

Biowork and coercive limits: analysis of palliative care regulations

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Abstract

Bioethics regulations are essential for the development of palliative care in Brazil. This study aimed to identify Brazilian regulations on palliative care and analyze their coercive limits. A qualitative and quantitative documentary study was conducted from September 2024 to March 2025, involving searches in government databases and repositories of federal university hospitals. The results showed the absence of federal laws on palliative care. At the state level, only 16 states (59.2%) had legislation on this topic, totaling 24 regulations (two with coercive limits). In hospitals, only 17 units (37.7%) had regulations on palliative care, totaling 37 regulations (six with coercive actions). The joint analysis identified 64 regulations on this topic, with only nine (14%) containing coercive limits. A gap in federal legislation on palliative care was found. Brazilian states and hospitals need to advance in the regulation of palliative care. Finally, the scarcity of coercive regulatory actions raises uncertainties about their effectiveness.

Keywords: Bioethics. Palliative care. Guidelines as topic.

Resumo

Biodireito e limites coercitivos: análise das normativas para cuidados paliativos

As normativas do biodireito são primordiais para a evolução dos cuidados paliativos no Brasil. Este estudo objetivou identificar normativas brasileiras sobre cuidados paliativos e analisar seus limites coercitivos. Realizou-se uma pesquisa documental qualiquantitativa, entre setembro de 2024 e março de 2025, com buscas em bases governamentais e repositórios de hospitais universitários federais. Os resultados evidenciaram a ausência de leis federais sobre cuidados paliativos. Também se verificou que, no âmbito estadual, apenas 16 estados (59,2%) tinham legislação nesse tema, totalizando 24 normas (duas com limites coercitivos). Nos hospitais, somente 17 unidades (37,7%) apresentaram regulamentação sobre cuidados paliativos, perfazendo 37 normas (seis com ações coercitivas). A análise conjunta identificou 64 normas nessa temática, das quais apenas nove (14%) continham limites coercitivos. Constatou-se uma lacuna na legislação federal sobre cuidados paliativos. Os estados brasileiros e os hospitais necessitam avançar na regulamentação a respeito desse cuidado. Por fim, a insuficiência de ações coercitivas normativas traz incertezas quanto à sua efetividade.

Palavras-chave: Bioética. Cuidados paliativos. Diretrizes normativas.

Resumen

Bioderecho y límites coercitivos: análisis normativo de los cuidados paliativos

La normativa del bioderecho es fundamental para evaluar los cuidados paliativos en Brasil. Este estudio identifica la normativa brasileña sobre cuidados paliativos y analiza sus límites coercitivos. Se realizó una investigación documental cualitativa y cuantitativa entre septiembre/2024 y marzo/2025, en bases de datos gubernamentales y repositorios de hospitales universitarios federales. Los resultados evidenciaron la ausencia de leyes federales sobre cuidados paliativos. Únicamente 16 estados (59,2%) tienen legislación sobre este tema, con 24 normas (dos con límites coercitivos). Solo 17 unidades hospitalarias (37,7%) presentaban regulaciones sobre cuidados paliativos, lo que sumaba 37 normas (6 con acciones coercitivas). El análisis conjunto identificó 64 normas sobre este tema, solo nueve (14%) contenían límites coercitivos. Se constató una laguna en la legislación federal sobre cuidados paliativos. Los estados brasileños y los hospitales necesitan avanzar en la regulación de los cuidados paliativos. La insuficiencia de medidas coercitivas normativas genera incertidumbres sobre su eficacia.

Palabras clave: Bioética. Cuidados paliativos. Guías como asunto.

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The improvement of living conditions, combined with technological advances and greater access to health care services, has contributed to the growth of the world population. Data gathered by the United Nations (UN) indicate that, by 2024, the world's population is expected to exceed 8.2 billion and peak at 10.3 billion by 2080. After this period, a significant increase is expected in the population aged over 65 years, which, by the end of the 2070s, should exceed the number of children and adolescents¹.

This situation is followed by a higher prevalence of chronic pathologies, an increase in impairing clinical conditions and aging of patients, a conjuncture in which palliative care is essential to ensure quality of life².

This demographic transition will lead to the coexistence of several generations, marked by different historical and cultural traditions, which will need to relate with tolerance and solidarity. To this end, it is essential to define an ethical and normative minimum that favors a harmonious coexistence³. This context shows the importance of bioethics as a tool for mediating generational conflicts, fostering respect for differences and self-determination of the human person as an affirmation of individual rights⁴.

If bioethics refers to the ethical implications of biomedical technology and health-related practices⁵, biolaw is the legal field responsible for dealing with bioethical issues, configuring the normative compendium of the interrelation between law and bioethics⁶. Understanding these concepts expands the capacity for ethical action within legal parameters established and accepted by society.

The intersection of these areas supports the role of bioethics in palliative care, especially in upholding patient autonomy and respect for human dignity, principles that should guide decision-making on treatment and the patient-family-health care team relationship^{2,7}. To this end, there are mechanisms such as informed consent and advance directives³, which are part of the available normative options.

Brazil has extensive legislation on autonomy and health care⁸, but its coercive power is often relegated to the background. However,

the application of this mechanism seeks to ensure civil order and the coexistence of individual rights, indispensable to life in society, as well as compliance with the law through sanctions and restrictions, beyond personal decisions and choices^{9,10}.

Brazilian regulations for palliative care must be integrated into the legal framework and contain all legal characteristics, including coercive limits, otherwise they will not be fully effective.

Considering the above, there arise questions about how Brazilian legal norms regulate palliative care, as well as about the existence of coercive limits that enforce effective compliance with them.

In this context, this study aimed to identify federal and state regulations related to palliative care and analyze the coercive mechanisms provided for their application.

Method

This study is a qualitative and quantitative documentary research, whose data were collected between September 2024 and March 2025.

There was extensive survey on palliative care regulation in Brazil's Federal Constitution⁸, as well as complementary laws, ordinary laws and other infra-legal rules (ordinances, resolutions, internal regulations and operational protocols) at the federal and state levels.

The searches were carried out in the databases of the National Congress, in the Portal of the Brazilian Federal Legislation of the Presidency of the Republic, in the Legis Health system of the Ministry of Health, in the electronic portals of the state legislative assemblies and in the institutional repositories of the university hospitals that are part of the hospital network of the Brazilian Company of Hospital Services (EBSERH).

The search terms used included the Portuguese terms "*cuidado paliativo*" and "*cuidados paliativos*," without restriction for the date of publication of the regulations; however, for inclusion in the analysis, this regulation should be in force at the time of the research. There

was no restriction on the number of laws found, and the accuracy of the findings was verified to avoid interpretation biases.

The analysis of the selected content included a thorough reading of the legal text, proving its relevance to the issue of palliative care and seeking to identify the existence of legal measures or administrative sanctions that would characterize a coercive action for application of the standard.

The results were ordered by levels of coverage, classifying the rules according to type, date of approval, body of origin, syllabus or summary, existence of coercive limits in their text and, if so, sanction or coercive action provided for.

The frequencies were presented in absolute numbers or in percentage values, according to the need to establish a comparison between these results.

The authors of this analysis actively participated in the design of the research and its conceptual bases, contributing to the review of the methodological process and correlating the content analyzed with the bioethics and biolaw frameworks. This study was not submitted to

the evaluation of the research ethics committee because it uses data that are publicly available on electronic platforms.

Results

The analysis of federal palliative care regulations showed the absence of federal laws (complementary laws, decrees or provisional measures) on end-of-life care. The Ministry of Health published three regulatory ordinances¹¹⁻¹³ that addressed this palliative issue.

Of these regulations, as detailed in Chart 1, only Ordinance 3,681, of May 7, 2024¹¹, provided for coercive action, consisting in the possibility of disaccrediting the accredited palliative care team in case of non-compliance with the obligation to maintain continuous records of its activities, in order to prove its health care productivity before an audit by the Ministry of Health¹¹.

It is also noted that all current federal ordinances related to palliative care were published in 2024.

Chart 1. Federal palliative care regulations

| Type | Identification* | Origin | Syllabus | Limit** | Coercive action |
|-----------|---|--------------------|---|---------|--|
| Ordinance | Ordinance 3,681, of May 7, 2024 ¹¹ | Ministry of Health | Establishes the National Palliative Care Policy (PNCP) within the scope of SUS. | Yes | II – There is no interruption in records for a period exceeding 45 days, under penalty of disaccrediting the team. |
| Ordinance | Ordinance 5,333, of September 5, 2024 ¹² | Ministry of Health | Changes to January 1, 2025 the deadline for start of the decentralization procedure for the States and Federal District of the accreditation of services and teams, contained in the National Policy on Palliative Care. | No | NA |
| Ordinance | Ordinance 2,085, of September 9, 2024 ¹³ | Ministry of Health | Establishes standards for the registration of Palliative Care Teams in the National Register of Health Care Establishments and includes procedures in the SUS Table of Procedures for Medicines, Orthotics, Prostheses and Special Materials. | No | NA |

SUS: Unified Health System; NA: Not applicable; *Identification of the standard and date of its approval by the competent authority; **Limit: Existence or not of a coercive limit in the text of the regulation



Chart 2 shows the state regulations on palliative care in Brazil. Considering the 27 federal units (26 states and the Federal District), a total of 16 (59.2%) had some legislation on end-of-life care.

Ordinary laws predominated among state regulations on the issue (95.8%), and we found 23 laws and 1 decree that addressed palliative care-related matters, including public policies, prevention campaigns, and expected principles and precepts for the area. The survey also showed that five Brazilian states (18.5% of the federative units) had more than one law on the subject, with the oldest legislation dating from 2017. However, only two state regulations^{14,15} had some coercive limit in case of possible non-compliance (8.3% of the total state regulations).

The study also included the federal university hospitals of the EBSEH network, whose units totaled 45 organizations distributed in the country. Of these, 17 (37.7%) presented some regulation

on palliative care, specifically action protocols, operational procedures, technical manuals, booklets and internal regulations.

The research identified 37 different norms about palliative treatment in these university hospitals; however, only six (16.2%) provided for some coercive mechanism in their text, all of which were represented by internal regulations.

Chart 3 describes these hospital rules with coercive limits, showing that the actions identified ranged from administrative sanctions to the exclusion of patient care follow-up in case of non-compliance with the follow-up of the palliative care team.

Concisely, this study identified a total of 64 regulations on end-of-life care, observed at the state and federal levels (including university hospitals in the EBSEH network), but only nine regulations (14%) had some coercive limit for application.

Chart 2. State palliative care regulations

| Type | Identification* | Origin | Syllabus | Limit** | Coercive action |
|--------------|--|----------------|--|---------|---|
| Ordinary law | Law 8,871, of June 16, 2023 ¹⁶ | Alagoas | Provides for the institution of precepts and fundaments for palliative care in the state of Alagoas. | No | NA |
| Ordinary law | Law 2,812, of January 24, 2023 ¹⁷ | Amapá | Establishes the state policy on palliative care in the state of Amapá and adopts related measures. | No | NA |
| Ordinary law | Law 6,326, of July 27, 2023 ¹⁸ | Amazonas | Provides for principles and guidelines for actions geared toward palliative care within the public health care system of the state of Amazonas. | No | NA |
| Ordinary law | Law 6,601, of November 27, 2023 ¹⁹ | Amazonas | Institutes the Palliative Care Awareness-Raising Campaign in the state of Amazonas. | No | NA |
| Decree | Decree 5,977, of February 26, 2025 ²⁰ | Espírito Santo | Institutes the state palliative care policy in the Unified Health System and establishes other provisions. | No | NA |
| Ordinary law | Law 19,723, of July 10, 2017 ¹⁴ | Goiás | Institutes the state palliative care policy and amends Law 16.140, of October 2, 2007, which provides for the Unified Health System – SUS, the conditions for the promotion, protection and recovery of health, the organization, regulation, inspection and control of corresponding services and establishes other provisions. | Yes | Art. 13. Failure to comply with the provisions of this Law subjects the offender to the penalties: I - warning; II - fine; and III - interdiction of establishment. |

continues...

Chart 2. Continuation

| Type | Identification* | Origin | Syllabus | Limit** | Coercive action |
|--------------|---|--------------------|--|---------|-----------------|
| Ordinary law | Law 22,072, of June 28, 2023 ²¹ | Goiás | Amends Law 19,723, of July 10, 2017, which establishes the State Policy on Palliative Care and amends Law 16,140, of October 2, 2007, which provides for SUS. | No | NA |
| Ordinary law | Law 11,123, of October 7, 2019 ²² | Maranhão | Establishes state guidelines for the implementation of palliative care geared toward patients with life-threatening diseases. | No | NA |
| Ordinary law | Law 11,509, of September 9, 2021 ²³ | Mato Grosso | Creates the state palliative care program in the public health care system of the state of Mato Grosso. | No | NA |
| Ordinary law | Law 5,922, of July 11, 2022 ²⁴ | Mato Grosso do Sul | Includes the state palliative care week in the official calendar of events of the state of Mato Grosso do Sul. | No | NA |
| Ordinary law | Law 23,938, of September 23, 2021 ²⁵ | Minas Gerais | Provides for principles, guidelines and goals for State actions geared toward palliative care in public health care. | No | NA |
| Ordinary law | Law 12,651, of May 23, 2023 ²⁶ | Paraíba | Establishes the state policy on palliative care in the state of Paraíba and establishes other provisions. | No | NA |
| Ordinary law | Law 13,017, of December 29, 2023 ²⁷ | Paraíba | Includes the palliative care awareness-raising week in the official calendar of events of the state of Paraíba. | No | NA |
| Ordinary law | Law 20,091, of December 19, 2019 ²⁸ | Paraná | Provides for the institution of precepts and fundaments for palliative care in the state of Paraná. | No | NA |
| Ordinary law | Law 21,531, of July 3, 2023 ²⁹ | Paraná | Institutes the palliative care awareness-raising week to be celebrated annually in the second week of October. | No | NA |
| Ordinary law | Law 21,997, of June 4, 2024 ³⁰ | Paraná | Amends Law 20.091, of December 19, 2019, which provides for the institution of the precepts for Palliative Care in Paraná. | No | NA |
| Ordinary law | Law 16,803, of December 27, 2019 ³¹ | Pernambuco | Amends Law 16.241, of December 14, 2017, which creates the Official Calendar of Events and Commemorative Dates of the State of Pernambuco, defines, sets criteria and consolidates the Laws that instituted State Commemorative Events and Dates, including the State Palliative Care Day. | No | NA |
| Ordinary law | Law 18,014, of December 20, 2022 ³² | Pernambuco | Establishes the state palliative care policy in the state of Pernambuco. | No | NA |

continues...

Chart 2. Continuation

| Type | Identification* | Origin | Syllabus | Limit** | Coercive action |
|--------------|--|-------------------|---|---------|---|
| Ordinary law | Law 18,516, of April 16, 2024 ³³ | Pernambuco | Establishes the obligation to release on the state of Pernambuco Department of Health website an informative booklet or material on Pediatric Palliative Care and other provisions. | No | NA |
| Ordinary law | Law 18,802, of December 30, 2024 ¹⁵ | Pernambuco | Provides for the mandatory release of informational and educational material on the structure and organization of palliative health care, and establishes other provisions. | Yes | Art. 3. Failure to comply with this Law will give rise to administrative liability. |
| Ordinary law | Law 8,425, of July 1, 2019 ³⁴ | Rio de Janeiro | Creates the state palliative care program in the public health care of the state of Rio de Janeiro. | No | NA |
| Ordinary law | Law 15,277, of November 3, 2019 ³⁵ | Rio Grande do Sul | Institutes the state palliative care policy and establishes other provisions. | No | NA |
| Ordinary law | Law 1,669, of April 25, 2022 ³⁶ | Roraima | Establishes principles, guidelines and goals for state actions geared toward palliative care in public health care in the state of Roraima. | No | NA |
| Ordinary law | Law 17,292, of October 13, 2020 ³⁷ | São Paulo | Institutes the state palliative care policy and establishes other provisions. | No | NA |

Art.: Article; SUS: Unified Health System; NA: Not applicable; *Identification of the standard and date of its approval by the competent authority; **Limit: Existence or not of a coercive limit in the text of the regulation

Chart 3. Palliative care regulations with coercive actions in university hospitals of the EBSEHR network

| Type of standard | Origin | Syllabus | Coercive action |
|-----------------------------------|-----------|--|---|
| Internal regulation ³⁸ | HULW/UFPB | Internal Regulations of the Palliative Care Committee of the Lauro Wanderley University Hospital, of June 20, 2022 | Art. 11 Dismissal is established when there is definitive removal of a member by decision of the Committee at an Ordinary Assembly, including the fact in the Minutes. Art. 27 Any PCC Member who fails to attend 03 (three) consecutive assemblies, without justification, will be dismissed from the Committee and must be replaced. |
| Internal regulation ³⁹ | HDT/UFTO | Internal Regulations of the Palliative Care Committee of the Hospital for Tropical Diseases, of July 7, 2022 | Art. 16. Committee members who are unjustifiably absent from three consecutive assemblies may be dismissed and consequently replaced. |
| Internal regulation ⁴⁰ | HU/FURG | Internal Regulations of the Permanent Palliative Care Committee of the Dr. Miguel Riet Corrêa Jr University Hospital, of August 15, 2022 | Art. 15 Members who, without justified reason, fail to attend three consecutive assemblies or five assemblies in a period of one year without justification will be dismissed. |

continues...

Chart 3. Continuation

| Type of standard | Origin | Syllabus | Coercive action |
|-----------------------------------|------------|---|---|
| Internal regulation ⁴¹ | HC/UFG | Internal Regulations of the Palliative Care Committee of Hospital das Clínicas, of September 9, 2022 | Art. 13. Members who, without justified reason, fail to attend three consecutive assemblies or six interspersed assemblies within a period of one year will be dismissed. Sole Paragraph. Failure to comply with the role delegated to the executing group Coordinator within the stipulated period and without justification accepted by the Superintendence will result in compulsory replacement of said coordinator, in case of recurrence or if deemed appropriate. |
| Internal regulation ⁴² | HUAC/UFCG | Internal Regulations of the HUAC Palliative Care Committee, of September 15, 2022 | Art. 18. Committee members who, without justifiable reason in writing, fail to attend three consecutive assemblies or six interspersed assemblies in one year will be automatically dismissed from the committee |
| Internal regulation ⁴³ | HUJBB/UFGA | Regulations of the Oncology Palliative Care Service of the João de Barros Barreto University Hospital, of November 11, 2022 | Art. 8. Palliative Care team follow-up exclusion criteria: I. Voluntary refusal of the patient and/or their legal guardian and II. Patients who did not attend, without justification, at least two appointments with the palliative care team. Sole paragraph: Recurring absences are considered as abandonment of treatment if not clarified. |

Art.: Article, PCC: Palliative Care Committee; FURG: Federal University of Rio Grande; HC: Hospital das Clínicas; HDT: Tropical Diseases Hospital; HU: Dr. Miguel Riet Corrêa Jr. University Hospital; HUAC: Alcides Carneiro University Hospital; HUJBB: João de Barros Barreto University Hospital; HULW: Lauro Wanderley University Hospital; UFCG: Federal University of Campina Grande; UFG: Federal University of Goiás; UFGA: Federal University of Pará; UFPB: Federal University of Paraíba; UFTO: Federal University of Tocantins

Discussion

The end of life is a challenging stage of human existence, both for patients and their families and for the health care team that participates in care. Ethical values should be emphasized in this health care team-patient-family relationship, not being only restricted to technical criteria, but also recognizing patient need and autonomy in the decision-making process.

The technical and methodological resources that exist in biolaw, including doctrines, laws and infra-legal regulations, are essential to connect the ethical and legal aspects necessary for the practice of palliative care. In this context, coercive actions cannot be disregarded when building and applying palliation regulations, at risk of not being effective and being restricted to mere recommendations without final practical effect^{9,10}.

The results showed the absence of a federal law on palliative care, which can be attributed to the recent introduction of the issue in our context. In this regard, it is noted that palliative medicine was recognized as an area of medical practice in the country in 2011⁴⁴, that is, just over a decade ago.

Comparing with the legal apparatus of other nations, Portugal has Law 31/2018⁴⁵, which regulates the rights of people in the context of advanced and end-of-life diseases, providing for mechanisms that value the patient autonomy in decision-making, especially as to informed consent and living will. In Latin America, on July 5, 2022, Argentina sanctioned Law 27,678⁴⁶ – National Palliative Care Law –, guaranteeing patients access to palliative care and emphasizing the application of the principles of equity, respect for human dignity and autonomy. However, Colombia was the pioneering country in the region; in 2014,



it approved Law 1,733⁴⁷, known as the Consuelo Devis Saavedra Law, which regulates palliative care services and ratifies the patient's right to refuse treatment and have their will respected.

The legal comparison with the situation of these other countries emphasizes Brazil's need for to advance in the discussion of this issue and initiate this normative journey with the formulation of a federal law.

This gap in federal legislation can delay the evolution of palliative care policies in the country, in addition to hindering the standardization of actions in a nation with continental dimensions. On the other hand, the Ministry of Health showed effort to regulate the matter through the publication, in 2024, of three ordinances¹¹⁻¹³. It is worth noting that only one of them¹¹ presented some coercive resource to ensure its application, albeit incipiently and limited to administrative sanctions.

The analysis of state regulations showed that 59.2% of the federative units had some law on palliative care, indicating a regulation still under development on the subject and warning of a potential conflict of actions, since the Ministry of Health instituted the National Palliative Care Policy¹¹ in 2024, but 11 states of the federation still had no legislation on this matter.

When qualitatively evaluating these state laws (Chart 2), it is observed that part of them addressed awareness-raising campaigns, inclusion of state palliative care weeks in the official calendar, and production of informative material^{15,19,24,27,29,31,33}. Although such initiatives promote knowledge on the issue and foster the participation of the population, they do not deepen training on the ethical conduct necessary for excellence in care.

It is also worth noting that only two state regulations^{14,15} included a coercive action in their legal text. This situation leads to reflection on other state laws, whose application may not have practical effects, becoming mere guidelines or recommendations for conduct, instead of full-fledged legal precepts. This premise is supported by the analyses of Pereira and Riveline¹⁰, who recognize coercion in civil society as a means

of limiting the agency of others and ensuring laws that seek to protect the civil rights of citizens.

As for the regulations in university hospitals, it was found that only 37.7% of these units had palliative care regulations. This result deserves consideration, since these hospital organizations are fundamental for health care training and the dissemination of knowledge, with an evident negative impact when only about one third of EBSEH's 45 hospitals have any provision on the issue. According to Nunes and collaborators², education on palliative care and its bioethical aspects needs to adopt a theoretical basis (exemplified by the regulations) associated with practical care actions, considering the profile of university students and using the various didactic resources to optimize their understanding. Therefore, the normative gap found has the potential to delay the evolution of bioethical teaching in palliative care in these university hospitals.

In addition, only six regulations of these hospitals³⁸⁻⁴³, representing 16.2% of the total, contained some coercive limit or sanction for non-compliance. All regulations with coercive measures were internal regulations of palliative care committees or services, which regulated the organization of these teams and detailed their functioning and competencies⁴⁸. Possibly because they have regulatory characteristics, these were the regulations that included coercive limits.

In a global analysis of the results, it is observed that only 14% of the current state and federal regulations had coercive mechanisms. This indicates that, in addition to the scarcity of regulations, even those that exist can be ineffective because they do not contain resources that ensure the expected impact. There also arises a reflection on a possible philosophical and conceptual contradiction: would it be coherent to apply coercive mechanisms in regulatory palliative care regulations, which should have wide acceptance and understanding by the population, given that they address personalized health care?

The generalization of the findings of this research can be considered for related areas

of clinical palliation, such as the treatment of respiratory symptoms and pain; or even for clinical psychology, since the regulations can be replicated for situations of psychological stress or conflicts between the parties involved in palliative care.

A potential limitation of this study is related to the fragmentation of laws and standards on the issue, in addition to the lack of a single government repository that gathers data in order to optimize their cataloging and interpretation, making it difficult to aggregate information. Another limitation observed was the hindrance to making comparisons between the situation found in federal university hospitals and the situation in private teaching hospitals, as the latter lack a centralized information unit and sometimes do not provide free access to their regulations.

The recommendation for future research considers the possibility of establishing a parallel between the results observed in this study and the situations found in other countries with similar

development level or with regional and cultural affinity to Brazilian society.

Final considerations

This study sought to achieve the proposed objectives, identifying the federal and state palliative care regulations and analyzing the coercive limits present in such regulations, emphasizing the importance of biolaw instruments for an ethical practice in palliative care, without disregarding the importance of health care training for the dissemination of this knowledge.

The scarcity of regulations found in this study, combined with the deficient number of coercive resources in the legal texts, shows the urgent need to focus efforts on developing a legal framework suited to palliative care, at risk of delaying the evolution of this treatment mode and compromising bioethics education and application in end-of-life care in Brazil.

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Klinger Ricardo Dantas Pinto participated in the conception and design of the study, bibliographic survey, data collection, writing and editing of the manuscript. Francisca Rego and Rui Nunes contributed to the supervision of the study, critical review of the research and writing of the manuscript. All authors participated in the methodological review, approved the final version of the manuscript and agreed with its submission to the journal.

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