

Legislation for ostomates in Portugal

Components of the attention to health model

Summary

Ostomy refers to the opening created surgically in the body for waste discharge (IOA CC, 2016) to maintain communication with the external environment by a fistula, which may connect to a tube or a pouch depending on the patient's clinical outlook. In Portugal, the number of ostomized patients is about 15 thousand, among whom 80% to 90% are people who suffer or have suffered from oncological diseases. The aim of this study is to describe the Portuguese legislation that deals with attention to ostomates and to identify records that contain the elements of a theoretical model (TM) of this intervention in these official sources. This is a descriptive documental study covering the period between May 1989 and February 2017. The study revealed that the vast majority of the legislation ensures the rights of ostomized people. The stomatologist was identified as a human resource required to develop care practices. The physical resources identified in the documents referred only to the collecting devices. The other structural resources required for the development of activities, such as physical space, adapted bathroom, environment, doctor's surgery, computer resources, information systems, etc. were not found in the study sources. Conclusions: There is a wide range of legislation with rights focused on prevention, rehabilitation and integration of ostomized people, as well as social protection schemes such as disability pensions, special leave and free medical devices. We propose creating a regulation based on existing legislation to establish national guidelines for ostomized people at different levels of care. **KEYWORDS:** OSTOMY; DOCUMENTARY RESEARCH; STOMATHERAPY; EVALUATION.

Introduction

According to the International Ostomy Association Coordination Committee, ostomy and stoma are general descriptive terms often used interchangeably. An ostomy (or stoma) refers to the opening created in the body surgically to discharge waste¹, in order to maintain communication with the external environment by a fistula, which may be connected to a tube or a pouch depending on the patient's clinical condition. In Portugal, the number of ostomy patients is about 15 000, of whom 80% to 90% are people who suffer or have suffered from oncological diseases².

The country considers them disabled, according to parameters defined by both the World Health Organization or by Decree Law No. 9/89, of May 2, which deals with the Base Law on Prevention and Rehabilitation and Integration of People with Disabilities. This law was repealed by Law 38/2004³ which extends the concept of disabled person as one who, by loss or congenital or acquired anomaly, functions or body structures, including psycho-

Authors

DIANA MARY ARAÚJO DE MELO FLACH: Escola de Enfermagem Aurora Afonso Costa, Universidade Federal Fluminense. Rio de Janeiro, Brasil.

E-mail: dianamflach@gmail.com

CÉLIA SANTOS: Escola Superior de Enfermagem do Porto (Nursing School of Porto). CINTESIS – Center for Health Technology and Services Research. Porto, Portugal.

E-mail: celiasantos@esenf.pt

MARILDA ANDRADE: Escola de Enfermagem Aurora Afonso Costa (Nursing vice director). Universidade Federal Fluminense. Rio de Janeiro, Brasil.

E-mail: marildaandrade@uol.com.br

LUIZA GONÇALVES DUTRA DE OLIVEIRA: Instituto de Saúde Coletiva (Departamento de Planejamento em Saúde). Universidade Federal Fluminense. Rio de Janeiro, Brasil.

E-mail: luisadutra@id.uff.br

MARIA MANUEL CASTRO: Centro Hospitalar São João (stoma therapist nurse). Porto, Portugal.

E-mail: mmanuelrio@gmail.com

WANDERSON ALVES RIBEIRO: Mestrando do Programa Acadêmico em Ciências do Cuidado em Saúde pela EEAAC-Universidade Federal Fluminense. Rio de Janeiro, Brasil.

E-mail: nursing_war@hotmail.com

Acknowledgements

This article was supported by FEDER through the operation POCI-01-0145-FEDER-007746 funded by the Programa Operacional Competitividade e Internacionalização – COMPETE2020 and by National Funds through FCT – Fundação para a Ciência e a Tecnologia within CINTESIS, R&D Unit (reference UID/IC/4255/2013).

logical functions, who presents particular difficulties in conjunction with environmental factors which are likely to limit or hinder activity and participation on an equal basis with others.

Thus, despite bearing varying types and degrees of disabilities, these people have the same rights, freedoms and guarantees enshrined constitutionally as other citizens, such as, the right to quality of life, liberty and security, the right to work, to social security, housing, education and vocational training.

The aim of this study is to analyse primary documents, specifically the legislation dealing with people with an ostomy, identifying within the different contexts features of intervention models in Portugal, highlighting existing gaps in order to construct a logical model for this intervention. This study is part of broader research being carried out in the Oporto Nursing School in Portugal, in partnership with the

Aurora Afonso Costa Nursing School at Fluminense Federal University in Brazil. It is funded in part by the Doctoral Scholarship in Health Care Sciences of CAPES (no. 88881.132388/2016-01) of the scholarship programme Programa Doutorado Sanduiche no Exterior (PDSE).

The research into the literature handled here is the first phase of this study. The other phases, consisting of a case study and the construction of a representation of the model of attention to ostomates are being developed within ambulatory stomatherapy care in a Portuguese hospital with the intention of being addressed in later publications. The premise of the study is that the appropriate practices of care for ostomates, in line with national guidelines and suggestions proposed by skilled health professionals, result in quality of care and well-being for this group. Characterizing the different objectives of the legislation applying to ostomates and identifying the existence of elements that can serve as a basis for the design of a logical intervention model was considered for the purposes of analysis in this literature research.

According to Champagne et al.⁴, an intervention, whether a programme or a policy, can be conceived as an organized system of actions which include, in a given environment, the agents who are the actors, a structure corresponding to the set of resources and rules, processes, understood as the relationship between resources and activities, and a goal as a future state for which the process is oriented. According to Cassiolato⁵, the aim of the logical model is to explain the theory behind the programme, the application of which results in a process that facilitates planning and communicates what the programme intends and what its expected operation. The actual practices of attention to ostomates in Portugal have emerged in health care where stomatherapy assistance is highlighted.

Moreover, it is important to identify constituent components in legal documents to construct the logical model of an intervention, since it will contribute to instrumentalizing that knowledge for the benefit of ostomized people living with limitations imposed by the ostomy itself and with too many confrontations arising from their condition.

Therefore, the aim of this study is to investigate the official legal documents of Portugal dealing with attention to ostomates, related to the existence of components for the construction of the theoretical intervention model. For this, we attempted to outline the following specific objectives: to describe the Portuguese legislation dealing with attention to ostomates and to identify in the official source records that contain the elements of a theoretical model of this intervention.

This paper is organized as follows: in the next section, the methodology used in the research is presented along with the characterization of the components of a logical model of care. Then, the test results will be shown, listing the components that emerged from the study and the gaps in the legislation. Finally, proposals to effect guidelines for national attention to ostomates are presented.

Methodology

This is a descriptive, documental study of the Portuguese legislation on the issue of care for ostomates. According Cellard⁶, the documental study through a qualitative approach allows researchers to describe and understand the content of documents, in order to answer their questions through description and analysis.

Calado and Ferreira⁷ consider that documents are sources of raw data for the researcher and their analysis implies a set of transformations, operations and confirmations performed through them in order to attribute a relevant meaning to them with regards in to a research problem.

Besides being extremely valuable for research, documentation is an additional source of information, allowing the researcher to become familiar with the history of a social group, its culture, its organization or with important events related to the research undertaken; and it comes in various forms, including newspapers or the internet⁸. Content analysis was the method chosen to analyse documents collected for this study, using the methodology proposed by Bardin⁹. This method considers content analysis a set of communication analysis techniques whose aim is to obtain quantitative indicators, or not, through systematic procedures and description objectives of message content, in order to allow knowledge relating to the conditions of production/reception (inferred variables) of the messages to be inferred. The research was conducted in four stages: a survey of the reference databases available on the Internet; the construction of a database with publications; categorization of publications; reading and analysis of publications.

To ensure the authenticity, credibility and representativeness of the documents, the survey of the reference databases available on the Internet was conducted on the websites of official government bodies such as the *Diário da República Eletrónico* (DR) [Electronic Journal of the Republic]¹⁰ and the National Health Service of Portugal¹¹. The portals of the Portuguese Ostomy Association¹², the Portugal Ostomy League¹³ and the Portuguese Association of Stomatherapy Care Nurses¹⁴ was also consulted. In addition to these sources of information, articles in indexed journals on the issue of this research from the Virtual Health Library (VHL) were also examined.

We searched for documents published from 1989 as that was the year Portugal passed the law which established the social protection scheme under special conditions for people suffering from oncological

diseases, which may include ostomates. A Microsoft Excel spreadsheet was constructed to organize the databases. It included the description of the items related to the topics of this study, the year in which such publications were produced, their objectives and sources as shown in table 1.

Publications, which enabled a discussion on the relationship between ostomy and the various elements of the theoretical intervention model, were selected. In other words, articles that considered the objectives, structure, processes and results necessary components to construct a Portuguese model of care for people with ostomy were examined.

At this stage, publications that dealt with the elements of structure and processes already mentioned in the legislation with the same content were excluded.

To aid in discussion of the results, it is worth listing some advantages of modelling a given intervention. According to Champagne et al.¹⁵:

modelling enables the connexions between an intervention and its effects to be made explicit [...] The logical model allows the meaning of a programme to be documented through the conceptualization of the connexions between the structures, the processes and the outcomes [...] The following questions can be answered: What is done with the available resources? What are the effects of the programme, and who benefits from them?

According to Chen in Champagne et al.¹⁶:

the main elements of the logical model include the programme components and its objectives and desired effects [...] in possibly different forms such as text, table, hierarchy of objectives, diagrams [...] identify the structures, processes and results [...] and relationships between structure, process and...

...the structure, process and outcome components of the logical model, observed in the study's legislation have been based on the concepts of normative assessment according to Champagne et al.¹⁷:

the regulatory assessment is based on comparison of the all of the intervention components with regard to criteria and standards. It consists of issuing a judgment on an intervention comparing the committed resources (structure), the goods and services produced (process) and the results obtained on one hand with the criteria and standards on the other. The structure includes the following resources: financial, human, real estate, technical and informational, laws, regulations, conventions and administration rules. Processes are the services or activities, and the results are the expected effects.

In all, 36 publications were read, among which 20 were used in this study. The survey of this material was carried out from 12 April to 17 July 2017.

Results

After the steps of selecting, identifying, prioritizing, synthesizing articles and interpretative reading, we proceeded to analyse the findings resulting in 20 documents in full, distributed among 02 laws, 05 decree-laws, 02 ordinances, 03 rules and 08 orders relating to issues that include attention to ostomates since the enactment of the first law in 1989. The main issues highlighted in the readings of each document were related to public policies; rights to retirement; entitled to special leave; assurance of medical devices; stomatherapy assistance; and clinically indicated norms for the various types of ostomy.

From the interpretative reading of the documents studied, five thematic categories emerged in accordance with aspects considered for the condition of the ostomate: oncological diseases; people with disabilities; medical

devices; stomatherapy assistance and clinical indications. The results are described in table 1.

The relationship between the themes that emerged from the analysis and the elements to build the logical attention to ostomates intervention model, according to the normative assessment of an intervention, are presented in table 2.

Discussion

The relationship between the themes and the components required to construct the theoretical attention to ostomates model showed the following:

For the category/component – structure: the categories with constituent elements of the structure for the intervention model were medical devices, stomatherapy assistance and clinical indications.

We found that a great majority of the laws in the category-medical devices were directed towards the structural component of the physical resources called ostomy devices.

These resources were demonstrated in nine legal documents starting in 1990, when the National Health Service (NHS) established a co-payment system for patients who lack of ostomy bags. In 1995, the co-payment system was increased to 90% and expanded not only to underprivileged patients, but to all ostomates enrolled with the NHS.

In 2015, the creation of the National Health Technology Assessment System provided for the co-payment medical devices, establishing that they can be the object of co-payments established by the order member of the government responsible for health.

In 2016, three laws related to ostomy devices also passed to define a strategy that would lead to electronic prescription and distribution in community pharmacies of these support products. It established rules governing public supply contracts (PSC) for the supply of colostomy equipment, and establish a co-pa-

ymment scheme for medical devices to support ostomates entitled to NHS benefits. This was to ensure the ostomized patients had access to ostomy materials, products and supplies, thus improving their quality of life and social integration.

The co-payments and tax benefits ostomates were entitled to prior to February 2017 were concerned with the reimbursement of a percentage of the cost of the devices (bags and skin barriers) and accessories. These ranged from 90% if the ostomy patient belonged to the National Health Service (NHS), in accordance with Order 25/95 of 09/14/1995, to 100% in the case of employees and agents of the public administration (ADSE) in accordance with Order – DR (2nd Series) no. 224 of 26/09/2001).

In the year 2017, the value of State co-payments to provide ostomy devices increased to 100% of the sale price to all ostomates, regardless of their NHS or ADSE entitlements. That year, the general technical requirements applicable to specific medical devices to support patients with urinary incontinence or retention in the co-payment system were also determined.

The recommendations published in the International Ostomy Guideline by the World Council of Enterostomal Therapists (WCET)¹⁸ in 2014 contemplated medical devices for patient support, and that these devices and barriers to stoma effluent containment should provide a secure seal and maintain protection of peristomal skin.

This category showed documents mainly relating to the provision for co-payment of ostomy collection devices. However, other structural features such as physical space with a doctor's surgery equipped for medical assistance and stomatherapy, bathroom fitted with mirror and hygienic shower, computer material resources, information systems, etc. were not identified in this study's sources.

Regarding the legislation containing the structural component of human resources, the order of 24/02/1995 addresses nurses who provide stomatherapy assistance, and development of special skills in nursing care in hospitals and health centres with qualified nurses, providing a register of these sites and the nurse's functions in stomatherapy assistance.

Three other standards published in the year 2017, relating to clinical indications and intervention in feeding ostomy, intestinal and urinary elimination in children and adults, also contain elements of the structural component of human resources, doctors and nurses in particular. These standards require that the nursing consultation should be carried out by experienced nurses with specific training and recognized stomatherapy care and medical consultation should be in the hospital's speciality consultation or in primary and paediatric health care. Stomatherapy assistance provided by specialized or experienced professionals in stomatherapy care has been identified as human resources required to develop care practices.

In the guidelines published in 2017 relating to clinical indications, elements inherent to human resources (doctors and nurses), activities, products and the outcomes of these actions.

Stomatherapy is a differentiated area of health care, which integrates scientific and technical knowledge, the principles of the relationship of assistance and, through information, education and counselling. It allows the person who will undergo or has undergone ostomy to carry on as quickly as possible with their personal, family, professional and social lives with the necessary modifications, fulfilling their goals and objectives (APECE, 2010).

The view of the Portuguese Association of Stomatherapy Care Nurses (APECE) as stated in an interview with the *Jornal do Enfermeiro*¹⁹:

the concept of competence assumes acquired knowledge that supports inferences, an-

ticipations, generalizations and decision-making. For this, it is necessary to provide training to nurses interested in this area – but training that is recognized by its content, training organizations, teachers and that can achieve the criteria defined by the International Council of Stomatherapy and develop research in the field (Jornal do Enfermeiro, 2017).

The European Council of Enterostomal Therapy Council (ECET)²⁰ is a non-profit organization that has among its main objectives European recognition of specialist nurses in the area of stoma care, incontinence care and/or treatment of stoma wounds and promoting stoma care according to quality and ethical standards (ECET, 2017).

Thus, participation of multidisciplinary teams for quality of care to ostomates is supported in the literature, such as the study of Nascimento et al.²¹ This study considered the patient's active participation along with the multidisciplinary team, important to develop their skills and therefore to contribute towards adapting, since self-care generates a partnership in which problems are identified and determine the actions and the appropriate type of intervention, resulting in the patient's safety and rehabilitation.

According to Simões, "quality of life . . . depends on the existence of an available health professional to accompany patients during the adaptation phase, to whom the patients can turn whenever they have questions or problems with their ostomy"²².

Categories/component – the process: the categories constituted by processes or activities for the intervention model were medical devices, stomatherapy assistance, and clinical indications. The activities related to ostomy care were highlighted in the legislation that also contemplated the structural components involving physical and human resources and included the supply of ostomy devices, stomatherapy consultation and

medical evaluation. Activities emerged from the documental analysis, such as nursing intervention with the person undergoing ostomy both pre- and post-ostomy.

It is worth drawing attention in this study to the large number of publications directed at ostomy devices from 2015, representing the last two years of the study. They comprise approximately 50% of the publications throughout the study period.

Categories/Component (results): the categories constituted by results or effects of the intervention model were highlighted in all of the available legislation. This involved public policy, the right to retirement and special leave, the right to free ostomy devices and medical and stomatherapy assistance. These constitute key elements to achieve the objectives and targets needed to construct the model of care.

Two laws dealt with public policy. In 1989, the base law addressing prevention, rehabilitation and integration of people with disabilities was passed – Law No. 9/89²³ of May 2. In 1997, Decree Law No. 225/97²⁴ of 27 August was passed. It established the creation of the National Council for the Rehabilitation and Integration of Persons with Disabilities whose mission is to enable the participation of public services, social partners and the interventional association movement in the areas of prevention, rehabilitation and integration of disabled people.

The right to retirement for ostomized people due to oncological causes was granted in 1989, 2000 and 2001. In 1989, Law No. 1/89²⁵, of January 31 established a social protection scheme under special conditions for people suffering from oncological disease, multiple sclerosis and familial amyloidosis, respectively, which because their gravity and rapid evolution quickly develop into situations of disability. In 2000, Decree-Law No. 92/2000²⁶ of 19 May established the special social protection scheme for people with severe oncological diseases, with the following types of benefits: disability pension attributable to the beneficiaries of the general system; social disability pension attributable to the beneficiaries of non-contributory system; dependency supplement attributable to the beneficiaries of any of the social security systems.

That same year, Decree-Law No. 327/2000²⁷ of 22 December was passed, extending the social protection scheme under special conditions not only to people suffering from oncological disease, but also to people with multiple sclerosis and familial amyloidosis, respectively, which because their gravity and rapid evolution quickly develop into situations of disability. Another legal benefit occurred when the calculation of the pensions of people enrolled in the General Retirement Fund was published in 2001 by Decree-Law No. 173/2001²⁸ of 31 May.

Joint Order No. 861/99 is available at the Portuguese Association of Ostomy¹² website. It establishes a special leave to accompany disabled or chronically ill children, whether adopted or the spouse's child, if they are profoundly disabled or suffer chronic disease confirmed by a statement written by the child's doctor. This information ensures all rights established pertaining to ostomized patients. It is understood that ostomized people have benefitted from public policies and rights to retirement and special leave as they are considered disabled, chronically ill and suffering from oncological disease. These aspects are key elements to achieve the objectives and targets needed to construct the model of care.

Conclusion

The aim of this study was to examine the Portuguese legislation on the issue of care for ostomized people and their relationship with existing components to construct a theoretical model of targeted intervention for them.

Twenty publications on the subject were found on official websites spanning a period of 28 years.

It was found that in Portugal the rights of ostomates are quite comprehensive according to official documents as presented in this study, with a number of laws on the rights aimed at prevention, rehabilitation and integration of ostomized people as well as social protection schemes such as disability pension, special leave and free medical devices.

Legislation regarding clinical indications for the various types of ostomy is documented in the National Health System standards. The legislation that covers aspects of stomatherapy assistance assigning nursing professionals with specific training and specialists in stomatherapy was perceived as a contribution towards the recognition of the need for stomatherapy as a specialized field in Portugal, since in practice assistance already follows international standards.

Constituent elements to construct the representation of ostomate care in Portugal, through the theoretical care model were found. However, there was a lack of certain elements such as the physical structure of the doctor's surgery and stomatherapy service, adapted bathroom with mirror and hygienic shower, storage location for waste products, computer resources, information systems and the expansion of multidisciplinary teams with physiotherapists, nutritionists, social workers, occupational therapists, etc.

This study proposes the creation of a regulation stemming from existing legislation in order to establish national guidelines focused on attention for ostomized people at the various levels of care including the items mentioned above. In addition, it would be important to use interviews with key informants in ostomy care and hold direct observation in places where assistance occurs for the triangulation of the methods and sources of information.

Year	Legislation	Official documents/objectives	Main Issue	Thematic categories	Sources
1989	Law no. 9/89 of 2 May	Base Law on the Prevention and Rehabilitation and Integration of People with Disabilities	Public policy	People with disabilities	http://www.apostomizados.pt
1989	Law no. 1/89, of 31 January	They establish a social protection scheme under special conditions for people suffering from oncological disease, multiple sclerosis and familial amyloidosis, respectively, which because their gravity and rapid evolution quickly develop into situations of disability.	Rights to retirement	Oncological diseases	http://www.apostomizados.pt
1990	Order no. 11/90, published in the DR, 2 nd Series, 159, 12-7-90	The co-payment to be awarded by the National Health Service to underprivileged patients for ostomy bags was set by Order no. 11/90, published in the DR, 2 nd ed., 159 of 12-7-90.	Medical devices	Medical devices	http://www.apostomizados.pt
1995	Order 25/95, Ministry of Health, DR, 2 nd Series, no. 213, 14-09-1995	Co-payments towards ostomy material by the National Health Service It updates the co-payment in light of the respective prices on the market to 90% of cost. It is aimed at National Health Service patients.	Medical devices	Medical devices	http://www.apostomizados.pt
1995	Order of 24/02/1995	Development of special skills in nursing care in hospitals and health centres where there are already qualified nurses	Stomatherapy assistance	Stomatherapy assistance	Printed – Ambulatory nurse of Stomatherapy Consultation São João Hospital Centre (CHSJ)
1997	Decree-Law no. 225/97, of 27 August	Creation of the National Council for the Rehabilitation and Integration of People with Disabilities – Its mission is to enable the participation of public services, social partners and the interventional association movement in the areas of prevention, rehabilitation and integration of disabled people.	Public policy	People with disabilities	http://www.apostomizados.pt https://dre.pt/application/file/194282
1999	Joint Order No. 861/99 -	Characterization of profound disability and chronic disease. It instituted special leave to accompany a child, whether adopted or the spouse's child, who is disabled or chronically ill. Proof of profound disability or chronic disease is through declaration issued by the doctor attending the minor.	Special leave	Oncological diseases	http://www.apostomizados.pt

2000	Decree-Law no. 92/2000 of 19 May	Special social protection scheme for people affected by serious oncological diseases. The special protection regulated in this law is concerned with the following types of benefits a) Invalidity pension attributable to the beneficiaries of the general regime b) Social disability pension attributable to the beneficiaries of the non-contributory scheme c) Dependency complement attributable to the beneficiaries of any of the social security schemes.	Retirement rights	Oncological diseases	http://www.apostomizados.pt
2000	Decree-Law no. 327/2000, of 22 December	It establishes a social protection scheme, under special conditions, for people suffering from oncological disease, multiple sclerosis and familial amyloidosis, respectively, which because their gravity and rapid evolution quickly develop into situations of disability.	Retirement rights	Oncological diseases	http://www.apostomizados.pt
2001	Decree-Law no. 173/2001 of 31 May	Calculation of pensions for subscribers of the General Pension Fund	Retirement rights	Oncological diseases	http://www.apostomizados.pt
2015	Decree-Law no. 97/2015, of 1 June	It creates the National Health Technology Assessment System, provides for the co-payments towards medical devices, establishing that the medical devices that can be objects of co-payments are established by ordinance of the member of the government responsible for health.	Medical devices	Medical devices	http://www.apostomizados.pt
2016	Order 11233/2016 of 19 September 2016	It establishes provisions to improve accessibility and simplify procedures to access products for absorbing urine and faeces for persons covered under current legislation, as well as, ostomates in obtaining ostomy material, products and accessories. Its aim was to define a strategy that fully leads to electronic prescription for and distribution of these support products in community pharmacies, even though achieving this goal may require a period to develop information systems.	Medical devices	Medical devices	https://dre.pt/application/file/75353380
2016	Order 12249/2016 of 11 October 2016	It establishes provisions on awarding public provisioning contracts (PPC) to supply ostomy and elimination material within the scope of public tender (CP 2016/27), issued by the Shared Services of Ministry of Health, E. P. E. (SPMS, E. P. E.) 11/10/2016.	Medical devices	Medical devices	https://dre.pt/application/file/75504124

2016	Ordinance no. 284/2016 of 4 November	It establishes the co-payment system for medical devices for the ostomy patients, for beneficiaries of the National Health Service (NHS). It ensures ostomates have access to ostomy materials, products and accessories, thus improving their quality of life and social integration.	Medical devices	Medical devices	https://dre.pt/application/conteudo/75662180
2017	Ordinance no. 92-F/2017-1ª of 3 March	It establishes that the State's co-payment amount for the provision of ostomy devices is to be 100% of the product's sale price fixed, for the purposes of co-payment, by terms provided in this order. Its aim is to improve certain aspects, such as the need to make determining products' general and specific requirements autonomous, allowing them to be updated and adapted in accordance with technical progress. It also seeks to identify those products whose prescription may also be written by group name, considering the rule will be to prescribe by brand and model [...] To this end, the government ensures ostomates have access to ostomy materials, products and accessories, thus improving their quality of life and social integration.	Medical devices	Medical devices	https://dre.pt/application/file/a/106551520
2017	Order no. 2018/2017 of 9 March 2017	It determines the general and specific technical requirements applicable to medical devices to support patients with incontinence or urinary retention in the co-payment system.	Medical devices	Medical devices	https://dre.pt/application/file/a/106578599
2017	Order no. 2019/2017 of 9 March 2017	It determines the maximum fixed price per medical device group, as well as the general and specific technical requirements applicable to medical devices to support ostomate patients in the co-payment system.	Medical devices	Medical devices	https://dre.pt/application/file/a/106578599
2017	Rule 014/2016 Date: 28/10/2016 (updated: 03/03/2017) – SNS/DGS [National Health Service/ General Health Directorate]	Clinical Indications and Intervention in Paediatric and Adult Feeding Ostomy	Clinical indications	Clinical indications	https://www.dgs.pt/.../normas-e...normativas/norma-n-0142016-de-28102016-pdf

2017	Rule: 015/2016 Date: 28/10/2016. (updated: 03/03/2017– SNS/ DGS [National Health Service/ General Health Directorate]	Clinical Indications and Intervention in Paediatric and Adult Colostomy	Clinical indications	Clinical indica- tions	https://www.dgs.pt/.../normas-e...normativas/norma-n-0152016-de-28102016-pdf
2017	Rule: 012/2016 Date: 28/10/2016 (updated: 03/03/2017) – SNS/DGS [National Health Service/ General Health Directorate]	Clinical Indications and Intervention in Paediatric and Adult Urinary Ostomy	Clinical indications	Clinical indica- tions	https://www.dgs.pt/...da.../normas-e...normativas/norma-n-0122016-de-28102016.asp...

THEMATIC CATEGORIES AND CONSTITUENT ELEMENTS OF CARE MODEL FOR OSTOMY FOUND IN THE PORTUGUESE GUIDELINES 2

Thematic categories	Elements of the Logical Model		
	Structure	Processes	Results
Oncological diseases			x
People with disabilities			x
Medical devices	x	x	x
Stomatherapy assistance	x	x	x
Clinical Indications	x	x	x

Bibliography

1. International Ostomy Association Coordination Committee. International Ostomy Association. [Cited 2017 Apr 12]. Available at: <http://www.ostomyinternational.org/>
2. Europcolon Portugal. Apoio ao doente com cancro digestivo, 2016. [Cited 2017 Apr 25]. Available at: <http://www.atlasdasau.de/publico/content/formacao-certificada-em-estomaterapia-para-profissionais-de-sau-de>
3. Lei nº 38/2004. Diário da República nº 194/2004 – Série I-A. Lisboa: Assembleia da República. [Cited 2017 Jul 14]. Available at: <https://dre.pt/pesquisa/-/search/480708/details/maximized>
4. Champagne, F, Brouselle A, Contandriopoulos AP, Hartz Z (orgs). Avaliação: Conceitos e métodos (1st ed.). Rio de Janeiro: Fiocruz, 2011.
5. Cassiolato M, Guerres S. Como elaborar Modelo Lógico: roteiro para formular programas e organizar avaliação. IPEA. Instituto de pesquisa econômica aplicada. Brasília, 2010 septiembere.
6. Cellard A. A análise documental. En: Poupart J, Deslauriers J-P, Groulx L-H, Laperrière A, Mayer R, Pires AP. A pesquisa qualitativa: enfoques epistemológicos e metodológicos. Petrópolis: Vozes; 2008.
7. Calado S, Ferreira S. Análise de documentos: método de recolha e análise de dados. 2005 [Cited 2017 Apr 12]. Available at: <http://www.educ.fc.ul.pt/docentes/ichagas/mi1/analisedocumentos.pdf>
8. Fortin MF. Fundamentos e Etapas no Processo de Investigação (2nd ed.). Coimbra: Lusociência.; 2009.
9. Bardin L. Análise de conteúdo (4th ed.). Lisboa, Portugal: Edições 70; 2014.
10. Eletronic Journal of the Republic – Diário da Republica Eletrônico. Available at: <https://dre.pt/>
11. National Health Service of Portugal – Direção Geral de Saúde de Portugal. Available at: <https://www.dgs.pt/>
12. Associação Portuguesa dos Ostomizados. Available at: <http://www.apostomizados.pt>
13. Portuguese Ostomy League – Liga Portuguesa dos Ostomizados. Available at: <https://www.apifarma.pt/cidada-ria/parcerias/associacoesdoentes/listaad/Paginas/LOP.aspx>
14. Portuguese Association of Stomatherapy Care Nurses – Associação Portuguesa de Enfermeiros de Cuidados em Estomaterapia (APECE). Available at: <https://empresite.jornaldenegocios.pt/APECE-ASSOCIACAO-POR-TUGUESA-ENFERMEIROS-CUIDADOS-ESTOMATERAPIA.html>
15. Champagne, F, Brouselle A, Contandriopoulos AP, Hartz Z (orgs). Avaliação: Conceitos e métodos (1st ed.). Rio de Janeiro: Fiocruz; 2011. p. 63-5.
16. Champagne, F, Brouselle A, Contandriopoulos AP, Hartz Z (orgs). Avaliação: Conceitos e métodos (1st ed.). Rio de Janeiro: Fiocruz; 2011. p. 65.
17. Champagne, F, Brouselle A, Contandriopoulos AP, Hartz Z (orgs). Avaliação: Conceitos e métodos (1st ed.). Rio de Janeiro: Fiocruz; 2011. p. 54.

18. World Council of Enterostomal Therapists (WCET). International Ostomy Guideline Recommendations. [Cited 2017 May 6]. Available at: http://www.wcetn.org/assets/Publications/wcet_april-june_2014f%20iog%20recommandations.pdf
19. Jornal do Enfermeiro. Entrevista com Apece. Formação em estomaterapia "é de nível internacional". Jornal do Enfermeiro. 2017. [Cited 2017 Jun 6]. Available at: <http://www.jornalenfermeiro.pt/entrevistas/item/1580>
20. European Council of Enterostomal Therapist ECET. [Cited 2017 Jul 27]. Available at: https://www.facebook.com/pg/European-Council-of-Enterostomal-Therapist-ECET-956494891046780/about/?ref=page_internal
21. Nascimento CDMDS, Trindade GLC, Luz MHBA, Santiago RF. Vivência do paciente estomizado: uma contribuição para a assistência de enfermagem. Texto & Contexto - Enfermagem, Florianópolis, 2011 Jul-Set; 20(3): 557-64. [Cited 2017 Jul 24]. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072011000300018
22. Santos CSB. Cuidados de enfermagem ao doente estomizado. Porto: Instituto de Formação em Enfermagem; 1995.
23. Associação Portuguesa dos Ostomizados. Lei n. 9/89 de 2 de maio. [Cited 2017 Jul 14]. Available at: <http://www.apostomizados.pt/pt/item/3-legislacao/94-legislacao-sobre-pessoas-com-deficiencia-aplicavel-aos-ostomizados>
24. Decreto-lei nº 225/97, de 27 de agosto. Diário Da República nº 4431/197 – I Série-A. Lisboa: Ministério da Solidariedade e Segurança Social. [Cited 2017 May 11]. Available at: <https://dre.pt/applicacion/file/194282>
25. Associação Portuguesa dos Ostomizados. A Lei no. 1/89, de 31 de Janeiro. [Cited 2017 May 6]. Available at: <http://www.apostomizados.pt>
26. Associação Portuguesa dos Ostomizados. Decreto-Lei no. 92/2000 de 19 de Maio. [Cited 2017 May 11]. Available at: <http://www.apostomizados.pt>
27. Associação Portuguesa dos Ostomizados. Decretos-Leis no. 327/2000, de 22 de Dezembro. [Cited 2017 May 6]. Available at: <http://www.apostomizados.pt>
28. Decreto-lei nº 173/2001, de 31 de maio. Diário da República nº 126/2001 – Série I-A. Lisboa: Ministério das Finanças. [Cited 2017 Jul 17]. Available at: <https://dre.pt/web/guest/pesquisa/-/search/basic>