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THE PROGRAM “MORE DOCTORS”: THE IMPACT ON HEALTH ACCESS IN RIO GRANDE DO SUL ANALYSIS

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Introduction: The “More Doctors” is a Brazilian public policy to improve health access to the public health system (SUS). It is suppose to bring health care to vulnerable communities, including Indigenous Sanitary Districts.

Objective: Identify the municipalities that received the More Doctors program’s professionals, describe the population and the number of existing health teams for the creation of an index.

Methods: Descriptive quantitative study demonstrating the impact of the program on SUS access in the municipalities of RS. Population data and number of professionals will be evaluated. According to the Department of Primary Health Care, municipalities must have at least 1 Family Health Team (FHT) for every 3.000 habitants. The data on the number of teams and number of inhabitants were extracted from DATASUS and IBGE. Subsequently, the rate of FHT for each 3.000 habitants was calculated.

Results: Thirty municipalities were included. Among them, fourteen did not have FHT until the arrival of the doctor. There was a variation between 5.000 residents up to more then 1 million on the population. The index calculated for municipalities ranged from 0.1 to 0.3. The number of health teams was inadequate in all municipalities. Observing almost half of the municipalities, they have an extreme unassisted population. Moreover, the index was low in 100% municipalities.

Conclusion: The data show situations of absence or shortage in primary care of health care in these thirty counties, which reinforces the program’s relevance to access to health care in the municipalities.

Descriptors: analysis on health access; social vulnerability; family health team.

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PALLIATIVE CARE AT HOME: A RIGHT FOR ALL, AN INTEGRATIVE REVIEW

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Introduction: To approach the holistic needs, including the cultural issues, of the patients and their families, Home Palliative Care are essential in a National Palliative Care Program. Only, through this way the care provided can promote the well-being and quality of life of terminal ill and his family by prevention and relief of suffering. It may be provided in different settings, including at home.

Objective: demonstrate the relevance of home palliative care.

Methods: literature review on CINAL, MedLine, ISI database. Keywords “home care”, “palliative care” die at home” and “patients needs”. Were defined as inclusion criteria: English-language articles, published after 2003, in full text, available and analyzed by experts.

Results: from a total of 32 papers, we found that 51% of patients prefer to die at home but sometimes this is impossible because factors such as uncontrolled symptoms, urgent situations, exhaustion, feelings of helplessness and inability of caregivers. However, the possibility of a comprehensive care allows patients to die in their homes, with their families and their symptoms under control.

Conclusions: with the increasing number of terminal ill patients associated with the necessity of equity, fairness and accessibility to health care in terminal phase of the illness, and also to respect the minimum requirements issued by the EAPC (1 team/100,000 inhabitants), it is imperative to ensure palliative care at home by empowering teams to deliver quality care that provide a dignity death according to the choices of patients

Descriptors: home care; palliative care; die at home; patients; needs.

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