



RESEARCH

Perceptions about the teaching of ethics in medicine: a qualitative study

Márcia Mendes Menezes¹, Luciana Colares Maia², Mauro Henrique Nogueira Guimarães de Abreu³, Cristina Andrade Sampaio¹, Simone de Melo Costa¹

1. Programa de Pós-graduação Cuidado Primário em Saúde, Departamento de Medicina, Universidade Estadual de Montes Claros (Unimontes), Montes Claros/MG, Brasil. 2. Programa de Pós-graduação em Ciências da Saúde, Departamento de Medicina – Unimontes, Montes Claros/MG, Brasil. 3. Programa de Pós-graduação em Odontologia, Departamento de Odontologia Social e Preventiva, Universidade Federal de Minas Gerais, UFMG. Belo Horizonte/MG, Brasil.

Abstract

This study sought to identify the perceptions of medical students regarding the teaching of ethics in undergraduate courses. It is a qualitative approach research which interviewed 24 public university students. Thematic categorical analysis was carried out, preserving the anonymity of the information by the use of alphanumeric codes. Two categories of analysis were highlighted. The first describes perceptions regarding ethics teaching, showing that it is necessary to reflect on the complexity of the teaching-learning process. There are perceptions of devalued education, dissociated from the practice and highlighting the need for the qualification of educators. The second category presents suggestions for the teaching of ethics, among them, to deepen and demand the humanities content throughout the course. To qualify the teaching of ethics, it is necessary to provide interactive and participative moments, between educators and students, that favor the knowledge and comprehensiveness of the problems identified. Thus, the teaching-learning process leads to the improvement of the individual, by contributing to improve the ethical dimension required for health professionals.

Keywords: Bioethics. Teaching. Education, medical. Perception. Studentes, medical.

Resumo

Percepções sobre o ensino de ética na medicina: estudo qualitativo

Por meio de pesquisa qualitativa, este trabalho buscou identificar as percepções de estudantes de medicina sobre o ensino da ética na graduação. Foram entrevistados 24 alunos de universidade pública e realizada análise categorial temática, preservando o anonimato das informações por códigos. Duas categorias foram destacadas. A primeira expõe a importância da reflexão sobre a complexidade do processo ensino-aprendizagem. Nela, entrevistados relatam a desvalorização e dissociação do ensino de ética em relação à prática, ressaltando a necessidade de qualificação dos docentes. A segunda categoria apresenta sugestões, como aprofundar e exigir o conteúdo em humanidades durante todo o curso. Conclui-se que, para qualificar o ensino de ética, é preciso criar mais oportunidades de interação entre educadores e estudantes, favorecendo assim a construção do conhecimento e o reconhecimento da abrangência dos problemas identificados. Dessa forma, o processo de ensino-aprendizagem aperfeiçoaria o indivíduo ao desenvolver a dimensão ética necessária aos profissionais de saúde.

Palavras-chave: Bioética. Ensino. Educação médica. Percepção. Estudantes de medicina.

Resumen

Percepciones sobre la enseñanza de ética en medicina: un estudio cualitativo

Por medio de una investigación cualitativa, este trabajo identificó las percepciones de los estudiantes de medicina sobre la enseñanza de la ética en la carrera de grado. Se entrevistó a 24 estudiantes de una universidad pública y se realizó un análisis categorial temático, preservando el anonimato de las informaciones mediante códigos. Se destacaron dos categorías de análisis. La primera, expone la importancia de la reflexión sobre la complejidad del proceso enseñanza-aprendizaje. En ella, los entrevistados relatan la desvalorización y la disociación de la enseñanza de ética en relación con la práctica, resaltando la necesidad de cualificación de los docentes. La segunda categoría analítica presenta sugerencias, como profundizar y exigir contenido de humanidades durante toda la carrera. Se concluye que, para cualificar la enseñanza de la ética, se hace necesario crear más oportunidades de interacción entre educadores y estudiantes, favoreciendo así la construcción del conocimiento y el reconocimiento del alcance de los problemas identificados. De esta forma, el proceso de enseñanza-aprendizaje, impactaría en el perfeccionamiento del individuo al desarrollar la dimensión ética necesaria para los profesionales de salud.

Palabras clave: Bioética. Enseñanza. Educación médica. Percepción. Estudiantes de medicina.

Declararam não haver conflito de interesse.

Undergraduate medical school has the challenge of training professionals to meet society's demands. This commitment is the responsibility of Instituições de Ensino Superior - IES (Higher education institutions)¹, as recommended by the Diretrizes Curriculares Nacionais - DCN (Brazilian National Curricular Guidelines) of 2014² for medical training in the country. In this context, there is great relevance in teaching ethics and bioethics in undergraduate studies.

In Brazil, the expansion and transformation of health policies and changes in the epidemiological profile of the population require new demands for assistance. This reflects on the need to innovate teaching in the field, including, for example, topics related to bioethics³. In this sense, current medical training requires humanistic skills that must be developed from the discussion of real clinical situations⁴, through active methodologies.

These pedagogical methods allow for reflection and training for critical reasoning, turning students into protagonists of the learning process⁵. However, in order to develop humanistic training, it is not enough to include subjects related to the humanities in the curriculum, as if they were isolated disciplines in the medical course. We must integrate them into practice.

This training must be based on the semiology of individualized cases, on the reflection on who is the patient as a historical subject and what they instigate in the professional, from psychology, philosophy, communication, etc. The patient's clinical history is alive, which in itself is already instigating. The interest of the student is aroused when he recognizes himself in the human dimension of the medical profession, and all this arises from their experience in undergraduate school⁴, being the teaching of ethics fundamental to develop the critical reflection necessary for humanistic training.

This study was based on publications from 2005 to 2013 to know the scientific production on bioethics teaching for health students. There was unanimity among researchers regarding the importance attributed to this training, with emphasis on the moral and ethical development of future professionals.

It is essential to prepare undergraduates to confront ethical and moral conflicts in practice, based on a wide discussion of the various problems faced by health professionals⁶. From this perspective, the main objective of this study was to identify the perceptions of medical students regarding the teaching of ethics in undergraduate courses.

Methods

This is an empirical study, with a qualitative approach, which starts from the perceptions of medical students regarding the teaching of ethics. Between August and December 2014, after approval of the project by the Research Ethics Committee, 24 undergraduate medical students from a public university of Minas Gerais, Brazil, were interviewed.

The number of interviewees was defined in the research protocol, which established the number of at least two students from each of the 12 semesters of the graduation (or "periods", as denominated in the educational institution), one female and the other male, drawn from the enrollment list. The definition of these characteristics was due to the probable influence of training time on the students' response. The criterion of representativeness of the sample, based on the saturation of the data, covering the problem investigated in different dimensions, was reached in the 24th interview.

Conducted in a reserved place, to preserve the secrecy of the information, the interviews were based on the student's perception about the teaching of ethics in medical school. The statements were recorded for later thematic categorical analysis, as proposed by Bardin⁷, that is, from the reading of the discourses, categories of analysis were identified.

To ensure anonymity, the interviewees were identified with codes formed by the letter "E", with reference to "estudante" (student), followed by the number of the school period (from 1 to 12) and the letter "F" for women, and "M" for male. E1F, for example, refers to the first-period female medical student.

Results and discussion

Two categories of analysis were highlighted in the participants' speeches: 'Perceptions of medical students regarding undergraduate ethics teaching' and 'Suggestions for improving ethics teaching'.

Perceptions about ethics teaching at the undergraduate level

The first category describes the perceptions of medical students regarding the teaching of ethics in undergraduate studies. From this, five analytical subcategories of results were created, as shown in Frame 1. The interviewees exposed the need to reflect the complex teaching-learning process.

Frame 1. Perceptions of medical students regarding the teaching of ethics in undergraduate school and analytical subcategories

Perceptions of medical students regarding undergraduate ethics teaching
Deficient teaching
(De)valuation of ethics teaching in the medical course
Dissociation between ethics and other themes and practice
Ethics teaching is not maintained throughout the course
Need for continuing education on ethics for teachers/preceptors

In all the periods of the course, the students considered the teaching of ethics to be deficient, pointing to the lack of trained professionals to broaden the reflection and discussions related to the topic. Other adjectives such as “insufficient”, “superficial”, “punctual” and “limited theory” were used to characterize this deficiency.

According to the interviewees, undergraduates consider the functioning of the body, embryology, and metabolism, but not the discussion of ethical implications: *“I think that the tutorial groups leave a little to be desired at that point (...) they left the ethical issues a bit aside”*(E1F); *“Is not appropriate, because content is scarce, the approach is minimal. So, for the importance that I see for learning and for practice, it is inadequate”*(E6M); and *“there are few moments of discussion, you can not think about the topic. So you end up studying with the concern of taking part in a tutorial and that often does not make sense for you”*(E11M).

The pedagogical proposal of the medical course indicates active methods, advocating problem-based learning. However, the students point out deficiencies in the teaching of ethics, revealing, in their statements, a reality opposed to the course guidelines. Therefore, there is an urgent need to put adequate methods into practice to allow the student to achieve the moral skills required for professional practice.

Problematizing is not only elaborating and presenting questions, but also exposing and discussing related conflicts⁸. The teaching-learning process should be active, and it is the teacher’s role to encourage students to reflect, debate and confront opinions, contextualizing issues in daily life⁵. In the opinion of the interviewees, the study of ethics in medical school should be deepened because physicians deal with people who are frail due to illness:

“I think it is a matter that should be addressed more both in frequency and also in intensity because I think it is a very important issue for the student and for life. Not just for professional and personal life as well. A colleague of mine, who is already graduated, says that if we studied ethics all our lives, we would still have to study a little more because it is a very complex subject and the service is of a reasonable difficulty” (E5M).

Students said that reports of teacher experience help, but are still insufficient. For those interviewed, ethical dilemmas should be better worked out, after all they are present in all medical specialties. Only then would the students feel safe to deal with the various conflict situations of the profession.

The system and methods of many health training courses should be discussed. It is necessary to create curricula in which different knowledge interact in an interdisciplinary way since the teaching-learning process in the field of ethics/bioethics requires dialogue between areas and professions. When adopting a model based only on deontology, that is, on the duties of the professional, the critical reflection inherent in ethics is not always guaranteed. Problematization based on real facts lived in practice is extremely important, since it can stimulate the student’s autonomy from the experiences discussed during the training⁹.

Many of the phenomena in the medical field are related to questions raised by the human sciences, and their incorporation into the curriculum contributes by encouraging reflection and the humanization of health^{10,11}. Effective action in medicine requires the interdisciplinary combination of knowledge since the human dimension imposes itself in medical practice, and the health professional deals with the inner life of individuals while exercising their trade⁴.

Although problematic, ethics teaching is valued by students. Despite this, in the analysis subcategory “(De)valuation of ethics teaching in the medical course”, respondents stated that there are undergraduates who do not take the training seriously. Observations were also made that teachers should work better on students’ awareness since the beginning of the course:

“It is necessary to work harder on the student’s awareness from the beginning, not only in the first module, which has the problem turned to ethics but to relate every subject, everything that we study

with ethics because it is important. Relate what it has to do, what it does not have, what we can and can not do" (E1F).

Knowing deontological rules is indispensable to practice the profession. However, it is also essential to enable future health professionals to reflect on ethics and bioethics. Thus, they are expected to be able to resolve conflicts in their daily work. To do so, we must provide a theoretical background that contributes to decision-making in the face of routine dilemmas¹².

In the perception of the interviewees, human values are being lost in the current society, and it is necessary to advance in the ethical discussion to sensitize colleagues who have a strictly mercantile view: "I see it in my classroom [students] that only think of money, and it is not only about that" (E2F). The valuation of the content of ethics would stimulate the reflection, contributing to breaking prejudices that accompany some students until the end of the course:

"I believe that [it is important] to give the student greater opportunity for discussion about ethical conflicts. The key is this, because sometimes the student arrives until the end of the armed course, full of old convictions, full of positions that are archaic and sometimes vices themselves, vices of culture. So it ends up discriminating even, it ends up letting bias arise, even if subtly. You have to talk about ethics. You have to talk in order to stimulate reflection. The reflective part is that it will lead to a change of direction" (E11M).

It also revealed the view that teachers do not give due importance to ethical training, "because the professionals who teach us (...) do not care much about the subject, they think it is not important (...) You should also be aware of the professionals themselves because they are responsible for our training (...) And they are an example for us too, the relationship between colleagues, among professionals. So I guess there should be a change in that direction" (E10M).

Medicine takes care of the health of individuals, which justifies the relevance of discussing ethics and bioethics together with technical knowledge¹³. The professional who starts to exercise the role of a teacher should be concerned with the humanistic education of his student, teaching him the know-how and the human knowing.

The lack of interest among undergraduates can be partly explained by the lack of contextualization

of the contents in relation to other subjects and medical practice. This subject was part of the third analytical subcategory: "Dissociation between ethics and other subjects and practice". Students believe that knowledge in ethics should be interrelated with other medical issues and should be charged during the periods in which the Code of Medical Ethics is discussed: "Medical ethics is something you learn in the first period, but over the other periods you should be demanded that too" (E3M).

The teaching-learning approach focused on the student stimulates the search for new knowledge based on the demands of reality. Experience provides the construction of knowledge integrated into practice, taking students out of passivity¹⁴. Thus, teachers should incorporate into the teaching of ethics the reflection on the scenario of action, society, and the environment, contextualizing theoretical knowledge throughout the course and demanding theoretical knowledge to be put into practice.

It is important to study the interpersonal relationships involved in the practice of medicine, bringing to light ethical reflection on power relations¹⁵, which require the adoption of the principle of solidarity for fraternal coexistence in society¹⁶. The teacher/professional-student and professional-patient relationship, which becomes a model, is included in the medical training perspective.

The communication of ethics teaching with practice scenarios is perceived as weak. For students, some will have opportunities to discuss the subject with their preceptors, while others will not. This uncertainty is seen negatively, since, in the interviewees' perception, ethics, "wanting it or not, it is something that will directly involve the professional life" (E7M).

It is worth noting that ethics is not only explicitly but also implicitly, because students learn by observation: "Whenever I have any doubts I go to school and I observe the very relationship that doctors have with patients, that doctors have with their colleagues because through observation we end up learning a lot" (E10M).

Learning in ethics is not limited to content taught in the disciplines of human sciences, but involves knowledge in diverse areas and the development of behaviors from the observation of models. The professionals involved in the teaching-learning process are considered important examples of conduct and, therefore,

the responsibility with ethical training is also institutional⁴. Ethics on the undergraduate level, when well worked, will generate later satisfaction of the users of the health services:

“So, I think that ethics for us is a lesson even along the course of the example of the professionals we accompany, and from there we idealize to become similar because it is a way that is recognized by patients and co-workers. Whether you want it or not, what you want is for the patient to leave the consultation satisfied” (E11F).

To have quality, the teaching-learning process must be interdisciplinary and allow interaction between theory and practice, remembering that ethical training continues even after graduation. Therefore, health institutions should offer practice scenarios to discuss and reflect on the work of professionals⁹. Ethics teaching should integrate different disciplines in a transversal sense, based on the work context and its processes, marked by the exchange between social actors¹⁷. So, as said, learning is also through the example of teachers. However, the student’s perception is that there is not always a link between theory and practice:

“You see your preceptor doing it, you do it. So it’s a way to learn. You read, but in practice, you do what they tell you. And often this ethics is not in these demonstrations. So we have the theory, but when you go to practice, by accompanying a preceptor and repeating it countless times, ethics often leaves something to be desired. So the theoretical question must come to practice. I think it has to be discussed in the hospital, in front of the patient, what should and what should not be done” (E12M).

In the analytical subcategory “The teaching of ethics does not permeate the whole course” it was identified that the subject should be approached in all the periods of the graduation and in the practical stages. The interviewees considered that during the course of the course the collection of ethical contents diminishes, and in the stages are little demanded. For students, human training is lost in the course of graduation. Therefore, it would be important to value ethics throughout the course, devoting more time to its discussion:

“It is okay that it is important in the first periods, but in the first periods the student enters more enchanted and ends up losing this most human part, and I think that of course it is getting lost. So,

especially in the later periods, I think this should be maintained. Keep the leveling in the modules, within each problem, work at least one question in relation to this, having some time to discuss” (E3F).

Although it was the testimony of a student from the initial periods of the course, the opinion was corroborated by her colleague of the last year: *“It leaves a little bit to be desired along the course” (E11F)*. A study comparing the moral judgment competence of medical students at the beginning of graduation and the eighth period, by the Moral Judgment Test (MJT), found better results for the beginners. Despite the demand for ethical professionals, medical schools emphasize the training of technical skills, stagnating or reducing moral development throughout the course¹⁸.

Another important point concerns the need to work ethics throughout the tutoring, because environments such as the emergency room internship were considered hostile by the students, which justifies even more the approach of these questions in these scenarios. Students enrolled in more advanced periods of the undergraduate program report doubts in conducting problems. Emphasis was placed, for example, on professional secrecy in the case of victims of sexual abuse.

This and other doubts lead to the students’ understanding that ethics should be better worked out at the end of graduation. This opinion is in accordance with the normalization of the Código de Ética Médica - CEM (Code of Medical Ethics), according to which care must be taken to ensure the ethical performance of the profession¹⁹. For this, the student must be guided, among other subjects, the formation.

In the last analytical subcategory on continuing teacher education, students said that not all teachers approach, from the ethical point of view, the problems discussed in the classroom. There is a lack of professional training to expand these reflections, which should permeate all the activities and discussions during the training: *“So I think our teachers have to be taught to have medical ethics, because then maybe they would transmit it to us in a much better way” (E6F); “To have a calibration among doctors (...) as teachers, they have to offer guidance in the right way” (E7F).*

Due to the changes that have taken place in society, it is necessary to change the teaching model in ethics and bioethics. It is necessary to invest in

methods that offer knowledge and at the same time provoke a wide discussion, with reflections that generate answers to questions arising in the exercise of the profession. Continuing education would be the best way to foster the exchange of experiences about ethical dilemmas experienced in practice. In addition, the interdisciplinary debate contributes to enrich the experience of professionals from different areas, such as health and human sciences⁹, who act as teachers and need permanent training.

Ethical discussion among undergraduates could also be deepened, for example, in mentoring meetings. Despite this, the interviewees consider that the majority does not learn, and the doubts are not always solved by the teachers:

“I think the ethics worked out during the course is kind of off. You listen more than you study, you do not have a discussion. (...) I came out with several questions about what to do or not in a certain situation (...) I do not know what my rights are, I do not know what my duties are” (E10F).

Suggestions for the teaching of ethics

In Frame 2 some suggestions of the students are presented to improve the teaching of ethics in medical graduation. Among them, the need for the tutor/teacher to instigate reflective and critical thinking and awareness campaigns in which students place themselves in the patient’s place is highlighted.

Frame 2. Suggestions from medical students to improve ethics teaching

Instigate reflective and critical thinking of students
Deepen and demand content throughout the course
Continuing Education for Teachers
Search for ludic teaching methods
Create humanization groups

They also suggested further deepening and collection of ethics content in all undergraduate periods: *“In fact, my suggestion would be a greater approach to the discipline of ethics from the first period (...) a dialoguing class (...) that could put the issue in focus of ethics in a more cohesive way for students” (E7M).*

Of particular note among the proposals is the collective elaboration of the Código de Ética dos Estudantes de Medicina - CEEM (Code of Ethics of Medical Students), with the participation of students

and professors of the course, as already pointed out by a previous study²⁰. In this sense, it is important to emphasize the role of scientific research to consolidate contextualized and applicable products, as a way of intervening in reality and provoking ethical reflection.

The teaching of ethics involves complex themes, being permeated by uncertainties and diverse opinions on the same subject due to the different moral values of those involved. This complexity reinforces the argument that it should be worked transversally throughout the course, allowing for shared discussions and considerations on different issues²¹ in the practice of medicine. The suggestions were also related to the qualification of teachers since these end up serving as role models to the students:

“The question of ethics is not just theoretical, it is practical as well. So I think the best way to teach ethics is to practice ethics. And I think it would take a process of re-education of the professionals who work as teachers. A reeducation of ethics. I think that sometimes they charge a lot of students, and the learning of ethics has to be charged, but the professionals involved in the teaching of medicine and ethics do not go through this process of re-education, updating. They lack the practical experience, and there they end up taking the examples to the students” (E8M).

The student’s speech is in line with the new DCN, which emphasizes the ongoing training of faculty. The guidelines establish that IES constitute Núcleos Docentes Estruturantes - NDE (Structural Teaching Nuclei) and provide teachers with participation in training programs, with the possibility of insertion of professionals working in health networks².

A study that aimed to evaluate bioethics in curricular matrices of medicine in Brazil, identified the valorization of the technical aspect of the profession in detriment of ethical training. In this perspective, the courses need to be adapted to current DCN, deepening discussions on ethical issues proposed in the Exame Nacional de Desempenho do Estudante - Enade (National Student Performance Exam)²². One of the interviewees suggested even interacting the medical course with the performing arts in order to simulate ethical conflicts. The suggestion is pertinent since the activity would instigate the reflexive and critical thinking of the students from the context of the facts:

“Maybe in communication skill modules. One suggestion, in the basic cycle, would be to put the student in contact with fictitious situations of ethical conflicts, and then each one will react in some way to the conflict presented. Maybe put students from a different course (...) Let’s dream. Students, for example, performing arts, to be the actors, interpret the patients in different situations of medical practice to stimulate the discussion about medical ethics, which decision to take in front of that situation, and all experience a little more in practice” (E11M).

Different teaching formats can contribute to the practice of ethics. In this context, we highlight important research that described experimental work to identify students’ opinions from the abortion case drama, which was attended by legal professionals and the Medical Ethics Committee. A questionnaire was applied to the viewer students to evaluate the method and the contributions to the learning. It was also asked if they would be favorable to the replication of the activity in the institution in which they study, and most considered the method valid, recommending new topics, such as sexual violence²³, for example.

The students of the present study also proposed the creation of humanization groups during the internship, composed of students from the first periods, due to the greater availability for this type of activity and because the beginning of the course is the moment in which the CEM is most discussed:

“Humanization groups in which we listen to family members and realize how difficult it is for them because maybe during the clinic stage we are not able to see it. It is very focused on the organic part” (E12F);

“Maybe even in terms of extracurricular activities, you have more time and there are many activities in which I have had opportunity to participate that involved a lot of humanization group, many ethical issues. In the beginning there is more time to devote to extracurricular activities and you put into practice what you may be studying in college, which is not just scientific knowledge” (E12F).

The constant reflection and appreciation of people in labor relations would humanize the health sector. This process must be backed up by ethical principles of respect for those who care for and who undergo treatment. It is important to develop

this dimension so that the professional renews his practice, recognizing the patient as a subject²⁴.

The theme of humanization is legitimized by public policies through the Programa Nacional de Humanização da Assistência Hospitalar - PNHAH (National Humanitarian Assistance Program). The main objective of the initiative is to improve relations between professionals and users (face-to-face interactions) and hospital and population (social-community interactions), with the aim of giving more quality and effectiveness to the services provided²⁵.

After the PNHAH, the Política Nacional de Humanização - PNH (National Humanization Policy) was promulgated, with the purpose of introducing these principles of the Sistema Único de Saúde - SUS (Unified Health System), in the day-to-day of public services, to improve management and care. Among the guidelines is the enhancement of the environment, characterized by the organization of healthy, welcoming and comfortable spaces that preserve the privacy of people in public health facilities²⁶.

Final considerations

The perception of medical students points to the devaluation of ethics teaching in undergraduate and the dissociation of theory with medical practice, in addition to the scarce approach of the humanities during the course. It is also emphasized the need for continuing education in ethics for teachers and preceptors.

To solve these problems, the respondents suggested several solutions. Among them, ethical reflection during medical practice, starting with the behavior of the educators, with the contextualization, in the day to day, of the clinical experience in the clinic. It is also pointed out that this reflection should be continuous, throughout the undergraduate course, and not in a specific and isolated way.

To qualify the teaching of ethics in the medical course it is important to provide interactive moments for teachers and students to build knowledge and recognize the comprehensiveness of the problems identified. This would consolidate a teaching-learning process that would improve the individual by developing the ethical sensitivity needed by health professionals.

We thank the support Agency – “Fundação de Amparo à Pesquisa do Estado de Minas Gerais” (Fapemig), Process nr. CHE-APQ. 00707-15; and the National Council for Scientific and Technological Development (“Conselho Nacional de Desenvolvimento Científico e Tecnológico – CNPq) process nr. 437324/2016-8.

Referências

1. Camargo A, Almeida MAS, Morita I. Ética e bioética: o que os alunos do sexto ano médico têm a dizer. *Rev Bras Educ Méd* [Internet]. 2014 [acesso 10 nov 2017];38(2):182-9. Disponível: <https://bit.ly/2rGJERH>
2. Conselho Nacional de Educação. Parecer CNE/CES nº 116/2014. Diretrizes curriculares nacionais do curso de graduação em medicina [Internet]. Diário Oficial da União. Brasília, p. 17, 6 jun 2014 [acesso 27 set 2015]. Seção 1. Disponível: <https://bit.ly/2G4yiNs>
3. Mascarenhas NB, Rosa DOS. Bioética e formação do enfermeiro: uma interface necessária. *Texto Contexto Enferm* [Internet]. 2010 [acesso 10 nov 2017];19(2):366-71. Disponível: <https://bit.ly/2LWeySw>
4. Rios IC. Humanidades médicas como campo de conhecimento em medicina. *Rev Bras Educ Méd* [Internet]. 2016 [acesso 15 nov 2017];40(1):21-9. DOI: 10.1590/1981-52712015v40n1e01032015
5. Amorim KPC, Araújo EM. Formação ética e humana no curso de medicina da UFRN: uma análise crítica. *Rev Bras Educ Méd* [Internet]. 2013 [acesso 10 nov 2017];37(1):138-48. Disponível: <https://bit.ly/2HEuIKW>
6. Paiva LM, Guilhem D, Sousa ALL. O ensino da bioética na graduação do profissional de saúde. *Medicina* [Internet]. 2014 [acesso 2 out 2016];47(4):357-69. DOI: 10.11606/issn.2176-7262.v47i4p357-369
7. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 1979.
8. Mitre SM, Siqueira-Batista R, Girardi-de-Mendonça JM, Morais-Pinto NM, Meirelles CAB, Pinto-Porto C *et al*. Metodologias ativas de ensino-aprendizagem na formação profissional em saúde: debates atuais. *Ciênc Saúde Coletiva* [Internet]. 2008 [acesso 10 nov 2017];13(Supl 2):2133-44. DOI: 10.1590/S1413-81232008000900018
9. Andrade AFL, Pessalacia JDR, Daniel JC, Euflauzino I. Processo ensino-aprendizagem em bioética: um debate interdisciplinar. *Rev Bras Educ Méd* [Internet]. 2016 [acesso 15 set 2017];40(1):102-8. DOI: 10.1590/1981-52712015v40n1e01732015
10. Ayres JRCM, Rios IC, Schraiber LB, Falcão MTC, Mota A. Humanidades como disciplina da graduação em medicina. *Rev Bras Educ Méd* [Internet]. 2013 [acesso 10 nov 2017];37(3):455-63. DOI: 10.1590/S0100-55022013000300019
11. Kottow M. Humanidades médicas: ¿decorativas o substantivas? El caso de literatura y medicina. *Rev Bras Educ Méd* [Internet]. 2014 [acesso 10 nov 2017];38(3):293-8. Disponível: <https://bit.ly/2QhoTqH>
12. Couto Filho JCF, Souza FS, Silva SS, Yarid S, Sena ELS. Ensino da bioética nos cursos de enfermagem das universidades federais brasileiras. *Rev. bioét. (Impr.)* [Internet]. 2013 [acesso 10 nov 2017];21(1):179-85. Disponível: <https://bit.ly/2Z07hnf>
13. Gomes AMA, Moura ERF, Amorim RF. O lugar da ética e bioética nos currículos de formação médica. *Rev Bras Educ Méd* [Internet]. 2006 [acesso 10 fev 2018];30(2):56-65. Disponível: <https://bit.ly/2JxUowm>
14. Costa MCG, Tonhom SFR, Fleur LN. Ensino e aprendizagem da prática profissional: perspectiva de estudantes de medicina. *Rev Bras Educ Méd* [Internet]. 2016 [acesso 15 set 2017];40(2):245-53. DOI: 10.1590/1981-52712015v40n2e01522014
15. Menezes RA. Entre normas e práticas: tomada de decisões no processo saúde/doença. *Physis* [Internet]. 2011 [acesso 5 nov 2017];21(4):1429-49. DOI: 10.1590/S0103-73312011000400014
16. Silva J, Leão HMC, Pereira ACAC. Ensino de bioética na graduação de medicina: relato de experiência. *Rev. bioét. (Impr.)* [Internet]. 2013 [acesso 10 fev 2018];21(2):338-43. Disponível: <https://bit.ly/2InXOQB>
17. Burgatti JC, Bracialli LAD, Oliveira MAC. Problemas éticos vivenciados no estágio curricular supervisionado em enfermagem de um currículo integrado. *Rev Esc Enferm USP* [Internet]. 2013 [acesso 10 fev 2018];47(4):937-42. DOI: 10.1590/S0080-623420130000400023
18. Feitosa HN, Rego S, Bataglia P, Rego G, Nunes R. Competência de juízo moral dos estudantes de medicina: um estudo piloto. *Rev Bras Educ Méd* [Internet]. 2013 [acesso 24 set 2018];37(1):5-14. DOI: 10.1590/S0100-55022013000100002
19. Conselho Federal de Medicina. Resolução CFM nº 1.931, de 17 de setembro de 2009. Aprova o código de ética médica [Internet]. Diário Oficial da União. Brasília, p. 90, 24 set 2009 [acesso 27 set 2015]. Seção 1. Disponível: <https://bit.ly/2cxX6S2>
20. Menezes MM, Amaral FR, Rocha CU, Ribeiro CR, Maia LC, Sampaio CA *et al*. Elaboração coletiva do código de ética do estudante de medicina. *Rev. bioét. (Impr.)* [Internet]. 2017 [acesso 15 nov 2017];25(1):179-90. DOI: 10.1590/1983-80422017251179

21. Gerber VKQ, Zagonel IPS. A ética no ensino superior na área da saúde: uma revisão integrativa. *Rev. bioét. (Impr.)* [Internet]. 2013 [acesso 15 nov 2017];21(1):168-78. Disponível: <https://bit.ly/2JyAxgq>
22. Neves WA Jr, Araújo LZS, Rego S. Ensino de bioética nas faculdades de medicina no Brasil. *Rev. bioét. (Impr.)* [Internet]. 2016 [acesso 24 set 2018];24(1):98-107. DOI: 10.1590/1983-80422016241111
23. Coelho RA, Rolim JMO, Machado SLN, Feitosa HN. Teaching about ethics with an interprofessional mock trial. *Méd Educ* [Internet]. 2017 [acesso 24 set 2018];51(11):1168. DOI: 10.1111/medu.13447
24. Backes DS, Lunardi VL, Lunardi Filho WD. A humanização hospitalar como expressão da ética. *Rev Latinoam Enferm* [Internet]. 2006 [acesso 10 fev 2018];14(1):132-5. Disponível: <https://bit.ly/2loiuurZ>
25. Brasil. Ministério da Saúde. Programa nacional de humanização da assistência hospitalar. Brasília: Ministério da Saúde; 2000. (mimeo).
26. Brasil. Ministério da Saúde. Secretaria de Assistência à Saúde. Programa nacional de humanização da assistência hospitalar [Internet]. Brasília: Ministério da Saúde; 2001 [acesso 22 nov 2016]. (Série C. Projetos, Programas e Relatórios, n. 20). Disponível: <https://bit.ly/2FBGAFB>


Participation of the authors

Márcia Mendes Menezes and Simone de Melo Costa participated in all stages of the study. Luciana Colares Maia, Mauro Henrique Nogueira Guimarães de Abreu and Cristina Andrade Sampaio discussed the data and reviewed the final version of the manuscript.


Correspondência

Simone de Melo Costa – Universidade Estadual de Montes Claros. Campus Universitário Professor Darcy Ribeiro. Centro de Ciências Biológicas e da Saúde. CCBS, sala 109, caixa postal 126, Vila Mauricéia CEP 39401-089. Montes Claros/MG, Brasil.


Márcia Mendes Menezes – Mestre – marciam.menezes@yahoo.com.br

 0000-0002-3708-8152


Luciana Colares Maia – Doutoranda – luciana_colares@yahoo.com.br

 0000-0001-6359-3593


Mauro Henrique Nogueira Guimarães de Abreu – Doutor – maurohenriqueabreu@gmail.com

 0000-0001-8794-5725

Cristina Andrade Sampaio – Doutora – sampaiocristina@gmail.com

 0000-0002-9067-4425

Simone de Melo Costa – Doutora – smelocosta@gmail.com

 0000-0002-0266-018X

