

**Phenomenological reflections of Edmund Husserl and Edith Stein:
establishing dialogues with the bioethical paradigm and the teachers' health
promotion**

**Reflexões fenomenológicas de Edmund Husserl e Edith Stein: estabelecendo
diálogos com o paradigma bioético e a promoção da saúde docente**

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ABSTRACT

Background: The Edmund Husserl and Edith Stein perspective phenomenology seek to describe the human being through an analysis that examines his consciousness and his lived experiences, concluding that the human subject is formed by body, psyche and spirit. The health promotion (HP) and bioethics, in turn, are built on this same perspective since they interpret the human person as a being in constant development and must be respected in their integrity and their lived experiences. Objective: To present and identify the interface between the phenomenological approach proposed by Edmund Husserl and Edith Stein as a substrate for the development of bioethical perspectives in HP of professors in higher education (HE). The main argument of this research is to highlight the intimate relationship between this theoretical framework and the HP, under the justification that, when adopting an eco-salutogenic concept of health, individuals are encouraged to understand their own experiences, reflecting and perpetrating the bioethical principles in their everyday situations. Materials and Methods: PhD research with exploratory-descriptive methodology and quantitative-qualitative approach. Sample: University professors from the state of Rio Grande do Sul, Brazil, random sample, non-probabilistic for convenience, CI = 95%, $n = 1400$ persons. The research was approved by the Research Ethics Committee of the Hospital de Clínicas of Porto Alegre (HCPA), Brazil, Ethics Committee of the University Fernando Pessoa (UFP), Porto, Portugal, receiving the CAAE approval number 55066616.8.0000.5327, Plataforma Brasil, Brazil. Results: Production of 6 principal components through factorial analysis categorized and interpreted by qualitative

content analysis and MAXQDA[®] software. Conclusions: Universities function as research and learning venues to strengthen HP's activities. The Husserlian phenomenology paradigm, bioethical principles and HP models, aim to build qualified actions in health, to stimulate and promote well-being, quality of life, equity, inclusion, sustainability and social justice, with outstanding conceptual clarity that distinguishes them.

Keywords: Bioethics; Edith Stein and Edmund Husserl; Health Promotion; Phenomenology; Teachers.

RESUMO

Introdução: A perspectiva fenomenológica de Edmund Husserl e Edith Stein procura descrever o ser humano através de uma análise que examina a sua consciência e as suas experiências vivenciadas, concluindo que o sujeito humano é formado por corpo, *psique* e espírito. A promoção da saúde (PS) e a bioética, por sua vez, são alicerçadas nessa mesma perspectiva, uma vez que interpretam a pessoa humana como um ser em constante desenvolvimento, devendo ser respeitada em sua integridade e em suas experiências de vida. **Objetivo:** Apresentar e identificar a interface existente entre a abordagem fenomenológica proposta por Edmund Husserl e Edith Stein e a perspectiva bioética, como substrato para o desenvolvimento de ações em PS direcionadas aos docentes da educação superior (ES). O principal objetivo desta pesquisa é evidenciar a íntima relação entre esse referencial teórico e a PS, sob a justificativa de que, ao adotar um conceito eco-salutogênico de saúde, os indivíduos são estimulados a compreender suas próprias experiências, refletindo e aplicando os princípios bioéticos em suas situações cotidianas. **Materiais e Métodos:** Pesquisa de Doutorado, metodologia exploratório-descritiva e abordagem quanti-qualitativa. **Amostra:** Professores universitários do Rio Grande do Sul, amostragem aleatória, não-probabilística por conveniência, IC = 95%, $n = 1400$ pessoas. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa do Hospital de Clínicas de Porto Alegre (HCPA), Brasil, Comitê de Ética da Universidade Fernando Pessoa (UFP), Porto, Portugal, recebendo o número de aprovação CAAE 55066616.8.0000.5327, Plataforma Brasil, Brasil. **Resultados:** Produção de 6 componentes principais através de análise fatorial categorizados e interpretados por análise qualitativa de conteúdo e software MAXQDA[®]. **Conclusões:** As universidades atuam como locais de pesquisa e aprendizado para fortalecimento das ações em PS. O paradigma fenomenológico husserliano, os princípios bioéticos e os modelos de PS, visam construir ações qualificadas em saúde, estimular e promover o bem-estar, qualidade de vida, equidade, inclusão, sustentabilidade e justiça social, com notável clareza conceitual que os distingue.

Palavras-chave: Bioética; Edith Stein e Edmund Husserl; Promoção de saúde; Fenomenologia; Professores

1 BACKGROUND

The phenomenological perspective of Edmund Husserl and Edith Stein seeks to describe the human being through an analysis that examines your consciousness and your lived experiences, concluding that the human subject is formed by body, psyche and spirit. Health promotion (HP) and bioethics, in turn, are constructed in the same perspective, since they interpret the human person as a being in constant development and must be respected in their integrity and in their lived experiences.

1.1 THE PHENOMENOLOGICAL PARADIGM OF EDMUND HUSSERL AND EDITH STEIN

The Phenomenology is a philosophical school whose first representative is Edmund Husserl. It began in Germany in the mid-19th century and the 20th century, representing the word fusion of two parts, with Greek origin. *Phenomenon* means what shown; not only what appears or looks. In this way, phenomenology can be conceived as a reflection on a phenomenon or on what is shown. However, in front of this designation, it is possible to question: what is it and what does it show? The phenomenological method proposed by Husserl and described equally by Edith Stein (Bello, 2018; Bello, 2019; Cescon, 2016) is characterized as an analysis of cognitive activity, reflective and affective life. To this end, Husserl maintained the need to "reduce" or put attitudes in suspension, in order to perceive the essential manifestation of acts.

For Husserl, the understanding of these phenomena comprises a methodology. The *method* is characterized by being a word whose formation also comprises two parts of Greek origin: *odos* which means road and *meta*, which means through. There is, therefore, a need to walk a path. According to Husserl, the path consists of two stages:

(i) *Eidhetic reduction or The search for the meaning of phenomena*: For Husserl, the human being is able to understand the meaning of this understanding includes activities of the daily life of individuals in which their experiences of orientation include knowing the meaning of things. However, for Husserl, the human being demonstrates that concerning some things, there is the capacity to identify meaning immediately, while about others, there is a higher difficulty. Individuals intuit the sense of things and, as the most appropriate nomenclature for this theme, the word of origin is used essence, so the essence is grasped by sense. Husserl also uses the Greek word *cycles* (origin of the word idea, that is, that which does not mean so much a product of the mind, but sense), that which can be grasped, intuited. Husserl states that it is of the utmost importance for the human being to understand the meaning of things, yet not all things are immediately comprehensible. In any case, to understand the meaning of things is a human contingency, endorsed by Husserl when he states that it is not the fact of existence, but the meaning of this fact.

(ii) *Transcendental Reduction or Subject seeking meaning*: In the second stage of the phenomenological method, it is precisely on the subject that a reflection is performed. It reflects on who the human being is and, in this perspective, is the innovation of the Husserlian method

in which this analysis of the human subject is made, the starting point of his investigation. This innovative character of Husserl's phenomenological approach lies in consciousness, and this is his most important contribution, albeit the most complex one. Consciousness is not a material point, nor a specific place, and does not add to a spiritual or psychic character. Consciousness acts as a point of convergence of human operations, making it possible to concretely express actions proper to human beings, such as perception, attention, motivation, etc. (Bello, 2006; Bello, 2019; Cescon, 2016; Gutland, 2018)

For Husserl and Edith Stein, the establishment of concepts such as intersubjective communication, the experience of empathy, solidarity, etc., demonstrate the validity of the phenomenological method in the domain of describing the relationship between subjects. For Stein, the Husserlian philosophical paradigm analyzes the conditions of human knowledge and seeks to investigate, in this condition, its validity (Bello, 2018; Gutland, 2018; Haney, 1994). In describing and analyzing Husserl's method, Stein focused on the constitutive characteristics of the human being through lived experiences and the knowledge of the other in its uniqueness. This reflection, in turn, supplants the sense of the constitution of the human subject to deepen in the ways of ethics.

1.2 PHENOMENOLOGICAL ETHICS AND ITS INTERFACE WITH BIOETHICAL PRINCIPLES

Husserl's early work on ethics dates from 1902 to 1914 in his *Husserlian* work, and then in the years 1922 to 1923. Husserl's ethical analysis allows us to reflect on the phenomenology of the person and the responsibility of the individual, and the relationship that these characteristics exert about the world and other individuals (Cescon, 2016). This movement is characterized by the awareness of the social position of the individual and his / her historicity, whose concept of ethics, in this context, privileges the overcoming of concepts about skeptical subjectivism and relativism, in order to seek feelings of value, recovering value, also the autonomy of the person (Bello, 2006; Bello, 2019).

The phenomenological ethics, in this way, is concerned with the different practical possibilities of acting against the perspectives of action for its realization. Such possibilities belong, in all their sphere of action, to the act of acting of the fascinating subject, that is, to the development of its autonomy through a dynamic and creative movement. From these considerations, a new direction finds the Husserlian ethic-phenomenological perspective: the

individual development of a self-critical concept that can, therefore, lead the individual to conclusions for the future life through autonomous and proactive decision-making.

Husserl also discusses the concept of moral philosophy from 1923, according to the concept of ethics, in which he preaches that there is no possibility of constituting a moral philosophy without considering the interface between *logos* and *ethos*, between reason and life. For Husserl, ethics does not occur in the private plane, but in the world of culture and nature, that is, ethics with the world (Bello, 2019; Cescon, 2016).

Edith Stein, in turn, maintains the connection with Husserl when he affirms that the experiences become significant through personal understanding as well as the context in which these experiences are inserted, admitting the existence of continuous reciprocity between these experiences (Bello, 2018; Haney, 1994).

Bioethical principles are linked to the phenomenological approach of Husserl and Stein, considering that bioethical analysis takes into account fundamental values such as respect for the human being and his decision-making capacity, recognition of specific situations and contexts, in the sense of seeking the solidarity, and justice, identifying all the elements that are morally relevant and seeking coherence (PAHO, 2012).

1.3 BIOETHICS AS A TRANSVERSAL CONTRIBUTION TO THE TEACHERS OF HEALTH PROMOTION: INTERFACES WITH THE PHENOMENOLOGICAL PARADIGM

In the early 1970s, the concept of bioethics mirrored a new approach to ethical and scientific advances in biology and medicine (Belmont Report, 1978). Since then, the understanding about bioethics differs according to the context in which it is inserted, allowing a pluralism of conceptions and concepts from the applied ethics (Garrafa, 2005; Mandal et al., 2017; Oliveira, 2012). In the evolutionary context of its construction over time, it is possible to list three epistemological pillars that support the principles of bioethics: (i) the prevalence of a multi-inter-transdisciplinary structure, making it possible to expand analyzes linked to diverse knowledge centers, starting with interpretation of multiple factors, that is, scientific and technical, social knowledge and concrete reality; (ii) respect for the moral pluralism of societies and nations; (iii) understanding of the unfeasibility of the existence of universal bioethical paradigms, making it necessary to use tools of approximation with the different societal references (Garrafa, 2005; Santana and Garrafa, 2013). The initial concept of bioethics was related to the ethical question of preservation of the planet and its biodiversity, in the face of

technological advances that could cause harm to the ecosystem. Against this background, bioethics would incorporate references about their perception of the quality of human life, such as respect for the environment and ecosystem, as well as existing biomedical issues (Garrafa, 2005).

For the American Van Rensselaer Potter, precursor of the term Bioethics in his book "Bioethics: A Bridge to the Future" (Potter, 1971), Bioethics would contribute to the formation of a new discipline, extending a bridge between two cultures, that is, sciences and humanities, which did not dialogue, making possible scientific development with ethical vigilance.

The approach of Bioethics with HP in its different areas of practice, specifically in the case study of this thesis, which focuses on the HP of University Teachers, reaffirms the understanding that, in order to articulate Health, HP and Bioethics it is necessary to reflect on human quality of life, preservation of ecology and biodiversity, finiteness of natural resources, balance of the ecosystem, concern for sustainability, inclusion, equity, justice, dignity, among others (Azetsop, 2011; Carlotto and Dinis, 2017; Carlotto and Dinis, 2018a; Dooris, 2006; Garrafa, 2005; Parker et al., 2007; Real de Asúa and Herreros, 2016; Sanz, 2016).

Siqueira-Batista et al. (2015) argues that bioethics must be considered as the ethics of science that combines humility, responsibility and competence with an interdisciplinary and cross-cultural approach and that allows the real meaning of humanity to prevail. Zoboli (2010), on the other hand, considers that bioethics encompasses advances in biotechnology, health care and professional ethics, including these factors in a contextualized and expanded way, focused on the complexity of life itself and problematizing them in the search for possible solutions. In health care, bioethics creates bridges between being and acting in a professional way, between the institutional and public policy universe, allowing an interface between achievement, duty and what must be done, where the scope of responsibility prevails as the guiding principle of an ethical horizon (Zoboli, 2010). In this context, since public health and bioethics include the social and subjective determinants in their analysis, it is feasible to conduct the actions in HP through an expanded and complex view of human and health attitudes. In this sense, based on the concepts developed by Siqueira-Batista et al. (2015), bioethics, directed to action research in the HP field, requires advances made by research on the central ethical problems experienced.

For the same authors, ethical problems arise from factors such as the lack of articulation between intersectoral public policies, reduced access to health services or social and economic heterogeneities. These authors also point out that bioethical challenges are evident when tensions are established between technical-scientific and practical knowledge, hindering a

reflexive analysis of the presented question, in all the dimensions in which it manifests itself. Bioethics has two epistemological characteristics: an approach with more ecological aspects, as recommended by Potter (1971), and another method of more clinical aspects, as evidenced by Hellegers and Ramsey (1973). This way, it is possible to identify two paradigms of research involving bioethical discipline: one of hermeneutical and critical importance that investigates the interpretation of the cultural assumptions of the use of biotechnologies and the other, more casuistic, that seeks concrete resolutions for the dilemmas. Both are epistemologically complementary and need each other. Bioethics as a case study emerged in the 1970s, part of this vision, for being two globally recognized paradigms: the main paradigm and the casuistic paradigm (Junges, 2006).

1.3.1 Principialistic Paradigm of Bioethics

The mainstream theory, published in the Belmont Report (1978) and highlighted in the Principles of Biomedical Ethics, first published in 1979 and then reprinted seven times to date, was based on four basic bioethical principles (Beauchamp and Childress, 1979). This theory was conceived to serve as an accessible and practical instrument for the analysis of conflicts arising in the field of bioethics, namely: (i) beneficence; (ii) non-maleficence; (iii) equity and (iv) autonomy (García, 2013; Garrafa, 2005). Other principles may be derived and related to accumulated theory on bioethics, HP and also used in the application of evidence in public health interventions, such as the principles of respect, solidarity, sustainability, social responsibility, participation, transparency and accountability of interventions in public health, contributing to the construction of a model of health interventions informed by evidence and an ethical perspective (Junges, 2014). Beauchamp and Childress (1979) postulate that bioethical principles are not framed as absolute truths, but at first sight, they become evident, valid and customary in the first analysis of the case, in the absence of another more decisive principle. Bioethics, in this context, emerged as the concern with establishing moral criteria for human behavior, in a scenario in which a multifaceted factorial concept influences life. Thus, human rights appear as ethical references in support of bioethics in actions to protect life and HP. Along the same lines, the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2005), on October 19th, 2005, in Paris, through the Universal Declaration of Bioethics and Human Rights (UDBHR), a conceptual framework on bioethics, since, in addition to confirming its pluralistic and interdisciplinary character, it provides a definitive extension of its agenda on the biomedical-biotechnology theme for the social and

environmental fields (Snead, 2009). Thus, UDBHR (UNESCO, 2005) began to incorporate, in addition to the careful analysis of the social and ecological aspects of the 21st century, the historical work cited above, resulting in critical conceptual changes in the context of bioethics.

Table 1 presents a synopsis/timeline of the documents that contributed to the formulation and sedimentation of UDBHR. This documentary schedule seeks to reinforce the general sense of health, the first idea that permeates the understanding of the Declarations and documents highlighted here. It must be noted that UDBHR was designed to conform to classical bioethical principles, giving them social and collective perspective, whose scope is allied to the expanded notion of the concept of health.

In this context, it is essential to emphasize that this new conceptual reference of Bioethics involved in UDBHR acts as a tool that provides a broader range of possibilities for action, and that incorporates the fields of social bioethics and environmental bioethics, promoting, in turn, the conceptual reference essential for the attainment of a bioethics genuinely committed to the situations of human and planetary life (Garrafa, 2005; Santana and Garrafa, 2013). Thus, became part of the UDBHR in their chapter on "Principles", among other documents, the following specific articles concerning the universal ethics proposed by the authors mentioned above (Azetsop, 2011; Carlotto and Dinis, 2017; Dooris, 2006; Garrafa, 2005; Junges, 2014; Parker et al., 2007; Real de Asúa and Herreros, 2016; Sanz, 2016), and that contributed to the diffusion and establishment of bioethics as a universal discipline: human dignity and human rights (Article 3); respect to human vulnerability and individual integrity (Article 8); equality, justice and equity (Article 10); respect for cultural diversity and pluralism (Article 12); solidarity also, cooperation (Article 13); social responsibility and health (Article 14); sharing of benefits (Article 15); protection of the environment, biodiversity and the biosphere (Article 17) (UNESCO, 2005). Undoubtedly, it can be verified that this new perspective of bioethics established from the UDBHR (UNESCO, 2005) has positively and adequately impacted in universal ethical discussions. It can conclude that the product of this approach focuses on the implementation of qualified processes of actions in health, social inclusion, equity, justice, development and sustainability (Carlotto and Dinis, 2017; Dooris, 2017; Doran et al., 2017; Duarte-Cuervo, 2015).

Table 1. Timeline referring to the UDBHR formulation, adapted from Dooris (2017), Garrafa (2005), Matisonn (2017), Santana and Garrafa (2013) and UNESCO (2005)

Year	Base Documents
1945	UNESCO Charter
1948	Universal Declaration of Human Rights
1964	Declaration of Helsinki by the World Medical Association on the Ethical Principles Applicable to Medical Research on Human Rights
1965	United Nations International Convention on the Elimination of All Forms of Racial Discrimination
1966	International Covenant on Economic, Social and Cultural Rights and International Covenant on Civil and Political Rights
1974	UNESCO Recommendation Concerning the Status of Scientific Researchers
1978	UNESCO Recommendation Concerning the Status of Scientific Researchers
1982	International Guiding Principles on the Ethics of Biomedical Research on Human Subjects adopted by the Council of International Organizations of Medical Sciences
1989	United Nations Convention on the Rights of the Child
1989	ILO Convention N° 169 on Indigenous and Tribal Peoples in Independent Countries
1992	United Nations Convention on Biological Diversity
1993	General Rules on Equal Opportunities for Persons with Disabilities
1995	Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), an annex to the Marrakesh Agreement Establishing the World Trade Organization
1997	Universal Declaration on the Human Genome and Human Rights
1997	Convention for the Protection of Human Rights and Dignity of Human Beings about the Application of Biology and Medicine, the Convention on Human Rights and Biomedicine of the Council of Europe
1997	UNESCO Declaration on the Responsibilities of Generations Present for Future Generations
2001	UNESCO Universal Declaration on Cultural Diversity
2001	International Treaty on Plant Genetic Resources for Food and Agriculture
2001	Doha Declaration on the TRIPS Agreement and Public Health, specialized agencies of the United Nations system, in particular, the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO)
2003	International Declaration on Human Genetic Data
2005	Universal Declaration on Bioethics and Human Rights

In the same way as UNESCO (2005), the Pan American Health Organization (PAHO), at the 28th Pan American Sanitary Conference in Washington, USA, whose theme was "Bioethics: for the integration of ethics in health" (PAHO, 2012), emphasized the importance of promote bioethics in order to safeguard the quality of research and respect for the dignity of the human being while respecting cultural diversity and the acquisition of knowledge, as well as its application in health decision making (PAHO, 2012). And besides, according to this Conference (PAHO, 2012), the analysis Bioethics must be carried out in the light of fundamental values such as respect for their decision-making capacity based on their values and beliefs, the well-being of people and populations, and justice. As a reflexive activity, ethics always leads to a univocal answer. For PAHO (2012), bioethics explores ethical issues that arise in interventions in public health, health and health research. Bioethics is not an empirical discipline, because the empirical evidence of something does not determine that it is ethically correct. Bioethics is a discipline that consists of analytical activity and based on principles and ethical criteria that aims to guide the practice in the different areas of health. This way, it is likely that there is more than one way of proceeding that is ethically correct. And besides, the new technologies and the complexity of contemporary societies present a growing number of ethical problems that are increasingly complex. An analytical reflection is necessary for a rigorous and reasoned approach, in order to incorporate ethical considerations in health work (Carlotto and Dinis, 2019a).

1.3.2. Casuistic Paradigm of Bioethics

The paradigm of casuistic bioethics emerged between the sixteenth and seventeenth centuries as an alternative to the moral problems that arose with cultural, economic, political origins of the modern world. In this sense, this paradigm sought to analyze the concrete conjunctures to understand the new ethical dilemmas that were presented and therefore investigated the most appropriate solutions by analogy (Junges, 2006). The authors Jonsen and Toulmin (1988) are the most traditional representatives of this paradigm, both of which were members of the Belmont Report Commission (1978). For these authors, the traditional casuistic paradigm is based on the rhetoric, in which they affirm that there is no possibility of constructing arguments without a clear view of the question to be analyzed from a particular point of view. From the analysis of these questions, the ethical dilemmas, the moral constitution

and the search for the essence of the ethical issue raised. The cases or questions analyzed to become the legal principles in the discovery of the moral sense and the construction of moral certainty. On the other hand, the birth of the casuistic paradigm has become a focus of necessary questioning in the mainstream paradigm, and the four consecutive publications of the classic Principles of Biomedical Ethics, 2nd edition in 1983 (Beauchamp and Childress, 1983), 4th edition in 1994 (Beauchamp and Childress, 1994), 5th edition in 2001 (Beauchamp and Childress, 2001) and 7th edition in 2002 (Beauchamp and Childress, 2002), incorporated the principles with the analysis of the cases, in an integrated standard without, however, deny the primacy of principles (Beauchamp and Childress, 2001).

For Junges (2006), the weaknesses of the mainstream paradigm are the strengths of the paradigm, and the strengths of the principles are the weaknesses of case analysis casuist. Also, one of the criticisms of the casuistic paradigm concerns the that determine a case to be analyzed, that is, the casuistic method does not compare the reality critically to be analyzed, however, eliminates the already established prejudices, at risk of becoming overly individualistic and subject to private judgment. As a complement to the casuistic paradigm and as support for the interpretation of cases, the hermeneutic dimension of bioethics arises, stating that human knowledge is interpretive by nature and, from this interpretation, it obtains meaning. In this context, bioethics acquires the role of reflection, appreciation and socio-cultural analysis, attribute of any ethical reflection (Junges, 2014).

2 MATERIALS AND METHODS

The study had a cross-sectional design with a quantitative and qualitative approach and was exploratory and descriptive in nature (Prodanov, 2013). The population was composed of professors from University in the Brazilian state of Rio Grande do Sul (RS). They were selected via random, non-probabilistic sampling out of convenience (*openepi* = 95%CI (%), $n = 1400$ individuals). Data was collected between March and July 2017. The study was approved by the Research Ethics Committee of the Clinical Hospital of Porto Alegre (HCPA), by the Ethics Committee of Fernando Pessoa University (UFP) in Porto, Portugal, and CAAE Registry No. 550666168.0000.5327, Plataforma Brasil, Brazil.

For data collection, an online survey was built and hosted on the Survio[®] platform and then sent to the participants via e-mail. Leaders of each university had been contacted previously to present the study objective and obtain approval for the survey. All of the respondents were

informed about the need for their approval via the Informed Consent Form (ICF) that accompanied the protocol.

The statistical analysis of the results was performed with the aid of the *R* statistical software environment (*R* Development Core Team), version 3.3.1. (2015), as well as through the cross-checking of survey data and the conceptual frameworks of the Health Promoting Universities (HPU) / World Health Organization (WHO). Qualitative and dissertation data were treated using content analysis as per Bardin (2009). The data were collected through the application of 1400 questionnaires, each of which contained 35 questions. Each question had five possible answers on a Likert scale to which the following values were attributed: 1 point - I don't know about this; 2 points - I know a little bit about this; 3 points - I know a moderate amount about this; 4 points - I know a lot about this; and 5 points - I am fully aware of this or know everything about it. The instrument was an adaptation of the WHO protocol / HPU Toolkit of the University of Central Lancashire in Lancaster, UK, the use of which was expressly authorized by its creator, Professor Mark T. Dooris.

The Toolkit Self Review Tool is a questionnaire structured around five topics that reflect the key areas a university must address as it works toward its goal of becoming a Healthy University. The Toolkit Self Review Tool used in this research adapted to the Brazilian reality with formal authorization of its author. The five areas covered by the study are: (i) Leadership and Governance: This section of the tool focuses on the university's corporate commitment to working toward becoming a Healthy University. (ii) Provision of services: This section of the tool identifies the level of on-site and off-site provision of services to support the health and wellness needs of staff and students. (iii) Facilities and Environment: This section of the tool supports the university in reviewing the facilities it provides and the environment it creates to support the health and well-being of staff and students and the community at large. (iv) Communication, Information and Marketing: This section of the tool analyzes the processes involved in communicating information and health and wellness messages to employees and students and how the university markets health and wellness in its promotional materials. (v) Academic, Personal, Social, and Professional Development: This section of the tool is about how the university uses the opportunities presented by curricula, research, knowledge transfer, and professional development to improve health and wellness and respond to the needs of its employees and students. Table 2 presents the description of the issues addressed in the instrument adapted to the Brazilian reality Toolkit Self-Review Tool, addressed to teachers.

Table 2. Discrimination of the questions of the adapted inquiry to the Brazilian reality, Toolkit Self Review Tool

Question (Q)	Discrimination of the questions
Q1	There are plans and strategies in the University that enable the health, well-being of teachers, students and the academic community to be addressed.
Q2	The University discloses in its strategic planning actions regarding the health and well-being of individuals in the Institution.
Q3	The University has data collection tools capable of measuring levels of employee satisfaction with regard to health, wellness and emotional and physical support.
Q4	The University has a system that makes it possible to evaluate the impact of health and wellness initiatives in the academic community.
Q5	The University works in partnership with health promotion organizations and other relevant bodies in this area.
Q6	The University takes a broader and holistic approach to addressing specific health issues (for example., mental well-being, physical activity, environmental health, health promotion campaigns, smoking, addiction, etc.)
Q7	The University has a sector and / or some human resource dedicated to supporting and developing health and wellness actions at work.
Q8	There is a specific sector in which teachers can inform their health and well-being priorities at the University.
Q9	The University has strategic links and partnerships with external entities (for example: health, sports, physical activity, social assistance) that can support health and well-being in the academic environment.
Q10	The University has programs that include the academic community in its health and wellness actions.
Q11	The University has appropriate health services that recognize the diverse needs of its teachers, students and staff.

Question (Q)	Discrimination of the questions
Q12	Teachers and students are consulted about what health services they need.
Q13	There are activities that provide teachers with knowledge, understanding and access to health and wellness support activities.
Q14	The University has clear policies and procedures regarding the perception, identification and referrals of health problems that most affect its teaching staff.
Q15	The teaching staff is enlightened about key contacts involving internal and external health support services as well as for emergency situations.
Q16	The University provides health information and future planning in this area for the academic community.
Q17	The University offers access to wellness and health support services for its entire staff.
Q18	The built environment and social spaces of the University are conducive to the promotion of physical, mental and social well-being (for example access to natural light, good ventilation, thermal conditioning, adequate furniture, equipment, environmental comfort).
Q19	The facilities and environments used by teachers, students and the academic community for leisure, sports and physical activity at the University contribute to the promotion of the health of its users.
Q20	The University has some kind of consultation mechanism with the departments regarding the use and development of its green space, as well as the built and social environments.
Q21	The assessment of the impact that built and natural environments have on health and well-being is included in the University's sustainable development strategy.
Q22	The University has an ethical sustainable food policy system, contributing to the overall improvement and well-being of teachers, students and staff.

Question (Q)	Discrimination of the questions
Q23	Teachers and students are regularly consulted on quality, prices, varieties and food and beverage offerings throughout the University.
Q24	The University encourages faculty to practice physical activity, leisure and social facilities (family support services, community, rehabilitation, volunteers, etc.).
Q25	The University works to improve physical, leisure and social facilities to ensure that they are accessible and inclusive to teachers and students.
Q26	There are communication strategies at the University that more broadly address the promotion of health and wellness for teachers, students and staff.
Q27	The University makes use of digital technology / new media to provide health and wellness through messages and information for teachers, students and staff (for example, Twitter, Intranet, Facebook and text messaging - SMS, WhatsApp, Viber).
Q28	The University seeks to reinforce that health and wellness disseminated through messages and information campaigns are drawn from sources based on reliable evidence.
Q29	The university works generated in the Institution are used as a source of information about health and well-being, the academic community and the community outside the Institution.
Q30	The University actively shares, in the academic environment, its practices regarding the health and well-being of its staff.
Q31	The University discloses to the academic community the benefits of positive health and well-being in marketing and promotional materials (eg recreational, social and leisure opportunities, support services, supportive work).
Q32	There are opportunities in the academic curriculum that address health, well-being, and sustainable development that are targeted at teachers and students.

Question (Q)	Discrimination of the questions
Q33	The University has a strategic vision that incorporates health, well-being and sustainable development in its curricular bases.
Q34	The University provides the adequate dissemination of learning related to health research, in its disciplines, departments and academic services, as a way of valuing the knowledge generated internally.
Q35	The University has strategies of incentives for scientific research and dissemination of results that are related to health and health promotion for the teachers of its staff.

The Toolkit Self Review Tool includes a research tool that enables universities to analyze and reflect on their perception of health, sustainable development, and well-being in their core business and organizational culture. The significance level of 1% was adopted, rejecting hypotheses whose descriptive value (p -value) was lower than 0.001; Varimax[®] rotation with factorial load retention > 0.40 was used; the analysis of Factors and Analysis of Principal Components (APC) with a value that is higher than 1.0 was applied to identify groups or groupings of variables, and thus to understand the structure of a set of variables and to show the relations between them, reducing the data set to a more manageable size while retaining as much of the original information as possible. Cronbach's alpha (acceptable index > 0.60) ensured the internal consistency of the instrument used.

3 RESULTS

The general profile of the sample points to the following data: 14% of the professors ($n = 199$) were admitted to the universities surveyed in the early 2000s, 87% of which ($n = 1219$) were linked to private universities. Among the sample population, 76% ($n = 1070$) were female, and 54% ($n = 752$) were between the ages of 46 and 55. When asked about their fields of expertise, 67% of respondents ($n = 943$) reported health sciences, followed by engineering at 10% ($n = 42$) and humanities at 7% ($n = 109$). The level of schooling varied only slightly: 75% ($n = 1046$) had doctoral degrees while 19% ($n = 266$) had master's degrees. In addition, 60% ($n = 845$) had 15 to 20 years of teaching experience, and the weekly workload was 40 hours for 26.2% of respondents ($n = 368$), 20 hours for 16% of respondents ($n = 226$), and 30 hours for 13% of respondents ($n = 189$). Of the 1400 professors surveyed, 79% have a working

relationship with only one educational institution ($n = 1113$). Table 3 shows the sociodemographic characteristics of the professors included in the study.

Statistical analysis used was Factorial Analysis (FA) with Principal Component Retention (PCR) and Varimax[®] rotation, whose retention of factorial loads was higher than 0.40, and MCR with eigenvalues higher than 1. The Kaiser-Meyer-Olkin (KMO) and Bartlett produced positive values of 0.88 and test value (p) of less than 0.001 and Cronbach's alpha (α) with an index of 0.80.

Table 3. Socio-demographic characteristics of teachers

Socio-demographic characteristics of teachers		
Characteristics	Respondents	
	<i>n</i>	%
Age		
26–30 years	106	8
31–35 years	143	10
36–45 years	215	15
46–55 years	752	54
+ 55 years	184	13
Marital Status		
Married / companion	1080	77
Separated / divorced	159	11.8
Single Children:	156	11
Widowed	3	0.2
Level of Education / Schooling		
PhD	1046	75
Specialist	35	2
Master's degree	266	19
Postdoctoral degree	50	3
Other training	3	1
Gender		
Male	330	24
Female	1070	76

FA produced six principal components (PC), i.e., PC1 to PC6, which were titrated and were interpreted using Qualitative Content Analysis (QCA), according to Bardin (2011), using the qualitative analysis software MAXQDA[®] (2018), making it possible to categorize the relevant

information by analyzing expressions and more recurring vocabularies. From this stage, the interfaces between the teacher's perception evidenced by the responses attributed to the instrument on HP in the universities, and the use of the conceptual reference of the HPU explored.

Through the applied factorial analysis and the Varimax[®] rotation it was possible to extract six principal components, according to table 4.

Table 4. Estimated six principal components (PC) after the Varimax[®] rotation with Kaiser normalization for the answers to the instrument questions/R Development Core Team (2015).

Question	PC						Variability Ratio
	PC1	PC2	PC3	PC4	PC5	PC6	
Q8	-0.578	0.170	0.186	-0.329	0.095	0.328	0.622
Q10	-0.645	-0.180	-0.175	0.482	0.002	-0.161	0.737
Q11	0.587	0.405	0.038	-0.283	-0.378	0.189	0.769
Q13	0.572	0.370	-0.014	-0.299	-0.268	0.097	0.635
Q16	0.826	0.320	0.007	0.003	0.358	-0.110	0.924
Q23	0.812	0.069	0.049	0.094	0.339	-0.134	0.808
Q24	0.786	0.309	0.015	-0.064	-0.195	0.063	0.760
Q26	0.827	0.163	0.187	-0.194	0.263	0.000	0.852
Q28	0.855	0.253	-0.065	-0.004	-0.177	0.036	0.833
Q31	0.847	0.331	0.054	-0.042	-0.100	0.114	0.854
Q32	0.895	0.206	0.081	-0.115	-0.039	0.032	0.866
Q19	0.037	0.602	-0.569	-0.154	-0.127	0.013	0.728
Q21	0.253	0.776	0.109	-0.155	-0.134	-0.014	0.719
Q22	0.313	0.719	-0.295	-0.033	-0.176	0.028	0.735
Q25	0.068	0.626	0.528	-0.298	0.010	0.150	0.787
Q27	0.164	0.757	0.217	-0.342	-0.021	0.020	0.765
Q29	0.334	0.800	0.104	-0.001	-0.207	0.077	0.811
Q30	0.306	0.847	0.060	-0.150	-0.056	0.005	0.841
Q33	0.379	0.814	0.030	-0.088	0.026	-0.024	0.816
Q6	-0.265	0.174	0.648	-0.064	-0.145	0.101	0.555
Q7	-0.187	0.177	-0.662	-0.028	-0.104	0.409	0.684
Q9	0.344	-0.085	0.602	-0.028	-0.258	0.154	0.579
Q18	0.104	-0.132	-0.659	-0.385	-0.056	0.033	0.615
Q35	0.361	0.304	0.631	-0.272	0.030	0.032	0.697
Q15	0.044	-0.210	-0.055	0.703	0.423	0.076	0.727
Q20	-0.202	-0.201	0.167	0.764	0.001	0.126	0.709
Q34	-0.061	-0.380	-0.072	0.751	0.354	0.023	0.843
Q14	0.022	-0.106	0.096	0.334	0.764	-0.089	0.724
Q17	0.179	-0.391	-0.208	0.122	0.716	-0.049	0.758
Q1	-0.139	0.104	0.045	0.162	0.268	0.618	0.513
Q2	0.099	0.055	0.010	0.202	-0.009	0.610	0.426
Q4	-0.099	0.122	0.102	0.275	0.066	-0.497	0.361
Q5	0.012	-0.382	-0.181	-0.090	-0.274	0.548	0.563
Number of items	11	9	7	4	3	5	
Eigenvalues	7.341	6.020	3.069	3.007	2.384	1.796	
Variance (%)	31.084	25.491	12.994	12.734	10.092	7.603	
Cumulative variance (%)	21.18	38.48	47.74	56.33%	63.66	69.20	
α	0.802	0.925	0.638	0.823	0.765	0.752	Average 0.80

Table 5 shows the highest factor loadings that originated each PC and the number of variables that formed each PC. The six extracted PCs are directly proportional to the original categories of the original Toolkit Self-review tool, which served as the theoretical basis for this work.

Table 5. Categories that emerged from the questionnaire/Six principal components/MAXQDA® (2018).

Principal Components (PC)	Factor Load	Number of variables
PC1 - Programs and activities to support health and sustainable development	0,895	11
PC2 - Facilities and environments conducive to HP/ Information and Communication Technologies (ICTs)	0,847	9
PC3 - Development of actions of health and well-being at work through a comprehensive and integral approach / Bioethics	0,64	7
PC4 – Key contacts / support services / dissemination of institutional research in health and sustainability	0,648	4
PC5 - Referrals and clarifications of health problems / accessibility	0,764	3
PC6 – Strategic planning / impact assessment / partnerships	0,618	5

4 DISCUSSION

Using the Ottawa Charter (WHO, 1986) as a starting point, health is considered a multidimensional (physical, mental, emotional, spiritual, social) resource for life. The focus for

the establishment of a phenomenological and salutogenic paradigm in HP is not only to identify needs, behaviour change and disease prevention, but also to promote and establish real assets and resources that impact health, well-being and prosperity (Dooris et al., 2017). HP values the individual's interactions with social environments and, in this approach, the approach proposed by Edmund Husserl and Edith Stein, in line with bioethical principles, can present itself as an excellent possibility for the development of holistic health actions, sustainable and salutogenic (Carlotto and Dinis, 2018a).

The main objective of promoting the health of university professors is to combine these models with the autonomy derived from health actions evidenced by Husserlian phenomenology and bioethics, that is, to investigate and visualize the gaps in which HP can, through interdisciplinarity, strengthen relationships and produce health, well-being and quality of life of teachers, relevant indicators in public health. The university environment can be understood as a social system in its totality, with its interrelations between the parts and the whole. This system is complex and dynamic, being in equilibrium or changing, with elements affected by cycles of feedback in constant movement, concepts well-grounded by Husserlian phenomenology when it affirms that the human being does not act in isolation, but in a character of universality. When applied to teacher health, this theory illustrates that healthy structures (e.g., adoption of a strategic plan and management commitment) are a precondition for healthy processes (e.g., effective communication and efficient management) (Carlotto and Dinis, 2018b).

The results of this study point out that in addition to the HP principles generally identified in the literature (Tsouros et al., 1998), such as equity, interdisciplinarity, participation and holism, other principles related to teacher health at the university have been identified. Teachers evoked concepts such as solidarity, public trust, autonomy, resilience, individual and community well-being, global health, sharing knowledge, commitment and environmental health/sustainability, impacting general health, individual and collective well-being, and social justice of teachers. These concepts are linked to the principles of the phenomenological paradigm and the HP concepts, demonstrating the possibility of establishing dialogues between these disciplines. Universities function as research and learning sites for sustainable development, stimulating HP's activities. On the other hand, the diffusion of HP's salutogenic concepts as an interdisciplinary and principle-based activity seeks to reflect on the health of teachers in the university, contributing to the construction of qualified processes of teaching health performance, using as background the Husserl and Stein phenomenology and Bioethics.

In this perspective, the interdisciplinarity proposed by Husserl and Stein phenomenology and Bioethics becomes a tool for the recognition of shared goals, the need for consideration of plural knowledge, inclusion and reflection. It is important to emphasize that, in addition to the principles established by bioethics, i.e., beneficence, non-maleficence, justice and respect for autonomy (Beauchamp and Childress, 1979), underlying values were also reported by teachers. The bioethical principles and the phenomenological paradigm of Husserl and Stein, together with the models evidenced by HP, are integrated in the sense of objectifying the construction of a more humanized HP model and assuming the exercise of health care of teachers in HE of form interdisciplinary and socially responsible (Carlotto and Dinis, 2019a).

By valuing and understanding the interrelationships, interactions and synergies in the university environment, derived from interdisciplinary practices, a clear commitment is conceived with the HP of teachers in HE. Encouraging healthy working and learning environments leads to the sustainable development of educational processes and the exchange of knowledge, as well as to increased health and well-being, reinforcing the commitment to health, sustainability and equity of teachers. In this way, the models of attention to teaching health were related, using the interfaces between the phenomenological paradigm of Husserl and Stein, and the bioethical principles as possible intervention tools, providing the reflection on how it is possible to contribute to stimulating appropriate health actions and inclusive for teachers in , viewing health as an integral link of the university's culture, structure and processes (Carlotto and Dinis, 2017).

Among the limitations of this study, it is possible to emphasize the need to formulate public policies and morally justifiable decision-making that contemplate the health of the teacher in HE, from a bioethical and ethics-phenomenological perspective, integrating the health and teaching team of interdisciplinary way, and identifying opportunities that stimulate well-being and commitment to the health of teachers; to develop the salutogenic approach in the university through the encouragement of research and actions informed by evidence; to recognize the HP of the teacher in HE as an investment and resource necessary to strengthen the positive impacts of health actions (Carlotto and Dinis, 2019b).

5 CONCLUSIONS

Bioethics and the HP demand understandings from lived experiences, so that the actions of individuals are not understood or inappropriately judged. The experience derived from this reflective process represents the ethical value and moral responsibility shared by the

phenomenological references of Husserl and Edith Stein in association with the theory that guides the concepts about bioethics and HP.

Understanding these relationships and acting ethically is only possible to the extent that the subject understands their experiences about their health and how those concepts affect their thinking, their acting, their will and their feelings. For Edmund Husserl and Edith Stein, this understanding drive human beings to an attitude of readiness and motivation in search of personal and global human dignity.

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