-of-life choices, as well as training and support for healthcare professionals. These contributions are fundamental to improving the quality of care, guaranteeing patients' dignity and meeting their physical, emotional and spiritual needs while coping with serious illness.

CONCLUSION

Given the complexity and severity of COVID-19, palliative care plays a fundamental role in the ICU. It aims to provide comfort and quality of life to patients, relieving symptoms and offering emotional support. Effective communication between the healthcare team, patients and families is essential to ensure that the decisions made are aligned with the patient's wishes and values. In addition, the multidisciplinary team plays a key role, with each member contributing their expertise to ensure adequate care. Ethical decision-making, respecting informed consent, allows the patient and their family to be active participants in this process. At the end of life, proper management of pain and discomfort is essential, as well as spiritual support to offer a complete welcome. Palliative care not only benefits the patient in terms of quality of life, but also offers support to the family throughout the process. In conclusion, palliative care in the ICU for COVID-19 patients is fundamental to ensuring the physical, emotional and spiritual well-being of patients, respecting their preferences and needs, and providing comprehensive support for them and their families. The role of the healthcare professional is essential and indispensable in palliative care, as highlighted by the research. It is crucial that nurses develop strategies to improve care and ensure the safety of the team involved in treating COVID-19 patients. In addition, it is important that they offer humanised care, following the technical, administrative, managerial and bureaucratic procedures, and applying their knowledge appropriately for a more effective intervention in patient care, aiming to improve the quality and dignity of the treatment outcome.

Conflict Of Interest

As the authors of this manuscript, we certify that we have no affiliations with or involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in the manuscript.

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