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Public Policies and The Professional Management, Nurse in Palliative Care

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This paper aims to highlight the importance of autonomous management of the nursing professional in the planning, execution and evaluation of palliative care. In this vein a systematic review of journal high-impact palliative care paper was published between 2010 and 2018, (Consorcio Nacional de Recursos de Información Científica y Tecnológica, CONRICYT database).

Finding 46 journals with 110 articles within the inclusion criteria which identified the role of the health team in palliative care plans, made a clear role difference of each ones team in palliative care.

México´s palliative care begins to be relevant as of 2008 [1] , after creating the Clinical Guide to Pain and Palliative Care where the use of opiates and side effects is regulated for the first time as part of a new scheme for treatment. Based on this experience, the EIGHTH BIS TITLE on Palliative Care for Patients in Terminal Situation is published on November 1, 2009 in the Official Gazette of the Federation (DOF).

It is until 2013 that the Regulations of the General Health Law regarding the Provision of Health Care Services in CHAPTER VIII BIS are amended, in relation to the provisions established for Palliative Care Services [2].

In 2014, the Official Mexican Standard NOM-011-SSA3-2014 [3] was published; underline criteria for the care of patients in terminal situations through Palliative Care. In 2016, an agreement is made declaring the mandatory management schemes of Palliative Care, as well as the processes indicated in the Guide to the Comprehensive Management of Palliative Care in the pediatric patient; but the management nurse autonomy plan care are subordinate to the physician decisions still, unlike other countries where actions are carried out leaving the responsibility in the nurse [4].

Finally, in August 2018, the norm was modified by declaring the obligatory nature of the Palliative Care Integral Management Schemes, as well as the processes indicated in the Management Guide, published in December 26, 2014.

Palliative care in Mexico is mandatory by The General Health Council, ensuring its availability and access throughout the National Health System. So once the patient has been identified as a beneficiary of Palliative Care, the multidisciplinary health team jointly proposes a palliative management plan for the patient and his family [5].

It is in 2010 that the first certification as an angiologist and palliative physician is granted in México, however there are 250 registered physician with exclusive courses in palliative care. Currently the National Polytechnic Institute (IPN) will be offering the specialty in palliative care, unlike the University of Guadalajara that already Medical Specialty in Palliative and Pain Medicine [6].

Although there are more than seventy Universities in Mexico, only five of them include palliative care learning units in their undergraduate program: two of them are required whereas it as compulsory three other are optional [7]. On the other hand, in nursing studies, palliative care learning units are barely offered by four universities, although the specialty in palliative care nursing is officially registered [8]. Fortunately the trained academic staff in this field is growing.

The International Nursing Council [9] (ICN), in its declaration on the care of dying patients and their families, states that the role of nursing is essential for palliative care aimed at reducing suffering and improving the quality of life of patients dying and their families through a rapid assessment, identification and management of pain and physical, social, psychological, spiritual and cultural needs. However, in México the nursing professional does not yet have the autonomy to manage the care plan on palliative care.

Public health policies have been identified elsewhere while México, unlike the United States of America and Canada, does not make clear the role of the health team in palliative care, referring

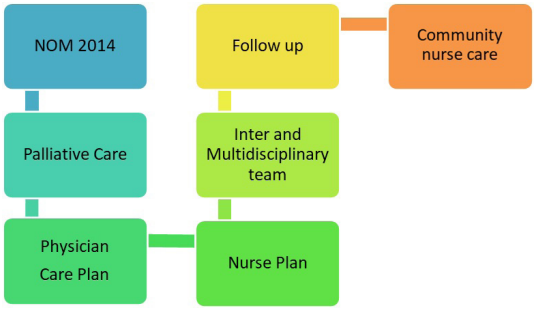
only to the physician´role [10].

In Canada, for example, the role of the nursing professional and the decision-making process on the development of palliative care plan could be done by the nurse as long as they were trained in this area and hold special certification [11].

However, in Mexico, the Official Mexican Standard (NOM-011-SSA3-2014) specifies the roles of the health team that must intervene in the palliative care plan, but it is the doctor who makes all the decisions in this regard, and without the voice of the nurse, the decision and autonomy to design the palliative care plan for the patient does not depend on the nursing professional.

Due to this, it is necessary to update the Official Mexican Norm regarding autonomy in the nursing professional decision-making dealing with the elaboration and palliative care execution, thus avoiding a process exclusively centered on the physician. For this reason, the nurse profession needs the empowerment into the health polices and palliative care because they are the link between the patient and the real community needs, then if the nurse does not have the power to design actions plans then the impact on palliative care it will be limited.

Attention model Palliative Care Policy



This model shows how participation in the management of palliative care carried out by nursing staff not only impacts the institution, but also the community. Thus the nurse professional have to determine the care plans because only she or he knows the patient reality. Attention to palliative patient´s care will have to evolve at some point towards the importance of the nurse's role in managing independently the palliative care plan.

The nurse professional have tools like Nursing Interventions Classification (NIC), Nursing Outcomes Classification (NOC) and NANDA than help to make a better decisions about the care plan. Indeed, the nurse is capable of doing and diagnosties like. Clinical trial regarding a group of nursing diagnoses that occur together, being better treated together and through similar interventions [12] even that, Nanda does not have yet a palliative care diagnostic per se in each one, but the important is that nurses have the capacity to apply this instruments and empower a diagnostic with a plan care even for a urgent palliative home care [13,14].

If the nursing care process [15] included the evaluation step, this professional has the power to modify the care plan as necessary, but in Mexico this work must be authorized by the physician. In this scenario, even the patient awaits the approval of their physician's instructions for the nurse and, therefore, feels that he (the physician) is doing a good job with them.

On other hand, the nurse´s profession needs to be updated and continuously trained [16], because despite on the fact that they have the skills and abilities. Diseases evolve after new signs and symptoms and, consequently, new strategies for the patient management are needed, including use of technological advances.

Conclusion

In conclusion, the health system in Mexico needs evolve towards the autonomy of the nurse's work, recognizing her abilities and skills to make decisions in the nursing process both in assessment, diagnosis, planning, implementation and evaluation of the patient in palliative care.

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