The fifth edition of the book Humanization and Palliative Care, published in 2011, with 344 pages, was organized by Leo Pessini and Luciana Bertachini, professors from the São Camilo University Center. The construction of the book had the participation of 23 coworkers, including nurses, doctors, psychologists and other professionals specialized in the areas.

The book has 21 chapters, divided into two parts: the first focuses on the humanization and the second brings the issue of palliative care in healthcare field. The themes are conducted by the authors, with a focus on the challenge for humanizing the caring act, and reinforce the importance of knowing and working the palliative care.

In the first three chapters, factors that influenced the healthcare dehumanization in the current scenario are demonstrated. The authors present a historical outline, by covering, mainly, the technological evolution of the hospitals, with the use of modern machines and next-generation devices, often, at the expense of the human subjectivity valorization. They also state that there is a recipe for the humanization, but see the ethical conduct as an evaluative tool capable of rescuing the human dignity.

The fourth chapter, which is entitled “The caring and the dreaming: For another view of the therapeutic action and the educational act” leads us to reflect that, although different, educational and therapeutic functions are based on the structure of the maternal role and, as such, the early life experiences are the basis for the care experience, which is complex and requires a permanent exercise with the emotions of another human beings.

The issue of the care humanization in the hospital environment is present in the fifth chapter, where the concern about the human being and its multiple dimensions is treated, showing that technology should help in the health/disease process, but should not be above ethical values. The authors suggest “possible pathways” in the care humanization in the hospital environment, showing, for example, the importance of the machine in service to the professional, but never replacing it.

The three subsequent chapters bring about the discussion on the humanized care in the old age. Firstly, they emphasize that humanizing the old age is respecting the human dignity and the life itself, besides promoting the social justice. In this scenario, it emerges the importance of communication as a humanizing factor, since the listening and the speaking are single opportunities for including the elderly person in the environment, whether it is hospital or family.

Finally, the humanization in the end-of-life stage is treated, highlighting the importance of providing comfort to the elderly person and its family, being that this practice is multidisciplinary, by requiring technical, scientific and ethical skills.
A reflection on the death in a humanized form is proposed in chapters nine and ten. The basis for dealing with the life terminality is adopting an ethical stance with the family and the patient, respecting the quirks, longings and beliefs. The professional preparation and the presence of a multidisciplinary team are essential factors to deal with the death process.

From the eleventh chapter, the issue of palliative care is addressed. The expression is still little known in the current society, mainly, due to the Western culture of eternal youth, where death is hidden and/or seen as “something distant”. Although there are reports of palliative care since the Middle Ages, the World Health Organization only recognized, according to the authors, the importance of palliative care from the year 1990.

A historical outline on the palliative care is performed in the twelfth chapter: “The philosophy of the palliative care”, where we met several authors’ visions guided by the philosophy. Furthermore, the ethical principles of the palliative medicine are mentioned: truthfulness, therapeutic proportionality, double effect, prevention, non-withdrawal and, lastly, pain treatment. The author presents us with opinions from renowned authors, as well as positions of several educational institutions from different countries. Chapter thirteen complements the thought by bringing the study of the spirituality as a crucial factor to deal with the palliative care.

The Chapters fourteen and fifteen discuss on the palliative care in the assistance to patients with AIDS and cancer. It should be remembered that AIDS has no cure, leaving the palliative care to help in the reduction of the mental, spiritual and social suffering of the patient and its family members. By arguing about cancer, the female author associates oncological pain with suffering, not only physical, so that the use of measures such as educating, welcoming, supporting and relieving discomforts become strategies to ease the suffering of oncological patients.

The communication and its meaning, whether it is verbal or non-verbal, is the focus of chapters sixteen and seventeen. According to the authors, healthcare professionals should seize the opportunities, valorizing the time with the patient and, from the communication, providing dignified life and/or death. Furthermore, the touch and the affection should be valued, as several studies show the importance of the attitude in successful experiences.

Palliative care procedures in Brazil are discussed from a historical retrospective, indispensable for anyone who wants to understand the pathways of such care in our country. The issue won strength from the foundation, in 1997, of the Brazilian Association for Palliative Care, which is responsible for encouraging researches on the theme at stake, promoting discussions, training professionals and disseminating its work to society at large.

In the last three chapters, the bereavement becomes the underlying theme of discussion. The importance of the multidisciplinary team is once again highlighted, being that the care for the caregiver shows up as a relevant concern of the authors, since these people daily live with high stress levels. The author shows that one should be careful with the training of these professionals, caregivers, taking into account their emotions and critical positioning.

In the last chapter, there is a dialogue between terminality and spirituality based on the Brazilian medical ethics codes. The chapter makes a resumption of the eight medical ethics codes that had already been in force in Brazil, by showing the evolution of the palliative care, in the terminality and in the dimensions of the death humanization.

Given the aforementioned, the book is presented as a current, motivational and enlightening tool for students, healthcare professionals and, even, to laity in the matter, since it helps to reflect on the humanization and on the palliative care. The didactic, clear and objective form in which the book is presented assists in the formation of new gazes for the nursing field, awakening the holistic, ethical and human care.

REFERENCE


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Correspondence Address
Alessandra Gurgel Câmara
Universidade Federal do Rio Grande do Norte
Departamento de Enfermagem
BR 101, s/n – Campus Universitário
Bairro Lagoa Nova
CEP: 59072-970 – Natal (RN), Brazil