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The conduct of Brazilian occupational therapists' practices permeated by discourses of death and palliative care

Condução das práticas de terapeutas ocupacionais brasileiros permeada pelos discursos de morte e cuidado paliativo

Conducta de los terapeutas ocupacionales brasileños impregnada por los discursos sobre la muerte y los cuidados paliativos

Francielly Zilli[1], Daniel Ferreira Dahdah[2], Cristina Nunes Vitor de Araújo[3]
Flávia Regina Souza Ramos[4], Mara Ambrosina de Oliveira Vargas[4]

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Abstract:
Objective: to identify how discourses on death and palliative care guide the practice of occupational therapists in the care of end-of-life cancer patients. **Methods:** an exploratory qualitative study, grounded in Cultural Studies, with Michel Foucault's ideas as its theoretical and methodological framework. Professionals were recruited using the snowball sampling technique. Data were collected via semi-structured online interviews and non-participant observation in an oncology hospital. Data analysis was performed using Foucaultian Discourse Analysis. **Results:** twenty-one occupational therapists participated, and the analysis revealed that discourses on death guide different care practices, grouped into three categories: *Professional training*, including theoretical framework, weaknesses, and instrumentalization; *Dynamics of practice*, involving understanding of palliative care, practical and institutional difficulties, and interprofessional relationships; and *Ethical/legal, technical, and institutional parameters*, that guide the performance and conduct of practices. **Conclusion:** the configuration of discourses on death and palliative care during academic training and professional practice, as well as the ethical/legal, technical, and institutional intersections, guides the clinical work of occupational therapists, modifying therapeutic strategies and the conduct of care practices for individuals with cancer at the end of life.
Keywords: Occupational Therapy; Palliative care; Hospice care; Workflow.

Resumo:
Objetivo: identificar como os discursos sobre a morte e cuidados paliativos conduzem a prática de terapeutas ocupacionais no cuidado de pacientes com câncer em final de vida. **Método**: estudo qualitativo exploratório, ancorado nos Estudos Culturais, tendo como referencial teórico e metodológico, os pensamentos de Michel Foucault. Os profissionais foram recrutados pela técnica *snowball*. Os dados foram coletados via entrevista semiestruturada *online* e observação não participante em uma instituição hospitalar oncológica. O tratamento dos dados se deu pela Análise de Discurso foucaultiana. **Resultados**: participaram 21 terapeutas ocupacionais, e a analise evidenciou que os discurso sobre a morte conduz diferentes práticas de cuidado, agrupadas em três categorias: *Formação profissional*, incluindo arcabouço teórico, fragilidades e instrumentalização; *Dinâmicas da prática*, envolvendo compreensão sobre os cuidados paliativos, dificuldades práticas, institucionais e relações interprofissionais; e *Parâmetros éticos/legais, técnicos e institucionais*, que orientam a atuação e condução das práticas. **Conclusão**: a configuração dos discursos de morte e dos cuidados paliativos durante a formação acadêmica e a prática profissional, bem como os atravessamentos éticas/legais, técnicas e institucionais, conduz o fazer clínico do terapeuta ocupacional, modificando estratégias terapêuticas e a condução das práticas de cuidado de sujeitos com câncer em final de vida.
Palavras-chave: Terapia Ocupacional; Cuidados paliativos; Cuidados Paliativos na Terminalidade da Vida; Fluxo de trabalho.

Resumen:
Objetivo: identificar cómo los discursos sobre la muerte y los cuidados paliativos influyen en la práctica de los terapeutas ocupacionales en el cuidado de pacientes con cáncer en fase terminal. **Método**: estudio cualitativo exploratorio, basado en los Estudios Culturales, teniendo como referencia teórica y metodológica los pensamientos de Michel Foucault. Los profesionales fueron reclutados mediante la técnica *snowball*. Los datos se recopilaron mediante entrevistas semiestructuradas *online* y observación no participante en una institución hospitalaria oncológica. El tratamiento de los datos se realizó mediante el análisis del discurso foucaultiano. **Resultados**: participaron 21 terapeutas ocupacionales, y el análisis evidenció que el discurso sobre la muerte conduce a diferentes prácticas de cuidado, agrupadas en tres categorías: *Formación profesional*, incluyendo el marco teórico, las fragilidades y la instrumentalización; *Dinámicas de la práctica*, que implican la comprensión de los cuidados paliativos, las dificultades prácticas e institucionales y las relaciones interprofesionales; y *Parámetros éticos/legales, técnicos e institucionales*, que orientan la actuación y la conducción de las prácticas. **Conclusión**: la configuración de los discursos sobre la muerte y los cuidados paliativos durante la formación académica y la práctica profesional, así como las intersecciones éticas/legales, técnicas e institucionales, conducen la práctica clínica del terapeuta ocupacional, modificando las estrategias terapéuticas y la conducción de las prácticas de cuidado de sujetos con cáncer en fase terminal.
Palabras-clave: Terapia Ocupacional; Cuidados paliativos; Cuidados paliativos al final de la vida; Flujo de trabajo.

Corresponding Author: Francielly Zilli – franciellyzilli.to@gmail.com

1. Governador Celso Ramos Hospital, Florianópolis/SC, Brazil
2. University Hospital of the Universidade Federal de São Carlos/SP, Brazil
3. Professor Edgar Santos University Hospital Complex of the Universidade Federal da Bahia, Salvador/BA, Brazil
4. Postgraduate Program in Nursing of the Universidade Federal de Santa Catarina, Florianópolis/SC, Brazil

INTRODUCTION

The regulation of occupational therapy as profession in Brazil celebrated its fiftieth anniversary October 2019. Throughout these more than fifty years, there have been various social, political, and practical questions and tensions that have influenced the training processes and professional practice of occupational therapists in Brazil[1,2]. This is not a scenario exclusive to the country; the context of Latin America as a whole involves different areas, such as care practices, the stages of technical, professional, and academic training, and the regulation and institutionalization of the profession[1].

Different approaches or theoretical contributions can be adopted to analyze the legal, educational, and practical components that permeate training and professional practice, from sociological, historical perspectives, or from specific concepts. Problematizing the power dynamics and how they affect professionals produces certain truths and behaviors. This is equivalent to assuming what Foucault pointed out as:

> *"A form of history that accounts for the constitution of knowledge, discourses, domains of object, etc., without having to refer to a subject, whether transcendent in relation to the field of events or pursuing its empty identity throughout history."*[3:7].

In professional practice, the interferences that subjectify and constitute individuals as occupational therapist subjects are distinct[4]. The constitution of the subject can be understood as that which occurs through disciplinary processes, that is, through the objectification that occurs in the field of knowledge and power, or through the subjectification that occurs through ethics and the exercise of self and the social processes that link subjects to identities[5].

Thus, it is considered relevant to problematize the conditions of possibility of care practices, and how the crossings of the discourses of death and Palliative Care (PC) – the understanding held by each occupational therapist throughout their trajectory – subjectify and constitute them in the care process of subjects with cancer at the end of life, in order to broaden the discussions about practices and professional work. In Foucault's theory, one can interpret what is understood as "discourse on death":

> *"t consists of a limited number of statements for which we can define a set of conditions of existence"*; thus, *"the problem does not consist in knowing how and why it could emerge and take shape at a given point in time: it is, from part to part, historical – a fragment of history, unity and discontinuity within history itself."*[6:133].

Discourses about death can be analyzed from different perspectives: biological, philosophical, sociological, and political. In the conception of death for the dying subject, occupational therapy uses the principles of PC, which are pointed out as an innovative strategy

for end-of-life care[7], and which consist of offering holistic care to people of all ages who face intense suffering, especially related to serious illnesses[8].

In the end-of-life process of subjects with cancer, the occupational therapist is one of the professionals equipped to direct care practices capable of creating spaces for physical and emotional support that allow the exploration and expression of skills through occupational engagement, that is, they are the ones who make it possible to engage in meaningful occupations, maintaining the sense of identity of subjects who experience a life-threatening illness[9].

Occupational therapists contribute to the care of individuals at the end of life, based on their professional knowledge in analyzing tasks, modifying activities, and adapting the environment in order to minimize barriers and maximize strengths aimed at functional performance, facilitating participation in occupations that are meaningful to the individuals served, their family, and their cultural context, seeking to offer quality of life and well-being through occupational commitment[10].

Death from the perspective of healthcare professionals involves discourses associated with unpreparedness to deal with this event, whether due to the proximity of thinking about their own deaths or the association of such an event with failures in care practices. This unpreparedness is reinforced by the understanding that the teaching methods in the training process do not match professional experiences. Furthermore, it is observed that different work scenarios, such as pediatrics, as well as the type of death or health status, exacerbate the way professionals deal with the end-of-life process. Professionals are influenced by prior discourses related to their personal experiences dealing with death, which subjectify and guide the ways these professionals live[11].

This study seeks to understand and experience the care of end-of-life cancer patients in the context of palliative care, focusing on the discourses and practices that permeate professional practice, contributing to the theoretical and ethical strengthening of Occupational Therapy in this field.

Thus, this study aims to identify how discourses about death and palliative care guide the practice of occupational therapists in the care of end-of-life cancer patients.

METHODS

This qualitative research, with an approach to Cultural Studies, is guided by Foucauldian principles. The qualitative approach is anchored in the understanding of social phenomena from their symbolic, discursive, and contextual dimensions, valuing the construction of

meanings and the reflexivity of the researcher. From the field of Cultural Studies, culture is understood as a space for the production of meanings that permeate daily practices, constituting ways of thinking, feeling, and acting[12]. The Foucauldian perspective guides the analysis through tools such as discourse, knowledge-power, and practices of subjectivation, which make it possible to examine the ways in which certain discourses produce truths and position subjects in specific contexts[6]. Thus, "by articulating discourse, power, and ethics, one can analyze the constitution of social subjects"[13], here, the constitution of occupational therapist subjects in the care process of subjects with cancer at the end of life.

Occupational therapists who work or have worked for at least six months with cancer patients participated in this study. They were identified by bird names followed by sequential numbers to preserve their identities.

For recruitment, the snowball technique was used, which allowed the inclusion of unknown and difficult-to-reach individuals.

The Informed Consent Form was sent online for acceptance, and interviews were scheduled on a day and time agreed upon with the professional. The data collection instrument was a script of open-ended questions, developed based on the research proposals.

Interviews were conducted in a virtual environment using Google Meet, recorded and transcribed, and made available for validation by the participants. The data collection period took place between May and November 2021.

Non-participant observation was also used to assist in the process of identifying the intersections that guide and subjectify professionals in the face of the discourse of death articulated to PC, which took place in October 2021, and included 45 hours of immersion in a public institution of reference in the treatment of cancer patients in southern Brazil, selected by convenience.

The data produced were organized in a Microsoft Word document, with an exhaustive reading and selection of the contents that answered the research problem. Then, the Atlas.ti.8 software (trial version) was used for discursive mapping, involving the organization and grouping of excerpts, as well as the coding and categorization of discourses, guided by the perspective of Discourse Analysis proposed by Michel Foucault.

Foucaldian Discourse Analysis allows us to understand how discourses produce truths, norms, and practices, highlighting the modes of subjectivation and the effects of power and knowledge that permeate speech. In this approach, the hidden meaning is not sought, but rather how certain statements become possible in specific historical and institutional contexts[15].

What propelled the categorization stage were Foucault's words when he pointed out what guided his research: "*curiosity; the only type of curiosity that, in any case, is worth practicing with a little obstinacy: not that which seeks to assimilate itself to what is convenient to know, but that which allows one to detach oneself from oneself*"[16:191].

This methodological orientation raised specific questions for this analysis, which, in another socio-historical context, could lead to different investigative directions. In the present research, the analyses were guided by the following questions: *What themes appear as the norm? How are the intersections identified by occupational therapy professionals? How do the intersections subjectify occupational therapy professionals for care practices? What are the said and unsaid elements that operate for these intersections?*

In addition to individual validation by participants, the analysis was submitted to discussion with research peers, allowing for triangulation and interpretative consistency of the data[17].

The national guidelines for research involving human beings present in Resolution No. 466/2012 of the National Health Council[18], as well as the guidelines of Circular Letter No. 2/2021/CONEP/SECNS/MS[19] regarding research in the virtual environment, were followed, being approved by the Research Ethics Committee with the Certificate of Ethical Appreciation and Evaluation No. 42589221.3.3001.5355 and Opinion No. 4,699,097.

RESULTS

Initially, 47 professionals were contacted, of whom 21 occupational therapists from different regions of the country participated in the study, including three initial seed subjects and eighteen nominated professionals, as illustrated in Figure 1. Among the participants, twenty were female and one was male, with ages ranging from 25 to 61 years. The time since graduation ranged from one to forty years, while professional experience focused on the care of people with cancer – including residency periods – ranged from six months to twenty-two years.

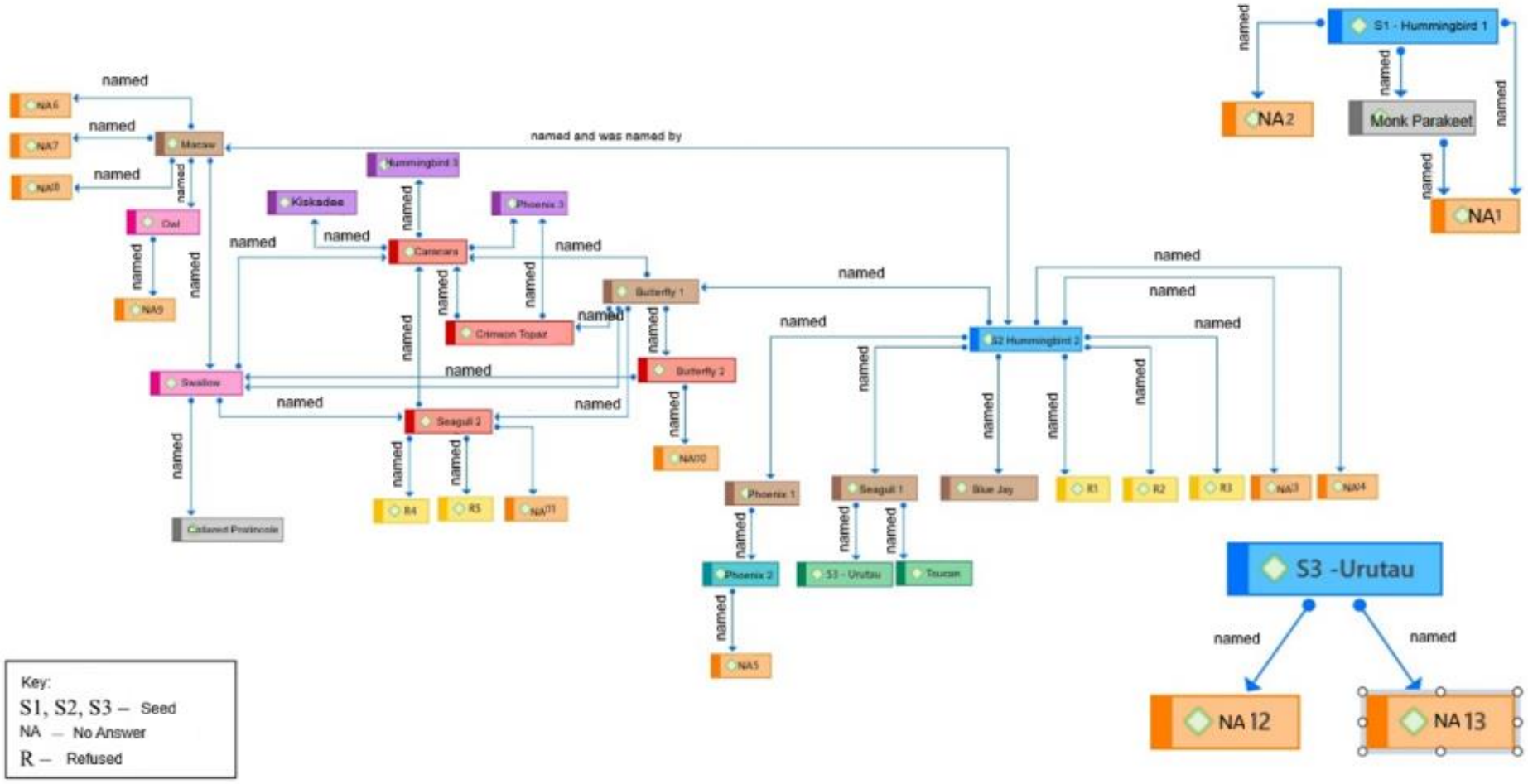
From the research questions, 14 codes were constructed, which totaled 169 citations. These were grouped into three main themes that express the ways in which the experiences that lead to and constitute occupational therapists occur in the face of discourses of death articulated with palliative care in the care process of subjects with cancer at the end of life.

The coded citations were organized into themes that permeated discourses related to *professional training*; *dynamics of practice*; and *ethical/legal, technical, and institutional parameters*. Thus, for each code, the corresponding number of citations was counted, as shown in Chart 1.

Chart 1. Codes and number of citations by occupational therapists regarding discourses on death and palliative care. Santa Catarina, Brazil, 2021.

Main Themes	*Codes*	*Number of citations*
Professional training	Continuing training	**35**
	Training	**22**
	Theoretical support	**15**
	Technical support	**09**
	Instrumentalization	**05**
	Personal experiences	**03**
	Theoretical references	**02**
	Relationship with patients/support	**02**
Dynamics of practice	Practical/institutional difficulties	**15**
	Understanding of PC and Practical Direction	**07**
Ethical/legal, technical, and institutional parameters	Interpersonal relationship	**06**
	Technical parameters	**16**
	Institutional parameters	**29**
	Ethical/legal parameters	**03**
Total	**14**	**169**

Figure 1. Occupational therapists selected for research on discourses of death and palliative care. Santa Catarina, Brazil, 2021.



Professional Training

Professional training provided insights that could guide performance, encompassing: gaps in training, the pursuit of continuous learning, the choice of theoretical frameworks and technical support, and practical experiences.

In general, when participants identify gaps, they value the importance of the inferred training process:

During my undergraduate studies, there was no specific content or module on oncology and palliative care. (Caracara)

We have to deconstruct something very prevalent at college, especially, which is the acquisition of skills [...], *and when we work in palliative care, necessarily our patients get worse. And then if you don't review what you're doing there and why, you're going to feel very powerless.* (Macaw)

And, in this process of valuing training, the continuing education strategies that were sought to strengthen care practices are highlighted:

At the place where I worked, we had a study group every week; the routine of studying and reading was constant. (Hummingbird 01)

As well as participation in events:

I participated a lot in symposia focused on oncology, palliative care, and congresses. We hospital residents would get together and go to oncology and palliative care events. (Butterfly 02)

Furthermore, the professionals cited the means they sought to equip themselves:

I think that was it, nothing specific, I did the course, the postgraduate studies on my own and I think it helped a lot. (Monk parakeet)

I sought out integrative therapies a lot because I felt the need to go beyond the resources of Occupational Therapy. (Urutau)

Likewise, their own professional experiences:

And I also didn't leave out my personal experiences; I tried to apply what I had as background knowledge. (Butterfly 02)

Several foundations of occupational therapy were cited as means of supporting the intersection of discourses on death in care practices, including theoretical frameworks focused on:

[...] *client-centered practice, occupation-based practice.* (Crimson Topaz)

She gave me supervision for free, and if I was able to contribute anything and grow a little in the profession, it was because of her, and it was important. The support she gave me, in addition to some technical guidance, was real supervision. (Macaw)

When I arrived, completely inexperienced, super young, I joined a team that had already been working for years, with this demand and in that place, [...] *little by little I followed their work and managed to* [...] *improve my practice.* (Seagull)

In addition to seeking technical support, theoretical support and constant study have helped professionals in guiding their conduct:

This learning came largely from reading some references, XX, XX, I was reading so that I could have an understanding of what PC would be, what can be done as an occupational therapist, what our contribution is within this team. (Hummingbird 03)

Dynamics of Practices

The intersections that occur in the dynamics of practice involve what escapes discourse, which can be understood as informal norms. This ranges from how professionals understand clinical practice to how they relate to each other, shape their practices, and operate in the face of difficulties. Professionals express a difficulty in understanding what is consolidated as clinical practice:

The view that most people have regarding palliative care is that it's for end-of-life care, and it would be much easier for the entire team to act if we started with the diagnosis, right there in the outpatient clinic when the patient arrives. (Owl)

Even here within the institution we have difficulties in understanding, even on the part of some professionals who don't have much contact with us. (Urutau)

The practical and institutional challenges of implementation were discussed:

Occupational therapy has autonomy over its work; we know what our work can and should do, what the role of the occupational therapist is. However, in this institution, there are conflicts with other teams who are unfamiliar with the service and are not open to explanations [...]*. The teams that don't understand the role of occupational therapy end up questioning and sometimes hindering the free exercise of activity X. And since we are few in number in the institution, with many patients and a very high demand, we set aside this type of occupational therapy approach to focus on others.* [...] *We do a lot, but we could do more if there were greater knowledge.* (Toucan)

The intersections of discourses on death and child abuse generate interference in interpersonal relationships:

In other clinics, when we tried to broach the subject of palliative care, we faced a lot of rejection, especially with neurological and hematological patients. (Seagull 02)

My struggle there, or rather, my struggle in quotes, is that when a patient is able to go home, able to go home because they're not in as much pain, or even want to die at home, sometimes it's the patient's wish—the medical team, at all costs, wants to keep that patient in the hospital environment. This puts me in a lot of conflict. (Hummingbird 03)

Ethical/legal, technical and institutional parameters

Intersections were identified stemming from institutional parameters, which are constituted by the technical, ethical, and legal parameters of the profession. It was possible to observe in the participants' statements how institutional particularities directed professional actions:

First, the hospital director gave me and the whole team a lot of autonomy. This helped us do everything, and he supported us. We even did wrong things, like, secretly... I don't know, things like: "Look, the patient really misses his dog and we're going to bring him!" "Okay, go ahead, I'll support you, if things go wrong we'll figure it out!" [...]. (Macaw)

The hospital is accredited, and as part of that accreditation, palliative care is a topic to be developed here at the hospital, [...] *but it's a teaching hospital and it's Catholic, so we have some difficulties.* (Owl)

Regarding the ethical issues of the profession, one of the participants cited Resolution No. 429 of July 8, 2013, which recognizes and regulates the specialty of Occupational Therapy in hospital settings:

Hospital settings and palliative care was approved just yesterday, because for me, 2013 feels like just yesterday, by the federal council, so we are gaining ground and talking about it. (Crimson Topaz)

It was possible to identify in the statements which technical parameters helped in guiding care practices in the face of discourses on death and PC

We have a service manual, so we are required to screen all incoming patients. Occupational therapy cannot be left out of any patient. They have to be evaluated, and from that, we define the level of complexity that each patient falls into. (Caracara)

We recently created a SOP, the standard operating procedure; it started a short time ago with the SOP, but unfortunately, things aren't going as we would like. (Swallow)

Field Diary Records

In order to understand how the environment, institutional structure, and daily relationships influence professional practice, non-participant observation was conducted. The field notes and diary allowed for the apprehension of aspects of the physical context and institutional dynamics of the service, as well as highlighting elements that are not directly verbalized but manifest themselves in practices and interactions. Some excerpts are presented below:

Regarding the occupational therapy room: a space of approximately two square meters, with large cabinets, a T-shaped table that divides the room into two small spaces: on one side, a chair and a computer, on the other, two chairs and access to the door. Materials are stored in the cabinets and in organizing boxes. The same room serves as a space for outpatient care. There is no examination table, sink, or any other space for sanitizing materials.

Fourth day: One of the patients seen reports that she was in the BMT unit and requested occupational therapy several times, but was not called. Previously, when the staff was larger, the professionals provided care in this sector – located in another hospital in the city – on a fixed day; however, with the reduction in staff, they now provide care only when requested. There is a noticeable neglect due to the absence of professionals in this context; the professional reports that there "everyone does occupational therapy" and when they make contact it is to request materials.

Here we observe what lies beyond what is said, but which permeates daily professional practice, such as: architectural structure; limitations in understanding the process; and the dynamics of practice among those involved.

DISCUSSION

It was possible to identify that professional training, the dynamics of practice – workflows – and the ethical/legal, technical, and institutional parameters were the intersections that led and subjectified occupational therapists in the face of discourses of death, articulated to the PC for subjects with cancer at the end of life.

For Foucault, the intersections permeate the fields of problematization related to relations with truth/knowledge and with relations of power/practice[20]. The findings indicate that the regimes of knowledge and power are intrinsic to the intersections that constitute and subjectify occupational therapists in the care process, and thus, are both cause and effect of professional training, the dynamics of practice, and the ethical/legal, technical, and institutional parameters.

For Foucault[21], power is considered as "something that circulates," its functionality is understood in a chain, network, or mesh, through which subjects circulate and occupy different positions, through which they exercise power or experience its action. "*Effectively, that which causes a body, gestures, discourses, and desires to be identified and constituted as individuals is one of the first effects of power. That is, the individual is not the other of power: it is one of its first effects*"[21:278].

Foucault[4:6] pointed out: "*to put the question of the norm of behavior first in terms of power, and of power that is exercised, and to analyze this power that is exercised as a field of government procedures*"[4:6].

This refers to the representation of a type of power capable of regulating the behavior of individuals, in the operations of time, docility, and utility mediated by the norm, the disciplinary. Science, in this case, conveys knowledge capable of subjectifying professionals through the definition of what one is and what one does, recurring issues in the subjects' statements. In this study, it is the norm that directs how occupational therapy professionals develop their care practices, whether in the identification of references that guide conduct, or in the weaknesses of this process, which direct the search for continuing education, for theoretical and technical support.

There is evidence of a gap in the training of health professionals with regard to the teaching of palliative care, insufficient curricular approaches incapable of preparing future professionals to provide support to patients and families[22]. The training process is still associated with the curative model, focused on life-sustaining therapeutic practices, not preparing students to deal with soft care technologies, and with the reality and needs of end-of-life care practices[23,24].

The need for theoretical guidance and expansion in the professional training process is seen as a possibility to make end-of-life care comprehensive, since the curative model, still present in curricula, directs certain practices, and not others. Although this care does not occur only in the hospital context, it was possible to identify that the offer of theoretical disciplines on

the role of occupational therapy in a hospital context is still low, which compromises practical learning and limits students[25].

Training is fundamental in the process of constructing the professional subject, not only because it provides access to a set of knowledge, but because it establishes what the occupational therapist should be, what they deal with, how they see, deal with and behave when operating such knowledge. By entering into the PC and the intersections of death discourses, the professional recognizes the construction and "deconstruction" that takes place within them, such constitutions occurred through the pursuit of continuing education and instrumentalization of practice.

The excerpts highlight the conditions of possibility experienced by professionals during their training period – limited contact with clinical practice – which justifies their greater or lesser involvement with the activities and the direction of certain operational modes of practice.

Pedagogical practices are seen in contemporary times as the main and most efficient ways of unfolding governance practices, that is, the "*way of conducting one's own conduct and that of others*"[26:85]. By identifying training processes that lead to reductionist, curative practices and occupational performance gains, questions arise regarding the problems experienced by professionals, whose training has been influenced by discourses that have distanced themselves from palliative care practices.

Other issues related to this problem, which contribute to the argument related to the professional training process, concern the influences that guide the care practices of occupational therapists, that is, the specific teaching methods regarding death and dying and their historical perspective, which result in formative behaviors that subjectify and guide professionals in the execution of certain practices and not others[27].

In the statements presented, few formative behaviors provided reflections on the end-of-life process, which led professionals to seek tools and continuing qualification so that they could continue in their care practices, whether they are occupation-based, client-centered, or in alternative therapies.

The operating mode of the professional training identified in the excerpts impacts the dynamics of professional practice, which here is associated with the understanding of end-of-life care and practical direction. Thus, it is observed that certain formative modes result in the incorporation of certain interprofessional relationships, which can alter the care practices of occupational therapists.

The conditions of possibility encountered by occupational therapists during the training process result in an understanding of what palliative care is and, thus, in the incorporation of

certain practices. There is a relationship between training and professional practice, which operates in the subjectivation of occupational therapists, guiding certain practices based on the knowledge acquired[28].

Corroborating the findings of this research, in which professionals express a difficulty in understanding what is meant by palliative care and when it should begin, an investigation pointed to difficulties in sharing decisions about care practices adopted at the end of life by medical professionals, as well as difficulties in guidance due to uncertainties in professional conduct, and points to communication failures with patients, inexperience, insecurity, and cultural bias related to death as characteristics associated with these difficulties[29].

The participants seem to agree that palliative care does not include unprecedented practices, and furthermore, it should not be initiated in the final moments of life. Palliative care (PC) is considered a multidisciplinary approach that seeks to improve the quality of life not only for the patient but also for their family members, who are facing a serious illness, health-related suffering due to a life-threatening disease, or one that no longer responds to treatments. These are holistic care practices that seek to alleviate symptoms related to total pain and can be offered at any age[8,26].

Considering the lack of knowledge of some members of the health team about the work of occupational therapists, about PC, or its association with end-of-life care, practical and institutional difficulties were identified, reported in the statements of the interviewees and in the description of the observation notes, such as: the lack of resources and the restriction of space for carrying out interventions, the lack of knowledge of the role of the occupational therapist in the team and the possibilities of interventions that this professional can perform, the reduction of professionals in the institution and consequently the presence of unmet demand, making it impossible to carry out certain care practices.

These statements complement the findings of the observation carried out: a limited physical space, without differentiation and adequate structure to be an outpatient clinic, which compromises the work of other colleagues by preventing other professionals from entering the room to retrieve materials during an ongoing consultation. The quality of the work offered is also affected by the lack of infrastructure and adequate biosafety resources.

The findings from the interviews regarding the lack of understanding of the role of the occupational therapist, and the cuts in the number of professionals, corroborate what was observed, because in the face of the dynamics of these professionals' practice, the scarcity of resources, professionals, and space are presented as devices for controlling an autonomous

subjectivity, but which is intended to be regulated through mechanisms of invisibility that undermine the professionals' ability to provide care freely.

The lack of knowledge on the part of the team members, as well as management, regarding the duties and possibilities of occupational therapy interventions causes difficulty in developing the work and, consequently, the possibility of coordinated actions in a multi-professional manner. Thus, the occupational therapist is characterized by little physical representation in the contexts of action[28].

Interpersonal relationships are also identified as another point that directs professional interactions, as they interfere with the practices performed and guide possible care actions. Interprofessional relationships are influenced by the views of professional colleagues regarding PC, by the structure of the available service, by the specificity of the cases and by the hierarchy among professionals themselves[25,28].

Difficulties in communication among the multidisciplinary team are pointed out as one of the challenges experienced by professionals, especially sustained by the medical team, when individualizing conduct and affecting the professional dynamics of the rest of the team[25]. The lack of clarity and effectiveness in communication are reflections of professional unpreparedness and compromise the care offered[30].

In addition to the interactions arising from training processes and the dynamics of professional practice, it was possible to identify factors related to ethical/legal, technical and institutional parameters, which also operate by directing professional conduct and guiding actions.

As pointed out by Foucault[31:135], "*laws function as norms, and the judicial institution is increasingly integrated into a continuum of apparatuses (medical, administrative and others) whose functions are primarily regulatory*". For Foucault[31:135], "*a normalizing society is the historical effect of a technology of power centered on life*".

The practices of occupational therapy in the Brazilian hospital context are regulated by Resolution No. 429, of July 8, 2013[32], which "*recognizes and disciplines the specialization of Occupational Therapy in Hospital Contexts*" and among the areas of activity highlights attention in palliative care[32].

The intersections that underpin ethical/legal parameters are not only directly associated with technical and institutional regulations, but are also part of specific operational modes that constitute these frameworks. Thus, when participants highlight the creation of standard operating procedures, manuals that guide practice, and evaluation strategies, it is observed that, based on a rule and precept that regulates the profession, occupational therapists themselves

create strategies, standardize their practices, and subjectify their actions in the face of possible conditions.

Although in the Brazilian context there are resolutions that regulate practice, recognizing the inclusion of palliative care, there is still a lack of detailed regulation on practice in this field. This gap can generate challenges in the workplace, with fragility in institutional recognition, a lack of operational protocols to guide practice, insufficient guidelines on specific competencies, and specialized training.

Professionals, based on technical and institutional models, construct their own knowledge derived from their practices, that is, from their lived experiences, to sharpen their clinical observation skills and thus identify needs, organize the dynamics and flow of care, exercise professional autonomy, and even confront institutional parameters in order to carry out care practices, such as, for example, allowing a pet to visit its owner in palliative care, as mentioned by one professional.

Participants, based on their experiences and subjective processes, formulate feasible care practices, employing visible strategies to meet patients' needs, even if this implied transgressing the norm.

From reflections with the interviewees, after the execution of care or during the confrontation of situational elements, it was possible to perceive new meanings, guided by new practices, permeated by different technical and theoretical knowledge[33].

From a Foucauldian perspective, power is not understood as something one possesses, but as a relationship that traverses subjects and produces truths, knowledge, and conduct[21]. In this sense, by updating history based on the experiences of occupational therapists – considering the forms of veridiction that produce what can be said to be true – the aim is not to mark individuality or dominations, but to understand the conditions of possibility for being and doing. Thus, it is possible to identify the discursive crossings that guided and subjectified these occupational therapists in their historical contexts, guiding ways of acting and care practices with end-of-life cancer patients.

In the modes of subjectivation of occupational therapists in the face of the challenges of palliative care, it is affirmed that the subject is constituted in the knowledge of their training, in the search for knowledge, in the dynamics of their practices, in institutional confrontations, in professional disputes, in resistance to disciplinary strategies, and in the power-knowledge relations within the game of interprofessional distinctions. Thus, the subjectivation of these professionals is contextual, and it is from this that the subject is constituted and differentiated,

since the subject is nothing more than a choice, among so many others and the seduction of power.

CONCLUSION

Identifying the intersections that constitute and subjectify occupational therapy professionals in the face of death discourses articulated within palliative care enabled the recognition and naming of the power dynamics that contributed to the production of certain truths, whether related to formative, practical, or legal processes directed at the care practices performed by occupational therapists.

It was observed that the network through which occupational therapists circulate, subjectify themselves, and guide their practices is constituted by educational intersections, which include access to knowledge during the training process, which presents weaknesses in disciplines related to the theme of death, dying, and palliative care. These gaps reinforce the search for continuing education and support capable of assisting in the dynamics of practices and in the conduction of care strategies. In addition, informal norms, present in the dynamics of practice, subjectify professionals and shape their actions in the face of the conditions of possibility encountered in the daily routine of care.

The presence of occupational therapists in care settings aimed at end-of-life cancer patients is consolidated based on legal and ethical regulations, and expanded and strengthened by technical and institutional parameters that define and guide not only the professionals as individuals, but also their care practices.

As a limitation of this study, the repetition of participants' indications is noted, which restricted the diversity of interviewees and highlights the limited presence of occupational therapists in the area of palliative and end-of-life care.

The findings of this research have direct implications for professional practice. They highlight the need for revisions in training curricula, with greater emphasis on content about death, dying, and palliative care, as well as the creation of institutional protocols that offer support and guidance for practice.

They also emphasize the importance of strengthening communication and interprofessional action, in order to reduce ambiguities that may compromise the care of the end-of-life patient. Thus, the proposal is to encourage critical reflection on formal and informal norms, which should be incorporated into daily practice, allowing for the development of more grounded, ethical, and contextualized care strategies.

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