

Chapter 2

Bioethics Education in Brazil

William Saad Hossne and Leo Pessini

2.1 Introduction

This chapter starts with presenting some historical facts that helped to develop bioethics in Brazil. Over the last 42 years, since the birth of the bioethics movement, the points of reference are usually the historical facts in the USA at the beginning of the 1970s (Van Rensselaer Potter and the Georgetown principlist paradigm); in Brazil we have only begun to talk about bioethics during the last two decades (Pessini et al. 2010a).

In the 1990s and in Brazil, three historical facts have fostered the growth of the bioethics movement. First, the involvement of physicians in the field through the Federal Council of Medicine (CFM) with the publication of the first journal of bioethics in the country, entitled *Bioethics*. The first issue of this publication came to light in 1993. Second, the birth of the Brazilian Society of Bioethics in 1995. This society initiated various activities in education and published materials on bioethics, and it also organized eight national conferences of Bioethics so far, with the presence of many renown bioethicists from abroad invited to give presentations in these conferences. Third, at the Federal Government level (specifically the Ministry of Health) one has witnessed the creation of the National Commission for Ethics of Research Involving Human Beings and the enforcement of the *Ethical Guidelines for Research Involving Human Beings* in 1996 drawn by an *ad hoc* commission appointed by the Minister of Health and formed with a spirit of interdisciplinary cooperation.¹ These three key events encouraged the formation of the Brazilian bioethics movement in its early stages.

In our effort to present the state of the art of education in bioethics in Brazil, we take into account this context as a starting point (Sect. 2.1). We go forward

¹ The Resolution n. 196/96 was abrogated by Resolution no. 466 on Research of Human Beings of December 12th, 2012, that was enforced on June 13, 2013, when was published in the *Diário Oficial da União*.

exploring some data from the literature concerning the field of education and teaching in bioethics (Sect. 2.2), and define our understanding of the relevant terms: moral, ethics, and bioethics (Sect. 2.3). Then, we explore the birth of the first courses of post-graduation education *lato sensu* (courses of specialization) and courses *stricto sensu* (postgraduate courses) in bioethics, comparatively master and doctorate degree courses, with the length of 2 and 4 years respectively (Sect. 2.4). We then discuss bioethics as a discipline in the undergraduate and graduate programs in the health care field of some Brazilian universities (Sect. 2.5). Next, the role of research ethics committees in bioethics education is discussed (Sect. 2.6), as well as major publications, journals, and books in bioethics as sources for education in bioethics in Brazil (Sect. 2.7). Finally, we conclude by identifying some challenges in the area of bioethics education that are coming in the near future.

2.2 The Brazilian Context: Preliminary Considerations

Bioethics in Brazil began to take its shape as a cultural movement in the 1990s when three events took place in the Brazilian academy and society. First was the launch of the journal *Bioethics* by the Federal Council of Medicine (CFM) in 1993, with an editorial board representing professionals of the various domains of health care and humanities. This year (2013) completes its 20th anniversary of uninterrupted publication. Second was the foundation of the Brazilian Society of Bioethics in 1995, taking many initiatives in bioethics, especially publications and the organizing and sponsoring of national and international conferences in bioethics (Pessini et al. 2012; Anjos and Siqueira 2007). And third, the creation of the National Commission of Ethics of Research Involving Human Beings by the federal government in the Ministry of Health and the enforcement of the *Ethical Guidelines for Research Involving Human Beings* (1996) with the process of creating ethics committees for research with human beings all over the country (Pessini et al. 2010b; Pessini and Barchifontaine 2012).

The characteristics of each one of these initiatives, though specific, had in common Potter's concept of *bridge bioethics*. That is, a specific field of knowledge, pluralist, multi-, inter- and trans-disciplinary, working inside the sciences of life, of health and the environment, so not restricted to biomedicine (Potter 1971). This idea of Potter was endorsed in Brazil from that time on. The challenge, however, was how to put together in a dialogue these two different cultures: science on the one hand and humanities on the other. From its inception, professionals considered this union of two cultures and its pluralist character as one of the great legacies of this concept of bioethics. Quickly, it became important that bioethics should include not only ethical questions arising from the advancements of technical-scientific progress, especially biotechnology, but also ethical problems already existent (persistent and lasting), especially in the biomedical, social, and also from the political fields. Within this expanded vision, from that time on, the effort was to characterize bioethics not as a sub-discipline, or an interdisciplinary science, in order to avoid

confusion. From this context emerged the proposal of bioethics as “a specific field of knowledge” (Hossne 2006).

The expression *bioethics* appeared as a neologism, and soon it took roots and expanded, since it was born already having a deep meaning. Recent research in the field discovered the European roots of the term *bioethics*. We must go back in time, more precisely to 1927 and find Fritz Jahr, in Germany, a professor and pastor that coined the term *bioethics* (in German) for the first time (Muzur and Sass 2012). In addition to that and, perhaps, at least in part, for that very reason, in the international literature several adjectives appeared giving specific meanings to bioethics according to the kind of work and/or work field (for example prescriptive bioethics, interventionist bioethics, social bioethics, and personalist bioethics) or even related to some specific principle (for example, bioethics of precaution, bioethics of responsibility, and bioethics of care).

This phenomenon also took place in Brazil. It had even become a title of publications and of discussion in seminars, such as *Bioethics or Many Bioethics?*. This is evidence of a pluralistic vision of bioethics. To a certain extent, this phenomenon contributed, in Brazil, to the dissemination of bioethics, but, on the other side, it neglected the process of conceptual structuring of bioethics that was in the pre-paradigmatic stage, continuously seeking the consolidation of its paradigms (Siqueira et al. 2007).

The first phase of the Brazilian process of bioethics was a critical analysis of the principlist paradigm derived from the principles of autonomy, nonmaleficence, beneficence, and justice. In Brazil as a whole, the different groups of bioethicists agree that such a principled approach is important and necessary, but insufficient for adequately defining bioethics in the Brazilian context. It is understood that such principles have been proposed by the national commission issuing the *Belmont Report* (1978), created by the USA Government in 1974, “to identify the principles that should guide research in human beings”—and not specifically for bioethics.

As argued above, the neologism *bioethics* was born with a deep meaning that secured its survival and evolution, but without an elaborated ethical conceptual structure. The incorporation of the four principles approach into the field of medical ethics reached bioethics. By the way, it is worth noting that the so-called principles were already identified centuries ago. For instance, the principles of nonmaleficence, beneficence, and justice are known from the times of Hippocrates and Socrates, and the principle of respect for autonomy is known from the seventeenth century at the time of democratic revolutions and from philosophers like Kant, Spinoza, and Locke. Thus, in Brazil, the various groups of people that started to work with bioethics in the universities, in general, respected the principlist approach, though with some restrictions in adopting the principles regarding them as elements for the evaluation of the different themes and subjects of bioethics. These principles certainly are useful and necessary, but not sufficient, as was said earlier in this text (Siqueira et al. 2007).

In the decade since 2000, in Brazil, many professionals from the health care field began to question whether the principles were not more properly to be considered as rights (and/or obligations) or even virtues instead of principles. For this reason,

Table 2.1. Number of publications on *Bioethics and Education* (in the title)

Source	Period			
	1970–1990	1991–2011	Total	2012
Pubmed	3	47	50	3
Lilacs	–	48	48	2
Philosopher's index	–	13	13	–
<i>Total</i>	3	108	111	5

among others, one of us proposed in 2006 to replace the expression *principles* with *ethical references* (Hossne 2006).

An important source for education in bioethics in Brazil during these years was the opportunity to participate in National and International Conferences of Bioethics promoted by the Brazilian Society of Bioethics. Brazil (Brasilia, October 30–November 3rd, 2002) was the host for the *VI World Congress of Bioethics* that dealt with the theme: *Bioethics: Power and Injustice* (Garrafa and Pessini 2003). More recently, St. Camillus University Center/Program of Bioethics in Sao Paulo, together with a network of other universities and health care institutions, organized the eighth International Conference on Clinical Ethics & Consultation (São Paulo, May 16–19, 2011) with the theme *Clinical Bioethics in Diversity* (Pessini et al. 2012).

2.3 Education and the Teaching of Bioethics

These considerations allow us to understand why the literature linked to *Bioethics and Education* shows deep gaps since its beginnings and in its basic concepts. Many authors and thinkers in bioethics in the USA note that, after 40 years, the question of education in bioethics is still not well established. There are many gaps and divergences that need more research, discussion and understanding. Despite these deficiencies, almost all recognize the importance of the theme *Bioethics and Education* as evidenced by the literature about several experiences in several countries, adopted, at the right time, by UNESCO. One recognizes, in surveying the literature, the urgent necessity of reflection on the subject due in part to the fact that bioethics is now recognized as an important subject in many fields, especially in the health sciences. Therefore, it has become more pressing to train bioethicists within a structured educational process. A search for abstracts of papers related to bioethics education starting from 1970 in the databases Pubmed, Lilacs, and Philosopher's Index in English and other languages has produced the following results (Table 2.1).

The literature data demonstrate the importance of the critical thought, rationality, and the skills of argumentation (Chowning et al. 2012) to building a bridge between the humanities and life sciences (Magalhães et al. 2011) and to the importance of training in small groups (Yang et al. 2010). There is a growing interest in introducing and/or enhancing education and the teaching of bioethics in different courses within the health care field (Harrison and Laxer 2000; May 2001; Salerno 2008; Kelly and Nisker 2009).

Table 2.2 Number of publications on *Bioethics and Teaching* (in the title)

Source	Period			
	1970–1990	1991–2011	Total	2012
Pubmed	5	40	45	1
Lilacs	–	41	41	1
Philosopher's index	–	10	10	–
<i>Total</i>	5	91	96	2

Table 2.3 Number of publications on *Ethics and Education* (in the title)

Source	Period			
	1970–1990	1991–2011	Total	2012
Pubmed	8	27	35	1
Lilacs	2	33	35	–
Philosopher's index	50	213	263	5
<i>Total</i>	60	273	333	6

It is interesting to note that one of the first publications on the subject of bioethics education refers to a judgment based on a real case with the participation of professional actors, a medical body, and judges, as a teaching-learning process. The most interesting thing, in our opinion, is that the question discussed concerns informed consent in a clinical setting which is not linked to research. The publication is from Canada (Langford 1970) and it comes 34 years after the Code of Nuremberg and 26 years after the Declaration of Helsinki.

In the same way, Fulton (1977) already warned about the question of bioethics and education in the health care field, considering the situation predicted by G. Rat-tray Taylor and his book entitled *The Biological Team Bomb*, published in 1968, i.e. a few years before the emergence of the neologism *bioethics*. These are suggestive examples of the latent and always present concern about education in bioethics.

The Brazilian contribution to the subject of education in bioethics is more obvious in the database Lilacs with publications mostly in Spanish and Portuguese (42 % of the publications). Together, Brazilian publications show a concern with interdisciplinary studies (Zacanato 2005) and the importance of bioethics in the training of health professionals (Segre 2005; Siqueira 2005; Barreto et al. 2007; Bonis and Costa 2009; Mascarenhas and Santa Rosa 2010).

Although the expression bioethics has appeared in the beginning of the 1970s, only 20 years later can one notice interest for the subjects *Bioethics and Education* and *Bioethics and Teaching* (Tables 2.1 and 2.2). Using three main data bases (Pubmed, Lilacs and Philosopher's Index) as sources, we noticed that from 108 publications in which bioethics and education appear in the title, 98 % of the publications take place after 1990. In the case of bioethics and teaching, the same phenomenon is observed, since 95 % of the articles were published after 1990.

When we analyze the publications referring to ethics and education (Table 2.3) we see that 82 % of the publications took place after 1990. It is necessary to point out that nearly 20 % (18 %) was published in the period from 1970 to 1990 and are

Table 2.4 Number of publications on *Ethics and Teaching* (in the title)

Source	Period			
	1970–1990	1991–2011	Total	2012
Pubmed	165	295	460	14
Lilacs	7	45	52	–
Philosopher's index	80	594	674	14
Total	252	934	1186	28

indexed specially in the database Philosopher's Index. Analyzing data referring to ethics and teaching (Table 2.4), we see that 21 % was indexed in the period 1970–1990. When we compare Tables 2.1–2.4, we notice that the Philosopher's Index registers a predominance of papers on ethics over those on bioethics. With this context in mind, it seems valid to note two points: (1) we observe various interpretations of the concept of bioethics that can lead to different and incomplete understanding of bioethics in its content; and (2) for that same reason, it is clear that the proposals and the reflections on education in bioethics must be preceded by a clear concept of what bioethics means. Without this clarification, we believe, it is difficult, in the process of teaching bioethics, to reach goals and objectives as well as to structure a system of education.

2.4 Defining Basic Concepts: Morals, Ethics, and Bioethics

First of all, we endorse the line of thought that clearly distinguishes the meaning and the understanding of morals and ethics, although these concepts are intertwined. Both concepts deal with what we call generically values. In the case of *morals*, the so-called moral values (*mores*, from Latin, meaning customs) are a consequence of uses and customs of a society; they may vary from society to society and also in the same society through time. Moral values (which are relative) are thus elected by a specific society. These are the values every citizen must adopt and respect. *Ethics* (*ethos*—from Greek meaning customs, uses, habits and *ethos*, character, a person's way of being) refers to reflexive analysis and critical judgment on values that may be even in conflict. Ethics as reflection and critical judgment ultimately leads to a valuable choice done by each one of us. Every one of us, in ethics, analyzes, reflects, judges, deliberates critically, and finally makes a choice.

There are interesting corollaries arising from this ethical perspective. When we choose, each one of us mobilizes our genetic inheritance, emotions, convictions, reason, and also moral values. It is a deep immersion inside of each one of us. It is important to note that, on the whole, the act of choosing may produce a deep anguish (different from the once called neurosis of Freudian anguish) to such a point that human beings may want to have their choice made by others (moral code, legal prescriptions), so that they do not have to feel the anguish, nor the guilt of

conscience. But the most important thing to remember is that there can only exist an option when there is an intrinsic condition that bioethics cherishes: freedom. This is mostly interpreted as freedom for allowing an adequate choice with the consequent responsibility. So, the exercise of ethics and, *ipso facto*, of bioethics presupposes freedom, being incompatible with ethical mechanistic theory and/or processes of violent restriction, coercion, constraint, and/or fraud.

Ethical and bioethical reflection presupposes, thus, the possibility of the presence of a *healthy existential anguish*. We must not escape from it, though many people prefer escaping to the point of rejecting freedom. This vision requires preparation in order to elaborate, and this is a task of education on bioethics. This anguish preparation is the climax of bioethical reflection. Together with freedom, we think that the reflective exercise of ethics and bioethics presupposes other conditions: (1) *Non-prejudice*—it is essential that when examining any ethical question that the individual be completely free from any type of prejudice; (2) *Be humble* enough so as to respect all and any divergent point of view; (3) *An internal attitude of openness for change* (greatness of soul) in case the first option seems mistaken (Hossne 2006). Non-prejudice, humility, greatness, freedom—these are excellent qualities for the development of each one of us, and they are excellent values that must be made manifest in the process of education and teaching in bioethics. So far, we have only talked about morality and ethics. What about bioethics?

Bioethics is first of all an ethics, and so it is a part of philosophy (*philia*—friendship, *sophia*—knowledge, wisdom). It is an ethics directed toward the field of the sciences of life, health and the environment, although we must remember that one of the characteristics of bioethics is the interface between the following three fields: (1) bioethical questions emerging for example from the health care field must be examined in interaction with the (2) sciences of life and the environment without forgetting the (3) social and political context.

What is also characteristic of bioethics, as an essential element of its identity, is pluralism; that is, the participation of all the disciplines, respective protagonists and actors in the ethical discussion. So, for example, in the Brazilian guidelines for research on human beings the committee analyzing a research project, in addition to its multidisciplinary characteristic, must have at least a representative from the researched population (usually vulnerable groups of people) as one of its effective members. These characteristics must be taken into account in the education process in bioethics (Pessini et al. 2010a).

We must distinguish clearly bioethics from deontology. This last area is restricted to rights and obligations, shaping a code of norms, establishing what is prohibited or is allowed. This does not fit with bioethics because it restricts the freedom of choice. In our view, in bioethics, what is prohibited or is allowed is to be established beginning with the ethical analysis of the values that are in conflict and concludes with a critical ethical judgment. Deontology, the codes and the legal guidelines must be based on bioethics. It is not possible to expect—and this needs to be clearly stated in the education process—that bioethics, although being the major inspiration, does not give magic formulas to be applied in every single situation. Bioethics helps us to deliberate ethically and proposes that the one who has the duty or the power to make decisions is acting wisely in making decisions and is responsible for it.

We are speaking about the importance of choice in bioethics. But how do we choose? How do we take that into account in the education process? It is worth emphasizing that choosing requires first of all to know the alternatives. So, there is an initial and extremely important cognitive moment: the person must be cognitively educated to identify and/or diagnose the ethical facts, using medical terminology. The critical reflection must begin by considering the existing alternatives. It is not necessary to find the dilemma as a starting point, although it could become the conclusion. We must take into account this perspective in the process of bioethical education.

When the alternatives have been diagnosed and analyzed, we come to the choice, which, is generally based in the perspective of principlism. However, in Brazil, several groups of bioethicists have been looking for a more comprehensive view of the understanding of bioethics by adding other ethical elements. This background and context must be taken into account for the appropriate structuring of a program of education in bioethics.

2.5 Education in Bioethics in Brazil: Some Notes of a Brief and Recent History

At the end of the 1990s, there was already a great interest in bioethics in the country especially in universities and professional health care that attracted teachers and biomedical professionals. Contributing to this interest were the events mentioned earlier: the start of a journal, the establishment of a society, and the issuing of ethical guidelines for research.

Professionals from health care and also the humanities created groups for the development and discussion of bioethical themes related to the problems and ethical challenges of their professions. These *bioethicists* (experts with professional training in their respective fields and an interest in bioethics) were trying to respond to educational concerns. Although it was clear that there is a need for training and education in bioethics, the main challenge was to have a critical evaluative group within the university of colleagues of the other disciplines needed for the development of the activities of education in bioethics.

To respond to this demand one of the new initiatives was the creation of post-graduate courses called *lato sensu* (specialization), with the duration of 1 year, with 360 h of class time plus 120 h for the written concluding paper of the course (dissertation) with invited professors. Nevertheless, the necessity for a more profound level of academic training in bioethics was more and more felt and requested by many people involved in the committees for ethics of research with human beings. This included the following: physicians and nurses serving in special ethics committees in the health care field and lawyers called to make official judgments in front new public policies that emerged in the country related with biosafety, genetically modified foods, embryonic stem cells, anencephaly and abortion, and so on. In Brazil there are 18 postgraduate courses (*lato sensu*) in bioethics. Out of 18, 7 are

located in the southeast of the country, 6 in the South, 3 in the Center-West and 2 in the Northeast Region. Many of the students that frequented these courses are now seeking masters or doctorate degrees in bioethics. In this context, the initiative was taken to establish a program (*stricto sensu*) of education in bioethics, with masters guidelines of at least 2 years of length with 1440 h of classes and orientation for the dissertation and doctorate guideline of approximately 4 years with 2,880 h of classes and orientation.

It was important to note that bioethics was on the edge of leaving the pre-paradigmatic phase and reaching the paradigmatic one which takes place when the new knowledge in the field is introduced and implemented in its graduate course programs. This developed education in bioethics and, in turn, created and developed a community as well as institutionalized research in the specific field.

In 2004 the Saint Camillus University Center in São Paulo initiated legally (approved by the Ministry of Education of Brazil) the first post-graduate course (*stricto sensu*) in bioethics (2 years of duration) in the country; the doctorate degree in 2008 (4 years of duration); and in 2012 the post-doctorate program in the field of bioethics. So far this University Center trained 117 masters and 3 doctors in bioethics (as of September 2013). The University Center started in 1997 a postgraduate course (*lato sensu*) in bioethics and health care directed primarily on clergy, seminarians, and people of the Catholic and Protestant Churches. So far 276 students completed this course as specialists in bioethics. The total amount of classes is 360 h plus 120 h for elaboration of the final paper.

The University of Brasilia was the second institution in the country to have approved in 2008 the masters and doctorate degree in bioethics. Until now this program has trained 29 masters and 5 doctors in bioethics. The third program of education in bioethics is located in Rio de Janeiro (RJ) and is a consortium among of three Institutions: Fundação Oswaldo Cruz (National School of Public Health), State University of Rio de Janeiro (UERJ), and the Federal University Fluminense. This program was inaugurated in 2010, and so far no one has concluded the training; it has following title: *Bioethics—Applied Ethics and Public Health*. Recently (September 2012) the Ministry of Education approved the fourth program of bioethics: the *strict sensu* master's degree in the Pontifical Catholic University of Paraná (Curitiba).

At the Saint Camillus University Center, the program of bioethics is also responsible for the publication of the scientific journal *Revista Bioethikos*, in the seventh year of existence, published four times per year. In this same University Center, the main objective of the educational bioethics program is related to the improvement of the intellectual abilities that gives to the students the capability of sound reasoning and human virtues that facilitate the relationship with others in a context of moral pluralism. The objectives of the University Center are as follows: (a) *Cognitive competence*—it's our mental capacity to make an accurate analysis and diagnosis of the bioethical characteristics of a scientific fact or situation that is in conflict with our personal and/or social values; (b) *Capacity of critical reflection* (with good cultural and philosophical formation)—the student should be capable of critical thinking (capacity of listening), open to dialogue with the other diverse and

different, able to work in a multi-, inter- and trans-disciplinary setting; (c) *Capacity of elaborate the healthy existential anguish* in the option for values in conflictive contexts and situations; (d) *Competence and capacity of articulation among the various ethical referentials*, classifying them in accordance with a specific situation, with the objective of making the most adequate choice. Among the ethical referentials beyond the classic four principles we highlight: vulnerability, altruism, care, solidarity and justice/equity; (e) *Character, emotional equilibrium, humility* in order to accept the opinion and the critic reflection of the other. The wisdom to change his or her choice, when there is evidence that it is equivocated; (f) *Freedom and flexibility* in not to identify him/herself in a rigid way, *a priori*, to any kind of ideology that may instrumentalize bioethics; (g) *Maturity and equilibrium* in sharing the responsibility of deliberate collectively with other protagonists; (h) *Serenity in taking responsibility for conduct*, recognizing the right and the duty of whom has the task of the decision; (i) *Good Character*, disposition for learning, for reviewing concepts, acts, attitudes, lines of thinking, and a deep respect for the other, whom-ever it may be (Hossne 2006; Pessini et al. 2012).

The program of bioethics (master and doctorate degree) at Saint Camillus University Center has three lines of research: Bioethics history and theories, Bioethics and research with living beings, and Bioethics in clinical settings (Clinical ethics). The curriculum includes the following disciplines: (1) foundations of bioethics—history of its beginnings, development, key bioethical issues, present and future perspectives including the different theories and paradigms of bioethics; (2) ethics and the various currents of philosophies and philosophers; (3) bioethics and anthropology; (4) bioethics and the code of ethics of the various professions in the health care field; (5) scientific methodology; (6) methodology of the higher education. All these disciplines are mandatory for those who wish to be trained in bioethics. The students can choose among the following disciplines: (1) bioethics and rehabilitation; (2) bioethics in clinical settings (clinical ethics); (3) bioethics and research with human beings and animals; (4) bioethics and the beginning of human life; (5) bioethics and end of life issues; (6) bioethics and law (biolaw); (7) bioethics and the environment (sustainable development); (8) bioethics, science, and technology; (9) bioethics and forensic medicine; (10) bioethics and religions; (11) bioethics and the humanized care in the health care field; (12) bioethics and sociology; and (13) bioethics and human rights.

It is worthwhile to mention two activities introduced in the postgraduate program in São Paulo. One is an extracurricular activity in high schools. The other concerns conversations on Citizenship: Ethics and Bioethics and is sponsored by the City Hall of Sao Paulo. This is open to a general audience, but it is directed mainly at parliamentarians and politicians. Another initiative is a joint project, aiming at cultural exchange, with the General Office of Human Rights of the City Hall of Sao Paulo. This agenda of bioethics and human rights is very important in Brazil because of the huge social and political inequities and injustices such as narco-trafficking and violence.

Bioethics Education in a Global Perspective

Challenges in global bioethics

ten Have, H.A.M.J. (Ed.)

2015, XII, 221 p. 1 illus., Hardcover

ISBN: 978-94-017-9231-8