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Source / Izvornik: **Synthesis philosophica, 2009, 24, 349 - 368**

Journal article, Published version

Rad u časopisu, Objavljena verzija rada (izdavačev PDF)

Permanent link / Trajna poveznica: <https://um.nsk.hr/um:nbn:hr:184:872524>

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Download date / Datum preuzimanja: **2024-12-29**



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**Definitions of Bioethics
in Bioethics Education in Croatia¹**

Abstract

Work purpose: *to present and analyze pedagogical strategies and the communicational approach to definitions of bioethics, a mutual part of the bioethics contents being realized on the university studies of Dentistry, Organization, Planning and Management in Healthcare, and professional studies of Medical Radiology at the Medical School in Rijeka.*

Methods: *the method of content analysis was used to research and present encyclopaedic and some authorial definitions of bioethics, with special emphasis on definitions of bioethics by authors – bioethicists from Croatia; the method of pattern 1: included the curriculum of Medical Ethics and Bioethics and the Ethics of Healthcare, and researched standpoints of forty-five students educated in studies where bioethics courses are being realized. The pattern is specifically stratified because it: a) included students whose curriculum is being realized in shifts – intensive lectures in a duration of two weeks, and those whose lectures are being realized each week during one semester; b) different year of education (Dentistry – second year students, Organization, Planning and Management in Healthcare and Medical Radiology – first year students). 2. The scale of assessment was used to research and obtain standpoints of students on the contents of the curriculum, methods of its performance, and the achieved level of communication among students and communication with the professor.*

Expected results: *the presented method of work and results obtained by the scale of assessment should display the acceptability and successfulness of the presented pedagogical-methodological means of work and point out to weaknesses and deficiencies, and finally conclude the extent to which the presented concept, and approaches to the actualization of the definitions of bioethics contribute to the realization of dialogue and communication in which students simultaneously experience the curriculum as necessary, useful, interesting, and one that may motivate them to think, exchange ideas and offer possible solutions. The scale of assessment should point out to different standpoints of students depending on the length of their study (year of study) and commitment to a method of class realization (in shifts and/or weeks throughout the whole semester).*

Key words

bioethics, definition of bioethics, orientational knowledge, case analysis, moral orientation, workshop

Introduction

This work demonstrates the methodical approaches to definitions of bioethics which should help students of medical and healthcare educational profiles to

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The presented results arose from the scientific project titled “Bioetika i kultura” (“Bioethics and Culture”), implemented with the support

of the Ministry of Science, Education and Sport of the Republic of Croatia.

recognize the content of bioethics which concerns their professional orientation and to determine necessary information and knowledge which students must adopt so they may orient themselves in solving bioethical problems related to their future profession.

In the preparation and realization of this workshop, practical experience represents a particular challenge to students who unwillingly accept the term of 'definition' itself because it associates them with learning verbatim, with fear of a lowered grade if they do not know to recite the definitions. Therefore, the approach to this topic is directed at a gradual analysis and understanding of the definition of bioethics. That is to say, the work displays possibilities of different methodical approaches used to introduce students to bioethics as a scientific discipline, to recognize its contents, pluriperspectivity as a methodological approach, and to evaluate the importance and necessity of bioethical education in acquiring of orientational knowledge.

Procedure and phases of acquiring knowledge

At the outset it must be pointed out that the presentation of the conceptual determination and definition of bioethics is quite a demanding course task. Firstly, the matter in question is the theoretical course unit and the fact that it depends on the method of presenting bioethical definitions how much students will perceive the bioethics course content as necessary and useful for their future professional work, i.e. how much will they be motivated for a continued acquiring and adoption of bioethical information and knowledge. Secondly, our aim is to demonstrate to students the importance of their familiarity with definitions of bioethics since they reveal the content determinacy and methodological approaches which clearly point at the conceptual and content differentiation of medical ethics and bioethics, and already on the definition level determine the necessity for inclusion of different cultural perspectives into the observation and solution of bioethics issues. The work is demanding owing also to the expression of the professor's skill in motivating students for an active participation and recognition of issues relating to the definitions of bioethics. Finally, the method of presenting definitions of bioethics should instruct students to recognize and present the activities which lay ahead in realization of the bioethics curriculum and bioethics course.

We recommend that the procedure of acquiring knowledge is performed in three phases: in the first of *evocation*² by use of brainstorming students have the opportunity to express and state associations and information on bioethics they have reached earlier, and attempt to offer their own definitions of bioethics. Results obtained by this type of discussion are of multiple uses. Firstly, in the presentation, explanation and argumentation of definitions of bioethics, they serve as a guide for the presentation of information and facts about bioethics because they point out to the knowledge students already have, and therefore we can avoid the repetition of known facts. Secondly, comparing definitions given by students with the scientific ones, we demonstrate how close their determinations are to formal definitions, and thirdly, they show how knowledge on bioethics and its determinacies may be adopted through understanding, and not learning the definitions by heart. The second phase, following researches of the Forum for the Freedom of Education, we determine as a phase of *understanding meanings*.³ In that phase the historical-cultural period that preceded the appearance of bioethics is presented followed by explanation of reasons why scientific and technological achievements changed the meaning of human and other rights, and by now, in a phase of

the conceptual project, demand the enquiry of attainments and the undertaking of responsibilities for the imagined and the undertaken act. Emphasising the fact that the definition of bioethics is a challenging and demanding scientific task, students are submitted encyclopaedic and some authorial definitions of bioethics. In the third phase, according to the previously mentioned source – the phase of *reflection*,⁴ students in bioethical workshops, integrating formerly acquired knowledge with the presented knowledge and interactive work, approach to the analysis of the definitions of bioethics.

Course and content of the first phase of cognition

Students quote, and the professor notes associations and definitions of bioethics to make them visible and present during the implementation of the entire teaching procedure. When all associations and propositions of definitions are exhausted, the instruction proceeds to the second phase.

Course and content of the second phase of cognition

In the methodical sense, the course content of this phase is drafted according to the historical-chronological approach, and is reached through a method of oral presentation. During a period of 35 minutes the professor should sustain the attention of students with the following contents:

1. *Historical-causal reasons for the appearance of bioethics.* The frame of this content is constituted by the presentation of the scientific-technological progress and achievements in medicine. The birth of life, sustaining of life, and death and dying are three levels of the problem which, owing to numerous discoveries and achievements of medical technology, began to shed a light on medicine in a new manner. Namely, the understanding of medicine as a science and activity in which everything is done for the welfare of the patient, was opposed by events that confronted medicine and its professionals with issues to which, in the name of human dignity and the return of trust in medicine, answers had to be found. Those answers would, in the name of the former, enlighten and explain causes for the newly risen situation, and in the name of the latter, outline a new view on medical personnel as professionals who treat ill people with expertise, responsibility and humanness. Due to an increased testing of the implementation of the *Hippocratic Oath* provisions – in terms of legalized abortion, circulation and use of the contraceptive pill, attempts to experiment with techniques of assisted insemination, possibilities of transplantation, in the situation of the first baby born by use of the artificial insemination technique, definition of the death of a person, achievements of the pharmaceutical industry – it became more clearly not just Oath's limitations caused by the flow of time, but also by the raise of voices and resistance of those whose unquestionable obedience Oath in itself implied. Confronted on the one hand with technical power and achievements and on the other with voices warning of inhumanity and cruelty of medical professionals, medicine could not respond to the newly risen challenges. The situation is also explained by the

² More extensively in: Vidović, V. V., Kletzien, Sh. B., Bekavac, M. C. (2002): *Aktivno učenje i ERR okvir za poučavanje, Aktivno učenje i kritičko mišljenje u visokoškolskoj nastavi*, Priručnik za nastavnike, 1. dio, Forum za slobodu odgoja, Zagreb, pp. 26–27.

³ *Ibid.*, pp. 27–28.

⁴ *Ibid.*, pp. 28–29.

fact that the voice for human dignity, care for the ill person, right to make a decision, change of traditional standpoints on the nature and achievements of medicine, was given and presented, precisely for these issues, by competent professionals. Cases that have given proof to arguments on the inability of medicine to give autonomous answers for problems left behind by the scientific-technological progress, and situations in which patients and members of their families sought protection in courts of justice for the breach of their dignity and humanity, and publicly spoke of what they had endured, became contents of analysis and subject of scientific discussion. It should be pointed out that purely the character of the case and the nature of relationships within it determined the participants and discourse on possible solutions. Then initiated as a discourse on a *different*, today has outgrown into an interdisciplinary dialogue in which a consensus on a decision and solution must be unavoidably achieved. This path of outgrowth may be followed through attempts in finding and defining ethical standards in medicine and healthcare and through cultural-value changes and to them relevant social perspectives on what it means to have a qualitative and dignified life.

2. *Reasons that lead Van Rensselaer Potter to create the term 'bioethics'.* His warnings deserve a special attention. According to Potter, if the extent of scientific-technological progress is not brought into question, man will, with his knowledge and abilities, endanger himself, other lives and the environment in which he works and lives in. In an article titled "Biocybernetics and Survival" (1970) Potter said for bioethics that it is "a new discipline promoted to unite biological knowledge with the knowledge on human value systems".⁵ In that historical moment he pointed out to the necessity of an ethical enquiry and evaluation of products and consequences of the scientific-technological progress and, equally important, directed to a specific science which treats values by the nature of its scientific orientation – to philosophy.⁶
3. By taking into consideration points 1 and 2, the birth of bioethics becomes clearer,⁷ as well as the determination of the term and reasons which in a short period of time led to various encyclopaedic and authorial definitions. This is followed by the presentation of encyclopaedic and authorial definitions of bioethics. In addition to two, let us call them – official definitions from encyclopaedic editions issued in 1978 and 1995 – we hold that it is useful to analyze additional sources which, according to students' statements, are quickly and easily accessible. Without doubt, the subject under discussion is the Internet. For this purpose, definitions from Internet editions of the *Encyclopaedia Britannica*⁸ and Wikipedia⁹ are also implemented into the presentation and analysis.

In the first edition of the Encyclopaedia of Bioethics (1978) 'bioethics' is defined as following:

"Bioethics is a systematic investigation of human behaviour in the field of sciences concerning life and health care so far as this behaviour is considered in the context of moral values and principles."¹⁰

In the second edition (1995) it is written:

"Bioethics is a systematic study of the moral dimensions—including moral vision, decisions, conduct and policies—of the life sciences and health care, employing a variety of ethical methodologies in an interdisciplinary setting."¹¹

In the *Encyclopaedia Britannica* under the headword ‘bioethics’ we find the following definition:

“... branch of applied ethics that studies the philosophical, social, and legal issues arising in medicine and the life sciences. It is chiefly concerned with human life and well-being, though it sometimes also treats ethical questions relating to the nonhuman biological environment.”¹²

Definition of ‘bioethics’ from Wikipedia:

“Bioethics is concerned with the ethical questions that arise in the relationships among life sciences, biotechnology, medicine, politics, law, philosophy, and theology. Disagreement exists about the proper scope for the application of ethical evaluation to questions involving biology. Some bioethicists would narrow ethical evaluation only to the morality of medical treatments or technological innovations, and the timing of medical treatment of humans. Others would broaden the scope of ethical evaluation to include the morality of all actions that might help or harm organisms capable of feeling fear and pain. Thus bioethics has a comprehensive scope, including human health, human life, animal and vegetable life; in other words, all issues related to life.”¹³

In presenting authorial definitions of bioethics emphasis must be given to the praiseworthy study of Croatian bioethicist Hrvoje Jurić.¹⁴ To summarize, the author draws a distinction between two standpoints in defining bioethics. First is represented by authors who link bioethics with clinical practice, healthcare, biological, biomedical and pharmaceutical researches. Therefore we could, according to Jurić’s understanding, call that standpoint *narrower, humane and humanely biomedical*.¹⁵ The second one insist upon a more complex definition of bioethics which comprehensively include, side by side with

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Matulić, T. (2001): *Bioetika*, Glas koncila, Zagreb, p. 39.

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Students of the Medical School in Rijeka may inform on a work of Van Rensselaer Potter and his contribution to the role of philosophy in discussing bioethical problems by studying his book *Bioethics – Bridge to the Future* (Croatian translation was published by Department for Social Sciences of the Medical School in Rijeka, Croatian Society for Clinical Bioethics, Croatian Bioethical Society and the International Association for Clinical Bioethics (ISCB), in 2007).

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Albert R. Jonsen, historian of medical ethics and bioethics, published a book *The Birth of Bioethics* (Oxford University Press, 1998) in which he investigates the reasons for the emergence of bioethics.

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“Bioethics”, *Encyclopaedia Britannica*, 2007, <http://www.britannica.com/eb/article-9079252>. Access: April 23rd, 2007.

9

“Bioethics”, www.wikipedia.org/wiki/Category.

10

Šegota, I. (1999): “Nova definicija bioetike”, *Bioetički svesci*, Rijeka, Medicinski fakultet Katedra društvenih znanosti, pp. 1, 11.

11

Ibid., p. 26.

12

“Bioethics”, *Encyclopaedia Britannica*, 2007, <http://www.britannica.com/eb/article-9079252>. Access: April 23rd, 2007.

13

“Bioethics”, www.wikipedia.org/wiki/Category.

14

H. Jurić presented results of his research on the determinants and definitions of bioethics at the symposium titled “Filozofija i pluralizam” (“Philosophy and Pluralism”), which was held in Zagreb on the 24th and 25th November 2005. Jurić, H. (2005): “Multi-, pluri-, trans-, u bioetici i oko nje”, www.h-alter.org (Access: October 3rd, 2006).

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To the group of authors which define bioethics in that manner belong Tom Beauchamp i James Childress with their work *The Principles of Biomedical Ethics*, and Peter Singer and Helga Kuhse, editors of the collected papers *Bioethics: An Anthology and Manual of Bioethics*. More extensively on this in Jurić, H. (2005).

clinical-medical issues, numerous other issues that may be characterized as global-ecological. To illustrate the referred arguments, Jurić takes into account a large number of authors and their definitions. From his text we take the following:

– Otfried Höffe in the *Lexicon of Ethics*, among other things, points out:

“Bioethics is being understood as an interdisciplinary based science on survival, whose primary wish is to build bridges between spiritual and natural sciences. Directed at the mere instrumental relationship to nature, bioethics deals with economical, social, political, as well as cultural presuppositions of the human relationship to nature... in the field of biomedical ethics, bioethics considers moral issues of birth, life and death...”;¹⁶

– Ludwig Siep defines bioethics as:

“... the area of ethics dealing with the proper relationship of man to life or the nature as a whole”;¹⁷

To this research we also add definitions of Croatian bioethicists:

– In the book *Bioetika* Tonči Matulić says that

“... the notion of bioethics is a compound-word in which, from perspectives of present cognitions and interpretations the part *bio* leads to the bio-medical sciences with their accompanying biotechnologies, while the other part *ethics* leads firstly to the philosophical discipline of ethics which is concerned with the given foundations of proper human behaviour, and subsequently with the *system of moral ethical-values* itself which it defines, elaborates, explains and presupposes as a theoretical condition for the definition of frames for proper practical human action”;¹⁸

– Ante Čović:

“... bioethics is an area, relational-philosophical and pluriperspective ethics”;¹⁹

– Hrvoje Jurić:

“Bioethics is an open area of encounters and dialogues of different sciences and activities, and different approaches and views to the world, which gather to articulate, discuss and resolve ethical issues related to life, to life in its entirety and each part of this entirety, to life in all its forms, stages, phases and manifestations.”²⁰

After the account of these definitions of bioethics it is important to emphasize the following: each of the above mentioned deserves its place in the curriculum of bioethics and other bioethics courses, and each professor should, for the purpose of analysis and understanding of the essence of bioethics, choose those definitions which speak the most about the content and teaching material that should be realized and adopted. On that note, for the introductory lessons in bioethics and the lectures in courses of Medical Ethics²¹ and Ethics of Healthcare,²² in our practise we decided for the analysis of definitions from the *Encyclopaedia of Bioethics* and two authorial definitions, while for the lectures in courses Bioethics,²³ Bioethics and the Culture of Dialogue in Medicine,²⁴ and On Health Differently,²⁵ for the analysis and understanding of the character of bioethics we also introduced other quoted definitions. Equally, we discussed on actuality of the highlighted definitions and refer to them in other teaching units.

Workshops

Workshop I: Analysis of the contents of encyclopaedic and authorial definitions of bioethics

Aim: to discuss fundamental definitions of bioethics from 1978 and 1995; to recognize similarities; to consider how much the authorial definitions contribute to the understanding of encyclopaedic definitions of bioethics; to conclude what must be, according to the first and the second definition, mastered in bioethics education; to consider how much the authorial definitions contribute to the understanding of encyclopaedic definitions and how much do they help in the definition of the character of bioethical contents.

Procedure of learning:

- Work on the text;
- Pointing out tasks to be achieved through text analysis.

Material: paper, pencils, felt pens, flipchart, working material for each group: text of the definition, issues that must be discussed and answered.

Introductory activity: to inform students about tasks that must be realized and methods of work that will help them master their tasks more easily and quickly. Students are asked to form four small groups so that in each group participate 3–4 students.

Teacher introduces students with tasks each group overtakes. The first group receives the text with the definition of bioethics from 1978 with the task to highlight the contents this definition covers, to indicate within the definition those contents which are familiar to them and those they already have ideas about, then to find those unknown to group members and, finally, those on which they should inform themselves more and learn about on bioethics courses. The second group receives the text with the definition of bioethics from the years 1978 and 1995. The task is to find mutual contents in both definitions and highlight what is different in these definitions. Based on the definition by Tonči Matulić, the third group answers the question of what this definition directs at and what knowledge is necessary according to this

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Wider in: Jurić, H. (2005), cit. ed.

17

Ibid.

18

Matulić, T. (2001), cit. ed.

19

Čović, A. (2004): *Etika i bioetika*, Pergame-na, Zagreb, p. 28.

20

Jurić, H. (2005), cit. ed.

21

The course of lectures is being realized on the Medical School in Rijeka for the Integrated pre-graduate and graduate university study of Dentistry and professional study of Medical-laboratory Diagnostics.

22

The course of lectures is drafted for the students of the professional study of Medical Radiology at the Medical School in Rijeka.

23

The course of lectures is performed on two university studies at the Medical School in Rijeka: pre-graduate university study of Organization, Planning and Management in Healthcare and pre-graduate university study of Sanitary Engineering.

24

The course of lectures is being realized on the Integrated pre-graduate and graduate university study of Medicine.

25

The course of lectures is realized on the University study of medicine, and from academic year 2007/08 it is also realized on the pre-graduate university study of Organization, Planning and Management in Healthcare.

definition. The fourth group, comparing definitions by Ante Čović and the encyclopaedic definition from 1995, must find an answer to the question of their similarities and differences.

Central activity: analysis of definitions and answers to questions asked.

Teacher motivates students to seek answers to questions because of their importance for conceptualization of the following teaching material. He/she reminds students that such methods of work make them responsible for directing bioethical contents and adopting necessary course information. Following work in small groups, he/she helps students to solve problems which created difficulties for them in group work. After the group work is finished, representatives of each group give answers to questions, and teacher writes them down on the flipchart. Activity is continued in a frontal form of work so that all students may express their thoughts and comments on the answers received.

Final activity: planning and programming future tasks on courses in bioethics.

Based on the obtained answers, students, together with their teacher, conclude which contents must be adopted and which knowledge completed in their future course work.²⁶

Workshop II: Complexity and pluriperspectivity – outset basis for the approach to and observation of bioethical problems

Aim: to examine the complexity of the bioethical problem, observe its components and the necessity to include pluriperspectivity and the integrative approach in the procedure of problem solution.

Procedure of learning:

- Case interpretation – presenting the problem;
- Pointing out tasks to be achieved through analysis of the offered problem.

Material: paper, pencils, felt pens, flipchart, material for the work of each group: case from practice,²⁷ the *Hippocratic Oath*, text “Challenges of heterologous insemination”,²⁸ “Parents and children” (part from the *Family Law Act* of the Republic of Croatia),²⁹ part of the texts “Medical model”,³⁰ “Biomedical model”,³¹ “Family planning and the regulation of human fertility”,³² and issues that are to be discussed and answered in a small groups.

Introductory activity: introducing the students to the course and reasons for group work.

Teacher introduces students into their mutual task, points out the complexity of bioethical problems, warns on importance of recognizing problems’ component parts and suggests approach from scientific as well as other perspectives that can contribute to problem observation and solution. After first instructions each small group is handed out material needed for work (see item Material) and students are asked to equally participate in the interpretation of facts and acquiring of knowledge.

Central activity: case analysis and answers to initial questions.

Teacher reminds students of the results achieved in previous workshop which led to a conclusion that *Hippocratic Oath* is inadequate in facing new kind of problems which occur in contemporary medical-ethical practice. This conclu-

sion directed to a course discussing on the character of the bioethical problem, pointing to its complexity which demands a multidisciplinary (pluriperspective) and integrative approach. Alike, it points out that the offered case and is-

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Compared to the already realized workshop, it may be said that in their analysis of the first definition of bioethics, students have pointed out the need for new knowledge related to the sciences of life, ethics of healthcare and bioethical principles; analyzing the others they demanded information on what is hidden behind the moral dimensions and interdisciplinarity of bioethics, while analyzing the authorial definitions they concluded a need to acquire knowledge on the pluriperspectivity and interdisciplinarity of bioethics.

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Case: “Mrs. Mary Beth Whitehead, twenty-nine year old homemaker from New Jersey signed on February 6th, 1985, a contract binding her to bear a child to married couple William and Elizabeth Stern. The Contract drafted by the Center for Reproductive Medicine and Infertility in New York contained a part binding Mrs. Whitehead not to, for the benefit of the newborn child, create or try to create a parental relationship with the child and that upon birth, she will freely surrender the child to the care of Mr. William Stern, biological father of the child. In addition, Mrs. Whitehead also signed a waiver of all parental rights. As compensation for the birth and labour expenses she received from the Center for Reproductive Medicine and Infertility a total of ten thousand dollars of the twenty-five thousand dollars Mr. Stern had paid the centre for the costs of fertilization, healthcare services during the pregnancy and costs of mediation. The in vitro conceived child was born on 27th March, 1986, and Mrs. Whitehead and her husband, who already had two children, did not like the idea of giving up the newborn baby to the Sterns. Being aware of their obligations deriving from signing the contract, three days after the birth they handed over the baby to the Sterns, but refused to receive the compensation of ten thousand dollars. In a couple of days Mrs. Whitehead went to Mr. Stern’s office begging him to allow her one last week with the baby. The Sterns accepted, but as Mrs. Whitehead did not return the baby for two months, the Sterns filed suit with a demand for the custody of the newborn baby. After that, followed events that can be seen in thriller movies. With a court order to take over the child, six policemen went to the house of the Whiteheads, and refusing to hand over the baby Mrs. Whitehead managed to give the baby to her husband through the bedroom window after which he left New Jersey with the baby and fled to Florida. Mrs. Whitehead joined them soon after without the police

questioning her at all. After three months of living on various addresses in Florida, the Whiteheads were found and the judicial proceedings could take place. The court proceedings were prolonged due to Mrs. Whitehead’s statement on the possibility of fatherhood of her husband since she engaged with him in sexual relations at the time of the artificial insemination. Withholding the fact that her husband was subjected to a process of sterilization after the birth of their second child, she consciously misled the judge and prolonged the legal proceedings until the final testing of the possible fatherhood of Mr. Whitehead. The legal proceedings were concluded as such that the baby was, registered in the judicial documents as Baby M – handed over by court order to temporary custody of the Sterns who were also granted adoption rights, while Mrs. Whitehead was granted limited rights to child visitations.”

This case is known under the title “The Baby M Case”, and was published in: Pence, E. Gregory (1990): *Classic Cases in Medical Ethics. Medical Ethics with Philosophical, Legal and Historical Backgrounds*, School of Medicine and Department of Philosophy, University of Alabama at Birmingham, pp. 89–114. The case drew great attention of the American academic community and public, and Pence stated that it was analyzed and written about by: William Prior, ed., (1988): *Manufactured Motherhood: The Ethics of the New Reproductive Techniques in Logos: Philosophic Issues in Christian Perspective*, 9, Philosophy Department, Santa Clara University, Edwin Mellen Press, (1987): *On the Problem of Surrogate Parenthood: Analyzing the Baby M Case*; Steinbock, B. (1988): “Surrogate Motherhood as Prenatal Adoption”, *Law, Medicine & Health Care*, Spring 1988, 16:1–2.; Chesler, P. (1989): *Sacred Bond: The Legacy of Baby M*, Vintage, New York State Task Force on Life and Law, *Surrogate Parenting: Analysis and Recommendations for Public Policy*.

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The subject under consideration is the text from the book of Matulić, T. (2006): *Medicinsko prevrednovanje etičkih granica*, Glas Koncila, Zagreb, pp. 132–135.

29

NN. No. 116/2003.

30

“Medicinski model”, *Klinička psihologija*, mimeographed course material, pp. 18–19, accessible at: www.psihologija.ffzg.hr.



sues serve to test an assertion according to which the contemporary medical-ethical (bioethical) problems cannot be solved only by a dominant approach of one, principally medical science. Hence, students in small groups analyze received cases by answering the following questions:

1. Is there a solution for this case in the *Hippocratic Oath*, and if so, what does it prescribe?
2. Can the medical and healthcare personnel solve the received case themselves?
3. If they cannot, why can't they?
4. Which professions and perspectives outside of medicine should be included into case solving and what do the representatives of these professions and perspectives have to offer?
5. For which part of the solution a consensus may be reached and which scientific perspectives contribute to the achievement of a consensus?
6. Are you familiar with the solution of this case in another cultural setting?

Final activity: observation of the complexity of the bioethical case and necessity of including different scientific and non-scientific perspectives into its solution.

Teacher writes down on the flipchart answers received in group discussion, she/he particularly marks those for which no consensus was reached in group work and underlines reasons for the inability of reaching a consensus. In the closing part of the workshop, students in dialogue with the teacher give comments on the acquired answers and derive a common conclusion.

Evaluation of the achieved in the workshop

From an extensive scale of assessment which was offered to students for the evaluation of class work, we select answers to issues related to the acceptability of the described method of work. The scale of assessment included studies and students with whom the presented course unit was realized with the intent of analyzing the implementation of a pedagogical strategy in the conceptualization of course contents and methodology of performing class.

The pattern included students of the integrated pre-graduate and graduate university study of Dentistry, pre-graduate university study of Organization, Planning and Management in Healthcare, and professional study of Medical Radiology. The first study includes the course of lectures in Medical Ethics, the second – Bioethics, and the third – Ethics of Healthcare. Common to all courses of lectures is the introductory part regarding the thematic field of actualization of the definition of bioethics.³³ The teaching process assessed nine (of ten enrolled) students of the professional study of Medical Radiology, twenty three (of twenty four) students of the integrated pre-graduate and graduate university study of Dentistry and thirteen (of fourteen) students of the pre-graduate university study of Organization, Planning and Management in Healthcare – a total of forty five students.

Results of the scale of assessment

Total results:

Question 1. I assess the content of the subject as:

Modality of answers	%
Very interesting	24,44
Partly interesting	33,33
Interesting	40,00
Uninteresting	2,22
I cannot assess	0

Question 2. Methods of course performance made the course more interesting and easier to me:

Modality of answers	%
True	48,98
Partly true	35,55
I am sure	11,11
I am not sure	2,22
I cannot assess	0

Question 3. I give the following grade to method of course performance (5 – very satisfied, 1 – not satisfied):

Modality of answers	%
5	44,44
4	46,66
3	46,66
2	0
1	0

Question 4. I give the following grade to the lectures (5 – very satisfied, 1 – not satisfied):

Modality of answers	%
5	44,00
4	44,44
3	15,15
2	0
1	0

31

“Biomedicinski model”, *Klinička psihologija*, mimeographed course material, pp. 19–20, accessible at: www.psihologija.ffzg.hr.

32

Kodeks medicinske etike i deontologije (2003), Article 3, Croatian Medical Association, Zagreb, pp. 10–11.

33

About the pedagogical-methodological conceptualization of the bioethics course at the Medical School in Rijeka, see: Gosić, N. (2005): *Bioetička edukacija*, Pergamena, Zagreb.

Question 5. I give the following grade to seminars
(5 – very satisfied, 1 – not satisfied):

Modality of answers	%
5	60,00
4	31,11
3	24,24
2	0
1	0

Question 6. Round of the statement you agree with
– I have participated in discussions in small groups:

Modality of answers	%
True	88,88
False	0
I am not sure	2,22
I am indecisive	0
I was not disposed	4,44
No answer	4,44

Question 7. Give grades from 1 to 5 to assess communication of teacher in class as such that you will put the grade from 1 to 5 (5 – very satisfied, 1 – not satisfied) after each assertion:

Modality of answers	5 (%)	4 (%)	3 (%)	2 (%)	1 (%)	No answer (%)
Presents the course material articulately	71,11	22,22	13,13	0	0	0
Uses practical examples in presenting the ethics of the profession I belong to	73,33	17,77	6,66	0	0	2,22
Encourages discussion	51,51	20	13,33	2,22	0	0
Encourages critical deliberation	62,22	26,66	11,11	0	0	0
Helps students realize course tasks more easily	68,88	17,77	11,11	0	0	0
Takes into consideration ideas and opinions	71,11	22,22	6,66	0	0	0
Holds class regularly	91,11	6,66	2,22	0	0	0
Answers student questions clearly and articulately	66,66	28,88	2,22	2,22	0	0
Introduces aims of the course, method of course realization, tasks and exam questions	86,66	8,88	2,22	0	0	2,22
Started and ended class in the estimated time	73,33	17,77	8,88	0	0	0
Respectful to students and their opinions	84,44	8,88	2,22	0	0	4,44

Results according to studies

Question 1. I assess the content of the subject as:

Study	Very interesting (%)	Partially interesting (%)	Interesting (%)	Uninteresting (%)	I cannot assess (%)
Medical Radiology	11,11	22,22	55,55	11,11	0
Org., Plan. and Management in Healthcare	15,38	38,46	46,15	0	0
Dentistry	34,78	37,78	30,43	0	0

Question 2. Methods of course performance (lectures and seminars) have made the course more interesting and easier to me:

Study	Correct (%)	Partially correct (%)	I am sure (%)	I am not sure (%)	I cannot assess (%)
Medical Radiology	11,11	55,55	33,33	0	0
Org., Plan. and Management in Healthcare	61,53	30,76	0	0	7,69
Dentistry	56,52	30,43	8,69	3,34	0

Question 3. I give the following grade (5 – very satisfied, 1 – not satisfied) to method of course performance:

Study	5 (%)	4 (%)	3 (%)	2 (%)	1 (%)
Medical Radiology	22,22	33,33	44,44	0	0
Org., Plan. and Management in Healthcare	30,76	46,15	23,07	0	0
Dentistry	47,82	52,17	0	0	0

Question 4. I give the following grade (5 – very satisfied, 1 – not satisfied) to lectures:

Study	5 (%)	4 (%)	3 (%)	2 (%)	1 (%)
Medical Radiology	22,22	44,44	33,33	0	0
Org., Plan. and Management in Healthcare	53,84	23,07	23,07	0	0
Dentistry	39,13	56,52	3,34	0	0

Question 5. I give the following grade (5 – very satisfied, 1 – not satisfied) to seminars:

Study	5 (%)	4 (%)	3 (%)	2 (%)	1 (%)
Medical Radiology	33,33	44,44	22,22	0	0
Org., Plan. and Management in Healthcare	61,53	38,46	0	0	0
Dentistry	69,65	21,73	8,69	0	0

Question 6. Round off the statement you agree with. I have participated in discussions in small groups:

Study	True (%)	False (%)	I am not sure (%)	I am indecisive (%)	I was not disposed (%)	No answer (%)
Medical Radiology	88,88	0	11,11	0	0	0
Org., Plan. and Management in Healthcare	92,30	0	0	0	0	0
Dentistry	86,95	0	0	0	3,34	8,69

Question 7. Give grades 1 do 5 to assess communication of the professor in class by putting the grades 1 to 5 (5 – very satisfied, 1 – not satisfied) after each statement:

Professional studies of Medical Radiology:

Modality of answers	5 (%)	4 (%)	3 (%)	2 (%)	1 (%)	No answer (%)
Presents the course material articulately	55,55	44,44	11,11	0	0	0
Uses practical examples in presenting the ethics of the profession I belong to	33,33	44,44	22,22	0	0	0
Encourages discussion	33,33	44,44	22,22	0	0	0
Encourages critical deliberation	22,22	33,33	44,44	0	0	0
Helps students realize course tasks more easily	55,55	22,22	22,22	0	0	0
Takes into consideration ideas and opinions	44,44	44,44	11,11	0	0	0
Holds class regularly	66,66	22,22	11,11	0	0	0
Answers student questions clearly and articulately	33,33	55,55	11,11	0	0	0
Introduces aims of the course, method of course realization, tasks and exam questions	55,55	22,22	11,11	0	0	11,11

Modality of answers	5 (%)	4 (%)	3 (%)	2 (%)	1 (%)	No answer (%)
Started and ended class in the estimated time	55,55	22,22	22,22	0	0	0
Respectful to students and their opinions	55,55	22,22	11,11	0	0	11,11

Pre-graduate university study of Organization, Planning and Management in Healthcare:

Modality of answers	5 (%)	4 (%)	3 (%)	2 (%)	1 (%)	No answer (%)
Presents the teaching material articulately	69,23	23,07	7,69	0	0	0
Uses practical examples in presenting the ethics of the profession I belong to	69,23	23,07	7,69	0	0	0
Encourages discussion	61,53	15,38	15,38	7,69	0	0
Encourages critical deliberation	61,53	30,76	7,69	0	0	0
Helps students realize course tasks more easily	69,23	23,07	7,69	0	0	0
Takes into consideration ideas and opinions	53,84	30,76	7,69	0	0	0
Holds class regularly	92,30	7,69	0	0	0	0
Answers students questions clearly and articulately	53,84	30,76	0	7,69	0	0
Introduced aims of the course, method of course realization, tasks and exam questions	92,30	7,69	0	0	0	0
Started and ended class in the estimated time	38,46	46,15	15,38	0	0	0
Respectful to students and their opinions	84,61	15,38	0	0	0	0

Integrated pre-graduate and graduate university study of Dentistry:

Modality of answers	5 (%)	4 (%)	3 (%)	2 (%)	1 (%)	No answer (%)
Presents the teaching material articulately	78,26	22,22	11,11	0	0	0
Uses practical examples in presenting the ethics of the profession I belong to	91,30	4,34	0	0	0	4,34
Encourages discussion	78,26	22,22	11,11	0	0	0
Encourages critical deliberation	78,26	21,73	0	0	0	0

Modality of answers	5 (%)	4 (%)	3 (%)	2 (%)	1 (%)	No answer (%)
Helps students realize course tasks more easily	78,26	22,22	4,34	0	0	4,34
Takes into consideration ideas and opinions	91,30	8,69	0	0	0	0
Holds class regularly	100	0	0	0	0	0
Answers students questions clearly and articulately	86,25	13,04	0	0	0	0
Introduced aims of the course, method of class realization, tasks and exam questions	95,65	4,34	0	0	0	0
Started and ended class in the u foreseen time	100	0	0	0	0	0
Respectful to students and their opinions	95,65	0	0	0	0	4,34

Interpretation of results and conclusion

Generally taken, the presented method of content conceptualization at the highest percentage (40%) was graded as interesting; the largest number of students thought that methods of course realization influenced a more interesting class (48,98%); the same percentage (46,66%) record grades 4 and 3 with which students numerically graded the method of course performance, grades 5 and 4 for the lectures have the same percentage (44,44%); 60% of students gave the grade 5 to seminars; that they participated in work in small groups declared 88,88% of students. Among the offered modalities for the process of communication between professor and students, the highest percentage (91,11%) was given to the modality of a regular holding of class, then follow: introduced of the course, method of class realization, tasks and exam questions (86,66%), and respectful to students and their opinions (84,44%).

With such high grades obtained by scale of assessment it is important to point out the differences in answers received according to the studies. The highest percentage (34,78%) to subject content was given by students of Dentistry who graded it as very interesting, while students of Medical Radiology (55,55%) and Organization, Planning and Management in Healthcare (46,15%) graded the content as interesting. Answer to the question of method of teaching realization that influenced a more interesting and easier class has the widest range of answers. That this is true assessed 61,53% of Organization, Planning and Management in Healthcare students, 56,52% of Dentistry students, and 11,11% students of the study of Medical Radiology. The highest grade (5) for method of teaching realization was given by 47% Dentistry students, the largest number of Organization, Planning and Management in Healthcare students (46,15%) gave the grade 4, and the largest number of Medical Radiology students (44,44%) gave the grade 3. The highest grade for the lectures was given mostly by students of Organization, Planning and Management in Healthcare (53,84%), while the largest number of Dentistry students (56,52%) gave the grade 4, as well as largest number of students of Medical Radiology (44,44%). The highest grade for seminars was given by 69,65% of Dentistry students, then by 61,53% of Organization, Planning and

Management in Healthcare students, while the largest number of students of Medical Radiology (44,44%) gave the seminars a grade 4. That they participated in discussions in a small groups declared 92,30% students of Organization, Planning and Management in Healthcare, 88,88% of Medical Radiology students and 86,95% students of Dentistry. A significant difference in answers also exists in the assessment of the quality of teacher-students communication. The largest number of Medical Radiology students (66,66%) gave the grade 5 to the modality: holds class regularly; that highest grade was given by 55,55% students to modalities: presents the teaching material articulately; helps students realize course tasks more easily; introduced aims of the course, method of class realization, tasks and exam questions; respectful to students and their opinions. The grade 5 in the highest percentage on the study of Organization, Planning and Management in Healthcare was given to modality of answers: holds class regularly (92,30%); introduced aims of the course, method of class realization, tasks and exam questions; then follow modalities: respectful to students and their opinions (84,61%), and modalities with the same percentage (69,23%) of answers and grade 5: presents the teaching material articulately; uses practical examples in presenting the ethics of the profession I belong to; and helps students realize course tasks more easily. On the study of Dentistry, 100% percent gave the grade 5 to modalities: holds class regularly and has started and ended class in the foreseen time, 96,65% of students gave the grade 5 to modalities: introduced aims of the course, method of class realization, tasks and exam questions, and she acts respectfully to students and their opinions.

Conclusively the following may be pointed out:

- The differences in assessment were influenced by the following factors: the length of the studies and acquired experience in evaluation and the entire organization of the teaching process on studies. Therefore, the highest grades to the courses, independently of the length of their studies, were given by students of Dentistry (second year) and students of Organization, Planning and Management in Healthcare (first year) for whom classes were organized by the system of shifts, which is carried out in a way that in an intense period of two weeks students are occupied with only one course of lectures and by organizing an exam at the termination of the shift;
- From the offered scale of assessment may be concluded that students prefer work in small groups;
- In class communication, students support most a regular holding of class, a timely introduction to the aims of the course of lectures, method of teaching content realization, tasks they must master and exam questions; that the teacher acts respectfully to their opinions, and that practical and ethical cases and examples for the profession students which may occur in their future practise are used in class;
- For the following period of course teaching, the obtained results indicate that special attention should be dedicated to the achievement of modality *very interesting* for the assessment of subject contents, and invest effort to receive the grade 5 for methods of course realization;
- Although more than a half of the students gave the grade 5 to modality of encouraging class, in the following course teaching period it is necessary to acquire new communicational arts and apply skills that shall influence an additional support of discussion.

Finally, the presented bioethical content, methodology of performance and communicational teaching process influences the quality of bioethical com-

munication and gives insight into the realized dynamics of the teaching process and, taken in total, serves as a guide for the advancement of bioethical education.

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Nada Gosić

Definicije bioetike u bioetičkoj edukaciji u Hrvatskoj

Sažetak

Cilj rada: *izložiti i analizirati pedagoške strategije i komunikacijski pristup definicijama bioetike, zajednički dio bioetičkih sadržaja koji se održavaju na sveučilišnim studijima Stomatologije i Organizacije, planiranja i upravljanja u zdravstvu, te Stručnom studiju medicinske radiologije na Medicinskom fakultetu u Rijeci.*

Metode: *metoda analize sadržaja korištena je za istraživanje i prezentiranje enciklopedijskih i nekih autorskih definicija bioetike, s posebnim naglaskom na definicije bioetike autora – bioetičara iz Hrvatske; metoda uzorka 1. uključivala je kurikulum Medicinske etike, Bioetike i Etike zdravstvene skrbi te istraživala stajališta 45 studenata studija na kojima se održavaju bioetički*

kolegiji. Uzorak je specifično stratificiran jer je: a) uključivao studente čiji se kurikulum odvija u turnusima – intenzivnim predavanjima u trajanju od dva tjedna, te one čija su se predavanja održavala svaki tjedan tijekom jednog semestra; b) različite godine studija (Stomatologija – studenti druge godine, Organizacija, planiranje i upravljanje u zdravstvu te Medicinska radiologija – studenti prve godine), 2. skala procjene korištena je za istraživanje i prikupljanje stajališta studenata o sadržaju kurikuluma, metodama izvođenja i postignutoj razini komunikacije između studenata te komunikacije s profesorom.

Očekivani rezultati: izložena metoda rada i rezultati dobiveni skalom procjene bi trebali pokazati prihvatljivost i uspješnost prikazanih pedagoško-metodoloških načina rada, ukazati na slabosti i nedostatke te konačno zaključiti o razmjeru u kojem izloženi koncept i pristupi aktualizaciji definicija bioetike doprinose realizaciji dijaloga i komunikacije u kojoj studenti istovremeno doživljavaju kurikulum kao nužan, koristan i zanimljiv te takav da potiče na razmišljanje, razmjenu ideja i nudenje mogućih rješenja. Skala procjene bi trebala istaknuti različite stavove nastave (u turnusima i/ili tjednoj nastavi tijekom cijelog semestra).

Cljučne riječi

bioetika, definicija bioetike, orijentacijsko znanje, analiza slučaja, moralna orijentacija, radionica

Nada Gosić

Definitionen der Bioethik in der Bioethik-Ausbildung in Kroatien

Zusammenfassung

Ziel der Arbeit: Die Autorin präsentiert und analysiert pädagogische Strategien sowie einen bei der Bioethikdefinierung zum Tragen kommenden Kommunikationsansatz, ferner die gemeinsamen bioethischen Inhalte, die innerhalb verschiedener Studiengänge an der Medizinischen Fakultät in Rijeka gelehrt werden (Zahnmedizin; Organisation, Planung und Verwaltung im Gesundheitswesen; Radiologie).

Methode: Die Methode der inhaltlichen Analyse wurde eingesetzt, um bestimmte enzyklopädische Bioethikdefinitionen sowie die Definitionen einzelner weiterer Autoren, insbesondere bioethischer Autoren aus Kroatien, darzulegen und zu untersuchen; die Exemplarische Methode wurde angewandt 1) auf die Curricula der Medizinischen Ethik, der Bioethik sowie der Ethik der Gesundheitsfürsorge und schloss eine Umfrage unter 45 Studenten mit ein, die im Rahmen ihres Studiums bioethische Kollegs besuchten. Die Gruppe der Umfrageteilnehmer wies eine besondere Stratifizierung auf: a) Manche Studenten besuchten die Fakultät in Turnussen, die jeweils zweiwöchig mit intensiven Lehrveranstaltungen abgehalten wurden, andere wiederum hatten allwöchentliche Vorlesungen innerhalb eines Semesters; b) an der Umfrage nahmen Studenten verschiedener Jahrgänge teil (Zahnmedizin – 2. Studienjahr; Organisation, Planung und Verwaltung im Gesundheitswesen sowie Radiologie – 1. Studienjahr). 2) Die Bewertungsskala wurde eingesetzt, um zu ermitteln, wie von den Studenten die Lehrinhalte, Unterrichtsmethoden und die Kommunikation zu Kommilitonen und Professoren eingeschätzt werden.

Erwartete Resultate: Aufgrund der angewandten Methode und der Ergebnisse der Bewertungsskala müsste zu erkennen sein, inwiefern die präsentierte pädagogisch-methodologische Unterrichtsweise von den Studenten akzeptiert wird und erfolgreich ist, welche Schwächen und Mängel vorliegen und in welchem Maße das vorgestellte Lehrkonzept sowie die Ansätze zur Aktualisierung der Bioethikdefinition dazu beitragen, dass die Curricula als notwendig, nützlich und interessant bewertet werden und zum Nachdenken, Gedankenaustausch und zur Suche nach bestimmten Lösungen anregen. An der Bewertungsskala müssten unterschiedliche Einstellungen abzulesen sein, je nachdem, in welchem Semester sich die Befragten befanden und in welcher Form ihre Lehrveranstaltungen abgehalten wurden (in 2-Wochen-Turnussen oder allwöchentlich).

Schlüsselwörter

Bioethik, Bioethikdefinition, Orientierungswissen, Fallanalyse, moralische Orientierung, Werkstatt

Nada Gosić

Les définitions de bioethics dans l'éducation bioethics en Croatie

Résumé

Objectif de l'étude : *exposer et analyser les stratégies pédagogiques et l'approche communicationnelle des définitions de la bioéthique, un contenu bioéthique commun aux études universitaires de Stomatologie, aux études universitaires d'Organisation, de planification et d'administration des soins de santé, ainsi qu'aux études professionnelles de radiologie médicale à la Faculté de médecine de Rijeka.*

Méthodes : *la méthode d'analyse de contenu a été utilisée pour examiner et présenter les définitions encyclopédiques de la bioéthique et quelques définitions d'auteur, avec l'accent sur les définitions de la bioéthique données par les auteurs experts en bioéthique croates ; la méthode de panel incluait 1. le curriculum de L'Éthique médicale, de Bioéthique et de L'Éthique des soins de santé, et examinait les points de vue de 45 étudiants qui suivaient les matières relatives à la bioéthique. Le panel a été stratifié car il prenait en compte : a) les étudiants dont le curriculum se déroule par alternance, avec des cours intensifs durant deux semaines, puis les étudiants dont les cours avaient lieu chaque semaine au cours du semestre ; b) les différents niveaux d'études (pour la stomatologie, il s'agissait des étudiants en deuxième année ; pour l'Organisation, la planification et l'administration des soins de santé, il s'agissait des étudiants en première année) ; 2. une grille d'évaluation utilisée pour l'examen et la collecte des points de vue des étudiants à l'égard du contenu du curriculum, des méthodes de mise en oeuvre et du niveau de communication – entre étudiants ainsi qu'avec le professeur – accompli.*

Résultats attendus : *la méthode de travail exposée et les résultats obtenus par le biais de la grille d'évaluation devraient montrer la recevabilité et l'aboutissement des moyens pédago-méthodologiques cités, indiquer leurs faiblesses et leurs insuffisances, puis conclure dans quelle mesure le concept et les approches de l'actualisation des définitions de la bioéthique présentés contribuent au dialogue et à la communication, ce qui permet en même temps de vivre le curriculum comme nécessaire, utile, intéressant et incitant à la réflexion, à l'échange d'idées et de propositions. La grille d'évaluation devrait mettre en relief les différents points de vue des étudiants en fonction de la durée (du niveau) de leurs études et de leur adhésion à une méthode de cours (par alternance / hebdomadaire durant tout le semestre).*

Mots-clés

bioéthique, définition de la bioéthique, savoir d'orientation, analyse de cas, orientation morale, atelier