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REFLECTION STUDY

Gynecological cancer and its public policies from the perspective of Peplau

El cáncer ginecológico y sus políticas públicas desde la perspectiva de Peplau

Câncer ginecológico e suas políticas públicas sob a perspectiva de Peplau

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As Brazil is configured as one of the most populous countries on the planet - with a large part of this population composed of women - the main risk factors for the most prevalent cancers among Brazilian women are raised. Smoking, inadequate diet, excessive alcohol intake, overexposure and without protection from the sun, the use of injectable drugs, casual sex without protection, and perhaps, a certain genetic predisposition, are risk factors for cancer to develop. manifest, keeping cultural, social and geographical differences[1].

With approximately 530 thousand new cases per year worldwide, cervical cancer is the third most common cancer among women, being responsible for the death of 274 thousand women per year, in addition to occupying the third most frequent position of cancer in Brazil, being the first most incident in the North Region (25.62 / 100 thousand), second in the Northeast (20.47 / 100 thousand) and Midwest (18.32 / 100 thousand) and fourth in the South Regions (14.07 / 100 thousand) and Southeast (9.97 / 100 thousand), considering the gross rates. The estimated incidence and mortality rates in Brazil have intermediate values in relation to developing countries, however they are high when compared to those of developed countries with early detection programs[2].

Mortality rates due to cervical cancer - including corrected deaths, based on the redistribution of deaths due to cancer of the uterus, an unspecified portion among deaths due to cervical and body cancer - are higher in women in the capitals of the regions North, Northeast and Midwest, however, even in these regions, trends have become declining in the past two decades. For women in the interior, however, the North region shows an increase of 200% and the Northeast region of 80%. In the Southeast, South and Midwest regions, rates varied negatively, both in the interior and in the capitals. This differential can be attributed, in whole or in part, to greater access to screening actions for women in the capitals[3].

Nevertheless, it is precisely in the interior of the North and Northeast regions where the group of women most at risk for the disease is found, that is, those who, due to lack of access to preventive gynecological examination, end up having a greater chance of presenting precursor lesions that will evolve into invasive malignancy. And, once the disease is installed, it is these women who will also have more difficulty in accessing diagnostic services and treatments that can ensure good results, because the rates of disease onset are inversely proportional to preventive health care and at the level of socio-economic and cultural background of a people.

In the past, cancer was a disease that mainly affected women, due to the increased perception of female cancers, for example breast and cervical cancer. It is known that breast cancer was easier to identify, while cervical cancer was recognized for its symptoms in the more advanced stages: severe pain in the womb, bleeding and an unpleasant odor[1].

However, in the last 100 years, with advances in science, cervical cancer has come to be associated with factors such as moral aspects and socioeconomic conditions. Therefore, it was in the 1970s that women's movements for health care started to face prejudices imposed by diseases[3].

Public health care policies for women in relation to gynecological cancer

Brazilian states have no equality in cancer care. There is a certain heterogeneity that influences the decision-making of professionals who face a significant number of people who are experiencing the disease, with difficulties in accessing adequate treatment. In their study, the authors emphasize that it is essential to carry out an assessment regarding the planning of this accessibility. All populations, regardless of the state in which they reside, must be treated fairly to ensure that women who experience cancer can be respectfully cared for in a timely manner, with positive prospects for survival[4].

Authors[5] comment on the fragility of women without access to treatment, as already mentioned here, and discuss the various situations of vulnerability in which women find themselves due to the lack of guidance, assistance, monitoring and even government support in many regions of the country. They emphasize that public policies should invest more in prevention, guidance, and dissemination of cases that can alert the female population. It should also provide support for the assistance needed at all stages of the disease. In this aspect, the primary and secondary care appear as structuring axes of the SUS that should be used to serve these women.

Authors[6] when conducting a retrospective on public policies that involve women's health, especially policies aimed at cervical cancer, they refer that the actions have been developed since 1970 and that there has been a significant advance in the numbers that reflect the accessibility to the various programs tracking. For the authors, due to the more effective screening, it was possible to have more women performing Pap smears, and this coverage has already reached approximately 83%.

Another important advance was the anti-HPV vaccine that is now on the vaccination schedule. The most current action plans also involve the coverage of cytopathological examination and the treatment of women with precursor injuries. In addition, the gynecologist qualification program extends to women with cancer. In this way, it is achieved that 70% of women can be reached by the programs proposed today. However, when the focus is on protocols for collective health, compared to other countries, there is still an important gap in care and cancer spreads in many regions of the country, where access to early detection is difficult.

Cervical cancer has important and alarming numbers and younger women must be affected by public policies so that they can become aware of the importance of knowing and seeking assistance as a young person. In this perspective, studies show that a restructuring is necessary in terms of prevention and forms of dissemination by the Unified Health System. The restructuring should focus on young women, 10 to 24 years old, in diagnostic programs, as the numbers show that the sexually active life is increasingly precocious, and only then will significant results be obtained in reducing the disease[7].

Study[8] indicates that the low coverage of the cervical cancer preventive exam in the state of Amazonas is associated with the Social Determinant of Health (DSS) of the region, which is characterized by insufficient information about the exam; feelings of fear and shame; the delay in the result; the lack of interest and time to perform and the difficulty in accessing the health service. And, also associated with these factors, it is pointed out that, even with important social indicators - such as the fact that these people, in their majority, are housewives, have low education and low socioeconomic level - and despite the prevalence of an average MHDI in in some municipalities, there were cities with low MHDI, correlating the coverage of the preventive exam in all the years that were analyzed, verifying that the better the municipal human development the greater the coverage of the preventive exam.

Hildegard Peplau's Interpersonal Theory

Being one of the most important nursing theorists and theories, Hildegard Peplau, in 1952, developed the Interpersonal Theory, which defends that the basis of assistance is the interpersonal relationship between the nurse and the patient, enabling the learning and personal growth of both. It is important to emphasize that this relationship must be ethical, and actions based on science, not intuitiveness[9].

When paralleling the Interpersonal Theory with public health policies in Brazil and the assistance to women in health promotion, prevention or treatment of gynecological cancer, it is reflected that gynecological cancer in women is seen by the woman herself as a part of your self, is your femininity, your identity; concepts which are deeply crushed by the news of a cancer diagnosis. In view of the exchange of experiences at the time of assistance, Peplau states that the assistance and the relationship of those involved are influenced by the external environment (environment), internal environment (personality, lived experiences, religion, culture) and the professional's posture.

In this scenario of a fragile and frightened woman, often without due privacy or attention due to the lack of inputs, structure and high demand from the public health service in Brazil, her assistance can be compromised, precisely because she does not have interpersonal skills, either in promotion health, prevention or treatment.

It can be said that information is a precious asset when it comes to health care. In addition to the correct information, the nursing professional and the others who form the multidisciplinary team need to have an empathetic, humanized, welcoming attitude, based on science, ethics and respect for the woman's life, in order to pass the correct

information in the correct way for greater adherence. Given "golden assistance", it is only possible based on public training policies for its employees, which certainly not only update and train professionals, save lives.

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