

Deliberative bioethics in nursing education: proposal for curricular integration

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Abstract

Deliberative bioethics plays a central role in nursing education, especially in relation to current ethical challenges. This model provides a solid framework for solving ethical issues and dilemmas in complex settings. The documentary analysis of 39 schools examined the study plans of Portuguese nursing teaching degree programs. It was observed that only six schools include the bioethics-specific course, while others address it integrated with ethics and deontology. The purpose of this study is the integration of a curricular module that adopts Diego Gracia's deliberative model, promoting a reflective and collaborative ethical approach. The suggested pedagogical methodology combines theory and practice, with interactive resources, such as case analysis and simulations, in order to develop the students' critical and ethical capacity. It is concluded that integrating deliberative bioethics into nursing curricula is essential for a fairer and more person-centered practice.

Keywords: Bioethics. Decision making. Deliberation. Ethics, nursing. Education, nursing.

Resumo

Bioética deliberativa na formação de enfermagem: proposta de integração curricular

A bioética deliberativa tem papel central na formação de enfermeiros, especialmente perante os atuais desafios éticos. Esse modelo oferece uma estrutura sólida para resolução de problemas e dilemas éticos em ambientes complexos. A análise documental de 39 escolas pesquisou os planos de estudo dos cursos de licenciatura em enfermagem portugueses. Observou-se que apenas seis escolas incluem a disciplina de bioética como isolada, enquanto outras a abordam de forma integrada com ética e deontologia. A proposta deste trabalho é a integração de um módulo curricular que adote o modelo deliberativo de Diego Gracia, promovendo uma abordagem ética reflexiva e colaborativa. A metodologia pedagógica sugerida combina teoria e prática, com recursos interativos, como análise de casos e simulações, a fim de desenvolver a capacidade crítica e ética dos estudantes. Conclui-se que a integração da bioética deliberativa no currículo de enfermagem é essencial para uma prática mais justa e centrada na pessoa.

Palavras-chave: Bioética. Tomada de decisões. Deliberações. Ética em enfermagem. Educação em enfermagem.

Resumen

Bioética deliberativa en la formación de enfermería: propuesta de integración cultural

La bioética deliberativa tiene un papel central en la formación de enfermeros, especialmente ante los actuales desafíos éticos. Este modelo ofrece una estructura sólida para la resolución de problemas y dilemas éticos en entornos complejos. El análisis documental de 39 escuelas investigó los planes de estudio de los cursos de grado en enfermería portugueses. Se observó que solo seis escuelas incluyen la asignatura de bioética de forma aislada, mientras que otras la abordan de manera integrada con ética y deontología. La propuesta de este trabajo es la integración de un módulo curricular que adopte el modelo deliberativo de Diego Gracia, promoviendo un enfoque ético reflexivo y colaborativo. La metodología pedagógica sugerida combina teoría y práctica, con recursos interactivos como el análisis de casos y simulaciones, con el fin de desarrollar la capacidad crítica y ética de los estudiantes. Se concluye que la integración de la bioética deliberativa en el currículo de enfermería es esencial para una práctica más justa y centrada en la persona.

Palabras clave: Bioética. Toma de decisiones. Deliberaciones. Ética en enfermería. Educación en enfermería.

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Traditional teaching models are being pondered and examined as to their validity and operability at a time when society has required new knowledge and new teaching strategies for current challenges, in the face of an aging, vulnerable, polymedicated and, consequently, sick and needy population.

In nursing education, one of the main challenges is to train future professionals to work in an increasingly dynamic clinical context, characterized by constant technological evolution and changes in power relations between health care professionals and patients.

In the field of health care, new technologies—such as artificial intelligence—have led to the rise of new frontiers, and the ethical limits of these new interventions are often not determined¹. With the emancipation of the sick person, the clinical relationship has changed. The old paternalism that gave the professional the power to make all decisions has ceased to occur, leaving the patient and the family with greater decision-making power. In this new context, health care providers, particularly nurses, who during training acquire ethical knowledge focused on deontological codes, sometimes fail to manage the moral conflicts and issues they face and end up resorting to third parties, such as ethics committees and legal departments, seeking legal support.

Deliberation is a systematized and contextualized process for analyzing events in a hermeneutic endeavor, and interpreting events in the whole of life and as part of it. In addition to knowledge and skills, deliberation implies attitudes: mutual respect, intellectual humility or modesty, and a desire to enrich the individual understanding of the facts by means of listening to others, for critical and public analysis of individual points of view. Therefore, it is an ethical behavior, rather than a natural behavior.

According to Diego Gracia², moral deliberation is more than a methodology. It is a fundamental pedagogical tool for the development of self-knowledge, self-analysis and tolerance, which are essential in the ethical education of nurses. As nurses are focused on the human person, the epicenter of their actions, and since the disease can be integrated and managed in a

process of adaptation subject to meaning, nursing care becomes particularly important. From a holistic perspective of society and the human being, they affirm their integrality and value, from conception to death.

In the assumption that care is a fundamental right inherent to human dignity, values such as compassion, competence, justice and responsibility are affirmed as the foundations of the provision of nursing care.

To this end, it seems to us not only necessary, but indispensable that nursing programs provide adequate education—by developing a curricular module to be integrated into the first-cycle study plan—focused on deliberative ethics, in order to enhance critical-reflective skills and capacity for deliberative decision-making. According to Diego Gracia, deliberation is an art based on mutual respect, a certain degree of intellectual humility or modesty, and the desire to enrich the individual understanding of the facts by means of listening to and exchanging opinions and arguments with all stakeholders involved in the process². Thus, a synergy of skills and the inclusion of all perspectives can ensure better care, in addition to a careful and multiperspective consideration of the problems of each person. In view of the above, this article arises from reflection with the main objective of integrating the deliberative model into the nursing education process, due to the numerous challenges that these professionals face in different health care settings, and proposing a curricular module that is based on the deliberative model, in the first-cycle study plan of the nursing program.

Deliberative process: deliberation and decision-making techniques

In health care settings, decision-making often implies ambiguities and uncertainties, which are common characteristics in clinical reasoning, thus requiring that professionals gather as much information as possible to better conduct the clinical practice^{3,4}. The deliberative process consists in pondering the principles, values and consequences that may result from decision-making. It requires attentive listening, effort to

understand the situation, interest in the issue, maximum protection of values and prudent decisions, submitting, in the end, the decision to a consistency test to determine if it was actually good^{4,5}.

The deliberative model of Diego Gracia² focuses on moral deliberation as a structured analytical and decision-making process. Gracia^{2,6} defines moral deliberation as a reflective and structured process that enables individuals and groups to assess, compare, and hierarchize ethical values and principles in specific contexts. This process aims to promote an in-depth and pondered analysis, facilitating ethical decision-making considered defensible and justifiable.

Deliberating means carefully considering the pros and cons of a given decision before adopting it, that is, it is a matter of clearly deciding before acting³. From this perspective, decisions cannot be the result of professional experience and knowledge or even intuition, which are important aspects, but need to be associated with ethical instruments, such as the deliberative method.

The purpose of deliberation is not necessarily to reach a consensus, but to enrich the individual perspective with the contribution of others, which increases the maturity of the decision, making it wiser and more prudent³ and contributing toward fair, humane and ethical care.

Moral deliberation, as an instrument, facilitates this development by encouraging professionals to question their own assumptions, consider different points of view, and refine their decision-making skills. This involves open and collaborative communication, in which different perspectives are considered and integrated to achieve respect for the plurality of values².

Considering the perspective of Habermas⁷ in the field of deliberative ethics, deliberation is essential for democracy, as it enables individuals to participate in rational and inclusive discussions to make decisions based on mutual understanding. This approach emphasizes the importance of ethical communication and dialogue to resolve moral dilemmas and conflicts.

The deliberative process, according to Diego Gracia⁶, involves a systematic approach to identify and analyze ethical issues and dilemmas.

The first step is the clear identification of the ethical issue. According to Gracia², it is essential to define the issue/dilemma in precise terms, recognizing the involved conflicting values and principles. This initial step requires an in-depth understanding of the clinical context and moral implications of each situation.

The analysis of ethical issues and dilemmas involves the collection of relevant information, including clinical data, preferences, opinions of family members, opinions of all health care professionals involved in the case, and other elements that may be decisive. According to Agich⁸, a thorough analysis should consider not only clinical aspects, but also social, cultural and psychological factors that may influence the situation. Multifaceted analysis is crucial to fully understand the complexity of the ethical dilemma or issue in question.

In this context, Gracia^{5,6} emphasizes the importance of distinguishing between technical issues and ethical issues, since confusion between the two can lead to inadequate solutions. Ethical analysis should focus on pondering conflicting values, such as the autonomy of the person versus beneficence, and determine the possible consequences of different decisions.

Moral deliberation, as proposed by Gracia, is a collaborative process that involves several methodological steps. After identifying and analyzing the issues or dilemmas, the deliberation itself is conducted. According to Gracia², this phase involves open discussion among all stakeholders to consider the different perspectives and values at stake.

A key technique in deliberation is ethical argumentation, which Gracia notes as crucial to the process. According to a study⁹, well-structured ethical argumentation helps clarify the values underlying the positions of all stakeholders, thereby facilitating the achievement of consensus or, at least, mutual understanding.

Other important techniques include using case studies and simulations to practice deliberation. A study¹⁰ suggests that the practice of simulated cases in controlled settings can better prepare health care professionals to face real ethical issues or dilemmas. These simulations enable participants

to explore the consequences of different decisions and refine their ethical reasoning and argumentation skills.

Finally, decision-making should be informed and justified. According to Daniels and Sabin¹¹, the final decision should be transparent and defensible, based on careful analysis of the facts and balanced ponderation of the values. Justification of decisions is essential to maintain the credibility and legitimacy of the deliberative process.

Gracia^{5,6} also notes the importance of follow-up after decision-making, in order to assess the results and learn from the experience. This continuous feedback is crucial to improve the ethical practice and develop a culture of reflection and continuous improvement that fosters a professional experience focused on ethical reflection on clinical practices, which, in turn, contributes toward a more humane and compassionate approach¹².

Holistic approach to nursing care design

The field of nursing adopts a holistic and integral approach to care, considering not only the physical aspects, but also the psychological, social and spiritual aspects of each person. This holistic view is fundamental so as to provide person-centered care, meeting patient needs and values.

Deliberative bioethics complements this approach by providing a framework for the design of a comprehensive nursing care plan that meets all patient dimensions and the outline of strategies for traced needs. Deliberation on ethical issues and problems that arise, from a comprehensive and inclusive perspective, must be founded on individual and professional values¹³.

These fundamental values in nursing are central to a reflective, ethical and effective health care practice based on compassion, which translates into: the capacity to recognize the suffering of people and respond to it with sensitivity and empathy¹²; the competence characterized by the technical skill and knowledge necessary to provide high-quality health care¹⁴; justice, that is, a commitment to equity and fair distribution of

health care resources^{15,16}; and the responsibility determined by the duty to act according to ethical and deontological standards of the profession, assuming responsibility for actions and decisions¹⁷.

According to Daniels and Sabin¹¹, ethical deliberation is crucial in the health care setting because it provides a mechanism for fair and transparent decision-making, noting that deliberation should be informed, fair and reflect a commitment toward public and social responsibility. Therefore, moral deliberation, as described by Gracia and arising from the views of, among others, Habermas⁷ and Daniels and Sabin¹¹ is a process that not only provides a framework for ethical analysis, but also strengthens the legitimacy of decision-making by involving all stakeholders in an open and collaborative manner. This model is noted for its emphasis on the active participation of and joint discussion with all stakeholders, promoting a dialogue-based approach to solving ethical issues and dilemmas.

Nurses often face ethical issues involving conflicting values, patient and family needs, resource limitations, and institutional pressures that require a response integrating all perspectives, fair and valid. Therefore, a robust ethical education is crucial to ensure that nurses are prepared to make decisions that respect human dignity, promote justice and protect the integrity not only of the health care practice, but, above all, of the people who are under their care. Nurses play a vital role throughout the human life cycle, from birth to death, and are responsible for providing ongoing nursing care, promoting health, preventing disease and taking care of people in situation of vulnerability and suffering. Being constantly and closely present situates them in an advantageous, but challenging position, as they often deal with complex ethical issues and problems¹⁸.

The American Nurses Association¹⁷ underlines that ethics is a fundamental component of nursing practice and should be integrated into all levels of professional training. Adequate ethical education provides nurses with the necessary tools to critically analyze situations and make informed choices that reflect a commitment to the ethical and deontological principles of the profession.

Role of bioethics education in nurse training

Bioethics—as an interdisciplinary field that examines ethical issues that arise in life and health sciences—becomes decisive in the training of future nurses. The integration of bioethics into nursing education helps develop the professionals' capacity to identify, analyze and solve ethical issues that arise in the care of the person under their responsibility.

In the educational context, deliberation as a pedagogical method and process, especially in nurse training, fosters the development of critical-reflective capacity and communication skills¹⁴.

Nurse education on ethics according to Gracia's deliberative model emphasizes the importance of developing virtues such as: respect, which is essential to seriously considering the opinions and values of others²⁻⁵; humility, by recognition of individual limitations and willingness to learn from others¹³; empathy, as the ability to understand and share the feelings of persons and colleagues¹²; and responsibility, by commitment toward ethics and fair decision-making¹⁶.

Nurses often face situations in which they need to balance different values and interests, such as the autonomy of the person, therapeutic benefit, justice and human dignity. Deliberative bioethics education equips nurses with the necessary tools to make informed and morally consistent decisions.

The clinical relationship marked by paternalism—in which health care professionals had almost absolute authority over treatment decision-making, with little or no patient participation—is outdated. Currently, this dynamics has undergone significant changes, as each person requires care that meets their clinical situation, but also their needs and the growing recognition of their rights.

Thus, the clinical relationship requires a more collaborative approach, with patients and families (in the case of patients with reduced capacity) having an active voice in decision-making that affects their health and well-being.

This requires that nurses acquire core technical skills, but also ethical competencies and reasoning and communication skills to navigate the complexity of health care.

Deliberative bioethics, focusing on deliberation and dialogue, provides an adequate model for this new relationship. It promotes decision-making so as to respect the autonomy of the person, incorporating their preferences and values. This model prepares nurses to act ethically, congruently and effectively in an increasingly person-centered, but also more complex health care setting.

The inclusion of deliberative bioethics in nursing curricula directly influences professional practice. Developing a connection between theory and practice—showing how ethical deliberation can impact real decisions in nursing routine, as in resource distribution in scarcity situations—is essential. Applying this model can increase the flexibility of difficult decisions, such as prioritization, favoring clarity and fairness in the decision-making process.

Another type of decision-making concerns the end of life¹⁹, since the model ensures that decisions respect the dignity and autonomy of the person, while considering the emotional and physical well-being of the family. In addition, nurses can adopt this model to resolve conflicts between the person's will and the health care team's recommendation, through a systematic approach that considers all perspectives in order to find the best possible solution.

In a global view, consistently with the current context of population aging, forced migration and unequal access to care, the deliberative model facilitates intercultural and interprofessional dialogue, promoting the inclusion of multiple perspectives and the respect for the diversity of values. This model is especially relevant to ensure that critical decisions, such as equitable distribution of treatments, are made in a collaborative, transparent and ethically justifiable manner, while respecting individual rights and collective needs in different cultural and economic contexts.

Analysis of bioethics courses in the nursing program

Higher education institutions have a responsibility to train professionals that are qualified to face challenges in an ever-changing society. In the context of health care, this responsibility is even more critical, given the direct impact that health care professionals have on people's lives. Therefore, education, namely in the nursing program, should not only advocate the transmission of technical and scientific knowledge, but also foster the development of critical, reflective and ethical reasoning that enables nurses to make informed and moral decisions.

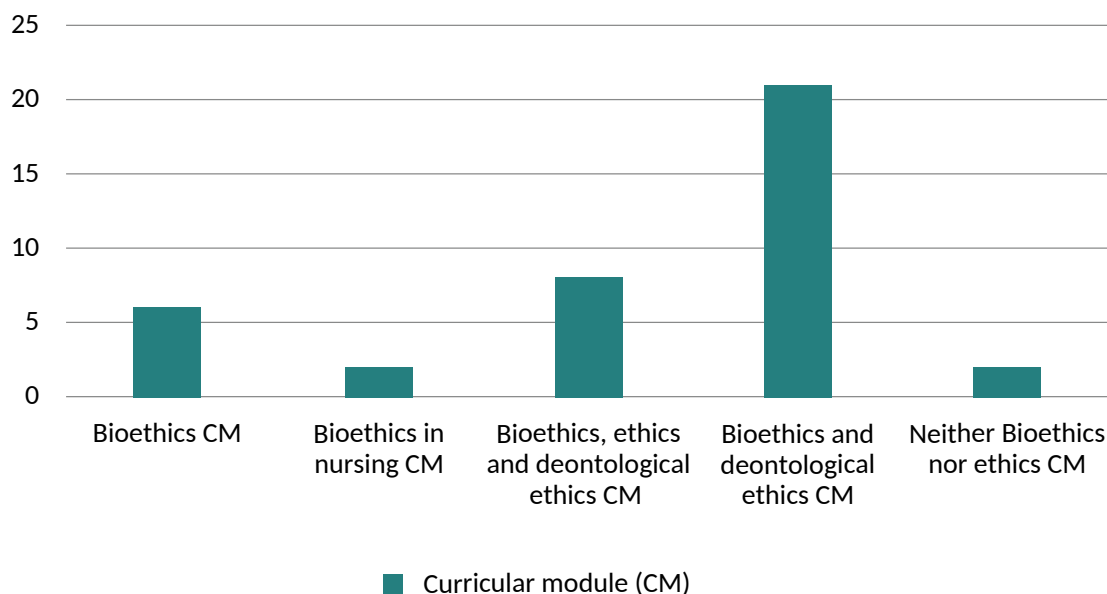
Considering this issue, we conducted a documentary analysis of first-cycle study plans of nursing programs of all Portuguese nursing schools, public and private, with the objective of tracing curricular modules dedicated to bioethics and corresponding syllabi, with emphasis on decision-making.

The 39 Portuguese nursing schools analyzed include 21 public and 18 private education institutions. In order to trace curricular modules within the scope of the bioethics discipline, we examined all study plans and syllabi of the curricular modules related to the theme under study that were available on the schools' websites.

As shown in Graph 1, only six study plans include the bioethics curricular module, and, in the syllabi of the corresponding curricular modules that were examined, the programmatic contents are aimed at the acquisition of knowledge in the main problematic areas of bioethics and its relation with nursing, namely the beginning of life, experience of disease, end of life, and identification of ethical issues and dilemmas related to health and nursing care, without allusion, however, to decision-making in nursing.

In two study plans, the curricular module has the designation of bioethics in nursing, and, in eight, bioethics is integrated with professional ethics and deontology. The content taught in these curricular modules include fundamental aspects of ethics, bioethics and deontology; the differences between ethics, bioethics, moral, law and deontology; the principles of bioethics and their importance in professional practice; ethical and moral responsibilities in the health care relationship; main moral and ethical dilemmas in the health care field. It was found that 21 study plans have ethics associated with professional deontology without direct reference to bioethics, and that two study plans have no reference to curricular modules in the scientific area of philosophy and ethics.

Graph 1. Distribution of Portuguese nursing schools that teach the bioethics curricular module



According to the results, the teaching of bioethics and ethics—more concretely, decision-making models—in nurse training is aimed at preparing future professionals for contemporary clinical practice. Considering the complex and morally challenging situations that nurses will encounter in clinical practice, the integration of deliberative bioethics into the study plans of nursing programs, specifically in the first cycle of studies, provides a structured model that emphasizes the importance of communication and joint discussion and critical and pondered analysis of conflicting values. Incorporating this model into nursing curricula fosters the development of critical and reflective capacity for decision-making, leading students to reflect and acquire critical reasoning to carry out moral, conscious and effective deliberations in an informed manner.

Deliberative bioethics in the study plans of nursing programs

Deliberative competencies are essential for nursing practice, as they enable professionals to comprehensively analyze situations, identify underlying ethical issues and problems, and make informed and justified decisions. Benner¹⁴ notes that developing critical and reflective competencies is an ongoing process that evolves with training and experience. Pellegrino and Thomasma¹⁸ argue that critical reflection capacity is crucial for decision-making, because it enables professionals to identify and solve problems and dilemmas consistently with ethical principles and human values. Ethical deliberation promotes this capacity by providing a framework for systematic analysis and collaborative dialogue, thus leading to the development of core competencies that enhance the quality and integrity of health care and foster ethical reasoning.

According to Lo²⁰, deliberative bioethics improves the quality of decision-making by promoting a collaborative and inclusive approach, in which all stakeholders can contribute to the ethical discussion. This methodology is

particularly relevant in nursing, where decision-making often involves considering multiple perspectives, including those of patients, families, colleagues, and society in general.

In health care, conflicts can arise in various situations, such as beginning and end of life, proportionality of care, confidentiality, equitable distribution of resources, and respect for the autonomy of the person. Structuring a robust deliberative process—involving active participation and careful consideration of all values and principles—is fundamental for the resolution of ethical conflicts in nursing practice, through credibility and legitimacy in the decision-making process, being essential for ethical and deontological professional practice.

Accordingly, education must continuously evolve in order to reflect the new requirements in a society in increasing transformation, at a social level, ensuring that future nurses are prepared to identify and face ethical issues and dilemmas with deliberate, reasoned and conscious decision-making.

Traditional teaching models in the health field, centered on the unidirectional transmission of knowledge and the memorization of contents, end up only modeling and mimicking thought, being insufficient to equip future nurses to deal with the complexity and plurality of the clinical reality and setting. This pedagogical approach more focused on the theoretical component does not adequately prepare professionals for ethical decision-making in real situations, which foster a clinical judgment that considers the specific values, emotions and circumstances of each person.

The lack of a fully person-centered and interactive approach can lead professionals, more specifically nurses, to often resort to third parties, such as legal departments, to make decisions and solve moral problems, instead of conducting a critical and deliberative analysis on their own, due to lack of capacity. Thus, there is a growing need to reform nursing curricula to incorporate methodologies that promote critical thinking, ethical deliberation and problem-solving in an autonomous and competent manner.

Proposal for integration of deliberative bioethics into nursing curricula

Deliberative bioethics is particularly relevant for nursing practice, since nurses are often at the forefront of patient care, as observed in the COVID-19 pandemic, where they faced complex ethical issues and dilemmas.

The deliberative approach enables nurses to consider a wide range of perspectives and values, promoting more inclusive and equitable decision-making⁸. According to Davis, Tschudin and Raeve²¹, moral deliberation also strengthens the sense of responsibility and autonomy of nurses, thus equipping them to make informed and justifiable decisions. Adopting ethical deliberation contributes toward the construction of a more humane and person-centered health care setting.

Considering the above, a curricular module is proposed for integrating deliberative bioethics into nursing curricula in order to develop critical and reflective capacity in students. Implementing curricular modules that combine theory and clinical case simulations promotes the practice of deliberation in group and prepares students to face ethical issues and dilemmas.

Interactive pedagogical methods—such as group discussions and role-playing exercises—are effective in teaching the principles of moral deliberation and fostering a deep understanding

of ethical issues and dilemmas²². Including group deliberation-based discussions of real situations enables students to develop an understanding of the ethical principles and of the practical application of this model²³.

The approach to integrating deliberative bioethics into nursing program curricula should be strategic and multifaceted. This strategy should be based on the inclusion of deliberative bioethics-specific modules, combining the theoretical component with the theoretical-practical component through analysis and discussion in group of clinical cases, films, construction of scenarios in various health care contexts, and case studies using simulations. These activities should be aimed at developing critical thinking and ethical argumentation skills²⁴.

Another strategy is the creation of an interprofessional learning environment, such as interdisciplinary seminars, providing nursing students with lectures attended by professors and even colleagues from other health disciplines to discuss and reflect on ethical issues and dilemmas. This approach fosters a holistic and multifaceted understanding of ethical issues, as it facilitates the exchange of perspectives and enriches the deliberative process¹⁷.

Considering the above, the curricular module has the proposed name of “deliberative bioethics in nursing” and is presented in Table 1, which contains its objectives, syllabus and pedagogical practices.

Table 1. Proposed curricular module: deliberative bioethics in nursing

Curricular module: deliberative bioethics in nursing	
Objectives of the curricular module: • Understand the theoretical foundations of the deliberative model in decision-making • Develop critical analysis and ethical reflection skills in clinical decision-making • Apply the deliberative model in nursing practice, considering the various ethical and clinical dimensions	
Syllabus	Pedagogical practices
Introduction to bioethics: • Concept and evolution of bioethics • Main currents and authors in bioethics • Importance of bioethics in nursing practice	• Presentation of fundamental concepts in expository and interactive classes • Critical reflection on key concepts

continues...

Table 1. Continuation

Curricular module: deliberative bioethics in nursing	
Syllabus	Pedagogical practices
Fundamentals of deliberative bioethics • Definition and principles of the deliberative model • Differences between deliberative bioethics and other bioethical models • Model of Diego Gracia and deliberative methodology	• Presentation of fundamental concepts in expository and interactive classes • Critical reflection on the deliberative model
Ethics and moral in nursing • Concepts of ethics and moral • Codes of deontology in nursing • Common moral conflicts in nursing practice	• Presentation of fundamental concepts in expository and interactive classes • Critical reflection on key concepts
Deliberative process in decision-making • Steps of the deliberative process according to Diego Gracia • Identification and analysis of ethical dilemmas • Deliberation and decision-making techniques	• Presentation of fundamental concepts in expository and interactive classes • Analysis of clinical cases and simulations of deliberation
Deliberative attitudes and skills • Mutual respect and active listening • Intellectual humility and self-knowledge • Critical and reflective capacity	• Analysis of excerpts from films based on clinical cases • Simulation activities
Application of deliberative bioethics in clinical contexts • Case studies and practical discussions • Analysis of real cases involving ethical dilemmas • Exercise of deliberation in groups	• Discussion of real cases to develop communication and decision-making skills
Multidisciplinary perspectives • Inclusion of different perspectives in the deliberative process • Interprofessional collaboration in solving ethical dilemmas • Role of ethics committees and ethics advisory	• Presentation of fundamental concepts in expository and interactive classes
Contemporary challenges in bioethics • Impact of new technologies and ethical frontiers • Population aging and palliative care • Health policies and distributive justice	• Presentation of fundamental concepts in expository and interactive classes • Participation of professors from other disciplinary areas in seminar format

The themes proposed in the curricular plan for deliberative bioethics in nursing are based on the deliberative model of Diego Gracia^{5,6}, although they also incorporate elements of contemporary bioethics. The main focus is a reflective, collaborative and structured process that enables the critical analysis of ethical issues and dilemmas based on the ponderation of conflicting values and principles, requiring capacity for adaptation and in-depth analysis.

This curricular module would provide the acquisition of knowledge and skills related to the various proposed themes as the students—future nurses—would conduct the decision-making process through a careful and pondered analysis

of the main factors involved, since deliberating is not equivalent to solving a mathematical equation. It contributes to the knowledge about deliberation as a process that involves all stakeholders in decision-making, recognizing them as valid moral agents. In this process, each individual, each nurse, is required to reason their own points of view and, also, to listen to the reasons of the others involved.

The development of critical and reflective skills through the inclusion of this curricular module is one of the main advantages of integrating deliberative bioethics into nurse training, fostering high-involvement decision-making, with greater probability of obtaining the best decision, for a growing humanized nursing care.

Final considerations

The challenges of contemporary society in bioethics reflect the rapid evolution of medicine and technology, in addition to significant social and cultural changes with repercussions on health care in general. One of the main challenges is the ethical management of new technologies and genetics, which raises questions about privacy, informed consent and justice²⁵. Another contemporary challenge is the globalization of health care, which aggravates issues related to distributive justice, equitable access to health care, and respect for cultural and ethical differences²⁶. The COVID-19 pandemic showed the importance of bioethics in decision-making on the allocation of scarce resources, the prioritization of vaccines and treatments, and the balance between public health care and people's rights to fair health care²⁷.

The practice of deliberative bioethics shows the importance of an inclusive approach for solving complex problems. Gracia^{2,4} emphasizes that moral deliberation not only helps solve specific issues or dilemmas, but also strengthens ethical practice by fostering critical and reflective skills in health care professionals.

Teaching deliberative bioethics in nursing programs, in the first cycle of studies, provides a deep understanding of ethical principles and enables the practical application of these principles by students in simulated situations, establishing a connection with real scenarios. Integrating a deliberative model-focused curricular module with the adoption of educational technologies, such as e-learning platforms and web seminars, can contribute toward expanding the reach and effectiveness of the programmatic contents²⁸ and motivate students for this area.

Developing ethical skills such as argumentation, active listening and critical analysis is essential for facing the current challenges in health care. Its implementation should adopt the most modern active learning methods, which are proven in higher education and translate into a more complete acquisition of skills by nurses, encouraging the acquisition of communication skills and critical thinking²⁹, especially in such sensitive areas as ethics and bioethics³⁰.

The deeper integration of deliberative methodologies into training curricula as an ethical instrument for decision-making promotes a culture of continuous ethical reflection and fosters in students a responsible ethics in which the main duty is to protect values. Investing in continuing education programs and innovative teaching techniques can strengthen the ethical practice and improve the quality of health care³¹.

We note that this analysis was limited to Portuguese schools, not allowing generalization of the results to other educational contexts. Prospectively, we also propose the development of continuing education programs in bioethics, a topic to be addressed in the future, as crucial to ensure that nurses maintain and update their ethical skills throughout their careers. According to Heale and Shorten³², continuing education should be structured so as to provide regular opportunities for update and reflection on ethical practices and conducts. Continuing education programs may include workshops, conferences, online courses, and study/research groups that focus on themes arising from contemporary ethical issues and dilemmas. These programs should also be flexible and accessible, allowing nurses to participate without compromising their clinical responsibilities.

A theme that we propose to be addressed in future studies is the impact of artificial intelligence (AI) on ethical deliberation, especially in clinical nursing practice, as it both shows potential and poses challenges. AI³³ can improve efficiency and provide rapid analysis of clinical data, contributing to more informed decision-making. However, ethical deliberation based on Diego Gracia's model involves more than mere data analysis, as it requires critical reflection, consideration of personal and cultural values, and human interaction, which are dimensions that AI cannot fully replicate. While AI^{34,35} can assist in information collection, ethical responsibility and final decision-making must remain in the hands of health care professionals, ensuring that decisions are justified and sensitive to individual complexities. Thus, AI³⁴ should be seen as a complementary tool in the deliberative process, without replacing the autonomy and critical capacity of nurses.

With this article, we aim to indicate prospects in the field of bioethics and ethics, in order to address arising challenges, such as advanced technologies and the globalization of health care, ensuring that

ethical principles are applied equitably and fairly. Interdisciplinary collaboration and ethical deliberation will be essential to address these challenges and promote justice and humanity in nursing practice.

References

1. Nunes R, Nunes SB. Reliable artificial intelligence: The 18th Sustainable Development Goal. *Journal of Ethics and Legal Technologies* [Internet]. 2024 [acesso 8 jan 2025];6(2). DOI: 10.14658/pupj-JELT-2024-2-2
2. Gracia D. La deliberación moral: el método de la ética clínica. *Med Clin (Barc)* [Internet]. 2001 [acesso 10 fev 2024];117:18-23. Disponível: <https://bit.ly/3FNdqgO>
3. Silva J. Responsabilidade médica pela perda de uma chance do paciente. *Contribuição da bioética clínica por meio da deliberação moral*. EIDON [Internet]. 2024 [acesso 4 out 2023];61:58-73. DOI: 10.13184/eidon.61.2024.58-73
4. Gracia D. Ethical case deliberation and decision making. *Med Health Care Philos* [Internet]. 2003 [acesso 10 fev 2024];6(3):227-33. DOI: 10.1023/a:1025969701538
5. Gracia D. *Bioética mínima*. Madrid: Triacastela; 2019.
6. Gracia D. Teoría y práctica de la deliberación moral. In: Gracia D, Sánchez M, editores. *Bioética: el estado de la cuestión*. Madrid: Triacastela; 2011. p. 101-54.
7. Habermas J. *Moral consciousness and communicative action*. Cambridge: MIT Press; 1990.
8. Agich GJ. The question of method in ethics consultation. *Am J Bioeth* [Internet]. 2001 [acesso 1º jul 2024];1(4):31-41. DOI: 10.1162/152651601317139360
9. Gomes D, Aparisi JCS. Deliberação coletiva: uma contribuição contemporânea da bioética brasileira para as práticas do SUS. *Trab Educ Saúde* [Internet]. 2017 [acesso 10 fev 2024];15(2):347-71. DOI: 10.1590/1981-7746-sol00052
10. Campanati FLS, Ribeiro LM, Silva ICR, Hermann PRS, Brasil GC, Carneiro KKG, Funghetto SS. Clinical simulation as a Nursing Fundamentals teaching method: a quasi-experimental study. *Rev Bras Enferm* [Internet]. 2022 [acesso 5 ago 2024];75(2):e20201155. DOI: 10.1590/0034-7167-2020-1155
11. Daniels N, Sabin JE. *Setting limits fairly: learning to share resources for health*. 2ª ed. Oxford: Oxford University Press; 2008
12. Rego S, Palácios M, Siqueira-Batista R. *Bioética para profissionais da saúde* [Internet]. Rio de Janeiro: Fiocruz; 2009 [acesso 4 ago 2024];159. DOI: 10.7476/9788575413906
13. Watson J. *Nursing: the philosophy and science of caring*. Boulder: University Press of Colorado; 2008.
14. Benner P. *From novice to expert: excellence and power in clinical nursing practice*. Addison-Wesley: Prentice Hall; 1984.
15. Beauchamp TL, Childress JF. *Principles of biomedical ethics*. 6ª ed. Oxford: Oxford University Press; 2008.
16. Nunes R. *Healthcare as a universal human right: sustainability in global health*. New York: Routledge; 2022.
17. American Nurses Association. *Code of ethics for nurses with interpretive statements*. 2ª ed. Silver Spring: American Nurses Association; 2015.
18. Pellegrino ED, Thomasma DC. *For the patient's good: the restoration of beneficence in health care*. Oxford: Oxford University Press; 1998.
19. Maingué PCPM, Sganzerla A, Guirro ÚBP, Perini CC. Discussão bioética sobre o paciente em cuidados de fim de vida. *Rev. bioét. (Impr.)* [Internet]. 2020 [acesso 17 jul 2024];28(1):135-46. DOI: 10.1590/1983-80422020281376
20. Lo B. *Resolving ethical dilemmas: a guide for clinicians*. 6ª ed. Alphen aan den Rijn: Wolters Kluwer; 2020.
21. Davis AJ, Tschudin V, Raeve L. *Essentials of teaching and learning in nursing ethics: perspectives and methods*. Amsterdam: Elsevier; 2015.

22. Harden RM, Gleeson FA. Assessment of clinical competence using an objective structured clinical examination (OSCE). *Medical Education* [Internet]. 1979 [acesso 5 ago 2024];13(1):41-54. DOI: 10.1111/j.1365-2923.2003.01717.x
23. Jonsen AR, Siegler M, Winslade WJ. *Clinical ethics: a practical approach to ethical decisions in clinical medicine*. 9ª ed. New York: McGraw Hill; 2022.
24. Branch WT. Teaching professional and humanistic values: suggestion for a practical and theoretical model. *Patient Educ Couns* [Internet]. 2015 [acesso 31 jul 2024];98(2):162-7. DOI: 10.1016/j.pec.2014.10.022
25. Floridi L, Cowls J, Beltrametti M, Chatila R, Chazerand P, Dignum V, Vayena E. AI4People – An ethical framework for a good AI society: opportunities, risks, principles, and recommendations. *Minds Mach (Dordr)* [Internet]. 2018 [acesso 17 jul 2024];28:689-707. DOI: 10.1007/s11023-018-9482-5
26. Benatar SR. Global health and justice: theoretical and practical perspectives. *Am J Public Health* [Internet]. 2013 [acesso 5 ago 2024];103(4):634-5. DOI: 10.1111/bioe.12033
27. World Health Organization. *Ethical standards for research during public health emergencies: distilling existing guidance to support COVID-19 R & D* [Internet]. Geneva: WHO; 2020 [acesso 4 ago 2024]. Disponível: <https://bit.ly/3FvKQR7>
28. Cook DA, Levinson AJ, Garside S, Dupras DM, Erwin PJ, Montori VM. Internet-based learning in the health professions: a meta-analysis. *JAMA* [Internet]. 2008 [acesso 5 ago 2024];300(10):1181-96. DOI: 10.1001/jama.300.10.1181
29. Pivač S, Skela-Savič B, Jović D, Avdić, Kalender-Smajlović S. Implementation of active learning methods by nurse educators in undergraduate nursing students' programs – a group interview. *BMC Nursing* [Internet]. 2021 [acesso 17 jul 2024];20(173). DOI: 10.1186/s12912-021-00688-y
30. Nunes R. *Bioética*. Brasília: CFM; 2022.
31. Nora C, Zoboli E, Vieira M. Deliberação ética em saúde: revisão integrativa da literatura. *Rev. bioét. (Impr.)* [Internet]. 2015 [acesso 3 mar 2024];23(1):114-23. DOI: 10.1590/1983-80422015231052
32. Heale R, Shorten A. Ensuring a continuous learning culture: lessons from the best. *Nursing Management*. 2017;24(7):36-40.
33. Topol E. *Deep medicine: how artificial intelligence can make healthcare human again*. New York: Basic Books; 2019.
34. Paula AA, Gomes AJF, Araújo DF, Silva JB, Turco RHN, Ribeiro RV. A ética no uso de inteligência artificial na educação: impactos para professores e estudantes. *Revista Ciências Humanas* [Internet]. 2024 [acesso 29 fev 2024];28(136). DOI: 10.5281/zenodo.12667955
35. Organização das Nações Unidas para a Educação, a Ciência e a Cultura. *Recommendation on the ethics of artificial intelligence* [Internet]. Paris: Unesco; 2022 [acesso 2 mar 2024]. Disponível: <https://bit.ly/3ZmhgnH>

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