

# International Journal of **Health Science**

## **MEDICAL ETHICS AND THE REALISTIC NOTION OF THE HUMAN PERSON: THE TERMINAL PATIENT IN THE BRAZILIAN CODE OF MEDICAL ETHICS**

---

*Luís Carlos Silva de Sousa*

``Universidade da Integração Internacional  
da Lusofonia Afro-Brasileira`` (UNILAB/  
CE).

Fortaleza - Ceará

<https://lattes.cnpq.br/9475060856310114>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



**Abstract:** The aim of this article is to analyze the notion of the human person in the current Brazilian Code of Medical Ethics (2018), from the perspective of epistemological and bioethical problematization of paradigm shifts in codified medical ethics. In analyzing the new Code, we propose to conceive a personalist reading (in an ontological sense) of Human Rights (Chapter IV of the Code of Medical Ethics). With this, we emphasize the objective recognition of the dignity of the human person (in particular with regard to the terminal patient), which is the basis of an adequate justification of the benign-humanitarian paradigm.

**Keywords:** Medical Ethics, Bioethics, History of Medicine, Epistemology, Person.

## INTRODUCTION

The objective of this work is to consider a realistic notion of the human person as a justification of the terminal patient's rights, in the new Brazilian Code of Medical Ethics (2018).

By "realistic" we mean here the ethical perspective that considers human dignity as an objective value, assuming by "person" a subsistent being, capable of conscience, freedom and responsibility. A realistic model of the human person in the field of contemporary bioethical thought is found, in a qualified manner, in the arguments of Vittorio Possenti (1961-), from "Università Ca'Foscari di Venezia", author of *Il Nuovo Principio Persona* (2013). The Italian philosopher can currently be seen as one of the most important defenders of the personalist model of reasoning in Bioethics, based on the so-called person-principle (in analogy to Hans Jonas' principle-responsibility), along the lines of Jacques Maritain (1882- 1973). A problem to be examined below, in a more restricted way, points to the following question: once the premises of a realistic posture in

Bioethics are accepted – and its repercussions on codified medical ethics-, how would it be possible to reconcile traditional metaphysical pretensions (realistic) to fallibilist demands, linked to evolutionary thinking in science? With regard especially to the evolutionary epistemology of Karl Popper (1902-1994) and to the "theory of paradigms" of Thomas Kuhn (1922-1996) - to stay only in the discussion with "classics" of the philosophy of science-, the evolutionary thought can it bring any contribution to the analysis of the history of Brazilian codes of medical ethics? In this context, we must recognize the necessary presence of an intertwining of epistemological and moral issues (if we do not want to engage in an excessively abstract discourse, disconnected from concrete problems) around the notion of person, in biomedical and bioethical contexts. The central question, which guides the research, is the following (in the light of a realistic philosophical version of personalism): how to justify, from the point of view of Bioethics, the notion of the human person proposed by the Brazilian Code of Medical Ethics (CEM)?

The text is divided into five sections: (1) I will first present general aspects of the paradigm shift in relation to human rights in Brazilian codes of medical ethics, focusing on the doctor-patient relationship (Codes of 1984, 1988, 2009 and 2018); (2) then, I will briefly see how some notions of Thomas Kuhn's "theory of paradigms" can be relevant even today, if placed in the context of an objective epistemology, in terms of evolutionary thinking; (3) assuming the relevance of the theory of paradigms to be correct, I will propose a reconstruction of the history of medical ethics codes from this perspective, with emphasis on the doctor-patient relationship and the consolidation of the paradigm of humanitarian and solidary kindness, in the Code of 2018; (4) these considerations, as

I will argue, have important consequences for the analysis of terminal patient rights in codified medical ethics; (5) finally, I will point out how personalist bioethics could justify fundamental rights, based on the notion of person, without committing to traditional medical paternalism.

## **MEDICAL ETHICS AND PARADIGM SHIFT**

It is our intention to think of codified medical ethics open to the realistic justification of the human person. The three emerging and conflicting paradigms in the history of Brazilian codes are the following: techno-scientific, commercial-business and benign-humanitarian (MARTIN, 2002). The benign-humanitarian paradigm of terminally ill patients' rights, in medical ethics codes, achieves greater ethical reinforcement when analyzed from this perspective. The new Code of Medical Ethics (CEM, 2018) reinforces the autonomy of the terminally ill patient as a target of medical care. This is a trend that we observe in the conflict between emerging paradigms of codified medical ethics, in their relationship with the foundations of Bioethics. Humanitarian and solidary kindness – which, as a new paradigm in the history of codified medical ethics, has been consolidating as a criticism of the other two – can be interpreted as a form of jusnaturalism of human rights and sensitive to the moral vulnerability of the terminally ill patient (CEM, Chapter IV: Human Rights, Articles 24-30).

When analyzing the historical evolution of medical ethics in Brazil more closely, it is important to consider, above all, two aspects: (a) the standards of rationality in medical research - especially with regard to the evolution of medical deontology -, and (b) its bioethical foundation. There are, of course, interconnections between the two aspects of this analysis, and these have repercussions on

how we must understand, for example, the right to the truth. In fact, the doctor-patient relationship seems to reach greater scope when seen from the benign-humanitarian paradigm of human rights, initiated in the 1984 Code, and which is consolidated in the current one (2018). On the other hand, how can we ethically justify the doctrine of human rights in the doctor-patient relationship? Our hypothesis, therefore, consists of the following: the benign-humanitarian paradigm of human rights, in the Brazilian codes of medical ethics, achieves greater ethical reinforcement when analyzed from an objective conception of the human person, and the personalist model represents an alternative to less plausible to utilitarianism in medicine.

## **EVOLUTIONARY EPISTEMOLOGY AND THE THEORY OF PARADIGMS**

According to the “paradigm theory”, science does not develop from systematic additions and organic accumulations, but according to discontinuous lines of transformations, which are supported around axes constituted by “scientific revolutions” (KUHN, 1975; 2006). This way, the very image of science changes in an innovative and decisive way in relation to what we found in manuals, and which still dominates the opinion of a large part of society. But what are the “scientific revolutions”, which play a central role in Kuhn’s historical epistemology, and what are the fundamental notions involved in this approach? We can distinguish at least six notions, in the structure of scientific revolutions, that would be relevant as a theoretical reference for the history of codes of medical ethics: (1) the notion of “paradigm”, which proves to be central in the base structure of all scientific discourse, for providing scientists with models for formulating problems and solutions resulting from research; (2) the notion of “normal

science” – which proves to be very important, if seen from the perspective of evolutionary thinking, as an element of Popper’s “3-World” (SPRINGER DE FREITAS, 2003, p. 81-92)- is closely related to the notion of paradigm and concerns the typical phase of research, based on one or more past scientific achievements, a phase guided by some current paradigm; (3) the notion of “extraordinary science”, in the sense of a moment of subversion in the development of science, in which there are “anomalies” that challenge the dominant paradigm, make it impossible to adapt to this theoretical framework and put traditional convictions in crisis; (4) the notion of “scientific revolution”, understood in the sense of a complex passage from theories of the scientific community, previously considered basic, to new theories, incompatible with the past ones, namely: a “change of paradigm”; (5) acceptance of new paradigms often occurs for metalogical reasons, in the sense of a “conversion”, a faith in the new paradigm, as capable of solving “puzzles” that the old paradigm is no longer able to satisfactorily explain; (6) what is meant by “scientific progress” no longer concerns a linear path, it no longer directs itself to a predetermined end.

Thomas Kuhn’s work must be placed within the theoretical framework of an epistemological break, which involves a broader discussion on the criteria of truth and rationality. Kuhn stresses the need for a more contextualized analysis of scientific problems, which would require considering, with greater importance, the role of notions such as historical interpretation and understanding (hermeneutic method) in the analysis of concepts not only in social sciences, but also in life sciences. nature (JUNGES, 2006). The supposed dichotomy between explanation (natural sciences) and understanding (social sciences) seems to have been overcome, in Thomas Kuhn’s historicist

perspective. However, from the point of view of a fallibilist and realistic critique, which involves the evolutionary thinking of Charles Darwin (1809-1882) and Karl Popper (1902-1994), in the sense of an objective theory of scientific knowledge (POPPER, 1984; SPRINGER DE FREITAS, 2003), Kuhn’s work would represent a relativist and subjectivist conception, and that would need corrections. But, with regard to the standards of scientific rationality (in particular regarding the potentialities that a given paradigm raises), it seems permissible to state that Kuhn’s theory presents itself as an important hermeneutic achievement - although not the only one - for the constitution of a new image of science. It is not our intention to formulate a systematic description of Thomas Kuhn’s proposal, but only to take it as an epistemological assumption for a version of bioethical justification. It is in this sense that, although it is possible to raise relevant criticisms of Thomas Kuhn’s work, it still presents itself as relevant, especially when we consider the potential of a paradigm for solving new problems, in terms of an evolutionary thought (POPPER, 1975; 1991, p. 41-69).

## **THE PHYSICIAN-PATIENT RELATIONSHIP IN THE BRAZILIAN CODES OF MEDICAL ETHICS**

When we turn to the level of application of Kuhn’s perspective on the evolution of the health sciences, we observe its fertility to identify conflicting models based on a common rupture. The relationship between the health professional and the patient tends to reflect the change of values in society and the critical attitude of medicine (POPPER, 2010, p. 420-435).

Medical care for the patient has a long history in medical science, but our most immediate concern concerns the way in which

Medicine, in Brazil, reaches consensus on its normative criteria, in the form of a codified medical ethics - which would involve not just an analysis of professional deontology. The new Brazilian Code of Medical Ethics (2018) reinforces the autonomy of the patient as a target of medical care. In fact, there is a new phase in the history of medical ethics codified from the Code of Ethics of the Brazilian Medical Association of 1953: it is a paradigm shift in relation to the benign paternalism of the previous Code (1945). We also observe, from this Code, that the crisis of the dominant paradigm –benign paternalism- produced the emergence of paradigms in conflict, competing with each other (MARTIN, 2002). Little by little, the traditional paradigm gave way to a medical practice in which values such as scientific knowledge and profit took on greater weight. In contrast, from the 1984 Code onwards, there has been an accentuation of the values of humanitarian kindness, having the secular doctrine of human rights as an axis. It is mainly around the notion of paradigm shift that we were able to extract the reading key for the application of Kuhn's theory (not without reservations) to codified medical ethics. The 2009/2010 and 20218/2019 Codes can be seen in the direction of consolidating such values of medical action, without regressing to a paternalistic solidarity towards the patient. Respect for patients' autonomy becomes essential, even rethinking the objective of Medicine, and promoting the development of palliative care programs (MARTIN, 1993).

In summary, the paradigm of benign paternalism was in force until the advent of modernity. In the Brazilian codes of medical ethics, the paradigm of benign paternalism had the 1929 Code of Medical Morals as a reference. From the 1953 Code onwards, the paradigm of benign paternalism gave way to at least three other emerging paradigms, which would have repercussions in other

codes of medical ethics in Brazil: the techno-scientific, commercial-business and benign-humanitarian paradigms. The 1953 Code represents the emergence of the paradigm of humanitarian kindness, intertwined with the other paradigms. The Codes of 1965, 1984 and, above all, those of 1988, 2009 and 2018 consolidate human rights as the axis of the new current paradigm. In the history of codified medical ethics, we find, therefore, a not always veiled conflict between science, profit and compassion (MARTIN, 2002).

## **TERMINAL PATIENT AND THE BENIGN-HUMANITARIAN PARADIGM**

*“A doctor is forbidden to:*

*Art. 22. Failure to obtain consent from the patient or his legal representative after clarifying him about the procedure to be performed, except in cases of imminent risk of death*

*.” (Article 22/2018: Chapter IV-Human Rights)*

The lack of respect for terminally ill patients' autonomy - for example, with regard to their right to the truth - raises important questions about the limits of medical paternalism (SOUSA, 2002; 2004). Here is what could perhaps be a subtle way of removing a person's ability to decide, by hiding the truth about their situation, even “in case of imminent risk of death”. The terminal patient is often in a situation of physical dependence on others, due to the illness, but prudential judgment must warn us not to fall into a paternalistic attitude, withholding information. It is necessary to assess whether, even in extreme cases, there would be sufficient reason to increase dependence on doctors, by reducing access to the truth. There is, here, a tension between paternalism and the benign-humanitarian paradigm of respect

for the patient's autonomy, since the problem, in the case of terminally ill patients, will be to broadly interpret this "imminent risk of death", that is, as a subterfuge not to clarify the procedure to be performed.

The emphasis on patient rights, especially in the last three Codes of Medical Ethics in Brazil (1988, 2010 and 2018), means an important change of perspective in relation to the previous codified medical ethics. The affirmation of the patient's rights, even in cases of terminally ill patients, would highlight the overcoming of a certain paternalistic mentality that marked the very history of medical ethics, from the Hippocratic Oath to the dawn of modernity: the doctor seen as a kind of priest of truth, who decides what is good or bad for the patient - the one who decides, in the last resort, on what information must be provided to the patient about his illness. The historical evolution of the doctor-patient relationship, based on contemporary bioethical reflection, has highlighted the process of autonomy inherent to the patient's rights. In this new approach, the right to the truth, for example, is situated in the general framework of the discussion on human rights. But how to provide an adequate foundation for human rights? This discussion is marked by a pluralism of ethical positions. In this article I will consider only one model of reasoning among others: personalistic bioethics.

Research on the development of medical ethics codes points to the question of the legitimation of power, in the way in which the Western medical tradition established the criterion of good for the sick person: medical paternalism (GRACIA, 1989, p.23-107). In the doctor-patient relationship, the doctor occupies here a position analogous to that of the priest or the prince. The structure of this "medical paternalism" has varied over time, but it has remained legitimate under the terms of the various codes of medical ethics. To

understand the limits of this way of thinking, and the modern affirmation of human rights, an analysis restricted to textual criticism or sociological-anthropological analysis of the medical profession is not enough. It is also necessary to consider the pretensions and criteria underlying the notion of the human person, underlying the constitution of these codes.

The Brazilian codes of medical ethics reflect a dramatic and complex situation with regard to the doctor-patient relationship. This relationship can be seen from different angles. The philosophical treatment of the problem that I propose, below, examines the bioethical justification in the broader framework of an ontology of the human person (POSSENTI, 2013; SGRECCIA, 1988).

## **A REALISTIC NOTION OF PERSON: THE HUMAN RIGHTS PARADIGM AND BIOETHICAL PERSONALISM**

Article 24/2018 prohibits the doctor from "*Failing to guarantee the patient the exercise of the right to freely decide about his person or his well-being, as well as exercising his authority to limit it*".

What characterizes personalism is the centrality of the human person within a tradition of moral research strongly marked by the work of Thomas Aquinas (1224/1225-1274) and his presence in contemporary philosophy, particularly in the field of Bioethics. This personalist approach in Bioethics takes place under a realistic ontological perspective, which intends to overcome the paternalism of the doctor-patient relationship of the classic versions, inspired by the Hippocratic Oath (POSSENTI, 2016).

The return to the classic question about the being of man is revealed in the emphasis placed on the "metaphysical ontology of the person" (POSSENTI, 2013). In the

investigation of the human being and his action, it would not be enough to limit himself to the themes of conscience, subject or individual. The philosophies of modernity and postmodernity have limited their anthropological perspectives in the face of the “concealment of the person”, that is, their ontological rooting.

It is necessary to return to meditation on the notion of person, having as the ultimate parameter the exceptional character of human life in its constitutive relationship with transcendence. The “person-principle” highlights, above all, the ontological roots of the classical notion of person and its actuality for facing contemporary problems. This perspective echoes the famous work of Hans Jonas (1903-1993), *The principle of responsibility* (1979), in the sense of returning to the principle of things, when everything is confused (JONAS, 1997; 2006). A personalist renaissance is urgently needed in the face of powers (media, economic, military and scientific) that harass man in order to empty the properly humanum sense of his existence, that is, his relationship with the Absolute. Now, authors of utilitarian inclination (in a philosophical sense), such as Peter Singer (1946-), normally call into question the sacred character of human life and, therefore, do not just identify the notion of person (or their dignity) with something inviolable (SINGER, 2002, p. 185-227).

From this perspective, talking about human rights would require some rational justification, a public scrutiny. But with that, it would be necessary to formulate a realistic ethical perspective that we suppose is more comprehensive. It is necessary to situate the discussion about the person-principle in the broad context of a doctrine of being (POSSENTI, 2014). It would be necessary to confront different models of anthropocentrism created in modernity, with the objective

of sustaining a version of “ontological personalism” that proves to be more adequate (MARITAIN, 1962; 1967). Anthropocentrism often turns into its opposite, that is, the denial of the individual, which allows the advent of totalitarianism based on the “antipersonalist principle”. Thus, “the notion (and reality) of the person is not primarily moral, but ontological” (POSSENTI, 2016, p. 27). It is at this level of discussion that personalism proposes to win the “battle of the concept” (in Paul Ricoeur’s expression), against the anti-personalist attack of postmodernity. Our age, which considers itself post-metaphysical, has enormous difficulty in thematizing the person, because the truth of the person is inseparable from the truth of the being. In fact, in the supposed oblivion of being in contemporary nihilism, wouldn’t forgetting the person also be at stake? With that, the “person-principle” would only bring to perfection the paradigm of being. We could not accept as legitimate the positivist dogma that a real definition of person, in an ontological sense, is a pseudo-problem. This real definition can be found in the philosophical tradition that comes from Boethius, according to which person means an individual substance of a rational nature (*rationalis naturae individua existentia*), a definition received by Thomas Aquinas. In particular, the “person-principle” has as reference the version proposed by Thomas Aquinas (*individuum subsistens in rationali natura*). Indeed, Aquinas prefers the participle *subsistens* to the nominative abstract *substantia* of the Boethian definition, and thus establishes the formal constitutive of the person as existing in itself and *per se*. The person subsists in himself while exercising the very act of being, the fundamental act of the individual substance. The notion of person expressed here is intrinsically linked to the conception of substance, although much of the philosophical thought after Thomas

Aquinas (Hume, Kant, Kelsen, Cassirer, etc.) has intended to replace this conception with another, namely: that of function. But when we turn to the affirmation of the dignity of the human being, we cannot consider it a projection or arbitrary attribution of value: the dignity of the human being is rooted in his nature, in his specific ontological level of existence, that is, as a being endowed with spirit. Hence the option for realism, in the sense of a reflection on the notions that structure the reality of the person as a substantial subject of a spiritual nature (POSSENTI, 2016, p. 39). In this perspective, the person is open to the totality of being, in the line proposed by Thomas Aquinas (following Aristotle): the soul is, in a certain way, all things. The human being presupposes an intentional relationship with the whole. This comes from the very spiritual nature of the human being, either because he is a totality - because he is never a mere part - or because of his interiority, that is, because of his capacity to become what he already is ontologically. A deviation from this line of investigation would have occurred in philosophical modernity, with the “concealment of the person”, in the sense of hiding the “substantial ontological roots” of the notion of person: with the crisis of the notion of substance, in modernity, personalism loses its ontological support and, in these terms, it is apparently inadequate.

The reduction of the person only to the relationship would imply considering its value and foundation only as part of a Whole, as is often the case in totalizing philosophies. However, the notion of part is in contrast to that of person. The constitutive openness of the person (being-with-the-other) is manifested in relationality with others, but this does not mean that the original nexus I-You-We-All is reducible to this dimension. Now, the relation occurs from substantiality. Hence the perspective that the person is a substantial

reality open to relationship, but not reducible to it. Recognition is the central element of the relationship, but being a person does not depend only on someone recognizing it, as it is linked to the substantiality of the act of existing: the person is a “relational substance”, not a “substantial relationship”.

The contemporary challenge, when we examine the interrelationship between science and philosophy, concerns the reductionist nature of thinking about human beings based on the philosophical theses of materialism and naturalism. The current neglect of the soul as a research topic has reduced the problem of the soul-body relationship to a narrow horizon. Of the three main positions on the soul-body relationship in the history of philosophical research (dualism, monism and hylomorphism - or “polar solution”), the alternative proposed here follows the tradition of Thomas Aquinas: soul and body constitute a whole, a human subject, a person, individual being endowed with vegetative, sensitive, motor and intellectual functions.

The penetration of the “person principle” in bioethics themes intends to be inspired by an ethics of responsibility analogous to the perspective of H. Jonas, in The responsibility principle. But here, the theme of the person in Bioethics is part of the revival of personalism in the 20th century, stimulated by the growing impact of biotechnologies. It is from the personalist approach that we can avoid a partial “actualist” orientation of H. Jonas, in the sense that he considers the status of the person, attributed to the embryo, as linked only to its superior functions (POSSENTI, 2016, p. 210, n. 7). In this context, the notion of person achieves here, in a personalist key, a broad unfolding, and the bioethical perspective of discussion on human rights is broadened. Hence the suggestion that this approach would provide an ethical foundation for medical deontology and, in particular, for



the medical ethics codified in Brazil.

The new Brazilian Code of Medical Ethics (2018) reinforces the autonomy of the patient as a target of medical care. This is a trend that we observe in the conflict between emerging paradigms of codified medical ethics, in their relationship with the foundations of Bioethics. The three emerging and conflicting paradigms in the history of Brazilian codes, as we have already pointed out, are the following: techno-scientific, commercial-business and benign-humanitarian. Humanitarian and supportive kindness – the new paradigm in the history of codified medical ethics - has been consolidating itself as a doctrine of human rights and sensitive to the patient's moral vulnerability. We observed that this perspective would allow greater care for life, through a greater substantive humanitarian understanding of the doctor-patient relationship (MARTIN, 1994). However, from an ethical-philosophical point of view, it is still necessary to justify the way in which we must overcome the paternalism of our deontological tradition. We therefore need to distinguish at least two different levels of discussion of medical judgment in the doctor-patient relationship: the deontological level of medical ethics codes and the properly moral level of bioethical foundations.

## CONCLUSION

We can summarize the path previously taken in the following points: (a) that the new Brazilian Code of Medical Ethics (approved by the Federal Council of Medicine (CFM) on September 27, 2018, modified by subsequent Resolutions) consolidates the paradigm shift initiated by Previous codes (1988 and 2009), in the sense of affirming human rights; (b) that personalistic bioethics would be a way of justifying human rights in the current context of the doctor-patient relationship, overcoming the paternalism of classical medical ethics.

Now, we believe that the benign-humanitarian paradigm of patient rights, in the Brazilian codes of medical ethics, achieves greater ethical reinforcement when analyzed from an objective conception of human rights, and the personalist foundation model in bioethics represents an alternative, at least plausible, in comparison with other models, especially with regard to the utilitarian model in Medicine.

The discussion around the bioethical foundation of the Brazilian Code of Medical Ethics shows, therefore, great research potential, related to interdisciplinarity in biomedical sciences in Brazil.

## REFERENCES

CÓDIGO DE ÉTICA MÉDICA. Resolução CFM nº 2.217, de 27 de setembro de 2018, modificada pelas Resoluções CFM 2.222/2018 e 2.226/2019/ Conselho Federal de Medicina-Brasília, 2019. Disponível em: <https://portal.cfm.org.br/images/PDF/cem2019.pdf>. Acesso em maio, 2023.

GRACIA, Diego. **Fundamentos de Bioética**. Madrid: Ed. EUEDEMA, S. A., 1989.

JONAS, Hans. **O Princípio Responsabilidade**: Ensaio de uma ética para a civilização tecnológica. Trad. Marijane Lisboa e Luiz B. Montez. Rio de Janeiro: Contraponto: Ed. PUC-Rio, 2006.

JONAS, Hans. **Técnica, Medicina ed Ética**. Torino: Einaudi, 1997.

JUNGES, José R. **Bioética**: Hermenêutica e casuística. São Paulo: Ed. Loyola, 2006.

KUHN, Thomas S. **The Structure of Scientific Revolutions**. Chicago/London: The University of Chicago Press, 1975.

KUHN, Thomas. **O Caminho desde A Estrutura: Ensaio filosóficos, 1970-1993**. São Paulo: Ed. UNESP, 2006.

MARITAIN, Jacques. **A Pessoa e o Bem Comum**. Lisboa: Moraes Editora, 1962.

MARITAIN, Jacques. **Os Direitos do Homem**. Trad. Afranio Coutinho. Rio de Janeiro: José Olympio, 1967.

MARTIN, Leonard M. **Os Direitos Humanos nos Códigos Brasileiros de Ética Médica: ciência, lucro e compaixão em conflito**. São Paulo, SP: Editora do Centro Universitário São Camilo/ Ed. Loyola, 2002.

MARTIN, Leonard M. **O erro médico e a má prática nos Códigos brasileiros de Ética Médica**. *Bioética*, 2: 168-71, 1994.

MARTIN, Leonard M. **A Ética Médica Diante do Paciente Terminal: Leitura ético-teológica da relação médico-paciente terminal nos códigos de ética médica**. Aparecida, SP: Editora Santuário, 1993.

POPPER, Karl. "La actitude crítica en medicina. La necesidad de una nueva ética (1983)". In: **Después de La Sociedad Abierta**: Escritos sociales y políticos. Barcelona: Paidós, 2010, p. 420-435.

POPPER, Karl. "Para uma Teoria Evolutiva do Conhecimento". In: **Um Mundo de Propensões**. Lisboa: Editorial Fragmentos, 1991, p. 41-69.

POPPER, Karl. **O Realismo e o Objetivo da Ciência**. Pós-Escrito à Lógica da Descoberta Científica, V. I. Lisboa: Ed. Dom Quixote, 1987.

POPPER, Karl. **Conhecimento Objetivo**: Uma abordagem evolucionária. São Paulo: Itatiaia/Editora da Universidade de São Paulo, 1975.

SPRINGER DE FREITAS, Renan. **Sociologia do Conhecimento**: Pragmatismo e pensamento evolutivo. Bauru, SP: EDUSC, 2003.

POSSENTI, Vittorio. **Diritti Umani**: Letà delle pretese. Soveria: Rubbettino Editore, 2017.

POSSENTI, Vittorio. **Il Nuovo Principio Persona**. Roma: Armando, 2013.

POSSENTI, Vittorio. **O Novo Princípio Pessoa**. São Paulo: Ed. Loyola, 2016.

POSSENTI, Vittorio. **La Revolución Biopolítica**: La peligrosa alianza entre materialismo y técnica. Madrid: Ed. RIALP, S. A., 2016.

POSSENTI, Vittorio. **Nihilism and Metaphysics**: The third voyage. Transl.: Daniel B. Gallagher. State University of New York Press, 2014.

SGRECCIA, Elio. **Manuale di Bioetica I**: Fundamenti ed etica biomedica. Milano: Vita e Pensiero, 1988.

SINGER, Peter. Tirar a vida: os seres humanos. In: *Ética Prática*. Trad. Jeferson Luiz Camargo. São Paulo: Ed. Martins Fontes, 2002 (a), p. 185-227.

SOUSA, Luís C. S. Direito à verdade e o Código de Ética Médica. **O Mundo da Saúde**. São Paulo, v. 28, n. 3, p. p. 266-276, jul./set. 2004.

\_\_\_\_\_. O Código de Ética Médica e os Fundamentos da Bioética. **O Mundo da Saúde**. São Paulo, v. 26, n. 1, p. 109-117, jan./mar. 2002.