millenium

Millenium, 2(Edição Especial Nº23)

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ENTRE A URGÊNCIA DE SALVAR E O DEVER DE CONFORTAR
BETWEEN THE URGENCY TO SAVE AND THE DUTY TO COMFORT
ENTRE LA URGENCIA DE SALVAR Y EL DEBER DE CONSOLAR

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RECEIVED: 28th May, 2026
ACCEPTED: 28th May, 2026
PUBLISHED: 05th June, 2026

DOI: https://doi.org/10.29352/mill0223e.47467

EDITORIAL

BETWEEN THE URGENCY TO SAVE AND THE DUTY TO COMFORT

In the pre-hospital setting, caring for trauma patients requires rapid, urgent decision-making, technical precision, and the ability to manage uncertainty. The priority is, of course, to save lives, which involves ensuring airway patency and protection, maintaining respiration and circulation, controlling bleeding, providing adequate immobilisation, and ensuring safe transport (Mota et al., 2021). However, in this highly complex scenario, there is one aspect that is often overlooked: the comfort of the trauma victim receiving pre-hospital care.

The trauma victim does not merely experience an injury; they experience a range of symptoms such as pain, cold, fear, anxiety, loss of control, exposure, and discomfort caused by immobilisation (Mota et al., 2022a). The literature shows that, although acute pain is the most commonly reported discomfort, other sources of distress are present and interrelated, potentially exacerbating the perception of pain and hindering the provision of care and the effectiveness of its management (Mota et al., 2023; Melo et al., 2025).

This reality presents a conceptual and clinical challenge: not all discomfort should be interpreted as pain. Reducing the victim's suffering to a single entity can make it difficult to identify specific sources of discomfort and limit the effectiveness of interventions. Discomfort caused by cold, anxiety, fear, or immobilisation requires separate assessment, even though these manifestations influence one another (Mota et al., 2023).

Kolcaba's Theory of Comfort serves as a foundational theoretical model to underpin pre-hospital care, transcending the narrow confines of an exclusively biomedical response. By integrating physical, emotional, spiritual, sociocultural, and environmental dimensions, it allows comfort to be understood as an outcome sensitive to care, capable of enriching and humanising emergency care (Melo et al., 2024).

The available evidence identifies pharmacological and non-pharmacological interventions aimed at relieving discomfort, including analgesia, warming measures, cryotherapy, transcutaneous electrical nerve stimulation, therapeutic communication, and emotional support (Melo et al., 2025). However, significant gaps remain, notably the absence of specific tools to monitor non-pain-related discomfort and the limited integration of these interventions into clinical algorithms applicable to the pre-hospital setting (Melo et al., 2024).

The academic and clinical community, therefore, has an opportunity to review its approach to trauma victims, recognising the importance of comfort as a measurable aspect of the quality of care. This does not mean diminishing the priority of clinical stabilisation, but rather recognising that saving lives and alleviating suffering are complementary objectives. Assessing and treating different forms of distress will improve the safety, humanisation, and quality of pre-hospital care (Mota et al., 2021; Mota et al., 2022b).

Nursing thus assumes a central role. Due to their proximity, assessment skills and ability to intervene, nurses can recognise signs of suffering that go beyond pain, communicate in a therapeutic manner, reduce exposure to the cold, adjust comfort measures, provide emotional support and promote continuity of care.

To regard comfort as an essential dimension of pre-hospital care is to make visible a suffering that is sometimes obscured by the urgency to save lives. Survival will remain the highest priority, but alleviating suffering during this process is also an ethical, clinical, and profoundly human responsibility.

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