

PALLIATIVE CARE AND END OF LIFE CARE IN LATIN AMERICA: SCOPING REVIEW

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ABSTRACT

INTRODUCTION: Populational aging and improved treatments for chronic non-communicable diseases extend life expectancy but not always quality of life. By 2060, 48 million people are expected to die of serious illnesses, and 83% of these deaths will occur in developing countries. Only 14% of those who needed palliative care receive it. **AIM:** To describe the methodological trends, thematic areas, populations studied, and future challenges in Latin American regions with respect to adult palliative care. **METHODS:** A scoping review of 60 articles from 2010 to 2019 in indexed journals in English, Spanish, and Portuguese was conducted. **RESULTS:** Most articles were from Brazil, Colombia, and Mexico. Patients, caregivers, healthcare professionals, and students constituted the primary study population. Quality of Life, knowledge, and costs of attention were also assessed. It appears that early palliative care improves the outcomes of patients, caregivers, and health

care professionals, however, the disparity in palliative care services between Latin America, US, UK, Canada, and Spain is concerning. CONCLUSIONS: Globally, more palliative care is needed, especially in Latin America. However, there are not enough graduate palliative care programs. Academic palliative care education must be promoted. Communication between the interdisciplinary team, the patient, and the caregiver is critical. While the region's scientific literature output has improved, many knowledge gaps remain. For patients' sake, governments should regulate, create, and facilitate palliative care services.

Keywords: Palliative care, end of life, Latin America, scoping review, end of life care.

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INTRODUCTION

Populational aging, the sustained increase in the prevalence of chronic non-communicable diseases (CNCD), and advancement in treatments for these diseases improves the life expectancy of the population [1]. However, the fact that people are living longer means that health systems and families face the challenge of long-term care with varied needs for palliative care (PC) [2]. It is estimated that by 2060, 48 million people will die from a serious illness, representing a growth of 87% compared with 2016 [3]. Furthermore, 83% of these deaths occur in low- and middle-income countries (LMIC's) such as Latin America (LATAM) [3]. A worrying issue is that only 14% of people who require PC in the world receive it [4]. PC should be offered to individuals who have serious health detriments resulting from any condition, as its goal includes symptom relief and support for patients, caregivers, and family members, as well as attending their physical, mental, and spiritual needs [4–6]. Consequently, and added to the fragmentation of the PC system in Latin

America, a significant proportion of the population in the region lives and dies in unfavorable conditions [7]. In 2015, of 25 million people that died of severe suffering conditions, as the ones encompassed in palliative care, 80% lived in LMIC's [8]. Hence, there is a need to develop and implement various PC settings in this region.

PC services in LMIC's are fragmented, which represents an issue for all PC-requiring population, affecting their quality of life (QoL). This fragmentation is due to low supply of services, various barriers to consumption of opioids, lack of training for health personnel, concentration of palliative care in large cities, and the insufficient regulation [9,10]. Despite the government's efforts to include such care as a priority, LATAM is far from achieving indicators similar to those of Spain, the United Kingdom, and Canada [11]. Since 2013, approximately 922 PC services have been reported. The proportion of 1.63 PC units per million inhabitants in LATAM is low, compared to Europe and North America, with

approximately 22 services per million inhabitants [10,12]. Regarding the consumption of opioids, an average of 4.8 milligrams of morphine is spent per inhabitant, which is significantly lower than the world average of 58.11 milligrams, which, due to poor coordination between prescribers and regulatory bodies [10]. Difficult access to PC services due to the lack of units in the region, as well as the low consumption of opioids, are some of the challenges faced by patients and countries.

LATAM scientific production in the area of PC is incipient compared to other countries, such as the United States and the United Kingdom [13]. One possible reason for this is the lack of inclusion of PC in undergraduate health-related training, as well as the scarcity of postgraduate programs [14]. In LATAM a large percentage of Gross Domestic Product, of each country, is allocated to other priorities leaving knowledge generation agenda as almost null. Despite these limitations, LATAM researchers have made considerable progress in scientific production, which justifies the relevance of their review and integration to identifying trends and challenges for the future [15]. Even though there is insufficient evidence of the results associated with palliative care in LMIC's, it is possible to say that PC services will have a positive impact on patients, caregivers, families, societies, and the health system [16]. The purpose of this work is to describe the methodological trends, thematic areas developed, populations studied, and future challenges

reported in the scientific literature on LATAM in adult PC.

MATERIALS AND METHODS

Given the region's development and advancements in palliative care, an increase in the available literature is expected; therefore, a scoping review is pertinent to integrate this evidence. This review followed the steps and guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses methodology, as shown in Figure 1. This review encompassed three stages: literature search, screening, selection, and analysis.

Stage 1: Systematic literature search. The search was carried out in PubMed, Lilacs, Cuiden, SciELO, EBSCO, MEDLINE, Science Direct, CINAHL, and ProQuest. Different search equations were constructed with MeSH and DeCS descriptors of "end of life", "palliative care", "caregivers", "terminal care", "hospice care", and "Latin America", with their equivalents in Spanish and Portuguese. It was filtered by publication from 2010 to 2019. Original articles, produced in the Latin American region, published in indexed journals, and in English, Spanish, or Portuguese, with topics related to QoL, knowledge, and care costs in patients, caregivers, and healthcare providers, were included.

Stage 2: Article screening and selection. The identified studies were screened by their titles and abstracts. Subsequently, the full texts were critically read according to the EQUATOR Network guidelines [17]; thus, 60 articles

were included, as shown in Figure 1. The main reasons for excluding articles were unknown countries where the study was conducted, and the variables in the study were not of interest in the present review.

Stage 3: Analysis of the Selected Studies. A result classification matrix was constructed in Microsoft Excel, whereby two of the researchers extracted and classified the findings of the primary studies. Further, the entire team gathered and classified the results according to common points between studies. Data were analyzed and categorized into meso categories and by the population of interest.

RESULTS

This review included 30 qualitative, 28 quantitative, and two mixed

articles. Of all the qualitative studies, three were exploratory, six phenomenological, two ethnographic, sixteen descriptive, one case study, and one participatory action. Two studies that used convenience sampling were included in the mixed methodology. Four of the 28 quantitative studies were quasi-experimental with convenience sampling, 18 were descriptive, 17 used convenience sampling, and one used simple random sampling. Four articles used an analytical approach, two of which used convenience sampling and the other two used probabilistic non-consecutive sampling, and two used observational methods, both of which used convenience sampling. Refer to Table 1 for further detail of study type, aim population, title, country, and sample size.0

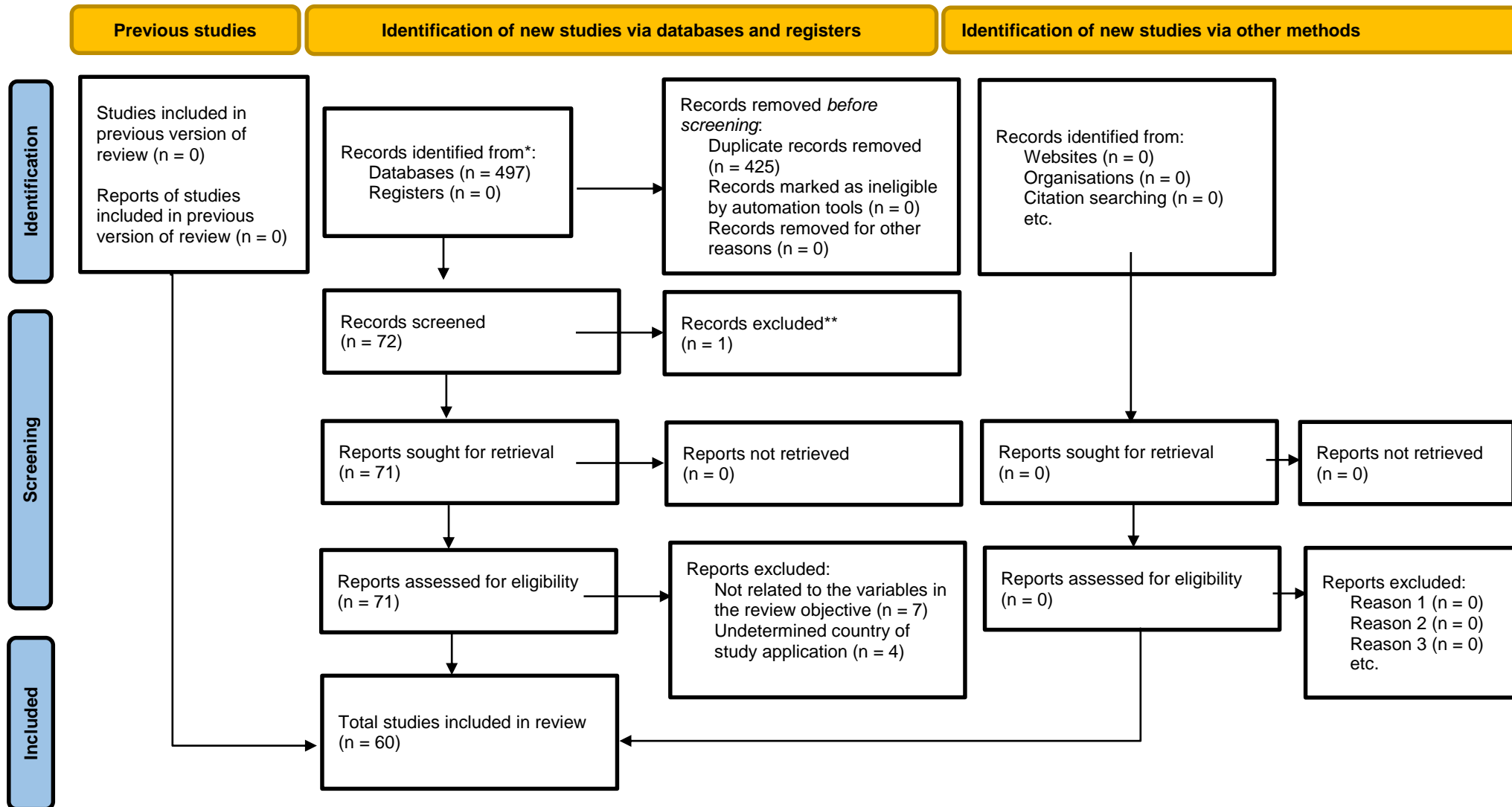


Figure 1. PRISMA 2020 flow diagram. Source: Own production (2022).

Table 1. *Articles included in the review* Source: Own production (2022).

Authors - Reference	Article title	Country	Design	Population of interest	Sample
Pastrana et al.[69]	Estudio multicéntrico sobre la comodidad y el interés en cuidados paliativos en estudiantes de pregrado en Colombia.	Colombia	Quantitative, cross-sectional	Estudiantes de enfermería y medicina	203
Silva et al. [19]	Quality of Life of Patients with Advanced Cancer in Palliative Therapy and in Palliative Care. Traducción: Calidad de vida de pacientes con cáncer avanzado en terapia paliativa y en cuidados paliativos	Brazil	Quantitative, observational, cross-sectional, analytic	Patients	126
Pastrana et al. [74]	Consensus-Based Palliative Care Competencies for Undergraduate Nurses and Physicians: A Demonstrative Process with Colombian Universities. Traducción: Competencias de cuidados paliativos basados en el consenso para enfermeras y médicos de pregrado: Un proceso demostrativo con universidades colombianas	Colombia	Mixed, Descriptive	Healthcare professionals	36
León et. al. [35]	Costos directos del cuidado paliativo domiciliario para pacientes con cáncer gástrico estadio IV en Colombia	Colombia	Quantitative, descriptive	Patients	83
Tamara et al. [34]	Estudio de cohorte descriptiva de los pacientes terminales atendidos médicamente en su domicilio en Bogotá	Colombia	Quantitative, descriptive	Patients	164
Jiménez et al. [31]	Impacto familiar de la sedación paliativa en pacientes terminales desde la perspectiva del cuidador principal	Colombia	Qualitative Phenomenology	Caregivers	10

Navarro et al. [47]	Análisis Comparativo Entre España Y 12 Países De Latinoamérica Con Respecto a Los Cuidados Del Final De La Vida Y La Donación De Órganos Y Tejidos	International	Quantitative, descriptive, cross-sectional	Healthcare professionals	21
Da Cruz et al. [49]	The family as a member of palliative care assistance	Brazil	Qualitative, exploratory, descriptive	Healthcare professionals	10
Da Silva et al. [20]	Costs and quality of life of patients in palliative care	Brazil	Quantitative, descriptive, cross-sectional	Patients	63
De Melo et al. [38]	Cuidados paliativos: narrativas del sufrimiento en la escucha del otro	Brazil	Qualitative, participatory observation	Caregivers	21
Scottini et al.[21]	Direito dos pacientes às diretivas antecipadas de vontade	Brazil	Quantitative, cross-sectional, descriptive	Caregivers	55
Da Silva et al.[29]	Intervention in palliative care: Knowledge and perception of nurses.	Brazil	Quantitative, quasiexperimental	Healthcare professionals	59
Habekost et al. [52]	O cuidado na terminalidade: dificuldades de uma equipe multiprofissional na atenção hospitalar	Brazil	Qualitative, descriptive, exploratory	Healthcare professionals	6
Fonseca et al.[22]	Evaluación de la calidad de vida en pacientes con cáncer terminal	Chile	Quantitative, exploratory, descriptive	Patients	77
Santos et al. [30]	Sedación paliativa: experiencia en una unidad de cuidados paliativos de Montevideo	Uruguay	Quantitative, descriptive, retrospective	Patients	274
Gaspar et al. [39]	Nurses defending the autonomy of the elderly at the end of life.	Brazil	Qualitative, exploratory	Healthcare professionals	23
Espinoza et al. [53]	Actitudes en profesionales de enfermería chilenos hacia el cuidado paliativo al final de la vida. Análisis multivariado	Chile	Quantitative, observational, cross-sectional	Healthcare professionals	308
Reyes et al. [28]	Escala numérica para evaluar síntomas espirituales en cuidados paliativos	Chile	Quantitative, observational, analytical, cross-sectional	Patients	103

Baliza et al. [79]	Palliative care in the home: perceptions of nurses in the Family Health Strategy.	Brazil	Qualitative, descriptive, exploratory	Healthcare professionals	9
Ribeiro et al. [55]	Meaning of palliative care by the multiprofessional team of the intensive care unit	Brazil	Qualitative, descriptive	Healthcare professionals	9
Comin et al. [25]	Perception of oncology patients on the terminality of life.	Brazil	Quantitative, descriptive, cross-sectional	Patients	100
Hernández et al. [36]	Necesidades de cuidado paliativo en hemodiálisis percibidos por pacientes, cuidadores principales informales y profesionales de enfermería	Colombia	Qualitative, descriptive, phenomenological	Patients, Caregivers, Healthcare professionals	16
Palma et al. [41]	¿Cuánta información desean recibir y cómo prefieren tomar sus decisiones pacientes con cáncer avanzado atendidos en una unidad del programa nacional de dolor y cuidados paliativos en Chile?	Chile	Quantitative, prospective, observational	Patients	100
Félix et al. [70]	Avaliação dos conhecimentos dos acadêmicos do curso de Medicina sobre os cuidados paliativos em pacientes terminais	Brazil	Quantitative, descriptive	Medical students	50
Pereira et al. [63]	Meanings of palliative care in the view of nurses and managers of primary health care	Brazil	Qualitative, descriptive	Healthcare professionals	18
Ascencio et al. [65]	Creencias, actitudes y ansiedad ante la muerte en un equipo multidisciplinario de cuidados paliativos oncológicos	México	Quantitative, non-experimental, cross-sectional, correlational	Healthcare professionals	31
De Lima et al. [33]	Evaluation of the effectiveness of workshops on the availability and rational use of opioids in Latin América	International	Mixed, cross-sectional, descriptive	Healthcare professionals	13

Putzel et al. [66]	Ordem de não reanimar pacientes em fase terminal sob a perspectiva de médicos	Brazil	Quantitative, descriptive, cross-sectional	Healthcare professionals	80
Dias et al. [68]	Testamento vital na prática médica: compreensão dos profissionais.	Brazil	Qualitative, exploratory	Healthcare professionals	36
Frizzo et al. [56]	Perceção dos acadêmicos de medicina sobre cuidados paliativos de pacientes oncológicos terminais.	Brazil	Quantitative, cross-sectional, observational	Medical students	266
Lopera M et al. [57]	Significado atribuido por las enfermeras a la educación para cuidado del paciente moribundo	Colombia	Qualitative, ethnography	Healthcare professionals	23
Prada S et al. [37]	Costs of healthcare in the last-year-of-life in Colombia: Evidence from two contributive regime health plans	Colombia	Quantitative, descriptive	Patients	2
Parra et al. [45]	Palliative sedation in advanced cancer patients hospitalized in a specialized palliative care unit.	Colombia	Qualitative, prospective, descriptive	Patients	66
Trujillo et al. [61]	Supportive Care in Cancer Estudio exploratorio sobre conocimientos de cuidados paliativos y actitudes de profesionales de la salud, ante la muerte y el trabajo emocional	México	Quantitative, exploratory, cross-sectional	Healthcare professionals	40
García et al. [67]	Conocimiento del personal de enfermería acerca de la Ley de Voluntad Anticipada en dos hospitales del Distrito Federal	México	Qualitative, descriptive, cross-sectional	Healthcare professionals	61
Vásquez et al. [71]	Actitudes hacia la muerte en estudiantes de enfermería de una universidad Pública	Perú	Quantitative, descriptive, cross-sectional	Nursing students	93
Villanueva et al. [53]	Attitudes of nurses in patient care with end stage cancer treated at a hospital Chiclayo	Perú	Qualitative, case study	Patients, Caregivers, Healthcare professionals	28
Alonso J. [43]	The Construction of Dying as a Process the Management of Health	Argentina	Qualitative, ethnography	Healthcare professionals, Patients	54

Professionals at the End of Life					
Silva et al. [79]	Percepción de la enfermera sobre cuidados paliativos: experiencia con pacientes oncológicos	Perú	Qualitative, exploratory	Healthcare professionals	5
Mortiz et al. [58]	Percepção dos profissionais sobre o tratamento no fim da vida, nas unidades de terapia intensiva da Argentina, Brasil e Uruguai	Argentina, Brazil, Uruguay	Quantitative, cross-sectional	Healthcare professionals	420
Hilario R. [72]	Conocimientos y actitudes hacia el cuidado paliativo del paciente con enfermedad terminal de los estudiantes de IV ciclo de la especialidad de Enfermería de la Universidad Mayor de San Marcos	Perú	Quantitative, descriptive, cross-sectional	Nursing students	90
Pazes et al. [42]	Fatores que influenciam a vivência da fase terminal e de luto: perspectiva do cuidador principal.	Brazil	Qualitative, descriptive, exploratory	Caregivers	7
Perera et al. [60]	Cuidados paliativos en pacientes en estadio terminal	Cuba	Qualitative, exploratory, cross-sectional	Healthcare professionals	16
Pérez et al. [62]	Impacto psicosocial en enfermeras que brindan cuidados en fase terminal.	México	Qualitative, phenomenology	Healthcare professionals	4
Costa et al. [73]	Formação em cuidados paliativos: experiência de alunos de medicina e enfermagem	Brazil	Qualitative, descriptive	Nursing and medicine students	10
Queiroz et al. [51]	Percepção de familiares e profissionais de saúde sobre os cuidados no final da vida no âmbito da atenção primária à saúde.	Brazil	Qualitative, hermeneutic	Caregivers and Healthcare professionals	12
Dilou et al. [48]	La familia como agente terapéutico en los cuidados paliativos.	Cuba	Quantitative, descriptive	Caregivers	20
Soriano et al. [32]	Midazolam en la sedación paliativa terminal de pacientes con cáncer.	Cuba	Qualitative, retrospective, descriptive	Patients	30

Rocha et al. [46]	Percepción de los cuidadores informales frente a la experiencia del cuidado de una persona adulta en cuidado paliativo en patología oncológica, asistentes al centro javeriano de oncología, durante el periodo de Junio y Julio del año 2016.	Colombia	Qualitative, descriptive, interpretative	Caregivers	6
Romero R. [77]	Inventario de recursos de cuidados paliativos para pacientes con cáncer en una IPS de Bogotá	Colombia	Qualitative, descriptive, cross-sectional	Health institutions	16
Fortín et al. [76]	Teaching of palliative care in medical schools in El Salvador.	El Salvador	Qualitative, descriptive	Healthcare professionals	5
Ordoñez et al. [50]	Experiencia de familiares de enfermos con cáncer terminal respecto a las decisiones al final de la vida	México	Qualitative, hermeneutic, phenomenology	Caregivers	11
Ferreira et al. [44]	Estratégias de enfrentamento de cuidadores de pacientes em cuidados paliativos no domicílio	Brazil	Qualitative, descriptive, exploratory	Caregivers	9
Ascencio etl al. [75]	Programa educativo sobre muerte y cuidados paliativos en los profesionales.	México	Quantitative, pre-experimental	Healthcare professionals	66
Sánchez et al. [24]	Relación entre calidad de vida y provisión de cuidado paliativo en mujeres con cáncer en Colombia: Un estudio transversal	Colombia	Quantitative, analytic, cross-sectional	Patients	114
Arias et al. [40]	Incertidumbre de cuidadores familiares ante la enfermedad de pacientes en cuidados paliativos y factores asociados	Colombia	Quantitative, descriptive, cross-sectional	Caregivers	300
Oliveira et al. [23]	Atención oncológica domiciliaria: percepción de la familia/cuidadores sobre cuidados paliativos.	Brazil	Qualitative, descriptive	Caregivers	6

Herrera V. [80]	Cuidados Paliativos en pacientes con cáncer en la ciudad de León	Nicaragua	Qualitative, descriptive	Patients, Caregivers, Healthcare professionals	14
Meneses et al. [26]	Espiritualidad en pacientes de cuidados paliativos de un hospital nacional	Perú	Qualitative, descriptive	Patients	80
Hernández et al. [59]	Conocimiento del personal de enfermería sobre cuidados paliativos en pacientes hospitalizados de medicina interna	México	Qualitative, descriptive, cross-sectional	Healthcare professionals	41

Scientific production in the area by country

The articles in this review are divided geographically into Brazil (35%), Colombia (21.67%), Mexico (11.67%), Peru (8.33%), Chile (6.67%), Cuba (5%) and Uruguay, El Salvador, Argentina, and Nicaragua (1.67%), respectively, lastly, there were studies in which two or more countries in the region participated simultaneously (5%). Participants were

classified into five categories based on their characteristics: those focused on patients, caregivers, health professionals, health science students, and mixed categories, which included members of two or more populations. Table 2 compares the studied population and the methodological approach of the studies.

Table 2. Number of studies by topic, population, and approach. **Source:** Own production (2022).

Topic	Population	Qualitative					Quantitative			Mixed			
		Descriptive y Exploratory	Phenomenology	Ethnography	Qualitative	Participatory	Quasi-experimental	Descriptive	Analytic	Experimental	Meta-analysis	Observational	Mixed
Quality of Life (QoL)	Patients		1	1	3			5	1			3	
	Caregivers	2	4	2	1	1	1	1	1				

	Students								
	Professionals	3	2	1	1				
Level of Knowledge	Patients				1	1		1	
	Caregivers				2				
	Students				3	2		1	1
	Professionals	3	1	4	2	4		2	2
Healthcare costs	IPS-EPS			1		2			

Findings reported in people receiving palliative care

One of the PC goals includes variables related to QoL, such as symptom relief and support for patients, caregivers, and family members as well as attending to their physical, mental, and spiritual needs [4–6]. In patients with PC, the main QoL-related reported variables were health, costs of PC, PC needs, perception of PC, and death. QoL is multi-dimensional, encompassing physical, mental, and emotional aspects [9-27]. PC patients have better QoL indices and present fewer symptoms than those who do not [18–23]. Additionally, QoL indices are higher when patients receive early PC, when compared to late provision [19,25]. Similarly, in a comparison of the QoL index between in-home palliative care and institutional care, a significant difference is shown in those with in-home care, since it allows them to provide more humanized care [23,26,27]. However, most people are referred to healthcare centers according to the standard protocol in the region [27]. Palliative sedation is an effective method to improve patients' QoL perception by caregivers; however, most families opt for

other options. When it is considered pertinent, palliative sedation is provided, which, despite altering the person's state of consciousness, drastically reduces all symptoms and improves the perception of the person's QoL by caregivers, in addition to reducing the care burden [22,27,28]. Sedation can be performed with various drugs; however, midazolam is reported to be the most common, followed by haloperidol or ultra-short-half-life benzodiazepines [29,32].

Many factors come into mind when opting for PC services, including palliative sedation, of which previous death experience, financial situation, and cultural taboos are important. When a person has had a previous experience with death of a spouse or close relative, the person is more likely to request PC [30]. Families in LATAM are less likely to opt for PC due to the financial component. Costs related to palliative care play an important role because they present a burden on the household economy and are usually variable over time [30,31,36]. Generally, the most expensive components are medications and home

visits by health professionals [20,30,31]. As time passes, expenses can increase depending on the severity of the condition, so that at more serious stages the cost of home visits and frequency increases[35]. In addition, the patient's expected last year of life is reported to be the most expensive, as professionals aim to improve QoL [20,31,32]. When compared, the cost of home PC is slightly higher than institutional PC; however, at an institution, the cost in the last month of life is drastically reduced as fewer procedures and exams are performed [20]. It is important to highlight that cost is a variable conditioned on factors such as the country where the care is received, the type of condition, and stage, among others [20,33].

Findings reported in caregivers of people in palliative care

PC encompasses interventions for caregivers, among which communication is reported to be an important component, as it eases the grieving process, sets attainable goals and expectations, and provides a better understanding of the patient's and their family's needs. The importance of communication between all actors is emphasized, as it is critical for reducing uncertainty caused by ignorance and anxiety about the future, improving interdisciplinary care, and initiating the emotional preparation process for the loved one's departure [28,34–36,41]. Additionally, caregivers report feeling disconnected from palliative care because their perception and knowledge of the needs of the patient are frequently ignored, which results in instances where

interventions do not address the patient's needs [28,35]. For the latter, caregivers report that they prefer this process to occur at home as they feel more support and ease during the patient's final moments [37,43]. Similarly, they prefer palliative sedation whenever possible, as it facilitates a more natural grieving process and alleviates patients suffering [18,38,44]. As grieving support is a component of PC, caregivers should be actively involved because they may experience a range of emotions during the process, including love, hopelessness, frustration, sadness, worry, anxiety, and stress [39-40]. Professionals can easily assist the caregiver's emotional process by empowering them with caring actions and providing constant feedback on the patient's condition and the care they can provide [39–41], allowing a better understanding of the situation and setting expectations.

Despite various cultural similarities between countries in the region, it is incorrect to generalize; hence, caregivers' needs and perceptions may vary even within the same country. Caregivers' perceptions are shaped by the sociodemographic variables to which they are exposed [42]. A general perception of abandonment and hopelessness when transitioning from curative care to PC is widespread among caregivers [40,41]. Despite this, they continue to care for individuals, emphasizing the importance of nutrition, hygiene, medication administration, and support [43].

Findings reported in health professionals in palliative care

This section discusses the findings regarding health professionals' attitudes toward PC and their role in it, including palliative sedation, advocacy for care recipients and their families, and the value of home PC. Among the issues raised, one of the most significant is the difficulty in communicating within the inter-disciplinary team, as well as with caregivers and particularly with patients [26,43–46]. Unfavorable news is the primary barrier to communication [26,47], as providers refer to the difficulty of giving bad news for the emotional toll in patients, families, and themselves [56–58]. It is worth noting that nursing staff view communication between caregivers and patients as a critical component of palliative care because of their holistic approach to attending to the specific needs identified by both caregivers and patients [26,43,45,46]. Communication is a powerful element that must be worked upon, trained, and implemented constantly in every PC-related scenario.

Similarly, professionals reported insufficient PC knowledge with an emphasis on physical pain management than on patients and their families [48,49]. On the other hand, professionals report that there is no space for them to express their feelings and emotions during a patient's death in PC [50,62]; as a result, caregivers may experience emotional exhaustion and receive dehumanized attention [26,45,50]. Additionally, the majority of healthcare professionals associate PC with a dignified death, but not with QoL during the dying process

[51]. It is critical to note that LATAM has a PC service density of 2.6 units per million inhabitants, which is extremely low compared to high-income countries [52].

PC training for healthcare personnel is an important component in the literature, as it relates to distanasia, advance medical directives, and clinical experience. Literature reports that some professionals see the death of a patient as a professional failure, submitting the patient to unnecessary procedures to prolong the patient's life while also complying with family members' wishes, with disregard for legal repercussions [47,53,54]. On the other hand, the literature shows a widespread lack of knowledge regarding advance medical directives, advance directives, and living wills [55], which are fundamental for knowing the will of the patient, so they can be honored and dignity is provided during the terminal stage of life [56]. However, nursing professionals with significant experience with death have been reported to have a more positive attitude toward PC and end-of-life patients, providing continuous support to patients receiving palliative care and their families [26,45].

Findings reported in health science students

The final population reported in this review is the health sciences students, who have been reported to have an attitude of justified indifference towards the patients and their families due to feeling unprepared, evidenced by desensitized care both in human and emotional aspects [57,61]. Moreover, students prefer interac-

ting with non-terminal patients, as it changes their experience and burdens more when caring for end-of-life patients [58,59]. This creates an emotional overload for health sciences students throughout their education and training [60–62]. Given that both experience and prior knowledge influence the care provided to patients [60], it is worth noting that to gain experience, it is necessary to immerse oneself in PC scenarios and be able to care for patients and their families; thus, it is critical to promote teaching that views the person as a holistic being who can be helped during the care process.

Additionally, the necessity of providing an academy-based preparation for coping with the death of a patient is highlighted [60]. This ensures that end-of-life patients receive comprehensive care and are not subjected to acts of indifference during this natural process [58]. Additionally, it is necessary to provide tools for managing emotions evoked by PC and the death of the patient, with the goal of promoting the mental health of future professionals, which must be available at undergraduate and graduate levels [63]. Additionally, it is critical to note that very few undergraduate health sciences curricula address PC and end-of-life issues [61].

DISCUSSION

LATAM comprises low- and middle-income countries, which implies a lower budget for research and academic development. Nonetheless, research and implementation of palliative care programs, in advance practice for both

medicine and nursing, are just beginning [15,61,75]. No clinical studies were identified in this review, indicating a knowledge gap. At the academic and training levels, it is critical to modify and expand undergraduate health science curricula to include basic PC knowledge, thus providing students with sufficient tools to practice their profession in this units [62,63,75]. However, more post-graduate programs on PC are required to meet the growing demand for these services [14,52]. Along with the aforementioned, it would be ideal to see a shift in the approach taken at the undergraduate and graduate levels so that the patient is not referred to as a diagnosis or a bed or room number, but as a holistic being with needs that must be met; someone who, by the time they reach this stage of PC, has demonstrated a degree of independence, which is why professional graduates or professionals in training must advocate for.

Along with these components, it is necessary to incorporate critical aspects such as assertive communication, emotion management, and acceptance of death to safeguard professionals' mental health and enable early and timely intervention with relatives and patients [11,63]. At the postgraduate level, very few faculties of health sciences offer curricular programs in palliative care, implying insufficient professional training in this field [10,52,64]. As a result, because PC services cannot be provided by graduates in the field, they must be provided by professionals who lack in-depth knowledge, which lowers the quality of care [11,12,52].

PC must have a multidisciplinary approach to meet the needs of patients, caregivers, and family members. While most of these interventions are directed toward the patient, it is critical to pay attention to and provide specific interventions for family members and caregivers [34,75]. All of the above is done to aid in the grieving, acceptance, and transition processes that occur during diagnosis, palliative care, and end-of-life care. A component of the interventions should be constant, open, honest, and assertive communication, both with caregivers and patients, to reduce uncertainty, future anxiety, stress, and anxiety [21,64]. Pursuing peace facilitates end-of-life transitions. Similarly, interventions should not be halted once a person dies. Rather, family members and caregivers should receive comprehensive support.

A weakness identified in this review is the professional, social, and personal perception of PC. At a professional level, PC is viewed as a service reserved for people in their final stages of life, rather than as a means of enhancing their quality of life and often disregarding their caregivers and families. Socially, PC is a taboo topic and is not well seen in LATAM countries, as it implies calling on death and giving up on the will to live. Additionally, PC is seen as a very expensive alternative that affects the entire family's finances, which influences the decision-making process of accepting PC. On some occasions, social security will cover a portion of the costs; however, the remainder must be paid out-of-pocket [31, 32]. On a personal basis, the perception of

PC improves when the spouse has died, making it more feasible for the patient to request a PC. All the aforementioned variables are fundamental variables that influence all stages of PC: requesting, caring, and finally parting.

Caregivers' involvement in PC should be encouraged, as they have a better understanding of the individual's unique needs, as they invest more time than health professionals providing direct care [23]. Additionally, they understand an individual's personality, ideology, and emotional state, which allows for a more successful outcome of health interventions. Similarly, because caregivers serve as the primary support network for care recipients, they are a source of pertinent information for interventions as well as perceptions about the expected outcomes of each type of care provided [37]. However, caregivers are frequently removed from the care process, resulting in a break in continuity of care.

PC is an important component of healthcare systems worldwide, as it improves the QoL of patients, families, caregivers, grieving processes, and disease burden relief, among others. On a system level, PC has a great impact on public health, as it is influenced by in-home palliative care[79]. Despite public health not being the objective of this review, the researchers consider pertinent and transcendental topics for future research.

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REFERENCES

- ¹ Scommegna P, Lee M. Life Expectancy Gains and Public Programs for the Elderly in Latin America and the Caribbean. 2014.
- ² Victoria García-Viniegras CR, Rodríguez López G. Calidad de vida en enfermos crónicos. *Rev Habanera Ciencias Medicas* 2007;6.
- ³ Sleeman KE, de Brito M, Etkind SM, Nkhoma K, Guo P, Higginson IJ, et al. The escalating global burden of serious health-related suffering: projections to 2060 by world regions, age groups, and health conditions. *Lancet Glob Heal* 2019;7:e883–92. [https://doi.org/10.1016/S2214-109X\(19\)30172-X](https://doi.org/10.1016/S2214-109X(19)30172-X).
- ⁴ OMS. Cuidados Paliativos 2019. <https://www.who.int/es/news-room/fact-sheets/detail/palliative-care-Arias-Casais>.
- ⁵ Palliative Care Definition - International Association for Hospice & Palliative Care 2018. <https://hospicecare.com/what-we-do/projects/consensus-based-definition-of-palliative-care/definition/> (accessed February 9, 2021).
- ⁶ WHO. Palliative Care 2020. <https://www.who.int/news-room/fact-sheets/detail/palliative-care> (accessed February 11, 2021).
- ⁷ Lynch T, Connor S, Clark D. Mapping levels of palliative care development: A global update. *J Pain Symptom Manage* 2013;45:1094–106. <https://doi.org/10.1016/j.jpainsymman.2012.05.011>.
- ⁸ Knaul FM, Farmer PE, Krakauer EL, De Lima L, Bhadelia A, Jiang Kwete X, et al. Alleviating the access abyss in palliative care and pain relief-an imperative of universal health coverage: the Lancet Commission report. *Lancet (London, England)* 2018;391:1391–454. [https://doi.org/10.1016/S0140-6736\(17\)32513-8](https://doi.org/10.1016/S0140-6736(17)32513-8).
- ⁹ Sánchez-Cárdenas MA. Cuidados paliativos: una apuesta por la salud y la calidad de vida. *Rev Colomb Enfermería* 2018;17:1–12. <https://doi.org/10.18270/rce.v17i13.2420>.
- ¹⁰ Pastrana T, De Lima L, Wenk R, Eisenchlas J, Monti C, Rocafort J, et al. Atlas de Cuidados Paliativos en Latinoamérica. 1st ed. Houston: 2012.
- ¹¹ Pastrana T, Centeno C, De Lima L. Palliative Care in Latin America from the Professional Perspective: A SWOT Analysis. *J Palliat Med* 2015;18:429–37. <https://doi.org/10.1089/jpm.2014.0120>.
- ¹² Arias-Casais N (Natalia), Garralda E (Eduardo), Rhee JY (John Y., Lima L (Liliana) de, Pons-Izquierdo JJ (Juan J, Clark D (David), et al. EAPC Atlas of Palliative Care in Europe 2019 2019.
- ¹³ Woitha K, Garralda E, Martin-Moreno JM, Clark D, Centeno C. Ranking of Palliative Care Development in the Countries of the European Union. *J*

- Pain Symptom Manage 2016;52:370–7.
<https://doi.org/10.1016/j.jpainsymman.2016.03.008>.
- ¹⁴ Pastrana T, De Lima L, Pons JJ, Centeno C. Atlas de Cuidados Paliativos en Latinoamérica. vol. 1. Cartográfica. Houston: 2013.
- ¹⁵ Banco Interamericano de Desarrollo. Ciencia, tecnología e innovación en América Latina y el Caribe: Un compendio estadístico de indicadores | Publications n.d. <https://publications.iadb.org/publications/spanish/document/Ciencia-tecnología-e-innovación-en-América-Latina-y-el-Caribe-Un-compendio-estadístico-de-indicadores.pdf> (accessed February 22, 2021).
- ¹⁶ Reid EA, Kovalerchik O, Jubanyik K, Brown S, Hersey D, Grant L. Is palliative care cost-effective in low-income and middle-income countries? A mixed-methods systematic review. *BMJ Support Palliat Care* 2019;9:120–9. <https://doi.org/10.1136/BMJSPCARE-2018-001499>.
- ¹⁷ EQUATOR network. Reporting guidelines | The EQUATOR Network n.d. [https://www.equator-network.org/?post_type=eq_guidelines&eq_guidelines_study_design=0&eq_guidelines_clinical_specialty=0&eq_guidelines_report_section=0&s=+](https://www.equator-network.org/?post_type=eq_guidelines&eq_guidelines_study_design=0&eq_guidelines_clinical_specialty=0&eq_guidelines_report_section=0&s=) (accessed April 3, 2021).
- ¹⁸ Comin LT, Panka M, Beltrame V, Steffani JA, Bonamigo EL. Percepção de pacientes oncológicos sobre terminalidade de vida. *Rev Bioética* 2017;25:392–401. <https://doi.org/10.1590/1983-80422017252199>.
- ¹⁹ Silva L dos S, Lenhani BE, Tomim DH, Guimarães PRB, Kalinke LP, Silva L dos S, et al. Quality of Life of Patients with Advanced Cancer in Palliative Therapy and in Palliative Care. *Aquichan* 2019;19. <https://doi.org/10.5294/AQUI.2019.19.3.7>.
- ²⁰ Rafael SZ, Vidal SA, Oliveira AG de, Silva MIC da, Vicente CD, Feitosa Lopes LG. COSTS AND QUALITY OF LIFE OF PATIENTS IN PALLIATIVE CARE CUSTOS. *Rev Enferm UFPE Line* 2018;12:1688. <https://doi.org/10.5205/1981-8963-V12I6A234832P1688-1695-2018>.
- ²¹ Scottini MA, Siqueira JE de, Moritz RD. Direito dos pacientes às diretivas antecipadas de vontade. *Rev Bioética* 2018;26:440–50. <https://doi.org/10.1590/1983-80422018263264>.
- ²² Fonseca C. M, Schlack V. C, Mera M. E, Muñoz S. O, Peña L. J. Evaluación de la calidad de vida en pacientes con cáncer terminal. *Rev Chil Cirugía* 2013;65:321–8. <https://doi.org/10.4067/S0718-40262013000400006>.
- ²³ Oliveira M do BP de, Souza NR de, Bushatsky M, Dâmaso BFR, Bezerra DM, Brito JA de. Oncological homecare: family and caregiver perception of palliative care. *Esc Anna Nery - Rev Enferm* 2017;21. <https://doi.org/10.5935/1414-8145.20170030>.
- ²⁴ Sánchez-Pedraza R, Sierra-Matamoros F, Morales-Mesa OL. Relación entre

- calidad de vida y provisión de cuidado paliativo en mujeres con cáncer en Colombia: un estudio transversal. *Rev Colomb Obstet Ginecol* 2017;68:25–34.
<https://doi.org/10.18597/RCOG.2979>.
- ²⁵ França BD, Silva KL, Ferreira J de A, Silva AE, Neta F das CCG. Percepção dos pacientes sobre os cuidados paliativos. *Rev Enferm UFPE Line* 2019;13:1485–94.
<https://doi.org/10.5205/1981-8963-V13I5A238589P1485-1494-2019>.
- ²⁶ Meneses La Riva ME, Antayhua Ortiz ALA. Espiritualidad en pacientes de cuidados paliativos de un hospital nacional. *Cuid y Salud Kawsayninchis* 2017;2:203–12.
https://doi.org/10.31381/CUIDADO_Y_SALUD.V2I2.1129.
- ²⁷ Marie Knaul F, Farmer PE, Krakauer EL, De Lima L, Bhadelia A, Jiang Kwete X, et al. The Lancet Commissions Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report. *Lancet* 2018;391:1391–454.
[https://doi.org/10.1016/S0140-6736\(17\)32513-8](https://doi.org/10.1016/S0140-6736(17)32513-8).
- ²⁸ Reyes MM, de Lima L, Taboada P, Villarroel L, Vial J de D, Blanco O, et al. Escala numérica para evaluar síntomas espirituales en cuidados paliativos. *Rev Med Chil* 2017;145:747–54.
<https://doi.org/10.4067/S0034-98872017000600747>.
- ²⁹ Da Silva HA, Beserra Viana GK, Girão Lima AK, Almeida De Lima AL, Lopes Mourão CM. INTERVENTION IN PALLIATIVE CARE: KNOWLEDGE AND PERCEPTION OF NURSES. *J Nurs UFPE Online* 2018;12:1326.
<https://doi.org/10.5205/1981-8963-V12I05A22653P1325-1330-2018>.
- ³⁰ David Santos D, Della Valle A, Beatriz Barlocco P, Jeannette Pereyra L, Enf Delia Bonilla A. Sedación paliativa: experiencia en una unidad de cuidados paliativos de Montevideo. *Rev Médica Del Uruguay* 2009;25:78–83.
- ³¹ Jiménez AMC, González M, Ángel MCV, Krikorian A. Impacto familiar de la sedación paliativa en pacientes terminales desde la perspectiva del cuidador principal. *Psicooncología* 2016;13:351–65.
<https://doi.org/10.5209/PSIC.54441>.
- ³² Morales Morgado D, Ramón Concepción I, Soriano García JL, Lima Pérez M, Batista Albuerne N, Fleites Calvo V, et al. Midazolam en la sedación paliativa de pacientes con cáncer al final de la vida . *Rev Cuba Oncol* 2020;18.
- ³³ De Lima L, Pastrana T. Evaluation of the Effectiveness of Workshops on the Availability and Rational Use of Opioids in Latin America. *J Palliat Med* 2016;19:964–71.
<https://doi.org/10.1089/JPM.2016.0091>.
- ³⁴ Támara LM. Descriptive cohort trial of terminal patients in medical home care in Bogotá - 2008-2012. *Rev Colomb Anestesiol* 2014;42:100–6.
<https://doi.org/10.1016/J.RCA.2014.01.002>.
- ³⁵ León MX. Costos directos del cuidado paliativo domiciliario para pacientes con cáncer gástrico estadio IV en

- Colombia*. *Univ Medica*; Vol 57 No 3 (2016); 294-306 2017;57:294–306. <https://doi.org/10.11144/JAVERIANA.UMED57-3.CDCP>.
- ³⁶ Hernández-Zambrano SM, Torres-Melo ML, Barrero-Tello SS, Saldaña-García IJ, Sotelo-Rozo KD, Carrillo-Algarra AJ, et al. Needs of palliative care in hemodialysis perceived by patients, principal caregivers and nursing professionals. *Enferm Nefrol* 2019;22:141–9. <https://doi.org/10.4321/S2254-28842019000200005>.
- ³⁷ Prada SI. Costs of health care in the last-year-of-life in Colombia: Evidence from two contributive regime health plans. *Rev La Fac Med* 2018;66:601–4. <https://doi.org/10.15446/REVFACME.D.V66N4.66418>.
- ³⁸ de Melo Coelho ME, Carlos Ferreria A. Cuidados paliativos: narrativas del sufrimiento en la escucha del otro. *Rev Bioética* 2015;23:246–54.
- ³⁹ Gaspar RB, Silva MM da, Zepeda KGM, Silva ÍR. Nurses defending the autonomy of the elderly at the end of life. *Rev Bras Enferm* 2019;72:1639–45. <https://doi.org/10.1590/0034-7167-2018-0768>.
- ⁴⁰ Arias-Rojas M, Carreño-Moreno S, Posada-López C. Incerteza dos cuidadores familiares na doença de pacientes sob cuidados paliativos e fatores associados. *Rev Lat Am Enfermagem* 2019;27. <https://doi.org/10.1590/1518-8345.3185.3200>.
- ⁴¹ Palma A, Cartes F, González M, Villarroel L, Parsons HA, Yennurajalingam S, et al. ¿Cuánta información desean recibir y cómo prefieren tomar sus decisiones pacientes con cáncer avanzado atendidos en una Unidad del Programa Nacional de Dolor y Cuidados Paliativos en Chile? *Rev Med Chil* 2014;142:48–54. <https://doi.org/10.4067/S0034-98872014000100008>.
- ⁴² Pazes M, Nunes L, Barbosa A. Factors influencing the experience of the terminal phase and the grieving process: the primary caregiver's perspective. *Rev Enferm Ref* 2014;IV Série:95–104. <https://doi.org/10.12707/RIII12135>.
- ⁴³ Alonso JP. La construcción del morir como un proceso: la gestión del personal de salud en el final de la vida. *Univ Humanística* 2012:123–44.
- ⁴⁴ Maff B, Cristina I, Arrieira O, Ferreira RA, Cardoso² DH, Maffei B, et al. Estratégias de enfrentamento de cuidadores de pacientes em cuidados paliativos no domicílio. *Psicol Teor e Prática* 2019;21:303–22. <https://doi.org/10.5935/1980-6906/PSICOLOGIA.V21N3P303-322>.
- ⁴⁵ Parra Palacio S, Giraldo Hoyos CE, Arias Rodríguez C, Mejía Arrieta D, Vargas Gómez JJ, Krikorian A. Palliative sedation in advanced cancer patients hospitalized in a specialized palliative care unit. *Support Care Cancer* 2018;26:3173–80. <https://doi.org/10.1007/S00520-018-4164-7>.
- ⁴⁶ Calderón Rocha S, Cardona Chávez JA, Echenique Ramos D, Fonseca García AL. Percepción de los cuidadores informales, frente a la experiencia de

- cuidado de una persona adulta, en cuidado paliativo con patología oncológica, asistentes al Centro Javeriano de Oncología (CJO), durante el periodo de junio y julio del año 2016. Universidad Javeriana, 2016.
- ⁴⁷ Navarro Paredes VE. Analisis Comparativo Entre España Y 12 Países De Latinoamérica Con Respecto a Los Cuidados Del Final De La Vida Y La Donación De Órganos Y Tejidos 2017:23.
- ⁴⁸ Tejada Dilou Y. La familia como agente terapéutico en los cuidados paliativos. MEDISAN 2011;15:197–203.
- ⁴⁹ Cruz Matos J da, Silva Borges M da. The family as a member of palliative care assistance. J Nursing UFPE Online 2018;12:2406. <https://doi.org/10.5205/1981-8963-V12I9A234575P2399-2406-2018>.
- ⁵⁰ Z Monroy NA, Alicia Ordóñez Vázquez N, Monroy Nasr Z. Experiencia de familiares de enfermos con cáncer terminal respecto a las decisiones al final de la vida. Nov Sci 2016;8:492–514.
- ⁵¹ Queiroz AHAB, Soares Pontes RJ, Alves e Souza ÂM, Rodrigues TB. Percepção de familiares e profissionais de saúde sobre os cuidados no final da vida no âmbito da atenção primária à saúde. Cien Saude Colet 2013;18:2615–23. <https://doi.org/10.1590/S1413-81232013000900016>.
- ⁵² As- E, Interdisciplinar D, Federal U, Federal U, Social D, Federal U, et al. El cuidado en la fase terminal dificultades de un equipo multidisciplinario en la atención hospitalaria. Av En Enfermería 2013;31:83–91.
- ⁵³ Espinoza-Venegas M, Luengo-Machuca L, Sanhueza-Alvarado O. Atitudes em profissionais de enfermagem chilenos para o cuidado no final da vida. Análise multivariada. Aquichan 2016;16:430–46. <https://doi.org/10.5294/AQUI.2016.16.4.3>.
- ⁵⁴ Silva Fhon JR, Michele Silva L, Aparecida Rodrigues R, Carhuapoma-Acosta ME. PERCEPCIÓN DE LAS ENFERMERAS SOBRE CUIDADOS PALIATIVOS: EXPERIENCIA CON PACIENTES ONCOLÓGICOS. Rev Iberoam Educ e Investig En Enfermería 2017;8:28–36.
- ⁵⁵ Souza HLR e, Lacerda L, Lira GG. Meaning of palliative care by the multiprofessional team of the intensive care unit. J Nurs UFPE Online 2017;11:3885–92. <https://doi.org/10.5205/1981-8963-V11I10A109102P3885-3892-2017>.
- ⁵⁶ Frizzo K, Bertolini G, Caron R, Antônio Steffani J, Luiz Bonamigo E, Fonoaudiólogo D. Percepção dos acadêmicos de medicina sobre cuidados paliativos de pacientes oncológicos terminais. Rev Univ São Camilo 2013;7:367–75.
- ⁵⁷ Lopera-Betancur MA. Significado atribuido por las enfermeras a la educación para cuidar del paciente moribundo. Enfermería Univ 2015;12:73–9. <https://doi.org/10.1016/J.REU.2015.04.002>.
- ⁵⁸ Moritz RD, Deicas A, Rossini JP, Silva NB da, Lago PM do, Machado FO.

- Percepção dos profissionais sobre o tratamento no fim da vida, nas unidades de terapia intensiva da Argentina, Brasil e Uruguai. *Rev Bras Ter Intensiva* 2010;22:125–32. <https://doi.org/10.1590/S0103-507X2010000200005>.
- ⁵⁹ Hernández Sánchez ML, Aguilar García CR. Conocimiento del personal de enfermería sobre cuidados paliativos en pacientes hospitalizados de medicina interna. *Rev Enfermería Del Inst Mex Del Seguro Soc* 2016;24:87–90.
- ⁶⁰ Milian LSP, Hernández IA, Pino MO. Cuidados paliativos en pacientes en estadio terminal. *Medimay* 2017;23:179–85.
- ⁶¹ Santos ZT-D los, Paz-Rodríguez F, Sánchez-Guzmán MA, Nava-Galán G, Zamora-Ruiz P, García-Pastrana C, et al. Estudio exploratorio sobre conocimientos de cuidados paliativos y actitudes de profesionales de la salud, ante la muerte y el trabajo emocional. *Rev Mex Neurocienc* 2013;14:8–13.
- ⁶² Pérez Vega ME, Cibanal LJ. Impacto psicosocial en enfermeras que brindan cuidados en fase terminal. *Rev Cuid* 2016;7:1210. <https://doi.org/10.15649/cuidarte.v7i1.295>.
- ⁶³ Pereira DG, Fernandes J, Ferreira L dos S, Rabelo R de O, Pessalacia JDR, Souza RS. Meanings of palliative care in the view of nurses and managers of primary health care. *J Nurs UFPE Online* 2017;11:1357–64. <https://doi.org/10.5205/1981-8963-V11I3A13977P1357-1364-2017>.
- ⁶⁴ Pastrana T, De Lima L, Sánchez-Cárdenas M, Van Steijn D, Garralda E, Pons JJ, et al. Atlas de Cuidados Paliativos en Latinoamérica 2020. 2021.
- ⁶⁵ Asencio Huertas L, Allende Pérez SR, Verastegui Avilés E. Creencias, actitudes y ansiedad ante la muerte en un equipo de cuidados paliativos oncológicos. *Psicooncología* 2014;11:135–40. https://doi.org/10.5209/rev_PSIC.2014.v11.n1.44920.
- ⁶⁶ Putzel EL, Hilleshein KD, Bonamigo EL. Ordem de não reanimar pacientes em fase terminal sob a perspectiva de médicos. *Rev Bioética* 2016;24:596–602. <https://doi.org/10.1590/1983-80422016243159>.
- ⁶⁷ García-Echeverría FJ, Zavala-Suárez E, Sotomayor-Sánchez S, Córdoba-Ávila MÁ. Conocimiento del personal de enfermería acerca de la Ley de Voluntad Anticipada en dos hospitales del Distrito Federal. *Rev CONAMED* 2011;16:164–70.
- ⁶⁸ Moreira MADM, Costa SFG da, Cunha MLDM da, Zaccara AAL, Negro-Dellacqua M, Dutra F. Testamento vital na prática médica: compreensão dos profissionais. *Rev Bioética* 2017;25:168–78. <https://doi.org/10.1590/1983-80422017251178>.
- ⁶⁹ Pastrana T, De Lima L, Wenk R. Estudio multicéntrico sobre la comodidad y el interés en cuidados paliativos en estudiantes de pregrado en Colombia. *Med Paliativa* 2015;22:136–45. <https://doi.org/10.1016/J.MEDIPA.2014.10.004>.
- ⁷⁰ Moraes SAF de, Kairalla MC.

- Assessing knowledge of Medical undergraduate students on palliative care in end-stage disease patients. *Einstein (São Paulo)* 2010;8:162–7. <https://doi.org/10.1590/S1679-45082010AO1464>.
- ⁷¹ Vasquez Fernandez SM. Actitudes hacia la muerte en estudiantes de enfermería de una universidad pública. 2016. UNIVERSIDAD NACIONAL MAYOR DE SAN MARCOS, 2017.
- ⁷² Hilario Quispe R. Conocimientos y actitudes hacia el cuidado paliativo del paciente con enfermedad terminal de los estudiantes de IV ciclo de la especialidad de Enfermería de la Universidad Nacional Mayor de San Marcos. 2014. Universidad Nacional Mayor de San Marcos, 2016.
- ⁷³ Costa ÁP, Poles K, Silva AE. Formação em cuidados paliativos: experiência de alunos de medicina e enfermagem. *Interface - Comun Saúde, Educ* 2016;20:1041–52. <https://doi.org/10.1590/1807-57622015.0774>.
- ⁷⁴ Pastrana T, Wenk R, De Lima L. Consensus-Based Palliative Care Competencies for Undergraduate Nurses and Physicians: A Demonstrative Process with Colombian Universities. *J Palliat Med* 2016;19:76–82. <https://doi.org/10.1089/JPM.2015.0202>.
- ⁷⁵ Ascencio Huertas L. Educational program on death and palliative care in health professionals. *Psicooncologia* 2019;16:177–90. <https://doi.org/10.5209/PSIC.63654>.
- ⁷⁶ Fortín Magaña MA, Portillo Santamaría K, Gómez Casanovas J, López Saca M. Teaching of palliative care in medical schools in El Salvador. *Educ Medica* 2019;20:143–7. https://doi.org/10.1016/J.EDUMED.2017.09.010/TEACHING_OF_PALLIATIVE_CARE_IN_MEDICAL_SCHOOLS_IN_EL_SALVADOR.PDF.
- ⁷⁷ Romero Ramírez ÁJ. Inventario de recursos de cuidado paliativo para pacientes con cáncer en IPS de Bogotá. Universidad Javeriana, 2009.
- ⁷⁸ Sánchez Martínez RT, Molina Cardona EM, Gómez-Ortega OR. Intervenciones de enfermería para disminuir la sobrecarga en cuidadores: un estudio piloto. *Rev Cuid* 2016;7:1171. <https://doi.org/10.15649/cuidarte.v7i1.251>.
- ⁷⁹ Baliza MF, Bousso RS, Spineli VMCD, Silva L, Poles K. Palliative care in the home: perceptions of nurses in the Family Health Strategy. *Acta Paul Enferm* 2012;25:13–8. <https://doi.org/10.1590/s0103-21002012000900003>.
- ⁸⁰ Herrera Vallejos R. Cuidados paliativos en pacientes con cáncer en la ciudad de León, julio a noviembre 2016. Universidad Nacional Autónoma de Nicaragua, 2018.