UAB
Universitat Autònoma de Barcelona

Bioethics and Communication

2026/2027

Code: 102950
Credits: 3

Degree programme	Type	Course
Medicine	OB	2

Contact lecturer

Name : Rosa Burgos Pelaez

Email : rosa.burgos@uab.cat

Teaching staff

Maria Milagros Alonso Martinez

Patricia Beroiz Groh

Rosa Burgos Pelaez

Natalia Alvarez Garcia

Group languages

You can consult this information at the end of the document.

Prerequisites

In order to take this subject it is advisable for the student to keep in mind the principles of human rights and universal ethics, especially those on which the principles of medical ethics and medical deontology are based.

Objectives

The general goal of the course is to provide students with a humane and ethical perspective in their future professional activity. Towards this end, we will be reflecting on the challenges and problems derived from biomedical progress, including its impact on society and its value system

The subject is scheduled in the second year of the Degree in Medicine and will be one of the first contacts with the clinical, human and psychological aspects of the disease. That's why it is, too, especially focused on the most appropriate communication with the patient to facilitate shared decision-making.

Classroom practices offer a collective discussion on ethical conflicts in small groups, promoting respect and dialogue as basic tools, and cornerstones, for the person-centered-care and the resolution of any type of conflicts (including those of values).

Learning outcomes

1. Recognize the humanitarian aspect of activity in the service of health based on the doctor-patient relationship, both in care and in teaching and research.

2. Distinguish between the paternalistic conception of the doctorpatient relationship, deriving from the Hippocratic tradition, and the modern, more egalitarian approach which gives all protagonism to the patient.
3. Acknowledge the importance of medical confidentiality and identify exceptional cases in which it should be waived to the benefit of society or patients themselves.
4. Protect patients' right to health.
5. Understand and bear in mind the consequences of breaching trust and taking advantage of the vulnerability of a sick person.
6. Identify the major social and professional repercussions that a breach of professional confidentiality could have on a patient.
7. Show caution regarding the disclosure of confidential information and never do this without the patient's explicit consent.
8. Interpret medical confidentiality as a contract between society and the doctor rather than a personal contract (doctorpatient).
9. Describe justice as one of the basic principles of bioethics.
10. Distinguish between the different senses of the concept of justice (commutative, distributive, legal, social), bearing in mind that bioethics use one of these almost exclusively: that of social justice.
11. Describe the healthcare services that should be equally available to all citizens.
12. Describe the concept of ethics of minimums based on the protection of physical, mental and spiritual integrity of individuals (principle of non-maleficence) and protection of interpersonal and social integrity, avoiding discrimination, marginalisation or segregation of some individuals by others at the level of basic coexistence (principle of justice).
13. Describe the concept of ethics of maximums based on the notion that every human being aspires to perfection and happiness, and therefore to the maximum, in accordance with their religious, moral, cultural, political and economic and other values.
14. Appreciate the growing importance of patient autonomy as described in all modern codes of conduct.
15. Avoid giving misleading information for charitable reasons, which does not mean that information should be given brusquely and without empathy.
16. Interiorise the commitment to defend patients' autonomy: respect the right of those who are able to make the decisions that affect their lives in accordance with their values, desires and preferences, free of coercion, manipulation or interference.
17. Understand that information, however negative it may be, should contain an element of encouragement, which is achieved when doctors effectively show that at no time will they abandon the patient.
18. Recognize one's own limitations and welcome help from colleagues in taking decisions on patient care.
19. Accept the ethics of the second opinion.
20. Develop teamwork skills.
21. Commit to the use of scientific methods in professional activity, which, in the case of healthcare is often called evidence-based medicine.
22. Inform patients when using non-conventional or symptomatic treatments for their condition and of the importance of not abandoning any necessary treatment, warning them in a clear and understandable manner that the treatment is not conventional or a substitute.
23. Coordinate with the doctor responsible for basic treatment.
24. Recognise that doctors' first loyalty must be to their patients and that the latter's health must be prioritised over any other advantage.
25. Respect patients' religious, ideological and cultural convictions, unless these conflict with the Universal Declaration of Human Rights, and prevent one's own convictions from impinging on patients' decision-making capacity.
26. Acknowledge that the right to health protection exists in all developed countries, notwithstanding any difficulties in obtaining the corresponding resources.
27. Report all professional activities with scrupulous accuracy in individual patient records, both to serve as a reminder of the actions taken and to facilitate follow-up work by colleagues.
28. Define the basic principles of medical records and the information they contain, as the absence of principles is the source of many conflicts and discrepancies that occur in the legal treatment of medical records, and therefore a common source of insecurity in the healthcare sector.
29. Maintain data confidentiality.
30. Ensure proper, justified use of patient records that are required for use in legal proceedings.
31. Understand that the patient record is the shared intellectual property of the patient, the doctor and the institution in which it was made.

32. Understand that medicine is not an exact science and that, accordingly, doctors can commit errors.
33. Differentiate between error and negligence.
34. Describe how health is not merely the absence of disease but also all physical, psychological and social conditions that allow maximum plenitude and autonomy of the person.
35. Become aware of the duty to relieve pain and suffering caused by disease and to care for those who cannot be cured.
36. Give information in an understandable and prudent, also including preventive measures to prevent infection and spread of the disease.
37. Give this information to family-members or carers of dependent patients.
38. Define informed consent as a gradual process within the doctorpatient relationship, under which competent patients receive sufficient, comprehensible information from doctors, which enables them to participate voluntarily, consciously and actively in decision making with respect to the illness.
39. Explain that consent is generally given verbally, but that it occasionally needs to be in writing.
40. Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
41. Communicate clearly, orally and in writing, with other professionals and the media.

Contents

Theoretical classes program

1. Background and general principles of Bioethics.

2. Healthcare Ethics Committees in hospitals

3. Patient co-responsibility in medical decisions. Informed consent. Advance directives. Advance decision planning (ADP).

4. Human rights and patients' rights.

5. Doctor-patient relationship. Communication with patients and relatives.

6. Ethics, Deontology and Law. Medical deontology. Code of Deontology. Deontology Committees.

7. Ethics of doctors' relationships with each other.

8. Confidentiality in medical practice. Data protection.

9. Medical error and negligence.

10. Quality of life and health.

11. Assessment of patient competence.

12. Humanization of Medicine.

13. Medicine and new technologies. Telemedicine. Medicine and the Internet

14. Conscientious objection.

15. Economy and health

16. Ethical aspects of organ donation and transplantation.

17. Ethics of medical research.

18.Attitude towards the end of life.

19.Ethical considerations at the beginning of life.

PRACTICES OF BIOETICS AND COMMUNICATION

During the practicals, the students will prepare and present an argumentative debate with 3 topics (one for each practical):

PAUL1. Beginning of life: surrogacy.

PAUL2. The end of life: medically assisted death.

PAUL 3. Legal termination of pregnancy in minors.

The Classroom Practices of the Bioethics and Communication subject are mandatory, and attendance will be recorded.

Learning activities and methodology

Title	Hours	ECTS	Learning outcomes
WORK PREPARATION / PERSONAL STUDY	39	1.56	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41
THEORY (TE)	19	0.76	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41
TUTORIALS	6.75	0.27	
CLASSROOM PRACTICES (PAUL)	6	0.24	

The development of the subject is based on theoretical classes, classroom practices and a written work. Both the theoretical classes and classroom practices will be face-to-face.

The lectures will be available virtually, on the Moodle platform, after the corresponding class schedule.

The work will be carried out in small groups; instructions on this will be posted on Moodle at the start of the course.

Annotation: within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

Assessment

Continuous assessment activities

Title	Weight	Hours	ECTS	Learning outcomes
Delivery of reports/works	30%	1	0.04	1, 2, 4, 9, 14, 16, 18
Attendance and active participation at seminars	20%	1.75	0.07	14, 15, 16, 17, 18
Written assessments through objective test: selection items: multiple selection items	50%	1.5	0.06	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41

In order to reach a final grade of the subject, it is essential to have scored in the three activities (theoretical exam, classroom practices, and written essay).

Theoretical evaluation (50% of the final grade):

The theoretical exam is a multiple choice test, with 5 possible answers for each question and only one true answer.

For each wrong answer 1/4 of a point will be subtracted.

Classroom practices (20% of the final grade):.

Students must attend the two planned practices, one as a listener and the other as part of the group that will present it. The distribution of the groups that present the practice and of the groups that attend as listeners will be done once the subject begins by using the medical *practices management program* (PSG).

The content and presentation of the classroom practices will be evaluated:

1. The adequacy of the content to the issue presented

2. The synthesis work

• Presents the main points

3. The mastery of the subject

• Use correct vocabulary

• Shows fluency explaining the concepts

• Responds appropriately to the questions that arise

• Illustrates the theme with examples

4. Communication skills

• Speaks clearly and with confidence

• Appropriate use of audiovisual resources

• Non-verbal language (watches the audience, volume of the voice, tone, etc.)

5. Adaptation to the assigned timing

Classroom practices are mandatory. Students must have been part of a presentation group in order to score. The student who has not participated in one of the groups that present the practice will not score and cannot

be evaluated for the subject. On the other hand, the non-attendance to the practice as a listener will suppose the loss of 2 points of the score of practices.

Assignment (30% of the final grade)

The assignment will consist of recording a bioethical debate on the content of a film selected by the instructors. Students must demonstrate argumentation skills, active listening, and critical thinking as a team, integrating the knowledge acquired throughout the course. The recording will be made using the Teams platform and uploaded to Moodle in MP4 format. The assignment will be completed in groups of 5 students, and both the group and individual results will be evaluated.

The deadline for submitting the assignment will be announced in the first class, "Course Presentation." Detailed instructions for the assignment will be published at the beginning of the course.

Students who are not part of a group presenting the assignment will not receive a grade for the assignment, and their final grade will be calculated with a zero.

Students who do not participate in the assessments will be considered as not having been evaluated, thus forfeiting their enrollment rights for the course.

Exam Review System

Exams will be reviewed individually with the student upon written request within the established deadlines.

Only students who have not passed the subject/module through continuous assessment may take a final exam or resit.

This exam will be written, with short-answer questions related to the subject syllabus. A single assessment is not offered for this subject.

Bibliography

Beauchamp TL, Childress JF. Principles of Biomedical Ethics. 7ª ed. New York: Orxford University Press; 2013.

Montero F., Morlans M.Para deliberar en los comités de ética. Fundació Doctor Robert UAB.2009.

Gracia D. Bioética mínima (Humanidades médicas). Triacastela, 2019

Montori V. Why we revolt: A patient revolution for careful and kind care. Patientrevolution.org 2019

Webs of interest

Comitè de Bloètica de Catalunya

http://canalsalut.gencat.cat/ca/sistema-de-salut/comite-de-bioetica-de-catalunya/recursos/documents/

Comité de Bioètica de España

http://www.comitedebioetica.es/documentacion/index.php

Comité Consultatif National d'Ethique

https://www.ccne-ethique.fr/fr/type_publication/avis

Institut Borja de Bioètica. Universitat Ramón Llull

http://www.ibbioetica.org/cat/modules/tinycontent/index.php?id=21

Observatori de Bioètica i Dret UB

http://www.bioeticayderecho.ub.edu/es/publicaciones

Fundació Víctor Grifols i Lucas

https://www.fundaciogrifols.org/es/web/fundacio/publications-portal

Stanford Encyclopedia of Philosophy

https://plato.stanford.edu/search/searcher.py?query=bioethics

The Hastings Center

https://www.thehastingscenter.org/publications-resources/

Software

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Course groups and languages

The information provided is provisional until November 30. After this date, you will be able to consult the language of each group through this link. To access the information, you will need to enter the course CODE

Type of teaching	Group	Language	Semester	Shift
(PAUL) Classroom practices	1	Catalan/Spanish	first semester	afternoon
(PAUL) Classroom practices	2	Catalan/Spanish	first semester	afternoon
(PAUL) Classroom practices	3	Catalan/Spanish	first semester	afternoon
(PAUL) Classroom practices	4	Catalan/Spanish	first semester	afternoon
(PAUL) Classroom practices	5	Catalan/Spanish	first semester	afternoon
(PAUL) Classroom practices	6	Catalan/Spanish	first semester	morning-mixed
(PAUL) Classroom practices	7	Catalan/Spanish	first semester	morning-mixed
(PAUL)	8	Catalan/Spanish	first	morning-mixed

Classroom practices			semester	
(PAUL) Classroom practices	9	Catalan/Spanish	first semester	morning-mixed
(TE) Theory	101	Catalan/Spanish	first semester	morning-mixed
(TE) Theory	102	Catalan/Spanish	first semester	morning-mixed
(TE) Theory	103	Catalan/Spanish	first semester	morning-mixed