RESUMO - SAÚDE E ESPIRITUALIDADE

FORGIVENESS AS A THERAPEUTIC TOOL IN PALLIATIVE CARE: THE ROLE OF THE MULTIDISCIPLINARY TEAM AND SPIRITUAL SUPPORT AT THE END OF LIFE

Izabella Caroline Gebrim Rodrigues (bellagebrim@gmail.com)

Júlia Luiza De Faria (juliafaria405@gmail.com)

Camila Rodrigues Ribeiro Metzker Ferro (camilaribeiroferro@gmail.com)

Henrique Metzker Ferro (henriquemetzker@gmail.com)

Erika Renata Nascimento Cavalcanti De Oliveira (erikancoliveira@gmail.com)

Introduction: In the daily routine of a palliative care ward, promoting quality of life and dignity requires an individualized approach—especially at the end of life, when psychosocial and spiritual dimensions can intensify, and even surpass, physical suffering. In this context, existential suffering takes center stage. Consequently, a need for "narrative closure" emerges, in which the patient seeks to resolve emotional pending matters in pursuit of inner peace. Forgiveness—understood as a psychic and relational process involving forgiving others, oneself, and asking for forgiveness—presents itself as a relevant therapeutic strategy. Situated at the interface between spirituality and healthcare, forgiveness, when free from imposition, can be integrated into the care plan,

fostering the reconstruction of meaning and better adaptation to the dying process. Objective: To describe the experience of forgiveness and reconciliation between end-of-life patients and their families, mediated by a multidisciplinary team, in a palliative care ward of a specialized public hospital in the Federal District (Brazil). Method: A descriptive experience report based on systematic observation of healthcare practice and records from the multidisciplinary team throughout 2025 and 2026. Interventions included qualified listening, conflict identification, and the facilitation of structured family meetings. Spiritual approaches were added, including Catholic practices such as the weekly presence of a priest for confessions, always respecting the patient's wishes and autonomy. The analysis was qualitative, centered on the understanding of lived experiences. Results: The active approach to relational conflicts and spiritual suffering fostered significant encounters on both personal and transcendental levels. Team mediations enabled the breaking of prolonged silences, making room for the expression of feelings and the reframing of personal histories. Pastoral activity proved highly relevant: Confession, as a space protected by the sacramental seal, allowed for the exposure of vulnerability, facilitating the transformation of guilt into a sense of belonging and inner peace. A positive impact was also observed in family members, who showed greater emotional preparedness and a healthier grieving process. Conclusion: When integrated into palliative care, forgiveness proves to be an essential therapeutic tool for addressing existential suffering. In this context, Confession transcends religious ritual, establishing itself as a clinical instrument of care that aids in reconciliation, the reconstruction of meaning, and the pacification of one’s biography. Mediated family meetings serve as vital spaces for empathetic listening and dialogue, fundamental for the reorganization of emotional bonds. This highlights the importance of practices that embrace the wholeness of the human person, integrating spiritual and relational dimensions as central axes of care.

Palavras-chave: palliative care; spirituality; forgiveness; quality of life.