

Bioethics in the ICU: Challenges and Strategies for Guaranteeing Rights and Quality in Critical Patient Care

Bioética na UTI: Desafios e Estratégias para a Garantia de Direitos e Qualidade no Cuidado ao Paciente Crítico
Bioética en la UCI: Desafíos y Estrategias para Garantizar los Derechos y la Calidad en la Atención al Paciente Crítico

RESUMO

Objetivo: O objetivo deste estudo foi analisar os desafios e estratégias da bioética nas Unidades de Terapia Intensiva (UTI), com ênfase na garantia de direitos e na promoção da qualidade no cuidado aos pacientes críticos. **Metodologia:** A pesquisa, de caráter qualitativo e bibliográfico, envolveu artigos publicados entre 2016 e 2024, com fontes selecionadas de bases científicas como Scielo, PubMed e Google Acadêmico, assegurando a relevância das informações. **Resultados:** Os resultados indicaram que a bioética desempenha um papel crucial na saúde, tanto para pacientes quanto para familiares e profissionais, pois orienta o cuidado ético e humanizado, promovendo a cura por meio de um bom tratamento, além de oferecer um fim de vida confortável quando necessário. **Conclusão:** A conclusão enfatiza a importância da bioética na UTI, destacando práticas como trabalho multiprofissional e protocolos bioéticos para lidar com questões como autonomia e cuidados no fim de vida. A bioética deve ser mais aplicada, e o Comitê de Bioética precisa ter um papel mais ativo, especialmente nas UTIs. Apesar de desafios como a capacitação e limitações de recursos, a implementação dessas estratégias pode melhorar a qualidade do atendimento e promover saúde e dignidade.

DESCRIPTORES: bioética; ética na saúde; humanização no cuidado; trabalho multiprofissional, UTI.

ABSTRACT

Objective: The aim of this study was to analyze the challenges and strategies of bioethics in Intensive Care Units (ICUs), with an emphasis on guaranteeing rights and promoting quality care for critically ill patients. **Methodology:** The qualitative and bibliographic research involved articles published between 2016 and 2024, with sources selected from scientific databases such as Scielo, PubMed and Google Scholar, ensuring the relevance of the information. **Results:** The results indicated that bioethics plays a crucial role in health, both for patients and their families and professionals, as it guides ethical and humanized care, promoting healing through good treatment, as well as offering a comfortable end of life when necessary. **Conclusion:** The conclusion emphasizes the importance of bioethics in the ICU, highlighting practices such as multi-professional work and bioethical protocols for dealing with issues such as autonomy and end-of-life care. Bioethics needs to be applied more, and the Bioethics Committee needs to play a more active role, especially in ICUs. Despite challenges such as training and resource limitations, implementing these strategies can improve the quality of care and promote health and dignity.

DESCRIPTORS: bioethics ; ethics in health ; humanization in care ; multiprofessional work ; ICU.

RESUMEN

Objetivo: El objetivo de este estudio fue analizar los desafíos y estrategias de la bioética en las Unidades de Cuidados Intensivos (UCI), con énfasis en la garantía de derechos y en la promoción de la calidad en la atención a pacientes críticos. **Metodología:** Se trata de una investigación cualitativa y bibliográfica que incluyó artículos publicados entre 2016 y 2024, con fuentes seleccionadas de bases científicas como Scielo, PubMed y Google Académico, asegurando la relevancia de la información. **Resultados:** Los resultados indicaron que la bioética desempeña un papel crucial en la salud, tanto para pacientes como para familiares y profesionales, ya que orienta el cuidado ético y humanizado, promueve la recuperación mediante un buen tratamiento y, cuando es necesario, proporciona un final de vida confortable. **Conclusión:** La conclusión enfatiza la importancia de la bioética en la UCI, destacando prácticas como el trabajo multiprofesional y los protocolos bioéticos para abordar cuestiones como la autonomía y los cuidados al final de la vida. La bioética debe aplicarse con mayor frecuencia, y el Comité de Bioética necesita desempeñar un papel más activo, especialmente en las UCIs. A pesar de desafíos como la capacitación y las limitaciones de recursos, la implementación de estas estrategias puede mejorar la calidad de la atención y promover la salud y la dignidad.

DESCRIPTORES: bioética; ética en salud; humanización del cuidado; trabajo multiprofesional; UCI.

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INTRODUCTION

According to the study by Barchifontaine and Trindade¹, bioethics is the field that studies ethical issues related to life, health, and biological sciences, guiding human conduct based on moral values and principles.

It is a systematic and multidisciplinary reflection that encompasses areas such as law, philosophy, psychology, and social sciences. According to Barchifontaine and Trindade¹, among the central principles of bioethics are beneficence, aimed at promoting well-being and reducing avoidable suffering, and justice,



which seeks to ensure equity in access to health care.

A study conducted by Oliveira, Nogueira-Martins, and Oliveira² discusses the problem of the absence of bioethical practices in hospitals, especially in intensive care units (ICUs), emphasizing the importance of this approach in everyday health services. Professionals deal daily with a wide variety of patients, clinical situations, and different ways of conducting treatment, which requires an ethical and sensitive approach. The same study also addresses the care of patients attempting suicide, most of whom go through some health service, mainly emergency services, before a fatal attempt. The authors emphasize that this first contact represents an essential opportunity for professionals to identify the level of risk and take preventive action.

However, it is at this point that negative reactions, such as hostility and rejection, may occur on the part of the team. Many professionals consider that they are "wasting time" with these patients, believing that they should devote themselves to those considered more serious or who "want to live." This interpretation can diminish empathy and compromise the quality of care provided.

According to Sousa, Lustosa, and Carvalho³, many healthcare professionals feel insecure about applying the principles of bioethics due to a lack of knowledge on the subject. This uncertainty in decision-making, especially at critical moments, leads intensive care professionals to adopt strategies that distance them from direct contact with patients and their families, avoiding confrontation with their own mortality. As a result, care becomes dehumanized, failing to consider the individual as a person and treating them merely as a sick body.

Bioethics studies the relationship between ethics and life, seeking morality in science and health. ICUs, highly complex units, save lives with advances in medicine, but also generate apprehension due to the risk of a prolonged and painful

death process. Despite advances in critical care medicine, many deaths still occur in these units. Healthcare professionals play a fundamental role in guaranteeing the constitutional rights of universal, comprehensive, and equitable access to healthcare for patients. These professionals face daily decision-making processes that are not only technical in nature but also ethical, since their decisions impact individuals, institutions, and the community⁴.

In this context, the important contribution of bioethics as an essential tool for improving the decision-making process is highlighted. Quality care is not limited to technical accuracy, but also involves providing patients and their families with humane, spiritual, and respectful care. Through this type of care, symptoms can be effectively controlled. Death should be seen as part of a natural process, with the quality of treatment remaining the primary clinical objective.

The topic of bioethics in the ICU is relevant because it ensures that even in critical or terminal situations, patients and their families receive dignified treatment that respects their autonomy and integrity. The application of bioethical principles ensures that, even when there is no possibility of cure, care is humane, providing comfort and emotional support.

In addition, good treatment, which also addresses psychological aspects, can even contribute to the patient's recovery. This work is defended because, in addition to life and illness already being deeply painful situations, it is at this moment that patients and their families most need support. Physical and emotional suffering does not need to be aggravated, and ethical care can alleviate pain by providing a welcoming and respectful environment. It is believed that bioethics not only improves the quality of care but also offers essential emotional support to healthcare professionals, helping to prevent psychological burnout and promoting a more empathetic and welcoming environment.

JUSTIFICATION

This work is justified by the growing need to discuss bioethical strategies in the ICU, a critical environment where care decisions involve complex and often delicate issues, such as patient autonomy, treatment limitations, and end-of-life management. The ICU requires a multidisciplinary and ethical approach to ensure that decisions are made with respect for the rights of patients and their families, while the care provided is humanized and adapted to the situation of extreme vulnerability.

This topic is extremely important, as bioethical issues in the ICU directly impact the quality of care and the experience of patients in life-threatening situations. The lack of a clear and effective ethical approach can lead to inappropriate decisions, compromising patient dignity and causing unnecessary suffering. Therefore, studying strategies to address these challenges is essential to ensure that care in ICUs is provided in an ethical, humane, and respectful manner, promoting quality of life and comfort, even in moments of fragility.

In the academic sphere, the study of this topic contributes to the advancement of knowledge in the field of bioethics and health, providing a theoretical basis that can be applied in the training of professionals and the development of future research. Reflection on the ethical challenges faced in ICUs and strategies to resolve them is essential to enable professionals to make more informed and effective decisions. Thus, this work not only benefits professional practice but also drives academic production, promoting an essential debate on ethics in intensive care and its practical application.

OBJECTIVES

General

To analyze the challenges and strategies of bioethics in the context of Intensive Care Units (ICUs).

Specific Objectives

- To identify the main ethical challenges faced by healthcare professionals in the ICU related to patient rights and quality of care.
- Examine the strategies adopted by healthcare teams to ensure dignity, autonomy, and respect for the rights of critically ill patients in the ICU.
- To assess the perception of healthcare professionals and family members regarding bioethical practices in the ICU and their impact on critical patient care.
- Propose recommendations to improve the application of bioethics in ICUs, with the aim of ensuring more humane and effective care.

METHODOLOGY

This research adopted a bibliographic approach, with the objective of conducting a systematic review of the literature on the topic "Bioethics in the ICU: Challenges and Strategies for Guaranteeing Rights and Quality in Critical Care." The search was conducted in the scientific databases Scielo, PubMed, and Google Scholar between February and March 2025.

To ensure the currency and relevance of the sources, articles published between 2016 and 2024 were included. The data analysis was qualitative, focusing on identifying the most recurrent themes, the main ethical challenges in ICUs, and the strategies used to ensure patient rights and quality of care.

Search strategy: The search was conducted using a combination of controlled descriptors and keywords relevant to the topic. The descriptors used included:

- "Bioethics"
- "Intensive Care Unit"
- "Patient rights"
- "Palliative care"
- "Ethical decision"
- "Quality of care"

The combinations were made using Boolean operators, such as:

- "Bioethics" AND "ICU"
- "Patient rights" AND "intensive care"
- "Ethical decision" AND "critical patient"

Inclusion and exclusion criteria:
 The following criteria were defined for article selection:

- **Inclusion:**
 - Publications between 2016 and 2024;
 - Studies available in Portuguese, English, or Spanish;
 - Works focusing on bioethics in the ICU context;
 - Articles with full text access.
- **Exclusion:**
 - Duplicate works in the databases;

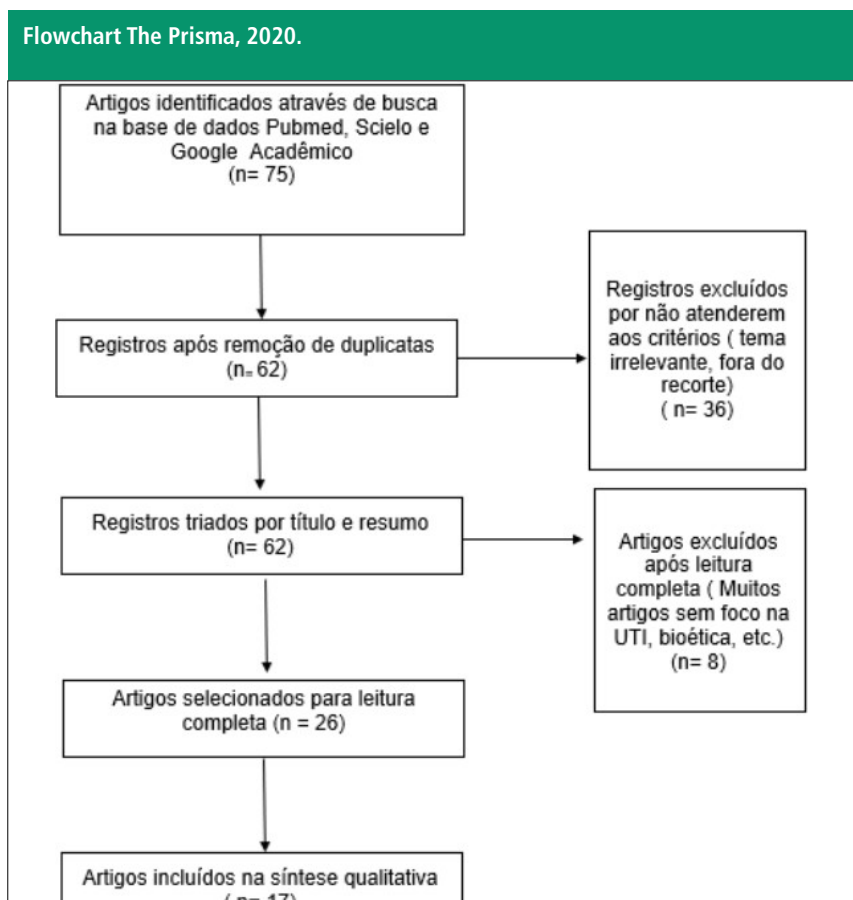
- Articles that did not directly address the topic of bioethics;
- Very old publications;
- Abstracts of events or documents without scientific basis.

Study selection process:

The screening and selection process for articles was carried out in three stages:

1. Reading of titles and abstracts to eliminate irrelevant studies;
2. Full reading of the selected texts for critical analysis;
3. Application of inclusion and exclusion criteria for final sample composition.

Initially, 75 articles were identified, and after the filtering and analysis stages, 17 articles were used in the preparation of the final review. The selection process is represented in the following flowchart:



Source: Own work, 2025

RESULTS

Bioethics is essential in medical practice, especially in critical contexts such as the Intensive Care Unit (ICU), where difficult decisions are often necessary. Issues such as end-of-life care, the use of

advanced technologies, and the humanization of care are frequently addressed in the articles analyzed. The growing scientific output on bioethics reflects a greater concern with these issues and the need to train professionals to deal with ethical dilemmas in their daily lives.

The results of the selected articles are presented below, containing information on the year of publication, title, authors, objectives, methodologies, and main findings, offering a comprehensive overview of bioethics in the ICU between 2016 and 2024.

Quadro 1: – Descrição dos artigos conforme os critérios de ano, título, autor, objetivo, metodologia e resultados.

Ano	Title	Autor(es)	Objective	Methodology	Results
2019	Bioethics, health, and the Brazilian reality	Barchifontaine, Christian; Trindade, Marcos	Discuss the relationship between bioethics, health, and Brazilian social and cultural realities.	Bibliographic and reflective research.	Highlights the importance of bioethics as a basis for critical reflection on health issues in Brazil, especially in the context of social inequalities and access to health care.
2017	The experience of the bioethics committee of a public hospital	Oliveira, Maridite; Nogueira-Martins, Maria; Oliveira, Reinaldo	To analyze the experience of a bioethics committee in a public hospital.	Qualitative case study.	The study highlights the relevance of bioethics committees in promoting ethical reflection within the hospital context, addressing issues such as resource scarcity and patient autonomy.
2019	Dilemmas faced by intensive care unit professionals when dealing with terminal patients	Sousa, Gisly; Lustosa, Marinalva; Carvalho, Valéria	Investigate how ICU professionals deal with ethical dilemmas related to end-of-life care.	Exploratory, qualitative research.	The study identified that a lack of emotional and ethical preparation makes it difficult to deal with terminal illness, making continuing education essential.
2021	Admission to intensive care: Ethical aspects of decision-making	Pereira, Fabiana; Schramm, Fermen; Batista, Rodrigo	To examine the ethical aspects involved in decisions regarding admission to the ICU.	Theoretical-reflective research.	The results showed that decisions about admission and treatment in the ICU should consider both technical and ethical aspects, with a strong focus on justice and equity in care.
2019	Bioethical conflicts experienced by nurses in a university hospital	Maciel, Fernanda; Nagaro, Arnaldo	To identify the bioethical conflicts faced by nurses in a university hospital.	Qualitative investigation.	It was found that nurses often face ethical dilemmas but lack institutional support and adequate training to resolve them.
2019	Current challenges in Brazilian bioethics	Ramos, Flávia et al.	To analyze the current challenges of bioethics in Brazil.	Exploratory and qualitative research.	The study concludes that bioethics in Brazil is undergoing constant evolution, but still faces challenges in its full implementation, especially in the political and institutional spheres.
2022	Educating for bioethics: A challenge in nursing	Martins, Vera; Santos, Cristina; Duarte, Ivone	Analyze the importance of teaching bioethics in the training of nursing professionals.	Exploratory, qualitative research.	The study concludes that bioethics education is essential for training ethical nurses, enabling them to deal with professional dilemmas in a reflective and responsible manner.
2016	Bioethics education in medical schools in Brazil	Neves, Waldemar; Araújo, Laís; Rego, Sérgio	To investigate the presence and teaching of bioethics in medical courses in Brazil.	Qualitative-descriptive field research.	There has been an increase in the number of independent bioethics courses offered in medical schools, focusing on topics such as patient rights, medical ethics, and issues such as abortion and euthanasia.
2023	Humanized care in the intensive care unit: Discourse of Angolan nursing professionals	Sili, Eurico et al.	To understand the views of ICU nurses in Angola on humanized care and identify the resources needed for its implementation.	Descriptive, qualitative study.	It is concluded that humanized care should involve not only the patient but also their family, and requires appropriate infrastructure to be effective.
2020	Health professionals' perspectives on caring for patients in the process of dying	Monteiro, Daniela; Mendes, Jussara; Beck, Carmem	Understanding the perceptions and challenges of health professionals when caring for patients in the process of dying.	Descriptive and exploratory qualitative research.	The study concludes that it is essential to consider the emotional difficulties of professionals, as well as their satisfaction or dissatisfaction with the palliative care process.

2022	Quality of care and patient safety: The role of patients and family members	Villar, Vanessa; Martins, Mônica; Rabello, Elaine	To analyze the role of patients and family members in improving the quality of care and patient safety.	Qualitative, exploratory research.	The study highlights the importance of effective communication between healthcare staff, patients, and family members, with a view to improving the quality of care and patient safety.
2016	Palliative care	Gomes, Ana.L; Othoro, Marília	Discuss the importance of palliative care in the context of an aging population.	Theoretical and bibliographic research.	The study emphasizes the crucial role of palliative care, especially for patients with chronic and terminal illnesses, promoting quality of life.
2021	Identification of bioethical situations and conduct in professional health care	Souza, Edilson et al.	Investigate bioethical situations and practices in the work of healthcare professionals.	Integrative literature review.	The study highlights the relevance of bioethics for guiding healthcare professionals, especially on critical issues such as the beginning and end of life.
2024	Bioethical issues in family health strategy: Considerations for nursing care management	Pastana, Ieda et al.	Analyze bioethical issues in care management in the Family Health Strategy.	Descriptive qualitative study.	The study revealed that many aspects of nurses' daily lives are still difficult to identify and discuss, hindering the full implementation of bioethics in primary care.

Source: Own work, 2025.

DISCUSSION

Challenges of Bioethics in the ICU: Dilemmas in intensive care

In the study by Maciel and Nagaro⁵, the Industrial Revolution drove scientific and technological progress, leading to significant social changes. In the area of health, these advances expanded the instruments, techniques, and methods of intervention in human life, broadening therapeutic options. However, they also increased the risks associated with care, especially in highly complex situations.

Maciel and Nagaro⁵ argue that healthcare professionals face various bioethical conflicts in the exercise of their profession, which are linked to factors such as bed shortages, lack of infrastructure, limited resources for tests and other medical procedures, communication failures between staff and patients, breach of confidentiality, disregard for the right to information, negligence, violation of patient autonomy, and dysthanasia. Such situations result in harm to the care process, exposing patients to greater risks or suffering. This also poses risks to healthcare professionals, as these conditions favor the occurrence of workplace

accidents, psychological distress, psychosomatic illnesses, work overload, and excessive demand.

The emergence of bioethics in Brazil gained widespread recognition due to its connection with social movements in defense of democracy, social and civil rights, and large segments of the socially disadvantaged population. However, the expansion of bioethics in the country is still limited, occurring mainly in restricted spaces, such as universities and organizations in the health and research fields. Furthermore, the path to making bioethics a fundamental principle in everyday practice remains challenging(6) .

Ramos *et al.*⁶ highlight that bioethics faces the challenge of creating spaces for rational dialogue. In Brazilian politics, it is recognized as a social foundation, but it is not a matter of politicizing the bioethical discourse, but rather of integrating it into political agenda discussions. Bioethics, especially in the context of the Intensive Care Unit (ICU), should be seen as an educational process for all health professionals and representatives.

In the Intensive Care Unit (ICU), issues related to death and its implications for the relationship between healthcare professionals, patients,

and family members become more evident. In this context, therapeutic decisions are constantly being made, requiring professionals to be agile and assertive so that the ICU can fulfill its essential purpose: the care and preservation of life³.

A survey conducted by Sousa, Lustosa, and Carvalho³ reveals that healthcare professionals consider the topic of "bioethics" challenging, complex, and difficult to understand. In addition, respondents reported not remembering the subject and highlighted the importance of furthering their studies in this area. Thus, the ability to teach and supervise students and health professionals is identified as one of the main challenges faced by teachers in seeking to improve the moral competence of practitioners in the context of clinical practice⁷.

Bioethics is strongly related to universities, but it still has little visibility in the undergraduate academic curriculum, forcing those interested to seek complementary courses, such as postgraduate studies. Postgraduate programs in bioethics are recent in Brazil and, despite advances in the last 20 years, it is still a major challenge to establish the area as a consolidated discipline of theoretical and

philosophical reflection. In postgraduate programs focused on bioethics, the course promotes multidisciplinary and interdisciplinary training for professionals. However, there are discussions about the inadequacy of the training offered at this stage to fully meet the demands of society, given that bioethics has a transdisciplinary nature⁸.

The influence of bioethics on patient health

In the field of health, the term "care" refers to all actions performed by health professionals with the aim of restoring, preserving, or rehabilitating the health of patients. The ICU is a space dedicated to the treatment of individuals in serious condition, at imminent risk of death, who require continuous care. It is often described as an environment associated with suffering and loss⁹.

Occasionally, patients feel like objects and end up losing their identity as individuals, as they often do not communicate, do not open their eyes, do not show any expressions, do not eat, do not drink, and have no privacy. They feel extremely lonely and frightened, not always understanding what is happening to them. They become anxious when they notice another patient in a more serious condition and are overwhelmed by the situation, sometimes becoming disoriented. In this context, human beings should not be viewed solely from a biological perspective, as they are part of a family and society, with their own identity and defined role¹⁰.

A patient's emotional state can directly impact their response to treatment. Stress, sadness, and anxiety can compromise the immune system, hindering the healing process. Patients who receive emotional support, human warmth, and respectful treatment are more likely to adhere to medical advice and maintain a positive atti-

tude, which can promote their recovery¹¹.

This is why bioethics is so important in the ICU, because care is always possible, even when a cure is not. So, caring goes beyond a one-time action; it's a continuous attitude of dedication, care, and empathy for others, combining technical and scientific knowledge with humanity. Family members feel greater relief when they see that professionals are truly committed to caring for the patient and protecting their life. Care should not end with the death of the patient, but extends to ongoing support during the family's grieving process¹².

Bioethical strategies in the ICU: Ensuring ethical decisions and humanized care

The evolution of bioethics in Brazil is in line with social demands, but faces recurring challenges due to the difficulty of fully meeting collective interests. Research conducted in Canada reinforces the complexity of dealing with bioethical issues in clinical practice, especially in intensive care units, highlighting the need to improve the ability to make ethical decisions.

Ethical issues should not be addressed in a prescriptive manner, as ready-made solutions, but rather need to be debated creatively to identify new strategies for resolution. In the case of bioethics, arguments must be analyzed taking into account human beings, the environment, and living beings in general, from a complex and multidimensional perspective. In this approach, it is recognized that teaching this subject can enhance the evaluative behavior of students in training and professionals already trained, improving their professional skills with a biopsychosocial and holistic perspective. This contributes to patient well-being, accountability, and therapeutic adherence, resulting

in a significant improvement in the quality of care provided¹³.

According to Pastana et al.¹⁴, the strategies to be adopted to improve bioethics in hospitals should include: multiprofessional and intersectoral action; promotion of awareness and empathy in care and reception; continuing education for staff; guarantee of longitudinal care; use of light technologies; implementation of care protocols; and support from Health Care Networks (RAS).

Solutions to bioethical issues would highlight the importance of interprofessional and interdisciplinary teams in analyzing these issues, strengthening collaborative work and contributing to the resolution of needs. This would enhance the principles and guidelines of the SUS, promoting the development of qualitative indicators of care, such as humanization, empathy, bonding, welcoming, and respect for autonomy. In addition, by focusing on practices that involve the integration of different areas of knowledge, the solutions favor improved care, adaptation to the individual needs of patients, and the promotion of more comprehensive and humane care, providing patients with treatment that aims both at cure and a comfortable end of life, respecting their choices and dignity¹⁴.

Based on the results presented, the research reveals that bioethics plays an essential role in intensive care in ICUs, addressing complex issues such as end-of-life care, ethical dilemmas in the use of technologies, and the humanization of care. Healthcare professionals face constant challenges, such as resource shortages, lack of infrastructure, work overload, and violation of patient autonomy, which can compromise the quality of care. Bioethics, although recognized and debated in academic circles, still faces difficulties in being fully incorporated into everyday practice, especial-

ly in clinical decisions. In addition, the findings indicate that the ethical training of healthcare professionals is crucial, with an emphasis on the need for continuing education and care that combines technical competence with human warmth.

Bioethics should be better known

and applied by health professionals. This work also contributes to academic advancement, promoting greater understanding and discussion of bioethics in educational institutions, which can positively influence the training of future professionals. Although there are challenges, such as training and

resource limitations, adopting these strategies can improve care in ICUs, ensuring more ethical and dignified care, with positive effects on society, promoting more comprehensive and humane care that respects the dignity and choices of patients, even in the most difficult moments.

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