

Profiles of palliative care services and teams composition in Brazil: First steps to the Brazilian Atlas of Palliative Care

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Brazil:

- 5th biggest country in territorial area
- 5th biggest country in population number
- 7th biggest world economy
- 38th/40th in quality of death ranking
- 3a in WPCA level of Palliative Care development
- 79th country in HDI

The population ageing and health professionals growing interest culminated in the revision of several Brazilian regulations, improving population access to Palliative Care services since the years 2000.

To have a better understanding of practices and integrate the services, two encounters were organized (2012/2014) by a Brazilian company called MAIS Group, which is developing the Brazilian Atlas of Palliative Care.



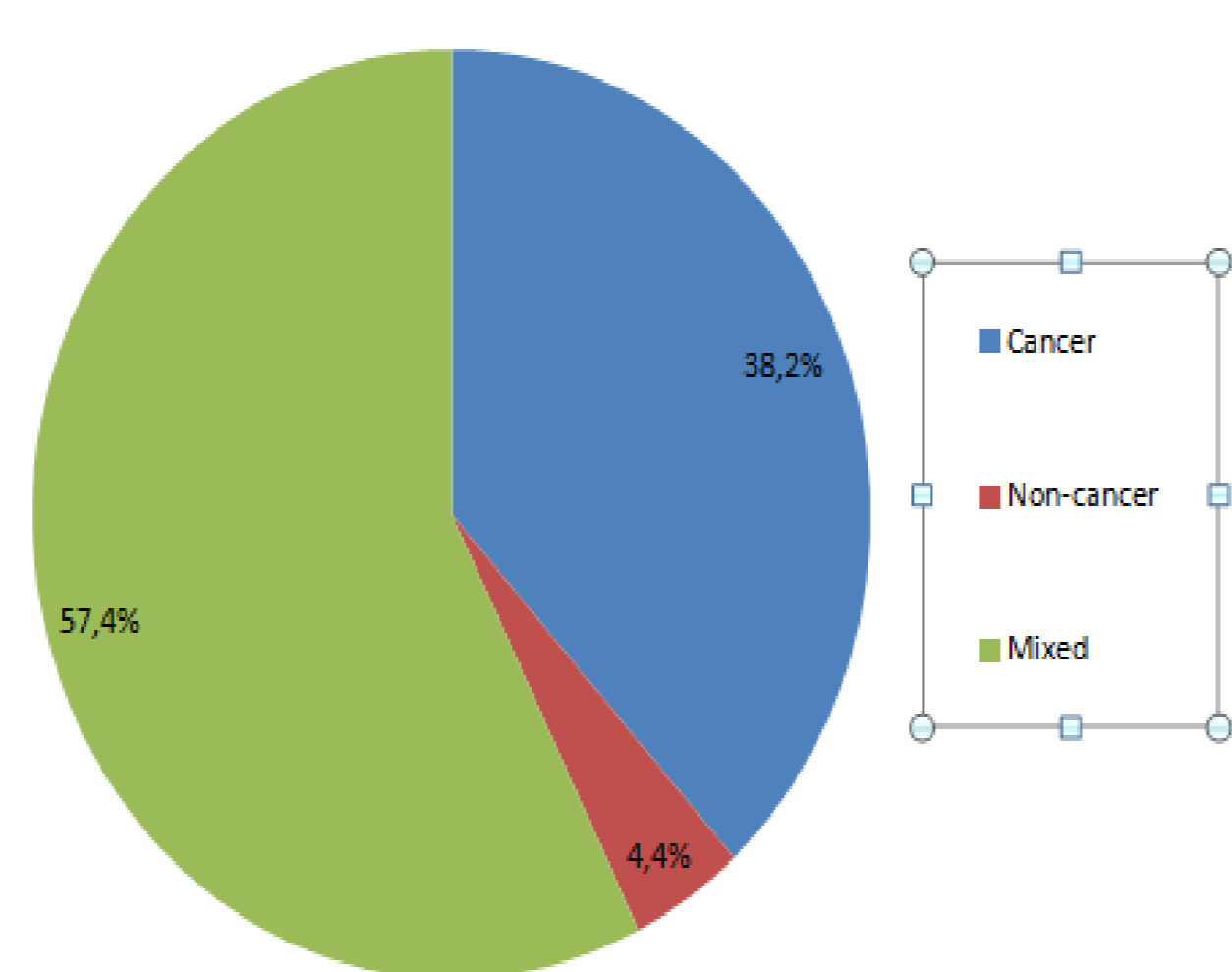
Aim: To characterize the profile of palliative care services in Brazil.

Method: Services, included on the electronic mailing lists from the National Academy of Palliative Care and the MAIS Group, were invited to participate of a free of charge online survey. State; funding structure; type of service; team composition; palliative care training; dedication and teamwork functioning were asked on online survey. The data were compiled into a database and descriptive statistics were used for analysis.

Results: 68 services (from 16 Brazilian states) answered; 34 are located in São Paulo State. The most prevalent model is ambulatory (53%/36); mixed population (57%/39), assistance to adults (88%/60) and elderly (84%/57) prevails, and public funding (50%/34) prevail.



Figure 1 – Distribution of participant services



Figures 2 & 3 – Populations assisted by participant services

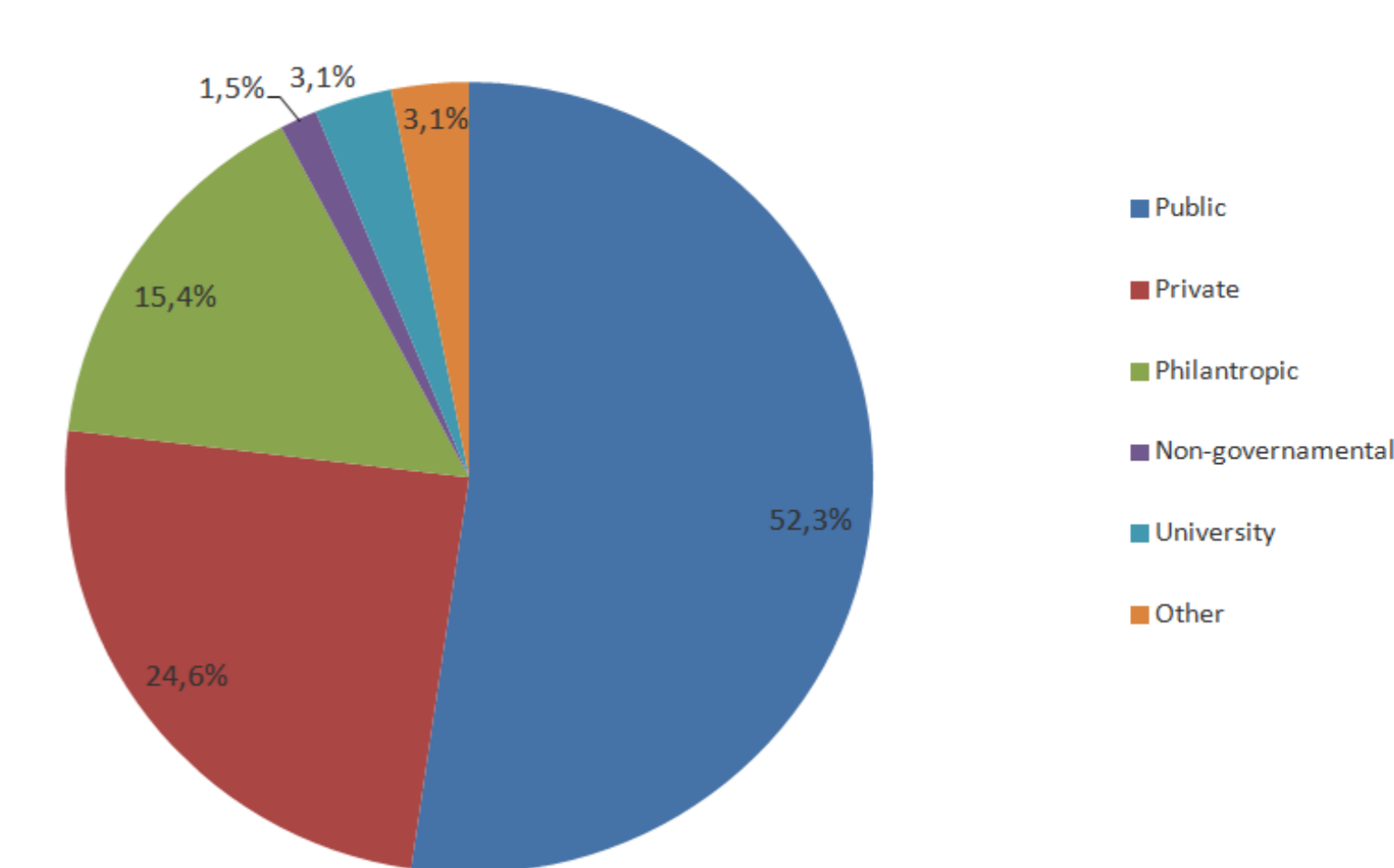
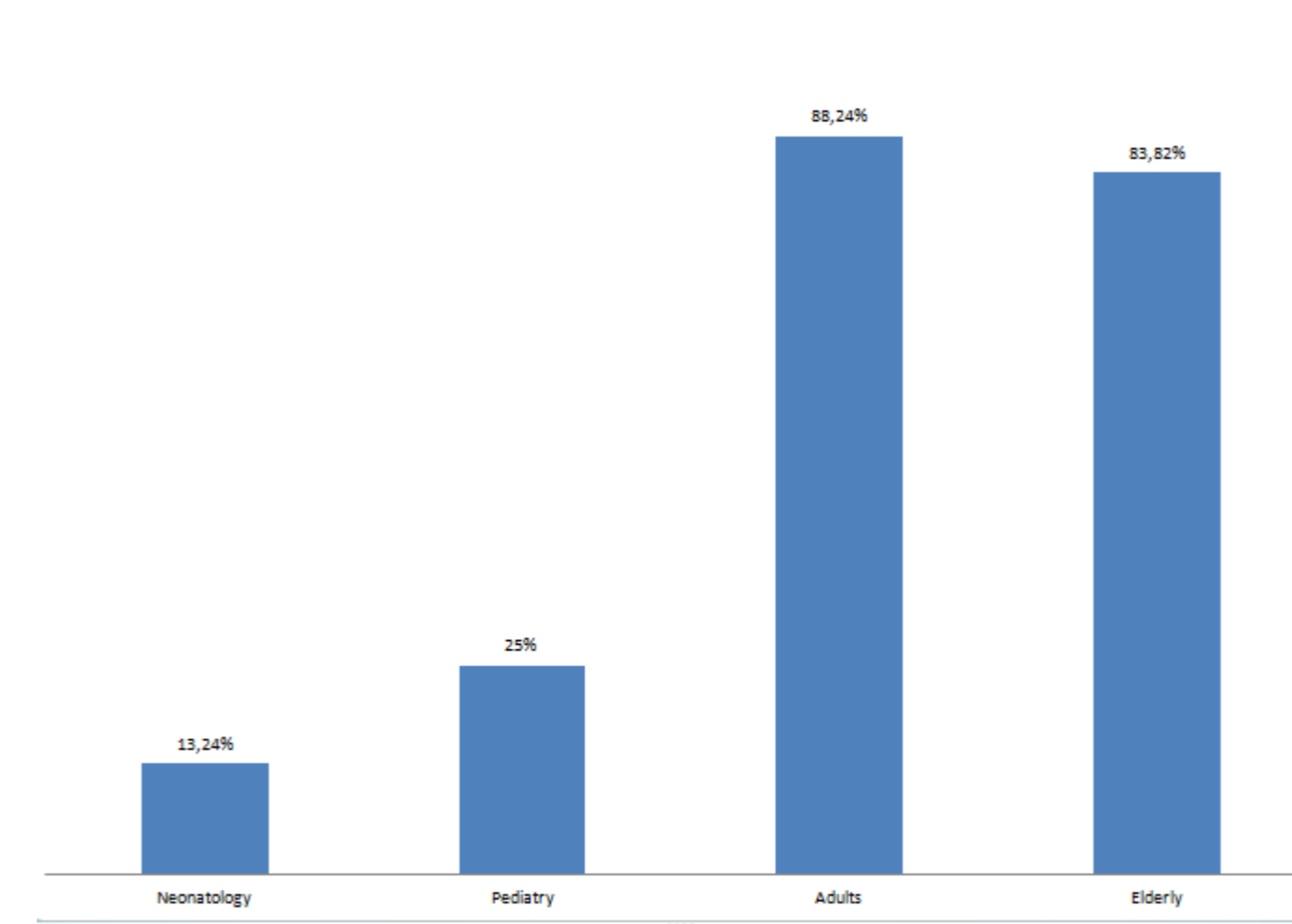


Figure 4 – Funding source of participating services

Services reported team composition as follows: physicians (98.5%), nurses (98.5%), psychologists (92.6%), social workers (92.6%), physiotherapists (80.9%), speech therapists (70.6%), spiritual assistants (61.8%), pharmacists (64.7%), occupational therapists (53), odontologists (51.5%), and volunteers (40.6%).

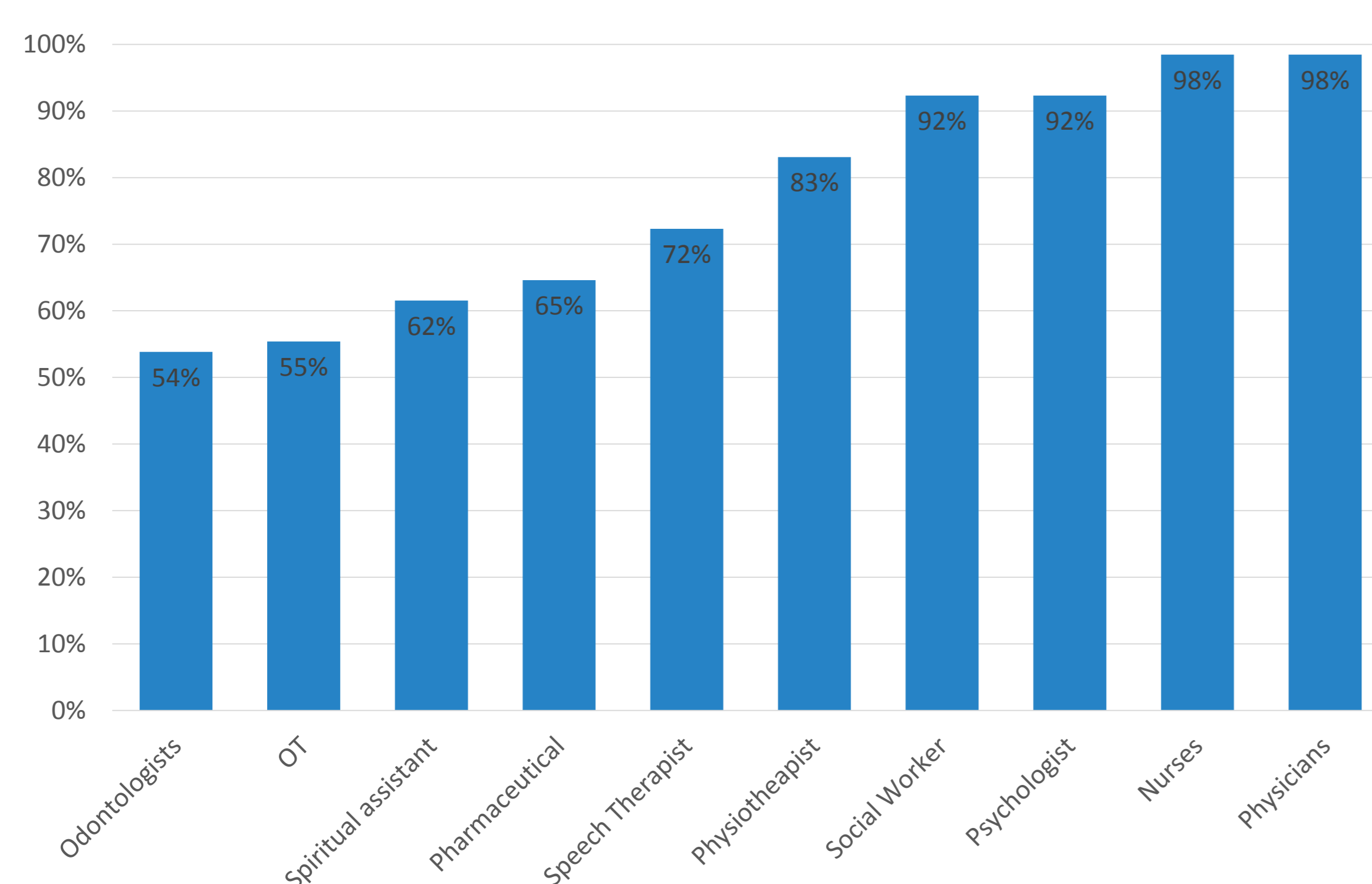


Figure 5 – Professional percentage in participating services

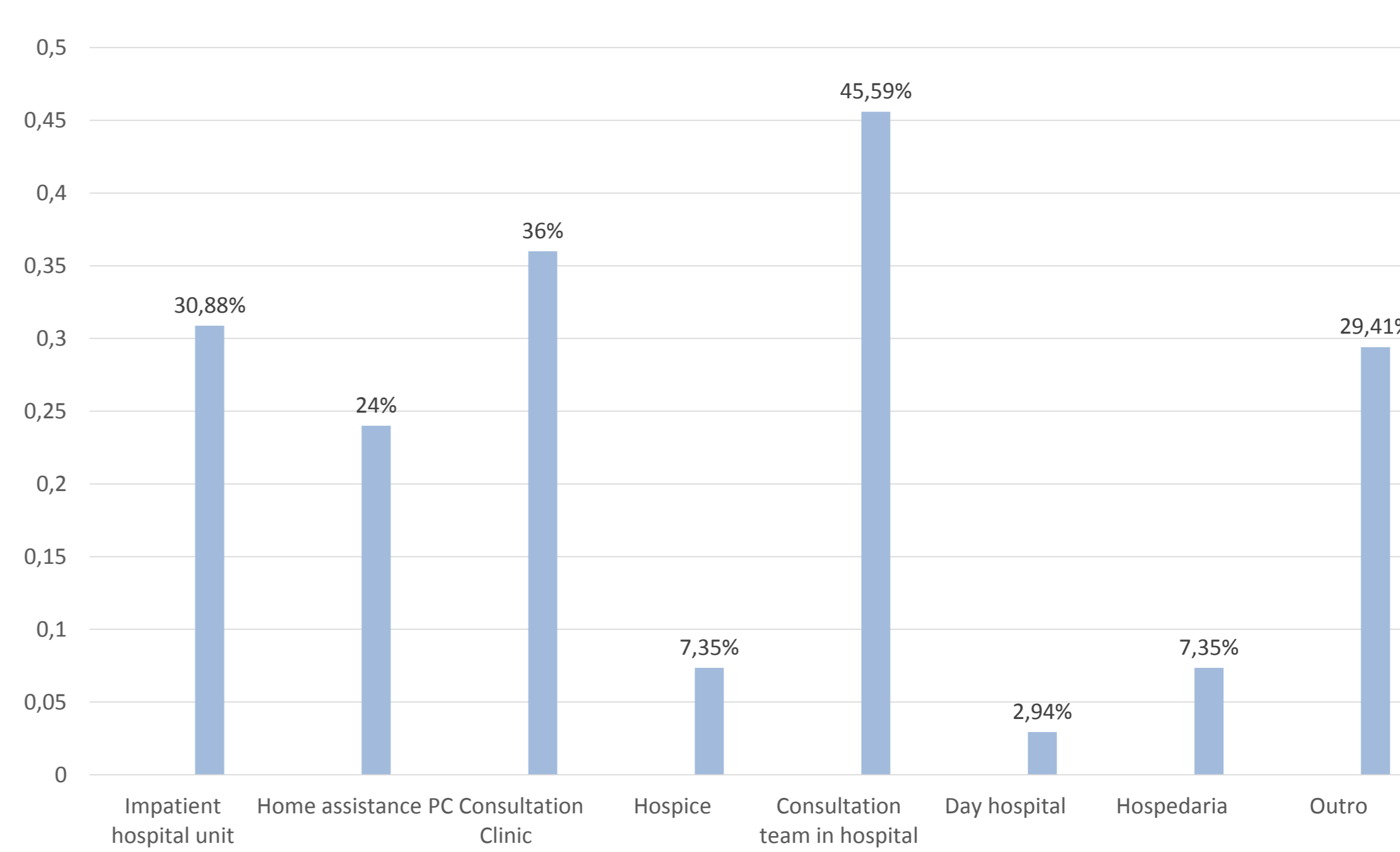


Figure 6 – Service modalities – a service can provide care in more than one modality. “Hospedaria” is a hybrid modality combining hospice and long term care facility.

The major part were reported as part-time workers with little or non-specific formation. 89% (60) of services have clinical meetings and 68% (46) of those indicated weekly meetings.

Conclusion: It’s worrisome that there is a marked concentration of services in only one State, that the majority of them assist adult/elderly with no trained professionals in Palliative Care. It has been made a comparison from 2012 data: the service profile is very similar, even with more services included in the research. This study is not without limitations; there is a possibility that sample does not include all palliative care services in the country, however this study provides useful insight regarding the development of Palliative Care in Brazil. Along with the results from the I Encounter, these are the first steps to the Brazilian Atlas of Palliative Care, that will be published until January 2016.