

The role of Occupational Therapy in palliative care: integrative review**A atuação da Terapia Ocupacional nos cuidados paliativos: revisão integrativa****La actuación de la Terapia Ocupacional en los cuidados paliativos: revisión integradora****Veronique Satsuki Yamasaki¹, Tatiana Barbieri Bombarda²****Received: 20/05/2021 Accepted: 04/06/2022 Published: 30/09/2022**

Objective: to identify and analyze the scientific production on the role of occupational therapists in palliative care. **Methods:** an integrative review, carried out in 2019, in a timeless way, focusing on journals in the area and the databases Web of Science, Scientific Electronic Library Online, Latin American and Caribbean Literature on Health Sciences and Cumulative Index to Nursing and Allied Health Literature, focusing on the descriptors occupational therapy and palliative care. Data were interpreted by descriptive statistics and thematic analysis. **Results:** 24 articles were considered with four thematic categories: *Symptom control*; *Maintenance of functionality and independence*; *Quality of life*; and *Difficulties in palliative practice*. **Conclusion:** production has increased in the last decade, especially in the last five years, in the case of Brazil. Also, it was found that the performance is based on the occupational repertoire and meanings attributed, and the actions are aimed at life projects and preparation for death.

Descriptors: Palliative care; Occupational therapy; Delivery of health care.

Objetivo: identificar e analisar a produção científica sobre a atuação dos terapeutas ocupacionais em cuidados paliativos. **Método:** revisão integrativa, realizada em 2019, de modo atemporal, focando revistas da área e as bases de dados Web of Science, Scientific Electronic Library Online, Literatura Latinoamericana e do Caribe em Ciências da Saúde e, Cumulative Index to Nursing and Allied Health Literature, com foco nos descritores “terapia ocupacional” e “cuidados paliativos”. Os dados foram interpretados por estatística descritiva e análise temática. **Resultados:** considerou-se 24 artigos com quatro categorias temáticas: *Controle de sintomas*; *Manutenção de funcionalidade e independência*; *Qualidade de vida*; e *Dificuldades na prática paliativa*. **Conclusão:** as produções têm aumentado na última década, sobretudo nos últimos cinco anos, no caso do Brasil. Também verificou-se que a atuação pauta-se no repertório ocupacional e significados atribuídos, sendo as ações voltadas a projetos de vida e preparação para morte.

Descritores: Cuidados paliativos; Terapia ocupacional; Atenção à saúde.

Objetivo: identificar y analizar la producción científica sobre la actuación de los terapeutas ocupacionales en los cuidados paliativos. **Método:** revisión integradora, realizada en 2019, de forma atemporal, centrándose en revistas del área y en las bases de datos Web of Science, Scientific Electronic Library Online, Literatura Latinoamericana y del Caribe en Ciencias de la Salud y Cumulative Index to Nursing and Allied Health Literature, centrándose en los descriptores “terapia ocupacional” y “cuidados paliativos”. Los datos se interpretaron mediante estadística descriptiva y análisis temático. **Resultados:** Se consideraron 24 artículos con cuatro categorías temáticas: *Control de los síntomas*; *Mantenimiento de la funcionalidad e independencia*; *Calidad de vida*; y *Dificultades en la práctica paliativa*. **Conclusión:** las producciones han aumentado en la última década, especialmente en los últimos cinco años, en el caso de Brasil. También se ha comprobado que la actuación se ajusta al repertorio ocupacional y a los significados atribuidos, convirtiendo las acciones en proyectos de vida y de preparación para la muerte.

Descritores: Cuidados paliativos; Terapia ocupacional; Atención a la salud.

Corresponding Author: Veronique Satsuki Yamasaki – E-mail: vero.satsuki@gmail.com

1. Center of Specialties in Occupational Therapy (CETO), São Paulo/SP, Brazil. ORCID: 0000-0002-4840-6953 Email: vero.satsuki@gmail.com

2. Department of Occupational Therapy, Universidade Federal de São Carlos/SP, Brazil. ORCID: 0000-0002-9478-7945 Email: tatibb_to@yahoo.com.br

INTRODUCTION

The advancement of scientific and technological knowledge made it possible to expand the resources and treatments used in the health area, one of the most significant impacts of this evolution being the increase in life expectancy of the world population¹.

According to the Brazilian Institute of Geography and Statistics - IBGE, it is estimated that, in the next 10 years, there will be an average yearly increase of 1.0 million in the elderly population, with a projection for the year 2030 of 41.5 million elderly people and 73.5 million for the year 2060². Associated with this phenomenon are the increasing rates of Chronic Noncommunicable Diseases (NCDs) such as cancer, diabetes, cardiovascular, chronic respiratory and neuropsychiatric diseases, which are conditions characterized by long-term duration with progressive evolution³.

NCDs interfere with functionality and occupational performance, affecting people's quality of life and contributing to an increase in the number of premature and preventable deaths. The costs to health services rise due to the development of comorbidities and expensive treatments for the State and the family³.

This scenario is a challenge in health practices, since its professionals and services are not properly prepared to care for patients who suffer from a chronic disease and the process of mortality. Due to the training of health professionals still based on the healing paradigm, the death of a patient is seen as a professional failure in which procedures are resorted to reversing the clinical condition and prolonging life in an unnatural way, causing the patient to experience of futile and high-cost interventions that promote suffering^{1,4-5}.

In this context, the Palliative Care (PC) approach is presented as a strategy for qualification and humanization of assistance to patients with serious diseases and poor prognosis⁴. PC involves the prevention and control of physical symptoms, especially pain, in order to ensure greater comfort and dignity in the process of mortality, demanding an integral view of the patient, covering the different dimensions of suffering (physical, psychological, social and spiritual) and bringing together both family and caregivers and the health team in the care process, based on the understanding that everyone involved is susceptible to suffering^{4,6-7}.

It is recommended that the beginning of palliative care occurs from the moment of diagnosis of the potentially life-threatening disease and that it lasts until after the patient's death, in the family mourning process⁴.

Among the principles of palliative care is the focus on the needs of patients and their families through a multiprofessional approach, which is configured as a work strategy aimed at understanding the multidimensionality of the subject, given the understanding that the patient, their family and caregivers have a wide spectrum of demands and sufferings of different natures⁴.

In this perspective, each specialty can contribute to the comprehensive care of the patient, with the work of the occupational therapist focused on comfort and quality of life by favoring the reorganization of occupational life, reducing injuries and building strategies to cope with the processes of illness and hospitalization that directly affect the interpersonal relationships of the patient and their family⁸⁻⁹.

Although this professional is part of the multidisciplinary work in palliative care, publications on the subject in the scope of occupational therapy are still limited when compared to other specialties and are guided by directions on the importance of contributions to occupational therapeutic care and not enough in resources and approaches used, which makes it difficult to produce evidence-based practices¹⁰. Thus, this study aims to identify and analyze the existing scientific production on the role of occupational therapists in palliative care.

METHODS

This is an integrative review, which consists of the synthesis and analysis of the production, enabling the systematization of scientific knowledge in order to highlight the evolution of the theme over time, showing what has already been produced and possible opportunities for further investigations and integrating opinions, concepts and research ideas¹¹.

The search sources used for data collection were the digital databases of the three Brazilian Occupational Therapy journals (Brazilian Journals of Occupational Therapy, Occupational Therapy Journal of USP and the Interinstitutional Brazilian Journal of Occupational Therapy - REVISBRATO) and the Web of Science databases, Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature on Health Sciences (LILACS) and Cumulative Index to Nursing and Allied Health Literature (CINAHL). The guiding question formulated corresponded to: "*How has the scientific production of Occupational Therapy in Palliative Care been developed?*".

The Descriptors in Health Sciences (DeCS) were defined in the search: *cuidados paliativos*/palliative care and *terapia ocupacional*/occupational therapy, and the descriptor "*cuidados paliativos*" was used in the search carried out directly in the Brazilian journals of

Occupational Therapy while for the searches in the databases, the association of the descriptors “palliative care” and “occupational therapy” was used through the Boolean operator “AND”. The searches were carried out between April and May 2019. It was decided not to carry out temporal cuts.

The inclusion criteria established for the selection of scientific articles corresponded to: articles available in full online, in Portuguese, English or Spanish, and with theoretical or practical scope whose main focus was the work of the occupational therapist in palliative care. Exclusion criteria were: theses, dissertations and reviews, as well as those publications that involved articles that, despite bringing notes of Occupational Therapy in palliative care, were given in a secondary way.

In the data analysis phase, simple descriptive statistics and thematic analysis were used¹²⁻¹³. When reading the articles, an article was considered to be part of more than one thematic category.

RESULTS

Initially, 328 articles were identified, of which 78 studies were excluded by repetition and 108 were eliminated through exclusion criteria. The titles and abstracts of the 142 remaining studies were read and 91 were excluded for not mentioning the role of occupational therapy in palliative care as a central theme.

Afterwards, 51 studies were read in full to check their relevance. In this procedure, 27 articles were excluded for not specifically addressing the role of occupational therapy in palliative care, a factor that resulted in 24 articles considered. Most studies consist of original articles (No=20), followed by essays (No=3) and case study (No=1) and with qualitative approaches (No=23).

As approaches, one article involved the role of occupational therapy in palliative care with the pediatric public, two articles brought the perception of other health professionals about the role of occupational therapy in palliative care and two others brought the vision of patients and caregivers who have for interventions with the occupational therapy service in palliative care. The others presented general descriptions of the occupational therapist's actions in palliative care or focused on the interview with occupational therapists who worked in this area, without specifying the target audience.

Of these, it was found that six of them included palliative care in cancer care. It was identified that part of the productions were published in the last five years (No=13) and that

these were predominantly configured as international publications (No=18) as detailed in Table 1.

Table 1. Articles considered about occupational therapy and palliative care. Sao Carlos, SP 2019.

Article	Title	Authors	Year	Journal
1	A study of occupational therapy interventions in oncology and palliative care	Cooper J, Littlechild B ¹⁴	2004	International Journal of Therapy and Rehabilitation
2	An evaluation of the domiciliary occupational therapy service in palliative cancer care in a community trust: a patient and carers perspective	Kealey P, Mcintyre I ¹⁵	2005	European Journal of Cancer Care
3	Improvement of feeding independence in endI stage cancer patients under palliative care—a prospective, uncontrolled study	Lee WTK, Chan HF, Wong E ¹⁶	2005	Support Care Cancer
4	The Hospice Nurse and Occupational Therapist: A Marriage of Expedience	Marcil WM ¹⁷	2006	Home Health Care Management & Practice
5	Lessons in living and dying from my first patient: An autoethnography	Warne KE, Hoppes S ¹⁸	2009	Canadian Journal of Occupational Therapy
6	Occupational therapy in palliative care: Is it under-utilised in Western Australia?	Halkett GKB, Cicarelli M, Keesing S, Aoun S ¹⁹	2010	Australian Occupational Therapy Journal
7	Is occupation missing from occupational therapy in palliative care?	Keesing S, Rosenwax L ²⁰	2011	Australian Occupational Therapy Journal
8	The Role of Occupational Therapy in End-ofT Life Care	Burkhardt A, Ivy M, Kannenberg KR, Low JF, Marc-Aurele J, Youngstrom MG ²¹	2011	American Journal of Occupational Therapy
9	Palliative care	Queiroz MEG ²²	2012	Brazilian Journals of Occupational Therapy
10	Palliative Care in Hospitalized Children and Adolescents with Cancer: the Role of Occupational Therapy	Garcia-Schinzari NR, Sposito AMP, Pfeifer LI ²³	2013	<i>Revista Brasileira de Cancerologia</i>
11	A Qualitative Review of Occupational Therapists' Listening Behaviors and Experiences When Caring for Patients in Palliative or Hospice Care	Davis J, Asuncion M, Rabello J, Silangcruz C, van Dick E ²⁴	2013	OTJR: Occupation, Participation and Health
12	A service evaluation of a specialist community palliative care occupational therapy service	Phipps K, Cooper J ²⁵	2014	Progress in Palliative Care
13	Utilizing participation in meaningful occupation as an intervention approach	Ahworth E ²⁶	2014	Palliative and Supportive Care

	to support the acute model of inpatient palliative care			
14	Promoting health and well-being at the end of life through client-centered care	Pizzi MA ²⁷	2015	Scandinavian Journal of Occupational Therapy
15	Palliative care in home care: perceptions of occupational therapists	Portela SG, Galheigo SM ²⁸	2015	Brazilian Journals of Occupational Therapy
16	Role of occupational therapy to women with breast cancer in palliative care	Faria NC, Carlo MMRP ²⁹	2015	Occupational Therapy Journal of USP
17	Patients' and caregivers' perceptions of occupational therapy and adapting to discharge home from an inpatient palliative care setting	Marston C, Agar M, Brown T ³⁰	2015	British Journal of Occupational Therapy
18	"It's not about treatment, it's how to improve your life": The lived experience of occupational therapy in palliative care	Badger S, Macleod R, Honey A ³¹	2016	Palliative and Supportive Care
19	Contribution of the occupational therapy intervention in Palliative Care	Baltazara HMC, Pertanab SCC, Santana MRR ³²	2016	Brazilian Journals of Occupational Therapy
20	The 'Cancer Home-Life Intervention': A randomised controlled trial evaluating the efficacy of an occupational therapy-based intervention in people with advanced cancer	Pilegaard MS, Cour K, Oestergaard LG, Johnsen AT, Lindahl-Jacobsen L, Højris I et al. ³³	2018	Palliative Medicine
21	The Reality and Potential of Occupational Therapy Within Hospice Care	Martin E, Herkt J ³⁴	2018	New Zealand Journal of Occupational Therapy
22	Mapping the scope of occupational therapy practice in palliative care: A European Association for Palliative Care cross-sectional survey	Eva G, Morgan D ³⁵	2018	Palliative Medicine
23	Occupational engagement of people living with a life-limiting illness: Occupational therapists' perceptions	Hammill K, Bye R, Cook C ³⁶	2019	Australian Occupational Therapy Journal
24	The occupational therapy intervention with people in hospitalization using the palliative care approach	Trevisana AR, Reksua S, Almeida WD, Camargo MJG ³⁷	2019	Brazilian Journals of Occupational Therapy

Four thematic categories were constructed: 1) *Symptom control*, 2) *Maintenance of functionality and independence*, 3) *Quality of life* and 4) *Difficulties in palliative practice*, as explained in Table 2.

Table 2. Thematic categories emerged in the productions raised on palliative care and occupational therapy. Sao Carlos, SP, 2019.

Thematic Categories	Article
<i>Symptom control</i>	1; 2; 4; 5; 6; 7; 8; 9; 10; 12; 13; 14; 15; 16; 18; 19; 21; 22; 23; 24 – (20 article)
<i>Maintenance of functionality and independence</i>	1; 2; 3; 5; 6; 7; 8; 9; 10; 12; 13; 14; 15; 16; 17; 18; 19; 20; 22; 23 – (20 article)
<i>Quality of life</i>	2; 4; 5; 6; 7; 8; 9; 10; 11; 13; 14; 15; 16; 17; 18; 19; 21; 23; 24 – (19 article)
<i>Difficulties in palliative practice</i>	2; 6; 7; 9; 12; 13; 15; 17; 18; 19; 21; 22; 24 (13 article)

DISCUSSION

Symptom control

Promoting relief from pain and other unpleasant symptoms is one of the principles of palliative care. In this regard, several studies mentioned practices developed by occupational therapists to help control symptoms.

The main symptoms mentioned were pain and fatigue, anxiety and sadness. The control of these factors is presented as essential for the patient to satisfactorily perform their occupations and maintain their autonomy and independence within the conditions of the clinical condition.

In one study, symptom control was identified as the fourth most frequent reason for referrals to occupational therapy, the first being the prescription of assistive technology resources, the second being home adaptations and the third being preparation for hospital discharge²⁵.

Involvement in significant occupations is reported as a form of symptom control, as they remove the focus from the predominant symptoms and transfer this attention to occupational performance.

As actions reported by occupational therapists in the control of disabling symptoms that are linked to physical and psychological declines, the use of energy conservation techniques, joint protection, bed positioning, relaxation techniques, self-massage, adaptations of Activities of Daily Living (ADLs), reception, instrumentation of the caregiver, prescription of orthoses, assistive technology resources and indication of adaptations at home are presented.

In a study developed with women with breast cancer in palliative care, it was identified that actions such as welcoming patients and their caregivers associated with the

instrumentalization of care were presented as auxiliary strategies in minimizing symptoms such as sadness and anxiety²⁹.

Symptom control was expressed as essential for the feasibility of other goals of occupational-therapeutic practice, such as: minimizing the effects of illness and hospitalization, promoting comfort, independence and quality of life, as well as assisting in the process of functional losses and their impacts in everyday life.

Maintenance of functionality and independence

In this category, one of the mentioned goals is offering a support system that allows the patient to live as actively as possible, until the moment of their death.

In a survey regarding the performance of occupational therapy in PC in Europe, bringing together 237 participants of different nationalities, the promotion of independence and autonomy was stated as the second most cited proposal by professionals, the first being the prescription of adaptations for the performance of ADLs³⁵.

Among the actions described in the studies to provide greater independence and autonomy to the patient, training and adaptation of ADLs, environmental adaptations in the patient's home context, guidance to the patient and caregiver, non-pharmacological measures to control symptoms and prescription and preparation of assistive technology resources.

In the context of children and youth, the promotion of play was referred to as a resource aimed at rescuing the potential of children and adolescents in PC, stating that involvement in this occupation and the use of the ludic repertoire increases autonomy, develops occupational performance skills and promotes an active life, preserving functionality and independence as long as possible²³.

The preservation and maintenance of active life and independence in occupations emerged as one of the goals of occupational therapy in PC.

In an investigation carried out in Hong Kong with oncology patients, hospitalized and in PC, the activity of daily living of eating before, during and after training with adaptations carried out by occupational therapists was evaluated¹⁶. Orthoses were made to better position the upper limbs of the patients at the time of feeding, adaptations were made to the cutlery and containers in which the meals were served, positioning techniques associated with energy conservation and ADL training were applied to achieve as much independence as possible. There was an improvement in the levels of independence of patients in terms of feeding performance and sense of usefulness, a factor that contributes to the patient's self-esteem, well-being and quality of life¹⁶.

Quality of life

Many articles described quality of life as one of the pursuits of occupational therapy in the practice of PC. In this aspect, the rescue of a significant occupation emerged as the main resource used.

Based on the principle of improving quality of life and that of its individuals, it will influence the course of the disease in their families and health professionals, ensuring the involvement of patients and caregivers as important for the representation of their biographical and exclusive users. In addition, the renovation or adaptation of occupations sought to facilitate the maintenance of occupational roles and a sense of identity with the course of a disease beyond the risk of life, promoting well-being.

The view on the performance of occupational therapy was not linked to the performance characteristics (active, assisted active or passive), but rather in the representations that this occupation had for the subject. Due to functional losses, symptoms, and disease progression, this occupation-based paradigm of care predicts that the intervention is more focused on participation, considering the meanings and affections imbricated in the occupation, even if this does not lead to an improvement in the patient's occupational performance.

The practice of occupational therapy in palliative care is not only focused on rehabilitation and independence so that the patient's life goes back to what it was before the disease, but what is important and meaningful to them at that moment. Patients in end-of-life care maintain desires, interests and wishes, and the occupational therapist's role is to facilitate the interaction between being, doing, allowing oneself and transforming oneself in this process. In the occupational therapeutic repertoire, the use of adaptations of environments and forms of performance, investment in bonds and validation of what is manifested as important by the user and their family members²⁷.

In another research, seven occupational therapists in New Zealand were interviewed, gathering reports of cases in which occupations with purpose and meaning were used as a way to facilitate goodbyes, construction of personal projects, socialization and well-being of the family and the user³⁴.

Another study found that patients wanted to remain involved in occupations, however, for this to be possible, it was necessary to adapt occupational participation progressively throughout the course of the disease, that is, the intervention was adapted according to the stage of the disease and the remaining capacities of the patient³⁶.

This adaptation, with an emphasis on quality of life, was divided into two perspectives: life project and preparation for death³⁶. The life project phase is characterized by investment

in actions that seek to maintain the occupations and occupational roles listed as important by the patient. Therefore, it was necessary to analyze occupational priorities, with the occupational therapist being the facilitator of the process of identifying important occupations to be maintained and adapted³⁶.

The stage of preparation for death, on the other hand, occurs with the decline in occupational performance promoted by the progression of the disease, when the occupational therapist's priorities focus on helping practical issues. Among the actions described, it was visualized the planning with the patient about the type of rituals desired after their departure, the facilitation of goodbyes, the construction of products (letters, videos, poems, paintings, and others), in which the patient left something for their family as a gift, the favoring of resources that facilitate communication at the end of life, considering that goodbye is an important moment for the closing of the patient's socio-occupational repertoire³⁶.

Regarding interventions with family members of PC users, actions such as: reception, assistance in the establishment of new care routines and mourning support were mentioned³⁶.

Difficulties in palliative care

Obstacles were mentioned in four aspects: a) difficulties related to the specificities of end-of-life care, b) difficulties associated with the recognition of the profession, c) difficulties linked to training and scientific research, and d) difficulties due to lack of resources and structuring of palliative care services.

A challenge imposed on occupational therapists is to deal with the functional limitations caused by symptoms, slowing of movements, sensorimotor alterations, physical weakness and progressive loss of independence and autonomy in ADLs and Instrumental Activities of Daily Living - IADLs, factors that in general are present in mortality. The rapid progression of the disease requires flexibility from the professional to adapt to changes and or prioritization of demands in an assertive way, a factor that can sometimes generate frustration in the professional for leaving projects and interventions unfinished.

Occupational therapists surveyed in PC studies perceive their practice as defined by actions of prescribing assistive technology resources and devices, adaptations at home and preparation for discharge, which denotes a reductionist view when considering the scope of possible practices, which is given that as one of the challenges for professional practice.

Also, as a restriction, there is the late referral made by the multiprofessional team due to the lack of understanding of what could be done. Some studies showed that the team's understanding of the occupational therapist's work was limited to prescribing resources,

adapting the home and preparing for discharge, which reflected in late referrals, which occurred when the patient was close to going home. This factor restricted actions, limiting possible benefits to the patient if addressed at an earlier stage.

The lack of knowledge about the practice of occupational therapy within the PC is also present from the perspective of patients and caregivers. Some interviewees listed the occupational therapist as the professional responsible exclusively for the actions of prescribing assistive technology resources and organization in the discharge process; while other participants did not know how to differentiate the work of occupational therapy from other professions that make up the multidisciplinary team.

Another difficulty expressed refers to the training process, which, in an incipient way, encompasses contents linked to PC. The fragility in training makes it difficult to build clinical reasoning in the face of cases, often implying mechanized actions, discontinuous interventions, professional frustration in the face of the high level of commitment in the patient's occupational performance, associated with the clinical condition and proposition of therapeutic actions disconnected from meaning for the user.

Convergently, the reduced amount of scientific research on the subject makes it difficult to produce robust evidence on best practices, which contributes to the level of professional insecurity, directly reflecting on the difficulty of affirmation and construction by the occupational therapist, of their place within the multidisciplinary teams with security and ownership.

Still, the lack of resources and structure of specific palliative care services, as well as the reduced working hours of occupational therapists were also manifestations that emerged as obstacles to professional practice.

Overview of productions

There has been a significant increase in the last five years in the production of Occupational Therapy in palliative care, which may be associated with the growth of the area of palliative care in the last decade.

According to data from the Brazilian National Academy of Palliative Care - ANCP, half of the services mapped in Brazil emerged from 2010, showing that the workforce is still recent in the country³⁸, which may justify the incipience of national scientific production in the area of Occupational Therapy observed in this review.

Among the results, it was seen that actions are performed by the occupational therapist in the scope of primary health care, in hospice services, home care and, mostly, in the hospital

context. In relation to the target audience, it is important to pay attention to the fact that several studies did not bring this information, which compromises the visualization of the field of action, whether or not it occurs equally with the adult and pediatric population.

In a survey carried out by the ANCP, 177 palliative care services were identified in the national territory until August 2018, 74% of which were hospitals. In addition, only 38 mapped services provide assistance to children, demonstrating that attention to the pediatric public and at the primary health care level are still critical points in the provision of palliative services in the country³⁸.

Among the main difficulties listed in the studies, there are: lack of structuring of services, which makes networking impossible, hinders continuous follow-up in palliative care and the implementation of integrated care.

Specifically on occupational therapy practices, it was observed that the actions reported are in line with the principles of palliative care with regard to managing symptoms, maintaining functionality and guaranteeing quality of life until the patient's last moment. For this, a wide variety of actions was observed, which go through energy conservation techniques, joint protection, positioning in bed, relaxation techniques, self-massage, training and adaptations of ADLs, rescue or maintenance of significant activities, reception, instrumentation of the caregiver and prescription of assistive technology resources.

The training of ADLs was mentioned as one of the main contributions of occupational therapy in palliative care, and it is important to report that, according to COFFITO resolution No 316 of 07/19/2006, the assessment of the individual's functional skills, as well as the elaboration of the treatment and care plan, with a view to favoring the training of functions for the development of abilities to perform ADLs and IADLs, with regard to the compromised areas of motor, sensory, perceptual-cognitive, mental, emotional, behavioral, functional, cultural, social and economic of patients, is the exclusive competence of the occupational therapist³⁹.

Similarities were observed in the actions reported for the control of symptoms and for the maintenance of functionality, denoting a vision of inseparability between comfort and promotion of occupational performance. This means that there is no way to train the maintenance of functionality with the presence of symptoms, just as there is no way to stimulate occupational performance by triggering symptoms by effort; therefore, the use of non-pharmacological measures to control symptoms also described as resources used to maintain functionality.

Nevertheless, investment in occupations with purpose and meaning proved to be a central aspect of occupational-therapeutic interventions. It is understood that the

representation of occupational roles constitutes the axis of the subject's identity and the occupations carried out throughout life infers in existential and spiritual aspects. In this way, the representation and maintenance of occupational roles within palliative care become essentially important, as it helps in the establishment of the patient's identity and contributes to existential issues, such as the legacy left after death and the meaning of life even in the face of a life threatening disease.

In general, it is understood that when there is a good management of the use of time throughout life, in order to provide the satisfactory performance of occupational roles and occupations considered as important, the intervention of the occupational therapist turns to the necessary adaptations for rescue or maintenance of these, generating a sensation of comfort and satisfaction.

On the other hand, in cases when time management was not well managed throughout the life course, or when there were not enough investments in occupational roles and desirable occupations, the experience of a life-threatening diagnosis gives rise to conflicts and regrets exacerbating suffering. In this situation, the resignification of roles and occupations becomes potent strategies.

It was noted, as recommended, that the work of the occupational therapist evidences practices aimed at different stages of the illness process. In view of this, it is understood that acting within palliative care requires a line of clinical reasoning and constant care, in order to continuously evaluate and reassess therapeutic goals, since the demands and desires of the patient and family members are subject to change over the course of throughout process and progression of the disease.

Studies have shown that the role of occupational therapy in palliative care should not occur late, since there is a range of actions that can qualify and assist in occupational performance and identification of important occupations for the patient. Specifically on the stage of mortality, constructions of end-of-life projects were observed, in the sense of leaving solidified constructions for loved ones, actions that provide comfort and closure for the patient and their family.

It is noteworthy that although interventional actions in the stage of end of life could be observed in the findings, difficulties related to specificities of end-of-life care emerged as notes among the main obstacles.

It is believed that this factor is intrinsically linked to another difficulty mentioned in the work that refers to professional training. Gaps in the training process are pointed out, especially

when it comes to offering content on thanatology and palliative care within the scope of graduation.

A study involving interviews with 20 health professionals working in palliative care, presented in its results the lack of knowledge of the perspectives of PC and clinical reasoning based on healing, as some of the main barriers experienced in care in this segment, which consequently causes a feeling of impotence professional when faced with the death of the patient, evidencing the need to expand the knowledge of professionals regarding palliative care⁴⁰.

Inconsistencies in the training process can affect professional practice in difficulties in working with end-of-life patients, contributing to the development of a feeling of professional insecurity, uncertainties regarding intervention possibilities and demarcations of their role within the multiprofessional team.

Convergently, the limited scientific production weakens the production of evidence on the best practices and on the most effective techniques in the scope of palliative care, restricting the recognition of the occupational therapist.

However, it is important to note that in the last five years scientific production has increased significantly in the field of Occupational Therapy, and the path to greater appreciation is the promotion of publications with designs that allow for better evidence.

CONCLUSION

It was found that the scientific production on the role of occupational therapists in palliative care has shown significant growth in the last decade, and especially in the last five years in Brazil.

It was observed that, regarding the practices that denote a specificity of the professional performance, they are based on the occupational repertoire imbricated with assigned meanings. In this way, resources and actions are used in two ways: life projects and preparation for death.

Although the systematization of actions promoted by occupational therapists in the scope of palliative care has been carried out satisfactorily in what was verified in this review, it is believed that it is necessary to encourage research with experimental designs that allow advances in evidence regarding effectiveness of practice.

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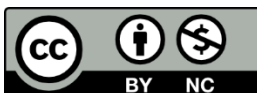
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