



ISSN: 2230-9926

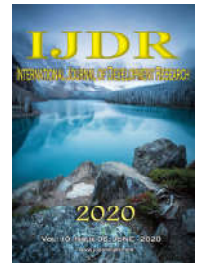
Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research

Vol. 10, Issue, 06, pp. 37306-37310, June, 2020

<https://doi.org/10.37118/ijdr.19150.06.2020>



RESEARCH ARTICLE

OPEN ACCESS

MAINSTREAM APPROACH APPLIED TO NURSING ASSISTANCE TO PATIENTS IN PALLIATIVE CARE

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ARTICLE INFO

Article History:

Received 17th March, 2020

Received in revised form

21st April, 2020

Accepted 03rd May, 2020

Published online 30th June, 2020

Key Words:

Bioethics, Nursing Care, Palliative Care.

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ABSTRACT

Objective: to identify in the literature the scientific evidence on the applicability of the mainstream approach in nursing care to patients in palliative condition. **Method:** Integrative review, qualitative approach, using thematic content analysis for interpretation and study of the samples. **Results:** With descriptors indexed in the VHL databases and respecting inclusion and exclusion criteria, a total of 7 articles resulted. **Discussion:** The categorization of the findings was performed, those were: Respect and valorization to the principle of autonomy; Respect and valorization to the principles of beneficence, not maleficence and justice; and Respect and appreciation of communication as an essential element in the mainstream approach to the palliative patient. **Final Thoughts:** It is evident that bioethical issues are faced daily by health professionals, especially nurses. It recognizes and values bioethical principles as a tool to guide nursing care for patients in palliative care and aims at family and communication as integral parts of this therapy.

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Citation: Johnata da Cruz Matos, Sérgio da Silva Barbosa, Guilherme José Silva et al. "Mainstream approach applied to nursing assistance to patients in palliative care", *International Journal of Development Research*, 10, (06), 37306-37310.

INTRODUCTION

The World Health Organization (WHO, 2011) defines Palliative Care as assistance based on promoting the quality of life of patients and their families who fight against a disease that threatens the continuity of life, preventing and minimizing pain, in addition to support physical, psychosocial and spiritual. Currently, the concept is based on principles that ensure holistic assistance to the patient, in addition to adding spirituality and also placing the family at the center of this therapeutic approach, where it is not abandoned, being assisted even in the postmortem and in the period of mourning. Hermes and Lamarca (2013) affirm that this care must be applied by an interdisciplinary team, where each professional recognizes his / her performance limit, contributing for the patient to receive an individual, fair and dignified treatment, providing the ability to develop resilience. Palliative care requires knowledge beyond technical intervention, it requires

humanitarian competence that in which assistance outside this line becomes ineffective, exaggerated and even unnecessary, as the aim is not to cure the disease but to prevent suffering from evolving in such a way that the patient can no longer stand to stay alive. Among the professionals that make up the multidisciplinary team, nursing is highlighted for having the possibility of maintaining greater contact with the patient and their families, thus establishing a relationship of trust essential for the success of care. As a member of the health team, in palliative care, it plays a fundamental role, since it accompanies the patient on a daily basis, from the moment of diagnosis until the end of the process of human terminality, helping him to face a reality impregnated with pain and fear of a terminal disease (FERNANDES, et al., 2013). The nurse is responsible for providing a participative dialogue with the patient and relatives, providing the necessary information, thus establishing a relationship of trust. This requires the use of meaningful tools such as communication and knowledge about

bioethical issues. It is necessary that this professional has communication skills, as this ensures a better agility during his care, obtaining positive results for the patient (FERNANDES, *et al.*, 2013). Communication in nursing, employed in a therapeutic way, allows the professional to look for help patients to better adapt to situations, identifying and meeting their health needs, in addition to transmitting confidence so that they feel satisfied and safe, reducing fear and anxiety, allowing them to participate in their treatment (PETTERSON and CARVALHO, 2011). The ethical commitment to be adopted by nursing professionals, especially in relation to human care, should consider bioethics to help a practice of actions based on a critical and reflective posture, which considers human dignity, rights and life itself in a multidisciplinary manner (PETTERSON and CARVALHO, 2011). In order to guide the palliative intervention, the professional should adopt important bioethical issues, as they will contribute to the proposed therapy and approach. For Silva *et al.* (2014) it is important to adopt bioethics in order to set limits on the actions of professionals promoting openness so that the patient comes out of the passive condition, becoming a protagonist of their choices. Thus, the principlist approach applied to nursing care basically encompasses: autonomy, beneficence, non-maleficence and justice. For Felix *et al.* (2014), autonomy concerns the individual's ability to decide or seek what he thinks is best for him. The professional should recognize the individuality of each patient, respecting the idea that each person has their opinion and ideals of life. Relating assistance, this principle provides the patient with the possibility of deciding his/her personal goals without any kind of coercion.

The principle of beneficence is about promoting the good to the patient intentionally, for this the health professional must master aspects of his care. Knowledge is important in this principle so that during its approach the risks that could be caused to the patient are eliminated. The intention is to minimize their suffering, and based on this principle the professional should always seek the best therapeutic option for the patient, thus keeping in mind its totality, valuing the holistic being (FELIX *et al.*, 2014). Reinforcing the previously principle, non-maleficence states that technical assistance should not cause any harm to the patient, for this is essential that the professional should have the appropriate knowledge regarding the pathology, its symptoms and therapies in order to better outline his/her interventions. For Koerich *et al.* (2005) if a given technique offers any type of risk, even if minimal, another mode of execution with less discomfort should be investigated. The principle of justice is based on equity, which for Moura PFS *et al.* (2015) represents giving each person what is due according to their needs. This principle also observes equality in treatment without discrimination, be it racial, social, gender, religious, or of any nature; recognizing that each individual is unique and must be considered in its entirety. In order to contribute with the theme approached the review brings a relevant question, bioethics is a fundamental aspect to guide nursing assistance in palliative care, because it confers principles that determine the excellence of the assistance in the professional/patient/family relationship, providing a greater openness, participation and understanding about the purpose of palliative intervention. In view of this therapeutic modality based on bioethical principles, there is an interest in developing the present study through the following question: what is the scientific evidence on the applicability of

the principlist approach in nursing care to patients in palliative care?

Thus, the present study aims to identify in the literature scientific evidence on the applicability of the principlist approach in nursing care to palliative care patients.

MATERIALS AND METHODS

The study deals with an integrative review, which according to Souza *et al.* (2010) is an approach that provides the realization of a knowledge analysis referring to independent studies on an understanding of a complete theme, in a systematic and orderly manner, contributing to an improvement of the theme. This research method allows the analysis of several published studies and allows the general analysis of a determined area of study. It is a valuable method for nursing, as professionals often do not have the time to read all the available scientific knowledge due to the high volume, in addition to the difficulty in carrying out a critical analysis of studies (MENDES, *et al.*, 2009). It is a comprehensive form of research that provides a study with scientific literature that works with theoretical and empirical evidence. In addition to allowing the updating of knowledge through comparison in different years. The scientific evidence is a set of information used to confirm or deny a scientific theory or hypothesis. As EC are the results of objective and scientific research, they use procedural methods that incorporate validity requirements, minimizing the degree of bias. To consider the results of studies as ECs, they must obey the criteria of viability, adequacy, significance and effectiveness. For the lifting of the articles, the Virtual Health Library (VHL) database was used: Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF), Online Literature Search and Analysis System (MEDLINE) and Scientific Electronic Library Online (SciELO). The descriptors used to search for articles were: "Bioethics", "Nursing Care" and "Palliative Care", interconnected through the Boolean operator "AND", according to the classification of Health Sciences Descriptors (DeCS) in portuguese and english. For inclusion criteria were considered scientific journals published in Portuguese and English in 2012 to 2018, articles that answer guiding questions and that contemplate the research objective. The requests for exclusion were repeated articles, which do not present their content in full, which do not fit the period defined for a research, recover integrative analyzes and exhibit the objective or research that diverges from the predicted. For the study and interpretation of the keywords used in the analysis of thematic content, the second Bardin (2011) is a union of several techniques in order to reproduce the information provided in the texts, interviews, interviews, through stages: pre-analysis, exploration of material with categorization, treatment of results, inference and interpretation. For an analysis of the articles we also adopted the Qualitative Checklist CAESP, as a guideline to verify the quality of the sample. The checklist helped to prepare the study, making it evident and summarizing the relevant aspects of the results found during the investigative reading, including weaknesses found or not selected.

RESULT AND DISCUSSION

The study consisted of 7 articles, and in order to arrange them in an organized manner for better understanding and to configure a greater ease in verifying the existing relationship

Quadro 1. Agrupamento dos artigos segundo título, autores, ano de publicação, periódico, tipo de pesquisa e objetivo. Brasília – DF, Brasil. 2020

Year	Title	Authors	Periodical	Type of research	CASP	Level of evidence	Aims
2017	Orthothanasia in intensive care units: nurses' perception	SANTANA JCB, et al., 2017	Rev. Bioét.	Qualitative	8	IV	Understand the meaning of the process of dying with dignity in intensive care unit in the perception of nurses.
2016	Palliative care and bioethics: study with nursing assistants	ANDRADE CG, et al., 2016	J. res.: funda care. Online	Qualitative	10	IV	The objective was to investigate the ethical observances used by nurses when assisting the patient with no possibility of cure.
2016	Perception of intensive care nurses at a regional hospital about dysthanasia, euthanasia and orthothanasia.	SILVA RSS, et al., 2016	Rev. Bioét.	Qualitative	10	IV	This study analyzes the perception of intensive care nurses at a regional hospital about the concepts of dysthanasia, euthanasia and orthothanasia and possible bioethical implications in the care of the terminally ill.
2015	Ethical problems identified by nurses in relation to users in critical situations	NUNES L, 2015	Rev. Bioét.	Qualitative	9	III	It presents the results of the analysis of the ethical issues identified by nurses before users in critical situations, of imminent risk of death, whose survival depends on advanced methods of surveillance monitoring and therapy.
2015	End of children's life: nurses' perceptions and feelings	MENIN GE e PETTENC MK, 2015	Rev. Bioét.	Qualitative	8	IV	Understand the perceptions and feelings of the professional nurses regarding the process of infant death and dying.
2013	Palliative care in HIV / AIDS patients: principles of bioethics adopted by nurses	VASCONCELOS MF, et al., 2013	Ciência&SaúdeColetiva	Qualitative	10	IV	Investigate the principles of Bioethics considered by nurses inserted in the research when assisting the patient with HIV / AIDS under palliative care.
2013	Nursing and terminal teachers in dignified conditions	SANTANA JCB, et al., 2013	Rev. Bioét.	Qualitative	10	IV	Understand the meaning attributed by a group of teaching nurses about the phenomenon of orthothanasia.

between them, a table was created for summarizing the data for observation and analysis in a clear and objective way samples, as shown below.

DISCUSSION

Respect and appreciation of the principle of autonomy: Palliative Care aims at a more humanized and integral assistance, to obtain such proposal it is necessary for this new therapeutic philosophy to be guided by the existing bioethical principles. Among them, the capacity of the patient, which concerns him, is fundamental, and simulates the choice of decisions about his treatment. Bioethical principles are instruments that guide the practice of nursing professionals, especially the principle of autonomy, respecting the patient's wishes, in order to provide humane care in the search to promote the natural course of life using palliative care, accepting death and deciding not to invest in unnecessary investments (SILVA, *et al.*, 2016). This principle is defined as being an individual of freedom, a domain of self, reflected in the capacity of reason to confer the unique interests of human nature. Therefore, it is the patient's right to be guided on palliative care, to know a pathology that accommodates well as well as the treatment, thus being able to decide the best way to live (ANDRADE, *et al.*, 2016). Autonomy is seen as one of the central and essential values for the practice of Palliative Care. The capacity of the patient is undeniable as being a basic principle, where the actions are consistent with what he believes, and no health-disease process concerns the choice and how he controls the use of treatment, being a necessary aspect for the practice of assistance palliative (VASCONCELOS, *et al.*, 2013). In this sense, Rodrigues *et al.* (2015) states that respect for the principle of autonomy provides understanding, dialogue and trust, which allows the patient to consent to changes in his body, proposed by the professional, better application or cure. Do the same for Tavares AR *et al.* (2011), it is important to allow the patient himself to choose or be made

in relation to treatment and that there is no type of manipulation or influence that reduces his freedom of decision. Within the multidisciplinary team or nurse, it is seen as a facilitator of the promotion and quality of palliative care, since nursing has its values based on a holistic view, having a responsibility for the valorization of this principle, since this is the professional who has spent the most time passes the bedside thus encouraging patient participation (ANDRADE, *et al.*, 2013). Intertwined with this principle, including the relevance of an effective dialogue, this being the essential element for the patient, being aware of his illness and therapeutics for those who can decide the best possible way or the future path he wants to take during this phase. (VASCONCELOS, *et al.*, 2013). Information is a territory of ethical problems in health care, linked to decisions and user self-determination, as it provides the same information for resources for deliberation and decision because it seems closely articulated with consent (NUNES, 2015).

In the impossibility for the patient to demonstrate his concerns about the treatment, a family with the multidisciplinary team becomes responsible for taking the decisions related to palliative care. Reinforcing that, as each patient is unique, the family must be seen as such, also respecting their autonomy in the face of the moment of experience. For there to be conduct based on bioethical principles, it is essential to insert a family of patients in the care process (SANTANA, *et al.*, 2017). Transparent and objective communication is extremely important, as it helps both the professional and the patient and their families to make therapeutic decisions. It is mandatory that the nurse insert a family as an integral part of care, also becoming warmer in attention, understanding, respect, support and establishing a clear and effective way of communication (MENIN, PETTENON, 2015). The family group is an organized whole. When one of them is tampered with, there is family breakdown, as the roles of each individual are reorganized. This brings a feeling of emptiness for everyone and, therefore, how attention turns to the "absent" component of

coexistence. Feelings of insecurity, fear, sadness, anguish, anxiety and stress arise in relation to the individual's condition and the environment in which he finds himself. This situation requires support from the health team. In the imminence of illness and / or death, health professionals constitute pillars for the family, being considered fundamental in this process, given that the patient's family members are never involved with facts caused by loss (SANTANA JCB, *et al.*, 2017).

Respect and valorization of the principles of beneficence, non-maleficence and justice: Respect and appreciation of the principles of beneficence, not maleficence and justice are also essential for nursing professionals, in order to assist assistance with a holistic view of the patient in Palliative Care. The principle of beneficence is based on the process of doing good and avoiding evil, that is, maximizing benefits and reducing the risks used. Thus, this principle allows the nursing professional to maximize the benefits and the patient using a promotion of assistance in a holistic perspective, which meets their needs, workshops, psychosocial and spiritual, as well as reducing the number of damages arising from health care., mainly in relation to the technical procedures that involve the treatment process (ANDRADE, *et al.*, 2016). Based on this understanding, or respect for the principle of beneficence, it is possible to maximize the benefits to the patient using a promotion of assistance in a holistic perspective, that is, that meets their needs, exercises, psychosocial and spiritual, as well as changes in performance causal factors arising from health care, mainly in relation to technical procedures that involve the treatment process. Thus, it becomes visible that a benefit is the guiding principle of health care and that goes beyond the technical care practice (VASCONCELOS, *et al.*, 2013).

For Costa *et al.* (2016), the benefit principle requires that the important and legitimate interests of individuals are met and that, as far as possible, damage is avoided, through the use of technical knowledge and skills to test risks and maximize benefits for patients. Almeida RA *et al.* (2015) reiterate that benefits such as protecting and defending the rights of others, seeking to avoid other damages, removing conditions that cause harm to others, helping disabled people, helping people at risk; that is, it tries to apply the resources of medicine to heal, alleviate suffering, improve or be well. The need to offer dignity to the terminal patient appears as a process aimed at death and when dying with dignity, it is not necessary to interrupt the curative measures that do not mean the end of care. On the contrary, it reveals the beginning of a series of care aimed at mitigating suffering and acting in favor of comfort. Palliative care avoids greater suffering and suffering, reduced quality of life and the patient, as long as it is their will, demonstrated by a living will, or interpretation of their will, signed by their legal representative (SANTANA, *et al.*, 2013). The principle of non-maleficence (*primum non nocere*) consists of not incorporating any damage, that is, damage, and even if it is not a benefit, it can be ethically positive as long as it does not cause damage. An omission can cause damage (VASCONCELOS, *et al.*, 2013). It is necessary to assess the risks of each clinical decision in a team, with patients and their families, and promote them with the principle of non-maleficence. Therefore, the professional must commit to judge and avoid the foreseeable damages. The logo is not enough to have good intentions, it is necessary to avoid any situation that represents risks and calculate whether the way of acting is not harmful to the patient without possibilities of cure or if, in some way, it offers risks (ANDRADE, *et al.*, 2016). According

to Crippa *et al.* (2015), non-maleficence determines that any professional intervention must avoid or minimize risks and damages, or that implies not doing harm, in any case. It is considered by many or the fundamental principle of the hypocratic tradition of medical ethics that it advocates: "it creates or inhabits two things: to help (to help) or, at least, not to cause damage". For Mabtum MM and Marchetto PB (2015), this principle imposes on the agent or duty to intentionally interrupt or cause a condition of research subject or procedure that involves human beings, finally this conduct is a question of ethics, morals and human dignity. Often, as professionals' concerns are as therapies, focused on correcting homeostatic imbalances, hemodynamic stabilization and ventilation conditions, restoring and maintaining blood volume, as well as repairing electrolyte imbalance, metabolic changes and controlling ache. In summary, much of the attention is not compatible with systems (NUNES, 2015). In contrast or humanized care, it emphasizes the holistic view of the patient by the multidisciplinary team, since it addresses all their needs and considers possible measures to improve their quality of life (SANTANA, *et al.*, 2013).

Palliative Care must be based on the principle of justice, which aims to treat human beings as equals according to their needs and needs, respecting the impartial form or the right of each patient. Just as the principle of autonomy is attributed, in general, the patient and the benefit, the doctor and other health professionals, the principle of justice and respect for the community (VASCONCELOS, *et al.*, 2013). There is no concern with the principle of justice, some nurses highlight the importance of promoting fair and equal care, without discrimination of any kind (ANDRADE, *et al.*, 2016). The aspects related to the distribution of human resources if they have been placed more acutely in recent years. This brings health justice and health care issues into focus and anchors reflection and discussion on resource distribution from the perspective of social justice and equity. It stands out, in particular, among these aspects of availability, considered as an adequate offer of services that allows the opportunity to use health care. It seems evident that, for a strategy to reduce inequalities to be feasible, it is necessary that the allocation of human and financial resources be carried out according to the need for savings, with rationalization of resources (NUNES, 2015). According to Saraiva (2014), access to health care based on a fair distribution of resources, discounts on opportunities and quality assurance standards in care can be called into question, without disregarding the funding of the health system, determinant in this whole process. Distributive justice as an ethical principle presupposes equity in the allocation of resources. Comment that you usually add the concept of justice or equity, which means giving to each person or what is due, according to their needs and considering an idea of who the different people are and, therefore, how their needs are also different. Therefore, agreement with the principle of justice, or respect for the right of each individual must be considered impartially. This means that, when faced with a decision, it would not be an ethical conduct that would harm any person involved in it, whether professional or patient (VASCONCELOS, *et al.*, 2013).

Final Considerations

It is evident that ethical issues are faced daily by health professionals, therefore, the objective of this work has been achieved, because bioethical studies are scientific knowledge

and professional professionals and they are concerned with putting them into practice. The nurse, being a professional who spends more time with the patient due to the nature of his service, has the opportunity to exercise the bioethical principles, recognizing and valuing these principles with a final end of the course in nursing care in the practice of palliative practices, evidence of use in categorizing the study.

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