Reflections about the Intra-hospital Commission on Organ and Tissue Donation for Transplant

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Abstract

This is a literature review with the aim of characterizing the legislation that refers to the obstacles encountered by Intra Hospital Commission of Organs and Tissues Donation for Transplantation (CIHDOTT). It was observed that should be taken continuing education measures among health professionals in this committee to know the cultural profile of the population which serves this population and lead to relevant information to the donation process in order to raise this discussion between families and perhaps thereby reduce waiting lists for a transplant in Brazil.

Keywords: Organ donation. Transplant. Ethics.

Resumo

Reflexões sobre a comissão intra-hospitalar de doação de órgãos e tecidos para transplantes

Trata-se de estudo de revisão de literatura com o objetivo de caracterizar a legislação vigente com pertinência aos obstáculos encontrados pela Comissão Intra-Hospitalar de Doação de Órgãos e Tecidos para Transplantes (Cihdott). Observou-se que devem ser tomadas medidas de educação contínua entre os profissionais que atuam nessa comissão, bem como conhecer o perfil cultural da população que atende e levar à sociedade informações pertinentes ao processo de doação, visando suscitar entre as famílias essa discussão e, quem sabe assim, reduzir as filas de espera por um transplante no Brasil.

Palavras-chave: Doação de órgãos. Transplantes. Ética.

Resumen

Reflexiones acerca de la comisión intrahospitalaria de donación de órganos y tejidos para trasplantes

Se trata de un estudio de repaso de la literatura que tiene como objetivo caracterizar la legislación vigente que se refiere a los obstáculos encontrados por la Comisión de Donación Intrahospitalaria de Donación de Órganos y Tejidos para Trasplante (Cihdott). Se observó que se debe adoptar medidas de educación continua entre los profesionales que actúan en este comité, así como conocer el perfil cultural de la población que atiende y llevar a la sociedad informaciones relacionadas con este proceso de donación con el fin de plantear esta discusión entre las familias y, quizá, reducir las listas de espera para un trasplante en Brasil.

Palabras-clave: Donación de órganos. Trasplante. Ética.

Research article

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The authors declare that there are no conflicts of interests.

In Brazil, organ transplants started in the 1960s, but, according to the Ministry of Health (MoH), this treatment was slightly diffused due to the low survival of transplant patients. However, after 15 years, the activity evolved with the creation and development of surgical techniques, support equipment, methods for determining histocompatibility between donor and recipient and, finally, with the advent of immunosuppressive drugs. Finally, these procedures became widespread among hospitals, increasing the need for a regulation for donation and organ transplant[1].

For nearly thirty years, from 1968 to 1990, the transplant activity was poorly regulated. There were local and regional regulations, informally developed regarding the recipient's application, order of transplants, removal of organs and organ distribution criteria[2]. In 1992, things changed with the Law No. 8.489[3], which was effective until February 4, 1997, replaced by Law No. 9.434[4], subsequently amended on some devices in 2001 by Law No. 10.211 5, which refers to the legitimacy of the authorization for organ removal, a single waiting list enrollment, besides the permission to the legally able person to freely dispose of tissues, organs and parts of their own living body.

In September 2005, the regulation of transplants was instituted in the Brazilian Unified Health System (SUS – Sistema Único de Saúde) through the Ordinance 1.752/GM/MS, which determined the constitution of the Intra-hospital Commission on Organ and Tissue Donation for Transplant (Cihdott) in all private, public and philanthropic hospitals with more than 80 beds. This measure had the purpose of improving the organization of the organ procurement process and simplifying the qualitative and quantitative expansion of organ transplant[6]. The following year, with the Ordinance 1.262 of June 16, 2006, the Ministry of Health approved the technical regulation in order to establish the powers, duties and efficiency indicators, and the potential of organs and tissues donation concerning Cihdott[7].

With this legislation, a change in the hospital environment regarding the organ procurement and donation is created: a commission able to carry out the donation proposal, besides the promotion of the decentralization of institutional and professional obligations within the hospital environment[7]. In 2009, the Ordinance 2.600/GM/MS, from October 21, approves the technical regulation of the National Transplant System, regulating the service of Cihdott in hospitals and defining its duties and functions[8].

To better understand the historical context of the laws relevant to the theme established in this study, which guide the process of organ donation and procurement, we emphasize the laws, their dates of creation and implementation, as well as the purpose of each of them (Table 1).

Table 1. Major laws and ordinances that emphasize the Intra-hospital Commission on Organ and Tissue Donation for Transplant in its articles

Laws	Date of Creation	Summary
–	1968 a 1997	Local Regulations
8.489	18/11/1992	Repealed by Law 9.434 on 4-2-1997
9.434	4/2/1997	Provides for the removal of organs, tissues and body parts for transplant and treatment and other means
10.211	23/3/2001	Alters the articles. 2, 4, 8, 9 and 10 Repeals paragraphs 1, 2, 3, 4 and 5 from the article 4 of Law No. 9434
Ordinance	**Date of Creation**	**Ementa**
1.752/GM/MS	23/9/2005	Determines the creation of the Intra-hospital Commission on Organ and Tissue Donation for Transplant in all public, private and philanthropic hospitals with more than 80 beds.
1.262	16/6/2006	Approves the technical regulation to establish assignments, duties and efficiency indicators and potential of organ and tissue donations related to the Intra-hospital Commission.
2.600	21/10/2009	Approves the technical regulation of the National Transplant System.

The aim of this systematic review was to identify all relevant legislation involved in the creation of the Intra-hospital Commission on Organ and Tissue Donation for Transplant, as well as its ethical framework and effective operation in the hospital and extra-hospital environment.

Operation of the transplant system in Brazil

According to the Brazilian Organ Transplant Association (ABTO - Associação Brasileira de Transplantes de Órgãos), in 2006, there was a significant

increase in the number of transplant centers registered in Brazil[9], but the geographic distribution of these centers is not equitably, inferring that regional differences, such as the socioeconomic and cultural profile of the Brazilian states, have decisive impacts on the distribution of these centers[10].

In 1997, after the creation of the National Transplant System and its actual operation in August 1998[10], the national transplant framework was constituted by Notification, Organ Distribution and Procurement Center in all Brazilian states. Its operation was established by the Decree 2.268 of June 30, 1997[11], which regulates the Law No. 9.434, from February of the same year. This law provides for the removal of organs, tissues and body parts for transplants and treatments, which contributed to the development of procurement and transplants activities in the country[10]. According to the Ordinance 1.262, are part of the NTS (National Transplant System) the Ministry of Health, the health departments of the states and the Federal District, or equivalent bodies, the health departments of the counties or equivalents, authorized hospitals and the network of ancillary services necessary to perform transplants[7].

The growing disparity in the number of patients on the list *versus* the number of transplants is unquestionable. Among the factors that cause it, there is the non-notification of a patient with brain death diagnosis to the Notification, Organ Distribution and Procurement Center, despite its obligatoriness[12]. The regulation of transplants, by the Ordinance 1.752/GM/MS[6], intends to engage the hospitals of the Unified Health System in a more organized way, in the collective effort to procure organs, especially in Intensive Care Units (ICU) registered as Type II and III, members of the state hospital systems for emergency care and/or the ones carrying out transplants. Therefore, it was expected to improve the operation of the Notification, Organ Distribution and Procurement Center, providing them with tools that enable better communication with hospitals of the Unified Health System[6,13].

Therefore, the Ordinance 2.600/GM/MS defines that the Notification, Organ Distribution and Procurement Center will be linked to the professionals who are part of the Intra-hospital Commission on Organ and Tissue Donation for Transplant, aiming the improvement of the hospital organization regarding the transplant process as a whole. The ordinance also intends to maximize the involvement of the various sectors that compose the Unified Health System, in addition to private health sectors, producing, as is expected, substantial improvements in the service, reflected also on the statistics of organ transplants.

Cihdott: a better approach of skilled professionals

It is determined that the Cihdott must be established by the board of each hospital, through a formal act, being directly linked to the medical board of the institution. The commission must be composed of at least three members, among them a physician or a nurse who attended the training for intra-hospital organ and tissue donation for transplant coordinator[6].

The procurement process begins with the identification of a potential donor, which can be made by any health care professional. The diagnosis of brain death (BD), however, is up to the physician, especially the ICU physician, who will forward it to Cihdott. Nevertheless, Chapter II, art. 3 of Law No. 9.434 provides that the *post mortem* removal of tissues[4] should be preceded by the brain death diagnosis of two physicians, who may not be part of the removal and transplant teams. The diagnosis should be established by using clinical and technological criteria defined by the Resolution 1.346/91 of the Federal Council of Medicine (CFM)[14].

It is designated to Cihdott, along with the Notification, Organ Distribution and Procurement Center, to evaluate the institution's ability to detect potential donors, considering the institutional characteristics that can be used to determine, by means of institutional indicators, the service competence for donor recruitment and organ transplants performance. Moreover, it is necessary to define the parameters that will be adopted in monitoring the contract goals, set according to the quantity and quality of procurements and organ transplants, determined by the Ordinance 1.752/GM/MS[6], and to forward the performance indicators of the hospital to the local manager, with the adoption of measures to improve the organ and tissue procurement, establishing performance goals with a deadline.

Cihdott should promote the integration with all units that have the necessary diagnostic resources to meet the cases of possible donation, in addition to organizing routines and protocols in the institution that enable the donation and organ and tissue procurement process[10]. According to the Ordinance 1.262/GM/MS, the Cihdott must keep contact with the Notification, Organ Distribution and Procurement Center of the state in order to orga-

nize the donation and organ and tissue procurement process[7]. It is up to the Notification, Organ Distribution and Procurement Center to promote continued education/awareness programs for the society, in addition to establishing efficiency criteria that enable an analysis of results[15].

The responsible professional for the Cihdott operation must have prior knowledge about the death process, have interpersonal communication skills, and learn about the process of organ and tissue donation, the specific documentation and laws, besides all ethical aspects of organ and tissue donation. It is important that the professional assessment is carried out and improved after the completion of each organ donation and procurement process, based on the strengths and weaknesses of each professional experience, and that these experiences are discussed in organized meetings in order to minimize possible failures.

To better evaluate the knowledge of the professionals, who daily deal with the donation process, towards Cihdott, it is necessary to extend the proposal of this paper through field research, in order to raise awareness of these professionals on the subject.

However, in the absence of such studies, a general framework can be traced based on the mandatory Cihdott coordinator training, as established by the Ordinance 1.752/GM/MS, which represents only the first step in the training of professionals that implement the process of organ donation and procurement. This implies that this training process alone is only the beginning of learning. It is suggested, for instance, that each institution knows the cultural profile of the population, in order to convey the relevant information to the donation process, urging this discussion among families.

Challenges in implementing the Intra-hospital Commissions

For the implementation of Cihdott, many issues must be raised, including ethics, which is fundamental to the effectiveness of the work of this commission. So, we will evoke some dilemmas for dealing with a subject that entails many questions and doubts.

According to Souza[16], the meanings attributed to the word "ethics" have been changing over the centuries, incorporating new meanings and attributes, being improved and diversified according to the context in which it operates. This change in the meaning of words and terms occurs in all circumstances in which the ideas are modified according to a specific cultural context and are conveyed to other societies that incorporate their own values and worldviews to the original meaning. This is what happens with the idea of "ethics" in the contemporary world, which is becoming both a result of accelerated cultural exchanges promoted by the media and a result of the use of new technologies and processes in healthcare.

The statement above is exemplified by the definition of brain death, created and used since the 1960s in the United States and parts of Europe to facilitate organ donation and justify mechanical ventilation[17]. However, nowadays it is possible to sustain a person with a diagnosis of brain death for a few hours and even longer periods. Through technological advances, you can keep the heart of brain-dead people beating "naturally". Sometimes a heart can be revived, or machines can do this job. In these cases, people in such situations were previously called, by some physicians, corpses without beats, epithet that reflects and raises many ethical questions related to the process of organ donation and that brings up dilemmas and concepts spread over the years[18].

The process of organ donation is inserted in a very broad and subjective context[19], by involving issues as reciprocity, finality of life, autonomy, and other values and moral virtues. During the death process, the family approach about organ donation, done by health professionals, should be made clearly and very well grounded, because this is when it is defined whether or not the family will refuse the donation request. Thus, some questions arise: is the professional really qualified to clarify these people, helping them to deconstruct their prejudices and clarify their ideas, making it easier for them to express their wishes? Is his behavior toward death consistent with the specificity of the process? In our understanding, the healthcare professional who deals with these questions should be very well prepared to deal with all ethical connections involved, besides knowing the laws that entail it.

According to Vargas[18], the concept of death, based on the definition of brain death, provides medicine the direction to distinguish patients towards whom they have differentiated obligations. The conceptual definition of brain death can allow the organs of individuals with this type of diagnosis to be used to help people who are still alive[20]. This discussion allows to mark, question and discuss some polarities, such as the relationship between mind and body; the brain and organic death; the

reversible and irreversible; live patients and dead bodies; live recipient and deceased donor[18]; clinical and technological evaluation of death; medical decisions and opinions and values; the scientific expert and other experts. These dichotomies put us in situations that transcend our experiences and involve us in the context of the whole process, immersing ourselves in real situations, with pain, sadness and the possibility of giving another the opportunity for a new life[18].

The distinction between the dualities of life and death and between being alive or dead, according to Vargas[18], is currently subject to more or less consensual standards and, therefore, under the control of a professional community. This does not mean that communications are not established among different circles and communities and that culture is excluded from these communications or from the possible communications among them, because transparency and reliability of the process can only be ensured through communication[21].

One of the characteristics of the contemporary world is its strongly behavioral focus demonstrated through health actions aimed at changing habits and lifestyles of individuals, emphasizing the family environment and the cultural context in which they live. In this perspective, we might as well highlight the process of organ donation that tends to be provided by the educational process, linked to family factors and controlled by individuals themselves. The educational campaigns usually focus on familial discussions about the theme, or at least they should, in order to stimulate and provide further discussion and clarification among families facing the decision-making process[22].

Cihdott and the permanent education in intra- and extra-hospital environment

The existence and functioning of intra-hospital transplant commissions have allowed a better organization of the organ procurement process and a better identification of potential donors, with improved approach with members of the family and better articulation of the hospital with the Notification, Organ Distribution and Procurement Center, which eventually would allow the qualitative and quantitative expansion of procurement[22].

Cihdott members, according to Ordinance 1.752/GM/MS, shall be responsible for the permanent education of the staff of the institution regarding the aspects of donation and transplantation of organs and tissues, and one of its attributions is to create mechanisms that make accountability for continuing education of the staff of the institution, family members and community possible, regarding the aspects of donation and transplantation of organs and tissues[23]. We understand that this is a strategic action proposal that aims the contribution to the transformation and qualification of health practices, with possible organization of health services actions[24].

Cihdott members should be responsible for the permanent education of the staff of the institution. However, there is little disclosure about the subject, noting that there is not a policy for permanent education of these professionals, regarding the donation-transplantation process and all consequences resulting from the lack of knowledge about this process[22]. For many educators, permanent education in the healthcare environment represents an extension of the popular education among teenagers and adults, perpetuating the principles and guidelines, going from education and awareness, to education as a practice of freedom - to education and change[24].

The permanent health education is an extension of the Institutionalist Movement in Education, which proposed changing the notion of human resources, which comes from the Organizational Administration and Psychology, to the notion of collective production, with the proposal of creating devices for everyone to meet and discuss, realizing that education necessarily happens through the reformulation of the production structure and process and in the unique ways of each time and place[24,25].

The healthcare environment faces some hardships such as low availability of professionals and their irregular distribution, resulting in high concentration in urban centers and well developed regions, increasing specialization in healthcare and its impact on the economic costs and reliance on more sophisticated technologies, and the constant increase in hospital training focused on the technological aspects of healthcare, aspects that demand changes in the training process of professionals[24]. According to Lourau[23], even if we have all the expertise and work with multi-professional teams, we will be conditioned to better and bigger health problem solving of local or referred population, however we will always be outdated, and we will never know everything that is required in intricate situations to which it is necessary to fully ensure the right to health.

By analyzing the statement above, we conclude that the specialties and scientific increments will not be enough to teach us how to achieve true

knowledge about communication when involved with the health, disease and death process[25]. The favorable opinion of the community regarding organ donation is crucial to solve this problem. Currently, the refusal of the family is the main limiting factor of organ transplant programs in several countries[24,25].

According to Traiber[26], most part of the population receives information about organ transplantation and donation through the mass media - television, radio, newspapers, and magazines. A lower percentage is influenced by family, friends, health professionals and campaigns that talk about organ donation. The quality of this information is more important than the vehicle by which the information is provided. The well-informed citizen is able to promote a discussion with family and friends, which can set up a mechanism to promote organ donation[24,26].

Cihdott should encourage families to discuss about donation or to believe that the patient would wish to be a donor even without having discussed the matter. It is believed that campaigns that encourage people to discuss the issue of organ donation and transplantation with their family are crucial for decision-making[25]. When the family meets the wishes of the potential donor, they can easily defer their opinion, and discussions about organ donation can be made not only within the family but also in schools and workplaces. Authorities and experts on the subject should be the ones to bring that theme to discussion. It is essential to be able to dialogue with mainstream conceptions and practices, in the reality of work of each team, and to build new pacts of coexistence and practices aimed at approximating health services from the concepts of humanized and integral attention to quality and equity of other milestones of the reform process of the Brazilian health system[24].

It is noteworthy that what should really be the main issue to health education is the adaptation to the changing reality of actions and health services; is the transformation of the training policies of professional profiles and services, with the introduction of mechanisms, spaces and themes that generate self-analysis, self-management, institutional change, finally, changes and ruptures with formulas and models affected by experiences of reality[24].

Final Considerations

For a better and deeper evaluation of the knowledge of the professionals who daily deal with the donation process towards Cihdott, it is necessary to extend these studies through field researches, in order to raise awareness of the professionals on the theme.

Therefore, it is up to each of us to work on uniting strengths with our families, relatives and friends so that we can discuss the organ and tissue donation for transplant, in order to reaffirm our desires, fears and doubts before the process, and, probably, become less vulnerable. These internal discussions are an important stimulus to participation in a worthy and collective interest. It is up to us all to promote and stimulate the development of activities related to organ and tissue transplants in Brazil.

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Authors' participation

Rafaela, Delma and Lilian performed the literature research, developed ideas, set the theme and drafted the article. Rafaela was responsible for the revision of the article and for the submission and approval with the collaboration of the other authors.

Received: 2.26.2012
Reviewed: 11.5.2012
Approved: 2.18.2013