

Simultaneous breast cancer and COVID-19 coping: a case report concerning spirituality

Cáncer de mama simultâneo y afrontamiento de la COVID-19: reporte de un caso sobre espiritualidad

Câncer de mama e enfrentamento da COVID-19 simultâneos: relato de caso sobre espiritualidade

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Abstract

In this case study, a woman in her sixties had had recent diagnosis of locally advanced breast cancer just in the nick of time COVID-19 pandemic emerged with the first severe cases popping up in Rio de Janeiro State, Brazil. Her close brother had just died of COVID-19 infection and soon after respiratory distress symptoms came up to her. Due to other serious comorbidities, including emphysema, previous stroke, obesity and tabagism, and mechanical ventilation assistance for two weeks, it was also likely she would succumb to COVID-19 and breast cancer, if hadn't it been for inherent spiritual strength, resilience and faith in God. After Ethical Committee approval, analysis on her speech demonstrated her faith in spiritual treatment, in that she would never stop praying Hail Mary and compared the fact to medical cancer treatment. Altogether with catholic colleagues, she prayed three times a day as a kind of ritual, which ameliorated her grief and depression and influenced positively upon breast cancer and COVID-19 healing.

Descriptors: Breast Cancer; Coronavirus; Coping; Case Report; Pandemic.

Resumen

En este estudio de caso, a una mujer de sesenta años se le diagnosticó cáncer de mama localmente avanzado justo cuando surgía la pandemia de COVID-19 con los primeros casos graves en el estado de Rio de Janeiro, Brasil. Su hermano cercano acababa de morir de una infección por COVID-19 y, poco después, comenzó a tener síntomas de dificultad respiratoria. Debido a otras comorbilidades graves, que incluyen enfisema, accidente cerebrovascular previo, obesidad y tabaquismo, y asistencia con ventilación mecánica durante dos semanas, también era probable que sucumbiera al COVID-19 y al cáncer de mama, si no fuera por su fuerza espiritual, resiliencia y fe inherentes. En Dios. Tras la aprobación del Comité de Ética, el análisis de su discurso demostró su fe en el tratamiento espiritual, pues nunca dejaba de rezar el Ave María y comparó el hecho con el tratamiento médico del cáncer. Junto a colegas católicos rezaba tres veces al día como una especie de ritual, lo que alivió su dolor y depresión e influyó positivamente en la cura del cáncer de mama y de la COVID-19.

Descriptores: Cáncer de Mama; Coronavirus; Albardilla; Estudio de Caso; Pandemia.

Resumo

Neste estudo de caso, uma mulher na casa dos sessenta anos teve um diagnóstico recente de câncer de mama localmente avançado bem na hora em que a pandemia de COVID-19 surgiu com os primeiros casos graves no Estado do Rio de Janeiro, Brasil. Seu irmão próximo havia acabado de morrer de infecção por COVID-19 e, logo depois, os sintomas de desconforto respiratório surgiram para ela. Devido a outras comorbidades graves, incluindo enfisema, acidente vascular cerebral anterior, obesidade e tabagismo e assistência de ventilação mecânica por duas semanas, também era provável que ela sucumbisse à COVID-19 e câncer de mama, se não fosse pela força espiritual inerente, resiliência e fé em Deus. Após a aprovação do Comitê de Ética, a análise de sua fala demonstrou sua fé no tratamento espiritual, pois ela nunca deixaria de rezar a Ave Maria e comparou o fato ao tratamento médico do câncer. Junto com colegas católicos, ela rezava três vezes ao dia como uma espécie de ritual, o que amenizava sua dor e depressão e influenciava positivamente na cura do câncer de mama e da COVID-19.

Descritores: Câncer de Mama; Coronavírus; Enfrentamento; Estudo de Caso; Pandemia.



Introduction

The relationship with the transcendent or sacred has a strong influence on a people's beliefs, attitudes, emotions, and behavior. Research has shown that families rely on their spirituality for emotional, mental, and physical well-being. In a Western healthcare context, spirituality has been described in different ways, such as the essence of being, belief in God, and meaning of life. Otherwise, from a Chinese point of view in which Confucianism, Buddhism and Daoism prevail, spirituality is often referred as mental energy or a higher being, a unidirectional process of mind, and relationships. It is also supported that religious belief has a significant indirect effect on life satisfaction through the mediators, spiritual well-being, and self-esteem. Hence spirituality is a human being issue whether Occidental or Oriental cultures are under analysis¹⁻³.

Nonetheless in becoming ill with cancer, studies have pointed to spirituality as a dimension present in all stages of illness, which can contribute to coping with the disease and quality of life. Spirituality represents a source of support that allows people to feel more supported, confident, hopeful, and motivated. Spirituality and religiosity are widely used resources among cancer patients, as they enable a new meaning to the experience of illness and treatment, changing how people see their trajectory, promoting less emotional distress and greater relief in difficult and stressful situations, which as far as we concern may be applied in terms of an acute disease as well. Faith encompasses transcendental and immaterial aspects, even a worldly, corporeal understanding as part of human existence alleviating acute or chronic resultant disease sorrow and distress^{4,5}.

Elderly followed by and/or associated with people with pre-existing diseases such as heart disease, diabetes and hypertension are the target population of COVID-19. The more inherent risk factors are observed, greater are the chances to need intensive care and die, which may be a controverse, according to our data. The reduced immunity of aged population increases vulnerability to infectious diseases and, consequently unfavorable prognosis for those patients with chronic diseases. It is reported that patients with cancer are prone to severe events (admission to the intensive care unit requiring invasive ventilation, or death) from COVID-19. Evidence indicates that overwhelming inflammation and cytokine-associated lung injury could be important in instigating these severe events in patients with COVID-19. However, accumulated evidence has shown that development of cancer is usually associated with a blunted immune status. All in all, breast cancer imposes a high risk in new coronavirus infection⁶⁻⁸.

Regarding COVID-19, also has been a scenario that has been impacting humanity, placing the human person, in its most varied aspects, before the illusory and fragile pillars of individualism and relativism, which generated feelings of impotence and insecurity. Paradoxically questions have been addressed towards the search for meaning in life and of recreating a new movement of solidarity and compassion⁹. We tend to support that in this case patient could overcome both serious diseases, COVID-19 resultant

respiratory distress and locally advanced breast cancer. Religious catholic community created a sympathetic atmosphere that provided the patient with necessary psychologic and physical coping. Furthermore, Paulo Freire's proposal denies pre-determinism and argues that the future will be happening, that exists to the extent that I or we change the present. And it's changing the present that we manufacture the future: therefore, history is a possibility and not determination¹⁰.

The situation was very chaotic during the initial response phase in most countries/regions regarding COVID-19 pandemic, because manpower and resources during the initial phase in some countries/regions were not able to cope with such big number of infected patients. In line with this pandemic situation, there are situations in which it is necessary to distance oneself from suffering partners, although we know that their support still exists. As a result, it is high time we perceived that an absorption by the conscience of contents internal or external to it exists. Totality of the individual is involved - body, emotion, reason, and spirit. Therefore, the reconfiguration of the conscience itself and the positive transformation of the existence may be the expansion of consciousness. Not only biomedical aspects are involved in healing and thus, but we also report a case in which we shall reflect upon cancer as civilization disease consequence, excluding genetic inheritance, and an acute illness that turned to be severe in such a report so that mankind spirituality in terms of soul and suffering be discussed^{11,12}.

In Brazil, on January 22, 2020, the COVID Operations Center was activated Public Health Emergencies for the new coronavirus, strategy provided for in the National Health Emergency Response Plan Ministry of Health. According to the same Brazilian manual, the clinical spectrum of SARS-CoV-2 infection is very broad. However, main signs and symptoms are reported being focused beneath, such as: fever ($\geq 37.8^{\circ}\text{C}$), cough, fatigue, dyspnea, malaise and myalgia, respiratory symptoms of the upper tract and gastrointestinal symptoms (rarer)¹³.

Conditions and risk factors to be considered for possible complications of such influenza syndrome, and from the items below the participants had at least six risk factors. As in 2005, Angiotensin Converting Enzyme 2 (ACE2) was identified as the cellular receptor for severe acute respiratory syndrome coronavirus (SARS-CoV), and we now know that ACE2 also facilitates viral entry of SARS-CoV-2, leading to widespread systemic illness in COVID-19, which is confirmed from the analyzed patient^{4,14}:

- Pregnant at any gestational age, puerperal until two weeks after childbirth (including those who had an abortion or fetal loss).
- Adults ≥ 60 years.
- Children < 5 years old (the greatest risk of hospitalization is in minors 2 years, especially those younger than 6 months with the highest mortality).
- Indigenous people living in villages or with difficult access to health services.



- Individuals under 19 years of age on prolonged use of acid acetylsalicylic (risk of Reye's syndrome).
- Individuals with lung diseases (including asthma).
- Tuberculosis patients of all forms (there is evidence of greater complication and possibility of reactivation).
- Cardiovasculopathies (including systemic arterial hypertension).
- Kidney diseases.
- Liver diseases.
- Hematological diseases (including sickle cell anemia).
- Metabolic disorders (including diabetes mellitus).
- Neurological and developmental disorders that can compromise respiratory function or increase the risk of aspiration (cognitive dysfunction, spinal cord injury, epilepsy, cerebral palsy, down syndrome, stroke, or neuromuscular diseases).
- Immunosuppression associated with medications (corticosteroids, chemotherapy, TNF-alpha inhibitors), neoplasms, HIV / AIDS, or others.
- Obesity (especially those with body mass index (BMI) ≥ 40 in adults).

Therefore, the study concerns a case report in which a breast cancer patient undergoes acute and severe respiratory distress syndrome for the sake of COVID-19. Though several comorbidities coexist, the patient does not succumb. In these terms, we aim at researching into factors other than therapeutics that may influence health, cure, and well-being.

Methodology

The study consists of a case report, in which a patient was interviewed at a medical office that is part of a polyclinic named Clínica Brasil located in Magé, Rio de Janeiro and that assists united health system patients. Oncologic follow up is offered at this united health system office. A free consent was signed by the client and director of the polyclinic. Approval was given according to the number 3949004 after documents analysis at Plataforma Brasil.

Study Design

A case study design was used to analyze spiritual coping of a patient under breast cancer treatment, whose brother had succumbed to fatal COVID-19 and so would she; nevertheless, she succeeded in resisting to COVID, despite the need of intensive care and mechanical ventilation. Spirituality is regarded in this study, which had the approval of Ethics Committee of Antonio Pedro University Hospital in Rio de Janeiro, Brazil. The patient provided informed consent for publication of the case. The case report is prepared according to the Case Report Guidelines (CARE) checklist, 2013.

Patient Details

A 63-year-old Brazilian woman, criminal layer, breast cancer holder, after chemotherapy and mastectomy was

admitted to Clínica Brasil located in Magé, Rio de Janeiro, a state in Brazil. The patient was 1,70 meters tall and weighed 95 Kilograms. She had not been yet retired and remained on her labor routine despite breast cancer diagnosis. She was admitted with respiratory symptoms, including cough and dyspnea, nauseas, diarrhea, and anosmia. Outpatient management had still been feasible, as she had home non-invasive respiratory assistance device (CPAP) for previous diagnosis of obstructive lung chronic disease. Low dose corticoid, that is 5 mg of prednisone, had been electronically recommended; nevertheless, thorax radiograph was requested, due to emerging high fever (39^o C) and chills; total right lung hypo transparency was evidenced.

New coronavirus infection was thus proposed, as his brother had just passed away with such a diagnosis. Besides breast cancer recent follow-up lacking radiation therapy, other history comorbidities were issued as follows: hemorrhagic stroke leading to dysphagia 10 years before, arterial hypertension, obesity, chronic obstructive lung disease and twenty-year cessation tabagism. In terms of breast cancer, she had been followed under outpatient basis, because neoadjuvant chemotherapy and radical mastectomy had already undergone. Left mastectomy with complete axillary dissection was undertaken 2 months before respiratory symptoms for whom lung metastasis had been ruled out.

The patient assumed to be catholic when asked about spirituality and religion as sociocultural issue and faith in God was a relevant point for her.

Physical Examination

The patient body temperature was 39^o C, and the blood pressure was 110x70 mmHg, with a pulse rate of 100 beatings per minute and oxygen saturation of 93 per cent. There was respiratory distress and effort of accessory respiratory muscle was a point, although the patient felt subjectively comfortable. Moderate left superior limb lymphedema existed, and surgical mastectomy thoracic scar was completely healed. Obesity was limited to abdominal circumference, which was augmented. Consciousness, vigilance, attention, and communication ability were all preserved, despite previous stroke resultant dysphasia.

Laboratory Examination

Coronavirus PCR was performed in outpatient basis with negative results. No other laboratory examination remained available, because of prompt hospital admission.

Diagnosis

New coronavirus infection diagnosis was detected inside a high complexity hospital. Intensive care unit admission was provided because mechanical ventilation was necessary.

Treatment

Treatment encompassed the use of metilprednisolone, non-invasive respiratory support, ivermectin and azithromycin use in outpatient basis. Hospital assistance included sedation and mechanical



ventilation, as well as anticoagulant use for prevention of thromboembolic events. Breast cancer management involved unilateral breast extirpation altogether axillary dissection, chemotherapy, and tamoxifen use. Tamoxifen may augment the risk of thrombosis concomitantly to COVID-19. Aerobic and resistance exercise can be regarded as beneficial to cancer related fatigue in breast cancer patients, which would have been important for such a patient suffering from concomitant chronic obstructive lung disease, but she hadn't accomplished even before COVID-19 diagnosis¹⁵.

Results

The patient was regarded as posing a high risk of death of COVID-19, as a matter of fact, she had severe comorbidities. However, resilience and faith were issues, that her brother may have lacked though he was meant to be a healthy athlete who succumbed to COVID-19. Otherwise, it is worth to mention that intensive care had been unavailable.

Her speech which can lead us to infer her faith and certainty that she would not die after severe respiratory distress for cancer and COVID-19 infection is detailed as follows:

"I am a practicing Catholic, which helped me for sure, as I have the support of priests and the community who keep on praying for my recovery and healing."

"In general, the priests talk in the sense that faith always removes mountains, so there is no material life when spirituality is extremely active, and we have every possibility that God can provide our healing regardless of anything. Of course, priests will always defend medical treatment as well. No priest tells us to leave the cure of doctors to seek only the cure of God. There is a material need to take care of yourself, to take medication, to have chemotherapy and to follow what the doctor says. Priests generally do not agree with healing based only on herbs, prayers; prayer is very important, but it has to be corroborated, that is, along with medicines, chemotherapy, with the entire medical system. Doctors really study to provide treatment and in conjunction with clinical treatment, there is the spiritual one. Faith, prayer, spiritual interests are always linked, never individualized. There is no individualization of spiritual treatment without medical treatment, without science; spiritual and material treatments are interconnected."

"The prayers must be simultaneous every day, if possible three times a day as a homeopathy treatment; if you pray three times Hail Mary three times a day for the benefit of your healing, it is better than staying in church. Like going to church and then not praying the rest of the week; It is not how it works; what works is to pray every day three times a day."

"It is exactly a treatment. A spiritual treatment is every day and gradually. You can't say a prayer or two and stop. It must be the spiritual treatment simultaneously and mainly at night; the evening is time when you most turn to God, without noise, without the stress of work, with your mind more focused on God, without the interferences of everyday life."

She regards spirituality as a pharmacological treatment, implying seriousness and that praying be a continuous trend towards faith and healing. In this sense, it is essential discussing beneath spirituality and religious. The sense of well-being is linked with health. Human beings lack

a non-fragmented management, which is not always considered upon positivist and biomedical approach in Brazil. Nevertheless, a man exists not only in the objective and explanatory scope, but he is also reached and able to experience and unveil meanings when he is understood as a spiritual being. Institutionalized elderly, as well as it has occurred in this report, they face loneliness, various illnesses, and the condition of dependence, leading them to search for the meaning of life, even during adversity, deprivation, and an existence with great limitations. This brings us back to Frankl's experience, a psychiatrist and therapist on spirituality, during the time of his life in the concentration camps, when he found himself totally limited in his decisions, however, he sought to find the meaning of life. Spirituality entails humans' singularity, but when she says, "we have to follow medical orders", she comes to refer to power related to Michel Foucault who studied the origin of hospitals^{16,17}.

Spirituality can be defined as a belief system that focuses on intangible elements, that imparts vitality and meaning to life events. Such a belief can mobilize extremely positive energies and initiatives, with unlimited potential to improve the person's quality of life. Otherwise, religiosity entails peculiarity and may be intrinsic and extrinsic. In the first, religion has a central place in the individual's life, it is his greatest asset. In it, the individual adds different cultural parameters, moral concepts and specific ideals that give meaning to human existence. In the second, religion is linked to a set of activities and beliefs and is a means used to obtain other ends, such as consolation, sociability, distraction, and status. The case as it is observed, the speech focus on religion rather than spirituality. She refers to spirituality; however, at a phenomenological approach Catholicism unveils^{18,19}.

All in all, spirituality has a wider sense rather than religiosity and entails an individual purpose and his/her connection to sacred. Beyond beliefs, spirituality is a life purpose. Otherwise, religion involves the way one adores the others within relationships. Hence spirituality may be broadened by religion. If a patient is inside a hospital, even within sedation, death comments are heard, are felt, which makes spiritual dimension essential since God is heard in the thunder and storm.

Discussion

A case report is brought wherein clinical severity would exclude such a patient from an invasive support in developing countries, if it is a case of extremely poor prognostic from a biomedical and epidemiological point of view. The participant is death prone. But her brother, an athlete, without none of the same comorbidities succumbed in contrast. I do strongly support after the report that little is known about COVID-19 and despite such a variety of studies concerning breast cancer, little is similarly known from a human being coping, spiritual, religious, or psychological coping.

Furthermore, spirituality can promote positive and negative effects on patient's health. However, doctors may have great difficulty in addressing this issue. Paradoxically,



priests, according to previous participant speech easily understand and can understand limitations concerning theological and philosophical theories. Otherwise, scientific approach would demand other data concerning the participant's brother, as patient's perception is limited. Little is known about medical treatment if his brother's prognostic features are also balanced. The fact a scientist must face is that such a participant gathers various risk factors, making her prognostic worse, even in terms of breast cancer treatment. She was admitted to breast cancer treatment in stage III, yielding a case of locally advanced breast cancer which coincided with peak pandemic in Rio de Janeiro state, Brazil. Trends would be to choose the best prognostic patient, for whom scarce mechanical ventilators from a developing country would be assigned, which was not defended by manuals regarding COVID management^{20,21}.

In this case, evidence of seriousness is thus proved. Therefore, the Chinese Government has proposed establishing a holistic nursing system for severe and critical patients to provide patient-centered care following modern nursing concepts and utilizing nursing procedures as a fundamental framework and guide for clinical nursing care and nursing management. However, humankind history demonstrates Christianity influence on care, which persists and cannot be underestimated²²⁻²⁴.

The modern Catholic Church represents a body of 1.3 billion people who follow the Church's teachings, given to them in the form of documents on different topics, including family issues, family planning, and many others. Not only Catholicism but the global partnerships of all religions promote values amidst the COVID-19 pandemic and regarding chronic illnesses, such as cancer that carries a stigma as well. People of all faiths can promote interreligious/interfaith dialogue during this and other times of crisis. Universal Values such as promoting the life and dignity of the human person, a sense of community, and participation, respecting the rights and responsibilities of each person, helping the poor and vulnerable sectors of the society. Spirituality and in this case Catholicism historical burden may influence behavior and through faith²²⁻²⁴.

The 1920s marked the last years of the first Republic in our country. During this period, the Catholic hierarchy intensified in Brazilian civil society, demonstrating to some scholars on the subject, a consensus around the importance of leadership exercised in the process of Catholic restoration. From then on, the role of ecclesiastics in expanding the Church's presence in society, was fundamental in the task of enlisting the Catholic hierarchy around the need to react against secularism and guarantee interests before the State²⁵.

Besides, according to Victor Frankl, we must never forget that we can find meaning in hopeless situations, when we face a fatality that cannot be changed. Because what matters is to give human testimony at its highest level, which consists in transforming personal tragedy into triumph, in converting our suffering into human conquest. When we are no longer able to change the situation, which includes cancer and serious cases of COVID-19, we are challenged to change ourselves. In terms of diseases involving cardiovascular

system, it is also assumed that there is an association or positive correlation between religiosity and spirituality and quality of life in individuals with heart disease, regardless of the type of associated cardiovascular disease or type of treatment. Therefore, any patient could gather inside strength to cope with serious death prone illness; prayer from everybody, friends and family may help treatment once hope still exists. It is often observed that people who once faced difficulties have experience when dealing with similar issue and succeed and remains alive, despite cancer, despite COVID, despite a heart attack and other problems, till God's Written end^{26,27}.

The meaning that her intentionality finds in the experience she lived is the religious character of the path of improvement that she starts to take in her life after healing; developing the ability to be good, to exercise being a Christian according to Jesus Christ taught as an inference in this case report as well as in other serious illnesses in which faith is relevant. Coping entails conflicts that transcendence may help a person put up with. Spiritual dimension makes you strong and no matter the difficulties, you are proof of exhaustion due to the belief in the supreme being²⁸.

In this case, report emphasis must be given to relations between the patient that depicts the central circle to herself and the others. The others mean catholic community that in her words remained praying for her cure. The environment is the silent room in which she met with the Supreme Being in the evenings apart from work and everyday routine. This environment had been the intensive care in times of hospital lockdown. Her relation to self-seemed to be free of guilt since she had always been practicing catholic and was used to contacting criminals which may have provided her with tolerance and tendency to forgive the others.

Conclusion

This study was limited since details concerning inpatient treatment were unavailable. It should be emphasized that some items regarding sedation period in face of orotracheal intubation remained unclear, since the scenario of research and data mining was an office in which several medical specialists work, wherein care is offered at a united health system basis. Data from inpatient evolution were accomplished through structured interview, aiming at case report and reflection upon spirituality, mainly Catholicism rituals.

As a conclusion we emphasize that cases should also be analyzed on a particular basis. Statistical thinking is obviously important in terms of health policies institution. Nevertheless, if we are in front of a particular patient singularity must be considered. Singularity in such a case involved faith and medical treatment and both were strictly obeyed. Despite severity of an illness hope must be reinforced and the fact that a patient holds severe comorbidities must not necessarily imply imminent death in case of new coronavirus disease.

Furthermore, being healthy does not mean a good prognosis for the same infection. Spirituality thus concerns human beings and deserves science respect which is



independent concerning science and medical treatment. According to the case and in agreement to the patient's point of view management concerns medicine and spiritual

care if it ameliorates mental health and bring a peaceful individual insight.

References

- Phillips SB, Olson J, Brett-MacLean P, et al. Integrating spirituality as a key component of patient care. *Religions*. 2015;6:476–498. <https://doi.org/10.3390/rel6020476>
- Niu Y. Meaning and experiences of spirituality and spiritual care among people from Chinese backgrounds living in England: a grounded theory investigation. Doctoral thesis, Staffordshire University; 2020.
- Yoo J. The Effect of Religious Involvement on Life Satisfaction among Korean Christians: Focused on the Mediating Effect of Spiritual Well-Being and Self-Esteem. *JPC*. 2017 Dec;71(4):257-266. DOI: 10.1177/1542305017743432
- Birk NM, Perlini NMG, Lacerda MR, Terra MG, Beuter M, Martins FC. Perception of women with breast cancer for nursing care and spirituality. *Healthcare Science* 2019 Jan-Mar;18(1):e45504. DOI: 10.4025/ciencucuidsaude.v18i1.45504
- Ribeiro GS, Campos CS, Anjos ACY. Spirituality and religion as resources for confronting breast cancer. *Rev. pesqui. cuid. fundam.* (Online). 2019;11(4):849-856. DOI: 10.9789/2175-5361.2019.v11i4.849-856
- Silva MCQS, Vilela ABA, Silva RS, Boery RNSO. The dying process and death of patients with covid-19: a reflection in the light of spirituality. *Cogitare enferm.* 2020;25:e73571. DOI: 10.5380/ce.v25i0.73571
- Zhang, W. Manual for COVID-19 prevention and control. São Paulo: Polo Books; 2020.
- Xu Z, Shi L, Wang Y, Zhang J, et al. Pathological findings of COVID-19 associated with acute respiratory distress syndrome. *Lancet Respir Med.* 2020;8(4):P420-P422. DOI: 10.1016/S2213-2600(20)30076-X
- Porreca W. Spirituality and religion into pandemic defiance - COVID-19. *Gritos na Quarentena.* 2020;28.
- Freire P. *Pedagogy of the oppressed*. 9. ed. Rio de Janeiro: Paz e Terra; 2002.
- Chan DWK. A reflection on the anti-epidemic response of COVID-19 from the perspective of disaster management. *International Journal of Nursing Sciences.* 2020;7:382-85. DOI: 10.1016/j.ijnss.2020.06.0042352-0132
- Moraes CC. Working with religious and spiritual phenomena: a method evaluating consciousness. Doctorate Thesis on Psychology, Brasília University, Brasília, 2002.
- Ministério da Saúde (BR). Protocolo para COVID 19 sobre especialidades médicas. Brasília (DF): MS; 2020.
- Frankl VE. *Searching meaning: a psychologist in concentration camp*. 46. ed. São Leopoldo: Editora Vozes; 2019.
- Jiang M, Ma Y, Yun B, Wang Q, Huang C, Han L. Exercise for fatigue in breast cancer patients: An umbrella review of systematic reviews. *International Journal of Nursing Science.* 2020;7(2):248-254. DOI: 10.1016/j.ijnss.2020.03.001
- Rocha RCNPC, Silva RMCRA, Pereira ER. Spiritual dimension and nursing care: a phenomenological study. *Revista Mineira de Enfermagem.* 2018;22:e-1151. DOI: 10.5935/1415-2762.20180082
- Miranda RCNA, Pereira ER, Silva RMCRA, Dias FA. Spirituality for inpatient elderly. *RSD.* 2020;9(6):e72962799. DOI: 10.33448/rsd-v9i6.2799
- Saad M, Masiero D, Batistella LR. Evidence based spirituality. *Acta Fisiátrica.* 2001;8(3). DOI: 10.5935/0104-7795.20010003
- Thiengo PCS, Gomes AMT, Mercês MC, Couto PLS, França LCM, Silva AB. Spirituality and religion on healthcare: an integrative revision. *Cogitare enferm.* 2019;24. DOI: 10.5380/ce.v24i0.58692
- Lucchetti G, Lamas AG, Moderna R, Latorraca R, Nacif AP. Spirituality in clinical practice: what should general practitioner know. *Rev Soc. Bras. Clin. Med.* [Internet]. 2010 [acesso em 10 jan 2023];8(2). Disponível em: <http://files.bvs.br/upload/S/1679-1010/2010/v8n2/a012.pdf>
- Ministério da Saúde (BR). Guia para a gestão da COVID-19. Brasília (DF); MS; 2020.
- Wang H, Zeng T, Wu X, Sun H. Holistic care for patients with severe coronavirus disease 2019: an expert consensus. *International Journal of Nursing Sciences.* 2020;7(2):128-134. DOI: 10.1016/j.ijnss.2020.03.010
- Gregus J. Catholicism and contraception. *Ceska Gynekol* [Internet]. 2019 [acesso em 10 jan 2023];84(6):468-474. Disponível em: <https://pubmed.ncbi.nlm.nih.gov/31948258/>
- Corpuz JCG. Religions in action: the role of interreligious dialogue in the COVID-19 pandemic, *Journal of Public Health.* 2021;43(2):e236-237. DOI: 10.1093/pubmed/fdaa149
- Bruneau T. *Brazilian Catholicism under transition*. Tradução de Margarida Oliva. São Paulo: Loyola; 1974.
- Oldenburg CE, Doan T. Azithromycin for severe COVID-19. *The Lancet.* 2020;396(10256):936-937. DOI: 10.1016/S0140-6736(20)31863-8
- Cannavan PMS, Cannavan FPS, Aoki RN, Lopes MHBM. Quality of life of patients with cardiovascular diseases and its relationship with religiosity/spirituality. *Glob Acad Nurs.* 2022;3(1):e224. <https://dx.doi.org/10.5935/2675-5602.20200224>
- Moraes C. Phenomenology and spiritual healing: a case report for phenomenology. *Rev. abordagem Gestalt* [Internet]. 2008 [acesso em 10 jan 2023];14(1):65-69. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-68672008000100009&lng=pt&nrm=iso

