

## EDITORIAL

# Contributions of the Federal Council of Medicine to bioethics

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Exactly 22 years separate the publishing of *Bioethics: bridge to the future*, by the American cancerologist Van Rensselaer Potter<sup>1</sup>, from the arrival of this approach in Brazil. The Federal Council of Medicine (CFM) was responsible for presenting to the national scientific and academic community the first publication to deal with this topic in depth<sup>2</sup>.

Thus, in 1993, *Revista Bioética* was created, with the mission of stimulating reflection on issues that, although seemingly theoretical, have repercussions on the daily routine of care and on the relationship established between physicians and patients and with the world around them<sup>2</sup>.

Over the years, the journal has consolidated its position as a thematic reference at international level, being present on some of the world's main online publishing platforms, and with content available in full in Portuguese, Spanish and English<sup>3</sup>.

However, this is only one of the numerous contributions of CFM to bioethics. As the institution was preparing to host the 16th World Conference on Bioethics, Medical Ethics and Health Law, the opportunity to take a look at the trajectory taken so far arose.

Created in 1956, CFM was born with the aim of standardizing medical practice in Brazil, supervising it and judging situations of disrespect for the rules in force. Since its inception, medical ethics guides the activity of the system formed by CFM and Regional Councils of Medicine, materializing in the consecutive publishing of codes of professional conduct elaborated—each on the due period—in line with legal and scientific advances, and with human and social relations<sup>4</sup>.

The most recent and currently in force is materialized in CFM Resolution 2,217/2015<sup>5</sup>, which introduced innovations such as the provision of palliative care, research involving children, strengthening of patient autonomy and rules for assisted reproduction.

In the 1980s, CFM strengthened its political vocation as a privileged agent in the great national debates that led, for example, to the creation of the Unified Health System (SUS), the National Immunization Program (PNI) and the National Program for the Prevention and Combat of AIDS, not by chance contemporaneous with the first issue of *Revista Bioética*, which was dedicated exclusively to works that analyzed different issues related to the hitherto unknown HIV epidemic.

From this embryo, other emblematic CFM actions also focused on strengthening the bioethical debate in Brazil. In 2011, the institution created its Technical Board of Bioethics, which, formed by prestigious researchers on the subject, has supported the Plenary in its actions. At the same time, a cooperation agreement between CFM and the University of Porto, in Portugal, was signed, which allowed the creation of a Doctoral Program in Bioethics, maintained by the two institutions and which, after 17 years of existence, has received hundreds of students, who defended dissertations responsible for strengthening a Lusophone vision of the basic principles launched by Potter<sup>6</sup>.

In addition to this training center, CFM has encouraged different events (national and international) in the fields of bioethics, medical law and medical humanities, offering a qualified platform for renowned speakers. With their lectures, they have contributed to the strengthening of critical thinking in the country, from a view based on the Potterian premise of bioethics as a bridge, as well as on global bioethics in which the function of this bridge is to promote the approximation of a new global ethics, which combines humility, and interdisciplinary and intercultural responsibility and competence, enhancing the sense of humanity<sup>7</sup>.

The impact of these debates on the normative production of the CFM is also noteworthy. Dozens of opinions, recommendations and resolutions have delimited emblematic issues in Brazil, serving as a compass for judicial decisions and in the field of management<sup>8</sup>.

This set of norms includes CFM Resolution 1,805/2006<sup>9</sup>, which provides that, in the terminal phase of serious and incurable illnesses, the physician is allowed to limit or suspend procedures and treatments that prolong the patient's life, while guaranteeing the necessary care to relieve the symptoms that lead to suffering, from the perspective of comprehensive care, respecting the wishes of the patient or their legal representative are respected.

This was followed by other milestones, such as CFM Resolution 1,995/2012<sup>10</sup>, which allowed patients to establish their advance directives regarding the care they wish, or not, to receive from the moment they are unable to express themselves freely and autonomously; and CFM Resolution 2,314/2022<sup>11</sup>, which establishes the practice of telemedicine in Brazil, safeguarding the requirement that it be exercised in compliance with the usual normative and ethical standards of face-to-face care.

In addition, CFM Recommendation 8/2015<sup>12</sup> guides those responsible for the management of health facilities (technical directors and clinical directors), as well as the presidents of medical entities, to act in favor of the creation and operation of Bioethics Committees in their institutions, aiming to support medical decision-making.

Evidently concerned with taking these debates to the care centers, CFM determined to these managers the mission of providing an adequate place and infrastructure for the exercise of the planned activities, as well as to encourage the submission to these internal groups of conflicts related to patient care<sup>13</sup>.

This trajectory of CFM in favor of Brazilian and world bioethics is far from being exhausted in this editorial and should certainly advance swiftly with the 16th World Conference in Brasília, making Brazil's capital the epicenter of fundamental discussions. The landscape of bioethical problems today is different, and global

bioethics is a new reality, not a finished product. These discussions are ongoing<sup>4</sup> and necessary for the future of medical care, the ethical practice of the profession and the development of a citizen conscience based on the defense of absolute values, such as autonomy, justice, health, ecology and life.


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