

Nursing students' ethical standpoint on health dilemmas

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Abstract

This article presents the nursing students' ethical standpoint of nursing students in face of health dilemmas, based on the Life Inviolability Principle (PSV) and the Life Quality Principle (PQV). Data gathered in a descriptive, exploratory, quantitative-approach study on bioethical issues supported the analysis. The survey was conducted with 70% of nursing students of a given national public university in the year of 2010. The results point to standpoints that favor LSP in relation to abortion (69.29%), euthanasia (63.58%), assisted suicide (57.86%), and orthothanasia (65%). Regarding lative to genetic engineering (62.85%), cloning techniques (58.57%), and assisted human reproduction (92.14%) favored the importance of life quality of individuals. The discussion highlights the religious influence on students' standpoint. The final considerations demonstrate the importance of instituting or solidifying forums on bioethical conflicts, aimed at stimulating reflection and dialogue.

Keywords Bioethics. Nursing. Bioethical issues. Teaching

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During their undergraduate course, the nursing students will likely experience divergence that refer to moral, familial, and religious values, which they are not yet ready to defend. Health dilemmas often involve topics related to life and death and the decisions deriving from them are strongly influenced strongly by the decision-maker' moral, religious, and professional background of the decision-maker. Thus, students might be confronted with a situation that requires a certain action that could conflict with their personal, religious, and professional values.

It is of utmost relevance for the nursing students to identify and classify their values and be conscientious of their ethical and legal responsibilities before they actually start practicing. With this aim, this study sought to identify the nursing alumni standpoint with relation to health dilemmas and, afterwards, presented the very same alumni with information to subsidize their standpoint, taking into account the aspects of perception, values, and ethical and legal responsibilities inherent to the profession. Ergo, this study provided students with the opportunity for self-assessment on their personal and religious values and reflection on possible professional scenarios and, which standpoint to adopt – always considering legal issues and deontological codes of the profession.

Ethical standpoint is related to the experiences of the student, which influence the formation of this ethical subject and from which derive familial, moral, and religious values, to name a few. In this way, we shall discuss beforehand the concepts relative to moral and ethics and mainstream theories and lines of thought which influence the standpoint of the ethical subject.

Bioethics, ethics, and moral: concepts and definitions

In the literal conception of aphorism, bioethics means ethics of life. It is a concept with origins in the Greek language words *bios* = life and *ethos* = ethics, which refer to the respect for custom and conduct. The term assigns ethics the role of guiding human conduct in issues that involve life in general, from the human- being to the ecosystem which he integrates ¹.

The ethical standpoint of an individual can still draw some fundamental principles from bioethics. According to the life inviolability principle (LSP), which holds human life as sacred, untouchable, and inviolable and that decisions are not in the hands of men, but in those of God, hence, heteronymous. Now the Life Quality Principle (LQP) defines life as value, in terms of welfare, defending autonomous decision. Additionally, there is discussion on pluralist ethics, which defends that all ethical views should be respected in its standpoints and peculiarity. Decisions regarding health practice are currently guided currently by the principles adopted by the biomedical ethics, known as the American or Principlialist School ².

The terms 'ethics' and 'moral' appear as different concepts and with different definitions, being that they are alternately considered synonyms and opposites. Moral, from Latin (*mos-mores*), indicates customs, rules of conduct; it refers to human behavior, habits, rules, and conventions. On the other hand, ethics from the Greek (*ethos*), also means customs and rules of conduct, therefore, etymologically speaking they share the same meaning as that of moral. The distinction between these terms resides in that fact that ethics is treated as reflection on fundamental issues concerning human behavior, which attempts to understand the nature of good and evil, while moral is considered the practical application or action. Ethics is more of a reflection exercise, but moral is of normative execution ². Thus, moral behavior is an issue of practical nature, i.e.: how to act in a given context; and ethics deals with reflection on this practical behavior ³. Ethics may also be defined also as science which that aims at

making judgment; inasmuch judgment and appreciation provide distinction between good and evil ⁴.

And so Thus, ethics is a broader term, utilized in several ways to understand and analyze moral life. Part of its approaches are/is normative (that is, they present patterns of good and bad actions in the definition of rules and norms), some are descriptive (reporting to that which people believe and how they act) and others study the concepts and methods of ethics ⁵. One can say that the ethic content is related to the perception of the subject on conflicts that involve psychical life (emotion and reason) and the condition to take stances upon such conflicts. Therefore, we can consider three prerequisites as fundamental to ethics: perception of conflicts; autonomy (capacity to stand between emotion and reason, given that choice is active and autonomous), and coherence. As far as moral is concerned, three features are presumed: that its values are not questioned, and that they are mandatory, and not non-compliance incurs punishment ⁶.

Religious Values

As it happens with any person in social life, nursing students' personal values arise from their social interaction, family experience, school, friends, as well as throughout professional practicing. Most of the times, the more significant values come from beliefs passed on by parents and family members. In order to illustrate the core of the benchmarks of individual morality, we will present a general outline of the main arguments advocated by the most widespread religions in the country regarding issues involving life and death.

Christianity understands that technology of life initiation and termination must be repudiated by society ⁷. According to its precepts, human life must be respected and protected in absolute ⁸. This dogma states that from the first moment of existence the human-being must have his rights conferred on him, among which is the sacred right to every innocent life. This doctrine has not changed during centuries and remains so. However, the majority of protestant churches (Baptist, Lutheran, Methodist, Presbyterian, Episcopal, and Unitarian) seem to be less strict than the Catholic Church ⁹. The greatest difference between Catholics and most Protestants, resides in the respect to life and autonomy of the individual, which are favored in some situations ¹⁰.

Spiritism, a religion widely disseminated in Brazil, especially Kardecism, tends to hold higher the life of an existent being over a still non-existent being. For example, in some issues that deal with life initiation, the use of contraceptive methods and embryos for therapeutic reasons are approved. However, when the topic is abortion, they treat it as a heinous crime, which brings to the individual a set of spiritual, peri-spiritual, physical, psychological, and legal consequences. According to their doctrine, the only acceptable case of abortion is when there is irreversible risk to the life of the mother ¹⁰. However, it can be held true that there is no unanimity in respect to the application of contraceptive methods or the practice of abortion amongst the members of the various Spiritism ramifications. The level of punishment varies according to the individual context ¹⁰.

The Afro-Brazilian religions, namely 'candomblé' and 'umbamda', venerate life in all its expressions: human-being, nature, and the gods. Moreover, candomblé believes that each family has its own particular destination mark, its 'odum', as does each individual. Thus, the use of technology and methods to terminate life represent double transgression: to the family and personal 'oduns'. When members of the religion commit such acts, they are of even greater severity ¹¹.

For Muslims, according to Islam, the human-being goes through different stages until it takes on human form, at the moment of its animation, that is, when the fetus receives its soul – which should occur at the fourth month of pregnancy. The Koran, the sacred Muslim literature, reports that God created man from the essence of mud, and then, from a drop of sperm, which was inserted in a safe place. And so, the drop of sperm was converted into a blood clot, which by divinity was transformed into a bit of flesh, which became bones; later, bones were covered with flesh and, soon, God animated the wholeness of it ¹¹.

Professional Values

Aside from familial and religious values picked up at the start and throughout life, the nursing student will also be confronted with values diffused and defended by the profession. For many decades, the ethics education in nursing has been structured by a predominantly conservative model, based on normative conceptions, overrating norms and codes, instead of a reflexive-critical teaching ¹². Generally, health professionals are not duly prepared to deal with life and death situations. School curricula lack subjects in this sense ¹³.

With respect to nursing, specifically, professional ethics codes offer some clauses indirectly related to such situations. Article 6, chapter I – Fundamental Principles, defines that *the nursing professional practices with autonomy, respecting the legal precepts of Nursing* ¹⁴. Although the code provides for professional autonomy, most of it still bears the weight of submission in face of the pride of other professions, as well as conformism and passiveness when challenged with more complex procedures and decisions ³.

However, it is observed that the aforementioned Code sets forth conflicting bioethical principles, be it in an overt or covert way: the *beneficence* and *autonomy*, for instance. It is worth mentioning that the massive presence of the life-death polarity, which professionals are dedicated to saving, as well as giving patients an opportunity to live on. In the case of seriously ill patients, a decision should be made for the continuity or termination of the treatment, such option must be based on conditional data, that is, if the patient can interact then what would his decision be? - thus seeking to safeguard his autonomy ¹⁵.

Another point of ambiguity is that the Code provides that patient autonomy shall be preserved; however, they cannot argue on their own life, their most precious legal gift. This ambivalence is manifested especially when a patient consents to dying with dignity in a terminality scenario, and the act is nonetheless held illegal as is the responsibility of the professional who followed the patient's order, which derived from unbiased free will ³. This example from the Nursing Ethical Code makes evident that its deontological perspective is unconditionally protective of life and that in the way such duties and responsibilities are described by the document, they do not offer reflection on patient autonomy.

Conflict situations in Health

Topics and conflict situations in the health field are mostly related to the scientific and technological progress, usually categorized in 'start of life' and 'end of life'. Amongst the issues relative to the start of life, genetic engineering, cloning, assisted reproduction, abortion, intervention on fetus, and family planning ^{16,17}. End of life issues comprise terminal patients, euthanasia, dysthanasia, assisted suicide, geriatric and

gerontology ethics, ethics in blood and organ donation, and issues of blood transfusions to Jehovah's witnesses ^{16,17}.

Other issues pertinent to bioethics are the ethics of research involving human beings and animals, ethics and health of the workers, environmental ethics, resource allocation for healthcare. Moreover, the issues concerning the health professional relationship with their patient, such as autonomy and paternalism, patient's rights and professional confidentiality ¹⁶ are also included. However, were not contemplated by the present research did not deal with these topics.

Health dilemmas regarding the start of life

Genetic engineering enables embryo's structuring process to be carried out according to some predetermined characteristics ¹⁸. Moreover, it allows for the diagnosis of genetic diseases of the newborn, the fetus, and even adults. The point here is not to question if the genetic structure of a new being should be molded or not, but who will decide upon its execution and which reasons should be deemed acceptable to justify such procedure ¹⁸.

Engineering studies conducted with adults could serve to *counseling* couples on procreation, for instance, when there is high risk of their offspring bearing genetic diseases. In such a case, the consequences of the disease for the newborn or fetus must be taken into account, especially when there is still no treatment available. Even though it can contribute to minimizing future problems, legal and moral consequences still threaten the expansion of genetic disease diagnosis ¹⁹.

Another practical example of genetic engineering is fetal surgery, which represents a new frontier for medicine. It is seen today as a way of treating a great variety of lethal and non-lethal congenital disorders. The practice of fetal surgery is gaining strength due to the impossibility of correction and the difficulty of treating some diseases after birth. Fetal interventions represented by a large number of therapeutic strategies require cooperation efforts from a multitude of medical expertise to ensure the welfare of fetus and mother ²⁰.

On the other hand, therapeutic cloning aims at developing a human cellular lineage. But Nevertheless, philosophically speaking, it is highly questionable to confuse a *human cell* with a *human person*. The countries that prohibit any form of therapeutic cloning state that it would soon evolve into reproductive cloning. In countries where therapeutic cloning is authorized, predictable moral difficulties come from divergence relative to the view on how to better obtain and stabilize cell lineage prepared for transplants, given that cellular lineages are cultivated and stabilized *in vitro*. Fear lies in the wish to implant the cell obtained from the nucleus transference in a human uterus and let it develop until the desirable tissues are formed to use in transplant have begun to differentiate ²¹.

There are plenty moral values adjacent to the issue of cloning. The ones that find repercussion in Brazilian media are: reference to the Catholic church and its moral postulates contrary to human cloning, reference to megalomaniacs (individuals who believe they are better than others) and, third, the possibility of reproduction without a male counterpart ²².

Assisted human reproduction is the treatment of infertility. For this, reproductive cells are manipulated in labs, and artificially introduced in female's reproductive system. According to the World Health Organization (WHO), the most adequate period for establishing an infertility diagnosis is two years, provided that many coupled achieve

conception without any type of treatment after a year of unprotected sexual relation. Assisted reproduction techniques are associated with obstetric and neonatal risk factors, such as: maternal age, previous sterility, and unfavorable obstetric history ²³.

When discussing the technological progress of assisted human reproduction, individual liberty is faced with the fantastic objects of today, for we live in paradox, in which we believe to be free to choose when and how to have children, but are faced with narcissistic traps ²⁴.

Assisted human reproduction is yet another instrument at the service of human trend, generating energy that can be used in the sense of starting or ending life. The impossibility of infertile women in face of adoption, which is a substitutive solution, indicates the need for reflection on two issues: either the only possibility of symbolic inscription will come by means of the real content of the body, originating her son and, thus, becoming a mother, or, due to dissatisfaction of demand, reinforcing the dissatisfied individual ²⁴.

Because it is intricately associated to the problem of maternal mortality, abortion voluntarily induced by the mother is an important public health issue and, because it is a social phenomenon of great complexity, it generates controversial opinions in the ethics, moral, emotional, cultural, and religious fields. Further, because women are still not recognized as moral competent beings, many times induced abortion is considered an egocentric and cold decision. Having said so, women that recur to this practice are seen as criminals; someone who committed a crime. However, because it invokes self-concept and places a check on moral judgment that regards the trajectory of life in a society that holds maternity as the fate of women, it is evident that abortion can be considered a tough and conflicting option for any woman ²⁵.

In each abortion situation, there can be conflicts over rights. Concerning therapeutic abortion, there is the conflict between the mother's right to life and fetus's right to live. However, all the other cases reveal conflict between the woman's right to self-determination and the fetal right to life, the latter - the right to life - prevalent over the right to self-determination.

As seen, in the Catholic-Christian's perspective, God is the lord of life and is exclusively responsible for giving and taking it. Catholic Church opposes abortion. So, when dealing with this procedure, the debate revolves around the fetus being held equal to a person, in an attempt to conciliate a religious dogma to rational arguing. However, looking through the neo-utilitarian prism, which regard as improper all actions that unnecessarily cause pain to the human being, it is understood that abortion practiced before the eighteenth week of pregnancy is painless to the fetus - for it is only after this period that the neural connections are actually formed ²⁶.

Abortion is a polemic situation, for it involves concepts of life and death that currently appear extremely controversial, in virtue of the current medical researchers. Simultaneously, it is present in daily routine of hospitals and in the life of thousands of women ²⁶.

Assistance to family planning is currently furnished currently in Brazil by the team of the Family's Health Strategy of the Family (ESF). The right to family planning is in effect by the 1988 Federal Constitution, paragraph 7 of article 226. This article is regulated by Law 9.263 of January 12, 1996, which sets forth the rules for citizens to be assisted in relation to family planning, either related to contraception or the means to aid conception ²⁷.

For some time, the Catholic Church maintained its not so clear position on contraception. At the end of the XIX century, the referred church began its fight against contraception, especially to oppose global trend of population control. Pope Pius XI asserted that couples that utilized contraception were exercising *criminal freedom*. And so therefore, it is clear that under no circumstances contraception would be allowed. Nowadays, the church is positioned against contraception, arguing that such a practice alters the purposes of marriage, and that it stimulates adultery and it harms nature and leads men to disrespect women. In June of 2006, the Vatican disclosed the *Family and Human Procreation document*, published by the Pontifical Council for the Family, condemning any form of contraception ²⁸.

Correspondingly, it is known that contraception methods give women the possibility to control desire. Academic and professional status, as well as financial, usually dictate the planning of conception, establishing more adequate dates and stages for having children ²⁴.

Health dilemmas regarding the end of life

Euthanasia, along with other health dilemmas, is questionable. One of the most relevant arguments against its execution is centered on the principle of life inviolability. According to this premise, life must not be interrupted, not even out of free will. This principle states that being alive is always a gift, despite the conditions of living. However, there are two main points that its advocates rely on ²⁹.

One of the most intimate issues that concern life quality is determining the real meaning of a life that is worth living, and who decides on such meaning ²⁹.

Considering autonomy, its advocates call for freedom of choice to be respected, that is, for the individual to regard what is important to live their life, including the process of death ²⁹.

Orthothanasia is a term, which can be defined as death in its due time, without disproportional treatments and without shortening process of death. The issue at hand, in relation to orthothanasia, refers to the meaning of this 'due time' to die. How long would it be? Thence, who is to determine it (if not the very bearer of the life in question) considering a context in which there is almost inexhaustible possibility of prolonging life? In other words, is there a clear distinction between *passive euthanasia* - in which there is no intervention and death is watched - and orthothanasia - to let die at its apparently right time ²⁹. On the other hand, assisted suicide occurs when a person asks for the help of a third party to achieve demise, when the person is not able to carry it out on their own. In this circumstance, the patient is conscious by manifesting his will of dying ²⁹.

The big difference between euthanasia and assisted suicide is the agent, given that euthanasia requests that someone execute the action leading to death and assisted suicide is the patient themselves that execute the action, even though they require help to carry it out ³⁰.

In the United States where autonomy and individuality are highly valued the movement of assisted suicide is gaining strength. The death administrators are responsible for this task. One of the most feared aspects of the dying process is the doubt of when and how death will actually come. Thus, euthanasia and assisted suicide can offer possibilities for planning death ³⁰.

The question surrounding blood transfusion to Jehovah's Witnesses also brings about relevant conflicts that pertain to medical beneficence and to the respect to patient autonomy. The religious fundament is found in the biblical text of Leviticus 17:10: *And whatsoever man there be of the house of Israel or of the strangers that sojourn among you, that eateth any manner of blood; I will even set my face against that soul that eateth blood, and will cut him off from his people* ³¹.

Method

The objective of this research was to identify the ethics of the nursing school student in face of health dilemmas dealing with life initiation and life termination. For this, a descriptive, exploratory, quantitative-approach survey was conducted in a national public university in the city of Divinópolis in the state of Minas Gerais, during April to June 2010.

Seventy percent or 140 of the 200 nursing students from the 1st, 2nd, 3rd, 4th, and 5th semesters were interviewed. The 60 students, which did not take part in the study, were either not present in the classroom at the time of the survey or did not show interest in participating. The survey was taken from a questionnaire containing closed questions about students' profile and eight health dilemmas that were (or were not) related to religion.

The instrument was elaborated by the researchers themselves. Before its field application, a pre-test random sampling was conducted with 10 students aiming at verifying applicability, clarity, and understanding of the instrument and its content. With the results of the pre-test in, the survey instrument was modified and adjusted, considering the difficulties found by participants. It must be highlighted that even before the survey was conducted, this project was submitted to and approved by the ethics committee in research involving human- beings (CEP). With respect to data analysis, data was grouped, categorized, and presented in figures and graphs, and in descriptive way.

Results and discussion

In relation to the gender of participants, it was found that most students (92.85%) are females. The predominance of women further proves two tendencies already identified in literature: one that exposes the historically constructed relation between women and care and another that refers to socially constructed relation between women and their choice for nursing school. The permanent predominance of females in the profession indicates the presence of women in the marketplace, and it also points to the possibility of access to higher learning in professions seen as having less social *status*. It is worth recalling that this growing presence in the marketplace has not overcome the sexual division of labor, which still discriminates women in terms of wages and in respect to tasks attribution, and possibilities of social mobility ³².

In relation to the age of participants, the average is 23.6 years; minimum of 17 years old and maximum of 34 years old. It was found that the mode (64.2%) was concentrated in 20 years of age, reinforcing literature data relative to alumni age. A similar age average (20 years) was found in a research on depression with 99 students at the Botucatu campus Nursing School of the Sao Paulo State University (Unesp). A research conducted in public and private school in the same state showed similar results; the nursing student age average was 24.3%. Moreover, the study on the socio-demographical profile of students entering the Ribeirao Preto Nursing School of the Sao Paulo University (USP) from 1999 to 2003 indicated that age limits of 16 and 45

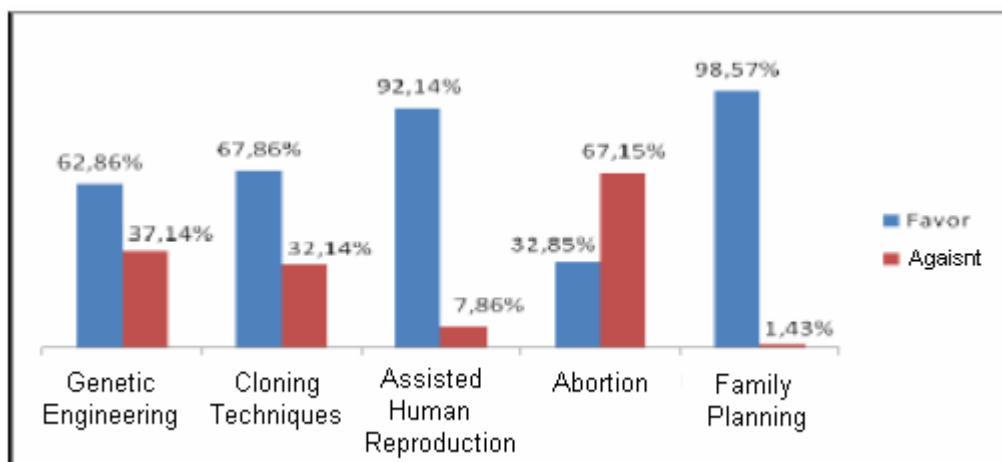
years and the mode concentrated in the 17 to 21 years of age range, which represents 92.04% of the total. In a life quality assessment with 264 nursing students in a given Sao Paulo state municipality, the age ranged from 17 to 40, with predominance of the young – 17 to 20 years of age -, representing 65.5% of the sampling. A recent study with 224 undergraduate nursing students from the 1st, 2nd, and 3rd semesters showed that the age range was at 17 and 44 years; however, there was predominance in the range of 21 to 25 years of age (60.3%)³³.

In relation to participants' marital status, we found that 96.43% were single against a small number (2,86%) of married students. It is probable that the nursing undergraduate course influences the students' profile of students as it requires full-time dedication. Moreover, it offers classes and internships unevenly distributed in the mornings and afternoons, which makes it all the more difficult for married people³³. In relation to religion, it was found that 74.28% of the participants were Catholic, followed by Protestant (10.73%). This fact confirms official statistics that show that 67.4% of the population in Brazil is Catholic³⁴.

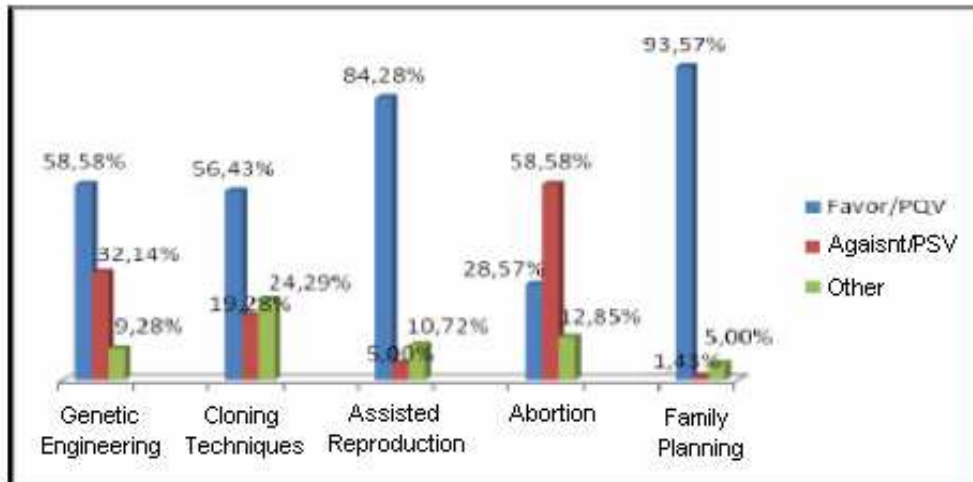
On the second part of the survey instrument, the student was supposed to mark their opinion (in favor of or against) respective to a given health dilemma, based on personal ethical standpoint and considering the principle of life inviolability (PSV) and the principle of life quality (PQV). It must be highlighted that prior to the application of the instrument, the concepts and definitions of each model was explained and exemplified. The principle of quality of life was presented as being based on the contributions that techniques and innovation can provide for bettering the life quality of patients. The principle of life inviolability was described as centered on the repercussions of the abovementioned practices, especially in the religious realm, which underline that the human-being cannot interfere in life in such a way.

The questions were answered by 100% of the participants and the graphsfigures below display the interviewees' ethical standpoint on health dilemmas involving start of life. It was possible to observe that bioethical topics related to the start and end of life are the ones that bring up most arguments, in line with public health debates, which seek to reflect on abortion as the cause of maternal mortality, and on assistance at the last stage of life³⁵.

Graph Figure 1. Nursing students' ethical standpoint on health dilemmas regarding beginning of life. Divinopolis, Minas Gerais, 2010



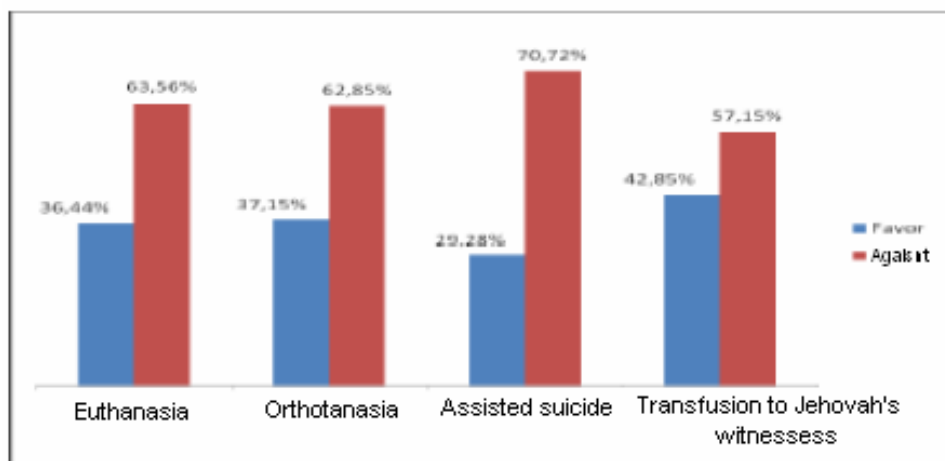
Graph Figure 2. Nursing students' ethical standpoint on health dilemmas regarding beginning and end of life, considering PQV and PSV. Divinopolis, Minas Gerais, 2010



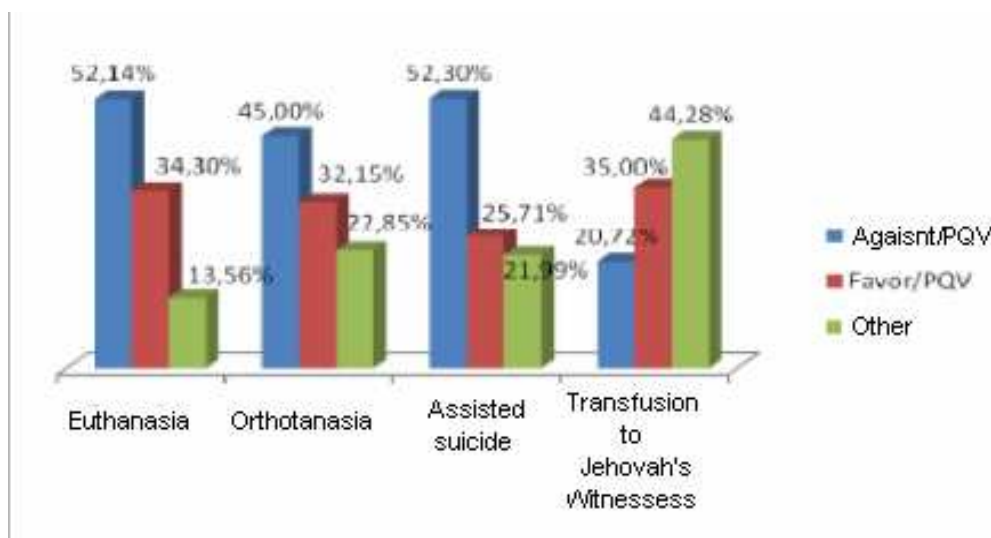
Figures demonstrate that most students are in favor of the utilization of new genetic engineering technologies (62.85%), therapeutic cloning (58.57%), assisted human reproduction (92.14%), and family planning (98.57%), considering the improvement in life quality of patients. However, most took a negative stance in relation to abortion (69.29%), defending the inviolability of life in this case. This response reflects directly the dogmas of the central religions, of which most participants are members. Given that 74.28% declared being Catholics and 10.73% Protestants. It clearly indicates that student religion is a determinant factor in the definition of their morality, which resounds in the professional dimension.

In relation to the nursing students' ethical standpoint on health dilemmas involving the end of life, the following percent figures were found:

Graph Figure 3. Nursing students' ethical standpoint on health dilemmas regarding end of life. Divinopolis, Minas Gerais, 2010



Graph Figure 4. Nursing students' ethical standpoint on health dilemmas regarding beginning and end of life, considering PQV and PSV. Divinopolis, Minas Gerais, 2010



Graphs Figures demonstrate that in relation to end of life issues, most students oppose euthanasia (63.58%), assisted suicide (57.86%), and orthothanasia (65), based on PSV. Once again, it was observed that religion plays a role on the morality of the health professionals' standpoint. With respect to blood transfusion to Jehovah's Witnesses, 57.15% of students are against it, whereas 42.85% are favorable to the procedure being carried out without patient consent. In both cases, the principle of life quality was prioritized.

It must be said that the item "other", constant in two graphs, was marked to indicate student answers, which did not correspond to the fundamentals of their chosen principle (life quality or life inviolability), for instance, when one is against abortion, but considers the life quality principle. The student stood on the argument in favor of "life quality of the fetus". A contradictory answer, for the principle of life quality proclaims the autonomy of the individual in question, which in this case would mean the respect for the pregnant mother's decision.

Final Considerations

The results allow us to see the influence of religious postulates in the students' ethical standpoint, particularly when dealing with the life inviolability principle in relation to abortion and end of life issues, and amongst the latter, the right to death of terminal patients is all the more delicate. On the other hand, technological progress in the genetic engineering field, most students backed up therapeutic cloning, and assisted human reproduction in accordance with the life quality principle.

The results enable to conclude that in all given situations, the student's standpoint was in favor of life preservation *at all costs*, which refers to the said influence that religious morality exerted on the interviewees interfering in the ethical deontological precepts of the profession, expressed in the Nursing Code of Ethics.

In light of these findings, we highlight the importance of more forums for bioethics-oriented debates on ethical conflicts that involve the profession, especially considering the need for stimulating reflection and dialogue in face of health dilemmas that are not only guided by professional values (normative nature), but also by the intimate universe of the individual – beliefs and moralities. Another important point to be considered is the stimulus to the students' self-awareness of their own values and its influence on their behavior and attitudes in face of the dilemmas of professional life. This stimulus serves the purpose of forming professionals that are more conscientious in relation to the need to respect autonomy of those that will be under their care.

Resumo

Posicionamento ético de acadêmicos de enfermagem acerca das situações dilemáticas em saúde

Este artigo apresenta o posicionamento ético de acadêmicos de Enfermagem frente às situações dilemáticas em saúde, tomando como base o princípio da sacralidade da vida (PSV) e o princípio da qualidade de vida (PQV). A análise é baseada em dados levantados em estudo descritivo, exploratório, de abordagem quantitativa sobre temas bioéticos, realizado em universo de 70% dos alunos do curso de Enfermagem em uma universidade pública federal no ano de 2010. Os resultados apontam para posições voltadas ao PSV em relação ao aborto (69,29%), à eutanásia (63,58%), ao suicídio assistido (57,86%) e à ortotanásia (65%). Em relação à engenharia genética (62,85%), técnicas de clonagem (58,57%) e reprodução humana assistida (92,14%) ressaltaram a importância da qualidade de vida dos sujeitos. A discussão destaca a influência da questão religiosa no posicionamento dos discentes. As considerações finais apontam a importância de estabelecer ou consolidar espaços para a discussão sobre conflitos bioéticos, voltados ao estímulo da reflexão e do diálogo.

Palavras-chave: Bioética. Enfermagem. Temas bioéticos. Ensino.

Resumen

La posición ética de los estudiantes de enfermería frente a los dilemas en materia de salud

Este estudio trata de identificar la posición ética de los estudiantes de enfermería frente a los dilemas en materia de salud, basado en los principios de lo sagrado (PSV) y calidad de la vida (PQV). Se trata de un estudio descriptivo, exploratorio, con abordaje cuantitativo. Los resultados muestran la influencia del tema religioso en el posicionamiento de los estudiantes sobre el tema del aborto (69,29%), la eutanasia (63,58%), el suicidio asistido (57,86%) y ortotanasia (65%). En relación a la ingeniería genética (62,85%), las técnicas de clonación (58,57%) y la reproducción humana asistida (92,14%), destacó la importancia de la calidad de vida de las personas. Los resultados indican un deseo de preservar la vida a “todo coste”, que conduce a los preceptos deontológicos. Así, destacamos la importancia del espacio para el debate sobre los conflictos bioéticos, guiada no sólo en la ética profesional, que es de carácter normativo, sino también para estimular la reflexión, el diálogo.

Palabras-clave: Bioética. Enfermería. Discusiones bioéticas. Enseñanza

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