Medical ethics and bioethics as requirement of the moral being: teaching humanitarian skills in medicine

Roberto Luiz d'Avila

Abstract

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This paper aims at pointing out the importance of teaching medical ethics and bioethics in order to promote the moral development of medical students. In this sense, a historical-philosophical review was performed, which identified the emergence of the conception of moral man, recognizing his/her evidence on the basis of the origins of Medicine. It also discusses the possibility of teaching values, virtues and ethical principles, recognizing the need to promote students' humanitarian skills. Nevertheless, it was recognized that moral training does not define the character, but enhances and directs young people whose nature is positive, signifying his/her willingness to help others, to not do evil, to recognize the individuality and autonomy of others, respecting them as equals. In conclusion, it was emphasized the need for humanitarian training of future physicians, while recognizing the limitations of its scope, unable to transform psychopath minds.

Key words: Bioethics. Medical ethics. Moral and. Teaching. Learning. Medicine.

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Roberto Luiz d'Avila
Cardiology specialist, Master in Neurosciences and Behavior, working in his PhD in Bioethics at the University of Porto, Portugal, assistant professor of the Department of Morphologic Sciences – Center of Biological Sciences of the Federal University of Santa Catarina (UFSC), and president of the Federal Council of Medicine (2009-2014), Brazil

Is it possible to educate morally? Although there are evidences that, yes, it is possible[1], the situation is not so easy or simple. The effectiveness of strategies involving cognitive and affective interventions, individual interventions or group discussions[2,3], still is much discussed without achieving consensus about its use . Despite the fact that majority of people is endowed with the cognitive possibility of learning, some principles must be experienced and felt in practice by students so they morally grow. One recognizes, by reaffirming the importance of these principles for medical practice, that moral formation does not define character, but it enhances and guides young people whose nature is positive, consolidating its availability to help his fellow men, of not doing evil, to recognize individuality and autonomy of others, respecting them as equal. Although, in these cases, moral teaching highlights personal character features or the individual's previous moral formation, it is unlikely to consider that all

those that receive in their academic formation teaching about values, virtues, and ethical principles will implement them effectively in their professional practice.

Men as a moral being: historical-philosophical elements

Cognitive capability seems to be the core element that differentiates *Homo sapiens* of the other species[5,6]. However, two of the most notorious features of humans are their capabilities for empathy and, mostly, to think morally[8] and ethically. Socrates dealt already on correlated topic, as Cotrim comments, stating that normative thinking is necessary to discern good and evil, correct and incorrect, fair and unfair, understanding ethics as a name given to our concerns with good behavior[8]. Plato reports that Socrates, when condemned to death, would have said that man with moral values should consider, in his acts, just if they are fair or unfair, brave or coward[9].

Aristotle, however, questioned Socratic teaching, considering that it was not enough for man to know good to undertake it. The notion of morality arise in classical Antiquity, among the Greeks, from the instance in which Socratic issues set to discussion the nature of good and virtue, but it is with Aristotle that the concepts acquires core importance for philosophical reflection. He initiates *Ethics to Nicomaco* by stating that all human actions aim a good, pointing that this is the object of political science, since it legislates about what should be done or not, and its purpose includes the end of the other sciences, which is the good of Men – a concept that corresponds to being happy[10].

Other philosophical schools, approaching the same moral issue, ensued these philosophers: o Stoicism, funded by Zeno of Citium (336 -263 B.C.), advocated a complete physical and moral austerity attitude; Epicureanism, of Epicurus (324-271 B.C.), proposed that human being should seek pleasure in life linked to a virtuous behavior; Pyrrhonism, from Pyrrhus of Elis (365-275 B.C.), advocated that one should be satisfied with appearance of things and to live happy and in peace, while this later, for some, a kind of skepticism and, finally, Cynicism, which proposed that followers should live without comfort or any propriety, by knowing oneself and despising all material goods [8].

Cotrim[8] makes an interesting summary of the philosophical ideas since that age. By the way, one stresses author's comment regarding the Greek-Roman period – which extended from military expansion of Rome (264 B.C.) to the decadence of the Empire, at the end of the 5th Century of Christian age – as little noticeable in terms of originality of philosophical ideas. Exceptions can be made to the figures of Seneca, Cicero, Plotinus, and Plutarcus, who were known more not for proposing new ideas, but for giving continuity to those previously advocated by the Greeks. Medieval philosophy lived the conflicts and conciliation between faith and reason, namely in two philosophical periods or contexts: Patristic (from mid 4th Century to the 8th Century), whose central figure

was Saint Augustine and the main topic, rehabilitation of the platonic philosophy ; and the Scholastic (from the 9th Century to 16th Century) with Saint Thomas Aquinas, based in the reinterpretation of Aristotelic philosophy.

In Modern Age (mid 15th Century to end of 18t Century) there was a series of socio-historical changes in Europe, as exemplified by the passing from feudalism to capitalism, with emergence of the bourgeoisie, the breakage of religious unity with the Reformation Movement, placing Men in condition to think freely and to be accounted autonomously for his acts. Additionally, the development of natural science started with objective scientific methods along with printing, which enabled printing the classic texts. The Renaissance ('15th and 16th Centuries) inspired in humanism that advocated the study of the Greek-Roman culture and the return to the ideals of exaltation of Men and his major attributes: reason and freedom. This context of symbolic, religious, and technological change provided a rationalist mentality with extraordinary progress of arts and literature[8].

Cotrim states that philosophy in this period had two major trends: 1) the *rationalist*, with Descartes as major exponent, whose starting point was the thinking subject, and not the external world, with emphasis in innate ideas, and 2) the *empiricist*, with a participation of Thomas Hobbes, John Locke, George Berkeley, and David Hume, who denies the existence of innate ideas, advocating that the knowledge process depends on the sensitive experiment[8]. Nevertheless, less than 150 years later, Immanuel Kant, in his Critics of Reason[11], will refuse the supremacy of any of these theories, basing his moral in the autonomy of reason. Kant sustained that moral standards should emerge from human reason, with man acting in accordance to duty. His ethics was considered as formalist, based in the conception of a rational and free human nature, without moral content, but in accordance to categorical imperative that should serve as guidance in choosing these contents.

Hegel appears, in the Contemporary Age, as a major name, who criticizes Kantian formalism. He suggests that, differently from that author, morality content has a historical-social nature, resulting from the interaction of each individual with the social collectiveness [8]. Since then we walk toward the understanding that an individual is not born ethical, but his structuring occurs in accordance with his development [12]. Under the view of Claude Lévi-Strauss, according to Cuvillier [13], Man is a biological being (a product of nature) and, at the same time, a social being (a product of nature), resulting into an ambiguous being who is concomitantly submitted to natural and cultural laws.

According to this current conception, the concepts of value, moral, and ethics are introjected from life experience. Thus, morality would be a system of values, from which results norms considered as correct by certain social or professional group. Moral law is established by behavior codes aimed at ordaining a set of duties

of the individual toward society. If there is disobedience to imposed norms, the authority, representing collectivity, will have the right to punish the offender[14].

Piaget had warned that any moral reality is innate completely and what is given by the individual's psychological constitution, such as affective and active trends*: sympathy and fear, instinctive roots of sociability, of imitation and affection capability allows a child to love an ideal as well as to love his parents and tend to good. These innate forces, if let free, would remain anarchic*[15]. For him, in opposition to what Locke said, human being is not a *tabula rasa (blank slate)*[8], in which social and moral values expected by adults, professors, and authorities are inscribe.

In interpersonal and teaching-learning context, through experience and examples, human being develops the capability to think about him and the others. Therefore, the relationship with society promotes moral development not by pure and simple imposition of moral rules to individuals, but by enabling in virtue of the interrelations that are established, so people can reflect on rules themselves. Such process tends to produce the collective consensus concerning pertinence and usefulness of rules for social life. Thus, leading, progressively, toward introjection of rules that are perceived and connoted as "autonomous behavior"" [15].

Summarizing, each individual gathers in him a specific existential content, a summation of learning and experiences.

This is particularly right in the case of college students (and, normally, in case of medical students), who arrive at the course in their second half of adolescence or, appropriately, in the beginning of adulthood, as age groups are currently perceived. To expect that one may rewrite those students' life stories, who due to lack of adequate guidance or to adverse experiences did not consolidate the ethical bases for their moral rationale; it is a very unlikely expectation. Despite this, the educator is cherished by the fact that it is possible to rescue and enhance the latent principles and contents, favoring formation of a dignified professional, who gathers enhanced technical knowledge, while remaining depositary of humanist principles that guide both bioethical and human rights principles.

Teaching values, virtues, and ethical principles

The discussion about human nature and the possibility of teaching ethics falls back to Ancient Times. Plato, who dedicate excessively to this topic, starts one of his most important dialogues, *Meno*, questioning if virtue can be taught[9]. However, two thousand and five hundred years have gone by without this problem could be effectively solved, even though throughout time it has be restated in the most diverse ways by subsequent authors and philosophy schools.

Socialization mechanisms was thought, for long time, that, by means of imitation of a model (example) would be

enough for moral education. The success in transmitting values takes place from interpersonal relationships that are established within education institution[16], through examples, which was called *hidden curriculum*. In the specific case of physicians and medical students, it is an indirect learning that includes from the outcome of set (or not) social influences with members of health sector community until those gotten through communication [17]. It is part of common sense the notion that it is very important the example from a humanitarian physician, good-hearted, solidarian, and citizen, whose way of acting is a model of behavior. The example is considered as the ideal instrument future physicians the altruistic need to love people. By the way, both in the professional world and in common sense, one understands that it is not possible to be a physician without love to each human being, particularly for those who suffer.

Thus, according to this symbolic perspective, solidarity and sensitivity should be essential attributes of physician's spirit, since they conform the basis of the therapeutical praxis, and make their relationships with patients a supreme phenomenon. And it could not be any different, as, frequently, the sick shares with his physician his deepest thoughts, fears, and most cherished secrets. Nowadays, one requires from physician the internal wakening of qualifications that ornate most the human spirit, such as sensitiveness and compassion. Such attributes are considered as inherent to full professional formation. Evidently, such aspects should be expressed in accordance to medical psychology precepts, which guide the professionals' attitude in face of the sick and their peculiar needs.

One gets, from all this, that medical professionalism aspires technical competence, but also subjective features related to personality and character, emotions and feelings such as sincerity, altruism, honor, responsibility, integrity, and respect for others[18,19]. Such attributes are not achieved solely by formal learning, although they can be enhanced by it. As proposed, psychological and moral traits that characterize individuality present an innate core that may be enhanced continuously, but it is not, in its totality, a cultural product. It derives from innate capabilities, as the possibility of feeling compassion exemplifies.

To understand such conjugation of forces in determination of behavior is necessary to understand that medical education does not form medical student's character. Complex emotions such as compassion, delivery, sensitiveness, and commitment are not qualities that can be acquired culturally, even if awakened and enhanced in social life. If people's behavior depends on their existential experiences in their culture, the cognitive substratum from which such experiences are consolidated into behavior, is majorly inherited as evidenced by etiology of many personality disorders [19].

Awareness of duty is substantively, even if not completely, an innate attribute, inherited, as its lacking defines antisocial personality disorder [20], whose etiology points to genetic factors participation. How to qualify physician's indifference in the exercise of his trade if not by lack, deficiency, or morbidity of feelings, despite the education receive in the examples gotten from witnessed suffering? From this derives the unavoidable fact that one cannot expect that all physicians have behavior suitable to his profession requirements. Before being physicians, they are people, with the genetic heritage received by blood, which transmuted associated to the environment conditioning influences. Additionally, for the good or evil, they are part of the social tissue, being a sample or mirror of human multifaceted reality.

In this context in which innate and acquired characteristics mingle randomly, how to foment ethical behavior in the teaching-learning process to assure a authentic professional formation? As Carrel points out, *school cannot contribute to salve civilization, except by expanding its frame. It matters that it abandons its purely intellectual point of view, and exams stop ranking children and youngster just by memory. Instruction degrees do not have any consideration for the real value of candidates because this value counts both by its psychological and moral and by the intellectual. It is necessary that degrees attest not only knowledge of intellectual order but also from the psychological and moral outcomes*[21].

This warning, important for any area of formation, is essential for medicine, whose graduates, as seen, need to be gifted fully both technically and ethically.

What can be taken out of this scathing statement from Carrel? Which schools privilege purely technical features of professional formation despising or neglecting moral education and the examples of ethical behavior? According to author, such carelessness in the formation is what allows for instincts and passions to take reins of cognition, governing behavior: *it seems evident that even microbes need appropriate means to proliferate, but it is equally true that microbes do not appear by spontaneous generation. Genetic susceptibility and environment conjugate to determine the phenotype. Perhaps, the stimulus almost exclusive to the capability of remembering, deducing, imagining, discovering, and designing logical constructions has helped excessively to separate intelligence from feeling, and lack of stimulation of non-intellectual activities of the spirit, such as courage, boldness, veracity, fidelity, abnegation, heroism, and love. In such circumstances, people of good nature do not enhance their most virtuous potentialities, while constant and circumstantial psychopaths find own ground for success*[20]. But, how to attest for moral outcomes, if they were mere learning products? This doubt echoes without answer, pervading medical schools curricula and professors' efforts.

In majority of countries, including Brazil, in order to become a physician, one requires enormous cognitive, memorizing, and reasoning effort, but any requirement is made in the moral plan. Thus, consequently, graduation degrees do not attest moral outcomes. It would be naive to believe that the fact of graduating in medicine, by the nature of professional requirements, implied that, automatically, all physicians presented endowment of character suitable to the representations of the profession. As entrance in universities requires only memorization and reasoning, and not existing any assurance that those approved in the entrance exams will become susceptible to moral and ethical formation that one needs to provide in a medical course[19]. Siqueira comments, in this direction, that it is evident that ignorance and want of intelligence drag to monster errors, crimes of all sorts, injustice, persecutions. *However, one should not expect much moral value from teaching, since it does not have absolute value* [22].

Such observations allow for understanding some physicians' behavioral deviations, as well as the severe offenses that occasionally they practice[19]. Pointed by common sense as the most sublime of professions, with human and technical requirements compatible with this status, medicine is seen as almost priest like profession, for which one requires sacrifice and dedication, in addition to endowments and personal feelings – such as already mentioned sincerity and empathy. Moreover, one should not wonder such representation, as to medical activity one attributes preservation of the most valuable asset of a human being: life.

Consequently, there is not how to take in representation of common sense that the medical profession, exerted in its plenitude, can be compared to priesthood. The idea that being a physician involves heightened mission, almost divine, pervades, in greater or lesser degree, the social imaginary in all Western contemporary societies: *the medical practice comprises a character of morality, of disinterest, of abnegation, and of sacrifice that deserves to be identified in a religious priesthood*[23]. Perhaps, that is why after so many centuries since the exercise of medicine is known and is developed, the sick revolts in face of a physician that does not give him attention or treats him without the expected politeness and interest. Generally, because patient infers that in addition to knowledge to achieve cure or decrease of his illness symptoms, physician reveals to be a confident, promoting confidence, ensuring confidentiality, and showing empathy and cordiality, even if it is derived from his professional oath.

One of the major questioning coming from such requirements, nowadays, regards to if it is possible to teach medical ethics and bioethics to medical students during the formal and regular course, that is, if it is possible to teach attitudes and skills by means of theoretical classes with slides and pictures. Although change of character may be less probable, there are evidences that, at least, one may awaken moral conscience by means of experiences, group work and discussions[1,2,3]. Simulation of real experience within the controlled environment of teaching may foster reflection about behaviors and

values previously learned in social life, as well as to foment absorption of new ethical parameters to guide professional practice.

However, in that order, it is indispensable that formation apparatus takes the largest portion of responsibility in the production of these values, virtues, and principles, leaving them to be considered just in what reflects human being natural inclination, determined priory by the socialization environment and genetic inheritance. It is necessary to acknowledge that in face of the importance of students' ethical formation one cannot do without teaching-learning methodologies targeted, particularly, to this goal. Such methodologies need to be part of the curriculum grid throughout the entire formation in such a manner that it becomes impossible (or at least unlikely) that professor may refuse his function in the moral development of his students. Finally, it is necessary to abandon the idea that medical professor be ethical naturally, just because he is a physician and a professor – this later, also a professional class to which one attributes priesthood role
.

Ethics, taught at schools, should be a transversal topic in the curricula, in general. However, the majority of medical schools just do not do it, as it is not thought that this is how it should be. Nevertheless, it seems reasonable to think that basic concepts of Philosophy, Anthropology, and Sociology should be given by experts in these areas, using real or fictitious clinical cases as examples under medical advisory, with active students' participation in the discussion. This practice, which raises debates, confrontation of ideas and opinions, seems to have the potential to provide effects in the moral formation of youth [3].

Toward what was previously commented, formal discipline should encourage the undertaking of round tables with representatives from the Public Prosecutor's Office, of Judges, of the Order of Attorneys of Brazil (OAB), philosophers, theologists, social scientists, and representatives from different medical expertise to carry out fruitful debates, and with participation of students, residents, and members of clinical staff of university hospitals. In the case of students at basic cycle, one could count on the presence of professors from other disciplines as well, fostering broad and multi-perspective discussions. In this context, the principles used by Principialism, *autonomy, justice, beneficence and non-maleficence, which were used already by Hippocratic medicine*[24], should be considered as pillars of discussions. These should approach general topics from bioethics, such as for example, social responsibility, citizenship rights, equality and equity, to those focused in the border line between this field and medical ethics, like those belonging to confidentiality, right to truth, professional secrecy, euthanasia and abortion.

Any medical school that intends to establish a better ethical humanist formation of the future physician needs to be aware that a program targeted to student's ethical development needs to interact will all discipline, from the first

until the sixth year of schooling. In order to awaken and stimulate ethical stands in students, professors should receive specific formation and training, but not reductionists. Theoretical classes, which demand just intellectual capability (reasoning, memory) shall be avoided through use of real or fictitious clinical cases, at sick's bed or in round-tables. One should promote debates with the presence of professionals with different backgrounds, like those from Humanities disciplines (for example, Social Service, Psychology, Anthropology). This experienced context of powerful plurality, in addition to stimulate learning, has the potential to incite critical reflection, to reveal and enhance character, to promote moral development, and in parallel, to work still as deterrent to psychopath minds, avert to expressing genuine feelings [20].

Empathy, respect to human being's dignity, to its values and beliefs, knowledge of the principles that govern medical practice, citizenship and, mostly, love to human being, allied to technical knowledge, should be minimum requirement for granting a medical degree. Nonetheless, what one observes currently is that some professors and courses are just concerned with the transmission of technical and intellectual competences, letting go the opportunity to influence in students' ethical formation and enhancement. Thus, formation gives up on contributing for moral elevation in his work environment, attribute ever more required in human relationships, to sediment values that improve interpersonal relationships in social life, and in academic environment, inclusively among professors themselves. Such values, as well as examples of professor's own behavioral acting, allied to a consistent teaching methodology through experiencing cases under professors' guidance, should stimulate students' cognitive capability for moral judgment. The new concepts of life and death, the new social conditioning with evident reflection in human being behavior, and patients' increasing autonomy and citizenship has led medicine to its major dilemma: ethics of human behavior when facing with issues referring to human being himself.

Physicians are trained, since their university formation (and this has been a vicious cycle), to decide based just in facts. In the past century, the great physiologist Claude Bernard definitively introduced medicine into the realm of science, taking it from the governing empiricism at the time. Since then, physicians began to turn into objective everything that was subjective by quantifying and measuring. Decisions were taken based in facts and the clinic, example of working area with strict observation and interpretation of phenomena from sensitive reality, it became sovereign. Cartesian doctrine, in this process, of the dichotomy body-mind impregnated the forming centers and, thus, medicine was distancing slowly from its strong humanitarian and social component[14,19].

Therefore, medicine today lives a crisis. Perhaps, most acute in regards to respect to credibility related to treatment and the interrelation between the

physician and patient than diagnosis, which makes it paradoxally: one never experienced a so acute scientific-technological development as now, but there were never so many questioning regarding humanist practice (or the lack of it) by physicians, as well. Probably, the only feasible solution for this problem is the return to ethical exercise of medicine, based on Hippocratic principles currently emphasized by bioethics [24]. Born out of beneficence, the first condition to be established among men – even before justice -, medicine got a place in history both by the necessity to provide help and care for human beings. This occurred when someone felt pain and, for the first time, another human being touched by the compassion feelings and the desire to do good, stayed by his side seeking to alleviate his suffering. Cure was not necessary, just only the presence and care.

Bioethics as instrument for the professional ethics

The second basic principle of the principialist bioethics, the non-maleficence, is also in the *Corpus Hippocraticum* (set of 120 works attributed to Hippocrates of Cos, 460-377 B.C) [24], consigned in the classical *primum non nocere*. Instead of invasive, untimely, and not less iatrogenic conducts, it suggests the non-intervene model as not to cause evil. If it is not possible to promote good, one should not produce evil even if guiltily. It deals, in this principle, of ancient conflict between risk, lessened or uncared for currently.

Hippocrates professed, at the time, that physicians should act always considering above all patient's well-being, restricting their practice as not to result in more pain and suffering. This wise assertion has been renewed throughout the centuries, having its better-known contemporary version in the *Universal Declaration of Human Rights*[25]. Regarding specifically bioethics field, it is necessary to remember, still, the recent *Universal Declaration on Bioethics and Human Rights*[26], which from Unesco working scope consolidated principles, now classic, of the principialist theory, aggregating to these the new guidelines indicated by the 1948 Declaration matrix.

The third bioethical principle highlighted by the principialist theory that seems very modern and current, in fact was consecrated already in medical practice since Hippocrates, as one notes in the *Book of Epidemics: Art has three instances: the physician, the sick, and the disease; against the disease are the physician and the sick*[24]. This incipient principle of autonomy in Hippocratic text strengthened with the jurisprudential consolidation of the Anglo-Saxon law, and hast its largest and most noticeable dissemination after WWII through the already mentioned *Universal Declaration of Human Rights* [25]. However, in Brazil, just recently is been respected, as it finds much resistance among medical ambiance, in which the physician is the authority and the patient is seen as passive and submissive. This situation, which begins to become

anomalous, harms people's right to self-govern, which has advocates, from a long time, in philosophy, exemplified by Kant [11]. This author, with the concept of categorical imperative, places human being as an end, thus, the measure for all things.

The last bioethical principle defined by the principialist theory is not least important than the others, as it comprises and arbitrates on the entire social: *justice***.** By marking the interface between the areas of health and Law, perhaps it is the most acknowledged of them bringing within two other concepts, broadly disseminated and present in several instruments of rights: equity and universality. From the application of these concepts, aphorism comes up: *all are equal before the law*. However, this aphorism comprises, actually, a non-restricted recommendation that can be applied only in equalitarian societies. In practice, particularly in extremely asymmetric and unequal societies like the Brazilian, the Aristotelian maxim still is valid, i.e., *dealing unequally those who are unequal*. In this case, with the purpose, dear to contemporary sensitivity, to reduce inequalities by equity, and to promote universal justice.

Technical decisions, by forgetting the four previously summarized principles, aimed just in facts do not change physician into a better physician but, perhaps, in better technician. Therefore, decisions should be taken with help of professionals from other areas (Philosophy, Theology, Law, etc), always observing the human dimension and the reflection of this decision on the being weakened by the disease. In this sense, bioethics innovated decision-making process by means of establishing institutional ethics committees that weigh over dilemmas of the clinic providing support to physicians, instating the possibility of rescuing medicine while humanist science. Bioethics field, by offering new parameters to be pursuit and taught, contributes decisively to recuperate the health of medicine or, perhaps, to rescue its fundamental values. It is evident, from this, Potter's original intuition hit[27] about bioethics conception as a bridge to the future, interconnecting scientific and humanist cultures. Currently, bioethics presents the sole feasible way to rescue medicine's credibility and physician's dignity.

Thus, not all is lost: the light at the end of the tunnel seems clear. Bioethics teaching in all phases of the professional formation, concomitantly to strengthening of continued education in medical ethics, may contribute substantively to the enhancement of the humanist features in medical formation. By the way, educational programs targeted to suitable medical practice have increased the focus of interest in developing of skills toward a better physician-patient relation. The *American Board of Internal Medicine* (Abim), since 1979, included humanist qualities as essential aptitude of the resident physician to receive his certificate. According to Abim, the desirable qualities in a physician should be: integrity, respect for life, and compassion in face of other's suffering [28].

Finally, just about a decade ago, a Master's dissertation carried out in Santa Catarina, covering a period of 40 years of work by the State of Santa Catarina Regional Council of Medicine (Cremesc), revealed the profile of offender physician[14]: young, male, with about 15 years of medical practice, and in full professional activity, working in gynecology/obstetrics or anaesthesiologist. This means that a young adult, of about 40 years old, stage in which it is evident the longing to make a stand professionally as well as the desire of conquests. Application of knowledge collected from this type of research data enables to introduce reformulations in undergraduate studies, seeking to improve and guide with greater accuracy the ethical-humanist formation of medical students. It enables, equally, thinking about recommendations for future physicians, warning them on the potential dangers of professional exercise, vaccinating the spirit with generous doses of moral and ethical principles.

Final considerations

There is not, in medicine, nothing as classic and modern, at the same time, than medical ethics and the topics discussed by bioethics. These topics accompanied all steps of the history of the discipline, deserving highlight, since they exert a preponderant role as guide of physicians' conduct. Additionally, with the incorporation of new technologies into medical practice, reflection about ethics in medicine becomes more important, and the discussion of students' moral development and of professionals in this area as well, in as much as professional responsibility increases proportionally to layman's lack of knowledge over the implications about using these new technologies.

Currently, medical ethics is studied formally, either through vertical transmission of contents related to deontological and bioethics principles or by the analysis of ethical and moral problems met in clinical practice. These attempts to incorporate ethical and moral values in the teaching-learning process derive from the understanding that a medical ethics code is not enough to guide professionals' behavior; to speak in medical ethics is to speak on moral and on decision-making that transcend purely cognitive features currently so valuated in medical ambience [29]. In face of the credibility crisis that affects professional practice, it became primary to give particular attention to medical students who, during their academic formation, should acquire not just a range of technical knowledge, but, equally, ethical knowledge and values that will guide them throughout their professional life, according to contemporary medical morality concepts.

In face of challenges in presented context, it seems pertinent to talk about Goldie's recommendations on major objectives of medical ethics teaching[30]: i) to teach to recognize medical profession ethical and humanist features; ii) to allow for affirmation of individual and professional moral precepts; iii) to provide general knowledge about Philosophy, Law, and Sociology;

iv) to enable application of this knowledge in clinical thought; and v) to help in the development of needed skills for applying this knowledge in the treatment of human clinical needs. This means, therefore, to make students develop moral skills, learning to solve ethical problems that will arise in daily professional practice, funded thus in principles and values. In this direction, it not too much repeating that it is imperative to promote students' moral development throughout the whole course, inclusively building or enhancing effective mechanisms to evaluate these competences.

Despite this adverse context (or even deriving from it), the moment is favorable as it fosters that all, physicians, students and educators, engage in the commitment to rescue better moral formation in professional practice with emphasis in teaching humanities. It is necessary not to forget that the whole history of humanity's moral development, called the *dawn of conscience* [31] (which, paradoxally, theologists nominate as the fall of men), has been a constant and upward march in the scale of responsibility, from a pre-chosen action to eminently deliberated, which moves from habitual morality (emotional) toward a reflected morality (rational)''[2,3]. Man, when moving beyond animal existence, counted with only two biological advantages to emancipate him from irrational habits and limits of his nature: the first and most important was the growth of the frontal lobe (intelligence) that helped him to choose not just the ends, but the means[32];

the second was his erect posture, freeing the hands, and conferring him the generic Greek name of '*anthropos'*, which means the one that walks with face toward the sky [33].

It seems evident, then, that those assuming the responsibility for caring someone, who has knowledge of facts and that exert freedom of choice and the respect for autonomy of others, are truly moral beings. Without the freedom of choice and the right to know the truth, people would be just puppets, manipulated by cords tied to someone else's movements. At this point, it is fit to return to this article initial question: is it possible to educate morally? According to what has been seen, one reiterates that the answer is *yes*. However, it is necessary to understand the meaning of educating. In present case, one assumes its limited power of shaping or giving form to an existing content. Moreover, it is worthwhile to insist, avoiding that unintended actions in the condiment of youth or in the jungle of the market label new professionals, diverting them from their noblest goals of helping fellow man, ensuring him a better life and a more dignified death.

Finally, medical error, abuse of one or other professional who, showing cognitive skill, justified himself before formal schooling requirements to deserve the medical degree, should not be considered as unlikely[19]. It is possible that a few get medical degree without ever achieving to comply with the Hippocratic oath[24]. Patient's treatment cannot go without affection by physician, who in use of his technical

knowledge should not ignore the other human being, showing empathy and understanding. One should not expect that a psychopath gets to develop such capabilities, feeling something beyond the pleasure of personal usufruct[20], using others, the profession, the acknowledgment derived from it. For him, moral education or formation has just meaning as a rhetoric resource to impress and aggregate power to his destructive arsenal. However, fortunately, the majority of those who seek medicine exert it with humanitarian designation, mostly nowadays when some higher education and vocational courses, demanding less effort provide for greater economic gains.

Resumen

La ética médica y la bioética como requisitos del ser moral: enseñando habilidades humanitarias en medicina

El artículo discute la formación moral del estudiante de medicina a partir de sucinto rescate histórico de las concepciones filosóficas sobre la constitución de la moral, proceso relacionado a los orígenes de la Medicina. El principal objetivo del trabajo fue estimular el debate sobre las posibilidades y los límites de la enseñanza de la moral, reconociendo que no hay una acción determinista para moldear el carácter, sino un contexto que puede favorecer o despertar principios latentes, en armonía con la naturaleza de las personas. Como objetivo secundario se señala la importancia de la enseñanza de la ética médica y bioética para promover el desarrollo moral de los estudiantes. La discusión considera bajo qué condiciones y en qué dirección podrían ser enseñados valores, virtudes y principios éticos, ponderando la posibilidad de transmitir tales enseñanzas para promover las habilidades humanitarias de los futuros médicos. Concluye enfatizando la necesidad de esa formación, aunque reconociendo la limitación de su alcance, incapaz de transformar mentes psicópatas.

Palabras-clave: Bioética. Ética médica. Moral. Enseñanza. Aprendizaje. Medicina.

Resumo O artigo discute a formação moral do estudante de medicina a partir de sucinto resgate histórico das concepções filosóficas sobre a constituição da moral, processo relacionado às origens da medicina. O principal objetivo do trabalho foi estimular o debate sobre as possibilidades e os limites do ensino da moral, reconhecendo que não há uma ação determinista para moldar o caráter, mas um contexto que pode favorecer o despertar de princípios latentes, condizentes com a natureza das pessoas. Como objetivo secundário assinala-se a importância do ensino da ética médica e bioética para promover o desenvolvimento moral dos estudantes. A discussão considera sob que condições e em que direção poderiam ser ensinados valores, virtudes e princípios éticos, ponderando a possibilidade de transmitir tais ensinamentos para promover as habilidades humanitárias dos futuros médicos. Conclui enfatizando a necessidade dessa formação, embora reconhecendo a limitação de seu alcance, incapaz de transformar mentes psicopatas.

Palavras-chave: Bioética. Ética médica. Moral. Ensino. Aprendizagem. Medicina

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Contact

Roberto Luiz d'Avila - *roberto@cfm.org.br*

Rua Padre Réus, 68, Bom Abrigo CEP 88.085-280. Florianópolis/SC, Brazil.