

Código de ética do estudante de medicina: uma análise qualitativa

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Abstract

This study aimed to compare the Brazilian Codes of Ethics for Medical Student. This was a qualitative study using the Medical Code of Ethics and The Brasília, Federal District Code of Ethics for Medical Student as theoretical framework for analyzing the content from other Codes. Four Brazilian codes were identified: The Code of Ethics for Medical Student from Brasília, Federal District; the Code of Ethics for Medicine students from Federal University of Bahia; the Code of Ethics for Medical Student from University of South of Santa Catarina and the Code of Ethics for Medical Students from the Regional Council of Medicine of São Paulo. It was concluded that all Codes of Ethics for medical student are similar and based on the Code of Medical Ethics. The elaboration of a unified Code was suggested to the Federal Council of Medicine in order to contribute to medical education in Brazil.

Key words: Codes of ethics. Medical education. Ethics, medical.

Resumo

Código de ética do estudante de medicina: uma análise qualitativa

Este trabalho objetivou comparar os códigos de ética do estudante de medicina existentes no Brasil. Tratou-se de um estudo com abordagem qualitativa utilizando o Código de Ética Médica e o Código de Ética do Estudante de Medicina do Distrito Federal como referenciais teóricos para a análise de conteúdo dos demais códigos. Por meio de levantamento sistemático foram identificados quatro códigos: Código de Ética do Estudante de Medicina de Brasília-DF; Código de Ética do Estudante de Medicina da Universidade Federal da Bahia; Código de Ética do Estudante de Medicina da Universidade do Extremo Sul Catarinense e Código de Ética do Estudante de Medicina do Conselho Regional de Medicina do Estado de São Paulo. Pôde-se concluir que os códigos são similares e embasados pelo Código de Ética Médica. Sugere-se ao Conselho Federal de Medicina a elaboração de um código unificado que possa contribuir de maneira significativa para a educação médica no Brasil.

Palavras-chave: Códigos de ética. Educação médica. Ética médica.

Resumen

Código de ética del estudiante de medicina: un análisis cualitativo

Este estudio tuvo como objetivo comparar los códigos brasileños de Ética para Estudiantes de Medicina. Se realizó un estudio cualitativo mediante el Código de Ética Médica y el Código de Ética del Estudiante de Medicina del Distrito Federal para el estudiante de medicina como marco teórico para el análisis del contenido de otros códigos. Se identificaron cuatro códigos brasileños: el Código de Ética para el estudiante de medicina de Brasília, Distrito Federal, el Código de Ética para los estudiantes de Medicina de la Universidad Federal de Bahía, el Código de Ética para el estudiante de medicina de la Universidad del Sur de Santa Catarina y el Código de Ética para los estudiantes de Medicina de la Consejo Regional de Medicina de São Paulo. Se concluyó que todos los códigos de Ética para el estudiante de medicina son similares y se basan en el Código de Ética Médica. La elaboración de un código unificado se sugirió al Consejo Federal de Medicina con el fin de contribuir a la enseñanza de la medicina en Brasil.

Palabras-clave: Códigos de ética. Educación médica. Ética médica.

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The teaching of medical ethics, bioethics and humanities into medical school is of utmost importance, because in graduation students build the foundation for their future doctor-patient relationship. During this construction, besides a plural humanistic education, the establishment of clear rules of rights and duties of students towards their colleagues, teachers and patients is necessary. Since the publication of Resolution 8/69, the Federal Council of Education established that ethics would be a compulsory subject in undergraduate courses in medicine ¹. Since then, some studies have been conducted to evaluate how was being taught the teaching of ethics in medical schools in Brazil.

A study published in 1994 identified 79 medical schools, of which 5.1% did not have ethics in their curricular content ². Another study, released in 2003, revealed the increase in medical training institutions to 103, where 100% of them included ethics in the curriculum ³. This same study found that 76.1% of medical schools have ethics course in a single series of the graduation and only three colleges follow the guidance of the Federal Council of Medicine (CFM) providing the discipline in the six-year course ³. Despite the apparent improvement in relation to the teaching of medical ethics at graduation, a systematic review published in 2008 states that there is relative stagnation in the structure and organization of the disciplines of ethics and bioethics in Brazilian medical schools ¹.

One of the first attempts to introduce the discussion on ethics in medical schools occurred in 1976, when there was the creation of a code of ethics for the medical students in the Faculty of Medicine, in Federal University of Goiás (UFG). This code was based on the Code of Medical Ethics (CEM) ⁴ and represented a milestone in the application of ethical standards for medical students in various institutions that have created their own codes or used an existing one. The University of São Paulo (USP) uses the Code of Ethics of Medical Students ⁵ created by the Regional Council of Medicine of São Paulo State (Cremesp) and the National Executive Board of Medical Students (Denem). The Federal University of the State of Rio de Janeiro (UniRio) shares of the Code of Ethics of Medical Students created by the Regional Council of Medicine of the Federal District ⁶.

The importance of a code of ethics for medical students goes beyond encouraging the prevention of illegal medical practice by students, also focusing on the humanization of future physicians, who hereby absorb the principles and guidelines aimed at citizen exercising of medicine. The establishment of a

code of ethics of medical students (CEEM) is also essential to prevent students undertake or participate in research involving human beings and not complying with the ethical norms prevailing in the country, as, for example, failing to submit a memorandum of research to the analysis of a research ethics committee (CEP) as guides the National Health Council through Resolution CNS 196/96 ⁷.

With the creation of a unified code of ethics, the patients, who often do not know they are being assisted by students, will be more protected on the possibility of illegal medical practice by students, with the basic importance of education and social control given by students and teachers during academic training. Note that humanistic learning in undergraduate medicine course is an active process of all the involved actors (teachers, students and patients) in a social context which surpasses mere knowledge of rules ⁸.

Objective and method

The aim of the study was to compare the codes of ethics of medical students featured in Brazil, having as theoretical references the Code of Ethics of Medical Students of Federal District and CEM. To this end, we conducted a study with a qualitative, exploratory and descriptive approach. The material analyzed consists of all the codes of ethics of medical students available in the Brazilian database research: Google Scholar, Lilacs, Bireme.

A standardized form was created and it used as theoretical framework CEM and Code of Ethics of Medical Students of Federal District ⁶ for the content analysis of other existing codes of ethics of medical students in the country. The use of this students' code as reference is justified by the fact of it is being widely adopted by institutions of medical education and because it was the first proposal of normative ethics aimed at medical students in Brazil, whose fourth edition was published in January, 2006. Three codes were found in Brazil, besides the framework of DF. Importantly, the CEEMs analyzed were prepared prior to the existing CEM.

A comparative and qualitative study, taking as reference for analyzing the Code of Ethics of Medical Students of Federal District, was held. The qualitative analysis was performed in three steps ^{9,10}: pre-analysis, material exploration and interpretation of results obtained according to the following data:

- first stage: pre-analysis was divided into exhaustive reading of the codes of ethics of medical stu-

dents, defined by repeated and intense reading of the material until achieving representativeness, enabling the formulation of hypotheses and objectives. Then there was the resumption of the first exploratory stage, with modified analysis axes;

- second stage: exploration of the material. In order to achieve a better understanding of the results in the comparison of codes, classification and aggregation of data was performed. To do so, comparative tables of the content of the themes approached in the codes of ethics of medical students were made;
- third stage: interpretation of the results, with their description.

Results and discussion

This work identified through electronic search on the specified bases, four codes of ethics of medical students: Code of Ethics of Medical Students of Brasília-DF (2006) ⁶; proposal of Code of Ethics for Medical Students of Federal University of Bahia (2005) ¹¹; Code of Ethics of Medical Students of University of the Extreme South of Santa Catarina ¹² and Code of Ethics of Medical Students of Regional Council of Medicine of São Paulo State (2007) ⁵.

The Code of Ethics of Medical Students of Brasília-DF is adopted by the following institutions: Federal University of the State of Rio de Janeiro, Regional Council of Medicine of Paraíba State and Federal University of Minas Gerais. The Code of Ethics of the Medical Student from Cremesp is adopted by USP.

The data analysis was divided into six thematic areas: Fundamental principles; Student Rights; Duties and limitations; Relationship with the patient; Secrecy in medicine; Relationship with institutions, health professionals, colleagues, teachers and advisors, which are presented below.

Fundamental principles

With respect to *Fundamental principles*, three of the four analyzed codes begin characterizing the choice of medicine by the student. The principles of these codes recommend that the choice of medicine carries the implicit acceptance by the student of ethical precepts as the commitment to the health of human beings and the collective welfare. In this aspect, the CEEM-Cremesp adds to the commitment of the student tackling inequality, prejudice and discrimination. In CEEM-UFBA this characterization of

the choice of medicine corresponds to the second article.

Most codes appear as Article 2 of the fundamental principles the purpose of practical activity of medical students. This issue is addressed in Article 1 of CEEM-UFBA. According to CEEM-DF, reference axis of this analysis, the practical activity was designed to allow full-time job to pursue the medical profession. To this article it is added in CEEM-UFBA the development of a sense of responsibility, respect for life and the desire to be useful to society, attributed to practical activity. The third article of the fundamental principles of three CEEMs and second article of CEEM-Cremesp give medical students the duty to cooperate in actions for health promotion, disease prevention and rehabilitation of patients.

Article 4 of CEEM-DF shows patients and students as beneficiaries of the activity of medical students who has in practice the natural environment of being prepared for the future professional exercise. This theme is represented by article 6 in CEEM-UFBA, article 4 in CEEM-Unesc and article 3 in CEEM-Cremesp.

The CEEM-UFBA adds in its fundamental principles the need for moral and intellectual training of medical students for future professional practice. This code emphasizes the importance of incorporating skills, values and universal principles such as, among others, search for truth, pursuit of wisdom, beneficence, justice, freedom, responsibility and discernment. Equally, it also states that students should collaborate with public health agencies, from the prevailing norms.

Student rights

With regard to student rights, Article 5 of CEEM-DF states that students should not be discriminated against on religious, ethnic issues, gender, nationality, social status, or political choice of any nature. The Code of UFBA describes this aspect in Article 9 and Cremesp Code, in the Article 4.

Article 6 of axis code of this analysis claims to be the duty of the student to point out deficiencies in the rules and regulations of the institutions where they exercise their practice when, in their judgment, they are regarded as unworthy of teaching or medical practice, which should, in these cases, report the happened to the relevant sector. The CEEM-UFBA refers to such student right in Article 12. The Cremesp code, in addition of what was described above, recommends in Article 15 that the medical student has the right to participate in the development of

regulations and institutional norms in which they exercise their practices.

Similarly, the CEM describes in its article 4 that is the right of the medical doctor to refuse to exercise their profession in institutions that do not have decent working conditions or that may harm their health or the patient's. This article should be added to CEEMs because a good workplace is essential to student learn medicine.

On the article 7 of CEEM-DF is given to the student the right to conduct research since under the guidance of the responsible professor for the work. Similarly, the academic can be the co-author of scientific papers, since they have effectively participated in its elaboration. The 7th and 8th items of CEEM-Cremesp and Articles 52 and 54 of CEEM-CEP/UFBA are in line with this. Importantly, the Code of Unesc describes the need for approval of the project by the CEP – an aspect that should be observed even when the student prepares the course conclusion paper (TCC).

Still on the topic about education and medical research, the CEM discusses in its Articles 99 and 101, that the physician is prohibited from participating in any kind of experience that is contrary to human dignity, as well as failing to obtain the patient's informed consent for the conduct of research involving humans. The CEM also prohibits the doctor to publish his name in scientific work which has not participated (Article 107); use data, information or opinions not yet published (Article 108); and failing to ensure the accuracy, clarity and fairness of the information presented (Article 109).

Article 9 of the Code of Ethics of Medical Students of DF and Cremesp Code gives the student the right to suspend their activities when the institution where they exercise these do not provide minimum conditions for learning. The proposal in the Code of UFBA evidence that the student must apply to the competent authorities to suspend the theoretical, practical or training activities and the Unesc Code states that after the suspension of their activities, the student must immediately report the act to the responsible sector.

Still related to the theme, the Code of UFBA adds as a right of the student to receive appropriate preparation in teaching units, as well as pointing out flaws in the assessment and learning process. The same code features as student right participating in legitimate movements in its class, as well as refusing to carry out practical activities which are contrary to the dictates of their conscience.

The Cremesp Code, broadening which was described by CEEM-UFBA, states in Article 15 that it is the duty of the medical student to support, participate in and strengthen the struggle of student organizations and medical institutions. The same source adds, as student right, the legitimate representation in the deliberative bodies of their education institution, guaranteeing their right to speak and vote as well as allows students to organize themselves with their peers in academic centers, academic directories or student councils.

Duties of medical students

All CEEMs begin the duties of a medical student with the utmost respect for human life, corresponding to Article 11 of the CEEM-DF and CEEM-Cremesp. The Code of UFBA adds in its article 16 that the student should never use their knowledge to impose physical, moral or psychological distress to patients. In Article 12, the axis code imposes to the student the duty to maintain full respect for corpses, fundamental to their learning, recommendation followed by the other codes; in CEEM-UFBA, in Article 17, and CEEM-Unesc and CEEM-Cremesp, in Article 12. The article 13 of the CEEM-DF warns that the student must perform their activities while maintaining respect for people, institutions and norms in force – which is also a duty referred in CEEM-Unesc.

The Code of UFBA, in Article 18, and the Code of Unesc add as a student duty to treat with dignity and maintain respect for animals used in experiments and learning inherent in their practices. Finally, the CEEM-UFBA requires that the student must exercise their acts responsibly, never using the work of others or earning benefits with the knowledge of colleagues. These aspects are crucial in a time when the issue of scientific integrity has been debated worldwide and many undergraduate medical courses do not recognize plagiarism, falsification and fabrication as scientific dishonesty¹³.

The CEEM-Unesc adds the duty of the medical student to maintain absolute respect for ethics and deontology. The Cremesp code includes as student duty to advocate quality education and health as an inalienable, universal right, and to contribute to the consolidation and enhancement of the Unified Health System (SUS).

Prohibitions to medical students

In Article 14 of the CEEM-DF it is forbidden to medical students provide medical assistance under their sole responsibility, except in cases of imminent

danger of death. This topic is described in CEEM-Unesc, in the Article 20 of the CEEM-UFBA and in Article 16 of the CEEM-Cremesp.

Articles 15 and 18 of the axis code prohibit students to sign and make prescriptions without the supervision of physician that guides them or provide medical certificates. This theme is addressed in the other analyzed codes of ethics of students. In Article 16, the CEEM-DF prohibits students to become accomplice of who illegally exercises medicine, as does the CEEM-Unesc, the CEEM-UFBA in Article 25 and CEEM-Cremesp in Article 18. The existence of illegal exercise of medicine is recognized by professionals and medical students, although the issue is not discussed and tackled with real effectiveness^{14,15}.

A unified code for medical students should assist in their education against this practice. Conducting experiments on people without medical supervision by responsible and without research to meet international standards and ethical principles, is prohibited by Articles 17, 55 and 19 of CEEM-DF, UFBA and Cremesp, respectively. The CEEM-Unesc adds that the research conducted by the student must, in addition to comply with rules and ethical principles, be approved by the CEP of the education institution. Article 19 of the axis code of this analysis prohibits the student to participate in or practice unnecessary or forbidden medical acts by the laws of the country. This theme is also present in Article 24 of the CEEM-UFBA and CEEM-Unesc.

Article 20 of the axis code and CEEM-Cremesp prohibits students to take disrespectful attitudes or miss with consideration for the participants of the health sector. Article 21 prohibits them to fail to take responsibility for their actions, attributing to others their mistakes or occasional circumstances. The CEEM-Unesc, Article 21 of the CEEM-UFBA and Article 22 of the CEEM-Cremesp also refer students' responsibility for their acts. The CEM also addresses this issue by stating in Article 5, that the doctor is forbidden to take responsibility for medical act not performed by them or they did not participate.

In Article 22 of the CEEM-DF, students are prohibited from participating in the commoditization of medicine. Articles 26 of CEEM-UFBA and 23 of the CEEM-Cremesp and CEEM-Unesc are in line with this article. Exercise authority to limit the rights of the patient and receive fees or salary for academic year activity, except in the form of scholarship, are forbidden attitudes to medical students in articles 23 and 24 of CEEM-DF. Similarly, the topic of compensation is addressed in CEEM-Unesc and Articles 24 and 25 of CEEM-Cremesp.

Articles 25 and 26 of CEEM-DF prohibit students to use their activity to commit or facilitate the crime and participate in torture or provide means and tools for this purpose. Similarly, the codes of Unesc, UFBA and Cremesp also approach this theme. The CEEM-UFBA adds in its article 28 that the student shall not participate or be complicit in acts of torture. While on the subject, the CEEM-Cremesp includes that, in addition to committing crimes or favor, students should not exercise their activities in order to circumvent beliefs and values. Finally, the CEEM-DF, in article 27, prohibits the student to provide tools that anticipate the patient's death. Article 38 of CEEM UFBA and CEEM-Unesc are in line with the Article of axis code of this analysis.

Also in relation to the limitations of students, the UFBA code adds in its Article 29 that students cannot perform the role of expert, except in locations that have no doctor. It is noteworthy that only the CEEM-DF gives students the right to be Justice's experts when it is legally indicated. Unesc also includes within its CEEM that the student is prohibited from evaluating tests and other academic work and make declarations on state of health of the patient without his permission or of his preceptor. The Cremesp code also adds in its article 21 that medical students should not have prejudiced attitudes to any participant in the health sector, both in relation to belief or ethnicity, both with regard to sexual orientation or nationality, among others.

Relationship with patient

With regard to the relationship with the patient, the DF Code presents students' obligations in relation to themselves, starting with Article 28. This article states that medical students should be restrained in their actions, based on the cordiality principle. The codes of Unesc and UFBA deal with this subject and include that students, as well as being friendly, should avoid expressions that frighten the patient or trivialize their suffering. These two codes also portray Article 29 of CEEM-DF, which addresses respect for the modesty of the patient.

In Article 30, the axle code of the analysis states that students should be understanding and tolerate attitudes/manifestations of patients. This approach is also found in CEEM-Unesc. Article 31 of the CEEM-DF gives students a duty to help the patient as possible with respect to personal problems. The CEEM-Unesc and CEEM-Cremesp agree with this topic, however, the Cremesp code adds, in Article 28, students must help the patient aware of their limitations.

All analyzed codes are in accordance with Article 32 of the Code of the Federal District, which gives students a duty to show respect and dedication to the patient, never forgetting their human condition. Article 31 of the UFBA Code adds that the student should not only treat the affected patient's body, but also take care from the biopsychosocial perspective. The Cremesp code includes in Article 29 that the student must always act with prudence and common sense.

Even with relevance to the issue of student-patient relationship, the CEEM-DF explains, in Article 33, that academics should pay attention and listen to the complaints of the patient, even if they are not related to the disease. The CEEM-Unesc and CEEM-Cremesp also address the issue, but the Cremesp code adds that students should know listening to the patient, clarifying doubts and understanding their needs and expectations.

Articles 34 and 35 of the DF Code relate that academic of medicine must present themselves with dignity, maintain habits that show interest and respect for the patient and always act with prudence. The codes of UFBA and Unesc agree with the two articles discussed above. The CEEM-UFBA adds in its article 30 that the medical student should not consider the patient as a mere object of study. This same code includes five articles in axis *Relation with the patient*, which prohibits to the student: leave the service without justification; disregard the patient's autonomy; provide means or instrument to anticipate the patient's death; obtain physical, emotional, financial or political situations arising from the relationship with the patient and fail to register, legibly, the medical records, observations in patient assessment.

The CEEM-Unesc includes a duty of the student to communicate clearly with patients and avoid unnecessary physical examination techniques, so that the patient is not exposed or harmed. Article 31 of the Cremesp Code states that it is due to the student to explain the diagnosis, treatment, possible complications and prognosis of simple and objective way for the patient, since in the presence of the preceptor. These aspects of the relationship with the patient are in agreement with the humanistic trend and valuation of autonomy observed in CEM revised in the 2009 version.

This humanistic trend can be seen in Article 23 of the CEM 2009, which prohibits the doctor treating the human being uncivil, disregarding their dignity or discriminate them in any way; Article 24 prohibits the physician not to ensuring to the pa-

tient their right to decide about their person or their welfare. Still on the theme, Articles 31 and 34 reaffirm the right of the patient to freely decide on the implementation of diagnostic and/or therapeutic practices, as well as discuss the physician's duty to inform the diagnosis, prognosis, risks and treatment goals. Article 27 prohibits the doctor disregarding the physical or mental health of the patient.

Regarding the stance adopted by the physician, CEM states in its Article 1, which is prohibited to them harm the patient, either by action or omission. In Articles 8 and 9, the CEM prohibits the doctor to be away from his professional activities, even temporarily, without leaving another physician in charge, and fail to attend duty at set time or leave it without the presence of a substitute. The CEM adds, in Article 13, that it is the duty of the physician to clarify the patient's social, environmental or occupational determinants of their disease.

Secrecy in medicine

With respect to confidentiality in medicine, the DF Code states that, in article 36, the student must keep confidential the facts they have seen, heard or deduced from their activities with the patient. The other codes also refer to this condition, but CEEM-Cremesp adds in its article 32 that secrecy can be stopped when necessary for the development of academic activities.

The article 37 of the axis code prohibits to medical students reveal facts that they probably know when invited to testify as a witness. The article 48 of the CEEM-UFBA code states that the student may breach confidentiality only if they are asked to testify in ethical and professional proceedings.

The article 38 of the Code of the Federal District, in conjunction with the CEEM-UFBA, CEEM Unesc and CEEM-Cremesp expressed that the breach of confidentiality is admissible only for cause, by imposition of Justice or by express permission of the patient, since it does not bring harm to them. Also in relation to confidentiality, CEEM-DF argues in its article 39, the student must not allow others to have knowledge of clinical data, scorecards and other sheets of medical observations subject to professional secrecy.

The UFBA code adds, in its article 50, that the medical student should not reveal confidentiality of underage patients, including to their parents or legal representatives, provided that the minor has capacity of discernment, unless when the non-disclosure can harm the patient. The CEM, in relation to pro-

professional secrecy, says the doctor is forbidden to reveal professional secrecy related to minor patients, provided that the child is capable of discernment; and refer to identifiable clinical cases or patients or showing them or their pictures – even with their authorization.

Institutional and interpersonal relations

The article 40 of the DF Code starts last axis topic discussing on the obligation of the medical student to respect the rules of the institutions where they learn. The other analyzed codes are according to the article above, but CEEM-Cremesp includes that the student must comply with the standards provided since they are in accordance with the law, they do not create situations of oppression and do not infringe the rights of student.

The CEEM-DF states in article 41 that the student is required to protect the moral and material patrimony of his institution. This article is represented in CEEM-Unesc, in the article 46 of the CEEM-UFBA and in article 36 of CEEM-Cremesp. The last mentioned code adds that it is duty of the student to protect the patrimony, even if the institution in which he exercises his activities is public.

According to the article 42 of the CEEM-DF and CEEM-Unesc, it is not due to student complaints or warnings to staff of the health sector in terms of their professional activities, but, if deemed necessary, they should be directed to their superior to report it.

The article 43 of the Code of the Federal District, as well as the article 37 of the Cremesp Code and the Unesc Code, states that students must not deviate from their activities without notifying their superior. According to the article 44 of the axle code analysis, the medical student responds civilly, criminally and administratively for harmful to patient because of their recklessness or negligence acts. Likewise, the theme is addressed in CEEM Unesc and CEEM-Cremesp – this last one adds that students are also civilly, criminally, administratively and ethically responsible, since proved the disclaimer of liability from their supervisor.

The article 45 of the CEEM-DF says that students should be supportive with their colleagues in the medical profession legitimate movements. Similarly, this issue is addressed in CEEM-Unesc and in the article 44 of the CEEM-UFBA. The Code of the Federal District, as well as the other codes analyzed, states in its articles 46 and 47 that students must act with respect for colleagues, teachers and advi-

sors, seeking a harmonious coexistence. Article 41 of the Federal University of Bahia Code and Article 39 of the Cremesp Code add that, besides respect, students must act with solidarity with colleagues, teachers, advisors and health professionals, seeking the good relationship among all.

The CEEM-UFBA adds in its article 42 that students are prohibited to cause any kind of embarrassment to freshmen students or infringe them physical and/or psychological violence, regardless of their consent. This same code, in Article 43, claims to be the duty of medical students to report to the competent authorities the illegal practice of medicine.

Articles 40 and 41 of the Cremesp Code discuss the relationship with the academic teaching institution, emphasizing that this should clarify for students the political-pedagogical project adopted, as well as offering quality medical education and ensuring dignified and appropriate conditions for student learning, including physical infrastructure, policy of student residence and academic conditions. The article 42 of this same Code provides the student the right to claim for appropriate learning conditions, including being able to trigger the relevant authorities if the problems are not solved. Finally, the article 43 of the CEEM-Cremesp states that teachers, mentors, preceptors and other health professionals should treat students respectfully and, necessarily, be exemplary in their ethical and respectful relationship with patients.

Final considerations

After this analysis it was observed that the codes of ethics of the medical student are grounded by CEM, and although they have as reference to the previous CEM to the current one, they have similar content with each other, with some important additions in relation to the CEEM which is axis of this analysis (CEEM-DF)

From the weighted topics it was possible to highlight some that deserve more accurate reflection. From these, the fundamental principles demonstrate caring for the training of future doctors in ethical values, such as responsibility, respect for human dignity and wisdom in applying the knowledge acquired during undergraduate studies, so that this knowledge assist their choices in care of patients.

It was also observed that two topics not included in the CEM were exposed in CEEM. The first deals with the issue known in Brazil as “hazing”. The issue was

addressed in order to protect and respect the human being – in this case, the medical student – with scope to prevent his physical and moral constraint. The other issue to be highlighted is the need to cultivate scientific integrity in academia, including clarifying about poor scientific practice of plagiarism. Other forms of scientific dishonesty, such as forgery and manufacturing, must be added to the CEEM.

The last evaluation concerns the right of students to claim best teaching conditions, both with respect to physical facilities regarding the pedagogical design and quality of the technical staff responsible for teaching – students, administrative staff and monitoring table. This guideline also prepares the student for political demands of their future rights for decent working conditions when they exercise the medicine.

Finally, it is suggested that the CFM formalize a CEEM, based on the current CEM, which covers the content approached by the codes of this analysis, in order to facilitate and universalize the teaching/learning of ethics for the medical student in medical training institutions. This normative education should be directed holistically and humanistically in human sciences of the medical curriculum, including bioethics. It was also proposed that the CFM advise the Ministry of Education the required use of this CEEM by medical schools. This unification of CEEM and its application in teaching will allow academic awareness regarding ethical positions adopted when students contribute to the ethical and humanistic training of future medical doctors.

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Participation of the authors

Liliane Lins conceived and supervised the research, participated in the interpretation of results and writing. Larissa Lisboa organized the results in table, participated in interpreting the results and writing.



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