

The Perspective of Family Members: Experiences and Perceptions of Palliative Care Practice

O Olhar dos Familiares: Experiências e Percepções Sobre a Prática dos Cuidados Paliativos

La Perspectiva de los Familiares: Experiencias y Percepciones de la Práctica de Cuidados Paliativos

RESUMO

Objetivos: compreender as experiências vivenciadas pelos familiares de pacientes em cuidados paliativos e identificar os aspectos emocionais, sociais e práticos envolvidos no processo de acompanhamento e suporte ao paciente. **Métodos:** Trata-se de uma pesquisa qualitativa realizada no período de agosto a setembro de 2025, cuidadores de pacientes que estiveram ou estão em cuidados paliativos. Para a coleta de dados, foi empregada a técnica de Snowball, que consiste em um método de amostragem em cadeia. Para a análise dos dados, adotou-se a proposta de Análise de Conteúdo conforme Bardin. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa (CEP) da Pontifícia Universidade Católica de Minas Gerais (PUC Minas) CAAE: CAAE 83057624.3.0000.5137. **Resultados:** Os familiares enfrentam sobrecarga física, emocional e financeira, impactando a dinâmica familiar com união e conflitos. O suporte profissional mostrou-se muitas vezes insuficiente, enquanto estratégias de enfrentamento, apoio espiritual e auxílio material atenuaram efeitos negativos do cuidado. **Conclusão:** Os cuidados paliativos impactam profundamente pacientes e familiares, gerando sobrecarga física, emocional, financeira e social aos cuidadores. Apesar das dificuldades, o cuidado pode fortalecer vínculos familiares e promover solidariedade. Lacunas no suporte profissional evidenciam a necessidade de estratégias integradas e humanizadas. Políticas públicas e redes de apoio são essenciais para oferecer suporte integral aos cuidadores. Limitações incluem amostra restrita, dados subjetivos e ausência de acompanhamento longitudinal.

DESCRIPTORES: Cuidados Paliativos; Experiência Familiar; Cuidados ao Paciente.

ABSTRACT

Objectives: To understand the experiences of family members of patients in palliative care and to identify the emotional, social, and practical aspects involved in the process of accompanying and supporting the patient. **Methods:** This is a qualitative research study conducted between August and September 2025, involving caregivers of patients who were or are in palliative care. The Snowball technique, a chain sampling method, was used for data collection. Content Analysis, as proposed by Bardin, was adopted for data analysis. The research was approved by the Research Ethics Committee (CEP) of the Pontifical Catholic University of Minas Gerais (PUC Minas) CAAE: CAAE 83057624.3.0000.5137. **Results:** Family members face physical, emotional, and financial overload, impacting family dynamics through unity and conflict. Professional support often proved insufficient, while coping strategies, spiritual support, and material assistance mitigated the negative effects of care. **Conclusion:** Palliative care profoundly impacts patients and families, generating physical, emotional, financial, and social burden for caregivers. Despite the difficulties, care can strengthen family bonds and promote solidarity. Gaps in professional support highlight the need for integrated and humanized strategies. Public policies and support networks are essential to provide comprehensive support to caregivers. Limitations include a restricted sample size, subjective data, and the absence of longitudinal follow-up.

DESCRIPTORS: Palliative Care; Family Experience; Patient Care.

RESUMEN

Objetivos: Comprender las experiencias de los familiares de pacientes en cuidados paliativos e identificar

los aspectos emocionales, sociales y prácticos involucrados en el proceso de acompañamiento y apoyo al paciente. **Métodos:** Se trata de un estudio de investigación cualitativo realizado entre agosto y septiembre de 2025, con la participación de cuidadores de pacientes que estuvieron o están en cuidados paliativos. Se utilizó la técnica de bola de nieve, un método de muestreo en cadena, para la recolección de datos. Se adoptó el análisis de contenido, según la propuesta de Bardin, para el análisis de datos. La investigación fue aprobada por el Comité de Ética en Investigación (CEP) de la Pontificia Universidad Católica de Minas Gerais (PUC Minas) CAAE: CAAE 83057624.3.0000.5137. **Resultados:** Los familiares se enfrentan a una sobrecarga física, emocional y financiera, lo que impacta la dinámica familiar a través de la unidad y el conflicto. El apoyo profesional a menudo resultó insuficiente, mientras que las estrategias de afrontamiento, el apoyo espiritual y la asistencia material mitigaron los efectos negativos de la atención. **Conclusión:** Los cuidados paliativos impactan profundamente a los pacientes y sus familias, generando una carga física, emocional, financiera y social para los cuidadores. A pesar de las dificultades, los cuidados pueden fortalecer los vínculos familiares y promover la solidaridad. Las deficiencias en el apoyo profesional resaltan la necesidad de estrategias integrales y humanizadas. Las políticas públicas y las redes de apoyo son esenciales para brindar apoyo integral a los cuidadores. Las limitaciones incluyen un tamaño muestral limitado, datos subjetivos y la ausencia de seguimiento longitudinal.

DESCRIPTORES: Cuidados Paliativos; Experiencia Familiar; Atención al Paciente.

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INTRODUCTION

The term "palliative," derived from the Latin *pallium* ("cloak," "protection"), refers to the act of supporting those who suffer. The WHO initially defined Palliative Care in 1990 as comprehensive care for patients who do not respond to curative treatments, prioritizing the quality of life of the patient, family, and caregivers. In 2002, it expanded the concept, describing it as a multidisciplinary approach aimed at people with life-threatening illnesses, focusing on alleviating suffering and addressing physical, psychological, social, and spiritual dimensions¹.

Multidisciplinary work involves the biopsychosocial model that promotes comprehensive care including physical, emotional, social, and spiritual dimensions, aligned with humanized care. It highlights the importance of strong bonds between professionals, patients, and family members, recognizing that psychological well-being involves the entire care nucleus. Evidence shows that positive therapeutic relationships increase acceptance, strengthen emotional security, and, in cases of chronic pain, can even reduce the need for opioids.²

In the Brazilian context, significant advances have been observed in the last decade in Primary Health Care (PHC), a level of care characterized by first contact access, comprehensiveness, longitudinality, coordination of care, and a focus on the family and community, in addition to cultural competence.^{3,4,5}

In this scenario, home care has gained prominence in dehospitalization, especially for patients in palliative care. In addition to reducing costs, it allows care to take place in a familiar and welcoming environment, fostering bonds and understanding of the family's needs. This proximity provides emotional and practical sup-

port at a time of great fragility.⁶

In palliative care, family members can feel supported and secure when welcomed by the team, but they also face emotional challenges, physical overload, and financial and social difficulties. The quality of care depends on clear communication, appropriate guidance, respectful farewells, and ongoing support. Measures such as emotional support, training, and support policies are essential to reduce overload and make care more humane and sustainable.⁷

Thus, the family plays a central role in providing emotional support and stability, which strengthens the patient's health and promotes adherence to treatment. However, they also experience significant suffering, marked by fear, anguish, sadness, and anticipatory grief.⁸

Corroborating the authors, the evidence highlights the need for multidisciplinary support that addresses the physical, emotional, and psychological dimensions of patients and families. However, there is still little literature on humanized care focused on families, indicating the importance of research that explores their experiences and needs in palliative care.

This study aims to understand the experiences of family members of patients in palliative care and identify the emotional, social, and practical aspects involved in the process of accompanying and supporting the patient.

METHODS

This is a qualitative, exploratory, and descriptive study aimed at understanding family members' perceptions of palliative care by listening to their narratives. Data collection took place in October 2025 with 10 family caregivers selected using the snowball technique, which is suitable for accessing specific groups with relevant

experience. The sample was defined by data saturation. Family members of patients in palliative care, aged 18 years or older, who consented to participate were included. Those with verbal or cognitive communication difficulties or who did not complete their participation were excluded.

There were no dropouts or complications during data collection. All family members participated voluntarily, through an informed consent form, answering all questions, with guarantees of ethics, privacy, and confidentiality. The information was obtained through semi-structured interviews using a self-administered questionnaire, conducted between August 18 and 21, 2025, with a total of 12 participants identified as CAREGIVER 1, 2, 3..., aged between 27 and 82 years, four of whom were male.

The following guiding questions were used regarding the experiences of family members of patients in palliative care:

1. What do you understand about Palliative Care (PC)?
2. How would you describe your experience as a family member of a patient in palliative care?
3. What were the main emotional challenges you faced while accompanying the patient?
4. How did palliative care impact family dynamics and interpersonal relationships?
5. What types of support—whether emotional, spiritual, professional, or other—were most significant during this period?
6. Were there any practical difficulties in the daily care of the patient? If so, how did you deal with such situations?
7. Is there anything else you would like to mention?

The interpretation of the statements was performed using Bardin's Content Analysis, which uses systematic procedures to describe and inter-

pret messages. The analysis followed three stages: pre-analysis, exploration of the material, and treatment of the results, including inference and interpretation (Bardin, 2016).

The interviews were transcribed verbatim and the participants were identified as Caregiver 1, 2, 3, etc., ensuring confidentiality and impartiality. The data were organized into three categories of analysis, allowing for an understanding of the emotional, social, and practical aspects of family experiences in palliative care. The research, conducted by NUPES, followed the ethical standards of Resolutions 466/2012 and 510/2016. The study was approved by the CEP of PUC Minas (CAAE No. 83057624.3.0000.5137), and all participants signed the TCLE and the Confidentiality Agreement.

RESULTS AND DISCUSSION

Palliative care aims to promote comfort and quality of life for patients with serious illnesses by offering clinical, emotional, social, and spiritual support. The study showed that family members play an essential role in care but face significant physical, emotional, and financial burdens, as well as changes in family dynamics.

¹²

This section was organized into three emerging thematic categories, which will be presented and discussed based on the scientific literature in order to contextualize the findings in the field of home palliative care.

Family Overburdening in Palliative Care: Physical, Emotional, and Financial Aspects

In situations of incurable diseases, the priority is to ensure patient comfort, while the family caregiver faces overload, emotional exhaustion, conflicts, and financial difficulties. Zhang (2023) highlights the need for

strategies that promote understanding of care, culturally appropriate education about death, and strengthening of family and social support in palliative care.¹⁵

It is noted that family members face burdens that go beyond emotional support. Respondents described the experience as “physically heavy” and “financially heavy,” emphasizing the need to have “at least one person available 24 hours a day for care.”

The financial impact is also significant, especially given the costs related to the purchase of diapers, diets, medications, and the hiring of support professionals, such as nursing technicians. Emotionally, the experience is described as “wearing on family relationships,” generating feelings of helplessness and sadness. The search for spiritual strength was also noted.

These findings highlight the importance of also focusing on the caregiver, recognizing their overload and the need for comprehensive support—physical, emotional, social, financial, and spiritual.

“...it's a little heavy physically... heavy financially, right, diapers, diet, medication, and for those who stayed with her more than my mother, to be able to go out, they had to pay someone... so you really have to be financially prepared...”
(CAREGIVER 1).

“The biggest difficulty was the availability of everyone in the family to take care of him.”
(CAREGIVER 5)

“... There was a family dispute over who would be the 'decision maker' regarding my father's care.”
(CAREGIVER 6)

“...I clung to God, I thought it would pass and that everything would be fine in the end...”
(CAREGIVER 7)

The burden on informal caregivers is influenced by fragile family relationships, lack of support, poor socio-

economic conditions, and direct contact with patients in palliative care, increasing stress and conflict. It is also noteworthy that women predominate as caregivers, reflecting a culturally assigned role.¹⁶

Despite the difficulties, satisfaction in caring and material support can alleviate the negative impacts of the role. Therefore, there is a need for public policies and actions that offer comprehensive support to caregivers, covering emotional, social, financial, and psychological aspects.¹⁴

Thus, caregivers have demands that go beyond the physical and emotional aspects, including financial difficulties and socioeconomic barriers that restrict access to materials and professional support. This reinforces the need for comprehensive assistance and indicates the importance of research aimed at improving policies for informal caregivers.¹²

It should be noted that, in this category, the burden on family members in palliative care encompasses physical, emotional, financial, and social aspects, affecting well-being and family dynamics. Coping strategies, spiritual support, and material resources help to reduce these impacts, reinforcing the need for comprehensive support and policies that value caregivers.

Impacts of Palliative Care on Family Dynamics: Conflicts and Unity

Palliative care transforms family dynamics, initially strengthening the bond between members, but as the process progresses, it can generate conflicts, especially in the division of responsibilities. This reality requires constant adjustments to the routine, as caregivers seek to balance patient care with the preservation of their own health and well-being.

The participants' reports confirm the duality described in the literature: palliative care acts as a “watershed” in family dynamics. While some family

members become more united and collaborative, others face conflicts, especially due to the difficulty in sharing responsibilities. Feelings of guilt, tension, and, in some cases, temporary unity arise, giving way to estrangement after the patient's death.

As follows:

"The day before my father died, we reached an agreement, but as time passed, it was a watershed moment for my siblings and me..." (CAREGIVER 6).

"The biggest difficulty was the availability of everyone in the family to take care of him." (CAREGIVER 5)

"Interpersonal relationships were positive on the one hand... but there were also arguments... In addition to dealing with the sick patient, we also had to deal with our family..." (CAREGIVER 12)
"... Palliative care brought our family even closer together... At the same time, there were challenges in dividing responsibilities..." (CAREGIVER 9)

"We tried to do our best, but some family members had difficulties sharing responsibilities..." (CAREGIVER 11)

"... We felt somewhat guilty for not having that time available..." (CAREGIVER 1)

"... My family went through a strong union, but after the death... the family drifted apart and today we no longer have contact..." (CAREGIVER 5).

The data show that the disease has a profound impact on the family unit, generating tension, emotional vulnerability, and, often, an unequal division of care, which leads to overload and conflict. This reveals the delicate relationship between caring for the patient and managing family dynamics.

In this context, understanding the needs and coping strategies of care-

givers becomes essential for the application of the Calgary Family Assessment Model (CFAM). Through the genogram and ecomap, the CFAM allows the identification of risk factors that affect the family, supports the planning of interventions, promotes a balanced division of responsibilities, and guides care actions directed at family demands.

Thus, nurses play a fundamental role in mitigating family suffering. During the nursing consultation, the application of the CFAM, through interviews with the patient and their family members, makes it possible to identify the real needs of the family and understand the composition of their social support network, guiding targeted interventions and promoting more comprehensive care.

Challenges in Professional Support for Family Members of Patients in Palliative Care

To promote a health approach focused on improving quality of life, it is essential to have caregivers, usually informal, such as family members or friends, who take on the care due to their emotional bond. These caregivers need social and professional support to strengthen their well-being and develop coping skills in the face of the demands of care.

Thus, it is clear that nurses play a fundamental role in directing attention to caregivers, using effective communication, identifying their needs, support networks, and available services, in addition to providing guidance on task delegation and navigating the healthcare network. The role of nursing is essential in promoting integrated care.²¹

The findings of this study reveal that professional support is not always effective. Participants reported difficulties in accessing follow-up care from nurses, physical therapists, and speech therapists, which is considered

essential, and cited situations of failure in care, such as "erroneous processes in the hospital environment."

In other cases, support was simply not available, as families were dealing with multiple stressful events simultaneously. Some participants also reported that the professional team showed a lack of empathy and invaded family privacy. These reports highlight the need for more comprehensive support, capable of serving not only the patient but also the caregiver, recognizing their emotional, practical, and social demands.

"... I was able to detect several wrong processes in the hospital environment, such as the lack of position changes... which led to pressure injuries." (CAREGIVER 3).

"We had no support during that period... we had to deal with the Vale dam in Brumadinho..." (CAREGIVER 3)

"... The indifferent way that nurse spoke to my mother without patience affected me... my mother is gone and the employee is still here. I wonder how many others she will treat like that..." (CAREGIVER 10)

"... I don't think it's a good idea for a family member to accompany the patient in the ICU... The environment didn't help, the professionals talked too loudly, they invaded the family's privacy, and there was no empathy on the part of the professionals..." (CAREGIVER 7).

Humanization policies recognize that support for caregivers is essential, not only for patients, especially in contexts of vulnerability. The findings reveal technical failures, such as the absence of position changes; systemic failures, due to the lack of institutional support; and interpersonal and structural failures, involving insensitive communication and disrespect for privacy. These gaps show

that the presence of family members only contributes to humanized care when there is professional training and protocols that integrate caregiver support.²²

In this sense, extending care to the home through dehospitalization strategies represents an advance in primary health care, allowing for continuous and personalized monitoring of patients in palliative care. This approach contributes to reducing hospital costs, promotes greater physical and emotional comfort, and enables professionals, already familiar with the history of the patient and their family, to offer more comprehensive and humanized care.

In addition, home care helps minimize gaps related to financial support, the caregiver's emotional needs, lack of empathy, and inadequate communication, as well as preventing technical failures, such as the absence of decubitus changes, and systemic and structural gaps observed in hospital settings. Thus, the integration of specialized palliative care, primary care, and formal and informal support networks favors person-centered care, patient safety, and caregiver well-being, promoting humanized and effectively coordinated practices.

In this category, it is observed that professional support for caregivers is often insufficient, with technical failures, inadequate communication, and lack of follow-up. The role of nurses and integrated home care are essential to providing humanized care, safety, and well-being to both the patient and the family.

FINAL CONSIDERATIONS

The findings of this research show that palliative care has a profound impact on both patients and their families, highlighting the physical, emotional, financial, and social burden faced by caregivers. It was observed that, despite the difficulties and conflicts that arise in the family context, the experience of caregiving can also strengthen bonds and promote solidarity among family members.

In terms of professional support, the data point to significant gaps in the care offered to family members, including technical failures, insufficient follow-up, and inadequate communication, which reinforces the need for integrated and humanized care strategies. The role of nurses, through the assessment of family needs and guidance on available re-

sources, is essential to mitigate negative impacts, promote well-being, and support family dynamics.

The results highlight the importance of public policies and institutional actions that recognize informal caregivers as a central element of care, offering emotional, social, financial, and technical support. In addition, the integration of specialized palliative care, primary care, and formal and informal support networks is strategic to ensure safe, comprehensive, and humanized care, benefiting both patients and those who accompany them.

Study limitations: This study has limitations related to the restricted sample, composed of family members of patients linked to a single home palliative care service, which may limit the generalization of the findings. In addition, the data were collected through subjective reports, subject to individual memory and perception, which may influence the interpretation of experiences. Finally, the absence of longitudinal follow-up prevents the analysis of changes in family dynamics and caregiver burden over time.

REFERENCES

1. Organização Mundial da Saúde (OMS). Relato de alívio da dor oncológica e cuidados paliativos. Genebra: OMS; 2002. Disponível em: <https://apps.who.int/iris/handle/10665/39524>.
2. Groß I, Firemark A, Funk MJ, Hertz-Picciotto I, Dunn J, Tulskey J, et al. Satisfaction with primary care providers and health care services among patients with chronic pain: a mixed-methods study. *J Gen Intern Med*. 2020;35:190–7.
3. Carvalho FC, Bonfada D, Souza LPS, Medina MG. Associação entre avaliação elevada da Atenção Primária à Saúde, estado de saúde e uso dos serviços de saúde no Brasil. *Saúde Debate*. 2024;48(141):e8666.
4. Starfield B. Atenção primária: equilíbrio entre necessidades de saúde, serviços e tecnologia. Brasília: UNESCO; 2006.
5. Sarti TD, Almeida APS, Fontenelle LF. Crise global da atenção primária à saúde. *Rev Bras Med Fam Comunidade*. 2024;19(46):4070.
6. Dias MF, Costa MMS, Clausen NC. A importân-

cia dos cuidados paliativos exercidos por médicos de família e comunidade na Atenção Primária à Saúde: uma revisão narrativa. *Rev Bras Med Fam Comunidade*. 2024;34:16.

7. Panisi MEL, Rodrigues ERS, Gomes ICA, Menezes MFP, Viana MNS, França CMJ. A perspectiva dos familiares frente aos pacientes em cuidados paliativos: uma revisão integrativa. *Rev Educ Saúde*. 2024;12(Supl 2).

8. Alves T, Cruz AN, Almeida DR, Cardoso LPS, Pires GS, Vasconcelos RMA. A percepção dos sentimentos dos familiares de pacientes em cuidados paliativos: revisão integrativa. *Nursing (Ed bras)*. 2025;29(320):10482–8.

9. Goodman LA. Snowball sampling. *Ann Math Stat*. 1961;32(1):148–70.

10. Baldin N, Munhoz EMB. Snowball (bola de neve): uma técnica metodológica para pesquisa em educação ambiental comunitária. *Rev Pesqui Educ Ambient*. 2012;7(1):65–77.

11. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº 510, de 7 de abril de 2016. *Diário Oficial da União*. 24 mai 2016.

12. Lapa L, Cardoso M, Rego F. Informal caregiver burden in palliative care and the role of the family doctor: a scoping review. *Healthcare*. 2025;13(8):939.

13. Zhang Y, Zhang S, Liu C. Caregiver burden among family caregivers of patients with advanced cancer in a palliative context: a mixed-method study. *J Clin Nurs*. 2023;32(21–22):7751–64.

14. Marinho JDS, Batista IB, Nobre RADS, Guimarães MSA, Santos-Orlandi AA, Brito TRP, et al. Burden, satisfaction caregiving, and family relations in informal caregivers of older adults. *Front Med*. 2022;9:1059467.

15. Suresh A, TS G, Jaya S. Factors influencing

caregiver burden and its prevalence level amongst family caregivers of patients with palliative care needs and serious illnesses. *BMC Palliat Care*. 2025;24:289.

16. Silva ARF, Fhon JR, Rodrigues RAP, Leite MTP. Caregiver overload and factors associated with care provided to patients under palliative care. *Rev Bras Enferm*. 2021;39(1):10.

17. Salleti LC. Dinâmica familiar e rede de apoio de cuidadores familiares de pessoas com câncer progressivo e suas necessidades para a integralidade no cuidado. *Rev Gaúcha Enferm*. 2024;45:e20240019.

18. Magalhães AS, Maia APS, Balbuena AJA, Moura FOS, Silva MAD, Coêlho PDLP, et al. Percepções do enfermeiro quanto à avaliação da família em um interior do Amazonas. *Rev Eletr Acervo Enferm*. 2023;23(1):e11804.

19. Andrade ICS, Aragão BO, Duarte HSS, et al. Development evaluation among families of people with suicidal behavior: an application of the Calgary model. *Cogitare Enferm*. 2024;29:e92361.

20. Kim B, Hwang IC, Ahn HY, Lee JW. Family relationships and caregiver burden among family caregivers of patients with terminal cancer. *BMC Palliat Care*. 2025;24:207.

21. Moraes LCM, Telles AC, Bittencourt NCCM, Fernandes BB, Santos BB, Baixinho CRSL, et al. Rede de cuidado formal e informal do familiar que cuida do paciente em cuidados paliativos oncológicos no domicílio. *Ciênc Saúde Colet*. 2025;30(5):e02182025.

22. Delfino JD, Oliveira AB, Eufrazio LO, Nunes GE, Souza ES. Práticas de humanização no atendimento a pacientes em cuidados paliativos. *Rev Iberoam Hum Ciênc Educ*. 2025;11(6):2019–31.