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E-path to dialogue: virtual environments as collective spaces of ethical construction

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Abstract

The role of bioethics in promoting educative and deliberative spaces represents a demand to make the social inclusion of vulnerable groups viable. In this scope, and aiming to validate the method of applying deliberation in virtual environments, we carried out the third version of the "*O caminho do diálogo*" (The path of dialogue) action, which promoted, among older adults, a discussion about the impact of the COVID-19 pandemic in the inclusion processes and, among bioethics academics, a debate on fragilities, ethical values, beliefs and potentialities of inclusion of animal protection, veganism, water crisis, mental health, multiple disabilities, refugees, homeless people, violence against women, sexuality and gender, and digital education. This article reports this interventions experience and discusses bioethics in the context of deliberation, intending not to formally work bioethics concepts, but to introduce the bioethical perspective by using interdisciplinary dialogue as a means of identifying vulnerabilities and debating solutions to promote inclusion.

Keywords: Bioethics. Education. Deliberations. Social inclusion. Social vulnerability.

Resumo

E-caminho do diálogo: ambientes virtuais como espaço coletivo de construção ética

O papel da bioética na promoção de espaços educativos e deliberativos representa uma demanda para viabilizar a inclusão social de grupos vulneráveis. Neste escopo, e com intuito de validar método de aplicação da deliberação em ambientes virtuais, realizou-se a terceira versão da ação "O caminho do diálogo", que promoveu, entre idosos, discussão acerca do impacto da pandemia de covid-19 nos processos de inclusão e, entre acadêmicos de bioética, debate sobre fragilidades, valores éticos, crenças e potencialidades da inclusão da proteção animal, veganismo, crise hídrica, saúde mental, deficiências múltiplas, refugiados, moradores em situação de rua, violência contra mulheres, sexualidade e gênero e educação digital. Este artigo relata a experiência dessa intervenção e discute a bioética no contexto da deliberação, com intenção não de trabalhar formalmente conceitos de bioética, mas de introduzir a perspectiva bioética pelo diálogo interdisciplinar como meio de identificar vulnerabilidades e debater soluções para promover a inclusão.

Palavras-chave: Bioética. Educação. Deliberações. Inclusão social. Vulnerabilidade social.

Resumen

E-camino del diálogo: entornos virtuales como espacio colectivo de construcción ética

El papel de la bioética al promover espacios educativos y deliberativos representa una demanda de inclusión social de grupos vulnerables. Para validar el método de aplicación de deliberación en entornos virtuales, se realizó la tercera edición de la acción "El camino del diálogo", que levantó, entre los mayores, la discusión sobre el impacto de la pandemia del Covid-19 en los procesos de inclusión y, entre académicos de bioética, un debate sobre las debilidades, valores éticos, creencias y potencialidades de la inclusión de la protección animal, veganismo, crisis hídrica, salud mental, múltiples discapacidades, refugiados, personas sin hogar, violencia contra la mujer, sexualidad y género, y educación digital. Se describe aquí esta intervención y se discute la bioética de la deliberación, con la intención no de trabajar formalmente conceptos de bioética, sino de introducir la perspectiva bioética mediante el diálogo interdisciplinario como mecanismo de identificación de vulnerabilidades y debate de soluciones inclusivas.

Palabras clave: Bioética. Educación. Deliberaciones. Inclusión social. Vulnerabilidad social.

Research

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Bioethics is understood as the practical ethics which aims to guide debates between actors of ethical conflicts resulting from rapid techno-scientific development and its economic and social consequences, for which, however, there are no ethical, moral, or legal references [1]. The issues which integrate the bioethics agenda are characterized as complex, global, and plural, demanding debates and multidisciplinary decision-making [1].

The bioethical perspective starts from the identification of the moral agent—the one who makes decisions—and the moral patient—the one whose autonomy is deprived to the detriment of the moral agent's decision. If the moral agent's decisions consider only their interests and values and lacks empathy and compassion toward moral patients, the latter will become vulnerable. The point is that bioethical dilemmas are intrinsically complex and include many moral agents who make decisions at different hierarchical scales, so that an actor can be a moral agent and patient, depending on their decision level [2,3].

The development of bioethics took place in phases which consolidated different perspectives and which continue to develop up to the present. The 1970s marked the emergence of bioethics and its development from the perspective of microbioethics, with a focus on patient autonomy. The following decade favored a dialogic nature and consolidated meso-bioethics, characterized by performing in institutional spaces, which improved its role of deliberation, guidance, and education in research ethics committees (REC). The current phase, which began in the 1990s, named macrobioethics, represents the global, environmental, and social perspective of bioethics [4].

Education in bioethics should enable professionals to work in deliberative spaces, understanding that the development of skills for dialogue intermediation is fundamental. In this context, it is expected that bioethical debates emerge from reality and return to it to contribute to the consolidation of new perspectives to reach fair and consensual solutions. For Junges [5], the discussion of ethical issues requires moral deliberation, and the ethical debate of moral challenges demands the rhetorical analysis of their arguments since possible fallacies can distort the understanding and discussion of the problem.

Interactions with the community should consist both of formal and non-formal educational processes and promote spaces for reception, debate, and deliberation [6-8]. Zoboli [6] shows an example of applying deliberation, based on a Diego Gracia's proposal, via empirical research on the bioethical interface and primary health care. The author points out that applying deliberation in bioethics as a theoretical and methodological framework was successful when transposed to practical applications with the use of the ethical value of prudence.

Deliberative spaces were formally consolidated in ethics committees via the use of human and animal participants in research, hospital bioethics committees, and in the expectations of environmental bioethics committees [9,10]. However, such spaces have the potential to allow the bioethics participation in multidisciplinary commissions which bring together civil society, public managers, and commerce representatives in the analysis of issues of community interest, demanding collaborative participation for decision-making, such as institutional councils or committees [11].

These multidisciplinary spaces identify weaknesses and their multidimensional biological, psychological, social, and environmental conditioning contexts, in addition to vulnerable subjects exposed to risk without, however, the possibility of mitigating it [12,13]. To face these factors, ethical principles and values can be used as decision-making guidelines, anchored in common sense beliefs or knowledge [14]. These, devoid of critical, autonomous, and protagonist thinking, can lead to an imperative ideological orientation which deprives moral agents of the possibility of making conscious and autonomous decisions [15].

Deliberative spaces are, naturally, composed of face-to-face meetings; but different social segments adapted after the COVID-19 pandemic. In the early 2010s, Marcu and collaborators [14] studied the perspective of using online environments as spaces for online deliberation. Against the backdrop of the controversial issue of synthetic meat, the authors analyzed the position of Internet users from 18 groups in four countries in comments regarding a video broadcast on the subject. Subsequently, they analyzed public participation in a webinar with a collective construction on online space analyzed using social representation.

In education, the formal teaching of bioethics is possible as a component of professional training [16,17]. However, bioethics has been inserted in basic education via its precepts and perspectives to analyze and reflect on topics embraced by the field [1,18-20]. Moreover, research on communication and pedagogical instruments has sought the best way to approach bioethics in teaching [3,21-25].

"Path of dialogue" is an action of integration with the community which the Graduation Program in Bioethics of the Pontifícia Universidade Católica do Paraná (PUCPR) promoted in 2015 [2,26] and 2018 [3,10]. The proposal consisted of validating a method to build deliberative spaces with the community. Thus, its participants, elementary school [2,26] and high school students [3,10], found spaces at the university campus which stimulated debate, reflection, and learning about different topics on the bioethical agenda. In the first action, the topics were guided by the theme of vulnerability [2,26] and, in the second, sustainable development [3,10].

The continuity of the *"Path of dialogue"* action and validation of the method subjected to different variables had been programmed for 2020, intending to promote the debate with older adults on inclusion. Nevertheless, social distancing, instituted as a measure to combat the COVID-19 pandemic, made face-to-face meetings impossible, especially with this risk group. Thus, it was questioned whether the method would be applied on online spaces with the same efficiency and receptivity attested in face-to-face meetings [2,3,10,26].

The proposal of the "E-path to dialogue" action sought to validate a method to stimulate collective and online spaces of ethical construction. This demand was identified by research conducted by the Research Group on Environmental Bioethics [27], in which many people have used online spaces as a guiding source for decisions, often based on experience and lay opinion, which characterize the democratic character of Internet, a medium in which all citizens are potential protagonists in producing content, acting as influencers.

Thus, based on the ideas and proposals of Fischer and collaborators [2,10], the "E-path to dialogue" action was structured to test the method with different themes, prioritizing, however, at first, an academic audience, familiar with the methodological processes of bioethics and dialogue. It was also sought to verify whether older adults suffered the direct impact of the COVID-19 pandemic on their inclusion.

The guiding questions for the action were "What is the role of bioethics and, consequently, of the bioethicist, in including minorities and vulnerable groups in our society?" and "How do older adults perceive their inclusion?" To achieve this understanding, a space for construction which would welcome the bioethical perspective of intermediation, deliberation, and the search for solutions based on common interests and values is essential. These skills mainly involve empathy, active and welcoming listening, focus on objectives, firm direction of purposes, and knowledge of ethical principles and values used to guide decisions. Thus, this research aimed to validate a method of deliberation of bioethical topics on online spaces.

Method

This is a quali-quantitative research which seeks to validate an intervention method. To this end, the initial proposals of the "Path of dialogue" [10,26] action, Zoboli's [6]—an empirical study of spaces for collective deliberation—and Marcu and collaborators' [14]—a study of online deliberation involving the topic of synthetic meat and public participation from different countries—were adopted as foundations.

The same method was applied in 11 remote workshops offered on December 7 and 8, 2020. Each workshop was formed by a professor from the bioethics program — who acted as advisor —; postdoctoral, doctoral, and master's researchers — with completed or ongoing studies— in bioethics or related fields; and undergraduate students participating in research groups linked to the Graduate Program in Bioethics.

The main theme of the event was inclusion, in agreement with the II Ibero-American Congress of Bioethics, which carried out the action. The topics developed in the workshops were: older adults, animal protection, veganism, water crisis, mental health, multiple disabilities, refugees, homeless people, violence against women, sexuality, gender, and digital inclusion. These topics were selected because they involve the demand for inclusion

of minority social groups with a high degree of vulnerability, an ethical dilemma.

The process which preceded the workshops involved eight months of theoretical and observational research on each topic, production and organization of training workshops for the reproduction of the method, and the elaboration of the dissemination material.

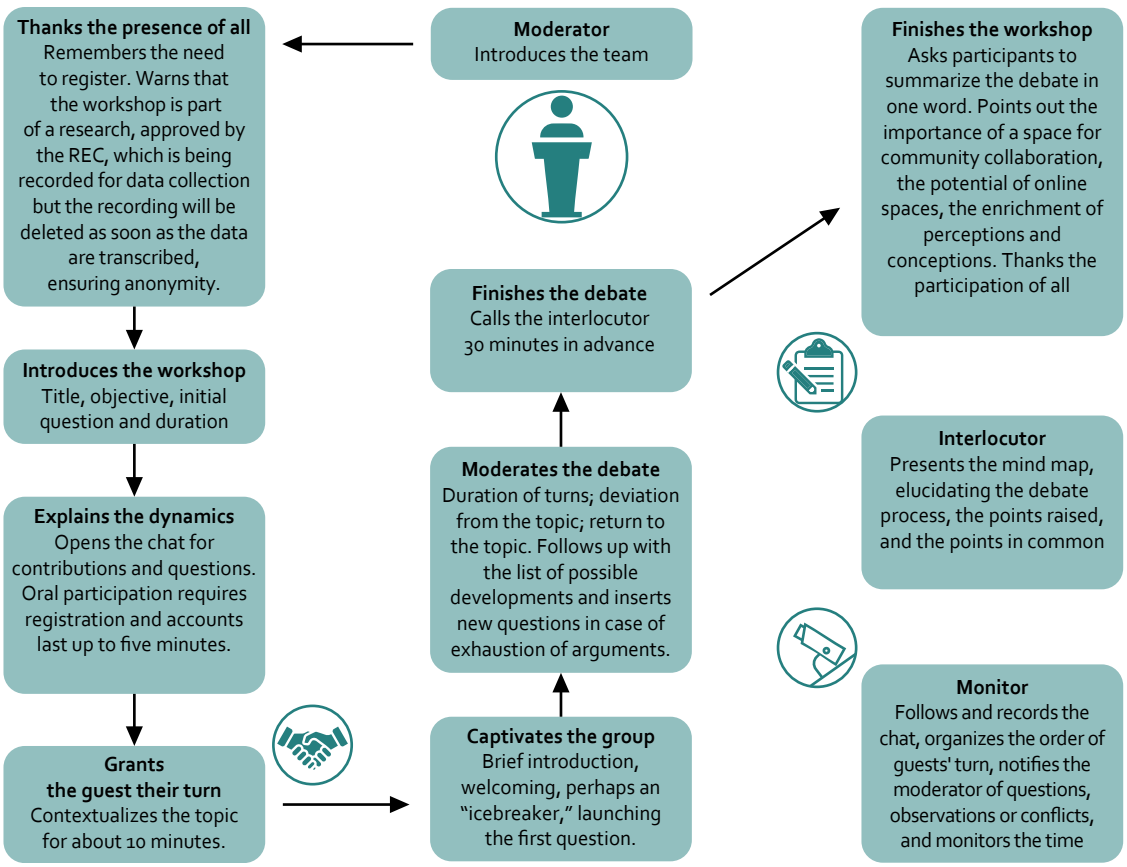
The target audience included two groups: older adults and faculty members. For the older adults, invitations were made available on social networks so society as a whole, and, more specifically, volunteers from the State Council for the Older Adults' Rights (Cedi/PR) could participate. The group of faculty members was included to test the precisely methodology with a public directly or indirectly involved with the deliberative function of bioethics.

The workshops were published on the congress website and lasted two hours, with a maximum capacity of 20 participants, who had to register in advance by filling out an online form, in which it was necessary to inform age, gender, institution, reasons which led to them choosing the workshop, their relationship with bioethics, and how they believed they could contribute to the inclusion of the analyzed groups. The workshop link on the Zoom platform was sent directly to the participants, subject to their agreement via an informed consent form since the workshops would be recorded for *a posteriori* analysis.

Deliberation roles

The workshops consisted of five actors whose roles will be described below, including, in addition to the debating participants, guest conductors, moderators, interlocutors, and monitors. They were also monitored by the professors guiding the action, who helped in the process by instructing each actor according to our methodological path (Figure 1).

Figure 1. Methodological path of the *"E-path to dialogue"* action



Characterization of the roles of the actors conducting the workshop

Guests

Society representatives with practical experience in the subject and knowledge of the constraints, consequences, and vulnerabilities involved in excluding minority groups. Each guest had about 10 minutes to contextualize the question in a real scenario.

Moderators

Actors responsible for setting the debate tone. Preference was given to people who already had training in bioethics and knew the fundamentals of deliberative bioethics. Moderators remained focused on the debate, guests' accounts, and their cognitive and emotional context, monitoring participants' speaking time to give everyone an opportunity, taking care so participants would remain focused and avoid misunderstandings, and noticing when the topic benefitted only one perspective on the issue. Finally, and most importantly, moderators had to be neutral and non-judgmental and listen, welcome, direct, ponder, and promote debates.

Interlocutors

They were responsible for building the debate mind map and had to remain focused on guests' accounts without judgments, so they could understand participants' words and key-expressions, distributing them according to previously determined axes.

On those occasions, it was important to identify the fragilities involved in inclusion, the ethical principles and values shown by participants, their beliefs, and the potential for solving ethical dilemmas. These words/expressions were distributed among axes and the number of times they were repeated was tallied. Other important words and phrases which failed to fit our predetermined axes were placed at the center of the mind map. At the end of the workshops, the mind maps were shown to participants and interpreted by the interlocutors.

Monitors

Role assumed by undergraduates who were beginning their experience in bioethics. Monitors were responsible for supporting the other actors and monitoring the chat, recording accounts, informing moderators and interlocutors about issues expressed by participants, and, finally, paying attention to possible conflicts or misunderstandings.

Debaters

Workshop participants who contributed with their perceptions, analyses, and experiences. To participate, they had to agree to an informed consent form, and could contribute by means of oral or written expression. Each participant was to have a maximum continuous five-minute turn, which could be repeated.

Mind map

The mind map technique was adapted for these workshops, as it was intended to deliver a product to participants and proceed with a contextualized systematization of the dynamics analysis. The mind map worked as a collective look at the issue and a common closure for multiple possible paths. Its construction was based on the discourse analysis model adopted by Marcu and collaborators [14], which used the theory of social representations, according to which acting in deliberative practice should transpose cultural and ideological identities. For this, it is essential to identify elements of common sense, socially shared anchors, and their use as a strategy to support an argument, in addition to the processes which precede this identification.

Thus, during the debate, systemic thinking was organized and information was structured, constructing a mind map which also served as a visual support for collective and individual discussions. Four axes were determined: 1) fragilities; 2) principles and ethical values; 3) beliefs and common sense; and 4) potentialities.

Main expressions: confluence points among debaters

Fragilities

Fragilities refer to the limitations, issues, difficulties, complaints and losses on the discussed inclusion which were pointed out by participants. Examples: devaluation, humiliation, invisibility, disinterest, machismo, racism, and speciesism.

Principles and ethical values

These are decision-guiding elements. Obviously, different values emerged, which can be individual or collective and may generate or mitigate vulnerabilities. Examples: autonomy, empathy, compassion, life as value, money as value, power as value, waste as value.

Beliefs

Beliefs are cultural or personal conceptions which permeate a decision. They show great resistance to change and participants often adopted them automatically. Examples: belief that what is more expensive is better, that women are the weaker sex, and that consuming meat is essential for one's health.

Potentialities

These are elements listed by the participants who envision a possibility of change by adopting common values as references and understanding that social subjects often renounce their personal interests in favor of the collectivity, feeling good about their decision because being part of a group and feeling integrated in maintaining the quality of life of that group is a value. Examples: collaborative committees, common community projects, welcoming spaces, identity spaces, formal and non-formal educational actions, development of scientific research.

Action evaluation

At the end of the workshop and in the evaluation questionnaire, participants were asked to list words and expressions which represented their feelings toward the action. The online questionnaire consisted of another three open questions which requested evaluation of the action and asked whether the methodology used allowed its insertion in the topic and if way in which the workshop was conducted allowed the identification of the role of bioethics in the social insertion of the issue debated. Words and expressions were graphically represented using the WordArt website [28] and analyzed using word statistics from the *Grupo de Linguística da Insite* [29], with axial and selective coding resulting in emotional, technical, and ethical categories.

Data analysis

The words and expressions used in the thematic axes were categorized using Bardin's semantic content analysis technique [30], involving open coding, in which elements were grouped by similarities and differences. Subsequently, axial coding was carried out, with data regrouping in relation to categories and their subcategories and, finally, selective coding was performed, integrating and refining the definition of the central category which expresses and gives meaning to the data set [31]. Thus, the resulting categories for each axis were:

- Fragilities: emotional, work, technical, health, social, ethical, and environmental;
- Values: collective/personal and behavioral, physical, environmental, social, and ethical;
- Beliefs: limiting and positive;
- Potentialities: collective, overcoming, connection, technoscientific, and ethical.

The values obtained in each category were compared using the chi-square test, considering the sample homogeneity as a null hypothesis with a 5% error and a 95% confidence level.

Ethical procedures

This research was conducted in line with the ethical parameters for the use of human participants in research and their integrity, considering planning, data collection and analysis, and dissemination.

Results and discussion

Registered to the action

The "E-path to dialogue" action had the registration of 122 people, of which three disagreed with the informed consent form. Since registered people could participate in more than one workshop rooms had 167 participants, an average of 15±5 (8-20) participants per room. The group consisted predominantly of women (72%) and the mean age of the participants was 41.8±16 years (19-78 years). The promoting institution totaled 54.7% endogenous participants, with the others originating from 43 institutions. Most participants

were from Curitiba/PR (71%), bringing together 26 other cities. Of those registered, 63.9% had a graduate degree (in progress or completed), among which 29.2% were in the field of bioethics, and another 70.8%, in another 15 areas of training.

The relation with the development of research in the field of bioethics corresponded to 35.8% of the participants, 37.7% had professional involvement with this field of knowledge, 15.1% indicated academic involvement with bioethics, and only 11.4% said they were sympathizers. The reasons for participating in the workshop were professional (35.8%), personal (29.3%), technical (24.3%), and ethical (10.6%).The content application perspective showed an equivalent distribution between the categories, so that 25.6% of participants saw themselves applying the workshop content by sharing experiences and opinions, 18.6% referred to an yet unformalized theoretical application, 18.6% had a generalized perspective, 17.4% said they were willing to listen, 10.5% to learn, and only 9.3% referred to a real practical application.

The proposed method resulted in a smaller number of conducting actors (N=25), in contrast to the 45 of *Caminho II*[3] and 100 of *Caminho I*[2]. However, considering that the number of participants was restricted, we could reach an audience intermediate to that of previous events (*Caminho I*: 250; and *Caminho II*: 68)[10,26]. The main differential of the online spaces was group heterogeneity, even if it was limited to older adults and faculty members, with a diversity of age, city, and institution of origin, training and link with bioethics, and reasons for participating in the workshop.

Hannel and collaborators[32] and Silveira and collaborators[33] pointed out the potential of videoconferences to make meetings qualitatively and quantitatively richer, precisely by holding meetings with people who are geographically distant.

The use of online spaces on an emergency basis in the face of the COVID-19 pandemic has generated expectations that these will become a reality in the post-pandemic world, especially in corporate and educational environments[34]. However, corroborating Oliveira and collaborators[25], who studied interdisciplinarity in synchronous remote activity, a robust planning is necessary, equipped with pedagogical strategies which encourage participation with sharing and discussion mediated by dialogue to contemplate structure, process, and results to construct new knowledge.

Action

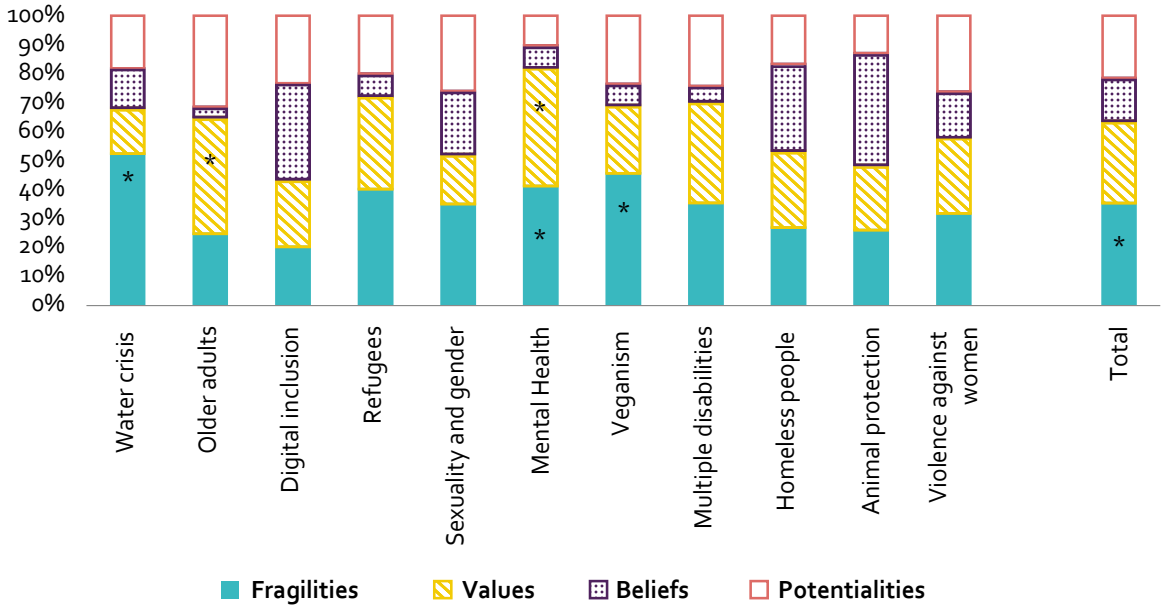
The debate generated in the workshops showed the predominance of words and expressions linked to the "fragility" axis, particularly in the water crisis, mental health, and veganism workshops, whereas ethical principles and values were more prominent in the older adults and mental health workshops, and the potentialities predominated in the older adults workshop (Figure 2).

The application of the instrument, even in the face of the total prevalence of the "fragility" axis (and in some topics), evidenced the potential in the registration of the four axes determined to mediate the debate. We expected the prominence of fragilities since the topics refer to current conflicts and the need to establish limitations as a starting point for facts[6].

This process was evidenced in issues in which we found high economic involvement, as experienced in the water crisis and veganism workshops, and corroborated by Santos[12], who proposed an instrument to assess environmental fragility. For the author, fragilities, added to social vulnerability, enhance predictable and preventable socio-environmental risks, showing the importance of bioethics of intervention in precaution, prevention, prudence, and protection also in the environmental context[35].

On the other hand, the debate trajectory, linked to this specific topic, as evidenced in the mental health and older adults workshops, declared the use of ethical values as intermediaries of reflection, a fact pertinent to questions which corroborate studies on the representation of old age[27] and strategies to promote ethical competence in facing and reducing levels of moral distress[36].

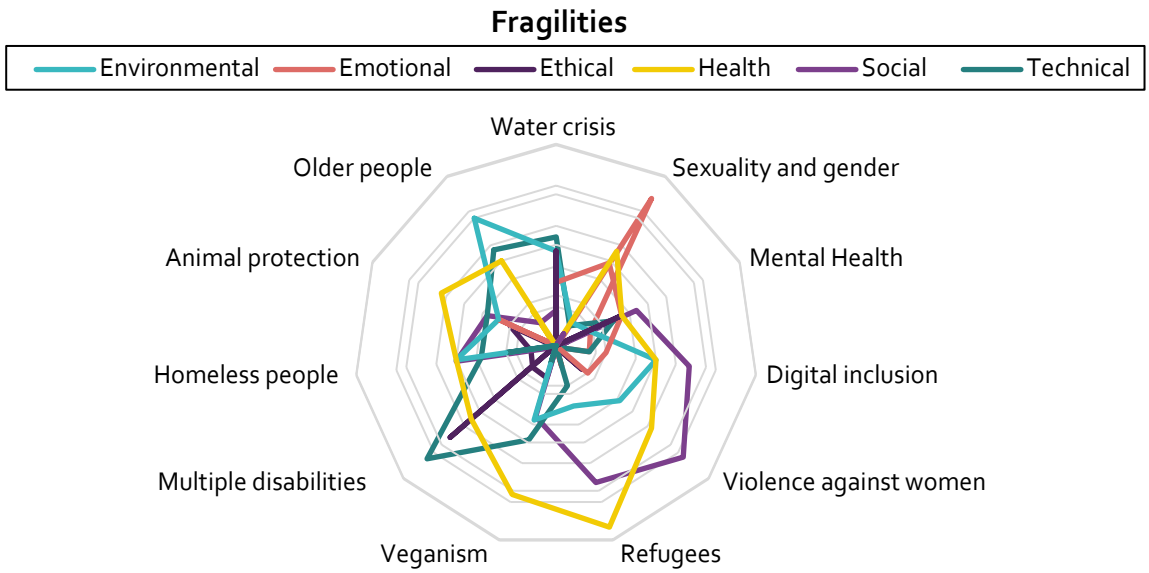
Figure 2. Relative frequency of words/expressions recorded in the fragilities, values, beliefs, and potentials axes in each workshop and in total



Values were compared using the chi-square test, with significant differences (p<0.05) followed by an asterisk (*).

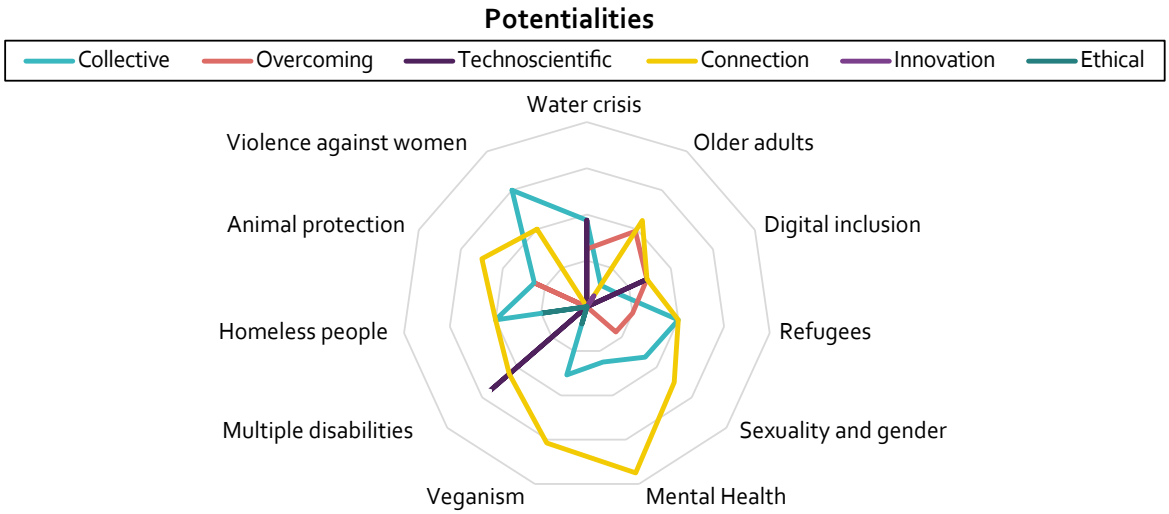
The proposed instrument proved able to identify the types of fragilities which serve as parameters to diagnose the risks of the issue under discussion. Social (34.2%) and technical (33.3%) fragilities predominated over emotional (19.8%), ethical (8.7%), health (2.4%), and environmental (1.6%) ($\chi^2_{(5)}$=82; p<0.001) ones. However, plotting fragility categorization produced three groupings: 1) social fragilities in digital inclusion, violence against women, and refugee workshops; 2) technical fragilities in water crisis, older adults, and multiple disabilities workshops; and 3) emotional fragilities in the sexuality and gender workshop (Figures 3 and 4).

Figure 3. Graphic representation of the component categories of the thematic axes used in the deliberation: fragilities



Research

Figure 4. Graphic representation of the component categories of the thematic axes used in the deliberation: potentialities



The results showed the main risk-generating elements which should be reflected in deliberation since the synergy between fragilities and inequalities in the means of gathering information and resources for coping should mediate vulnerability mitigation actions [12,13].

Ethical principles and collective (56.3%) and personal (43.7%) values occurred at the same frequency, with the only differences observed in the veganism (93%) and animal protection (100%) workshops, with a predominance of value groups, and in the older adults workshop, with a predominance of personal values (95%). This result shows the potential of the instrument to level personal and collective values, with the exception of the reflection of the topic.

In general, we found a predominance of behavioral values (58.9%) ($\chi^2_{(5)}$=152; p<0.001) over social (20.5%), ethical (15.2%), environmental (3.6%), and physical (1.8%) ones. The graphical analysis of the workshops showed that behavioral values were more prominent in the older adults, homeless people, mental health, digital inclusion, and multiple disabilities workshops, whereas social values predominated in the refugee and animal protection workshops (Figure 3).

The potential to identify the types of prevailing values in a topic is fundamental to understanding and directing solutions since they are components of everyday life and central constraints in supporting policies, programs, actions, and behaviors [37]. Zoboli and Soares [7] point out that, although values are not concrete data of sensation and perception, they are used as anchors of facts, supporting duties. Moreover, despite relating to real qualities of people, individual, social, historical, and cultural peculiarities are added.

Fortes [37] warns that, although ethical pluralism is one of the characteristics of current societies, it lacks harmony with movements which are intolerant of diversity and, consequently, an oppression in the demand for moral consensus. Therefore, the author supports the suggestion that citizens establish an identity which enables recognition and belonging and welcome their social collectivity, either family, regional group or the nation as a whole.

Forbes's perspective [37] corroborates this study by endorsing the need to question the progress of social processes, of what can be done to improve them, and how individual and collective choices of based values to guide decisions should be understood as moral responsibility. After all, today's choices will reflect on tomorrow's society [5].

Of the 58 expressions recorded as common-sense beliefs and knowledge, only one was positive, as all the others were categorized as limiting a solution to the discussed ethical issue. The workshops

which showed the highest records were those on older adults and vegans. The following are some examples of common-sense expressions recorded in each workshop:

1. Older adults workshop: "Older adults have difficulty dealing with technology" (limiting);
2. Multiple disabilities workshop: "The medical report represents the success in the treatment" (limiting);
3. Veganism workshop: "A plant is also a living being" (limiting);
4. Animal protection workshop: *"Protectcrazy"* (limiting);
5. Water crisis workshop: "Lack of water is something distant" (limiting);
6. Water workshop: "Water is a purifying element" (positive);
7. Sexuality and gender workshop: "The homosexual is corrupted during childhood" (limiting);
8. Violence against women workshop: "It's the victim's fault" (limiting);
9. Refugee workshop: "Refugees and immigrants will take my job" (limiting);
10. Mental health workshop: "I need to cure the other's problem" (limiting);
11. Digital inclusion workshop: "I face issues for not being able to" (limiting);
12. Homeless people workshop: Homeless people are drugged and dangerous" (limiting).

Concomitantly with ethical values, beliefs and common sense are used as anchors which center the debate around an axis. The instrument was able to identify these anchors, which are essential for the educational process which aims to break with the stigmas keeping issues without feasible and equitable solutions.

Marcu and collaborators [14] emphasize that the resolution of practical dilemmas should promote factual, pragmatic critical thinking that transcends the anchors. Thus, it is necessary, initially, to expose the strategies which support, give meaning, and nourish the arguments, recommendations and reasoning tied to what is familiar and known. The groups tend to agree, and, to this end, they make use of social conventions for interaction, limiting the efforts which try to overcome these stigmas. These are based on consolidated cultural processes such as older adults' role in society [33] and the defense of the importance of animal protein consumption [38].

According to Chiles [15], ideological guidelines give meaning to choices and their role as imperative resources leads to the understanding and interpretation of facts. Although ideological beacons attract people with common interests, the clash between cultural and scientific perspectives can have unintended consequences in promoting inclusion and equality in the absence of articulation. This role is typical of bioethics in its deliberative spaces [6].

The potentials identified in the speech received by the deliberation space showed the directions which the issue can take. In general, potentials involving connection (42.9%) ($\chi^2_{(5)}$=61; p<0.011) predominated, when compared to collective (25%), overcoming (16.6%), technoscientific (11.9%), ethical (2.4%), and innovation (1.2%) ones. The comparison between the workshops indicated a common connection in the topics "mental health," "veganism," and "animal protection," the collective for the topic "violence against women" and the "technoscientific" for the multiple disabilities workshop (Figure 2).

The method used to promote the meeting and provide the space for listening privileges connection as a means of solving the issue but also opens a space for other interventions to meet specific demands. The results also attest the validation of online spaces by Marcu and collaborators [14], who indicated them as complementary to establish new paradigms.

The proposal to align fragilities and vulnerabilities with the perspectives of values and beliefs promotes reflection in a welcoming space, which is enhanced by the comfort and practicality of access, overcoming geographical barriers and leading to the identification of potentialities which can be implemented in a workable solution.

Research data corroborate the results of Zoboli [6] in the empirical evaluation of ethical deliberation, presenting the elements and processes which are fundamental to resolving a conflicting situation in an ethical, prudent, and feasible manner in collective spaces of deliberation. According to the author, the space should welcome (cognitive) facts and promote connections with (emotional) values and (volitional) duties emerging from a concrete fact. This allows the management of possibilities without, however, ascribing them the weight of an ideal or universal decision since it is not idealistic, pragmatic, or utilitarian.

It is precisely the uncertainties that will lead to prudent postures when admitting other solutions and opening up to new perspectives. Zoboli [6] reiterates that the prudent ethical posture in deliberation demands the Aristotelian concept that links it to a practical wisdom of knowing how to interpret the facts and the best moment to act, thinking about individual virtue, but with community reflexes.

The fact that some participants are linked to solid purposes and perspectives of practical application of the results of the workshop constitutes an additional factor to attract multipliers, in the personal, academic, or professional sphere. Gomes and Aparisi [11] point to collective deliberation as a new professional excellence by encouraging collective participation in professional decision-making. The transposition of technical evaluation to socially active deliberation allows professional excellence to be based on critical solidarity and commitment to social issues. The authors [11] suggest that Brazilian bioethics embraces the ethical problems of everyday health work, breaking down segregating hierarchical barriers.

In this context, we envision the incorporation of bioethics at all levels of education, the expansion of the role of bioethics committees in the incorporation of new actors, the establishment of new organizational committees to stimulate collective deliberation — aiming at training on principles of justice and protection of the individual, society, and global existence —, and, finally, a practical contribution on the deliberative method.

Action evaluation

The feelings expressed after the action consisted of 44 words resulting from 77 participations, with a predominance of "hope" (8.5%) and "responsibility" (5.8%). The evaluation questionnaire was answered by 56 participants, of which 80% were actors in the action (interlocutor, mediator, monitor or advisor) and 20%, debaters. The representation of the action resulted in 139 words, from 256 participations, with the highest occurrences being "empathy" (4.3%), "knowledge" (3.5%), and "gratitude" (3.1%).

Approval of the action prevailed in the evaluation of respondents (35.2%), who highlighted the importance of the action for debate and sharing (22.4%), productivity (17.6%), and reflection (4.8 %). In total, 16% praised the method and 4% approved it. The offered arguments were emotional (35.5%), technical (37%), and ethical (27.5%). Respondents unanimously agreed that the method used allowed insertion in the topic and that the way in which the workshop was conducted allowed the identification of the role of bioethics in the social insertion of the debated issue.

The results of the representation of the action soon after its end showed feelings of hope and responsibility, reflecting the perspective of solving the issue, reconciling the emotional guide with practical ethics. *A posteriori* evaluation ascribed empathy and gratitude in the emotional component but praised knowledge in the rational perspective.

This result evinces a processing of the workshop reflexes, expanding the diversity of expressions, as discussed by Oliveira and collaborators [25] when they attest the change in understanding content in interdisciplinarity in the field of health. The evaluation of the action by participants was positive and involved different perspectives, as expected given the heterogeneity of the group.

Final considerations

Analysis of the results of the 11 workshops within the "E-path to dialogue" action allowed us to validate the efficiency of the proposed methodological approach, as well as the procedures for analyzing and interpreting the results, serving as a means of working out ethical conflicts on online spaces of collective construction. The instrument is able to identify fragilities and vulnerabilities, promoting the assessment of potential risks based on real facts in conflicting situations. By identifying ethical values and principles, the participants in the deliberation come into contact with emotional expressions and perspectives impregnated with individual, cultural, social, and historical representations, which will be used as anchors and will support individual and collective duties.

The identification of beliefs and common sense in participants' accounts allows us to recognize the anchors used to consolidate the collective conception of the issues and which should be debated and confronted to free moral agents to

make critical, conscious, and autonomous decisions. Finally, participants' diversity of perspectives, feelings, experiences, and purposes in a space of ethical deliberation makes it possible to conduct a confrontation of the potentialities identified during the debate and which are inserted in reality.

As a result, the methodology allows us to reflect on the necessary tools to overcome fragilities and anchors and raise new perspectives of action to solve the issue. Precisely the peculiarities of each topic and the composition of the debate group should counter idealist, pragmatic, or utilitarian perspectives, focusing on momentary possibilities, without incurring the perspective of reaching a right, universal or deterministic answer.

The COVID-19 pandemic anticipated decades of development of remote organizational processes in work, teaching or entertainment. Thus, the methodological path on online spaces favors the consolidation of meetings which are often impossible in the face-to-face model. Breaking resistances in familiarization with technology and the establishment of protocols involved in online meetings opened the perspective of welcoming the deliberative spaces as well. Therefore, it becomes necessary to develop and regulate the process of communication and intermediation of the debate in this context since it involves different conditions of face-to-face meetings.

This research considered these processes, systematized them in a methodological approach, and applied them in 11 different situations, attesting their feasibility from the results obtained. We sought to present and validate the method. However, it is expected that the result of each workshop will be formally worked out according to the technical and ethical references specific to each topic. Moreover, the objective is that the method is replicated with other topics and groups, aiming at scientifically and technically strengthening it to build a space for practical bioethics.

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Marta Luciane Fischer, Caroline Filla Rosaneli, and Gerson Zafalon Martins conceived and executed the project. Marina Kobai Farias and the remaining authors analyzed the data. All authors contributed to the literature review, critical analysis, and article writing.

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