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## **THE HUMANIZATION OF DENTAL CARE FOR PATIENTS IN PALLIATIVE CARE: A LITERATURE REVIEW**

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### **ABSTRACT**

**Introduction:** Palliative care is an approach that seeks to improve the quality of life of patients facing a serious or incurable illness and their families, through early identification, careful assessment of the conditions presented and the establishment of a treatment plan to improve pain and other signs and symptoms. The aim of this study was to present the importance of the dental surgeon in the multidisciplinary team in order to achieve humanization and integrality in the care of patients in palliative care. **Method:** A literature review was carried out using the PubMed, SciELO and Google Scholar databases. Articles in Portuguese and English from the last five years, available in full, were selected. **Results:** Palliative care, should go beyond a focus on the disease, but should aim to provide the individual with comprehensive care, in search of comfort, symptom control and dignity even in the process of ending life. When it comes to people hospitalized with serious conditions, oral care is often provided inadequately, whether due to a lack of training or an accumulation of staff duties, or even the absence of a mandatory dental surgeon in the hospital environment. The hospital or home dentistry team needs to play a direct role in palliative care teams, since the oral cavity is very important for people's well-being, as it relates to some basic human needs that impact on quality of life. **Conclusion:** It is therefore clear that humanization in palliative care must include multi-professional care, including the dental team, which provides a more careful, comprehensive and humanized approach to palliative patients.

**KEYWORDS:** Hospice Dental Team. Palliative care. Humanization of Care

## 1. INTRODUCTION

Palliative Care (PC), as defined by the World Health Organization (WHO), is a multidisciplinary approach that aims to optimize the quality of life of patients and their families facing life-threatening illnesses. This care is achieved through prevention and relief of suffering, early identification, careful assessment and treatment of pain, as well as other physical, social, psychological and spiritual symptoms. In this sense, in addition to ensuring a better quality of life for those facing an illness, PC seeks to support the idea that death should occur naturally, providing greater dignity to the patient and promoting a sense of well-being even in the final days [1]. This vision aligns with the growing importance given to patient dignity and quality of life in end-of-life care.

In this context, the oral cavity stands out, since it is often the first place to manifest pain and loss of function, impacting basic functions such as communication, swallowing and eating. Therefore, it is essential that the stomatognathic system receives special care in these patients, seeking greater comfort and dignity [1].

The goals of palliative care encompass knowledge from various areas of practice, requiring multidisciplinary attention. The focus is to promote the relief of unpleasant symptoms, to view death as a natural process of life – without accelerating or postponing it –, to integrate psychological and spiritual aspects into patient care, to offer support so that the patient lives as consciously and actively as possible until the moment of death, in addition to helping family members and friends during the illness and mourning [2].

To cope with the disease, a multidisciplinary team must be able to help the patient and their family adapt to the life changes resulting from the disease. Dentistry must be present among these professionals so that these people can receive comprehensive care, since the oral cavity can be affected by numerous pathogens, as well as present changes resulting from drug therapies that are often present continuously at this stage of life. Therefore, nutritionists, physiotherapists, psychologists, nurses, doctors, dentists and several other professionals need to work together to ensure full care for everyone involved in palliative care [1]. Interdisciplinary collaboration is, therefore, a fundamental pillar in providing comprehensive and effective care [3].

Dental care for palliative patients aims to maintain oral health, since reduced functional capacity caused by worsening of the disease can lead to poor hygiene by the patient. It should also provide pain relief when oral complications have already occurred and provide educational activities for caregivers, family

members, and other professionals involved in oral health care. Therefore, it is extremely important to restore the stomatognathic system to improve the quality of life of these patients [4].

Additionally, it is well known that people undergoing palliative care are immunocompromised, which often causes a failure in the immune system, leading to the emergence of opportunistic diseases. Since the defense cells are unable to fight new hosts, diseases such as candidiasis are recurrent in the oral cavity of these patients. In this sense, dental care in the multidisciplinary team is necessary to prevent these pathologies [2].

Therefore, the objective of this work was to present the importance of the dentist in the multidisciplinary team in order to achieve humanization and comprehensiveness in the care of patients in palliative care.

## **2. METHODOLOGY**

A literature review was carried out, with the following guiding question: “What are the impacts on the quality of life and the reduction of suffering for patients in palliative care who are assisted with dental care?”

Ademias, the PICO strategy was used, where P (population): patients in palliative care, including those who are bedridden, homebound and/or hospitalized; I (intervention): care for these people in search of better living conditions; C (comparison): patients who received multidisciplinary care, including dental care, compared to those who did not receive this care. O (outcome): how dental care can contribute to the well-being of patients in their final moments of life.

In this sense, the articles were searched in the PubMed, EBSCO host, SciELO, Virtual Health Library and Google Scholar databases. Articles and books in Portuguese and English from the last 10 years, available in full, were selected. The guiding words used were: “hospital dentistry”, “palliative care”, “humanization in health”, “multidisciplinary care”.

The selection of articles followed the following process: initially, searches were performed using keywords, applying filters to exclude those that did not meet the defined criteria. After this, the titles were read, discarding duplicate records, and the abstracts were analyzed to verify their relevance in relation to the study question. Finally, the selected articles were read in full.

## **3. LITERATURE REVIEW**

According to the World Health Organization [5], palliative care is characterized by promoting quality of life for the sick person who is in the last moments of his or her life and his or her family members, this is

done through prevention and relief of suffering. Furthermore, it is a basic and essential human right, therefore, these patients need and must have access to technical-scientific and humanization resources that dignify the person's death, in addition to guaranteeing the right to mourning of those close to the deceased [6].

In this sense, the palliative care approach involves a series of interventions that are not limited to the patient's physical health, but also consider their psychological, social and spiritual well-being. When integrated with curative treatment, it can significantly contribute to improving both the patient's quality of life and death in contexts of serious and potentially fatal diseases [2]. Therefore, the multidisciplinary team can act from the moment the disease is discovered, modifying the concept of action only when treatment options are exhausted. Thus, professionals must help the patient and their family to adapt to life changes, from the beginning to the end of the disease [7].

Palliative care involves providing care to patients with serious illnesses and their families. Comprehensive care is essential to prevent, assess, and manage suffering, whether physical, psychosocial, or spiritual, with the aim of providing the best possible quality of life [8]. Furthermore, it is important to ensure that, even in the face of an irreversible condition, the patient receiving this care is experiencing a dignified death process, in which the work of the multidisciplinary team is essential to preserve life and alleviate discomfort and pain in a palliative manner, always focusing on the comfort of the patient and their environment. Thus, a holistic approach is crucial to meeting the diverse needs of terminally ill patients, promoting a dignified death.[7].

Furthermore, in the context of the health system, more than 40 million people require palliative care each year, according to estimates by the Pan American Health Organization [9]. This care involves actions focused on preventing and alleviating suffering, with an emphasis on early identification of symptoms and ongoing treatment of the various dimensions of suffering. The growing demand for palliative care represents a public health challenge, especially due to the global aging of the population, which leads to an increase in the number of elderly people and, consequently, a greater number of cases of non-communicable chronic degenerative diseases (NCDs). Therefore, palliative care can be provided in different contexts, such as in outpatient clinics, hospitals or even in the patient's home, ensuring excellent care without requiring the patient to travel [10].

In dentistry, palliative care involves the treatment of patients with advanced disease, especially when there is impairment of the oral cavity, either due to the disease or the effects of treatment. Dentistry plays a fundamental role in alleviating the suffering of these patients, focusing on improving their quality of life, since oral problems, such as pain and loss of function, are often the first symptoms to appear. Dental care

includes everything from preventive measures to specific treatments, aiming to provide comfort and well-being [7]; [11].

Furthermore, the role of the dentist in palliative care is not limited to dental treatment, but also involves emotional and educational support for family members and the health team. Even in unconscious patients, it is crucial that the dentist communicates, demonstrating respect and care. Oral health has a significant impact on the patient's general well-being, as it is directly linked to nutrition, speech and aesthetics, which, when impaired, affect the quality of life [1].

Palliative care involves a set of care provided in collaboration with family members and caregivers, aiming to improve the quality of life at the end of life, taking into account the experiences, expectations and values attributed to the death of a loved one. Implementing palliative care with the support of the family is directly related to a better quality of death. Interaction with family members creates a bond of empathy, allowing professionals to better understand the patient's needs and, thus, guide and comfort caregivers during this delicate process [12].

Care for patients undergoing palliative care requires an integrated and humanized approach, involving a multidisciplinary team that ensures appropriate interventions to preserve or improve the quality of life of these individuals. To this end, it is essential that this team respects the dignity, ethics and well-being of the patient, always considering a holistic treatment that addresses not only the physical symptoms, but also the emotional and social aspects of the patient [13]. The work of a palliative care team involves defining the patient's goals, aligning medical care with these goals and using all available resources to manage symptoms and support the patient and their family [14]. In this context, the empathy and sensitivity of the health professional are essential to ensure dignified and respectful care, especially during the process of finitude [12].

The palliative approach, in addition to involving care for pain and physical suffering, also focuses on promoting autonomy, maintaining daily activities, and providing emotional and social support to the patient and family. The inclusion of support networks, spiritual support, and guidance for caregivers are crucial elements in this process, helping the patient to deal with the acceptance of illness and terminality [15]; [16]. In the case of cancer patients, collaboration between professionals from different areas becomes even more important to provide comprehensive care that takes into account not only clinical conditions, but also psychosocial and spiritual aspects [17]. In many situations, oral health is neglected in these patients, which reinforces the need for an integrated approach that includes dental care as part of palliative treatment.

Therefore, the humanization of dental care in palliative care is an essential extension of this global approach to care. By integrating oral health management with pain management and attention to emotional and spiritual aspects, health professionals can contribute significantly to the well-being of patients in their final journey. Implementing a caring and empathetic dental practice is essential to ensure that these patients experience the process of illness and terminality with dignity, comfort and the highest possible quality of life [18].

Palliative care is based on principles that encompass several areas of knowledge, with the aim of providing a comprehensive approach to the patient. Among the main aspects, relief of pain and other symptoms stands out, considering not only physical factors, but also psychosocial and spiritual aspects that influence the patient's well-being. To achieve this, technical knowledge of medication prescriptions and non-pharmacological measures is necessary. The palliative care approach also recognizes death as a natural process of life, prioritizing the quality of life that can still be lived, without accelerating or postponing death, which clearly differentiates palliative care from euthanasia. In addition, it integrates psychological and spiritual aspects, helping patients and family members to deal with losses, whether in the personal or social sphere, respecting individual beliefs and values. The goal is to offer continuous support so that the patient can live actively until the moment of death and to ensure that family members also receive the necessary support during the illness and mourning. A multidisciplinary approach, involving different specialties, is essential to address the diverse needs of the patient and family, promoting the best possible quality of life and, often, positively influencing the course of the disease. Early palliative care, starting from diagnosis, is essential to minimize symptoms, prevent complications and promote general well-being, ensuring continuous monitoring adapted to the patient's needs [2].

Dentistry plays a fundamental role in the multidisciplinary palliative care team, as the oral cavity is frequently involved in complications related to both the disease and medical treatments. Several pathological processes can affect the mouth, and the adverse effects of therapies, such as chemotherapy and radiotherapy, can cause painful symptoms, bleeding, difficulties in chewing and speaking, among other problems. Since oral health is closely linked to general well-being, affecting aspects such as nutrition, communication and self-esteem, the presence of a dentist becomes essential. When these aspects are compromised, the patient's quality of life deteriorates, making comprehensive care even more important, which should include the evaluation and adequate management of oral complications [1]; [19]. Palliative care can be provided in a variety of settings, including hospitals and homes, and care is often provided in the patient's home. However, many studies address care in the hospital environment, which makes it important to investigate how these practices can be effective at home, with the participation of a multidisciplinary team. In this context, the inclusion of a dentist is essential to ensure holistic treatment, taking into account the patient's physical, emotional, and social needs. In the case of palliative care in



Intensive Care Units (ICUs), for example, the approach extends to symptom control, communication with family members, and the establishment of goals that ensure a dignified death. The presence of all professionals, including the dentist, contributes to the patient's comfort, both physically and emotionally, by offering complete and humanized care [20].

Palliative care plays a crucial role in improving the quality of life of terminally ill patients, especially in cases of cancer. The approach involves the work of a multidisciplinary team, in which the dentist plays an essential role in the management of oral complications. The dentist works in the prevention, diagnosis and treatment of oral lesions, which can arise due to both cancer and aggressive treatments such as chemotherapy and radiotherapy.[16]. The main objective of this care is to ensure the patient's comfort and well-being, relieving pain and minimizing oral complications that frequently arise, such as infections, bleeding and changes in oral functions [21].

However, many dental professionals face challenges due to a lack of adequate training during undergraduate studies, specifically regarding the care of patients in palliative care. The lack of knowledge about the holistic approach, which encompasses the physical, psychosocial, and spiritual needs of patients, hinders the implementation of effective and comprehensive treatment [21]. For palliative care to be effective, it is essential that dental professionals fully integrate into the health care team, collaborating with other specialists to provide more comprehensive care that is capable of meeting the diverse demands of patients and their families.

Dental work in palliative care is comprehensive and aims not only to control orofacial pain, but also to prevent secondary complications that may arise during oncological treatment, such as oral infections and problems related to eating and speech.[11]. The dentist must ensure that the patient maintains good oral health, through guidance on hygiene, use of soft brushes and control of biofilm, avoiding nutritional complications and infections. In addition, the management of prostheses and the alleviation of adverse effects of radiotherapy and chemotherapy are an integral part of his/her responsibility, with the aim of providing a better quality of life to the patient [2].

The presence of a dentist is also important during home visits, especially for patients who are unable to attend dental offices due to the advanced stage of the disease. In this context, home care becomes an important tool for controlling oral conditions and ensuring that the patient continues to experience the lowest possible level of pain and discomfort, while maintaining their oral health [22]. This humanized care model provides safer and more efficient care, which can make all the difference in the patient's well-being in their final moments.

In short, the integration of the dentist into the palliative care team is essential, as oral health has a direct impact on the patient's quality of life, especially in cancer patients. The oral cavity, in addition to being a reflection of general health, influences fundamental aspects such as the patient's diet, speech and emotional comfort. However, dentistry is still often neglected in palliative care teams, which highlights the need for greater preparation of professionals to act effectively in this context. The joint work between dentists, other health professionals and family members is essential to provide complete and quality care that takes into account all the patient's needs [23]; [24].

The recognition and appropriate management of oral conditions are essential in the context of palliative care, especially for cancer patients who face oral complications resulting from chemotherapy and radiotherapy treatments. The most prevalent oral diseases, such as caries and periodontal diseases, can cause uncomfortable symptoms, such as dry mouth, candidiasis, swallowing difficulties, changes in taste and orofacial pain, negatively impacting the quality of life of these patients. In addition, more serious complications, such as mucositis, xerostomia and secondary infections, can arise, further impairing the patient's general health and affecting the effectiveness of medical treatment. These oral manifestations have the potential to significantly interfere with the patient's well-being, making the role of the dentist within the multidisciplinary palliative care team not only important, but essential for maintaining quality of life and comfort [1]; [24].

The presence of oral infectious foci, such as extensive caries and periodontitis, can further aggravate the clinical condition of patients undergoing palliative care, especially those who have undergone radiation to the head and neck region. Radiotherapy can cause salivary dysfunctions, such as xerostomia, which increase the vulnerability to the development of carious lesions and periodontal diseases due to hyposalivation and changes in the viscosity and pH of saliva. In these cases, it is essential that the dentist, whenever possible, perform interventions such as restorations, topical fluoride applications or even tooth extractions, if the patient has compromised teeth that cause pain or eating difficulties. However, in many cases, due to the patient's fragile health status, dental interventions may be limited, and the priority of treatment should always be symptom relief and patient comfort, ensuring that their oral needs are met in an effective and humane manner [2].

After a complete anamnesis and clinical examination, preventive or treatment measures must be defined. Based on the ANCP Palliative Care Manual, a proposal for a care protocol for patients in palliative care was drawn up.

In patients undergoing palliative care, oral cavity problems may be caused by several factors, including the direct (anatomical) or indirect (physiological) effect of the primary disease, the toxic and dysfunctional



effects of treatments for the primary disease and coexisting comorbidities, or a combination of these factors. To manage these problems, a dental protocol is essential, including oral hygiene guidance for patients, family members and caregivers, with an emphasis on mechanical and drug hygiene, as well as hygiene of dentures, when applicable. The protocol should also include the treatment of non-infectious oral lesions (with topical antiseptic medications, photobiomodulation for analgesia and tissue repair, anesthetic solutions and ointments for pain control, smoothing of sharp tooth surfaces and adjustment of traumatic prostheses), the treatment of opportunistic infections such as candidiasis (with topical or systemic antifungals, cleaning of prostheses and cleaning of the oral cavity after inhaled medications), palliative treatment of xerostomia (with oral and lip moisturizers and salivary substitutes, in addition to dietary guidance) and dietary guidance (avoiding citrus, spicy and hot foods to protect the xerostomic/ulcerated oral mucosa), aiming to provide comfort and quality of life to the patient [2].

In palliative care, patients' oral health should be a priority to ensure their comfort and well-being. The dentist plays a crucial role, focusing on maintaining the integrity of the oral mucosa and preventing cavities, periodontal diseases, and infectious complications. Since many patients may have difficulties with oral hygiene due to physical or psychological limitations, it is essential that the professional guides both the patient and caregivers and family members on appropriate care. The choice of toothbrushes and toothpastes should be made carefully, prioritizing soft brushes and toothpastes without aggressive substances, such as sodium lauryl sulfate, in addition to adjusting the amount of toothpaste to avoid discomfort and the risk of aspiration [2].

Furthermore, the hygiene of dentures, especially in elderly patients, also deserves attention. It is important to ensure that dentures are properly cleaned and disinfected, avoiding infections and oral lesions, especially in cases of xerostomia or loss of facial volume. In some cases, it is possible to adapt the dentures to aid in eating and avoid trauma. Another important aspect is the use of oral and lip moisturizers, which prevent fissures, bleeding and discomfort caused by dry mouth, in addition to helping to reduce trauma to the oral mucosa. These practices are essential to provide comfort and improve the quality of life of patients in palliative care [2].

The presence of a dentist is essential in the care of terminally ill patients, especially those diagnosed with advanced diseases such as cancer. Dental care in this context aims to ensure the patient's quality of life, providing relief from oral pain, preventing infections and systemic complications, and reducing the risks arising from oncological treatments. When properly implemented, palliative oral care reduces the likelihood of complications, such as oral infections and systemic disorders, which can worsen the patient's condition. Thus, dental interventions become an important component in the management of symptoms in cancer patients, with the aim of reducing suffering and improving the patient's comfort and well-being

[25]; [26].

Among the most prevalent oral conditions in patients undergoing palliative care, xerostomia and oral candidiasis stand out, which occur in high rates, negatively affecting quality of life. These conditions can lead to more serious problems, such as malnutrition, dehydration, and even aspiration pneumonia. Xerostomia, for example, makes eating difficult and can be responsible for serious nutritional compromises. In addition, oral manifestations, such as infectious or non-infectious lesions, also contribute to the worsening of other systemic conditions, with the presence of pain, difficulty swallowing (dysphagia), and changes in taste. Proper dental management aims to maintain oral health, providing a healthy mouth free of infections, which reduces the risk of respiratory complications and improves the patient's general condition, especially in intensive care units [14]; [27].

Preventive and management strategies, such as regular oral hygiene and the use of specific mouthwashes, are extremely important to ensure control of oral conditions in patients undergoing palliative care. Based on the physical and psychological conditions of each patient, the dentist must customize the care plan, considering the presence of prostheses, motor difficulties and the general condition of the oral cavity. In many cases, educating the patient, caregivers and nursing staff on proper brushing techniques and the application of products such as chlorhexidine, which has antimicrobial action, can be crucial for the prevention of oral infections. Controlling and reducing pathogenic microorganisms through oral hygiene not only prevents local complications but also protects the patient's systemic health [28]; [29].

Regarding metastatic oral lesions, early diagnosis is one of the greatest challenges. Oral metastases can mimic benign or reactive lesions, making initial diagnosis and appropriate treatment difficult. When metastatic lesions are suspected, excisional biopsy can be a therapeutic alternative to provide relief and quality of life to the patient. In addition, regular examinations of the oral cavity should be performed in cancer patients to identify these lesions early, facilitating treatment and, in some cases, rehabilitation of the patient. In advanced cases, the priority should be palliative treatment, always with the aim of improving the quality of life, alleviating the pain and suffering of the terminally ill patient [30].

#### **4. DISCUSSION**

Palliative Care (PC) assistance represents a multidisciplinary approach essential to optimize the quality of life of patients and their families facing life-threatening illnesses. As defined by the World Health Organization (WHO) [5], this assistance aims to prevent and alleviate suffering, early identification and treatment of pain and other physical, social, psychological and spiritual symptoms. In this context, the oral cavity assumes a prominent role, since it often manifests the first signs of pain and loss of function, directly impacting basic functions such as communication, swallowing and feeding [1].

The goals of palliative care encompass several areas of action, requiring multidisciplinary attention. The main focus is to alleviate unpleasant symptoms, view death as a natural process of life, integrate psychological and spiritual aspects into patient care, offer support so that the patient can live consciously and actively until the end, and assist family members and friends during the illness and mourning [2]. To cope with the disease, a multidisciplinary team must be able to help the patient and their family adapt to the life changes resulting from the disease.

Dentistry plays a crucial role in this context, since the oral cavity can be affected by various pathogens and changes resulting from continuous drug therapies [1]. Nutritionists, physiotherapists, psychologists, nurses, physicians and dentists must work together to ensure comprehensive care for all those involved in palliative care. Interdisciplinary collaboration is therefore a fundamental pillar in the provision of comprehensive and effective care [3].

Dental care for palliative patients aims to maintain oral health, considering that reduced functional capacity can lead to hygiene deficits. In addition, it seeks to alleviate pain resulting from oral complications and implement educational actions with caregivers, family members and other professionals involved [4]. It is well known that patients in palliative care often present immunosuppression, which can lead to the emergence of opportunistic diseases, such as candidiasis [2].

Humanization in palliative care must, therefore, include dental care, providing a more careful, comprehensive and humanized approach to patients. The hospital or home dental team must have a direct role in palliative care teams, since the oral cavity is very important for people's well-being, since it is related to some basic human needs, which impact quality of life.

In short, the role of the dentist in palliative care is essential to guarantee the comfort, dignity and quality of life of patients, promoting a comprehensive and humanized approach that considers both physical and emotional and social aspects.

## **5. FINAL CONSIDERATIONS**

In short, the analysis of the literature shows that the role of the dentist in palliative care goes beyond simply solving oral problems. The inclusion of this professional in the multidisciplinary team promotes the humanization of care, ensuring that the dental needs of patients are met comprehensively. By relieving pain, preventing infections and promoting oral health, the dentist contributes to improving the quality of life and well-being of patients in their final moments, reinforcing the importance of a holistic and individualized approach in palliative care.

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