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Hannah Arendt's philosophy: mock trial at medical school

Henrique Zarpellon Martin [1], *Fabiano Bianchi* [2], *Christiane Peres Caldas* [1], *Henderson Fürst* [3], *Rui Nunes* [1]

1. Faculdade de Medicina da Universidade do Porto, Porto, Portugal. **2.** Universidade Federal Fluminense, Santo Antônio de Pádua/RJ, Brasil. **3.** Hospital Israelita Albert Einstein São Paulo, São Paulo/SP, Brasil.

Abstract

This article proposes the bioethical mock trial as a structuring pedagogical practice for the development of moral judgment in medical internship, anchored in the educational philosophy of Hannah Arendt. Through a qualitative systematic review of the literature, it analyzes how teaching authority, understood as ethical responsibility, can mediate the insertion of students into the normative universe of medicine. The methodology mobilizes four thematic axes: internship, clinical ethics, active methodologies, and Arendtian philosophy, articulating legal, pedagogical, and bioethical foundations. The mock trial is presented as a protected and deliberative space, capable of integrating technical knowledge, moral reflection, and institutional responsibility. By positioning ethics as an essential clinical competency, the proposal contributes to overcoming normative teaching and fosters a critical, plural, and committed medical education aimed at forming ethical subjects in times of crisis.

Keywords: Bioethics. Education, medical. Ethics, medical. Students, medical. Liability, legal.

Resumo

Filosofia de Hannah Arendt: júri simulado no internato médico

Este artigo propõe o júri simulado bioético como prática pedagógica estruturante para o desenvolvimento do juízo moral no internato médico, ancorado na filosofia educacional de Hannah Arendt. Por meio de revisão sistemática qualitativa da literatura, analisa-se como a autoridade docente, compreendida como responsabilidade ética, pode mediar a inserção dos estudantes no universo normativo da medicina. A metodologia mobiliza quatro eixos temáticos: internato, ética clínica, metodologias ativas e filosofia arendtiana, articulando fundamentos jurídicos, pedagógicos e bioéticos. O júri simulado é apresentado como espaço protegido e deliberativo, capaz de integrar saber técnico, reflexão moral e responsabilidade institucional. Ao situar a ética como competência clínica essencial, a proposta contribui para a superação do ensino normativo e favorece uma educação médica crítica, plural e comprometida com a formação de sujeitos éticos em tempos de crise.

Palavras-chave: Bioética. Educação médica. Ética médica. Estudantes de medicina. Responsabilidade legal.

Resumen

Filosofía de Hannah Arendt: simulacro de jurado en lo internado médico

Este artículo propone el jurado simulado bioético como práctica pedagógica estructurante para el desarrollo del juicio moral en el internado médico, anclado en la filosofía educativa de Hannah Arendt. Mediante una revisión sistemática cualitativa de la literatura, se analiza cómo la autoridad docente, comprendida como responsabilidad ética, puede mediar la inserción de los estudiantes en el universo normativo de la Medicina. La metodología moviliza cuatro ejes temáticos: internado, ética clínica, metodologías activas y filosofía arendtiana, articulando fundamentos jurídicos, pedagógicos y bioéticos. El jurado simulado se presenta como un espacio protegido y deliberativo, capaz de integrar saber técnico, reflexión moral y responsabilidad institucional. Al situar la ética como competencia clínica esencial, la propuesta contribuye a la superación de la enseñanza normativa y favorece una educación médica crítica, plural y comprometida con la formación de sujetos éticos en tiempos de crisis.

Palabras clave: Bioética. Educación médica. Ética médica. Estudiantes de medicina. Responsabilidad legal.

The authors declare no conflict of interest.

Research

Bioethics, albeit included in curricular guidelines, is still taught through expository methods, which are inconsistent with clinical reality and unable to mobilize the moral judgment of students. Thus, bioethics remains restricted to the normative level and provides little contribution to complex decision-making in medical practice. This article addresses the effectiveness of adopting bioethical mock trials in internships through a systematic literature review, replacing mere normative teaching with experiences of ethical deliberation on real clinical conflicts. The proposal recognizes ethics as an essential clinical competence, integrated into professional training.

Beyond an active methodology, the mock trial, proposed here as the core of bioethics education in internships, challenges training fragmentation by providing an ethical deliberation experience that immerses students in the real dilemmas of medical practice. Lamb and collaborators [1] found a gap in knowledge on interventions on healthcare professionals' understanding and use of conscience and designed a systematic review protocol to assess their effectiveness. Although the protocol does not present results, it reinforces the need for studying intentional educational strategies focused on moral deliberation in clinical practice.

The formation of moral conscience as a clinical competence requires, according to Lamb and collaborators [1], intentional and well-structured pedagogical interventions, geared toward developing the judgment capacity of healthcare professionals. By proposing a systematic review on such interventions, the authors recognize that ethical conscience is neither innate nor spontaneous, but requires educational experiences that critically foster it. This approach can be consistent with the proposal of the mock trial, which provides students with an institutionalized space for deliberating on ethical dilemmas, in which they must integrate technical knowledge, moral reflection, and public responsibility.

According to Almeida [2], the need for structured ethics education is corroborated by Hannah Arendt, who understands the educator as responsible for presenting the world to newcomers. According to Arendt, educating is introducing the new into the common world, transmitting a legacy worthy of being preserved and transformed. This mediation requires authority: not as domination, but as a link between past and future.

The application of the bioethical mock trial goes beyond the analysis of norms or cases: it is a shared responsibility experience, which immerses students into clinical and moral decision-making by means of listening, confronting values, and deliberating collectively. From the perspective of Arendt, this practice assumes the dual role of protecting the new from premature exposure and the world from destruction, creating a space that future physicians can inhabit ethically.

By interrelating bioethics, medical education, and philosophy of education, this article contributes to the field of bioethics by affirming moral judgment as a clinical competence, supported by institutional and argumentative practices. This article also proposes a replicable and critical model, integrating philosophical, legal, and pedagogical fundaments into ethics education in medicine.

Given the challenge of strengthening ethics education in medical training and with the objective of analyzing the mock trial as an active methodology capable of contributing toward the development of moral judgment in medical internships, this study adopts the following research question: How can the mock trial pedagogical activity strengthen the moral behavior of medical students, considering the philosophy of Hannah Arendt?

Method

This study is a qualitative systematic literature review, with an interdisciplinary bibliographic approach, aiming to analyze how the mock trial can contribute toward the development of moral judgment in medical education, considering the philosophy of Hannah Arendt.

The review question was structured according to the PICO mnemonic (Population, Phenomenon of Interest, and Context), recommended by the Joanna Briggs Institute (JBI) for systematic reviews of qualitative evidence: "In medical students during their internship, how do the bioethical mock trial and related active methodologies contribute toward the development of moral judgment, in the context of ethics education in service under faculty supervision?" The study was conducted and reported according to the PRISMA

Research

(Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework. The protocol was not prospectively registered. After conclusion of the review and preparation of the manuscript, the study was retrospectively registered on the Open Science Framework (OSF), under the DOI 10.17605/OSF.IO/9MGVH, with documentation of the methodological procedures adopted.

The methodological procedures began with the normative analysis of the National Education Council and the Chamber of Higher Education (CNE/CES) Resolution 3/2025 [3], currently in force, which establishes the National Curricular Guidelines for the undergraduate Medicine program, with special consideration of the regulation on medical internship. This stage provided the identification of training spaces compatible with the inclusion of mock trials as a strategic and deliberative strategy, with the current parameters of theoretical workload and with the requirement of faculty supervision. CNE/CES Resolution 3/2014, which previously guided the curricular organization of medical internship, was expressly revoked by the 2025 regulation, being considered here only as a historical milestone in the evolution of curricular guidelines [4].

A systematic literature search was conducted in the LILACS, PubMed, ERIC, and Scopus databases. The strategy combined controlled descriptors extracted from the DeCS and MeSH structured vocabularies and free terms derived from preliminary reading of the scientific literature and terminology used in academic and normative documents on medical education.

The search technique consisted in a thematic funnel, structured around four central axes, described below, which guided the formulation of the strategies in the selected databases. To ensure methodological up-to-dateness and coherence, only articles published between 2020 and 2025, in Portuguese and English, were included to guarantee the up-to-dateness and relevance of the discussions, without compromising the methodological consistency of the review. The combination of databases with distinct vocations, such as LILACS and PubMed (health), ERIC (education), and SCOPUS (multidisciplinary), ensured broad and interdisciplinary coverage. After screening, which included deduplication and analysis of titles, abstracts, and keywords, to ensure adherence to the research scope, we selected 7 articles that are especially relevant for understanding the contemporary landscape of ethics education in medical internships. Data selection and extraction were performed by two independent authors/reviewers.

The eligibility criteria were defined *a priori* and organized according to the PICO elements. We included studies that addressed medical students, prioritizing clinical clerkships and internships; the phenomenon of interest was the bioethical mock trial and related active methodologies for ethical deliberation (such as simulated administrative inquiries, role-playing, and simulations of ethical-disciplinary cases); and within the context of ethics and bioethics education in service, under faculty supervision. Studies with no direct relation to the phenomenon of interest or population; those concerning non-medical programs; publications on environmental issues or methodologies without an interface with bioethics or mock trials; editorials, letters to the editor, and conference abstracts; and duplicate records were excluded.

The methodological quality and risk of bias of the included studies were independently assessed by two reviewers, with disagreements resolved by consensus. Given the heterogeneity of the corpus, we adopted the JBI critical appraisal tools appropriate for each design, including checklists for opinion articles and texts. Studies were not excluded due to the appraisal; it served to critically weigh the strength of the evidence incorporated into the synthesis.

The critical appraisal indicated that the seven publications analyzed in depth presented methodological credibility globally adequate for their respective publication types, but with limited evidence strength due to the predominance of theoretical-conceptual and descriptive texts, the absence of empirical evaluation of the proposed strategies, the inclusion of a review protocol without results, the non-peer-reviewed pre-print nature of one of the publications, and the single-center, descriptive, and non-longitudinal nature of the curricular report, which was considered in the interpretation of the findings. Formal grading of the certainty of evidence (GRADE/GRADE-CERQual) was not applied, as the corpus is predominantly theoretical-conceptual and descriptive and does not include measurable empirical outcomes that

can be graded. The strength of the evidence was characterized by critical appraisal with JBI instruments, whose results indicate adequate conceptual support, but empirical evidence insufficient to affirm effectiveness—which was considered in the interpretation of the findings.

The synthesis was conducted through thematic synthesis, in three stages: (i) extraction and coding of the findings from each included publication; (ii) grouping of codes into descriptive themes, kept close to what was reported in the publications; and (iii) development of analytical themes that answer the review question. The coding was performed independently by two reviewers, with disagreements resolved by consensus. On the analytical and interpretive level, the themes were examined considering Hannah Arendt's philosophical categories—authority as responsibility and natality—employed as an interpretive theoretical framework, and not as data source.

Reading *Between Past and Future*[5] and *The Human Condition*[6] provided the integration of categories such as educational authority, natality, and ethical responsibility so as to give depth to the proposal of mock trial as an educational practice in building moral judgment in medical internship.

In order to maximize the retrieval of relevant studies on ethical and moral education in medical training, the strategy systematized the four thematic axes progressively. Each thematic axis constituted an independent search strategy: the "OR" operator united equivalent synonyms and descriptors within each conceptual block, and the "AND" operator combined the conceptual blocks within the axis. The four searches were executed separately in each database, and then the sets of results were merged, with subsequent deduplication. The axes were not crossed with one another by "AND" and functioned as complementary scopes that, when combined, covered the cores of the study. The four thematic axes are: 1) medical education and moral education; 2) medical internship and ethical dilemmas; 3) mock trial and active methodologies; and 4) Hannah Arendt's thought and ethics education. They reflect the structuring cores of the study and, thus, enabled a critical and interdisciplinary analysis of the mock trial as a training strategy in medical internship.

Axis 1—medical education and moral education—addresses studies on training processes in healthcare, with a focus on medical ethics, bioethics, and the moral development of students. Axis 2—medical internship and ethical dilemmas—addresses productions about clinical experiences that require moral judgment, such as internship, residency, and clerkship. Axis 3—mock trial and active methodologies—addresses the use of strategies such as *mock trial*, simulations, and role-playing in the ethics education of medical students. Axis 4—Hannah Arendt's thought and ethics education—explores the interrelation between Arendtian philosophy, moral judgment, and bioethical deliberation in medical education.

Therefore, this is a qualitative systematic literature review, whose findings were interpreted considering central categories of Hannah Arendt's philosophy to support the proposal of mock trial as a training practice in medical internships.

Results

The initial search across the four thematic axes identified 1,497 articles. After applying the temporal filter (2020–2025), 175 records were selected, and with the language filter (Portuguese and English), 135 remained. In the next step, 22 duplicate articles were excluded: six on axis 1, ten on axis 2, and six on axis 3. Next, we identified three duplicates between axes 1 and 2, totaling 110 articles for title and abstract analysis.

Of these, 73 were discarded for not being directly related to the research question or for addressing non-medical programs, environmental issues, or methodologies without an interface with bioethics or mock trial. There remained 37 potentially eligible records (15 on axis 1, 13 on axis 2, four on axis 3, and five on axis 4). After comparing records retrieved on more than one axis, 12 duplicates were removed, leaving 25 unique studies, retrieved in full and evaluated by full-text reading. In this step, 18 studies were excluded due to not fully meeting the eligibility criteria: seven due to including population or context outside the scope (pre-medicine, medical residency, or teacher training and school/child education) and 11 due to not addressing the phenomenon of interest, works focused on the measurement of moral competence, opinions on dilemmas, or methodologies without interface with ethical-disciplinary deliberation of the mock trial type. In the end, seven studies fully met the criteria and composed the synthesis (Figure 1; Chart 1).

In summary, the seven studies analyzed converge on findings that structure the discussion. On the medical education and moral education axis, ethical competence is not spontaneous and depends on intentional pedagogical interventions [1,7,8]. On the medical internship and ethical dilemmas axis, the experience of Vanderbilt [9] shows that it is possible to have a longitudinal and supervised integration of ethics into clinical clerkships. On the mock trial and active methodologies axis, the simulated administrative inquiry [10] confirms the training potential of ethical-disciplinary simulations. On the Arendtian axis [11,12], the concepts of authority and natality provide the interpretive key that interrelates the other findings. Below, these results are discussed considering the philosophy of Hannah Arendt.

The seven articles analyzed in depth were organized in Chart 1 according to author, year, central approach, thematic axis, and main contributions to bioethical reflection on ethics education in medical internship through mock trials.

Figure 1. Study selection flow diagram (PRISMA 2020)

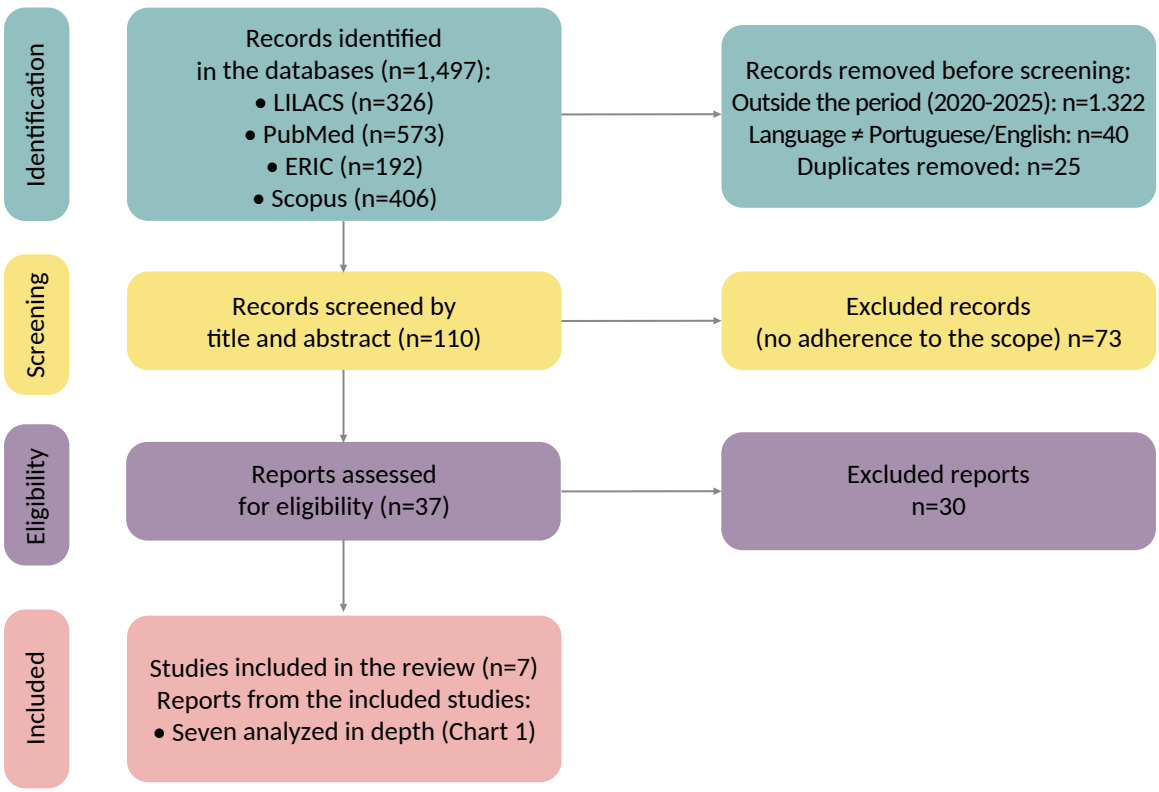


Chart 1. Characterization of the articles selected for analysis

Author; year	Article title	Central approach	Main thematic axis
Young, Papanikitas, Spicer; 2022 [7]	Medical ethics education as translational bioethics	The article proposes medical ethics as translational knowledge, which circulates non-linearly between academia, teaching, and clinical practice, being incorporated by professionals through reflection and experience. It argues that this approach strengthens ethics education by integrating theory, practice, and moral community.	Axis 1

continues...

Chart 1. Continuation

Author; year	Article title	Central approach	Main thematic axis
Lamb and collaborators; 2022 [1]	Effectiveness of interventions on healthcare professionals' understanding and use of conscience: a systematic review protocol	The article proposes a systematic review to assess interventions that help healthcare professionals understand and apply their moral conscience in clinical practice.	Axis 1
Dowie; 2023 [8]	Ethical sense, medical ethics education, and maieutics	The article proposes teaching medical ethics by activating the pre-existing "ethical sense" of students, using Socratic maieutics and clinical narratives, valuing the questions of the very students.	Axis 1
Langerman and collaborators; 2020 [9]	Embedding ethics education in clinical clerkships by identifying clinical ethics competencies: the Vanderbilt experience	It presents the integration of ethics into Vanderbilt clinical clerkships, with specific competencies by specialty, in order to prepare students for real ethical dilemmas in medical practice.	Axis 2
Dantas; 2022 [10]	Sindicância simulada: uma colaborativa estratégia educacional para aprendizagem em ética médica e bioética	It proposes simulated administrative inquiry as an active method for teaching medical ethics, as it enables students to debate real cases, learn ethical norms, and develop ethical-reflective judgment.	Axis 3
Giuseffi, Woods; 2023 [11]	Natality, the past, and the pearl diver: exploring Hannah Arendt's educational teaching	The article explores Hannah Arendt's educational thought, noting the concepts of natality and authority and the metaphor of the pearl diver as fundaments for renewing education in the context of the contemporary crisis.	Axis 4
Kloeg; 2022 [12]	Where is education? Arendt's educational philosophy in between private and public	According to the article, in Arendt's philosophy, education occurs in a space between the private and the public, where both influence without dominating, and reveals its singular and autonomous role.	Axis 4

Discussion

The seven studies analyzed in depth converge on three findings that structure this discussion. The first is that ethics education is not achieved through linear transfer of normative content: Young, Papanikitas, and Spicer [7] describe medical ethics as translational knowledge, which circulates non-linearly between academia, teaching, and clinical practice, and Dowie [8] demonstrates that ethics learning is founded on the ethical sense already constituted by the student.

The second is that this education requires institutional anchorage and curricular continuity, as evidenced by the experience reported by Langerman and collaborators [9], in which clinical ethics competencies were defined by specialty and integrated into the very clerkships.

The third is that the simulation of ethical-disciplinary proceedings constitutes a viable teaching strategy in this context, as demonstrated by Dantas [10] in describing the simulated administrative inquiry. These findings are complemented by axis 4 studies, which provide the interpretive key: Giuseffi and Woods [11] and Kloeg [12] address Hannah Arendt's categories of authority, natality, and the place in-between of education. Each of these findings is revisited below as the fundament of a specific element of the proposal defended here.

However, the combined reading of the seven studies reveals a gap that guides the rest of this discussion. The recent literature describes what is expected from ethics education, provides philosophical grounding on educational authority, and reports specific experiences of ethical-disciplinary simulation, but with little interrelation of these three aspects in the specific context of internships. Lamb and collaborators [1] indirectly confirm this diagnosis: by proposing a protocol

for systematic reviews about interventions on the understanding and use of moral conscience by healthcare professionals, they show that the effectiveness of these interventions is still in the process of systematization. This gap is addressed by the contribution of this study, by proposing the bioethical mock trial as a device capable of integrating the normative, deliberative, and philosophical scopes into the theoretical workload of internships.

Moral judgment and clinical practice: internship as a deliberative space

The medical internship, as the final and mandatory stage of undergraduate medical training, is a time at which students are expected to possess not only technical mastery but also ethical maturity for responsible medical practice. During this study, the curricular organization of the internship was still regulated by CNE/CES Resolution 3/2014 [4], subsequently revoked. In the currently in force regulation, CNE/CES Resolution 3/2025 [3], it remains conceived as a central space for in-service training, under qualified faculty supervision, with a provided theoretical workload between 5% and 15% per area or rotation, intended for contextualization, discussion of cases, and consolidation of essential content.

It is precisely this theoretical space, cross-cutting to the clinical areas, that provides a strategic opportunity for the introduction of bioethics through integrating activities such as the mock trial. This possibility is supported by the same resolution, which establishes that medical training must ensure general, solid, critical, reflective, and ethical preparation, oriented toward person-centered care, recognition of the value of human dignity, social responsibility, and the commitment to equity and to the strengthening of the Unified Health System (SUS). This normative framework does not merely express an abstract institutional ideal, but outlines a demanding training scope, which requires coherent pedagogical practices capable of integrating technical knowledge, human sensitivity, and moral conscience.

The adoption of mock trials in medical internships constitutes a consistent pedagogical response to current guidelines. By placing students in the role of judges, this methodology not only develops argumentative and interpretive skills, but also favors ethical deliberation in the face of complex clinical situations, providing active listening, confrontation of values, and maturation of clinical judgment. Beyond an isolated technique, the mock trial constitutes a training device with high ethical density, which transforms theory into reflective initiative and prepares future physicians for responsible decision-making in relation to concrete human life, consistently with the educational objectives provided for in the current National Curricular Guidelines.

Young, Papanikitas, and Spicer [7] argue that medical ethics operates as translational knowledge: it is not transferred linearly from academia to clinical practice, but is incorporated through continuous reflection in complex contexts, in which professionals mobilize internalized values and diverse knowledges. However, the authors do not specify which pedagogical device performs this translation within the scope of undergraduate training. The mock trial responds to this indeterminacy: by requiring that students transition between abstract norms and discernment applied to a concrete case, in an institutionally protected setting guided by a moral community, it converts the translational assumption into an observable educational procedure.

The experience reported by Langerman and collaborators[9] provides this proposal with its main institutional precedent. The authors describe a longitudinal curriculum for clinical ethics with competencies defined by specialty and integrated into the very clerkships, with faculty members acting as mentors for ethical reflections. Two elements of this model are incorporated here: the integration into the clerkship, rather than into a parallel course; and the assignment to faculty members of a mediation role, rather than an arbitration role. However, the Vanderbilt model does not provide for a formalized deliberative procedure, with steps, questions, and collegial decision-making. The mock jury introduces this very formalization, which enables students to experience the public structure of ethical judgment, and not just reflect on it.

The proposal of adopting the mock trial in medical internship can be enriched by the educational conception developed by Hannah Arendt, especially in the essay "The Crisis in Education"[5]. According to Arendt, educating means assuming responsibility for a pre-existing world, introducing it to newcomers not as a closed product, but as a common space that needs to be preserved and renewed—thus, the teacher is not a mere transmitter of content, but a mediator between the legacy of previous generations and the promise of the new that each student represents.

Applied to medical training, this conception broadens the traditional scope of bioethics by surpassing the purely principlist approach and coordinating ethics normativity with the practical experience of moral judgment: by positioning students as judges of complex clinical cases in an institutionally guided setting, the mock trial fosters discernment as to the plurality of values and the ambiguity inherent in medical practice, and invites students to assume the world of professional ethics as a field of shared responsibility, rather than a set of norms to be memorized. It is not only a matter of applying technical knowledge, but of assuming, from the training, ethical responsibility for concrete human life—an understanding that converges with pedagogical approaches that recognize the prior ethical potential of students, such as the maieutics applied to medical teaching.

Dowie[8] provides the second fundament of the proposal. By arguing that the teaching of medical ethics should be founded on the pre-existing "ethical sense" of students—the understandings, doubts, and even misconceptions formed in their previous experiences with professional morality—and that the learning should be organized by the formulation of genuine ethical questions arising from real clinical cases, the author shifts the focus of teaching from transmission to elicitation. This finding has a direct consequence on the design proposed here and explains why the rapporteur teacher has the role of formulating questions, and not of presenting solutions: the maieutics described by Dowie[8] requires that the ethical question be constructed by students, and not received ready-made by them. The convergence with Arendt is notable, even though the author does not establish it, as in both cases it is recognized in the newcomer the capacity to judge by themself, provided they are introduced to a setting that is at the same time protected and demanding.

Mock trial

Medical training demands pedagogical practices that integrate bioethics, argumentation, and moral responsibility with critical depth. The bioethical mock trial, by assigning to students the role of judges in controversial clinical cases, constitutes a training device that promotes ethical deliberation in an institutionally oriented setting. Beyond a teaching technique, it is a public space for judgment, in which students are called upon to decide based on norms, principles, and concrete circumstances, reproducing the formal stages of an ethical-disciplinary proceeding: report, evidentiary stage, rapporteurship, adversarial process, and collegial decision-making.

In this context, Hannah Arendt's philosophy provides a fundamental interpretive key. In the essay "The crisis in education"[5], the author states that the educator's authority is not based on hierarchy or imposition, but on the responsibility of introducing the world to newcomers. This ethical mediation implies more than technical mastery: it demands a commitment to transmitting the human legacy and intelligibility of the common world.

By stating that *education is the point at which we decide whether we love the world enough to assume responsibility for it*[13], Hannah Arendt reveals the ethical character of educational authority. In the mock trial, mediation occurs concretely: the teacher does not impose solutions but structures a shared, guided, and critical space in which students exercise ethical judgment with autonomy and responsibility.

Beyond an academic technique, the mock trial expresses an expanded conception of ethics education, based on the plurality of voices and deliberation among peers. By favoring a protected setting for the confrontation of values and the collective construction of decisions, this practice reaffirms the educator's authority as a commitment to the common world.

Teacher: ethical teaching and responsibility towards the world

According to Arendt [5], authority in education is not to be confused with domination, but is founded on responsibility towards the world. The teacher has authority not by imposing, but by assuming the duty of introducing to new generations the world they inherited. In the mock trial, this authority is realized: the teacher acts as a representative of the world, mediating the students' entry into the ethical universe of medicine.

In this context, the teacher assumes the role of rapporteur counselor, similarly to what happens in professional ethics proceedings in medical councils. They have the role of presenting the case and conducting the judgment, structuring the setting for ethical deliberation among the other participants. This function demands more than technical mastery: it demands a commitment to making intelligible the shared world of the profession. Representing the world is not only a matter of transmitting norms, but also of giving them meaning for newcomers, thus connecting tradition and renewal.

Therefore, the rapporteur teacher's authority in the mock trial lies not in the power to decide, but in the responsibility for creating conditions for autonomous and sensitive judgment by students. According to Arendt, *in education, this responsibility for the world takes the form of authority* [14]. In the mock trial, this authority is manifested in the mediation between the clinical world and the principles that sustain it, and enables students to learn to think and decide responsibly in the face of the complexity of human life.

By taking the responsibility for introducing the world to newcomers, the teacher embodies the Arendtian authority, legitimized not by imposition, but by ethical commitment to the transmission and renewal of the common world. It refers to authority based on trust and example, not on coercion.

It is based on this conception that the mock trial is consolidated as a valuable pedagogical device for introducing students to the normative universe of medicine. By experiencing, in a guided manner, the principles that regulate their future practice, students access a space for critical and situated ethics education.

Among the seven studies analyzed, the study of Dantas [10] is the closest to the device proposed here and, therefore, warrants further examination. The simulated administrative inquiry described by the author operates as an institutionally anchored simulation: it situates students in the face of real or plausible cases and demands reasoned ethical judgment, collegial argumentation, and active listening, with teachers being responsible for mediating and organizing the proceeding.

However, three differences delimit the contribution of this study. The first refers to the training stage: Dantas [10] situates the activity in the teaching of medical ethics and bioethics, whereas here the proposal is its systematic inclusion in the theoretical workload of the internship, provided for between 5% and 15% per area or rotation in CNE/CES Resolution 3/2025 [3]. The second refers to the procedural structure: the mock trial reproduces the phases of the ethical-disciplinary proceeding—report, evidentiary stage, rapporteurship, adversarial process, and collegial decision-making—and not just the investigation stage. The third refers to foundation: teaching authority, which in Dantas [10] appears as an organizational function, is here explained as responsibility for the world, in the Arendtian sense. The simulated administrative inquiry demonstrates the viability of the proceeding; the bioethical mock trial proposes for it a curricular scope and philosophical foundation.

The systematic adoption of mock trials during the internship represents a robust strategy for bridging the gap between students and institutions that regulate medical conduct, such as regional and federal councils of medicine. Each session can be structured based on plausible clinical cases, inspired by real decisions, involving themes such as professional secrecy, informed consent, undue medical advertising, false death certificates, and double billing for procedures performed through the SUS (Unified Health System).

In the mock trial dynamics, students assume the role of judging counselors, while teachers act as rapporteur counselors, responsible for presenting the case, moderating debates, and formulating questions, without offering prior solutions. This structure favors the development of moral judgment through listening, argumentation, and collegial decision-making.

Denying this authority under the pretext of neutrality means, according to Arendt [5], abandoning the newcomers to their own devices. Bethania Assy [15] deepens this criticism by recalling, based on Arendt, that the failure of judgment can lead to blind obedience, even before morally unacceptable acts. The absence of pedagogical experiences focused on ethical deliberation exposes students to the risk of normative automatism. The mock trial, by fostering reflective and collective judgment, constitutes a counterpoint to this risk and prepares future physicians to decide responsibly in the face of the complexity of the clinical world.

According to Hannah Arendt, *education, too, is where we decide whether we love our children enough not to expel them from our world and leave them to their own devices* [16]. This amor mundi (love of the world), according to the author, is expressed in the adults' disposition to take the responsibility for passing it on. When this responsibility is refused, not due to student rebellion, but due to educator omission, there is pedagogical abandonment. In medical training, this occurs when teachers are reduced to mere facilitators, and their educational role is emptied. In opposition to this logic, the mock trial, conducted by a teacher who assumes their guiding role, gives back to students the possibility of entering the normative world of medicine in a critical and protected manner and combining technical knowledge and ethical responsibility.

Thus, this a conservative gesture in the Arendtian sense: it does not patronize, but protects students from improvised exposure to the moral complexity of medical practice. By creating a transitional institutional space, the mock trial enables future physicians to experience ethical deliberation with guided freedom. This active conservation presents tradition as a living heritage, which can be assumed, questioned, and transformed. The student is recognized as an ethical agent in training, called upon to deliberate on real conflicts in a setting that balances demand and protection.

Student: ethical protagonist in the process of moral formation

During the simulation, students analyze the elements of the case, consider the bioethical, clinical, and legal aspects involved, and build a collegial decision, based on the Code of Medical Ethics (CEM) [17] and the professional ethics and legal norms relevant for the case under discussion. In the end, the teacher systematizes the learnings by relating the decisions built by the students to resolutions from the Federal Council of Medicine (CFM), ethics jurisprudence, and bioethical fundaments.

Just as, according to Arendt [5], schools occupy a position in-between the private and the public, the internship—and, within it, the mock trial—constitutes a transitional pedagogical space. It progressively immerses students into the public structures of medical ethics as it mediates their individual training and their responsibility towards the community. This guided and demanding course prepares future physicians for entering the world as an ethical subject, capable of acting, judging, and preserving what is common.

During the simulation, even with a solid theoretical background, students remain, in the light of the Arendtian philosophy, newcomers to the normative world of medicine. The transition between the academic space and the deliberative sphere of professional ethics requires a protected and guided introduction, as advocated by the National Curricular Guidelines for the small groups of the internship. In them, students find the ideal setting to exercise their moral judgment in a gradual, practical, and supervised manner.

According to Arendt, *the child is only new in relation to a world that existed before them* (*and in which their life will unfold*) [18]. The medical student, although already an adult, remains a newcomer to this professional world regulated by values, norms, and institutions. The mock trial, mediated by a qualified teacher, constitutes this pedagogical space in-between where the exercise of ethical responsibility is guided and critical: without patronization, but also without abandonment.

At the end of the activity, the teacher presents the actual decision made on the case, based on ethical and legal parameters of medical councils or the judiciary. This stage enables students to compare their simulated decisions with the institutional reality, promoting critical reflection on the convergence (or lack thereof) between theory, values, and professional practice.

Beyond exercising argumentative skills, the mock trial immerses students into the functioning of professional councils. This comprises the stages of the ethical-disciplinary proceeding: investigation, evidentiary stage, adversarial process, and collegial decision-making, and recognizes that their future practice is subject to a public regulatory system, geared toward the integrity of the profession and the protection of society.

By integrating the ethical, normative, and institutional scopes, the mock trial contributes toward the development of ethical subjects aware of their social responsibility. In a protected setting, it anticipates the moral scenario of real practice and promotes critical maturity and commitment to the values that sustain healthcare. Thus, the mock trial becomes an ethical belonging experience, in which students learn to be accountable for their choices, to deliberate based on principles, and to act with conscience.

Taking responsibilities in this context is also manifesting that which Arendt calls *natality*: the capacity to initiate something new in the common world [6]. Albeit situated within a regulated universe, students bring something unique to medical practice: their own way of judging and acting. This renewal—which does not challenge tradition but transforms it from within—reveals the mock trial as a valuable space for education for freedom, where the new is embraced with responsibility and trust.

Giuseffi and Woods [11] provide the category that enables a description of what occurs at the time of the students' decision. By recalling the Arendtian metaphor of the pearl diver, the authors present the teacher as the one who rescues from the past significant, fragmented, and forgotten elements, to offer them to newcomers without determining their use of them, thus preserving authority without authoritarianism and distinguishing tradition from repetition. Applied to the mock trial, this category has a practical effect on the conduct of the rapporteur teacher: the CFM resolutions, the ethics jurisprudence, and the precedents presented to the students do not operate as keys for decision, but as pearls offered to the judgment of newcomers.

Kloeg [12] answers the question of where, institutionally, this practice is situated. Reading Arendt's educational philosophy as an ambiguous zone between the private and public domains, where both forces act simultaneously without negating each other, the author offers a precise description of the status of the mock trial in the internship: neither the private space of individual training, withdrawn from scrutiny, nor the public sphere of professional practice, with its real consequences. This position in-between does not constitute a limitation of the device, but rather its condition of possibility, as this is what enables students to make mistakes and revise their judgment without patient harm or disciplinary sanctions. The contribution of Kloeg [12] is, therefore, to theoretically ground what the proposal designates as a protected and demanding setting.

Hannah Arendt and the formation of moral judgment in internship

Ethics education in medical training requires more than the transmission of norms or the occasional discussion of moral dilemmas. It requires pedagogical experiences that enable students to progressively assume responsibility for ethical judgment in complex contexts. The systematic integration of mock trials with a bioethical focus in internships can be understood by considering the educational conception of Hannah Arendt, especially in the reading of Almeida [2]. According to Arendt, educating is taking the responsibility of introducing the world to those who enter it, not by hierarchical imposition, but by fidelity to a legacy that must be shared, preserved, and questioned. And the mock trial not only fosters the exercise of moral judgment, but materializes the Arendtian educational authority as an ethical commitment to the formation of the new.

By participating in mock trials, students are called upon to deliberate on real cases, defend decisions, listen to different perspectives, and exercise ethics as an institutionalized public practice. According to Arendt, as noted by Assy [19], ethical responsibility is not limited to legal guilt or the automatic application of norms, but requires a disposition to judge in the face of plurality. Unlike normative principlism, the mock trial promotes a situated and relational ethics, in which the subject decides through listening, argumentation, and responsibility towards the other. The teacher, in this process, acts as a mediator between the constituted world and the generation entering it,

introducing students into the normative structures that sustain the life in common.

Lamb and collaborators [1], in building a protocol for systematic reviews of interventions on understanding and use of moral conscience by healthcare professionals, note that this field still lacks systematization as to the effectiveness of available strategies. The finding is relevant for the present proposal in two ways. First, it indicates that moral conscience is being treated as an object subject to deliberate educational intervention, and not as a personal attribute prior to professional practice, an assumption without which the mock trial would not be sustainable as a teaching strategy. Secondly, it signals that the proposition defended here requires empirical evaluation, which delimits the scope of this study: it is a matter of providing the foundation of a device and demonstrating its normative and philosophical compatibility, not of proving its effects on the students' moral development.

This ethical dimension of the simulated deliberation finds support in the work *The Human Condition*, when Arendt states that *the action that* [the subject] *initiates is humanly revealed by the word* (...) *it becomes relevant only through the spoken word in which he identifies himself as the actor, announcing what he does, has done, and intends to do* [20]. In the mock trial, the word becomes a formative act: by verbalizing their arguments, students not only practice communication but also constitute themselves as moral subjects in the public space of medicine. Deliberating, in this context, is not a didactic technique, but a plural lived experience, through which future physicians affirm their ethical distinction as *one among equals*.

Chart 2. Interrelation between the review findings and the constituent elements of the bioethical mock trial

Review finding	Study	Mock trial element that sustains	Corresponding Arendtian category
Medical ethics is translational knowledge, incorporated through situated reflection	Young, Papanikitas, Spicer [7]	Deliberation on a concrete case, replacing normative exposition	Common world
The teaching is based on the student's pre-existing ethical sense	Dowie [8]	Formulation of questions by the rapporteur teacher, without offering a prior solution	Natality
The effectiveness of interventions on moral conscience still lacks systematization	Lamb and collaborators [1]	Need for empirical evaluation of the proposed device	—
Ethics should be integrated into clerkships, with defined competencies and faculty mentorship	Langerman and collaborators [9]	Inclusion into the internship theoretical workload, by area or rotation	Authority as responsibility
The simulation of ethical-disciplinary proceeding is a viable teaching strategy	Dantas [10]	Reproduction of the phases of the ethical-disciplinary proceeding	Introduction to the common world
Teacher authority is preserved without authoritarianism by offering the past to the judgment of the newcomer	Giuseffi, Woods [11]	Precedents and resolutions presented as judgment material, not as keys	Natality; pearl diver
Education is situated in an ambiguous zone between the private and the public	Kloeg [12]	Status of the mock trial as a protected and demanding space	Space in-between

Final considerations

This study reaffirms the bioethical mock trial as a robust pedagogical tool for ethics education in medical internships, as it integrates deliberative practice, shared responsibility, and philosophical foundation on the work of Hannah Arendt. Unlike expository and normative approaches, the proposal

here is a practice that favors the real exercise of moral judgment in protected spaces, guided by teachers committed to critical mediation between professional tradition and ethical renewal.

Based on the Arendtian conception of authority as responsibility and the inaugurating power of natality, the mock trial not only teaches ethics but promotes its lived experience as a collective, public, and situated experience. By formally reproducing the stages of the ethical-disciplinary proceeding, the methodology does not simulate the norm, but rather the world: that which needs to be understood, preserved, and, at the same time, transformed by the newcomers to medicine.

This pedagogical proposal goes beyond technical training and provides theoretical, normative, and educational contributions to the field of bioethics. It is supported by a systematic review that interrelated four thematic axes—internship, clinical ethics, active methodologies, and philosophy of education—that provided the seven studies analyzed in depth. They provide the three fundaments gathered here: the translational and situated nature of ethics knowledge [7,8], the viability of integrating ethics education into clerkships under teacher mediation [9,10], and the philosophical foundation of educational authority as responsibility and openness to the new [11,12]. The absence, among the retrieved studies, of a proposal that combines these three scopes into a single curricular device delimits the gap that this article addresses; its effectiveness, as Lamb and collaborators [1] signal as to interventions on moral conscience, remains an object to be empirically measured.

The mock trial arises as a practice of ethical resistance against the trivialization of judgment, normative automation, and pedagogical emptying. This is a concrete response to the demands of the National Curricular Guidelines and the imperative to train medical students into physicians committed to concrete human life. By inviting students to judge with responsibility, the mock trial embodies the premise that educating is, above all, an act of love of the world.

Future studies may explore the empirical application of this methodology in diverse contexts, including experiences comparing national and foreign institutions, with an emphasis on analyzing its impacts on the ethical autonomy of future physicians. It is also recommended that medical councils consider incorporating training practices like this in their dialogue with medical schools, to promote a public ethics grounded in listening, deliberation, and responsibility.

References

1. Lamb C, Kennedy M, Clark A, Pituskin E, Kirkwood K, Babenko-Mould Y. Effectiveness of interventions on healthcare professionals' understanding and use of conscience: a systematic review protocol. BMJ Open [Internet]. 2022 [acesso 2 abr 2025];12(7):e053880. DOI: 10.1136/bmjopen-2021-053880
2. Almeida VS. Educação em Hannah Arendt: entre o mundo deserto e o amor ao mundo. São Paulo: Cortez; 2011.
3. Brasil. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução CNE/CES nº 3, de 30 de setembro de 2025. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina. Diário Oficial da União [Internet]. Brasília, p. 35-7, 30 set 2025 [acesso 2 out 2025]. Seção 1. Disponível: https://bit.ly/4qMiEwt
4. Brasil. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução nº 3, de 20 de junho de 2014. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina e dá outras providências. Diário Oficial da União [Internet]. Brasília, p. 8-11, 23 jun 2014 [acesso 2 abr 2025]. Seção 1. Disponível: https://bit.ly/45VSldD
5. Arendt H. Entre o passado e o futuro. São Paulo: Perspectiva; 2016. (Debates; 64).
6. Arendt H. A condição humana. 13ª ed. rev. Rio de Janeiro: Forense Universitária; 2016. p. 221.
7. Young PD, Papanikitas AN, Spicer J. Medical ethics education as translational bioethics. Bioethics [Internet]. 2024 [acesso 20 abr 2025];38(3):262-9. DOI: 10.1111/bioe.13257
8. Dowie A. Ethical sense, medical ethics education, and maieutics. Med Teach [Internet]. 2023 [acesso 2 abr 2025];45(8):838-44. DOI: 10.1080/0142159X.2023.2178885

9. Langerman A, Cutrer WB, Yakes EA, Meador KG. Embedding ethics education in clinical clerkships by identifying clinical ethics competencies: the Vanderbilt experience. HEC Forum [Internet]. 2020 [acesso 2 abr 2025];32(2):163-74. DOI: 10.1007/s10730-020-09410-y
10. Dantas F. Sindicância simulada: uma colaborativa estratégia educacional para aprendizagem em ética médica e bioética. SciELO Preprints [Internet]. 2022 [acesso 2 abr 2025]. DOI: 10.1590/SciELOPreprints.4923
11. Giuseffi F, Woods W. Natality, the past, and the pearl diver: exploring Hannah Arendt's educational teaching. Crit Q Educ [Internet]. 2023 [acesso 2 abr 2025];14(2):182-96. Disponível: https://bit.ly/4iDQwt9
12. Kloeg J. Where is education? Arendt's educational philosophy in between private and public. J Philos Educ [Internet]. 2022 [acesso 2 abr 2025];56(2):196-209. DOI: 10.1111/1467-9752.12662
13. Arendt H. Entre o passado e o futuro. Op. cit. 2016. p. 247.
14. Arendt H. Entre o passado e o futuro. Op. cit. 2016. p. 239.
15. Assy B. Ética, responsabilidade e juízo em Hannah Arendt. São Paulo: Perspectiva; Instituto Norberto Bobbio. Argumentos [Internet]. 2015 [acesso 2 abr 2025];7(14). DOI: 10.36517/arf.v7i14.19117
16. Arendt H. Entre o passado e o futuro. Op. cit. 2016. p. 247.
17. Conselho Federal de Medicina. Código de Ética Médica. Resolução CFM nº 2.217, de 27 de setembro de 2018, modificada pelas Resoluções CFM nº 2.222/2018 e 2.226/2019 [Internet]. Brasília: CFM; 2019 [acesso 2 abr 2025]. Disponível: https://bit.ly/4cl5O29
18. Arendt H. Entre o passado e o futuro. Op. cit. 2016. p. 247.
19. Assy B. Op. cit. 2015. p. 17-23.
20. Arendt H. A condição humana. Op. cit. 2016. p. 221.

Henrique Zarpellon Martin – PhD student – zarpellonhenrique@gmail.com
0000-0003-3523-8003

Fabiano Bianchi – Master – bianchifabiano@gmail.com
0000-0002-9296-1970

Christiane Peres Caldas – PhD student – drachristianecaldas@outlook.com
0000-0002-9745-4572

Henderson Fürst – PhD – hendersonfurst@gmail.com
0000-0002-8457-6618

Rui Nunes – PhD – ruinunes@med.up.pt
0000-0002-1377-9899

Correspondence
Henrique Zarpellon Martin – Rua Marieta Maria da Conceição, 120, apto. 103, CEP 28300-000. Itaperuna/RJ, Brasil.

Contribution of the authors
Henrique Zarpellon Martin: conceptualization; formal analysis; writing – original draft; writing – review & editing.
Fabiano Bianchi and Christiane Peres Caldas: writing – original draft; writing – review & editing.
Henderson Fürst and Rui Nunes: formal analysis; writing – original draft; writing – review & editing.

Declaration on aritifical intelligence use
The authors declare that a generative artificial intelligence tool was used, under the authors' supervision, for language editing. The study design, the search for and selection of sources, the analysis, and the conclusions are the work of the authors, who are fully responsible for the final version.

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