

## Life, finitude and dying: a phenomenological study on death with patients in palliative care

*Vida, finitude e o morrer: estudo fenomenológico sobre a morte com pacientes em cuidados paliativos*

*Vida, finitud y el morir: estudio fenomenológico sobre la muerte con pacientes en cuidados paliativos*

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 Felipe de Souza Areco<sup>1</sup>,  Carla Cristina da Silva Branco<sup>2</sup>,  Matheus Henrique Grossi Ribeiro<sup>3</sup>  
 Victória Cristina Bovo<sup>2</sup>,  Wilson José Alves Pedro<sup>4</sup>

### Abstract:

**Objective:** to understand the relationship of patients in Palliative Care with life and finitude. **Methods:** qualitative research with a phenomenological approach, carried out with patients in Palliative Care, assisted in their homes. Unstructured online interviews were used, lasting approximately 40 minutes, through the question: “*What have you done or consider most important throughout your life?*”. The data were organized into themes. **Results:** four patients participated, two female and two male. Four themes were identified: *The importance of family in the face of finitude; The perception of the spiritual dimension in the impossibility of cure; The experience of absence: how losses are revealed in the existential sense; and Final yearnings: time, desire and death.* **Conclusion:** psychological support proved to be a necessity, as it can provide resources to cope with the emotional challenges and fears related to finitude, in the Palliative Care process.

**Keywords:** Palliative Care; Life; Philosophy.

### Resumo:

**Objetivo:** compreender a relação de pacientes em Cuidados Paliativos com a vida e a finitude. **Método:** pesquisa qualitativa com abordagem fenomenológica, realizada com pacientes em Cuidados Paliativos, assistidos em suas residências. Utilizou-se entrevistas não estruturadas *online*, com duração aproximada de 40 minutos, através da questão: “*O que você fez ou considera mais importante ao longo de sua vida?*”. Os dados foram organizados em temas. **Resultados:** houve a participação de quatro pacientes, sendo duas do sexo feminino e dois do masculino. Foram identificados quatro temas: *A importância da família diante da finitude; A percepção da dimensão espiritual na impossibilidade da cura; A vivência na ausência: como as perdas se desvelam no sentido existencial; e Os anseios finais: tempo, desejo e morte.* **Conclusão:** o acompanhamento psicológico revelou-se como uma necessidade, pois pode proporcionar recursos de enfrentamento para os desafios emocionais e medos relacionados à finitude, no processo de Cuidados Paliativos.

**Palavras-chave:** Cuidados Paliativos; Vida; Filosofia.

### Resumen:

**Objective:** to understand the relationship of patients in Palliative Care with life and finitude. **Methods:** qualitative research with a phenomenological approach, carried out with patients in Palliative Care, assisted in their homes. Unstructured online interviews were used, lasting approximately 40 minutes, through the question: “*What have you done or consider most important throughout your life?*”. The data were organized into themes. **Results:** four patients participated, two female and two male. Four themes were identified: *The importance of family in the face of finitude; The perception of the spiritual dimension in the impossibility of cure; The experience of absence: how losses are revealed in the existential sense; and Final yearnings: time, desire and death.* **Conclusion:** psychological support proved to be a necessity, as it can provide resources to cope with the emotional challenges and fears related to finitude, in the Palliative Care process.

**Palabras-clave:** Cuidados Paliativos; Vida; Filosofía.

**Autor Correspondente:** Felipe de Souza Areco - felipearecopsicologo@gmail.com

1. Programa de Pós Graduação em Ciência, Tecnologia e Sociedade of the Universidade Federal de São Carlos, São Carlos/SP, Brazil; and Centro Universitário Barão de Mauá/SP, Brazil

2. Psychologist. Ribeirão Preto/SP, Brazil

3. Psychologist. Ribeirão Preto/SP, Brazil

4. Department of Gerontology of the Universidade Federal de São Carlos, São Carlos/SP, Brazil

## INTRODUCTION

**I**llness is an inevitable reality in human life, revealing vulnerability and finitude. When health is threatened, one is confronted with the possibility of death, which requires deep reflection on the meaning of life. In this process, spirituality often emerges as a fundamental element, offering comfort, purpose and connection in times of suffering. The World Health Organization (WHO)<sup>1</sup> defines health as a state of physical, mental and social well-being, and not just the absence of disease. This expanded concept of health recognizes that quality of life involves not only physical aspects, but also emotional, social and spiritual ones, since comprehensive care for a person involves considering these interconnected dimensions.

According to the WHO<sup>1</sup>, quality of life is the individual's perception of their place in life, considering their culture, values, goals and concerns. Thus, when experiencing illness, one can also experience life and finitude in different dimensions, such as redefining the phenomenon of illness, transforming pain and anguish into a deeper reflection on existence, death and time.

Although death is inevitable, it is often not reflected upon throughout life, so that people feel as if they are eternal. However, death is an essential part of the human experience, and reflecting on it is essential to understanding the complex relationship between life and death<sup>2</sup>.

Addressing death and dying is difficult, especially in a psychological context. The COVID-19 pandemic has intensified the need for health professionals to deal with the uncertainty of life and death, requiring specific skills to help patients and their families. In this context, self-care and self-knowledge are essential for the well-being of health professionals, as caring involves exchanges and reflection on the needs of both the caregiver and the recipient<sup>3,4</sup>.

Death has always been a taboo subject, associated with feelings such as pain, sadness and fear. However, throughout history, the perception of death has changed. In the Middle Ages, death was natural and close to the family, with the dying being mourned at home and being able to express their wishes about the end of life<sup>5</sup>. From the 19<sup>th</sup> century onwards, death became more dramatic, creating difficulties in accepting and suffering the loss of loved ones<sup>6</sup>. Death was less feared and more discussed in the past, whereas today it is often avoided, causing loneliness and anguish for those who face it.

Death is the end of life, but dying is the process that precedes this end. According to Heidegger<sup>2</sup>, death is an existential possibility, and the human being is, essentially, a being for death.

Finitude is a constant throughout human life, from childhood to old age. Although many people do not reflect on death until old age, finitude is present at all stages of life. In old age, death becomes more palpable, with the losses accumulated throughout life. Although finitude

may arise unexpectedly, the way each person deals with it varies, and that is what really matters.

Palliative Care does not seek to cure diseases, but focuses on caring for the patient and their subjectivity. The aim is to promote quality of life, alleviate suffering and help the patient to give new meaning to life in the face of finitude<sup>7</sup>. The practice is indicated when the progression of the disease threatens the continuity of life, providing care that goes beyond the search for a cure. In this context, spirituality plays a crucial role in coping with illness and death. It offers a sense of transcendence, providing comfort and hope in times of suffering. For many patients, spirituality is a source of strength, helping to deal with emotional and existential pain. Therefore, integrating this dimension into palliative care is essential for holistic and humanized care.

Although Palliative Care in Brazil is relatively new, having begun in the 1980s, there are already several programs in the country. The Brazilian Association of Palliative Care (*Associação Brasileira de Cuidados Paliativos* - ABCP) and the National Academy of Palliative Care (*Academia Nacional de Cuidados Paliativos* - ANCP) are important milestones in the development and dissemination of this practice in Brazil<sup>8</sup>.

The inclusion of Palliative Care in health training courses has been advocated to increase awareness of the importance of this care and reduce the taboo related to finitude. Resolution 1.845/08 of the Brazilian Federal Council of Medicine, which made Palliative Care an area of medical practice, was a significant advance in this regard.

The psychologist plays a fundamental role in Palliative Care, helping to alleviate psychological suffering and anguish in the face of death. They can help both the patient and the family to deal with the illness, promoting dialogue and understanding among all involved. The psychologist also helps to build internal resources to cope with the illness and the emotional difficulties associated with finitude<sup>10</sup>.

Listening and welcoming are essential to the work of the psychologist, who must establish a solid therapeutic relationship with the patient, facilitating communication and mutual understanding. The interaction between patient and multidisciplinary team, including the psychologist, is fundamental to the quality of treatment in Palliative Care.

Palliative Care is understood as a treatment that does not focus on the disease to be cured, but rather on the patient and all the subjectivity that surrounds them. The actions of this practice prioritize individualized care and attention, both for the patient and their family<sup>2</sup>.

From the moment the progression of the disease takes its toll on the individual, the practice of Palliative Care becomes necessary, as it is the way the subject finds to continue

fighting for something, not only for the possibility of living, but also for the quality, enjoyment and, above all, the redefinition of life. Thus, when it comes to defining Palliative Care, we no longer talk about the end of life, but rather about diseases that threaten its continuity<sup>2</sup>.

The suffering felt and expressed after the announced death brings about reflection on the subjectivity of the path that must be taken forward. The patient who receives a diagnosis of a serious and incurable disease can follow two intertwined paths, but which are seen as very different. The first, and perhaps the most common, is the path of a set of feelings such as fear, insecurity, doubt, uncertainty, among others that paralyze the individual and prevent them from moving towards re-signification. The second is the path of finding the meaning of life and existence, in which the individual makes an internal and external search for their essence and the essence of the people around them, as they find themselves in their moment of greatest wisdom, the encounter with their own finitude<sup>4</sup>.

In Brazil, Palliative Care is still a recent subject, having begun in the 1980s, with the first Palliative Care service in Brazil appearing in the state of Rio Grande do Sul in 1983, then in Santa Casa de Misericórdia of São Paulo, in 1986, and soon after in the states of Santa Catarina and Paraná. The National Cancer Institute (*Instituto Nacional do Câncer* - INCA), of the Brazilian Ministry of Health opened in 1998 - the hospital Unit IV, was exclusively dedicated to Palliative Care<sup>1</sup>.

In 1997, the Brazilian Association of Palliative Care was created, which promoted the practice of disseminating the philosophy of Palliative Care in Brazil. Later, in 2000, the São Paulo State Employee Hospital Program was created, which initially treated patients with metastatic cancer and, in 2003, a Palliative Care ward was created<sup>1</sup>.

Thus, this study aims to understand the relationship of patients in Palliative Care with life and finitude.

## METHODS

This is a qualitative study conducted from June to September 2023, which adopted the phenomenological method, based on Husserl's ideas, whose approach seeks to understand the essence of phenomena based on perception and intentionality. Intentionality refers to the meaning attributed to an experience or object, considering it in its entirety. Phenomenological reduction, a central tool of this methodology, allows us to investigate phenomena as they present themselves in the moment experienced<sup>2,3</sup>.

From a phenomenological perspective, aspects such as pain, suffering and finitude are approached as experiences intrinsic to human existence. Heidegger, in "Being and Time"<sup>2</sup>,

explores death as a phenomenon that highlights the limitation of "being-there" and reinforces the uniqueness of each individual when confronting the reality of their own existence. These concepts are particularly relevant in the context of Palliative Care, in which participants face health conditions that highlight the fragility and transience of life.

Unstructured interviews were conducted with individuals undergoing palliative care treatment, living in Brazil, selected using the "snowball" sampling technique, in which one participant indicated other potential interviewees.

The interviews were conducted remotely, via Google Meet™, and were scheduled in advance according to the availability and comfort of the researchers. Each interview lasted an average of 40 minutes. To ensure the quality and integrity of the data, the reports were recorded, transcribed in full and analyzed<sup>3</sup>.

The inclusion criteria were: age over 18 years and ability to express oneself verbally, and exclusion criteria were those with significant communication difficulties.

The data analysis consisted of reading the transcripts in full, identifying the units of meaning and summarizing the emerging themes<sup>3</sup>. The aim was to interpret individual experiences, translating them into a technical language that respected depth, focusing on the experiences and perceptions of the participants, bringing to light subjective and unique aspects of coping with life and finitude in the context of palliative care.

The study was approved by the Research Ethics Committee of the Centro Universitário Barão de Mauá, according to Opinion No. 6,057,424, respecting the parameters of Resolution No. 466/2012, which regulates research involving human beings. All participants signed the Informed Consent Form, were informed about the objectives, procedures and possible implications of the research and were identified with pseudonyms to protect their identities. The research was conducted in a way that minimized risks to the participants, such as potential emotional distress when recalling difficult experiences. If necessary, the researchers were prepared to offer psychological support.

## RESULTS

Four people participated in the context of palliative care, namely:

- *European Red Admiral Butterfly*: Hospital psychologist, 44 years old, married, diagnosed with breast and endometrial cancer in 2013, starting treatment in the same year;
- *Monarch Butterfly*: Retired, 62 years old, widowed, diagnosed with pulmonary emphysema in 2018, starting treatment in 2022;

- *Blue Morpho Butterfly*: Retired, 83 years old, married, diagnosed with prostate cancer in 2017, starting treatment in 2023;
- *Peacock Butterfly*: Retired, 60 years old, married, diagnosed with liver cirrhosis and liver cancer in 2018, starting treatment in 2022.

Four themes were constructed from the interview transcripts: *The importance of family in the face of finitude*; *The perception of the spiritual dimension in the impossibility of cure*; *The experience of absence: how losses are revealed in the existential sense*; and *Final yearnings: time, desire and death*.

### ***The importance of family in the face of finitude***

Many patients who were in a process as sensitive as Palliative Care tended to consider or reconsider the family as one of the main sources of support and security.:

*We end up realizing that we can't handle everything, we start to prioritize time with family and we understand that this is illusory, so we reframe and accept, because we need to move forward, and when there is acceptance, everything ends up flowing better and in a more positive way.* (European Red Admiral Butterfly, 44)

Recognition of the role of the family as a foundation and source of support:

*I talk to them, I call to find out how they are, because they are all worried, because in my family, I lost a sister, two, three, four brothers, five with my father, all to cancer.* (Blue Morpho Butterfly, 83)

From this, it is also observed that the possibility of the death of a family member ends up impacting the entire family circle and all the relationships within it. Thus triggering feelings and reactions that develop the process of anticipatory mourning, the reason for which is the possibility of a loss.

### ***The perception of the spiritual dimension in the impossibility of cure***

Spirituality fills the void that arises when one becomes ill or when death approaches, seeking completeness, closing the cycle of being in the world, easing pain and facilitating acceptance of grief, building support that transcends oneself. Thus, in the face of finitude, spirituality has been extremely important, both for family members and patients, helping to make this moment of pain as serene as possible.

The expression used by the Peacock Butterfly “for what and not why” offers a unique and introspective reflection on existential questions of “for what”, this movement of the Peacock Butterfly follows the sense of understanding and the search for meaning in the purpose of phenomena. This reveals the restlessness about the meaning of his own journey, seeking to understand the order of events in the face of the uncertainty of what is to come, delving into the essence of being:

*My God, I want it to end, but that's not the way, so I always question the why and not the why.* (Peacock Butterfly, 60)

The description of Peacock Butterfly brings the vivacity of faith as a pillar of support during life's turbulence. This perspective converges in a significant way. By focusing on faith as support, the person not only seeks resilience, but also engages in a path of discovery between doing, undoing and redoing towards authenticity. This analysis highlights how the spiritual and interpersonal dimensions converge, offering deeper and more authentic support in the face of adversity:

*Rely on your faith, believe in the people who work with you, in your doctors, right? When you go through difficult times, try to break down barriers and always try to be a humble and grateful person. If you are like that, you have everything. Believe in your faith, no matter what it is, everyone has it in their own way. And don't be ashamed, because you will go through difficult times, but try not to wear yourself out so much and seek out doctors. At any point in life, you will find people who will help you.* (Peacock Butterfly, 60)

*Well, when you're not alive anymore, it's because you've died, what can you do? You'll live with Him up there, right.* (Monarch Butterfly, 62).

*What has helped is my spirit and my children, my family and you, you are God's tools, understand?* (Blue Morpho Butterfly, 83)

### ***The experience of absence: how losses are revealed in the existential sense***

Fear is one of the main emotional states that reveal vulnerability in the face of life and human finitude, because every time we look to the end, we also reflect on the present moment and the path to the end.

The interviewee shared a deep and intricate feeling about his relationship with the world of everything that has been lived and not experienced, and describes this feeling of being "tied down", because it is in pain that we feel the sweet and bitter of existence, the contrast between sensations and what the world can offer in the face of the possibility of death throughout the existential journey:

*Look, in relation to the world, what changed was this feeling of knowing that you are a little tied down and unable to try anything because of your own fear."* (Peacock Butterfly, 60)

Butterfly-peacock's speech also correlates with how losses manifest themselves in an existential sense. The feeling of being "unable to try anything" due to fear reveals how losses can shape the perception of the world and limit actions. This limitation is not only presented in a physical way, but also in an existential way, as fear can distance one from possibilities and experiences that could otherwise be explored. It is also evident that the presence of family and

a support network offers assistance in difficult moments, such as losses and limitations, contributing to the redefinition of phenomena:

*What made me change was my family, because they are the basis of everything, it is very important to talk to them, and them being with you in difficult times and in easy times helps you a lot. (Peacock Butterfly, 60)*

### ***Final yearnings: time, desire and death***

Someone's final wishes can be like emotional anchors that keep them connected to humanity, reminding them of what is truly important in this life. Final wishes can be expressions of who one is and what one values. These wishes are varied and subjective, ranging from seeking reconciliation with loved ones to fulfilling deferred dreams. They can involve simple gestures, such as being close to nature, or more complex desires, such as traveling to faraway places. What matters is that these final wishes are a manifestation of the human essence, an attempt to capture the meaning of life:

*Today I'm not afraid, because I'm here, even though I don't know for how long, but nobody knows, I don't know, but neither do you. I understand that everyone has their own purpose or mission, everyone calls themselves what they want, and we'll all go one day. So today I'm not afraid, I try to talk about this a lot, at home I talk a lot with my son and my husband, I talk at the dinner table about how I want my wake to be, how I want to be, how the ceremony should be, who will take care of my things and my social networks. People think I'm crazy, because I talk in a very natural way, but to outsiders it's not normal, and this is a cultural process, you know, people aren't used to talking about finitude and aren't prepared to lose anything, we always want to have it, you know. For example, my mother, when I start talking to her she asks me to stop and moves away, but for me it's very calm and I talk very lightly. I like to live very intensely, as if it were the last day, "as if there were no tomorrow", that's my motto, I really enjoy it. (European Red Admiral Butterfly, 44)*

Patients facing a life-threatening illness may idealize their quality of life, wanting to spend more time with their loved ones, eat their favorite food, and listen to their favorite songs; on the other hand, some prefer solitude, wanting to die in hospitals; as in the excerpts from the speeches of the Peacock Butterfly and the Monarch Butterfly:

*I am very proud of having managed to build my family, but fear also accompanies me. [...] I didn't know, I had no idea, when they told me that I would enter Palliative Care, I was very afraid of the unknown [...] And there are nights when I don't sleep, and to this day I don't know why. Could it be fear? It could be. But I don't know. One day I was in the room watching cartoons with my grandson and I ended up falling asleep, and he went quietly, rested his head on me and stayed there until I woke up. So these things I talk about, are family. My two granddaughters live abroad, my two little black ones, they have been abroad for 8 years, and I love them so much. (Peacock Butterfly, 60)*

*I don't know, because yes, I'm afraid of dying, I'm afraid of leaving them, but I don't know what will happen to them (laughs). (Monarch Butterfly, 62)*



It can be seen that this is a desire to spend the end of life with family, to make the most of their children and grandchildren, to experience life with people with whom they feel happy, loved and safe, and to become attached to these people.

The choice to prefer to die at home, rather than in a hospital environment, is a delicate and deeply personal issue that raises important questions about end-of-life care and the quality of the dying experience. Many patients choose this approach, seeking a familiar, welcoming and intimate environment to face the inevitable end of life:

*No, I don't want to suffer in the hospital, if I have to go, then that's it. Staying in a bed there is no longer possible. If I have to go, take me now, I won't cause anyone any more suffering. And that's it.* (Monarch Butterfly, 62)

*Oh, doctor, it feels like I'm dying. I'm dying day by day, that's life.* (Blue Morpho Butterfly, 83)

Considering the speech of the Blue Morpho Butterfly, about dying day by day and reaching the end, he refers to time as the passage of life itself, and that it is not limited to chronological time, but to time as a possibility of death at any moment:

*I wanted to live a long time with my family, and my family is beautiful, you don't know it, but it is really beautiful, thank God, family is created in a different way, doctor.* (Blue Morpho Butterfly, 83)

In this condition of being, Blue Morpho Butterfly is intrinsically linked to his family, he can no longer exist or think of living without them, as they are part of his being, being a unit and wishing that until his finitude arrives, he can, beyond the common clock that shortens his time, live in a singular way, which is never the same, experiencing the passage of time within himself. In the words of Blue Morpho Butterfly, it is understood that finitude and time are two phenomena intrinsic to the human experience, which shape existence in a significant and inescapable way:

*I'm ready, we were born one day and one day we will die.* (Blue Morpho Butterfly, 83)

## DISCUSSION

Patients in Palliative Care often highlight their family as an essential foundation for coping with the process of dying. In moments of extreme vulnerability, the presence of loved ones provides a sense of belonging and security. This relationship is redefined in the face of imminent death, when many realize that they cannot cope with all the demands alone and begin to value time spent with their family more intensely. The reorganization of priorities, in this context, makes living with family central to their final experience<sup>11</sup>.

Spirituality plays a fundamental role in filling emotional and existential gaps created by the proximity of death. For some, spiritual search offers a greater purpose to suffering, as well

as the possibility of reflecting on the meaning of lived experiences, rather than on their causes. This process of reflection, aligned with Heidegger's view, leads patients to a more conscious and meaningful confrontation of their condition. Spirituality not only provides emotional relief, but also broadens the perspectives of family members, helping them to deal with grief and accept the natural cycle of life<sup>11</sup>.

Faith, in turn, manifests itself as a basis of support during times of adversity, promoting resilience and authenticity. Many patients mention that trust in health professionals and divine support help them face challenges with greater serenity. This connection with something higher is perceived as a source of strength to overcome the difficulties of the moment, reinforcing the idea that spirituality is an essential element for maintaining hope and emotional balance. For others, faith is linked to the belief in a greater purpose, which brings comfort and facilitates the acceptance of events<sup>2,11</sup>.

Fear, an inevitable emotion in patients with this condition, is often described as something paralyzing and limiting. Many report feeling trapped or incapable in the face of the uncertainties that the proximity of death brings, an experience that Heidegger describes as existential anguish. This fear, however, is not restricted to the individual sphere; it also relates to care and the impact on those around them. In these situations, the family stands out as an indispensable support, enabling the resignification of experiences and strengthening interpersonal connections<sup>2,12</sup>.

The reports reveal a deep desire for the final moments to be spent with family. For many patients, being with their children and grandchildren is a way to experience happiness and security, even while facing the fear of death. The creation of family ties is often highlighted with pride, being seen as an essential legacy. Attachment to family is not only an emotional support, but also an intrinsic part of each individual's identity, reinforcing the idea that human connections give meaning to life, especially in the face of finitude<sup>13-15</sup>.

"To cling to something" or "someone" in its essence means: to love it, to want it. Thinking in a more original way, to want means to essentialize, to give essence. This wanting is what constitutes the very essence of power, which can not only accomplish this or that, but also allows a thing to "be in force" in its provenance, that is, allows it to be. The power of wanting is that in whose "force" a thing can properly be. This power is the "possible" in the true sense, that is, that whose essence is based on will".

The choice to die at home, instead of in a hospital environment, is another recurring aspect in the reports, reflecting the search for a more humanized and welcoming experience at the end of life. Many prefer to avoid long periods of hospital suffering, opting for a familiar and

intimate environment to face the end with more tranquility. This decision is aligned with the principles of Palliative Care, which prioritize not only the relief of physical pain, but also the care of the emotional and spiritual needs of patients<sup>4</sup>.

The perception of time also stands out as a central element in the experience of patients. For many, the feeling that they are “dying day by day” reveals a deep awareness of their own finitude. Time, in addition to being chronological, is existential and represents the passage of life towards death. This vision leads patients to value each moment in a unique way, transcending the mere counting of days. The desire to enjoy the remaining time with family reflects this perspective, showing that the connection with loved ones is more important than any conventional temporal measurement<sup>2</sup>.

While finitude can be seen as a limitation of life and the inevitability of death, time is the passage that marks the journey from birth to the last breath. These two aspects of human existence are intertwined in a complex way, influencing perceptions, actions and the search for meaning.

The reports presented show that, even in the face of pain and fear, patients find in family, spirituality and reflection on time ways to resignify their experiences. When confronting finitude, they seek to connect with what really matters, constructing a narrative that prioritizes authenticity, love and acceptance as pillars of a meaningful existence<sup>2,10,15,16</sup>.

Considering the reports presented in this work in question, the importance of psychological monitoring is highlighted when it comes to identifying resources for coping with finitude and life, in addition to being fundamental to unveiling important and complex issues. However, only two of these four interviewees receive psychological support, and one patient reports not having a good experience with the therapist.

Therefore, studies are suggested on the importance of the psychologist in the process of illness, especially in the treatment of stigmatizing diseases and those with restrictions on the theme of finitude, with a view to identifying possibilities/coping strategies that allow people to find meaning in the final phase of their lives.

In the speeches of some of the participants who undergo therapeutic care, it was noted that, through therapy, it is possible to explore deep issues, such as the fear of death, the search for meaning and the need for reconciliation with one's own finitude, in addition to promoting psychological and emotional well-being, improving quality of life and helping in adaptations to challenging situations.

## CONCLUSION

The reports identified coping resources in palliative care: family support network, support from the medical team and spirituality. A series of emotional and psychological challenges arise, such as: acceptance of finitude, losses arising from illness (work functions), dependence.

Discussing death with other people can sometimes cause discomfort in relationships, the debilitating symptoms themselves, such as pain, shortness of breath, nausea and fatigue, are constant challenges, in addition to feelings of isolation and loneliness.

Regarding the fears that arise during Palliative Care, the fear of never seeing their families again, of how their families will live without them, of the unknown, of suffering during the dying process, of losing their autonomy and of being a burden to their family members was noted.

Palliative Care cannot be restricted to the physical symptoms of the disease. It is equally important to meet the psychological, emotional and spiritual needs of patients. The participation of psychology in palliative care and in end-of-life contexts is important and increases the possibility of experiences of well-being at this time.

However, given the small number of participants and the qualitative nature of the research, the results obtained cannot be generalized to all patients in palliative care, since there may be subjectivity in the interpretation of the data. In addition, it lacks replicability and comprehensiveness compared to quantitative research, which suggests other studies on the subject with other methodological designs.

Finally, understanding the possibility of finitude in the face of the crossings of a health-disease process reveals the concern of continuing to study sensitive and essential topics for humanity, such as palliative care.

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