

Conceptions of the principle of non-maleficence and its relations with prudence

Moira Maxwell Penna ¹, Ivolette Duarte ², Claudio Cohen ³, Reinaldo Ayer de Oliveira ⁴

Abstract

Conceptions of the non-maleficence principle and its relationship with the prudence

The conceptual origin of non-maleficence, one of the bioethics' principles of principlism may be related to prudence, from ancient times to the contemporary period. Through the review of the literature on ethics, we studied the origins and scope of the non-maleficence concept. its relationship with the other three principles - autonomy, beneficence and justice - Was also analyzed and the possible conflicts between them that might require in any given situation, the ranking or priority of one over another. It is clear in the text that contemporary authors consider the principle of non-maleficence as the foundation of, firstly, not undermining its primacy because it is the principle that expresses public good, and it may be above the autonomy of individuals.

Key words: Bioethics. Non maleficence principal. Prudence. Principlism.

Resumo

A origem conceitual da não maleficência, um dos princípios da bioética principlista, pode estar relacionada à prudência, desde a Antiguidade até o período contemporâneo. Por meio de revisão da literatura sobre a ética, foram estudadas as origens e abrangência do conceito de não maleficência. Foi também analisada sua relação com os outros três princípios - autonomia, justiça e beneficência - e os possíveis conflitos entre os mesmos que pudessem exigir, em determinada situação, a hierarquização ou primazia de um sobre outro. No texto, fica evidente que autores contemporâneos consideram o princípio da maleficência como o fundamento de, antes de tudo, não prejudicar e outorgam sua primazia por ser princípio que expressa o bem público, podendo estar acima da autonomia das pessoas.

Palavras-chave: Bioética. Princípio da não maleficência. Prudência. Principlismo.

Resumen

Concepciones sobre el principio de la no maleficencia y sus relaciones con la prudencia

El origen conceptual de la no maleficencia, uno de los principios de la bioética principlista, puede estar relacionado con la prudencia, desde la antigüedad hasta la época contemporánea. A través de la revisión de la literatura sobre la ética, fueron estudiadas las orígenes y la abarcadura del concepto de no maleficencia. También se analizó su relación con los demás tres principios - autonomía, justicia y beneficencia - y los posibles conflictos entre ellos que podrían requerir, en cualquier situación dada, la jerarquización o la primacía de uno sobre otro. En el texto, queda claro que los autores contemporáneos consideran el principio de la no maleficencia como el fundamento de, antes que nada, no perjudicar y otorgan su primacía por ser el principio que exprime el bien público, pudiendo estar por encima de la autonomía de las personas.

Palabras-clave: Bioética. Principio de no maleficencia. Prudencia. Principlismo.

1. Graduate student moirahelena@usp.br - University of Sao Paulo Medical School (USP) 2. Undergraduate iduarte@cremesp.org.br - Regional Council of Medicine of Sao Paulo. 3. Doctor, Faculty member ccohen@usp.br 4. Doctor rayer@usp.br - University of Sao Paulo Medical School (USP), São Paulo/SP, Brazil.

Contact address

Moira Maxwell Penna - Faculdade de Medicina da Universidade de São Paulo (USP), Departamento de Medicina Legal, Ética Médica, Medicina Social e do Trabalho. Av. Doutor Arnaldo, 455, Pinheiros CEP 01246-903. São Paulo/SP, Brasil.

They declare that there is not any conflict of interest.

The work 'Bioethics: a bridge to the future' by the North-American oncologist Van Rensselaer Potter, was launched in 1971 is considered as bioethics' starting point. By coining the term, Potter was beginning a new field of knowledge, defining it as an issue or a more global commitment in face to the balance and the conservation of the relationship between human beings and the ecosystem of the planet and the life (...) ¹.

This original view of bioethics had not yet included the four principles - beneficence, non-maleficence, autonomy and justice - aggregated to it in 1979, by Beauchamp and Childress, with the publication of *Principles of biomedical ethics*. These authors defined non-maleficence as *a principle that we should not impose harm or damage to others, being only a very rough starting point for guidance about the conditions under which harmful are prohibited* ².

However, the guidance not to inflict harm or damage to others was a moral-ethical basis already present in the spirit of ancient Greek society, and that would influence the entire Western thought. The present work aims to rescue the principle of non-maleficence from its origin and relating it to (with) prudence in order to emphasize its importance within the principlism.

The Ancient Period

Socrates believed that the essence of life was in search of the distinction between moral and intellectual values in order to be able, then, (to then be able) to conjugate them. Thereby, the knowledge of justice would spur a righteous life, as well as the knowledge of the true would approach its knower to the truth. In the Socratic ethics, knowledge about man is essential, with kindness, knowledge and happiness related. From the maxim '*know-yourself*', he developed the idea that man *acts rightly when he knows what is right and, by knowing it, cannot fail to practice it*, on the other hand, *aspiring the good, he feels master of himself and, therefore, is happy* ³.

The idea of the good on Socratic representation implies the distinction from the evil. In systematic self-assessment of the soul it would be possible to reach spiritual values that would lead to

the practice of good things. Possessing knowledge would necessarily be understood as living well. In his reflection, he who knows what good is would not choose evil, since it would not be possible to live with oneself: *You may have known what other people think what you did was bad, but if you had known for yourself that it was bad, then you would not have done. Your mistake was the lack of explanation. You did not see the good; you were fooled by some pleasure that seemed good at that moment. If you had seen the good, you would also have desired to get it done. Nobody acts badly on his true will. At least when this desire was directed towards its object, the good, by a genuine and enlightened vision* ⁴.

Plato became the main interlocutor of Socrates' dialogues, and the founder of a philosophical school whose purpose was to retrieve and develop the thought of the master. The ethics of Plato relied in the body-soul dualism, in which reality is constructed by the interaction between the sensitive world and world of ideas. To achieve the idea of the good, one would have to practice several virtues that corresponded to each of the parts of soul and it consisted in its perfect working.

Plato considered as the virtue of reason to phronesis (translated into Latin languages for practical wisdom, prudence or judgment), the will or the courage, strength; and the appetite, temperance. The harmony between the various parties was the fourth virtue, the justice. In *The Republic* - in the dialogue between Glaucon and Socrates - the phronesis is mentioned as a virtue in which every action must be weighted by their likely consequences. It is considered just part of a greater virtue: justice ⁵.

In Aristotle's practical wisdom (*phronesis*) guides the action of man in choosing right means to achieve a good end, which means to recognize and reject what is bad in all the action. The person endowed with practical wisdom is able to discuss things that lead to good living. Like Plato, Aristotle presented justice as a complete virtue, and the greatest of all: Only the Justice of all virtues is the good from one another ⁶.

Aristotle identified the good with the true and the evil with the false. In the text *Prudence in*

Aristotle, Ramiro Marques has taken this concept to refer to *phronesis*. Therefore, he translated *phronesis* from Aristotle's *Magna Moralia* as prudence, the one who *watches all the faculties, being the housekeeper because it is her who gives the orders. Maybe it is like a house steward*⁷.

The intendant organizes everything, but does not rule everything, his job is to enable the free time to the master of the house, so that it can carry out his noble assignments. Likewise, prudence is a kind of steward for wisdom, giving you free time to complete your work, to control the passions: *The Stagirite believes that the correct decision concerns to the same domain of prudence, because both deal to choose the actions that we must choose or avoid. For this reason, prudence does not reign, since it does not have the function to choose the ends, but governs because it is required to choose the right means for right ends*⁸.

In *Magna moralia*⁹ Aristotle released another question: can a person provided with prudence be unfair? For him, this is not possible, since the unrighteous man is not capable of discerning between good and evil, control passions and appetites. The analysis of the evolution of thought from Socrates to Aristotle, passing through Plato, (around the) man acting correctly, allows the interpretation that the principle of non-maleficence comes from the *phronesis* concept⁹.

Hippocrates influenced the construction of an ethic in health care and, therefore, the principles of beneficence. He marked the beginning of the clinical observation of occurrences in which each fact is related to the foregoing, so that the disease was not understood as a series of disordered phenomenon. Noting the existence of the patient and not the disease, Hippocrates saw man in his entirety, even considering the lifestyle and environment. The Hippocratic medicine was practiced as a duty, and his aphorism is a reference to understand this *life is short, art is long, the occasion is elusive, experience is a vain thing, judgment is difficult. It is necessary that the doctor just do what he should do, and also the patient, the attendants, the circumstances*¹⁰.

Hippocrates is attributed to the phrase *primum non nocere* (first of all not to harm), considered by

Hossne the ultimate expression of the *principle of non-maleficence*¹¹. In addition to scientific observation, he also created an ethical statute for the profession, the Hippocratic oath: *I will use treatment to the sick as well, according to my ability and judgment, but never to do evil and injustice* is one of the precepts of that statute. Hossne notes that the Hippocratic oath includes, somehow the principles of non-maleficence and beneficence, and partly that of justice.

St. Augustine bases on the teachings of Plato to build links between faith and reason. He believed that no man would want evil, but would choose to ignore the good. While Aristotelian happiness defined as an activity of soul in accordance with virtue, Augustinian happiness emerges as a gift from God –which man can achieve through the purification of the soul. Evil appears as a manifestation from the misuse of free will, being the act of free choice for man to become worthy of God's grace. But the theologian-philosopher also did not follow Plato in understanding of justice as the *virtue of virtues*. In Augustinian thought, justice results from love. The one who loves does what he wants, being the sacrificial and giving love an imperative for justice¹².

Thomas Aquinas promoted new formulation for the relationship between both faith and reason. Philosophy and theology are now two distinct sciences: the first, founded in the exercise of human reason and the second in divine revelation. Theology studies the dogma by method of authority or revelation, while philosophy considers it by scientific evidence or reason. Thomas Aquinas resumed and reclassified the study of Aristotle's virtues - prudence, fortress, temperance and justice. But unlike this, which considered justice a complete virtue and the highest of all of them, Thomas Aquinas brings caution to the condition of the mother of all virtues. Without it, *all the other virtues the greater they were, more damage they would cause*¹³.

St. Thomas Aquinas divided Prudence into eight parts: reason, intelligence, caution, foresight, docility, prevention, memory and sagacity. Of all, the main one is foresight (from the Latin *providere*),

as prediction and anticipation of the action that will occur. Thomas conceptualized the theory of double effect to consider that prudence occurs in relation to contingent actions. The same way that true can be mixed with false, evil can blend into the well due to the variety of situations in which actions take place. And in them, the well can be obstructed by evil and evil performs itself with the appearance of good. For this reason, the security becomes necessary to reap the assets prudently avoiding the evils.

For Jean Lauand, Thomas Aquinas' treaty of prudence transcended the scope of the history of ideas and time barrier, forming a rich dialogue with the modern man and becoming useful to the analysis of the most pressing problems of present time. Lauand's observation finds resonance in the fact that bioethics has adopted as one of its principles not non-maleficence - if one considers its analogy with the following parts of prudence: foresight, docility, prevention, sagacity and circumspection¹⁴.

The scholastic loses importance in the late Middle Ages. In the first period of modern thought, between the fifteenth and seventeenth centuries - the Renaissance - emerge René Descartes, Francis Bacon, Thomas Hobbes and John Locke. Although it is not possible to summarize the variety of philosophical currents of this period, its anthropocentric trend is highlighted in contrast to the theocentric and theological ethics from the medieval period.

Modern Period

In the second period of the modern age, the Scottish philosopher David Hume examines the nature of moral distinctions. The essential question for Hume is: can we actually distinguish between good and evil, virtue from addiction, right and wrong? Initially, he believes that good, or virtuous, is one that receives general approval. For him, notions of good and evil are primary and those of right and wrong, secondary, derived from the former. A right action or intention is the one that leads to a good result. He points out that we are attracted by the good things and repelled by the poor, so that the well has a kind of magnetic power that determines the will.

Chaves notes that Hume made a classification of what he termed as *calm desires* as follows: *Either they are certain instincts originally implanted in our natures, such as benevolence and resentment, love for life, kindness toward children, or limit themselves to the general preference for the good, and for the aversion to evil*¹⁵ This theory of Hume would be important to the reasons of duty of beneficence presented by David Ross¹⁶ to be discussed later in this work.

The current of thought which he attended Hume would be challenged by Kant. For him, neither theology nor modern science could be holding practice certainties, demonstrating a philosophical void in relation to the fundamental objectives of the use of reason¹⁷. For Kant, the philosophy was not able to justify religion, but only to understand its moral meaning rather than pragmatic. The main question of human existence for Kant was, *what should you do?*¹⁷

In the *Metaphysics of custom*¹⁷, Kant develops the idea of autonomy as the supreme end of morality. Henry E. Allison noted that, to understand better the autonomy of the will in Kant, it becomes necessary to know the formula that this philosopher made his opposite, the heteronomy of the will¹⁸. There is heteronomy *when it is not the will that gives itself the law, (but) is the object that gives such a law on its relationship with it*¹⁸.

The good will of Kant is good in itself, without restriction. The willingness acts out of pure respect for duty or subjection to moral law. The goodwill acknowledges on duty the only source of moral action. The one who can act out of pure respect for duty can become a virtuous person. Human morality that lies in the choice of maxims determining the values of an action would conceive, thus, autonomy as a property of the will, which holds itself to considerations of prudence.

According to Henry E. Allison, Kantian maxim *acts in a way that you may want the reason that led you to act to become a universal law* means

that the decision should not only consider the prudence of action to see if the means is suitable for the intended purpose, but also whether it is morally correct and fair¹⁸. In his formulation of morality, Kant gives the modern rationality the task of opening up to a supreme practical end. These conditions lead the categorical imperative, which provides the standard of morally correct action, that is, sometimes it has the function of a principle of moral evaluation¹⁷.

Contemporary period

Among the approaches of contemporary ethics that emerged from the nineteenth century, some were presented as a counter movement to Kantian formalism. Others considered and expanded the moralism of Kant. Schopenhauer, Nietzsche and Freud are some of the great thinkers of this period, which, through the critique of Kant, would provide the basis for the transformation of moral thinking in applied ethics. At the time, an author who would become a reference for bioethics was the Scottish philosopher William David Ross.

In the work *The right and the good*, published in 1930, Ross¹⁶ develops a normative ethics known as the ethics of prima facie duties (Theory of Duties), as opposed to categorical moral universalism of Kant. In Ross, the absolute Kantian duties are replaced by prima facie duties that must be fulfilled unless they are in conflict in certain situations, with another equal or stronger. The author lists the duties with a particularity: the independence between them. He proposes a deontological ethics (from the Greek, duty) and consequentialist (which examines the effects of the decision).

At first consideration, a duty is not absolute but conditional. Before the conflict between two prima facie duties, the person will have to decide for them. Therefore, any of the duties, although very important at first, does not have character whatsoever. They are prima facie duties, according to Ross:

1. Duties to others because of previous acts themselves: fidelity (keeping promises), repair (to compensate people for damages or injuries), gratitude (thank people for the benefits received);

2. Duties to others not based on previous actions: beneficence (helping others in need), non-maleficence (doing no harm to others without a compelling reason), justice (treating others fairly);

3. Duties to oneself: to improve oneself physically, intellectually and morally to achieve full potential.

The non-maleficence to which Ross refers in the first work *The right and the good* is a non absolute duty not to others in the first instance. The author makes these same considerations regarding the duty of beneficence - whose conceptual basis is rooted in the benevolence of Hume¹⁵.

Unlike Ross, Frankena recognized only two prima facie duties to right action: beneficence, and justice, which he considered fundamental and independent¹⁹. By treating the principle of beneficence, divided it into four general requirements: 1) We must not inflict evil or harm: 2) We must prevent evil or harm occurring; 3) We must eliminate evils to actions or damages, 4) We must do or promote well. In this way, includes the actions of non-maleficence between the obligations of beneficence¹⁹.

Bioethics from its origin is presented as a new field of knowledge characterized by dialogue between medicine and ethics in the context of the humanities. In the root of these issues lies the emergence of an applied ethics, especially in the health field, more specifically in the medical field. However, in 1950s and 1960s, the rules (professional codes) relating to health practices have become insufficient for defining ethical conduct with regard to patients, particularly when social values were involved¹⁸.

In 1974, they created the National Commission for the Protection of Human Subject of Biomedical Research, composed by professionals from several

fields and disciplines to develop a chart of principles that could help in solving ethical problems related to human research. The Commission arrives in the midst of an outrageous statement that, in the United States, doctors carried out researches in an inhumane way - similar to those practiced during the Nazi occupation and disclosed by the Nuremberg trials, resulting in the Declaration of Nuremberg, for the protection of human dignity.

Although installed in 1974, only in 1978 the commission would publish the Belmont Report, a brief document that identifies the requirement for three basic principles for the undertaking human research: the respect for persons (autonomy), beneficence and justice. The report makes no distinction between nominal beneficence and non-maleficence. It makes clear, however, that beneficence it is an obligation, and in this obligation must be fulfilled two rules: avoid doing evil, and maximize benefits and minimize possible damage.

These two issues, clearly non-maleficence, have placed the duty to weigh the risks when seeking benefits²⁰. One of the members of that committee was Tom L. Beauchamp, would be the author, with James F. Childress, *Principles of biomedical ethics*, a referential work of ethics in health care that refers to the origins of bioethics, as well as the Belmont Report itself²¹. Of the work of Beauchamp and Childress's emerges the principlism paradigms with the proposal of a bioethics focused on defense and implementing the principle of beneficence, non-maleficence and justice in the moral life. With respect to non-maleficence, these authors state: *We cannot draw any guidance from a principle of non-maleficence, which is not specified. Without further specification, non-maleficence is a mere starting point for solving problems*²².

Since there are many kinds of damage, the principle of non-maleficence embraces more specific moral rules although occasionally, other principles are invoked to help justify these rules. Examples of these include not killing, not to cause pain or suffering, not cause incapacity, not to cause offense, not to deprive others of life's pleasures. Under these rules, both *moral principle and its specifications are not absolute prima facie*

Some philosophers assign a priority in their systems to the principles and rules that prohibit inflicting harm, but we reject this ordering and all hierarchical similar ordinances, sentenced the authors²³. Although the parents of the bioethical principlism have refused any sort of principles, this discussion is frequent in the literature.

Edmund Pellegrino suggests reducing the list of principles to a fundamental: the beneficence. Despite the non-maleficence, beneficence considers the guiding principle of medical practice, which seeks the good and the interests of the patient. For him, medicine as a human activity is, by necessity, a form of charity that should promote health and prevent disease by balancing goods and evils, although seeking the predominance of the former. The medicine should not cause damage, but maximize benefits and minimize losses, exactly as described in the Belmont Report. Pellegrino noted that the charity has been overtaken by autonomy as the first principle of medical ethics, making the doctor-patient relationship a frank and open discussion²⁴.

In 1986, Engelhardt Jr. published *Foundations of Bioethics*, opening up new questions regarding the principles. He makes no distinction between beneficence and non-maleficence, but identifies two major variations of it. At first, the malevolent individual wants to do what others considers to be good and consents to, although the malevolent individual wish to make the good to another, which the latter considers to be an evil, but still agrees to receive. This way, Engelhardt concludes that *we can recognize the principle of non-malevolence as the most mandatory of moral concern with beneficence, with doing well, because the malevolence, is the rejection of good*²⁵.

Later, Diego Gracia's hierarchy upon the principles dividing them into primary or absolute (non-maleficence and justice) and secondary or relative (beneficence and autonomy), granting priority to non-maleficence and justice because they are principles of public good. In his view, the principle of non-maleficence is *above the autonomy of individuals*²⁶.

The principles of non-maleficence and justice, which tend to respect the physical and psychological integrity, and non-discrimination, could comprise a minimum of morality, according to Gracia. The classification of the principles that he made is based on the philosophical work of Adela Cortina, about the morality of minimum (such as aspiration to allow citizens living in society) and maximum (dual aspiration for the design of man's happiness)²⁷.

Jorge Jose Ferrer and Juan Carlos Alvares consider non-maleficence as the basic principle of the whole moral system. *The most fundamental in the moral life and what brings us together in a more rigorous way is the obligation to prevent evil*²⁸. Marco Segre considers that the ethical behavior emerges from the perception of a phenomenon that occurs within each individual. For him, the principle of beneficence tends to be given greater prominence than that of autonomy: *But what deserves our emphasis is that the tendency to have preceded the beginning, having the second, the legal status emerged for the first time. Beneficence to non-maleficence, is obviously a leap. We consider the proposals of little use for differentiation between doing good and not do evil*²⁹.

Segre concludes that the differences between doing no harm and doing good are academic only, and depend on interpretation, being a result of fear that one has to take over the implementation of the goals.

Miguel Kottow warns that the displacement of the philosophical concepts of ethics for bioethical principlism should first recognize bioethics as a field with clear policy guidance applied to specific social context. It is considered as an obstacle to the recognition of an epistemology for ethical practices, the trend to put in doubt the disciplinary nature of applied ethics encouraged by many philosophers. According to Kottow, the applied ethics face urgent demands to monitor and assist the social practices, especially in the biomedical field, which is why it becomes unethical to refuse their clarification as well as extend a bridge that allows transit between what is established and what is recommended. Finally, maintains that ethics is knowledge, having important cognitive component to the development of an epistemological theory, and also to enrich the individual³⁰.

José Roberto Goldim³¹ considers non-maleficence as the most controversial principles. The same can be observed if we consider that prudence is the one that provides the formal basis to the entire concept of non-maleficence. While reflection on principlism places non-maleficence on the condition of mere rudimentary guidance for the right action, in Thomas Aquinas prudence is raised to the condition of *mother of all virtues, distinct from all others because its object is what one can act*³².

Many authors consider that non-maleficence is not to act. Similarly, many consider prudence a negative virtue, as noted by Jean Lauand¹⁴. But for St. Thomas, prudence has three acts: *the first one is to advise, with respect to discovery, for advice is to inquire, the second act is to judge, to evaluate what is found and the third act is to command: apply to the act what was advised and judged. It is characteristic of caution and advice, judge and command, on the means to achieve the final result. It concludes that the act is an act based on reason*³³.

Lauand noted that prudence is one of those key words, which suffered disastrous transformation, failing to designate the highest virtue, giving place to caution a bit opportunistic, ambiguous and selfish to take or fail to make decisions. Although prudence is understood now much more as the selfish caution indecision, both Aristotle and St. Augustine represented it as the art of deciding correctly, the right reason applied to action (*recta ratio agibilium*) that is accompanied by the necessary uncertainty present in all authentically human life¹⁴.

Jorge Jose Ferrer and Juan Carlos Alvarez²⁸ show that in many cases, but not always, the obligations of non-maleficence outweigh beneficence. For example, the obligation not to cause harm to others, pushing someone into a pool when he/she cannot swim, binds more powerfully than the obligation to rescue he/she, if accidentally dropped. Therefore, it is a perfect obligation to impartially enforce the act. On the other hand, the charity provides the encouragement of people with whom one has a special relationship, therefore, imperfect. Diego Gracia believes that the physicians' role is not

primarily of beneficence, but of non-maleficence²⁶. Claiming that the doctor has a duty of beneficence towards their patient is, in his understanding, demanding from him more than it is due.

Final considerations

Hippocrates influenced the construction of an ethic in health care, from the principles of beneficence and non-maleficence. One assigns to him the statement *primum non nocere* (first of all not to harm). Hossne considers *primum non nocere* the ultimate expression of the principle of non-maleficence¹¹. Ross, by defining the duties

between a person and not another based on previous actions, defines beneficence (helping others in need) and non-maleficence (doing no harm to others without a compelling reason). Gracia's hierarchy upon the principles, dividing them into primary or absolute (non-maleficence and justice) and secondary (beneficence and autonomy). He grants primacy to non-maleficence and justice because they are principles of public good. For this author, the principle of non-maleficence is considered crucial, since it is necessary to respect the physical and psychic life, and is therefore above the *autonomy of individuals*.

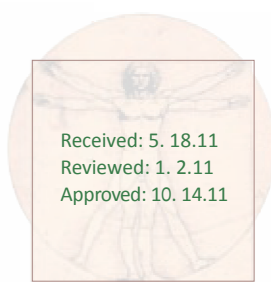
References

- Potter VR. Bioethics: bridge to the future. Englewood Cliffs/Ni: Prentice-Hall; 1971. p.69.
- Beauchamp TL, Childress JF. Princípios de ética biomédica. São Paulo: Loyola; 2002. p.45.
- Vasquez AS. Ética. Rio de Janeiro: Civilização Brasileira; 2006. p.270.
- Conford FM. Antes e depois de Sócrates. São Paulo: Martins Fontes; 2001. p. 47.
- Platão. A república. São Paulo: Rideel; 2005. Livro I; p. 7-36.
- Aristóteles. Ética a Nicômaco. São Paulo: Martins Claret; 2007. p. 105.
- Marques R. O livro das virtudes de sempre. Portugal: Asa II; 2001. p. 190.
- Marques R. Op.cit. p. 193.
- Aristóteles. Magna moralia. Harvard: Loeb Classical Library; 1990.
- Hipócrates. Aforismos. São Paulo: Martins Claret; 2003. p. 13.
- Hossne WS. Competência do médico. In: Segre M, Cohen C, organizadores. Bioética. São Paulo: Edusp; 2002. p. 106-8.
- Tonna-Barthet A. Síntese da espiritualidade agostiniana. São Paulo: Paulus; 1995. p. 532-3.
- Aquino T. A prudência, a virtude da decisão certa. São Paulo: Martins Fontes; 2005. p.18.
- Aquino T. Op. cit. p. 21.
- Chaves OCE. David Hume e a questão básica da criação da razão prática. Florianópolis: Universidade Federal de Santa Catarina; 2005.
- Ross D. The right and the good. Oxford: Oxford University Press; 1930. p. 21-6.
- Kant I. A metafísica dos costumes. São Paulo: Edipro; 2003.
- Canto-Sperber M, organizador. Dicionário de ética e filosofia moral. São Leopoldo: Unisinos; 2003. v. 1 p. 135-6.
- Frankena WK. Ética. Rio de Janeiro: Zahar; 1981.
- Department of Health, Education, and Welfare. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. Belmont Report: ethical principles and guidelines for the protection of human subjects of research [internet]. 1978 [cited mar 2011]. Available: http://www.anis.org.br/Cd01/Comum/DocInternacionais/doc_int_07_belmont_report_eng.pdf
- Beauchamp TL, Childress JF. Op. cit. p. 210.
- Beauchamp TL, Childress JF. Op. cit. p. 212.
- Beauchamp TL, Childress JF. Op. cit. p. 45.
- Pellegrino ED. La relación entre la autonomía y la integridad en la ética médica. In: Organización Panamericana de la Salud. Bioética: temas y perspectivas. Washington: Opas; 1990. p. 8-17.
- Engelhardt HT. Fundamentos de bioética. São Paulo: Loyola; 1996. p. 159.
- Gracia D. Procedimientos de decisión en ética clínica. Madrid: Eudema; 1991. p. 157.
- Corona A. Cidadãos do mundo para uma teoria da cidadania. São Paulo: Loyola; 2005.
- Ferrari J, Alvarez JC. Para fundamentar la bioética, teorías y paradigmas teóricos en la bioética contemporánea. Madrid: Universidad Pontificia Comillas; 2003. p. 130.
- Segre M, Cohen C. Op. cit. p. 36.
- Koehn M. Bioética prescrista: a falácia naturalista. O conceito de princípios na bioética. In: Garrafa V, Koehn M, Saada A, organizadores. Bases conceituais da bioética: enfoque latino-americano. São Paulo: Gaia; 2006. p. 42.

31. Goldim JR. Bioética e interdisciplinaridade [internet]. Porto Alegre: Universidade Federal do Rio Grande do Sul; 2004 [acesso mar 2011]. Disponível: <http://www.bioetica.ufrgs.br/biosubp.htm>
32. Aquino T. Op. cit. p. 10.
33. Aquino T. Op. cit. p. 26.

Authors' participation in the article

- Moira Penna was responsible for authorship, preparation, discussion, and correction of the text and for the bibliographic review. Duarte was responsible for text review. Claudio Cohen was responsible for discussion and suggestion on the text, and Reinaldo Ayer de Oliveira for text preparation and discussion, and for bibliographic review.



Received: 5. 18.11
Reviewed: 1. 2.11
Approved: 10. 14.11