

Bioethics education of healthcare professionals caring for end-of-life patients

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Abstract

This qualitative study aimed to explore the bioethical education of healthcare professionals working with end-of-life patients at a university hospital in the state of Rio de Janeiro, Brazil, and to identify the aspects they consider most important in bioethics education for their professional practice. Assessing the experiences of these professionals may provide valuable insights for improving bioethics education programs through the integration of practical competencies that promote more patient-centered care and ethically sound decision-making.

Keywords: Bioethics. Health human resource training. Education, medical. Death.

Resumo

Formação bioética de profissionais de saúde que atuam com pacientes em fim de vida

Estudo qualitativo com o objetivo de conhecer a formação bioética de profissionais de saúde que trabalham com pacientes em fim de vida em hospital universitário no estado do Rio de Janeiro e o que consideram importante no ensino de bioética para sua prática profissional. A avaliação das vivências dos profissionais de saúde pode indicar caminhos para aprimorar programas de ensino em bioética com a integração de competências práticas que favoreçam conduta mais centrada no paciente e decisões éticas.

Palavras-chave: Bioética. Capacitação de recursos humanos em saúde. Educação médica. Morte.

Resumen

Formación bioética de profesionales de la salud que atienden a pacientes al final de la vida

Estudio cualitativo cuyo objetivo fue conocer la formación bioética de los profesionales de la salud que trabajan con pacientes al final de la vida en un hospital universitario del estado de Río de Janeiro, así como identificar los aspectos que consideran más importantes en la enseñanza de la bioética para su práctica profesional. La evaluación de las experiencias de estos profesionales puede señalar caminos para perfeccionar los programas de enseñanza en bioética mediante la integración de competencias prácticas que favorezcan una atención más centrada en el paciente y una toma de decisiones éticamente fundamentada.

Palabras clave: Bioética. Capacitación de recursos humanos en salud. Educación médica. Muerte.

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The bioethics education of healthcare professionals is an issue of growing relevance, especially in contexts that demand complex decision-making, where ethical and legal values overlap¹. Bioethics arises as an essential field to empower professionals to deal with ethical dilemmas in healthcare, by promoting critical reflections on autonomy, justice, and beneficence². However, its incorporation into academic training still faces challenges, including the lack of standardized curricula and insufficient practical approaches in teaching^{3,4}.

Bioethics addresses moral issues in the practice of healthcare professionals and provides the theoretical foundation that is necessary so they develop competencies that facilitate the analysis of ethical dilemmas, promoting a more reflective and ethical approach in interactions with patients and in conducts⁵.

In contexts where complex ethical decisions are closely associated with the care of patients in critical situations, such as at the end of life, bioethics becomes even more essential⁶. This scenario requires that healthcare professionals are trained to deal with ethical dilemmas that involve not only the choice of treatments but also respect for the autonomy, dignity, and individual values of patients and their families⁷.

However, bioethics education often lacks a practical and integrated approach to the real challenges faced in these contexts and, in such cases, it does not adequately prepare the professionals for the reality of clinical practice in end-of-life care⁶. Studies have shown that several professionals feel unprepared to conduct discussions about treatment options and palliative care⁸.

This training gap can result in decisions that do not meet patient needs and desires, disrespecting their autonomy as individuals, thus showing the need for more integrated and practical education⁹.

In university hospitals, bioethics education is even more relevant, given the role of these settings as spaces for professional learning and practice. These hospitals often deal with complex cases that require a sensitive and collaborative ethical approach among different healthcare teams. Thus, they represent a valuable field for assessing and improving the bioethics education of the professionals^{10,11}.

This study addresses the bioethics education of healthcare professionals who work with end-of-life patients in a university hospital in the state of Rio de Janeiro and what they consider important in bioethics education for their professional practice.

Method

This is a descriptive study, with a qualitative approach, which interviewed 25 healthcare professionals who care for end-of-life patients in a university hospital in the state of Rio de Janeiro. We invited all healthcare professionals who provided care to patients in end-of-life situations to participate in the study, such as physicians, nurses, nursing technicians, nutritionists, speech therapists, social workers, psychologists, physical therapists, and anyone else who could participate in this healthcare team and in the care of end-of-life patients.

Professionals who worked in end-of-life patient, outpatient or inpatient sectors were included, regardless of their employment relationship with the institution. Professionals should be members of the healthcare team of the services at the time of the research or residents. Teachers, professionals unable to participate in the research during the data collection period due to sick leave or vacation or off from work for any reason were excluded.

The invitation to participate was sent via WhatsApp, previously provided by the service managers. At that time, the objective of the study and how the interview would take place were explained. With the first agreement, the informed consent form was explained and sent for participant agreement and signature. Subsequently, the interviews were scheduled according to participant availability.

The 25 interviews were held from February to April 2024. The structured questionnaire contained questions about population characterization and bioethics education. The professionals answered the following questions: "During your training, was there any time when concepts of ethics and bioethics were introduced?", "When?", "Which concepts?", "During your specialization, did you have contact with any course that addressed bioethical issues?" "Which ones?", "How important to your professional practice do you consider the

teaching of bioethical aspects to be? Why? All interviews were recorded, transcribed in full, and subsequently analyzed as to content.

Qualitative research through interviews with healthcare professionals who work with end-of-life patients is a valuable tool for obtaining insights into the perceptions and experiences of these professionals regarding their bioethics education. The adoption of qualitative methodologies enables the capture of nuances and complexities that are often lost in quantitative approaches, thus providing a more in-depth insight into the difficulties faced in practice^{12,13}.

The research complied with the National Health Council (CNS) Resolution 466/2012¹⁴. The work is part of the data of the doctoral thesis entitled *Shared decision-making at the end of life* and was approved by the ethics committee of the participating institution.

Results

Of the 25 professionals interviewed, 20 (80%) were female and 5 (20%) were male. The age ranged between 27 and 60 years, with a mean

of 39 years. Regarding their role in the hospital, 10 (40%) were nursing technicians, four (16%) were nurses, one (4%) performed the function of technician and nurse, three (12%) were physical therapists, three (12%) were physicians, one (4%) was a nutritionist, one (4%) was a social worker, one (4%) was a pharmacist, and one (4%) was a speech therapist.

Of the 10 nursing technicians interviewed, eight had other training, such as nurse, social worker, administrator, or physician. The respondents' year of training in the position they held at the hospital ranged between 1992 and 2002. We observed that 22 (88%) of the respondents had graduated more than 12 years prior; of the total, there were 6 that graduated between 1992 and 2002, 16 between 2003 and 2012, and three between 2013 and 2022. Regarding specialization, 19 of the respondents (76%) had some additional training. In addition, one had a postdoctoral degree, three had doctorates, and five had master's degrees. Regarding the length of professional experience, eight respondents (32%) had more than 10 years of work experience at the institution. All characteristics are presented in Table 1.

Table 1. General characteristics of the interviewed professionals

Characteristics	N	%
Sex	Female	20
	Male	5
Age	18 to 30	2
	31 to 59	22
	60 or more	1
Hospital position	Nursing technician	10
	Social worker	1
	Nurse	4
	Nutritionist	1
	Physical therapist	3
	Nurse + nursing technician	1
	Speech-language pathologist	1
	Physician	3
	Pharmacist	1

continues...

Table 1. Continuation

Characteristics		N	%
<i>Year of training</i>	1992-2002	6	24
	2003-2012	16	64
	2013-2022	3	12
<i>Time working at the hospital</i>	Up to 1 year	3	12
	2-3 years	4	16
	4-5 years	2	8
	6-10 years	7	28
	>10 years	8	32
	Did not answer	1	4
<i>Specialist</i>	Yes	18	72
	No	7	28
<i>Highest degree</i>	Postdoctoral	1	4
	Doctorate	3	12
	Master's degree	5	20
	Specialization	10	40
	Graduation	2	8
	High school	4	16

When the professionals were asked if ethics and bioethics concepts were presented in their professional training, only 4 (16%) reported having had no contact with this subject. Among the respondents, 84% studied ethics and/or bioethics at some point during their undergraduate program; and the concepts they report recalling are related to professional ethics, bioethics, terminal patient care, euthanasia, concepts of principlist ethics, and patient rights.

Of the 12 respondents (48%) who reported having studied bioethics-related content in their

specialization, three did not remember in which courses and nine cited the following courses and contents: bioethics, thanatology, euthanasia, dysthanasia and orthothanasia, end of life in patients with rare diseases, palliative care, end-of-life care, ethics and morals. And eight cited bioethics.

The content analysis of the interviews provided eight categories, grouped into two axes: professionals' perception of the importance of studying bioethics; and bioethics teaching. The categories, their meanings, and the main findings are described in Chart 1.

Chart 1. Categories found in the interviews

Professionals' perception on the relevance of studying bioethics	Importance of studying bioethics in the view of the healthcare professionals	"It is fundamental. Bioethics must be present in everything. In life, we have to be ethical. So, this discipline, without a doubt, is one of the most important. Not only in nursing, but in all professions" (R1). "It is important due to the decision-making regarding your conduct with the patient. That adds to your theoretical and practical knowledge for professional training. I believe it's good to be based both on your moral knowledge, your moral conduct, and on what is right in the law for you to always follow what is correct. Having a moral conduct..." (R13). "I think it's very important even for us to know how to behave with the patient and the family. That's what I said, a lot of things we do thinking we're doing right, sometimes we're being unethical. "So, I think it's important for us to be able to base our actions and not commit any aggression to the patient, any violation of the rights of the patient and of the family as well" (R15)." "We deal with the other. With pain... With the illness of the other. And you gotta... We gotta know how to talk. We have to be careful when explaining what is happening. And respect the opinion of the patient. Because it's their life, you know? That's at stake... And it's in the hands of the professional, you know? Of professionals, actually" (R24).
	Bioethics associated with patient rights	"First, it is important to have knowledge about the issue of patient rights. Because there is the SUS laws, patient rights in healthcare, there is the booklets, the manuals on professional ethics that involve the field of professional ethics... A little of knowledge about specific ordinances, laws on healthcare as a whole regarding research, experiments, because there is a specific norm for experiments with people, I think a little bit, knowing a little about these regulations" (R2). "I think it's important, yeah... very important for you to know your rights, the patient's rights too... so we know what are the patient's rights as well in relation to this specific part of end of life" (R4). "It's important because you need to know everything within your profession, you need to be backed up so that you can offer the best to the patient. And you doing that is like anything else you go through in the hospital, you have to know how to do the things you were instructed to do" (R6).
	Association of ethics with mutual respect	"So, my professional practice is really about... maintaining, you know? An ethics of... of having, like, respect, you know? With the other and they with me. Then there has to be, I think really, an ethics" (R3). "It's something that already had to come with you, right? Because bioethics, that's what I'm talking about. It's respect. It's...It's important because you learn to respect the others. No... it's respect... how you respect others who are depending on you as well. And you show" (R9).
	Professional believes they are doing the best for the patient	"They think they are doing that to help the patient and, in fact, they are not. They are prolonging a life, right? So, like, I think it's a very thin line, that only through knowledge will we be able to not cross it" (R5). "Even if you think it's what's best for the patient, often it's not what they want or what they would like. And, thus, we have a lot of difficulty respecting that. Because we always think what we think, because we studied, then we know what's best for them. And often times, like, we get into a crisis, you know? We get into conflict. Because, sometimes, we want to do what we think is best, the patient doesn't want to do that, and then we already think the patient is disoriented. But they aren't? We already think so" (R11).
	End-of-life care	"End-of-life care is no different from other types of care you need to provide; it needs to be viewed with the same respect and seriousness as the others" (R6).
	Judicialization of healthcare	"And nowadays, for one aspect also, healthcare is very judicialized. You thinking you are doing good or acting in the best way, you might end up being implicated because you did not act within the ethics as you thought you were acting. Did you understand it? "Having propriety, knowledge... But we sometimes end up neglecting as to being always aware of these concepts and these limits in daily routine" (R14)." "Fundamental. Even because...today, medicine, not just medicine, the healthcare issue is super judicialized, you know? So, that ends up making us play within the rules, you know? It's the correct thing to do and it also minimizes our chances of being in a proceeding, right? There's a small legal point. So, it's always good to do everything right, isn't it?" (R25).

continues...

Chart 1. Continuation

Bioethics education	Little bioethics content in training	"In classes, I never imagined going through this condition of having a patient there at the end of life, who knows they are at the end of life... So, we are not prepared for that, for understanding that" (R7). "So, talking about bioethics is even difficult for me, you know? Because you end up learning a little from your practice. There is no reading. So, like, talking about bioethics it's even bad what I'm saying, isn't it? But I'm not a person who holds much of that knowledge, that I'll sit with you and discuss it at length, you know?" (R17). "I think it's very important. I think we have little contact with it and in medical training you become very dependent on your preceptor. And the preceptorship is heterogeneous. A preceptor takes care of 5 to 10 children. So, in a class, you have 10 preceptors. And then there isn't this bioethics education from the preceptors. And students, sometimes, feel this a lot. Even if they have a bioethics class, they feel there is a distance between what is taught and what real life is like" (R19). "I was never taught how to talk to a family or a patient in that situation. I was never trained in the educational process regarding a patient's progression, how to care for a patient progressing to the end of life, how to recognize and how to care for this patient. Actually, I sought it later. In my training, medical residency and all that, during visiting hours on the ward, we would disappear. It's shameful for me to say that. But we would go out. Because the family is annoying, because I have nothing to resolve. And then you gradually understand that it's no use me having that patient one day at the end of the day, of the day being hospitalized, I call the family, I ask someone to call, I see that they are discharged, I pick them up, I take them home. Well, something is wrong. Then you stop and evaluate and say like, everything is wrong. And then you start to do and read. Exactly dealing with that a little. I think it's part of the training. All principles are part of it. If we don't have them as a precept, everyone has the right, everyone has autonomy, everyone has a guarantee of access. If we don't have that, our training, if we don't seek that, we are failing. We have to have some way to stop and re-evaluate. Because they are principles that you cannot let stop. There's no stopping it. Without them I can't..." (R22).
	Associating theory and practice in the study of bioethics	"I think it would be important, it would even be important for improving, to have a course that really addressed it as it is in practice, or even that would put us in the practice to see, give examples, show the reality. This would be important, so we would get there and not learn on our own. "We learn a lot on our own and gradually experience things, and little by little we try to see what we would like to be done to us, how we would like to be treated, what you would like it to happen if you were in that situation so as to be able to, that's not presented, it's not" (R7).

Discussion

In the present study, a large part of the interviewed professionals consider bioethics important and studied some related content in their training; however, when questioned about what was covered, they made associations with deontological ethics. Some recalled only specific issues, such as euthanasia, palliative care, and end-of-life care, and others did not remember what was taught about bioethics at the time.

The discipline of bioethics was institutionalized in the academic curricula of healthcare professionals in 2001 with the National Curricular Guidelines (DCN) for undergraduate programs

in health¹⁵. Historically, bioethics education in academia was based on addressing controversial issues such as euthanasia and abortion, rather than equipping students with practical skills for the ethical challenges they will inevitably face in clinical practice¹⁶. Controversial topics have their importance in bioethics; however, healthcare professionals face various other bioethical issues daily that require theoretical grounding to make decisions^{17,18}.

Some studies are consistent with these data, as they show that several professionals recognize the study of bioethics as relevant to their professional practice, but there is a gap between the theoretical knowledge and its practical application^{19,20}. A more comprehensive

and experiential approach to bioethics education may be the key to foster the moral reasoning, ethical attitudes, and decision-making capabilities required of competent and compassionate healthcare professionals²¹.

In a study that evaluated the bioethics education of nephrologists, Campos and Gomes²⁰ noted the little relevance given to ethics education in the training of nephrology specialists. The collected reports suggest that this may be associated with how content is presented and with the difficulty that professionals have in recognizing the importance of issues that go beyond clinical practice, even though they are essential for their work.

Recent studies show the importance of incorporating teaching methodologies that foster the experience of practical bioethical situations in the training of healthcare professionals, to internalize learning from the beginning of their training²²⁻²⁴.

Beyond critical thinking, the development of moral competence requires a social interaction setting that promotes and encourages this thinking. Rego and Palacios²⁵ argue that an educational institution should encourage students to be active subjects in their learning process, with relationships based on respect, without the imposition of contradictory practices in the internship by teachers resistant to active methods and new forms of work.

In the context of a university hospital, which constitutes a practical field for healthcare professionals in training, bioethics education is even more important. The professionals must be equipped with the knowledge and tools to address the unique ethical conditions that arise when caring for end-of-life patients, such as respecting patient autonomy, dealing the complexities of healthcare litigation, and ensuring that the educational process itself upholds ethical standards to serve as an example for students^{26,27}.

When questioned about the importance of bioethics education, the professionals stated that it is a relevant discipline for clinical practice and demonstrated concern with ethical and moral attitudes in healthcare practice, patient rights, and the judicialization of healthcare. Furthermore, paternalistic remarks were observed, often not

perceived by the professionals, but based on beneficence and not malevolence.

These findings are similar to those of other studies on the subject, such as Campos and Gomes²⁸, who interviewed healthcare professionals to investigate whether they perceived ethical conflicts and problems related to decision-making and concluded that the decision-making process of most professionals was based on beneficence rather than non-maleficence, and many did not understand that they might be facing an ethical conflict.

Patient autonomy is one of the pillars of the principlist bioethics of Beauchamp and Childress²; that is, it is a principle that underpins modern medical practice and is particularly relevant in the context of end-of-life care. Autonomy expresses the condition of the active subject, holder of rights and who has the competence to determine for themselves what to follow². Respecting patient choices, especially in situations of vulnerability, is fundamental for ensuring person-centered care (PCC)²⁹. Thus, the results found in this study do not differ from studies that indicate that many professionals still face difficulties in balancing respect for autonomy with issues such as medical paternalism^{20,30,31}.

PCC arises as an innovative approach that seeks to overcome the limitations of the biomedical model by recognizing the patient as an integral being, with unique needs and expectations. The physician-patient relationship is horizontal and collaborative, with a focus on communication, empathy, and respect for patient autonomy. PCC considers the patient's social, cultural, and emotional context, aiming for a holistic understanding of their health³².

The traditional biomedical model is characterized by a reductionist view of illness, focused on biological and pathological aspects, with the physician as the central figure and holder of knowledge. This model, although effective in treating acute diseases, neglects the complexity of the patient's experience, their emotions, beliefs, and social context. The physician-patient relationship tends to be hierarchical and impersonal, with little emphasis on communication and shared decision-making³³.

PCC is reinforced with publications such as the *Crossing the quality chasm: a new health system for the 21st century* report, from the Institute of Medicine, in the United States, which included patient-centered care as one of the six attributes of healthcare quality³⁴. In addition, the World Health Organization published a global strategy on integrated, people-centered healthcare services advocating for the adoption of PCC worldwide³⁵.

Part of the respondents expressed concern about issues related to the judicialization of healthcare, which can represent an additional challenge when healthcare professionals face complex legal and ethical situations, such as advance directives, medical power of attorney, and end-of-life treatment options. Furthermore, one respondent clearly expressed their fear of facing legal action due to attitudes that could be understood as unethical, such as “veiled threat.”

Effective bioethics education can help healthcare professionals deal with these complex situations, as it equips them with the knowledge and tools to make ethical and informed decisions that prioritize patient well-being and respect legal and professional obligations³⁶.

Some respondents emphasized that they experienced in practice situations that were never presented to them in academic education, especially in the context of end-of-life patients. This situation was also noted by Luna-Meza and collaborators³⁷ in research in Colombia on end-of-life care decision-making, in which physicians reported that end-of-life care training was theoretical and insufficient for managing clinical situations. The end-of-life care issue was also emphasized in a study by Pauls and Ackroyd-Stolarz³⁸, in which they investigated what were the learning deficiencies in bioethics among Canadian medical and nursing residents.

To improve the teaching of bioethics, it is suggested the introduction of active teaching methodologies, such as problem-based learning and simulated debates, in addition to interdisciplinary partnerships to enrich discussions^{39,40}. Furthermore, it is fundamental that bioethics be addressed continuously throughout training, rather than being confined to isolated courses⁴¹.

In conclusion, bioethics education is essential for training students into healthcare professionals capable of facing contemporary ethical challenges. However, its effectiveness requires investment in integrated curricula, innovative pedagogical practices, and approaches that value both theoretical knowledge and practical competencies, always considering the respect for human dignity and social justice.

Final considerations

The analysis of professional experiences can reveal opportunities to improve bioethics education curricula by incorporating practical skills that promote a more patient-centered approach and ethical decision-making. Through qualitative analysis of the interviews, we sought to identify gaps in training and suggest improvements with a view to a more ethical and humanized practice in end-of-life patient care.

The judicialization of healthcare is another issue that underscores the need for solid bioethics education. The increased number of lawsuits for unregulated or high-cost treatments and medications challenges the ethical and financial limits of health systems. Thus, a comprehensive bioethics education, including analyses of legal cases and interprofessional debates based on real experiences, can help professionals understand the ethical and legal implications of their decisions.

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Livia Bahia: conceptualization; methodology; data collection and analysis; interpretation of results; writing – review & editing. Marisa Palacios: interpretation of results; writing – review & editing.

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