

Coffee with Comfort with a Multidisciplinary Team: Perceptions of Users and Family Members in Palliative Care

Café com Conforto com Equipe Multidisciplinar: Percepção dos Usuários e Familiares em Cuidados Paliativos
Café con Consuelo con Equipo Multidisciplinario: Percepción de Usuarios y Familiares en Cuidados Paliativos

RESUMO

Objetivo: Identificar a percepção de pacientes com cardiopatias e seus familiares/cuidadores sobre cuidados paliativos. **Método:** Pesquisa qualitativa, de pesquisa-ação, realizada em instituição pública de referência em cardiologia em São Paulo, entre maio e junho de 2025, junto a pacientes, familiares e cuidadores. A intervenção ocorreu por meio da criação de um espaço de acolhimento e da ação educativa "Café com Conforto", promovendo humanização e participação dos usuários; os dados foram coletados por meio de questionário. **Resultados:** Os pacientes associaram cuidados paliativos ao cuidado integral, humanizado e ao prolongamento da vida com qualidade. Familiares destacaram a qualidade de vida e a terminalidade. A participação na ação educativa gerou satisfação, aprendizado e troca de experiências, além de sentimentos positivos. **Conclusão:** A estratégia possibilitou reflexão e a compreensão sobre cuidados paliativos, envelhecimento com qualidade de vida, fortaleceu o papel da família/cuidador e contribuiu para a humanização e qualificação da assistência.

DESCRIPTORES: Cuidados paliativos; Humanização; Educação em saúde; Cardiologia; Família.

ABSTRACT

Objective: To identify the perceptions of patients with heart disease and their families/caregivers regarding palliative care. **Method:** A qualitative action-research study was conducted at a public referral cardiology institution in São Paulo, Brazil, between May and June 2025. Participants included patients, family members, and caregivers. The intervention involved the creation of a welcoming space and an educational activity entitled "Coffee with Comfort," designed to promote humanization and user participation. Data were collected through a structured questionnaire and analyzed using thematic analysis. **Results:** Patients associated palliative care with comprehensive and humanized care, as well as with the prolongation of life with quality. Family members emphasized aspects related to quality of life and end-of-life care. Participation in the educational activity resulted in reported satisfaction, increased knowledge, and the exchange of experiences, in addition to fostering positive emotional responses. **Conclusion:** The intervention expanded participants' understanding of palliative care, strengthened the role of family members/caregivers, and contributed to the humanization and improvement of care quality.

DESCRIPTORS: Palliative Care; Cardiology; Health Education; Humanization of Care; Family.

RESUMEN

Objetivo: Identificar la percepción de pacientes con cardiopatías y sus familiares/cuidadores sobre los cuidados paliativos. **Método:** Investigación cualitativa, de investigación-acción, realizada en una institución pública de referencia en cardiología en São Paulo, entre mayo y junio de 2025, con pacientes, familiares y cuidadores. La intervención se llevó a cabo mediante la creación de un espacio de acogida y la acción educativa "Café con Consuelo", promoviendo la humanización y la participación de los usuarios; los datos fueron recolectados mediante cuestionario. **Resultados:** Los pacientes asociaron los cuidados paliativos con la atención integral, humanizada y con la prolongación de la vida con calidad. Los familiares destacaron la calidad de vida y la terminalidad. La participación en la acción educativa generó satisfacción, aprendizaje e intercambio de experiencias, además de sentimientos positivos. **Conclusión:** La estrategia posibilitó la reflexión y la comprensión sobre los cuidados paliativos, el envejecimiento con calidad de vida, fortaleció el papel de la familia/cuidador y contribuyó a la humanización y calificación de la asistencia.

DESCRIPTORES: Cuidados paliativos; Humanización; Educación en salud; Cardiología; Familia.

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INTRODUCTION

In recent decades, the Brazilian population has experienced significant changes resulting from demographic transition, characterized by increased life expectancy. At the same time, an epidemiological transition is underway, in which infectious and acute diseases have given way to chronic noncommunicable diseases (NCDs). This scenario calls for greater attention and a reorganization of care practices aimed at people affected by these diseases.⁽¹⁾

The rapid process of urbanization, often associated with changes in the population's habits and lifestyles, is one of the factors linked to the increased incidence of NCDs. Among these diseases, cardiovascular diseases stand out as the leading causes of morbidity and mortality, represent-

ing a major public health problem.⁽²⁾

In Brazil, data from the Information Technology Department of the Unified Health System (DataSUS) indicate that, over the past ten years, more than one million deaths due to cardiovascular diseases have been recorded.

⁽³⁾ Given this reality, it is essential that individuals affected by these diseases receive comprehensive care, including health promotion, prevention of complications, and appropriate management from the moment of diagnosis.

Technological and scientific advances have enabled early diagnosis and improved treatment of cardiovascular diseases, leading to increased survival rates and contributing to an improved quality of life for patients. However, many individuals progress to advanced stages of heart failure and other severe heart diseases, characterized by a high burden of symptoms,

frequent hospitalizations, functional limitations, and a significant physical, emotional, and social impact.⁽⁴⁾ In this context, there is a need for care strategies capable of addressing the multiple demands of these patients, among which palliative care (PC) stands out.

Palliative care is an active, interdisciplinary, and person-centered care approach whose goal is to promote quality of life for patients facing life-threatening illnesses and their families through the prevention and relief of suffering, as well as the early identification and appropriate treatment of physical, psychosocial, and spiritual problems. Currently, this approach is recognized as an essential component of health care systems and should be integrated early on into the treatment of complex chronic diseases, regardless of the possibility of a cure.

^(5,6)

Despite the progress made in the dissemination of palliative care, a misconception about this type of care persists, as it is often associated exclusively with the process of dying and the end of life. This perception, shared by patients, family members, and even healthcare professionals, can generate fear, resistance, and misinformation, delaying its implementation and hindering dialogue about prognosis, treatment planning, and care expectations.⁽⁷⁾

In the context of cardiovascular diseases, the early integration of palliative care into cardiac care has demonstrated significant benefits, including better symptom management, more effective communication among the healthcare team, the patient, and family members, support for shared decision-making, and greater alignment between treatment and the individual's values. In this way, a more humane, safe, and person-centered approach to care is promoted.^(8,9)

The primary goal of palliative care is to promote quality of life through comprehensive care and the reduction of suffering. A systematic review proposed criteria for identifying patients eligible for palliative care, including: the presence of life-threatening conditions; the understanding that eligibility should not be restricted to the type of disease; and the recognition of conditions requiring multifaceted care due to the coexistence of various symptoms.^(7,10)

Palliative care goes beyond promoting comfort through pharmacological interventions. A study conducted at a hospital specializing in cardiology in the city of São Paulo demonstrated that strategies based on the humanization of care can represent important differences in care delivery. Notable among the initiatives developed were Dog-Assisted Therapy, associated with reduced levels of stress and anxiety; the Ágape Project, focused on providing haircuts to boost patients'

self-esteem; and recreational activities, which fostered social interaction and emotional well-being.⁽¹¹⁾

Palliative care requires an interdisciplinary approach, grounded in the recognition of the person as a whole being, with their own needs, values, and unique characteristics. The work carried out by the multidisciplinary team is essential, since palliative care demands not only specific technical knowledge in each field but also skills related to effective communication, the management of complex situations, and shared planning of therapeutic goals. Empathetic communication and collaborative care help reduce suffering, strengthen therapeutic bonds, and deepen understanding of the disease process.⁽¹²⁾

The family plays a fundamental role throughout the course of the illness, being equally affected by the changes brought about by the illness and by the possibility of losing a loved one. Thus, providing spaces for support, professional listening, and the sharing of experiences is an important strategy for minimizing feelings of anxiety, fear, insecurity, and emotional overload, thereby strengthening the support network and promoting greater preparedness to cope with situations related to the progression of the disease and the finitude of life.^(5,13)

Despite the importance of palliative care in the context of cardiovascular diseases, there is a lack of studies focused on its application in the field of cardiology. In addition, challenges persist regarding the provision of integrated care by a multidisciplinary team and the understanding of palliative care by patients, family members, and caregivers. Given this context, the present study is warranted.

METHOD

This is a qualitative action research study, based on Thiollent's framework, conducted in an inpatient unit at a

public referral institution specializing in cardiology in the city of São Paulo. Action research is a methodological strategy in social research in which researchers participate to resolve or clarify problems. In the exploratory phase, a situational diagnosis is performed and problems are identified; in the field study and sampling phase, the research site and population are defined; in the action plan phase, the intervention is designed based on the diagnosis; and in the action phase, implementation takes place, culminating in the description of the results.⁽¹⁴⁾

Phase 1 – Exploratory

The multidisciplinary healthcare team working at the facility—comprising a psychologist, social worker, physician, nurse, and dietitian in their day-to-day practice—noticed that questions frequently arose from families and patients receiving palliative care. These questions concerned treatment approaches, the meaning of palliative care, and how care would be provided, which evoked a wide range of emotions, feelings, and expectations regarding palliative care.

Phase 2 – Study Setting and Sampling

The study was conducted at a state-run public hospital that serves as a referral center for cardiology, specifically in the General Cardiology Unit (UCG), which has 42 beds dedicated to the care of patients with chronic cardiovascular diseases. Among the predominant diagnoses, heart failure stands out, accounting for approximately 44.9% of hospitalized cases. This population is characterized by high clinical complexity, a significant burden of symptoms, and a frequent need for palliative care follow-up, requiring specialized management and a comprehensive approach to disease-related suffering.

In this context, the Palliative Care Group (PalliCor) was established at

the institute to develop initiatives focused on discussing complex clinical cases, drafting care guidelines, and strengthening the culture of palliative care within the institution. Given the complexity of care provided to cardiac patients in advanced stages of the disease, as well as the emotional, social, and spiritual challenges faced by their family members, a need was identified to create a shared space that would foster dialogue, skilled listening, and the sharing of experiences among patients, family members, and the multidisciplinary team.

To this end, in 2022, the “Coffee with Comfort” project was implemented in the General Cardiology Unit (UCG). Conceived by Castillo* as a welcoming strategy, it was developed by the multidisciplinary team. The initiative was aimed at palliative care patients and their family members, with the goal of providing a humane environment for sharing experiences related to illness, the difficulties faced during hospitalization, expectations regarding treatment, and experiences associated with the care process.

The project, developed by the PalliCor Palliative Care Commission, chaired by its creator, involves a multidisciplinary team comprising nursing, psychology, social work, nutrition, speech-language pathology, and physical therapy. The interaction among different professionals and the integration of various fields of knowledge reinforce a biopsychosocial and spiritual approach to care, promoting care centered on the needs of patients and their families.

The program takes place at UCG, which features a space overlooking a tree-lined garden, fostering a welcoming atmosphere close to nature. The gatherings are organized in a conversation circle format, encouraging the expression of feelings, questions, and experiences related to the process of illness. Afterward, participants are invited to share a coffee break, featuring

drinks and food prepared by the staff, allowing interactions to continue in an environment of greater closeness, comfort, and emotional support.

In addition to the monthly meetings, themed events are held on special occasions, such as Mother's Day Café, June Festival Café, Father's Day Café, and Christmas Café. On these occasions, the space is specially decorated to foster moments of connection, warmth, and appreciation for the patients, especially for those undergoing long-term hospitalization, strengthening their sense of belonging and inclusion.

Since its implementation, the project has seen high participation and excellent acceptance among participants. The success observed from the very first meetings has facilitated its institutionalization and consolidation as an important strategy for humanizing the care provided by the palliative care team in the General Cardiology Unit.

One of the initiative's key distinguishing features is the voluntary participation of family members who have already experienced the process of illness and the end of life of their loved ones. By returning to share their experiences with patients and families facing similar situations, these participants help foster realistic hope, broaden understanding of the dying process, and reinforce the importance of care grounded in communication, empathy, and the principles of palliative care.^(5,15)

The project's development is aligned with the institutional mission of the Dante Pazzanese Institute of Cardiology, a public institution affiliated with the São Paulo State Department of Health through the Health Services Coordination Office, which is committed to providing excellent care grounded in ethics, patient safety, innovation, quality, and the humanization of care. These principles are reinforced by ONA Level II – Full Ac-

creditation certification, which recognizes organizations committed to the integration of care processes and the continuous improvement of the quality of services provided.

In accordance with research ethics guidelines, the project was submitted to and approved by the Research Ethics Committee under Certificate of Submission for Ethical Review (CAAE) protocol no. 87060825.9.0000.5462. To ensure the privacy and confidentiality of the participants, the responses were coded with the letter “P” for patients (P1 to P14) and “F” for family members (F1 to F12). The data were organized and interpreted using content analysis.⁽¹⁶⁾

RESULTS

1. Sample Characteristics

The study involved 26 participants, including 14 patients and 12 family members. Regarding the patients' gender, 50% were female and 50% were male; among family members and caregivers, 75% were female. Ages ranged from 30 to 72 years. Among the patients, those over 60 years of age were the most common (57.2%); among family members, those aged 30 or younger or between 41 and 50 years were the most common, with 33.3% in each age group.

2. Perception of the Meaning of Palliative Care from the Patient's

Perspective Category 2.1. Comprehensive and Humanized Care

This category was based on the understanding that patients perceived that being

in palliative care meant being in a special phase that requires greater, alternative, and special care in every sense, as reflected in the following expressions:

“Providing care to everyone, offering comfort and the best possible well-being in patient care.”

(P4)

"Special care for patients in a delicate phase of treatment."

(P8) *"Care for the patient in every way."* (P6)

It is observed that participants associate palliative care with comprehensive care that goes beyond biomedical treatment and incorporates dimensions related to comfort, well-being, and attention to the patient's needs as a whole.

Category 2.2. Humanized Care Centered on Relationships and Environment

Regarding this category, the accounts expressed the importance of relationships in the process of illness and the experience of palliative care from a perspective of both dependence and autonomy on the part of patients, who are involved in decision-making:

"It's when the person depends on the entire hospital and their family to care for themselves."

(P9) *"It's the closeness to the patients."* (P7)

"It's satisfying that the patient is included." (P12)

"It depends on the environment; some are very good." (P13)

During "Coffee with Comfort," it became clear that creating a welcoming environment, close to nature, provided greater comfort and an opportunity for reflection on this stage of life.

Category 2.3. Prolonging Life and Learning to Age

Although these are individual accounts, they were considered significant in this study given the aging process and its impact on life, family, and society:

"Palliative care is about prolonging life." (P5)

"It's about learning to grow old." (P3)

Perceptions of the meaning of pal-

liative care from the family member's perspective Category 3.1. Care from the perspective of quality of life

"It's a way to help patients have a better quality of life, to understand that they'll this time as well as possible." (F2)

"It is care for patients who have no prospect of improvement, merely maintaining their quality of life as much as possible." (F7)

"Care in which the patient is being assisted by a team that seeks to best attend to the frail patient, with little prospect of full recovery; it is care that aims at the patients' quality of life." (F6)

"It is care that provides the best possible quality of life." (F8) *"It is care focused on providing comfort."* (F9)

"It is care provided for an indefinite period." (F12)

The accounts show that family members understand palliative care as an approach that seeks to provide better living conditions within existing clinical possibilities, as observed in the statements that highlight the maintenance of quality of life and comfort as central objectives of care.

Category 3.2. Care from the Perspective of the End of Life

In this category, comments emerged regarding the end of life:

"Care for people who are already terminally ill." (F1)

"Intensive care for palliative care patients—those whose condition is not improving." (F5)

It was observed that families expressed their wishes regarding intensive care for their terminally ill loved ones.

4. Experience of Participating in Café com Conforto

Regarding the second question about what it has been like to participate in Café com Conforto, three categories emerged: satisfaction with having participated and with the learning experience; sharing experiences from the patient's perspective; and feelings of joy, distraction, and relaxation in the face of a difficult situation, as well as a sense of humanization from the family member's perspective.

Category 4.1. Satisfaction with Participation and the Learning Experience

"It was really good to have participated in the lecture, a learning experience that was beneficial for gaining knowledge." (P3, P4, and P5)

Health education is one of the main pillars of compassionate care for patients and their families in palliative care, and the "Coffee with Comfort" session can facilitate this learning process for patients.

Category 4.2. Sharing Experiences from the Patient's Perspective

"It's good because I can hear other people's experiences and stories." (P9)

"I thought it was great because exchanging knowledge is of the utmost importance for overall health." (P10)

"Well, it's nice to hear what the people in the group have to say about life events." (P14)

The patients' statements show how much the opportunity for socialization and the sharing of experiences and life stories can give new meaning to the moment they are living through and how much they can feel supported by knowing they are not facing this situation alone.

Category 4.3. Feelings of Joy, Distraction, Relaxation, and Unity

"It's very interesting to see the patient-family member and the hospital united both with the patient and with the people around him (family, friends, caregivers)." (F9)

"It was really cool—a way to have fun and interact with other people; it was a relaxed moment." (F10)

"Very good—it's an important moment when you can take your mind off things and smile even in the midst of some difficult situations." (F7)

"It's been very enjoyable and fun; it brings a little joy—a moment of joy." (F1)

In this category, we observed the need for family members to unwind and how "Café com Conforto" provided this moment of joy, distraction, pleasant experiences, and relief during this difficult phase of life.

DISCUSSION

The sample of 26 participants, of both genders—with a predominance of older adults among the patients and adult women among the caregivers—reflects the demographic profile of the population served at a public tertiary referral center for cardiology.

During the implementation of "Café com Conforto," the concept of comprehensive and humanized care emerged among the patients. The literature highlights a perception aligned with the World Health Organization (WHO) concept, which defines palliative care as an approach that promotes quality of life through the prevention and relief of suffering in its physical, psychosocial, and spiritual dimensions.⁽¹⁷⁾

With regard to humanized care centered on relationships and the environment, the literature notes that welcoming architectural designs and spaces that bring patients closer to na-

ture and everyday life can help them reframe their experiences and express their emotions.⁽¹⁸⁾

The meaning of palliative care—understood as prolonging life and learning to age—aligns with the aging process in Brazil, which refers not only to the fact that 15.6% of the population is 60 years of age or older, as reported by the Brazilian Institute of Geography and Statistics (IBGE) in 2022, but, above all, addresses a population whose life trajectories bear the marks of social inequalities historically entrenched in the country.⁽¹⁹⁾

The Brazilian aging process is, first and foremost, a reflection of class-based society, as there is a small portion of older adults who age with the health, income, and free time necessary to experience this phase through enriching experiences. According to the IBGE (2022), 14.8% of the older adult population is poor and 2.3% are extremely poor; the poverty rate is twice as high among Black and Brown older adults compared to White older adults, which makes it difficult to experience old age with a good quality of life.⁽²⁰⁾

The diagnosis of a chronic disease, in and of itself, does not immediately determine the need for palliative care for an older adult. What generally necessitates this approach is the progression of the disease and the proximity of death resulting from its complications.

Regarding the perception of the meaning of palliative care from the family member's perspective—as care focused on quality of life and end-of-life care—this aligns with the literature in indicating that palliative care is fundamental to improving quality of life and alleviating the suffering of older adults with severe or advanced chronic diseases, with the interdisciplinary team being indispensable for holistic care.^(21,22)

The "Coffee with Comfort" initiative, as a health education strate-

gy, made it possible to expand family members' understanding of the true meaning of palliative care. The activity's approach, based on dialogue and active listening, aligns with the principles of welcoming patients and building relationships—fundamental practices in the field of palliative care—that contribute to the humanization of care and to the development of relationships that are more attuned to the needs of patients and their families. The participants' statements highlight the family's presence as an integral part of care, reinforcing one of the fundamental principles of palliative care, which recognizes the patient and their family as a single unit of care.⁽²³⁾

Based on the family members' accounts, it can be stated that the "Café com Conforto" initiative contributes significantly to the learning process, promoting not only the transmission of information but also the construction of meaning regarding palliative care, death, and the process of illness. These findings are consistent with the WHO definition, which establishes palliative care as an approach aimed at improving the quality of life of patients and their families facing life-threatening illnesses, through the prevention and relief of suffering in its multiple dimensions.⁽¹⁷⁾

An analysis of the statements made by patients and family members highlights the importance of care strategies that go beyond the strictly biomedical dimension. A recurring theme is the value placed on moments of learning, the exchange of experiences, and collective listening. This is consistent with the literature, which identifies the conversation circle as a dialogical, non-hierarchical space focused on the exchange of knowledge, the sharing of experiences, and reflection, thereby promoting formative action and learning—essential components of human life.⁽²⁴⁾

This space for social interaction and

the expression of feelings can contribute to improving quality of life, even in the face of limiting clinical conditions. Therefore, the analyzed data reinforce that interventions based on listening, the exchange of experiences, and the promotion of moments of social interaction are essential in palliative care, benefiting both patients and family members.

CONCLUSION

The implementation of the “Coffee with Comfort” educational initiative, developed at an institution specializing in cardiology, proved to be a successful experience in humanization and health education. Through an approach that prioritizes skilled active listening and a welcoming atmosphere, the initiative succeeded in demystifying palliative care, reinforcing that this practice is not limited to the end of life but focuses on dignity, the alleviation of suffering, and the improvement of

the patient's quality of life at any stage of the disease.

The results show that utilizing an informal setting—facilitated by the presence of coffee and light refreshments—is essential for reducing hierarchical and institutional barriers between the multidisciplinary team, patients, and their families. The data indicate that, although most participants already have a satisfactory understanding of palliative care, there remains a strong perception that associates palliative care with death.

Misconceptions about palliative care negatively impact care practices, leading to delayed patient referrals and missed opportunities for comprehensive care. Debunking this misconception requires investment in continuing education for healthcare professionals, the inclusion of the topic in academic training, and the dissemination of clear information to the public.

The atmosphere created by “Café com Conforto” proves conducive to

building emotional bonds and a welcoming environment. The presence of coffee and light snacks fosters a casual atmosphere, reducing hierarchical and institutional barriers between patients, family members/caregivers, and staff.

Thus, the “Café com Conforto” support group, offered to patients, family members, and caregivers, appears to be a positive strategy aimed at alleviating the discomforts caused by hospitalization, promoting a welcoming environment and humanized care, and providing clarification about palliative care, as recommended by the National Palliative Care Policy.⁽²⁵⁾

A limitation of this study is that it was conducted with a small sample size, requiring further research to obtain more robust results; therefore, the findings cannot be generalized but should be understood as an analysis of the initial implementation and its impacts on patients with heart disease—an area where there is still a lack of studies.

REFERENCES

1. Casotti CA. Impacto da transição demográfica no sistema único de saúde. *Saúde Com* [Internet]. 2023 [citado em 14 jun 2026];19(2). Disponível em: <https://periodicos2.uesb.br/rsc/article/download/16418/9878>.
2. Tasso BFB, Bernal FC, Caseiro MM. Transição demográfica e mudanças climáticas na gênese das epidemias e pandemias emergentes: correlação ou causalidade? *Unisantia Law Soc Sci*. 2023;12(1):337-344.
3. Brasil. Ministério da Saúde. Departamento de Informática do Sistema Único de Saúde (DataSUS) [Internet]. Morbidade hospitalar do SUS [citado em 14 jun 2026]. Disponível em: <https://datasus.saude.gov.br/informacoes-de-saude-tabnet/>.
4. Souza LC, Castari VRF, Nogueira VP, Furtado MA, Oliveira IMM, Moreira TMM, et al. Análise da evolução histórica do conceito de cuidados paliativos: revisão de escopo. *Acta Paul Enferm*. 2022;35:eAPE01806.
5. Kelley AS, Morrison RS. Palliative care for the seriously ill. *N Engl J Med*. 2015;373(8):747-755.
6. Brasil. Ministério da Saúde. Política Nacional de Humanização da Atenção e Gestão do SUS. Brasília: Ministério da Saúde; 2013.
7. Van Mechelen W, Aertgeerts B, De Ceulaer K, Thoosen B, Vermandere M, Warmenhoven F, et al. Defining the palliative care patient: a systematic review. *Palliat Med*. 2013;27(3):197-208.
8. Knaul FM, Farmer PE, Krakauer EL, De Lima L, Bhadelia A, Jiang Kwete X, et al. Alleviating the access abyss in palliative care and pain relief: an imperative of universal health coverage. *Lancet*. 2018;391(10128):1391-1454.
9. Ferrell BR, Twaddle ML, Melnick A, Meier DE. National Consensus Project Clinical Practice Guidelines for Quality Palliative Care. 4th ed. *J Palliat Med*. 2018;21(12):1684-1689.

10. Paraizo-Horvath CMS, Fernandes DS, Russo TMS, Souza AC, Silveira RCC, Galvão CM, et al. Identificação de pessoas para cuidados paliativos na atenção primária: revisão integrativa. *Ciênc Saúde Coletiva*. 2022;27(9):3547-3557.
11. Souza VF, Moura JRT, Oliveira DVR, Simonetti SH, Castillo MTC. A humanização do cuidado e a qualidade da assistência a pacientes em cardiologia paliativa. *Res Soc Dev*. 2025;14(7):e10514749302.
12. Oliveira DVR, Souza VF, Castillo MTC, Cordeiro AS, Narchi MD, Lima JMC. Déficit de capacitação de profissionais de saúde ao cuidar de pacientes cardiopatas em cuidados paliativos: revisão integrativa da literatura. *Rev Soc Cardiol Estado São Paulo*. 2025;35(4):375-385.
13. Brasil. Ministério da Saúde. Manual de Cuidados Paliativos. 2. ed. Brasília: Ministério da Saúde; 2023.
14. Thiollent M. Metodologia da pesquisa-ação. 18. ed. São Paulo: Cortez; 2011.
15. Radbruch L, De Lima L, Knaut FM, Wenk R, Ali Z, Bhatnagar S, et al. Redefining palliative care: a new consensus-based definition. *J Pain Symptom Manage*. 2020;60(4):754-764.
16. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2016.
17. World Health Organization (WHO). National cancer control programmes: policies and managerial guidelines. 2nd ed. Geneva: WHO; 2002.
18. Sanches Lemes Soares V, de Paula Oliveira I, Imai C. Ambientes destinados aos serviços de cuidados paliativos: atributos físicos e recomendações projetuais. *SBQP [Internet]*. 2025 [citado em 14 jun 2026];9(1):1-8. Disponível em: <https://eventos.antac.org.br/index.php/sbqp/article/view/7864>.
19. Instituto Brasileiro de Geografia e Estatística (IBGE). Censo Demográfico 2022 [Internet]. Rio de Janeiro: IBGE; 2022 [citado em 14 jun 2026]. Disponível em: <https://www.ibge.gov.br/>.
20. José Maria A, Castro EV, Cordeiro AS. Envelhecimento, serviço social e cuidados paliativos: reflexões do Núcleo de Estudos em Envelhecimento e Serviço Social "Ivone Lara". *Anais do 18º Congresso Brasileiro de Assistentes Sociais*; 2025; Salvador, BA, Brasil.
21. Faria MR, Merçon JCA, Malveira LL, Correa KFR, de Oliveira Júnior GC. Cuidados paliativos em geriatria: um estudo dos princípios e práticas dos cuidados paliativos para idosos, com foco na melhoria da qualidade de vida e no alívio do sofrimento. *Braz J Implantol Health Sci*. 2023;5(5):460-472.
22. Souza LA, et al. Percepções de familiares sobre cuidados paliativos em hospital geral. *Ciênc Saúde Coletiva*. 2019;24(11):4193-4202.
23. Instituto Nacional de Câncer (INCA). Cuidados paliativos [Internet]. Rio de Janeiro: INCA; 2024 [citado em 14 jun 2026]. Disponível em: <https://www.inca.gov.br/>.
24. Oliveira PBR, Gama RP. Roda de conversa: um instrumento metodológico tecnológico-formativo-coletivo na pesquisa em educação. *Rev Educ Polít Debate*. 2024;13(2):a2024-71286.
25. Brasil. Portaria GM/MS n. 3.681, de 7 de maio de 2024. Institui a Política Nacional de Cuidados Paliativos. Brasília: Ministério da Saúde; 2024.

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