

Bioethics teaching: adapting activities for remote education

Laura del Carmen Rueda Castro

Universidad de O'Higgins, O'Higgins, Chile.

Abstract

Bioethics professors from health programs at O'Higgins University, Chile, structure their courses based on local needs. A qualitative study was conducted with undergraduates, first-years in 2018, to identify the bioethics teaching needs of the local community for program reformulation. Courses taught for three consecutive years underwent changes in the first semester of 2020 due to the sanitary crisis. This article analyzes whether participation, collective production and questioning were preserved as an achievement of in-person teaching purposes. Given the context and the results obtained, program and project underwent changes when translated into the virtual modality, since student needs were known. The teaching experiences presented allow us to conclude that the bioethics teaching objectives were met despite the sanitary emergency.

Keywords: Bioethics. Program. Methodology. Workshops. Case studies.

Resumo

Formação em bioética: adaptação das atividades para a forma remota

A equipe de formação em bioética dos cursos da área da saúde da Universidade de O'Higgins, Chile, estrutura seus cursos de acordo com as necessidades locais. Foi realizada uma pesquisa qualitativa com a participação de ingressantes de 2018 para identificar as necessidades de formação em bioética da comunidade local para a reformulação dos cursos. Os cursos ministrados em três anos consecutivos sofreram alteração no primeiro semestre de 2020 devido à crise sanitária. Esta reflexão analisa se a participação, a produção coletiva e o questionamento foram preservados como uma conquista dos propósitos de formação nos cursos ministrados presencialmente. Dada a circunstância e os resultados obtidos, o programa e projeto foi alterado da modalidade presencial para a virtual, uma vez que se conheceram as necessidades dos alunos. A partir da experiência docente apresentada, conclui-se que, mesmo diante da situação de emergência sanitária, os objetivos da formação em bioética foram alcançados.

Palavras-chave: Bioética. Programa. Metodologia. Oficinas. Estudos de caso.

Resumen

Formación en bioética: adaptación de actividades en forma remota

El equipo de formación en bioética de carreras sanitarias en la Universidad de O'Higgins, Chile, diseña sus cursos según las necesidades locales. Se realiza una investigación cualitativa tomando la cohorte de ingreso de 2018 cuyo propósito fue identificar las necesidades formativas en bioética de la comunidad local para el rediseño de los cursos. Los cursos impartidos en tres años consecutivos cambian el primer semestre del 2020 debido a la crisis sanitaria. Esta reflexión revisa si la participación, producción colectiva y cuestionamiento se conservan como logro de los propósitos formativos en los cursos impartidos presencial. Dada la contingencia y los resultados obtenidos, se modifica el programa y diseño presencial a uno virtual, puesto que se han conocido los requerimientos estudiantiles. De la experiencia docente sistematizada y presentada, se concluye que aún frente a la situación de contingencia sanitaria se alcanzan los objetivos para la formación en bioética.

Palabras clave: Bioética. Programa. Metodología. Talleres. Estudios de caso.

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In teaching bioethics, it is essential to bring students closer to practices of deliberation, analysis and discussion of case-by-case problems that go beyond the scope of technical-scientific knowledge of professional training. Nowadays, it is necessary to come into contact with the responsibility and analysis of contemporary debated topics about the justification and limits of scientific research, learn about international regulations and conventions, develop skills to articulate and formulate moral problems and, finally, understand professional work as a contribution to the social construction of reality.

In this sense, professors must ensure that the courses taught seek a natural connection with the scientific disciplines that are developed in the curricula and the management of humanistic concepts that prepare students to understand the social and legal environment offered by the sociocultural framework for their professional practice.

To this end, within the framework of a curricular structure, the program is designed to address priority themes. Furthermore, the need to transmit to students the axiological elements that inform the professional choice and the ethical, philosophical, historical and cultural bases that enable the comprehension of bioethics, its language and its principles is also taken into account.

It is noted the priority of training students not only in theoretical knowledge and ethical foundations, but in permanent ethical conducts that constitute models of behavior. In addition to knowledge and ethical conducts, this requires a circular relationship between course participants, continuously nourished by transparent evaluations, methodologies, work of teaching staff when guiding and advising students, and in the reproduction of conducts aligned with essential competencies. Therefore, professors must have knowledge of bioethics and consistent personal conducts.

Bioethics' educational task is to seek to meet the many realities, problems and moral conflicts that arise in modern democratic societies, characterized by pluralism and globalization, while considering the four essential pillars of education (learning to know, learning to do, learning to live together, and learning to be),

defined by the International Commission on Education for the Twenty-first Century (UNESCO). Thus, the challenge of education in bioethics is to prioritize and ensure the last two pillars as an essential task. This goal requires that bioethics professors have the necessary skills to teach, transferring the knowledge acquired in their academic and professional training.

This task consists in following the dialogical process (inquiring and questioning), proposing and exercising at all times the bases for democratic dialogue, establishing together with students the ways to identify values (starting with discovery), providing—with methods and sources—the ways to research new knowledge, providing theoretical knowledge in their classes and interventions, fostering discussion on the prioritization of problems, inviting students to trace possible means for solution, asking about justifications and alternatives, and promoting argumentation for public advocacy¹.

To tackle this challenge, it is essential to implement a methodology that promotes the development of these skills and competencies, under the commitment of educating citizens that are cooperative, autonomous and responsible in decision-making.

Bioethics contents to be taught should include public health subjects that provide reflection on the most relevant issues of the community², such as the health care system, the environment, the civic responsibility, the elements facilitating the clinical relationship, among others. By integrating them into clinical training, particular relevance is given to the discussion of clinical cases, the use of examples by professors and reflection on various issues, such as the autonomy of individuals, whether in a situation of disability or not, pain and suffering, precariousness and vulnerability of the human being, decisions at the beginning and end of life, etc. Students learn to give autonomy to individuals, for example, through the concept and process of obtaining informed consent, where the former must witness its rigorous application and not just theoretical concepts in this regard.

Teaching should include, in a relevant manner, the discussion of real cases. These cases should not only be paradigmatic cases with major ethical dilemmas, but also, and often, daily cases that health professionals in training will face in their practice.

Systematization: implementation of the training process

1st step: survey of priority regional issues

In order to collect this information, students entering the 2018 health programs who have bioethics courses in the curriculum are invited at the end of the first semester. The survey employs an interview with three open questions to 21 young people admitted to one of the three courses of the School of Health taught at O'Higgins University (OHU).

The inclusion criteria are to be a regular student of the medicine, nursing and occupational therapy programs, attending the first year, ending the first semester, and coming to study from some location in the region³.

The survey is conducted with volunteering students (with informed consent established at the time of invitation to participate in the study). The core areas for discussion presented in the research are as follows:

1. Need to train young citizens of the region in health;
2. Health needs perceived in your locality (considering the gender perspective);
3. Contributions of the situated bioethical model.

The answers delivered are analyzed to survey the main concepts provided. The review of opinions produces the following observations: students participating in the research report that training in the same location enables establishing a more humanized bond between the health professional and the patient, providing equitable, fair and accessible care to all members of the community, recognizing, in each community and region, their needs and characteristics of the context.

Three core areas into which opinions are framed should be stressed: values, as a fundamental basis in professional training, community management, and the social commitment seal offered by OHU in its mission. Regarding values, the statements include freedom of thought and expression; reflexive, dialogical and critical attitude in the exercise of intellectual tasks, education of people in their spiritual and material development, with an

ethical, civic sense, respecting the environment, human rights, solidarity and social responsibility.

Therefore, bioethics classes taught in health courses aim to develop the students' personal capacities to understand the factors that determine the situation of people in the social milieu, to appreciate the impact of the development of techno-scientific knowledge on the relationships of human beings in the moral and ethical order, and to identify the most frequent dilemmas in contemporary life that affect the health and well-being of individuals.

As for community management, they mainly refer to the need for a self-managed community, as this avoids that future health professionals have interest in emigrating to other regions. The development of the O'Higgins Health Service Participatory Strategic Planning (PSP) process is based on the challenges posed by the management of the Chilean health system. Such challenges refer, on the one hand, to the health reform and legal regulations that established the concept of health governance, but produced no concrete strategies for approaching it, and, on the other hand, to the public health approach present in the management, in which the biomedical perspective still prevails over other alternative public health approaches that situate communities at the center of the issue⁴.

Health students identify with the social mission of the University, since, during the academic training process, they must carry out social work that enables them to participate in the cultural context of the area, recognizing the needs of the different localities to which they belong. The institutional profile and its social responsibility missions are fully consistent with active participation in training levels⁵.

Regarding gender differences in access to health care, they reported some differences that can be attributed to women, stating, for example, that older health professionals have a sexist treatment towards them, expressed in informal and unprofessional language, as well as conducts that are associated with the socioeconomic condition of those women seeking care, considering that they are people living in rural areas and have a poor socioeconomic condition. Advances in public policies on gender equality

are not enough⁶, and it is essential to continue working on the subject, especially among future health professionals.

Finally, the key subjects in bioethics training are highlighted, such as decision-making, interpersonal relationships focused on values, and bioethics education open to the community. It is argued that the bioethical model contributes to comprehensive decision-making, with which students will deal in their professional practice, providing them with ethical criteria for discernment.

Regarding interpersonal relationships, the competencies attained in bioethics contribute to providing well-being to patients and strengthen respect for others and humanized care, based on non-discrimination and inclusion. Bioethics education open to the community is a need to contribute to reflection on emerging and contingent issues, empowering people to make decisions autonomously. It would make it possible to establish common criteria for the application of ethical principles, in order to be able to make people aware of self-care, care for life, and care for the environment.

2nd step: course program design

According to the data collected in the work carried out with the students, the design of the ethics and bioethics course for the three courses is presented below, according to the competency-based course formulation. Competencies are complex skills that enable students to think and act in different areas. The ethics and bioethics course refers to two areas of competency, the human and the generic. Among the humanistic competencies that contribute to the profile of graduates, the following are included:

- Act consistently with the ethical values and principles that underlie the professional practice, so as to protect the quality of life and health of people, families and communities, considering a legal approach and epistemological bases.

The stated generic competencies include:

- Use communication skills that facilitate interaction with people, families, communities and health teams, increasing the effectiveness of their work and avoiding or resolving conflicts;

- Adopt an attitude of permanent self-knowledge, self-care, self-criticism and improvement in professional tasks in order to enhance performance and achievements in relation to people's health.

The educational goal of the course is to make students able to identify, reflect and solve—through the deliberative method—ethical dilemmas present in the scope of contemporary life that impact the health and well-being of individuals and as to the impact of the development of scientific-technical knowledge on human relations in the moral and ethical order, in order to develop personal capacities to be able to discern, with regard to different factors, in autonomous decision-making in the social and professional spheres. The following learning outcomes were presented:

- Identifies ethical dilemmas through the deliberative method, in order to solve problems generated in the field of human health and well-being;
- Applies ethical proposals that guide the ethical education and civic responsibility of citizens in order to determine lines of action in the various clinical cases;
- Deliberates and employs elements of the ethics of responsibility with the purpose of seeking possible lines of action in the face of the dilemmas generated by scientific-technical development and its impact on the relations of human beings, in the professional and environmental contexts.

The contents, according to the demand found in the survey applied to students in 2018, were organized into two units:

Unit 1: Ethical foundations

- Vocational and professional development;
- Ethical and moral principles in the human being;
- Ethical dilemmas in higher education;
- Ethical conducts that favor interpersonal interaction.

Unit 2: Bioethics

- Civic ethics and bioethics;
- Ethics of care and bioethics;
- Bioethics and environment;
- Deliberation and bioethics.

It is necessary to emphasize in this work that the curriculum of each program reconsiders these contents to review them according to the specific functions and duties of each professional profile.

3rd step: selection of teaching methodologies

Bioethics teaching methodologies are applied in a context that enables students to acquire not only theoretical content, but also a reflective and evaluative capacity to address the situations they will have to solve within the scope of their profession⁷. This complex learning requires personal interrelationship activities in the in-person teaching programs carried out:

- **Reflective workshops based on dilemmas**

Workshop practices are conducted in several ways, which are adapted according to the training level to which the course is taught. In the first cycle of the curriculum, reflective workshops address dilemmas referring to civic ethics and university student ethics. The professional training cycle addresses dilemmas referring to teaching practices and the clinical approach to users. In this second step, the ethical foundations of each health discipline are addressed.

This bioethics teaching method seeks to develop critical analysis skills and innovative proposals for conflict settlement. The objective presented at the beginning of the activities is the creation of an environment of constructive debate and broad participation, based on finding common conceptions and languages.

The educational purpose is to establish spaces for the development of autonomy and self-management, embracing possibilities for collaborative and constructivist learning of civic and professional values.

The competencies addressed in these workshops are the exploration and questioning of solutions to the ethical-moral issues proposed, seeking to relate the cognitive possibilities with the creativity that is being generated through the deliberation of the working group members⁸.

- **Case studies**

This pedagogical instrument aims to develop skills that enable professionals to analyze and

make specific decisions in situations that usually go beyond the usual technical protocols, for the resolution of clinical problems.

Case studies such as fact-based learning have greater development and are more used in the health professions in the different sciences and techniques taught in health training, which includes bioethics, and are applicable to all professions within health care teams⁹.

Participants in a case study in bioethics hold debates and explanations about situations as close as possible to the practice. The interest in health training and, especially, in clinical bioethics, through the methodology implemented in the course, meets the need to provide prudent guidance as to cases that arise in clinical practice and whose solutions are not known or in the case of possible doubts about the decisions made. These cases are characterized by presenting dilemmas of moral or ethical values of the people involved (professionals, users, family and community).

The case analysis, through the deliberative method, must consider the facts, the values involved, the bioethical principles, the legal aspects of the professions and the rights of people, to consider a possible course of action, oriented toward prudent decision-making.

The axiological categorization of possible courses of action, which may or may not be decided in the face of a dilemma, follows the consensus of several authors. Mandatory actions are those that correspond to the minimum bioethics, which constitute duties; permitted actions represent the maximum bioethics, which can be carried out if there is a consensus that favors the subjective well-being of the people involved; and prohibited actions are those that go against ethical or legal principles¹⁰⁻¹².

- **Role-playing**

Role-playing a conflict is a cooperative learning strategy, so it is left to the end of the course or unit, for transmitting messages collaboratively, with an educational sense¹³.

The group presentation represents the “group enactment” of a situation, where students put into practice not only their communicative competence, understood as verbal transmission,

but also the coordination between the different members of the group, such as body expression, the positioning of specific functions and the theoretical framework, incorporating all course content in a complementary manner.

Role-playing, enactments, or performances of a bioethical dilemma are also known as simulations, in which students interpret and adopt positions and roles to interpret situations as close to reality as possible. Thus, this favors a set of competencies necessary and appropriate for their professional development¹⁴.

4th step: adaptation for training in a pandemic period

Because of the critical situation of the COVID-19 pandemic at the beginning of the 2020 year, the Dean's Office and the Vice-Dean's Office for Academic Affairs of the Casa de Estudios decided to temporarily replace face-to-face teaching activities with an online remote mode; classes would be taught in a virtual mode to preserve the health and well-being of members of the academic community and contribute to reducing the spread of contagions in the area.

Professors in charge and specialists of each course are asked to analyze the flexibility of class schedules, both asynchronous and synchronous, the adaptation of the methodologies to be applied and the exams. This led to a reformulation of the academic program for the year, in order to facilitate the response times to the exceptional and difficult conditions in which the training activities are carried out¹⁵.

In the same context, the contents are taught by employing several methodologies agreed among professors and students for the conduct of the course on the virtual teaching platform www.campus.uoh.cl. The classes must be recorded and uploaded to the university's online platform within 48 hours, so those who cannot participate in the activity synchronously can resolve their doubts and review the material later.

The literature regarding virtual education states that it is possible to carry out several collaborative activities, such as research, projects, case resolution and group discussions, among others, remotely. The virtual classroom

is the main space for teaching and learning. This space encourages students toward self-learning, the development of critical thinking, and cooperative teamwork^{16,17}.

Teachers also undergo a change in this model, as their role becomes more that of tutor or advisor with the following responsibilities:

- Organize the course;
- Provide information as an expert;
- Motivate the student with the tools available on the internet, answering questions, guiding and promoting group work¹⁸.

In this new setting, practical activities are adapted by making the following changes.

Each professors with specialization in any of the subjects contained in the courses searches channels available on the internet (for example, YouTube) for public short videos (seven to 10 minutes) related to the subjects and that provide the possibility of analyzing and debating bioethical issues.

Similarly, they analyze news and some chronicles from the official press that reflect bioethical decision-making situations in the pandemic context to conduct a group situational analysis and deliberate on possible solutions for the issues. Some selected topics are the following:

*Patients with disabilities and crisis due to COVID-19: The needs and fears of families*¹⁹.

*Health care workers report discrimination due to COVID-19 when asked not to use elevators and common spaces*²⁰.

*Military police officers arrested a man who tried to escape sanitary control with a fake safe-conduct*²¹.

*Mourning in times of pandemic*²².

The course members form groups and choose a representative to carry out the discussion workshops. Each professor presents a theme in approximately 40 minutes, recording the session in the Zoom application. At the end of the presentation, students express their opinion (by voice or text), exchange opinions, points of view and interpretations on the topic and then move on to reflection workshops in smaller groups. Group work is recorded in a written report

that each group representative makes available on the platform with the deadline being the next session, which is considered as the student's autonomous work.

Synchronous and asynchronous evaluation moments²³ are established, which are defined for each unit or subjects covered in the processes, and the respective evaluation dates are informed at the beginning of the program in coordination with the course. Moreover, the evaluation criteria and monitoring instruments are made available on the same institutional platform.

The instruments are developed and negotiated by the teaching team (authors); and a guide for situation analysis with a deliberative decision method is shared, being delivered to the course participants and the

instrument to evaluate the work of the group in its asynchronous workshop.

Guide for bioethical analysis of case/situation

Decision

Based on the news item chosen from those available on the platform; develop a critical analysis following a deliberative method presented in synchronous session. Work on arguments according to the program bibliography to guide decision making that leads to conflict resolution.

It is suggested the use of the following scheme (Chart 1 and 2):

Chart 1. Guide to applying the deliberative method

1. Case presentation	<ul style="list-style-type: none"> • Medical indications. • Patient preferences. • Issues related to quality of life. • Contextual traits.
2. Clarification of doubts	<ul style="list-style-type: none"> • Once the case is read, we move on to the “questions phase.” • They must correctly understand all aspects of the story presented.
3. Identification of problems and conflicting values.	<ul style="list-style-type: none"> • At this stage of the method, the problems are detected and the conflicting values are identified. • In both the understanding and the deliberation phases, reference is made to questions and problems, which can be grouped according to the four principles of bioethics: <ul style="list-style-type: none"> • Nonmaleficence; • Justice; • Autonomy; • Beneficence.
4. Deliberation, proposals for lines of action	<ul style="list-style-type: none"> • Problems are analyzed on a case-by-case basis, finally selecting the one that is considered the most important.
5. Optimized line of action	<ul style="list-style-type: none"> • The optimized line of action must be the most prudent, the most sensible, that is, the one that respects the values at stake to a greater degree and number.
6. Proof of legality	<ul style="list-style-type: none"> • It consists in proving that the proposed solution is not contrary to the legal framework, but that it respects the legal duty.

Chart 2. Evaluation of the application of the deliberative method

Criteria	Very satisfactory (4 points)	Satisfactory (3 points)	Unsatisfactory (2 points)	Very unsatisfactory (0 point)
1. Case presentation	The case is presented with all necessary and relevant pieces of information to base the deliberation.	The case is presented with pieces of information that are neither relevant nor necessary for deliberation.	There is presentation of very general and confusing pieces of information necessary for deliberation.	There is no presentation of pieces of information that are consequential for deliberation on the case.

continues...

Chart 2. Continuation

Criteria	Very satisfactory (4 points)	Satisfactory (3 points)	Unsatisfactory (2 points)	Very unsatisfactory (0 point)
2. Clarification of doubts	The facts of the case are clarified and doubts are presented contributing to the clarification of the relevant facts about the case.	Facts and/or doubts presented are not fully consequential to clarify relevant facts about the case.	Facts and/or doubts are presented, but these do not imply the clarification of relevant facts.	There is no presentation of doubts for clarifying relevant facts.
3. Identification of problems and conflicting values.	The problems with their respective bioethical values and principles in conflict are identified, presenting a brief and coherent analysis of each of them. Finally, an issue is selected for deliberation.	Ethical problems are identified, but do not specify conflicting bioethical values and principles.	Only one of the ethical problems is identified, without specifying the bioethical values and principles in conflict.	Ethical problems and conflicting values cannot be identified.
4. Deliberation, proposals for lines of action	The deliberation is carried out presenting an argued and reasoned analysis of the possible lines of action.	The deliberation is carried out presenting an incomplete analysis, since not all possible lines of action are addressed, or the arguments and reasoning are weak. A problem considered important is selected.	The deliberation is carried out presenting an incomplete analysis, since not all possible lines of action are addressed, or these lines of action are not argued nor properly based. A relevant problem is not selected.	Neither deliberation nor analysis of problems is carried out. A problem is not selected.
5. Optimized line of action	The analysis of the line of action is prudent and respects to a greater degree and number the values at stake, preserving the moral reference system.	The analysis of the line of action does not acquire argumentation in its reflection, but does not violate the values at stake nor the moral reference system.	The analysis of the line of action is not the most sensible, however, it does not totally violate the values at stake nor the moral reference system.	The analysis of the line of action is not sensible, since it does not respect to a greater degree and number the values at stake. It also does not respect the moral reference system.
6. Proof of legality	The verification or reasoned comparison is carried out, evincing with the aspects and laws in force that the proposed solution is governed by the legal framework.	The verification is carried out using only some aspects and laws to prove that the proposed solution is adequate or contrary to the legal framework.	The verification is performed with poor and confusing reasoning. Not clear whether the proposed solution is adequate or contrary to the legal framework.	There is no reasoning to prove that the proposed solution is governed or not by the legal framework.

Discussion

The use of interactive virtual communication resources and the students' interaction with the themes of bioethics, as a possible educational space outside the in-person context, renew the pedagogical dynamics, providing an innovative setting that redesigns personalization, as students

have the possibility to access the platform at a place and time of their preference according to their availability. Thus, virtual learning environments can be powerful to reconstruct the dimensions of teaching, providing the prospect of another classroom, relocated in the virtual space and with its own characteristics²⁴. Based on this experiment, the possibility of training teachers focused on the reality of each student arises.

Virtual education has been considered an attractive and potentially immersive activity, in the expectations of the participants; the university digital platform fosters individual and group self-directed learning. This is reflected in the students' positive evaluation of the virtual mode. During the semester, two surveys were applied: the first for the intermediate evaluation, and the second at the end of the period, and among the positive comments the following are noted:

"We are grateful for the spaces for conversation and listening provided by the professors, who had shown interest in learning what their students were going through, which make us feel closer and strengthens trust";

"Virtuality is complicated and I appreciate the effort of each class in search of participation";

"[A] course that enables you to see perspectives on how best to face and reflect [on] certain controversial cases";

"The format was pleasant";

"Throughout the course, several situations were presented that were very conducive to reflection and clarification through different approaches, both legal and ethical, thus impacting much of the training as a future health professional. We appreciate the conversations, reflections and instances of analysis of various situations that were well carried out during the classes";

"The synchronous classes worked quite well and were not as extensive";

"Very didactic, which makes it pleasant, pleasurable and enriching";

"It is understandable the difficulty in achieving a broad collaboration of students given the mode of the semester, but it was something that was achieved as the classes progressed";

"I consider that the discourses and situations raised in the course, not only by the professors, but also by the students, are a great contribution to the construction of a humanitarian perspective for the work we will carry out in the near future and to improve the very environment of our career";

"I feel that the aspects and knowledge acquired will be significantly useful for the professional and personal future";

"It encourages teamwork";

"It is a course that provides deliberative and reflective activities, which is very beneficial for our future professional development and, therefore, develops skills that enable us to better perform the activities, undoubtedly it will be a course whose usefulness and application will be part of my future routine."

Training in clinical bioethics, especially developed in the analysis of cases and situations that arise in professional practice, fulfills the teaching purpose of enabling a process of reflection and deliberation on ethical actions and decisions.

Self-directed learning habits foster the search for alternatives, time management and projective capacity, competencies that contribute to the continuous improvement of the quality of health care, in addition to providing an approach to face real-world challenges.

Adapting the usual teaching methodologies of in-person bioethics education to virtual reality highlights the various forms of communicability that arise in the face of specific settings; from this emerges the great potential of human communication, and from it emerges the ethical dimension of the need to share opinions, debate and seek consensus. These competencies develop as soon as it is possible to establish a communicative action.

Communication is based on the experience we have of the other; but not on a passive contemplative experience, but on that which arises from the review and understanding of that other. Therefore, we can say that a construction arises as the other is cohesive or reacts to the communicating agent.

The communicative action constitutes a structure of the communication action of one subject with the other²⁵. It is a reciprocal way of being close to others; which, although mediated by technology, opens us to a deeper reflection of the deliberative process. The bond with the other, validated for dialogue, constitutes the originating point of communicative action and,

at the same time, of all possible morality (ethics), at the level of human coexistence²⁶.

Bringing this dimension together in the teaching-educational experience, we will evaluate its development beyond the limited educational process, this communicative action has multiple practical applications for human life; delivering pertinent information, accepting instructions, giving opinions, asking questions, questioning, etc.; however, they start from two basic instances that are the adequate encounter with the other and the unfolding of attitudes conducive to a successful bond.

Now, this human encounter is constituted as the experience of people close to one another both spatially and temporally (although sometimes mediated by technology) who expose their initiatives, preferences and interests. This experience implies continuous divergences and convergences regarding interests that can result in conflict, but which, when treated with a certain willingness to place ourselves in the other's shoes, enable us to achieve a quality coexistence based on the recognition and establishment of common values. Thus, we approach what H. Giannini called *the ethics of proximity*²⁷ as the basis for affirming the value of each person without distinction and for any action in daily life.

Final considerations

In summary, education in clinical bioethics, in university health courses, is a fundamental tool for the training of future professionals, since:

- It contributes to the construction of autonomous moral judgment, through the

problematization and analysis of cases, promoting competencies, such as dialogue, reflection, argumentation, deliberation, etc.;

- It guides decision-making processes, necessary for understanding and discerning the advances of science and technology, the moral, social, political and economic issues of current societies and in all those situations that may conflict with the fundamental value of people's lives;
- Through application of the deliberative method, an analysis of the facts and values involved in a given case is carried out, the problems that arise and the respective ethical values that they involve are identified, lines of action are proposed to seek a prudent solution; therefore, the praxis of this method is considered typical of the ethos of the profession, whose purpose is to contribute to decision-making in the daily work of health professionals;
- The use of these methodologies as teaching and learning strategies in the current context meant a paradigm shift in the challenge of virtual learning, methodological and curricular adjustments, which have been used to strengthen social skills, adapt to the domain of technologies, provide a space for meeting, debate, dialogue, which could be incorporated into our teaching practices and stimulate a proactive change that encourages the focus on the attitudes and experiences of our students;
- It is evident that even with contingent adjustments in teaching methodologies, bioethics education can enable generic humanistic competencies for health professionals.

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Laura del Carmen Rueda Castro – Master – ruedalau@gmail.com

 0000-0002-0085-989X

Corresponding author

Rua San Isidro, 951, Centro Sur CP 8330845. Santiago, Chile.

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