

Bioethics and literature: the experience report of Ethical-humanistic axis – FMB-UFBA

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Resumo

O ensino médico brasileiro tem-se transformado para atender às demandas do modelo assistencial em saúde e à implementação do Sistema Único de Saúde, bem como formar profissionais com atuação generalista, capazes de prestar assistência integral e humanizada. A reforma curricular da Faculdade de Medicina da Universidade Federal da Bahia, marco no ensino médico no estado, implantou o Eixo ético-humanístico do primeiro ao oitavo semestre do curso médico. Neste Eixo, diversas ferramentas são utilizadas no ensino da ética médica e bioética, inclusive literatura narrativa. A partir de observação empreendida no período de 2009 a 2012 este trabalho relata a experiência do referido Eixo com o uso dessa forma de literatura para o ensino médico. A literatura pode ser usada como ferramenta para viabilizar o debate sobre questões político-sociais, necessárias à formação do médico, e induzir reflexões sobre o sofrimento humano e as relações humanas imanentes à prática médica.

Palavras-chave: Educação médica. Ética médica. Bioética. Literatura. Ensino. Materiais de ensino.

Resumen

Bioética y literatura: relato de experiencia del Eje Ético-humanístico FMB-UFBA

La educación médica en Brasil ha sido objeto de reforma con el fin de atender a las demandas del modelo de atención de salud y a la implementación del Sistema Único de Salud y de formar médicos generalistas capaces de proporcionar la atención médica integral y humanizada. La reforma curricular de la Facultad de Medicina de la Universidad Federal de Bahía (FMB-UFBA), hito en la educación médica en el Estado, ha implementado el Eje Ético-humanístico, desde el primer al octavo semestre del plan de estudios médicos. En dicho Eje, se utilizan diversas herramientas para la estudio de la ética médica y bioética, incluso literatura narrativa. Desde observación tomada en el período de 2009 a 2012. Este trabajo relata la experiencia del referido Eje con el uso de este tipo de literatura para el estudio médico. La literatura puede ser utilizada como una herramienta que permite el debate sobre los planteamientos políticos y sociales, necesarios a la formación del médico e inducen a las reflexiones acerca del sufrimiento humano y las relaciones humanas inherentes a la práctica médica.

Palabras-clave: Educación médica. Ética médica. Bioética. Literatura. Enseñanza. Materiales de enseñanza.

Abstract

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Medical education in Brazil has been reconstructed in order to attend demands of the health care model, the implementation of the Unified Health System and to form generalist physicians that are able to provide humanistic and integral health care. The curricular reform, a turning point in medical education in the Faculty of Medicine, Federal University of Bahia (FMB-UFBA), has implemented its Ethical-humanistic axis, from the first to the eighth semester of medical school curriculum. Many tools are applied in the teaching of medical ethics and bioethics, including the use of literature. This work aims to report the experience of Ethical-humanistic axis of FMB-UFBA in the use of literature in medical education during the period from 2009 to 2012. Literature can be used as a tool that enables the debate on political and social issues, necessary in medical education and allow the reflection on human suffering and human relations inherent to medical practice.

Key words: Medical, education. Medical, ethics. Bioethics. Literature. Teaching. Teaching materials.

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In recent decades, the Brazilian medical education has gone through transformations concerning the need for vocational training profile that meets the demands of the model health assistants and the implementation of Unified Health System (SUS), which incorporates the principles of completeness, humanization and quality as well as political and community aspects. Since the middle of the last century, after the implementation of flexnerian model in Brazil, the need for change in the model of medical education has been highlighted with emphasis on primary care and the social determinants of health ¹.

The new curricular guidelines of the health-care courses, through Resolution CNE/CES 41, dated of 2001, point to the need for training of general practitioners act on health promotion and prevention, by combining actions of recovery and rehabilitation in an integral and humanized way, by valuing the sociocultural context of individuals, as well as the resources available in health ².

The debate on the proposals of changing curriculum is frequent. However, we have seen that in the process many medical schools have incorporated new disciplines, pedagogical techniques and use of new didactic materials, keeping the emphasis on teaching based on content transfer – teaching model characterized by passive students, theoretical problems and practices and knowledge fragmented ¹.

The curricular reform in the Medical School of Bahia (FMB-UFBA), which was implemented in 2007, represented a milestone in the teaching of humanities in undergraduate medical course of the state. In this reform, it was decided to organize the curriculum into modules, searching for an appropriate curricular architecture to train the skills needed for the professional profile desired ³. This process of modularization aimed to foster interdisciplinary academic knowledge by integration, and it is necessary, in this way, to define contents, practice fields, methods and strategies for teaching and learning which could address the needs of formation defined by the new medical professional profile.

Each module of the new curriculum had to contemplate the technical-scientific and ethical-humanistic research education dimensions. Specifically with regard to the ethical-humanistic dimension, this involved the development of ethical and humanistic attitudes along the entire curriculum practices in the course of these modules, which used different teaching and learning methodologies, including fiction literature. A few decades ago, the use of literature in medical education has been pointed as a teaching resource able to stimulate the development of clinical skills in medical students. According to researchers, literary study in the medical course allows reflecting on values and experiences in the context of medical professionals, patients and families, by requiring the exercise of the skill of observation and interpretation, as well as allowing self-knowledge, development of clinical imagination and language fluency ⁴.

The present work, which is based on the observation of professors regarding the responses of students during four years (2009-2012), reports the experience of humanistic and ethical axis of FMB-UFBA in the use of literature for the medical teaching.

Use of literature in medical education

The humanistic formation of the medical student in the new pedagogical project was based on two components: one was theoretical and the other was practical ³. Both dimensions are necessary, and they are composed by practical experience and by the individual system of student values, which should be amplified by their social and educational interactions during the course, culminating in their competence to deal with the medical and personal aspects of the patients. The guiding principles of the political and pedagogical project (PPP) of FMB-UFBA ³ were crucial for the development of the actions of teaching medical Ethics and Bioethics in articulates with teaching and studying practice (Table 1).

Table 1: Guiding principles of PPP from FMB-UFBA ³

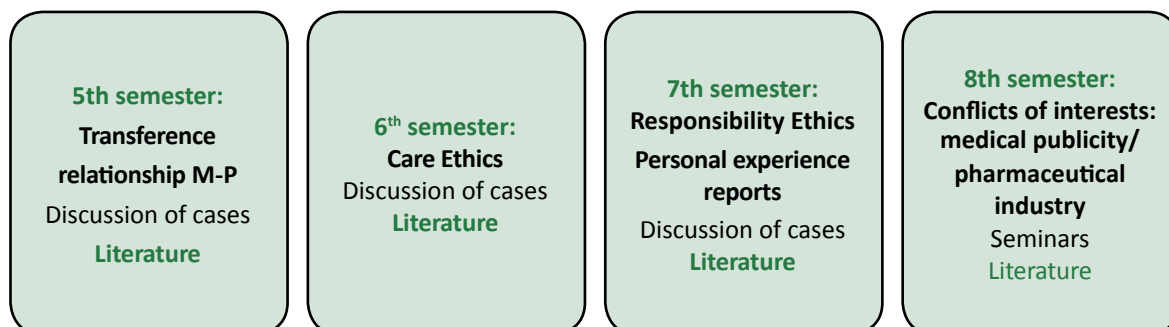
<p>Education process</p> <ul style="list-style-type: none"> • Recognition of the student as a learning subject • Emphasis on practical experience as a starting point for the search of knowledge/theoretical concepts • Integration amongst teaching, research and extension • Adequacy of the number of students for each teacher, taking into account the characteristics of the tutorials of medical education • Breakdown of the dichotomy basic/professionalizing cycle, through the integration of their contents and practices • Permanent insertion of the students in the network of SUS services, with increasing levels of complexity • More emphasis on health than on the disease
<p>Role of the professor</p> <ul style="list-style-type: none"> • Act as a mediator in the teaching and learning process • Help the students to “learn to learn” • Use pedagogical practices which values the critical and reflective attitude of the student • Have theoretical knowledge and practical skills related to their teaching area • Develop the doctor-patient relationship in a humanized and ethical way, by understanding the importance of his example in student education, since this relationship is not taught, it is learned through the development of relationships itself • To be able of working as a multidisciplinary team
<p>Role of the student</p> <ul style="list-style-type: none"> • Have responsibility for their own education • Act ethically and supportively in the relationship with the teachers, the community and users of health services • Participate supportively of the education of colleagues, by encouraging their professional and personal development • To be organized, punctual and comply ethically and with commitment their duties • Make a commitment to study and keep up to date • To be able of working as a team, including the interdisciplinary ones, by valuing the work and effort of everyone • To be committed with the life defense

Source: Political and pedagogic project of FMB-UFBA.

In this process, the ethical and humanistic axis of FMB-UFBA was divided into curricular components from the first to the eighth semester ³, and finding in literature a possible didactic resource of teaching and learning. This teaching tool was introduced between the fifth and eighth semester through the critical reading of works selected both for their literary value as the possibility of fostering humanistic reflections which could result in the

elaboration of written and individual comments by the students. Each semester was divided into a special theme: the fifth one approached the transfer relationship; the sixth one approached the Care Ethics; the seventh one approached Responsibility Ethics in the interaction among human beings; the eighth one approached the conflict of interests: medical publicity and pharmaceutical industry (Figure 1).

Figure 1. Program content from fifth to eighth semester. Central axis: doctor-patient relationship



The written reflections on literary works, which were produced by students from one semester to another, were resumed in the following semester in discussions in the classroom. The literature sequence used between the second semester of 2009 and the first one of 2012 can be observed in Figure 2.

Figure 2. Distribution of books during the semesters

2009.2	2010.1
Blindness	Death with interruptions
2010.2	2011.1
The alienist	The death of Ivan Ilytch
2011.2	2012.1
The imaginary invalid	The cloven viscount

With the use of literature as a tool for teaching and learning, teachers of ethical and humanistic axis sought to articulate scientific knowledge of other specific disciplines of modular components with the humanistic reflections grounded in different contexts, which are described below. In medical education, action must understand the scientific knowledge and, likewise, reveal the practical knowledge, scientifically based and inserted into the sociocultural context. The combination of these requirements in clinical practice allows the exchange of experiences during service, providing the inter-subjective meeting of experiences in terms of the inter-individual relationship. This process favors the overcoming of dichotomy associated to the polar and asymmetric social roles of professionals and patients who are inserted in the medical action ⁵. A brief comment on each literature studied indicates these different aspects which allow the interaction of students with the practical and social instances.

Blindness

In *Blindness*, ⁶ Saramago presents several faces of this condition: the psychological, physical and alienation blindness, which were taken as the social representations of the diseases. In this context, “to see” becomes the philosophical convocation of the principle “know yourself”, in other words, the critical reflection on the social insertion, the knowledge, the way to deal with other individuals and the environment. If the cure is to no longer have eyes as they were mirrors turned inwards ⁷, the sight is

understood as praxis, i.e., the responsible action for the others and with the future generations.

Death with interruptions

The fact of death is now seen as a failure in medical practice, it is a factor which contributes to the distance of solidarity as an ethical attitude. In *Death with interruptions* ⁸ Saramago shows the non-acceptation of death: *they are our staring and fearful eyes which made it a giant* ⁹. The theme about several types of death – physical and social death, so even the death of values – may contribute for the recognition of human being as a death being, too. In this way, humanism, when it *makes death seems much smaller than it really is* ⁹ and natural, makes compassion be the moral feeling in front of the one who is suffering.

The alienist

In the work *The alienist* ¹⁰ Machado de Assis criticizes scientism, by emphasizing the alienation of certain medical and paternalist practice in front of the naïve belief of science objectivity and the positivist absolutism. By taking into account the reason *taken as the perfect balance of all faculties; outside there, insanity is just insanity*¹¹, it is necessary to discuss on the own interests of knowledge and the link, in Medicine, between knowledge and power.

The death of Ivan Ilytch

The theme worked by Tolstoy in *The death of Ivan Ilytch*¹² is the confrontation of death and the suffering come from it. The helplessness and loss of autonomy become causes of increased vulnerability: *there was a moment, after long suffering in which he wanted, most of all, no matter if he was ashamed to confess to be treated as he was a sick child*¹³. Consequently, the key element for the comprehension of solicitude before the suffering of the other one is the Care Ethics, which is personified in the actions of the servant Guerássim.

The imaginary invalid

In the work *The imaginary invalid*¹⁴, the dissimulation as application of “scientific knowledge” is translated in Medicine as commerce, deforming technique knowledge and ethical art, leading to the point that such practice is similar to nonsense: *should I say that the abandon to your bad constitution, the bad weather of your entrails, the corruption of your blood, the acidity of your bile and the feculence of your humors*¹⁵. This is the story of *The imaginary invalid*, in which Molière shows that the

exercise of medical authority turned into a commodity leads to the alienation of the invalid, the disrespect of his autonomy and the failure of doctor and patient relationship in their ethical, esthetical and therapeutic aspects.

The cloven viscount

The discussion of contemporary man who is split off in two and seems to be doomed only to the assurance of expertise, the dictatorship of a unique viewpoint, the contempt for the different ways of life is the theme of *The cloven viscount*¹⁶: *You may want that everything can be broken in two, according to your image, because beauty, wisdom and justice only exist in which is composed of pieces*¹⁷. This work of Italo Calvino shows that living is the search of balance between choices and responsibility, between technique and ethics, in the plurality of directions to we are taken to understand and accept each other. Therefore, there are no decisions already made, there is just the habit of critical and reflexive practice in front of each dilemma, of each case which we are confronted in the daily practice of professional and personal life.

Final considerations

The literary study implemented by the Ethical-humanistic axis of FMB-UFBA allowed ethical

and humanistic reflections by students and professors, expanding their horizons to the dilemmas of clinical practice. It is believed that this process contributes to the ethical training of future professionals as well as to stimulate reflection amidst an academic experience which seeks to expand its horizons beyond memorization technique.

The discussions during the classes, which were provided by reading, approached the following topics: asymmetry in the doctor-patient relationship, paternalism in Brazilian medical practice, need to respect the autonomy of the patient, the exercise of beneficence and non-maleficence, vulnerability, human suffering, solidarity, medical malpractice, medical responsibility, social consciousness, hospital-practice, expertise, knowledge fragmented medicalization of life, euthanasia, and others.

Given the width of issues approached in the discussions and the playful possibility which leads when they allow the virtual experience of a particular situation, it is considered appropriate the inclusion of literature in the curriculum of medicine courses, from the experience reported here. Acting as a tool which allows the discussion on political and social issues necessary to the education of the future medical doctor, literature can also provide a reflection on human suffering and human relations immanent in medical practice, making this more ethical and humane, in harmony with the fundamental principles of SUS.

References

1. Pontes AL, Rego S, Silva Junior AG. Saber e prática docente na transformação do ensino médico. *Rev Brasil Educ Med.* 2006;30(2):66-75.
2. Brasil. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução nº 4, de 7 de novembro de 2001. Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina. *Diário Oficial da União* nov. 2001;Seção I:38.
3. Formigli VL, Barbosa HS, Lima MAG, Araújo IB, Fagundes NC, Macedo RSA. Projeto político-pedagógico do curso de graduação-FMB/UFBA. *Gazeta Médica da Bahia.* 2010;144(1):3-47.
4. Hunter KM, Charon R, Coulehan JL. The study of literature in medical education. *Acad Med.* 1995;70:787-94.
5. Schraiber LB. No encontro da técnica com a ética: o exercício de julgar e decidir no cotidiano do trabalho em medicina. *Interface.* 1997;1(1):123-38.
6. Saramago J. *Ensaio sobre a cegueira.* São Paulo: Companhia das Letras; 1995.
7. Saramago J. *Op. cit.* 1995. p. 26.
8. Saramago J. *Intermitências da morte.* São Paulo: Companhia das Letras; 2005.
9. Saramago J. *Op. cit.* 2005. p. 43.
10. Machado de Assis. *O alienista.* Rio de Janeiro: Nova Aguilar; 1979. (Obra Completa, v. II)
11. Machado de Assis. *Op. cit.* p.261.
12. Tolstói L. *A morte de Ivan Ilitch.* Porto Alegre: L&PM; 2008.
13. Tolstói L. *Op. cit.* p. 74.
14. Molière. *O doente imaginário.* São Paulo: Martin Claret; 2003.
15. Molière. *Op. cit.* p. 129.
16. Calvino I. *O visconde partido ao meio.* São Paulo: Companhia das Letras; 1996.
17. Calvino I. *Op. cit.* p. 52.

Participation of the authors

Antônio Nery Filho, Liliane Lins and Claudia Bacelar Batista contributed with literature review and elaboration of the manuscript, participating of the group discussions in order to elaborate this work. Camila Vasconcelos, Lara Torreão, Sumaia Boaventura André and Ronaldo Ribeiro Jacobina contributed in the group discussions and to the elaboration of this work.

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