

Death and Hospital Class: possibilities for a comprehensive formation of the hospitalized being through hermeneutic phenomenology¹

Hiran Pinel²

Herberth Gomes Ferreira³

Rodrigo Bravin⁴

ABSTRACT

The purpose of this article is to comprehensively describe death as a possibility for the Hospital Class Being-in-the-world and the implications for the training of educators who work in this space. The methodology used was the literature review and our theoretical foundation is the work “Being and Time” by Martin Heidegger (2012). Some of Heidegger's own concepts like “Dasein” and “Umwelt”, among other terms, as developed in Heidegger's so-called first phase in his work “Being and Time”, will permeate our work. The Hospital Class Being-in-the-world experiences, with hospitalization, psychic changes and also in their social life that can turn into anguish and fear of death. In this sense, a loving and understanding educator recognizes death as an existential possibility of this student, but acts to develop practices that collaborate so that he expands his possibilities of being and manages to transcend the hospital environment.

KEYWORDS: Death. Hospital Class. Phenomenology. Understanding educator.

¹ English version by Nelly Blanco e Silva. *E-mail:* nelly.secompnv@gmail.com.

² Full Assistant Professor in Universidade Federal do Espírito Santo - UFES, Vitória, Espírito Santo, Brasil. Orcid: <https://orcid.org/0000-0002-8540-6653>. *E-mail:* hiranpinel@gmail.com.

³ Phd student in Education and Master's Degree in Religious Science. Universidade Federal do Espírito Santo – UFES. Vitória, Espírito Santo, Brasil. Bolsista CAPES/DS. Orcid: <https://orcid.org/0000-0002-5644-9179>. *E-mail:* ichbinherberth@gmail.com.

⁴ Phd in Education and Master's Degree in Education. Universidade Federal do Espírito Santo – UFES, Vitória, Espírito Santo, Brasil. Orcid: <https://orcid.org/0000-0002-2661-3513>. *E-mail:* rodrigobravin@gmail.com.

Morte e Classe Hospitalar: possibilidades para uma formação compreensiva do ser hospitalizado via hermenêutica-fenomenológica

RESUMO

O objetivo deste artigo é descrever de forma compreensiva a morte como possibilidade do Ser-no-mundo da Classe Hospitalar e as implicações para a formação de educadores que atuam nesse espaço. A metodologia utilizada foi a revisão de literatura e a nossa fundamentação teórica é a obra “Ser e Tempo” de Martin Heidegger (2012). Alguns conceitos próprios de Heidegger como “*Dasein*” e “*Umwelt*”, entre outros termos, como desenvolvida na chamada primeira fase de Heidegger em sua obra “Ser e Tempo”, perpassarão nosso trabalho. O Ser-no-mundo da Classe Hospitalar experimenta, com a internação, mudanças psíquicas e também na sua vida social que podem se transformar em angústia e medo da morte. Nesse sentido, um educador amoroso e compreensivo reconhece a morte como uma possibilidade existencial desse educando, mas atua no sentido de desenvolver práticas que colaboram para que ele amplie suas possibilidades de ser e consiga transcender o ambiente do hospital.

PALAVRAS-CHAVE: Morte. Classe Hospitalar. Fenomenologia. Educador Compreensivo.

La muerte y la clase Hospitalaria: posibilidades para una formación integral del ser hospitalizado a través de la hermenéutica fenomenológica

RESUMEN

El propósito de este artículo es describir exhaustivamente la muerte como una posibilidad de estar en el mundo de la clase hospitalaria y las implicaciones para la formación de educadores que trabajan en este espacio de transición entre educación y salud. La metodología utilizada fue la revisión de la literatura y nuestra base teórica es el trabajo Ser e Tempo de Martin Heidegger (2012). Algunos de los conceptos propios de Heidegger como "Dasein" y "Umwelt", entre otros términos, tal como se desarrollaron en la llamada primera fase de Heidegger en su obra "Ser y tiempo", impregnarán nuestro trabajo. The Hospital Class Experiencias

de estar en el mundo, con hospitalización, cambios psíquicos y también en su vida social que pueden convertirse en angustia y miedo a la muerte. En este sentido, un educador cariñoso y comprensivo reconoce la muerte como una posibilidad existencial de este estudiante, pero actúa para desarrollar prácticas que colaboran para que expanda sus posibilidades de ser y logre trascender el ambiente hospitalario.

PALABRAS CLAVE: Muerte. Clase hospitalaria. Fenomenología. Educador comprensivo.

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Everyone, even a millisecond before dying, has the right to school education, as well as non-school education. Everyone deserves care in his/her ways of being together with others in the world, after all, living is very difficult and complicated, but, on the other hand, it is something good and joyful, so we insist on breathing life, making sense of it.
Hiran Pinel.

Introduction

The role of the Pedagogy professional does not happen only in the formal environment of the school, but also in other spaces, as is the case of non-school education that is developed in the Hospital Class and / or in the Pedagogical Home Care (PHC). In this case, students who are unable to attend school due to health reasons have the right to continue their studies guaranteed by these two types of teaching.

We will discuss the legal protection of both the Hospital Class and the PHC in a specific part of the text. Now, let us think about the importance of bringing the issue of death as a possibility in the care of the sick student, whether he is hospitalized or in home care it is often not reflected and / or accepted as part of life. At the same time, it is important to question if the teacher education who work in these spaces encompass dying as an existential horizon for students.

The discussion about death, in general, is still a taboo for contemporary Western society and, in the Hospital Class, it may not be seen

as an event, even if sad, possible. Thus, sometimes it is assumed a perspective that it will never come.

However, ending is a way of being-in-the-world and from which no one will escape. But, because this kind of discussion is not common, when we see someone leaving it affects us, makes us think about our own existential condition, about the lasting of life, of a life project, of no longer being able to fulfill an agenda, travel or not be close to who we love. Or, in another way, death can come in a symbolic way: a neurotic attempt to avoid it (KOVÁCS, 1992).

These questions, as defended by Dastur (2002), are part of a discourse which it is up to phenomenology to reflect, as it is, as a methodological stance, that will collaborate with the reflection on itself and on the “[...] *lasting character of their own existence*” (p. 57).

The Heideggerian hermeneutic phenomenology methodological proposal will guide this research and will follow a short route, through which we will try to consider some points regarding death, hospital class and the role of the education professional within a scenario of the possibility of death.

For that, in the first part of the text, we will briefly present some of the laws and guidelines that support the guarantee of educational attendance outside the school environment - we call it here non-school education, in which both the hospital class and the PHC are part. In the second moment, we will write about some concepts used by the German thinker Martin Heidegger (1989-1976), especially his thinking on death accordingly to his hermeneutics-phenomenology. Then, we develop a comprehensive reflection on the role of the pedagogue in the hospital environment, as well as discuss the possibilities of this professional's work with the sick student.

In the midst of all, we bring the discussion about the need to deal with death as part of the education of the pedagogue, thus proposing an opening for care in its multiple dimensions. At the end, we will point out some open reflections that are not conclusive to other possibilities of understanding.

About the Heideggerian being - “Dasein” - it is important to note that there are different definitions when we translate this word (FERREIRA; et al, 2017), but, in this article, we will always use “Dasein” as it is better approached by the texts and books we bring in this study.

Inclusive Education and Hospital Class: legislation and definitions

The beginning of hospital teaching practices outside Brazil marks the first three decades of the 20th century. In France, assistance to “adapted children” emerged, which were spreading to other countries in Europe. In Brazil, hospital pedagogy dates back to 1950, in Rio de Janeiro, at Hospital and School Menino Jesus. (LIMA; PALEOLOGO, 2012). In this sense, comply with the international requirements for the inclusion of children in the school and open paths to new spaces for inclusive education, Brazil has started, since the 1990s, the elaboration of public policies accord to demands of the special and inclusive education.

At the beginning of 2008, a working group presented a document to the Ministry of Education showing the path taken up to that moment, with regard to the actions developed in recent years, in an attempt to overcome the privileges surrounding the history of education as maintaining the division of classes and not guaranteeing the right to education, even with the Federal Constitution universalizing this public policy.

According to the document of the Ministry of Education, some specialized care actions in Brazil date back to the imperial era:

In Brazil, assistance to people with disabilities began at the time of the Empire with the creation of two institutions: the 'Imperial Instituto dos Meninos Cegos', in 1854, now the 'Benjamin Constant Institute' - IBC (in Brazil), and the 'Instituto dos Surdos Mudos', in 1857, now 'National Institute for the Education of the Deaf' - INES (in Brazil), both in Rio de Janeiro. At the beginning of the 20th century, the Instituto Pestalozzi - 1926 was founded, a specialized institution in assisting people with mental disabilities; in 1954 the first Associação de Pais e Amigos dos Excepcionais -

APAE was founded and; in 1945, Helena Antipoff created the first specialized educational service for gifted people at the Pestalozzi Society (BRASIL, 2008, p. 6).

These first actions, even according to the document, for the care of the exceptional ones are now based on the Law of Directives and Bases of National Education - LDBEN (Lei de Diretrizes e Bases da Educação Nacional no Brasil), No. 4,024 / 61, and preferably in regular schools. Accordingly, this was the first law that established the guidelines of education in Brazil, recognizing it as a right of all and pointing out its school or non-school application (BRASIL, 1961).

The Law of Directives and Bases of Education (Lei de Diretrizes e Bases da Educação), No. 9394/1996, says in its Article 4 that is a duty of the State to guarantee free specialized assistance “[...] to students with disabilities, global development disorders and high skills or giftedness, transversal to all levels, stages and modalities, preferably in the regular school system ”(BRASIL, 1996). In September 2018, the president of the STF, Mr. José Antônio Dias Tóffoli, sanctioned the Law 13.716 / 18, which changed the Law 9.394 / 96, adding Article 4-A to the words of Article 4, determines that “it is ensured educational assistance, during the hospitalization period, to the basic education student hospitalized for health treatment in hospital or home for a prolonged period ” (BRASIL, 2018).

Turning back to the document formulated by MEC in 2008, it emphasizes special education as a complement to regular education.

In 1999, Decree No. 3,298, which regulates Law No. 7,853 / 89, when provide for the National Policy for the Integration of Persons with Disabilities, defines special education as a transversal model at all levels and modalities of education, emphasizing the complementary performance from special education to regular education. (BRASIL, 2008, p. 9).

Thus, the decree based the proposals that were later presented in the National Policy on Special Education from the perspective of Inclusive Education, which aims to ensure the attendance to these three publics

defined by law: students with disabilities, global developmental disorders and high skills abilities/giftedness.

The National Education Plan - NEP (in Brazil, PNE), approved by Law 13,005 of June 2014, established goals (MEC, PNE, goal 4) for the specialized assistance of this specific public and took the necessary measures regarding public financing. Still on the legal support of non-school attendance (BRASIL, 2014), the Statute of the Child and Adolescent - SCA (ECRIAD in Brazil), Law 8.069 / 90 (BRASIL, 1990), provides for the right to leisure and Law 13.257 / 16 discusses public policies for early childhood and the right to specific care, according to their needs (BRASIL, 2016). There are also two important resolutions that guide actions, pedagogical practices, teacher training and infrastructure for Specialized Educational Assistance - SEA (AEE, in Brazil). They are: Resolution No. 2, f September 2001, which institutes the National Guidelines for Special Education in Basic Education (BRASIL, 2001) and Resolution No. 4, October 2009, which creates the Operational Guidelines for Educational Assistance Specialized in Basic Education - ('EAS'; AEE in Brazil) (BRASIL, 2009).

These two guidelines were discussed by us in a recent article (FERREIRA; et al, 2018) in which we bring two important definitions: inclusive education aims at the right of everyone in the school space, without distinction, as a way of fostering mutual interaction; special education points to the special and specialized care of students with some disability, disorder and high skills. Thus, it requires the school to develop specific actions for this audience, such as the preparation of professionals and adequate spaces in order to guarantee the constitutional right to education.

It is worth mentioning school attendance in hospitals or what we call non-school attendance. In 2002, the Ministry of Education, through the Secretariat of Special Education, prepared a document entitled "Hospital class and home pedagogical care: strategies and guidelines" (BRASIL, 2002),

which structured specific actions within the scope of the hospital / home care class and defined assistance to students who have a special care need due to their specific health limitations. Thus, it recognizes that:

According to the hospitalized person, health treatment does not only involve the biological aspects of traditional medicine to illness. The experience of illness and hospitalization implies changing routines; separate themselves from family, friends and purchased objects; subject themselves to invasive and painful procedures and also suffer from loneliness and fear of death - a constant reality in hospitals. (BRASIL, 2002, p. 10).

It's important to recognize the structural and psychic change that the hospital environment can produce in the student. The disease affects the person's existential world; affects his/her horizon, dreams, life projects. Thus, we believe in the importance of recognizing that there is a break with the hospitalized routine and a significant change in their daily lives. The lack of company of family, friends and experience at school can generate traumas. In this way, a welcoming hospital class can provide less traumatic disruptions, especially in the change of environment between school and hospital. Thus, we need to point out that "[...] hospitalization should not be seen as a breach of the link between the child / teenager and the school, nor the loss of the right to study." (FERREIRA; et al, 2015, p. 641), in fact, it's the opposite.

In this environment (surrounding world) of the hospitalized student, it is necessary to think about death as an immediate and inevitable possibility, which generates meanings and affects not only the hospitalized student, but also the family, the health team, etc. Dealing with death in this context, we suggest a type of pedagogical prophylaxis - or a "[...] differentiated logic of care" (HOLANDA; COLLET, 2012, p. 35) about the hospitalized subject. We propose to consider this issue in the light of Martin Heidegger's hermeneutics-phenomenology.

Mundane experience, Dasein and the hermeneutic-phenomenological proposal in Heidegger's analytics

The German philosopher Martin Heidegger (1889-1976) proposed, before, to investigate the being-in-the-world to reach the methodological proposal of a hermeneutic phenomenology. Thus, for him, it was necessary, as a previous investigation, to delimit what would be the world (Welt). In his work "Being and Time" (1927), Heidegger warns of the overcoming of the immediate and hasty analysis of the world. Now, says Heidegger, what "[...] happens inside the world"? (HEIDEGGER, 2012, p. 197). In the world, there are houses, trees, chairs, people, but also stars, the cosmos, like the thinker says. But, that is not all that defines the world - things (*das Ding*). What permeates the world is, for the German philosopher, an entity. But, there is also something constitutive of this world that Heidegger calls mundane experience (HEIDEGGER, 2012).

Going a little deeper into the question: which world does Heidegger speak of? He speaks of "mundane experience" (*Weltlichkeit*), or "surrounding world". It is here that the essence of *Dasein* (a key issue of its philosophy) is manifested. It is *Dasein* next to things, in their multiple relationships; being-with another and with everything that affects him. In this way, the world of *Dasein* is the world in events, so it is temporality. The world is a constant gathering of things, including people (people meet, even in their solitude), because the affect of life is a continuous game that is not just a physical touch. For this reason, Heidegger (2012, p. 199) insists that "mundane experience is an ontological concept (as a philosophical study of beings) and means the structure of a constitutive moment of being-in-the-world." Note the word "constitutive". It is important to say that life is done daily in its relationship with the world. At the same time, the world is constantly changing with the life that lives in it. The essence of *Dasein* is found in its existence. Thus, the manifestation of being-myself is always a proper and original manifestation

(HEIDEGGER, 2012). In this way, "[...] mundane experience is, therefore, itself an existential." (HEIDEGGER, 2012, p. 199).

All we have briefly outlined above takes us to another field of Heideggerian thought. Developing an existential analysis of the concept of the world (mundane experience or surrounding world), Heidegger proposes thinking about the being-of-this-world. The being that inhabits this world in its multiple relationships is the being-there (*Dasein*). *Dasein* is the keyword for Heidegger's thinking. In general, it is translated to "be-there", "*Da*" means there, the something that manifests itself in the immediate; "*Sein*" is, literally, to be (as in the infinitive). *Dasein* is the whole possibility of man's factual life. That is why it is not being, but the openness to possible understanding in his "[...] state of mind". (HEIDEGGER, 2012, p. 407). *Dasein* is analyzed from an existential perspective; his daily existence; of his manifestation and enlightenment: 'ex-istential' - in throwing or projecting himself out, in his truth (*Aletheia*), be authentic or inauthentic. Thus, existential analytics is also a key to read the Heideggerian method. In this analysis the being-in-the-world is seen in its existential completeness, also, in its transcendental aspect (HEIDEGGER, 2012).

We can now briefly outline the method (or we can say: a methodological stance) that Heidegger uses in his analysis of the subject's daily existence. Adopting the postulates of the phenomenology of his former master, Edmund Husserl (1859-1938), who considers being-in-the-world, Heidegger (2012) elaborates his own phenomenology in search of the meaning of being. For him, going to the same things is a task of phenomenology, but it is also its responsibility to show the "phenomenon" from itself.

Existential analytics, through phenomenology, must always ask for the meaning of Being, in other words, for the way-of-being-himself. (HEIDEGGER, 2012). Guiding and leading the question of being-there, which for him was abandoned by metaphysics, the thinker proposes in his existential analysis to reach the "truth of being" (*Aletheia*). Phenomenology is a way of interpreting this "enlightenment" of *Dasein* in its unique and authentic manifestation, since it is

up to it to be the science of being. Therefore, its meaning is methodological. Thus, since phenomenology is a form of interpretation (of the thing aimed immediately), it is also a form of hermeneutics. So:

[...] Dasein's phenomenology is a hermeneutic in the original meaning of the word, which designates the task of interpretation. Now, as far as the discovery of the sense-of-being and the fundamental structures of *Dasein* in general shows the horizon for all other ontological research of the non-conforming to *Dasein*, this hermeneutics becomes at the same time Hermeneutics ", in the sense of elaborating the conditions for the possibility of any ontological investigation. [...], hermeneutics, as an interpretation of *Dasein's* being, [...]. (HEIDEGGER, 2012, p. 127).

The starting point of phenomenology is *Dasein's* hermeneutics, because from this (circular and growing) interpretation the "truth of being" is reached and returns to it. It is about this phenomenology-hermeneutics that we will outline the issue of death from the point of view of an existential phenomenological psychopedagogy, in search of a comprehensive analysis in a Hospital Class.

Death and Hospital Class: how are these issues found in a Heideggerian perspective?

Death is in "Being and Time" as an imminent and immanent issue in the Heideggerian *Dasein*. For the German thinker, it seems to be impossible to capture the whole truth (*Aletheia*) of a life without considering its finitude, that is, death as a participant in life. The Heideggerian approach presents death as a matter of existential analytics in the search for the meaning of Being itself. This analysis is more detailed in the "first chapter" of the "second section" of "Being and Time".

For some readers of this philosopher (ABDALA, 2017), this approach goes through the first phase of Heidegger, before the "turning" (*die Kerhe*). The Germanic thinker, in its first phase, talks about death

as the search for understanding and accessing the “being-a-whole”. In that way, life and death participate in the completeness of *Dasein*. After the turning point, the philosopher turns his question in another direction: man is no longer as essentially a being-for-death, but a being-dying, or simply a mortal being. (ABDALA, 2017).

Taking the question of death in “Being and Time”, it's possible to understand that the Heideggerian analysis brings death as something that is constantly lurking, it is part of the daily life. However, differently than many people think, death can only be perceived and understood by another person. At the end of a life, *Dasein* ceases to be and its temporality is only experienced by another who experiences it. Thus, in his explanation:

[...] the achievement of the whole of *Dasein* in death is at the same time the loss of the being of "there". The passage to the already not-being- “there” deprives *Dasein* precisely of the possibility of experiencing that passage and of understanding it as experienced. (HEIDEGGER, 2012, p. 657).

So we understand that the situation of death in a hospital class is experiencing the death of others. Whoever dies - the end of a *Dasein* - does not experience the understanding of his own end. Therefore, it is understandable to realize why mourning is such a strong experience for those who experience a death. Grief brings the subject a feeling of loss and disorganization (SANTOS; YAMAMOTO; CUSTÓDIO, 2018). Because death carries existential senses. Those who experience death experiment the possibility of their own ending - the non-being-more. The condition of losing a life is “[...] evoking our mortal condition” (FREITAS, 2013, p. 98). It is, at the same time, a “scary” experience, because it is still a taboo, something that our society does not talk about.

The fear for the unexpected, for the immediate possibility of the end of *Dasein*, this temporal and unfinished existence, brings the anticipatory mourning (CARDOSO; SANTOS, 2013). That's why it is also important to train professionals who work directly with the death situation (TEIXEIRA et al., 2019). In particular to the pedagogue, who works in the hospital class, it's

highlighted the importance of their initial and continuing education may be open to the issue of death as an immediate possibility in attending to the student.

(In)conclusion

Our aim with this text was, from the recognition of death as a possibility of being-in-the-world of the Hospital Class, to think about the importance of a comprehensive, loving and connected pedagogical formation with the hospital's daily life, so that the interned students face the break with school, friends, family, loneliness and anguish so that they can expand their possibilities of being. We deal with that question, whenever possible, in the light of Heidegger's existential analytics.

The discussion permeated issues that involved death as a question for the hospital class and non-school pedagogy. From Heidegger, we approach in general his philosophy on death and his hermeneutic phenomenology method as a theoretical posture and a comprehensive reading of *Dasein*. Finally, we point to a horizon of possibilities. That is: think about on how death can be significant in hospital pedagogy, with students hospitalized and their possibilities of death and the need for training to better treat this issue.

We understand that talking about death, especially in the hospital class and in school and non-school education, is to turn our view to a phenomenon that “is there” and, in a way, needs to be considered, even from a possible perspective, a pedagogy that appropriates the hermeneutic phenomenology understanding to describe a being-there (*Dasein*) in its existence - life happening until it lives, as if they were preventable (FREITAS, 2013). Looking at the issue from the perspective of Heidegger (2012), there is no escape from the end of life. Death is part of everyday life, or rather, it is linked to *Dasein*, the subject in his daily experience and his inevitable finitude. Although we cannot understand our own ending, we can understand the death of the other and at the same time think about our existential condition.

We argue that educators in general and, especially, those in the hospital and non-school education, especially in attending to students in situations of serious illnesses, have conditions and access to training that includes death as a possibility in their daily work. For us, thinking about death in pedagogical training is being attentive to care (*Sorge*) which, in Heidegger's perspective (2012), includes concern for the other, but also love, because caring is loving the other in their different existential situations and to commit, in the case of the hospital environment, to guaranteeing the right to education and health.

In our point of view, the issue of death is still little debated in the context of the hospital class. Perhaps, for this reason, some authors point out that death, as well as mourning, are constantly removed from our daily

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