



## REVIEW ARTICLE

# Impact of Palliative care in the Management of pain and Suffering in urgent and Emergency Situations

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### Abstract:

The study aimed to identify best practices, training needs, required resources, and potential cultural resistances, with the goal of integrating palliative care as a fundamental component of emergency medical services, aligning medical treatment with the individual needs and values of patients. A literature review was conducted, searching for articles that referenced or analyzed the impacts of palliative care on pain and suffering management in emergency situations and how healthcare facilities respond to the merging of these two areas. The findings of this article underscored the importance of implementing palliative care in emergency departments to provide more compassionate, efficient, and humanized care to patients in critical conditions. However, there was a noticeable gap in such implementation within health services, given that the integration of palliative care and emergency sectors is still nascent in Brazil, with only a few healthcare units adopting this practice. Nevertheless, the growing demand for health services due to an aging population, the rise in chronic diseases, and the occurrence of complex emergencies highlight the imperative to incorporate palliative care in these settings. As such, it is crucial to promote training and continuing education for healthcare professionals regarding the principles and practices of palliative care, incorporating them into the academic curriculum of medical and health courses, aiming for the establishment of clear public policies and guidelines from governing and regulatory bodies. This includes integrating palliative care into health policies as well as developing protocols and standards to guide the practice of such care in emergency medical services.

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## 1 | INTRODUCTION

Palliative care (PC) pertains to a holistic treatment aimed at alleviating suffering in patients with chronic or terminal illnesses (WORLD HEALTH ORGANIZATION, 2014). Within emergency care settings, this approach is challenging, yet increasingly acknowledged as a vital part of patient care (KAVALIERATOS et al., 2016).

According to Quill & Abernethy (2013), integrating such care within emergency settings necessitates a multidisciplinary collaboration involving physicians, nurses, chaplains, and social workers. Effective communication and collaborative decision-making are imperative for delivering patient-centered care.

Several obstacles impede the effective implementation of PC in urgent and emergency care (UE). The barriers include a lack of training and resources, time pressures, and intricate ethical issues. Overcoming these challenges might demand specialized training and explicit protocols (GEORGE et al., 2016; GRUDZEN et al., 2016). When appropriately applied in emergency contexts, this can result in improved outcomes for patients and their families, encompassing better quality of life, increased satisfaction, and reduced reliance on unnecessary medical interventions (QUEST 2011; DUMANOVSKY et al., 2016).

In UE scenarios, PC plays an indispensable role in pain and suffering management. In critical situations, the primary focus often revolves around life-saving measures, potentially neglecting pivotal aspects of patient comfort. Integrating these two medical spheres could offer a more holistic approach, catering to the physical, emotional, and spiritual needs of the patient (QUEST; MARCO; DERSE, 2009).

For Smith et al. (2012), pain is a frequent complaint among UE patients and requires an effective and compassionate approach. Applying PC principles in these settings has shown substantial improvements in pain management. Assessing and treating pain from a palliative perspective can mitigate suffering, fostering a more humane and individualized experience during critical medical events.

Traditionally, the spotlight in UE situations has been on life-saving interventions, often overlooking subtler aspects of patient comfort, dignity, and quality of life.

However, pain and suffering remain pervasive and significant components of these critical medical experiences (SIEGEL & BIGELOW, 2018). Though the positive impact of PC on pain and suffering management is clear, barriers exist for its full-fledged implementation in settings dominated by emergency care professionals. These obstacles can include inadequate training, limited resources, and cultural resistance within the medical environment. Overcoming these challenges calls for a paradigm shift in medical education and clinical practice, recognizing PC as an integral component of emergency care (LAMBA et al., 2014).

In probing PC within the UE context, studies observing the challenges of harmonizing these domains contribute to a deeper understanding of how to best cater to the physical, emotional, and spiritual needs of patients during periods of heightened vulnerability. Such insights are vital for advancing emergency medicine, as it acknowledges the intrinsic value of human experience in medical practice and seeks to establish a healthcare system that is more compassionate, effective, and patient-centered (SMITH et al., 2009).

Continuous research and education, coupled with the evolution of pertinent policies, are requisites for progress in this crucial domain (MORRISON et al., 2011; ELSAYEM et al., 2016). Consequently, there's an urgent demand for research, education, and advocacy in this field to overcome these challenges and revolutionize clinical practice (LAMBA; DESANDRE, 2013).

Assessing and comprehending the efficacy, feasibility, and obstacles in implementing PC within UE contexts, aiming for a more holistic approach to pain and suffering management, is paramount in today's realm of medicine. In light of this, the present study sought to identify best practices, training necessities, required resources, and potential cultural resistances, all with the end goal of seamlessly integrating PC as an essential component of UE care, aligning medical treatments with the unique needs and values of patients.

## 2 | METHODOLOGY

The present study was conducted as a literature review, seeking articles that cited or analyzed the impacts of palliative care on pain and suffering management in urgent and emergency situations and how healthcare institutions respond to the integration of these two areas.

The quest for pertinent literature was undertaken across multiple academic databases, including PubMed, Scopus, SciELO, and Google Scholar. There was no intention of numerically counting articles that addressed the topic. The keywords employed in the search were chosen to encapsulate the essence of the research topic. The terms included: "Palliative Care", "Pain Management", "Suffering", "Urgency", "Emergency", "Palliative Therapy", and "Emergency Pain Control".

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Included in the review were studies published in the last 10 years; articles written in either English or Portuguese; research specifically focusing on the impact of palliative care on pain and suffering management in emergency contexts, and both quantitative and qualitative studies. Exclusions from the review encompassed articles without full-text access; studies not directly related to their search theme; investigations without demonstrated methodological rigor, and opinions, letters to the editor, and non-scientific works.

### 3 | RESULTS AND DISCUSSION

In Brazil, the National Humanization Policy (PNH), established by the Ministry of Health, advocates for patient-centered care, respecting their individuality, autonomy, and rights. This approach aligns with the principles of palliative care (BRASIL, 2013). While the implementation of such care remains a challenge globally, in Brazil, this is exacerbated by socio-economic disparities and difficulties in accessing health services, particularly in the North and Northeast regions (IGLESIAS & MORAES, 2021). Thus, ensuring equitable access to palliative care is paramount.

Palliative care aims to improve the quality of life of patients and their families by preventing and alleviating suffering. Traditionally associated with managing chronic or terminal illnesses, it's increasingly being recognized as a necessity in urgent and emergency settings (WHO, 2021).

With in emergency and urgent care, palliative treatment can play a critical role as many patients present with advanced illnesses and complex care needs. Acute suffering relief, through effective pain and symptom management, can commence in this environment. Moreover, the palliative approach assists in making complex decisions about treatments, often required to be made promptly (GRUDZEN et al., 2016).

Regarding education and training in palliative care, several specialization programs exist in Brazilian hospitals and universities. Yet, incorporating this discipline into undergraduate curricula for medicine and nursing remains a challenge, especially in disseminating its significant relevance to emergency care (HERMES & LAMARCA, 2013). Interdisciplinary teams working in Brazilian public health, like the Family Health Teams, have the potential to implement and integrate palliative care, fostering more humanized and comprehensive care (FONSECA et al., 2021).

According to Quest et al. (2011), it's crucial, first and foremost, to educate and train emergency healthcare professionals in palliative care. This includes understanding its philosophy and principles as well as practical skills like symptom management, communication, and shared decision-making with patients and their families.

Secondly, as per George et al. (2014), medicine should address the integration of palliative care right from triage in emergency settings. Early identification of patients who would benefit from palliative care is essential. Triage protocols can be implemented to recognize these patients and initiate appropriate palliative interventions as early as possible. Additionally, Hui & Bruera (2016) suggest that an interdisciplinary team is necessary for effective palliative care delivery. This team should encompass doctors, nurses, social workers, psychologists, and when suitable, chaplains or other spiritual counselors.

The palliative approach in emergency units (EUs) is a never-evolving topic, and many hospitals are starting to implement specific protocols. While there's variation in practices depending on the hospital context, there are some general principles that are widely adopted. When discussing triage, tools like the palliative needs identification (known as NECPAL) could be adapted for the Brazilian context. This tool has been successfully used in different settings (GÓMEZ-BATISTE et al., 2012). NECPAL is a scale developed in Spain to measure patient mortality, thus allowing for appropriate planning for this patient in their last year of life. Consequently, it has been applied in various clinical contexts, including in the EU (ORZECZOWSKI et al., 2019).

Similar to NECPAL, the American Society of Emergency Medicine (SAEM) has a best practice guide for palliative care in emergencies (SAEM, 2019). This guide includes recommendations for early identification of patients in the EU setting who could benefit from palliative care, symptomatic management, bad news communication, and end-of-life decisions.

The Health Care Improvement Institute also has a protocol called the "Hallway Talk" to be used in emergencies. This protocol is a quick assessment of the patient's situation and determines whether a more in-depth conversation about the need for palliative care application is necessary (IHI, 2017).

A study by George et al. (2016) describes the use of the SPIKES protocol to communicate bad news in the emergency room. This protocol includes steps for preparation, information delivery, providing support to the patient and family, and developing a treatment plan.

In the Brazilian context, implementing palliative care protocols in EUs remains a challenge. However, guidelines like the ones mentioned above, combined with the National Humanization Policy from the Ministry of Health, can serve as a foundation for developing local protocols tailored to the Brazilian reality.

Integrating palliative care (PC) into the emergency setting can also benefit healthcare systems at large.



Studies have shown that appropriate use of such care can reduce unnecessary hospitalizations and intensive resource usage, fostering more efficient and patient-centered healthcare (MEIER& BERESFORD, 2008).

Thus, recognizing PC as an indispensable science across all healthcare settings, including in emergency units (EUs), is an urgent necessity. This approach can benefit patients, families, and healthcare professionals.

Moreover, it can enhance the efficiency of healthcare systems, as it can aid in effective symptom management and decision-making in cases of severe illnesses.

Hospital policies should be established to support the integration of PC in emergencies. This includes the development of specific protocols and guidelines, as well as promoting a culture supportive of palliative care in emergency settings (LAMBDA et al., 2014).

Various studies (GÓMEZ-BATISTE et al., 2012; HUI et al., 2013; BAILE et al., 2000; ELWYN et al., 2012; WORLD HEALTH ORGANIZATION 2010; MISTIAEN; FRANCKE; POOT, 2007) provide potential practical solutions that doctors can implement to enhance the quality of PC in EU environments, such as:

1. **Early Identification**: Doctors should be trained to promptly identify patients who might benefit from palliative care (PC). Tools such as NECPAL, the "Corridor Talk" protocol, SAEM protocol, and guidelines from the Ministry of Health can be useful in this regard;

2. **Symptom Management**: Effective management of symptoms, including pain, breathlessness, and anxiety, is a central part of palliative care. This might involve the use of medications, non-pharmacological techniques, and the support of specialized teams, potentially ensuring the reduction of unnecessary costs;

3. **Effective Communication**: Doctors must be capable of conveying challenging news in a sensitive and effective manner, assisting patients and their families in understanding the health condition and treatment options, even in specific EU environments. The SPIKES protocol is a handy tool for this purpose;

4. **Shared Decision Making**: Doctors should engage patients and their families in decision-making regarding treatment, respecting their values, preferences, and goals. This might involve decisions about cardiopulmonary resuscitation, mechanical ventilation, and other intensive treatments;

5. **Teamwork**: PC adopts an interdisciplinary approach, involving doctors, nurses, social workers, psychologists, and other health professionals.

Collaboration and effective communication within the team are fundamental for coordinated and comprehensive care. This shows that emergency and palliative care doctors should decide on conduct together, with clear and objective communication, aiming to reduce costs and prioritize the patient's well-being;

6. **Continuity of Care**: Ensuring a smooth transition for the patient to other care environments (e.g., home care or PC unit admission) is crucial. This might involve coordination with the primary care team, home care services, or hospice.

The integration of palliative care (PC) into emergency settings is not only possible but essential. To achieve this, there is a need for education, proper triage, interdisciplinary teams, and favorable hospital policies. By providing relief from suffering, symptom control, and emotional support to both the patient and their families, palliative care contributes to a more comprehensive, welcoming, and individual-centered care. Furthermore, it is vital to encourage research and the dissemination of results that attest to the effectiveness of this approach, ensuring greater scientific backing for its implementation in various urgent and emergency scenarios.

Private healthcare institutions also play a significant role in promoting palliative care in emergency settings. Encouraging the integration of this care into their policies and procedures, as well as investing in the training of their professionals, shows a commitment to the humanization of care and the well-being of patients, regardless of their context. In short, the inclusion of palliative care in emergency sectors is a pressing necessity in Brazilian healthcare units. Adopting this practice will lead to more compassionate and patient-centered care, upholding their autonomy and dignity even in critical moments.

To attain this goal, it is crucial to invest in education, awareness, public policies, and the dedication of healthcare institutions, whether public or private. Only through collective efforts can we be sure that palliative care becomes an accessible reality for all Brazilians in their most urgent and sensitive needs. Hence, health policies must be created and/or strengthened to integrate this kind of care into emergency settings. This could involve developing specific protocols, fostering a culture of PC in emergencies, and allocating appropriate financial resources.

#### 4 | FINAL CONSIDERATIONS

This article underscores the significance of integrating palliative care into the emergency and urgent care sectors of healthcare facilities, particularly within the Brazilian context. It is evident that this approach is crucial to provide a more compassionate, efficient, and humane care to patients in critical situations, offering them comfort, quality of life, and dignity during delicate and often challenging moments.

The merger between palliative care and emergency sectors is still nascent in Brazil, with only a few healthcare facilities adopting this practice.

However, the rising demand for healthcare services due to an aging population, the increase in chronic illnesses, and the occurrence of complex emergencies clearly indicate the need to incorporate palliative care into the scenarios.

One of the main challenges for the effective implementation of palliative care in urgent and emergency settings is raising awareness among healthcare professionals, managers, and regulatory bodies. It is essential to promote training and continuing education for healthcare professionals regarding the principles and practices of palliative care, integrating them into the academic curriculum of medical and health courses.

Another critical aspect is the establishment of clear public policies and guidelines by governmental and regulatory bodies. This includes incorporating palliative care into health policies as well as creating protocols and standards that guide the practice of this care in emergency services. Additionally, it is vital to ensure access to appropriate medications and resources for symptom control and pain relief, offering comprehensive and dignified care to patients.

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