RESUMO - BIOÉTICA

CHALLENGES IN THE MANAGEMENT OF DEATH IN PALLIATIVE CARE: ETHICAL ASPECTS, SPIRITUALITY, CULTURE AND COMMUNICATION IN END-OF-LIFE CARE

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Introduction: Palliative care aims to improve the quality of life of patients with life-threatening illnesses through a comprehensive approach to physical, psychosocial, and spiritual suffering. The dying process is not only a biological event but also a complex human experience involving values, beliefs, family relationships, and cultural meanings. However, many healthcare professionals still face difficulties dealing with death, particularly when confronted with ethical dilemmas related to patient autonomy, communication of difficult news, and spiritual or cultural demands at the end of life. Objective: To evaluate the knowledge of healthcare professionals regarding the management of death in palliative care, including ethical, spiritual, cultural, and communication aspects

across different levels of healthcare in Anápolis, Goiás, Brazil. Methods: This was a qualitative and quantitative, descriptive, cross-sectional study approved by the Research Ethics Committee (approval no. 7,364,396). Data were collected through a structured questionnaire based on the Bonn Palliative Care Knowledge Test (BPW), administered to members of multiprofessional healthcare teams working in the municipality of Anápolis, Goiás, Brazil. Participants were recruited from the Primary Health Care Units Parque Iracema, Jardim Alexandrina, Parque Pirineus, and Maracanã, managed by the Fundação Universitária Evangélica (FUNEV), representing primary healthcare, from the Unicca – Fanstone and Rosa Oncology Clinic, representing secondary healthcare and from the Evangelical Hospital of Anápolis, representing tertiary healthcare. Eligible participants included professionals aged 18 years or older who had an employment relationship with the participating institutions and who provided informed consent. Incomplete questionnaires were excluded from the analysis. The variables analyzed were related to knowledge about death, rituals, and the philosophy of palliative care, as well as perceived self-efficacy in communication and in integrating cultural aspects into end-of-life care. These variables were analyzed using descriptive statistics and presented through graphs and tables. Results: A total of 102 healthcare professionals participated, including 67 from primary care, 8 from secondary care, and 27 from tertiary care. The lowest correct response rates were related to knowledge of cultural, spiritual and symbolic dimensions of the dying process. Only 16.9% correctly recognized that visible rituals and farewell ceremonies should not be avoided in the context of death. Similarly, 30.5% correctly identified that patients in palliative care do not necessarily need to accept death and 52.7% recognized that palliative care does not exclude life-prolonging interventions. Regarding professional self-efficacy, 45.4% reported feeling capable of communicating with patients who express a desire to hasten death. In contrast, 70.7% reported being able to integrate cultural aspects into care, and 72.8% reported the ability to identify complex end-of-life needs and intervene appropriately. Conclusion: Although professionals reported relatively positive self-efficacy in end-of-life care, significant gaps remain in understanding spirituality and culture, particularly regarding farewell rituals. Managing death requires not only technical knowledge but also ethical preparation and sensitivity to address suffering, autonomy, and

patient values. Limited understanding, along with the stigma that palliative care is associated with imminent death, may lead to expectations that patients must accept death, compromising communication and decision-making aligned with dignity-centered care. Strengthening palliative care training is essential to uphold dignity.

Palavras-chave: bioethics; palliative care; spirituality; terminal care.