



Healthcare Bioethics Based on Empathy: Perspective-Taking as an Ethical Skill for Health Professionals

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Conceptual Paper

Volume 9 Issue 3

Received Date: August 10, 2026

Published Date: September 22, 2026

DOI: [10.23880/abca-16000289](https://doi.org/10.23880/abca-16000289)

Abstract

Introduction: Perspective-taking is a human skill, grounded in emotion and cognition, with distinct functions according to the needs and aptitudes required for its proper exercise.

Results: Perspective-taking allows for a more precise understanding of a person's thoughts and feelings. Furthermore, it contributes to understanding the other's intention and experience. Perspective-taking constitutes the central component of clinical empathy, expressing its emotional and cognitive dimensions and, consequently, ethical prescription, insofar as adopting the patient's perspective is a behavior positively valued by the Bioethics of Healthcare.

Conclusion: Perspective-taking, as an empathic and ethical skill of the healthcare professional, is indispensable for building a partnership and care relationship between the healthcare professional and the patient, for respecting patients' rights, and for promoting Patient-Centered Care.

Keywords: Bioethics; Empathy; Perspective-Taking; Patient; Healthcare

Introduction

For over 100 years, William Osler, who exerted a notable influence on medical education, has been considered the “father of cold detachment” [1], mainly because of his emphasis on objectivity and imperturbability in the practice of medicine [2]. Countering this tradition in medicine, Halpern, a physician and bioethicist, criticizes the “detached concern” advocated in medical education and defends a model of empathetic care [3]. Physicians vein, Howick and colleagues point out that the historical belief that physicians should remain detached from patients to avoid emotional involvement is no longer accepted [4]. Along these lines, educators and professional societies worldwide increasingly recognize the importance of empathy in care. There is currently a consensus that health professionals’

ability to establish an empathetic understanding of the patient’s situation is essential to the development of the clinical relationship [5]. Professional health entities refer to clinical empathy as both a skill and an attitude that professionals should adopt. Regarding training, medical courses allocate dedicated curricular time to developing empathy and compassion as professional skills [6,7]. Indeed, clinical empathy is considered a fundamental determinant of healthcare quality, contributing to improved health outcomes [8]. Considering the moral function of clinical empathy, it is understood that, unlike traditional Clinical Bioethics, which is based chiefly on rational theories of morality, promoting empathy in the clinical encounter is an ethical imperative. This is because empathy plays a fundamental role in managing moral disagreements, developing the ethical competencies of health professionals, and implementing patient rights [3].

Thus, this article argues that empathy, in general, plays a role in morality and, consequently, in Healthcare Bioethics and, by extension, in Clinical Bioethics. This theoretical research is based on the concept of clinical empathy, as outlined in the studies by Howick, et al. [9], who recently conducted a review on the subject. Concerning Healthcare Bioethics, this article is anchored in research by Albuquerque [3], Albuquerque, et al. [10], and Albuquerque, et al. [11]. The perspective-taking approach is based on Maibon's study of the subject, which was the focus of his work "The Space Between: How Empathy Really Works" [12]. This article is structured into four parts: the first addresses the general interfaces between Healthcare Bioethics and Clinical Empathy; the second deals with perspective-taking theory proposed by Maibon; the third addresses the agent and observer perspectives; and the fourth concerns the perspective-taking approach of health professionals and its relationship to clinical empathy.

Healthcare Bioethics and Clinical Empathy

In Healthcare Bioethics, it is understood that empathy, considered in its three dimensions cognitive, emotional, and behavioral-plays a relevant role in morality, in motivating prosocial behavior, and in recognizing human suffering [13]. Clinical empathy is connected to the concept of care, which, in healthcare, is always personal; that is, professionals do not care for a disease, a kidney, or a heart, but for a person, with their interactions, environments, and emotions [14]. Therefore, clinical empathy is a fundamental substantive value of Healthcare Bioethics, from which value prescriptions are derived, in that it expresses behaviors of health professionals that are positively valued in clinical practice [15]. Based on this premise, establishing clinical empathy as a value aims to influence health professionals' behavior, encouraging them to act empathetically towards patients. Furthermore, it is essential to highlight that the moral function of clinical empathy in clinical practice has already been the subject of research, including our work, in "The moral role of clinical empathy in patient healthcare". In this work, the following concepts were developed: clinical empathy as a moral value; clinical empathy as a promoter of patient engagement; and the epistemic function of clinical empathy [3]. Silva's study focused on clinical empathy and on ways to connect it with clinical practice. Starting from the substantive and procedural dimensions of Healthcare Bioethics, Silva points out that, in the first dimension, there is a close relationship between clinical empathy and the components of care. Thus, Silva concludes that cognitive empathy, emotional empathy, and empathic concern contribute to responsible and respectful care for the patient's needs and wishes. Furthermore, clinical empathy fosters a partnership between the patient and the professional, as well as the patient's trust in the professional. In the procedural dimension of Healthcare Bioethics, according

to Silva, clinical empathy, through its epistemic function, facilitates understanding of the mental and emotional states of the parties involved in the moral conflict, thereby enabling the apprehension of individual perspectives. Moreover, empathic concern and perspective-taking are predictors of altruistic motivation, which can contribute to shifts in viewpoints and actions that help resolve moral conflict and restore broken connections [16]. Endorsing the research on the moral function of clinical empathy, this study considers clinical empathy one of the substantive values of Healthcare Bioethics, from which value prescriptions are derived. In this sense, Healthcare Bioethics, like Ethics of Care, holds that emotions play a unique and irreplaceable role in moral insight and that empathy and trust are key values of care [17]. Thus, clinical empathy, understood as a value, entails the following developments: (a) empathy is conditioned by empathic choice, therefore it related to certain level of choice of health professionals to be empathetic or not; (b) considering that it is intertwined with human skills, such as perspective-taking and empathic imagination, the adjectives derived from clinical empathy, such as empathic care, empathic listening, and empathic attention, always concern this human capacity; (c) care without this substantive value, that is, without empathy, is morally unacceptable, which leads to supporting its universalization and the defense that every health professional should be empathetic [15]. Thus, renouncing clinical empathy as a value in health care implies abandoning what it means to care for someone and the *raison d'être* of the health professions. Therefore, Healthcare Bioethics, as a theory of Clinical Bioethics geared towards the daily practice of health care, offers tools for constructing morality in clinical practice. Thus, more than a tool for addressing exceptional moral conflicts, Healthcare Bioethics focuses on the daily behaviors of health professionals toward patients, considering both as moral agents. Thus, in daily practice, healthcare professionals and patients face moral challenges in the care process, where empathy plays a moral role by harmonizing self-interest, self-care, and care for others' interests and well-being. When one empathizes with another, one can transcend the very lenses through which one perceives the world. Although these lenses frame each vision, it is difficult to perceive that one's own worldview is self-centered and restricted. In addition, these lenses shape the representation others make of one.

Perspective-Taking Theory Proposed by Maibon

Our perspective is the psychic framework through which we perceive the world and others; thus, we are implicit in everything we see, and this is not trivial, since we rarely perceive ourselves as observers, as if we were spectators of the world from our own perspective. What we see and how we see it are influenced by our body position, our

senses of smell and taste, movement, emotions, desires, and interests; consequently, our representation of the world is always unique and personal [12]. When we successfully adopt another person's perspective, we do not become less impartial; instead, we become more partial, subjective, and biased. And this is not negative, because our vision is subjective, partial, and biased, and contrary to what is often claimed, the vision of something does not become objective when one disregards one's own experience of the world and the vision derived from it. The main way to broaden your vision and become more objective is to be aware of your own perspective and adopt others'. In this way, it is recognized that objectivity is always a matter of degree; human beings will never be completely objective, but one can expand knowledge about the world by identifying one's own vision and the different visions of others [12]. The concept of empathy, which implies understanding how we would react if we were in the other person's position, popularized as "putting yourself in someone else's shoes," does not allow us to understand the differences and the creation of the "space between," an expression proposed by Maibon [12]. At most, it provides a way to act in that situation, which the other person does not expect. Furthermore, the thoughts, desires, and experiences of others occur within a context denominated by "mental holism", which confers a sense of context. Similarly, understanding the other person's situation, thoughts, desires, and experiences also require context. Hence, a person understands another's experience using their own context and by approaching the other's context. This is not a problem; it is what allows for interpersonal understanding. Perspective-taking does not overcome the gap between what is happening in my mind and what is happening in the other's mind, because it does not allow access to the other's mind as it does to my own. Indeed, when we experience otherness, we can observe what the other does or feels, but not their intentions, unexpressed thoughts, or how they interpret their experiences. In addition, it is essential to note that a crucial question concerns how a person's psychic contents—knowledge, experience, desires, needs—interact with their individual experience in a particular situation [12].

Agent Perspective and Observer Perspective

According to Maibon [12], in many personal interactions, people exhibit limited mutual understanding, a tendency exacerbated in conflict situations, because they fail to adopt others' perspectives. Therefore, there is the agent's perspective, when I think about myself and what I do, and the observer's perspective, which is my thought about the other. My perspective in the world is one in which I am both the agent and the observer of your perspective, and in your perspective of the world, you are both the agent and the observer of mine. Several consequences arise from this distinction. Firstly, in general, we do not consider our beliefs

to be beliefs, but rather as representations of reality, whereas others' beliefs are considered beliefs. Therefore, there is an asymmetry between what belongs to the other and what belongs to me. This occurs when we explain what people do. When it comes to us, we use reasons to explain what we do. Still, when we explain what others do, we use "causal-historical explanations" [12], which resort to factors external to the agents, such as situations or cultures. The critical point is that "causal-historical explanations" [12] do not consider the other as autonomous and with their own agency, but rather as a passive recipient of external influences and an object. In this sense, we tend to see others more as objects in the world, deeply influenced by their environment and their past. The third distinction concerns the type of reasons we give for our actions, that is, whether we base them on our own beliefs or on reasons attributed to others. Thus, we tend to provide rational explanations for our actions, as they make us seem more reasonable.

Consequently, our beliefs are not seen as such by the agent; that is, they conceive the belief as reality. For example, a doctor chose not to tell a dementia diagnosis because it would cause anxiety to the patient, and his beneficence obligation implies that he should not do it. The doctor regards this belief as reality and uses it to justify withholding the diagnosis from the patient. Thus, he does not say, "I believe that a dementia diagnosis causes anxiety and it justifies not telling the patient", in consequence, he considers that his beneficence obligation is not based on subjective or personal beliefs, but rather on the reality that patients should not know their dementia diagnosis because it will cause them anxiety [12]. The asymmetry between one's own perspective and that of the other is present, as is our tendency to pay much less attention to the thoughts and feelings of others than to our own. In our space, our feelings and experiences are overemphasized to the detriment of others. Similarly, we tend to assume that our emotions and thoughts are obvious to others, a phenomenon known as the "illusion of transparency" [12].

Another tendency is to think we understand others better than they understand themselves, but we understand ourselves better than others do. This tendency arises from overconfidence in our own beliefs. An essential aspect of this tendency to believe we know others very well is that behavioral evidence allows many interpretations, and, as a rule, the interpretation adopted aligns with our pre-existing notions. Thus, it can be concluded that people understand others much less than they think [12]. Therefore, comparing the first-person perspective, or that of the agent, with the third-person perspective, or that of the observer, affects how we think about our own actions and experiences, as well as which types of information are easier to access [12]. Although we construct beliefs and moral prescriptions that

we are equal to others, we also establish that our experience is reality, not just our reality. Additionally, our feelings are more intense than those of others; we have greater needs for self-realization, meaning in life, and autonomy, which lies at the core of the asymmetry between the agent and the observer [12].

Empathy and perspective-taking are ways of relating to others that we naturally use in our own lives. However, experiencing something or thinking about it from the agent's perspective is very different from doing so from the observer's perspective. We spend less time thinking about the feelings that drive people's actions than we do speculating about why they act in a certain way. This is notably due to the difficulties in accessing their emotions and sensations. Nevertheless, if we lack this awareness, we tend to perceive others superficially, paying attention only to their outward appearance, their speech, or their behavior, and less to their inner world, such as perceptions, feelings, and sensations, which we consider more when it comes to ourselves. When it comes to moral implications, we tend to perceive others' actions from this perspective more than our own. In this sense, others have far more biases and prejudices [12].

Perspective-Taking as an Ethical Skill for Health Professionals

Health professionals and patients have different perspectives on illness: for patients, it is something to be lived with daily and, in the case of chronic diseases, for a lifetime. Patients have a deep experiential understanding of their condition, regardless of whether they understand the underlying biomedical mechanisms. Health professionals, on the other hand, must be versed in these mechanisms and generally lack experience of living with illness, except for common conditions such as fever or flu. This gap between the patient's experience of illness and professional experience reflects two worlds that meet in the care relationship: (a) the health professional's world – the voice of technique, general scientific knowledge, and a perspective based on their expertise; (b) the patient's world – the voice of the world of life, experiential learning, a perspective based on their life experience and the uniqueness of the illness process [18]. This highlights the presence of two perspectives in healthcare: the patients' and the professional's, which are brought closer together by clinical empathy, specifically by perspective-taking.

Perspective-taking is a human skill, grounded in emotion and cognition, that has distinct functions depending on the needs and aptitudes to perform it well. Perspective-taking enables a more precise understanding of a person's thoughts and feelings. It also helps capture the other's

intention and experience. Thus, perspective-taking is specified in several skills, and perhaps the most important is the way to understand what matters to the other person, what is significant about the situation they are going through. Consequently, perspective-taking captures values [12], which, in healthcare, are central to Centered Patient Care, Shared Decision-Making, and the construction of care plans; that is, empathy is a precondition for the patient's involvement in their own care [19]. Therefore, perspective-taking is the central component of clinical empathy, expressing its emotional and cognitive dimensions and, consequently, an ethical prescription, insofar as perspective-taking from patients is a behavior positively valued by Healthcare Bioethics. In the clinical encounter, the healthcare professional must understand the patient by broadening their worldview and recognizing both their own and the patient's perspectives, thus building a "space in between," in Maibon's words [12]. When the professionals merely project themselves onto the patient's situation, this is of little help to the patient; therefore, "feeling what the patient feels," "putting oneself in the patient's place," or "walking in the patient's shoes" are practically irrelevant for understanding the patient. Thus, healthcare professionals must seek ways to increase their awareness and understanding of themselves, their biases and prejudices, and their thoughts, because only by connecting with their own perspective can they open themselves to the patient's perspective. This is corroborated by adopting a mindset that increases the likelihood of making pro-social moral judgments and reduces stereotypes, biases, and prejudice [12]. In this sense, this broadening of perspective on themselves is a prerequisite for healthcare professionals to reflect on how little they take patients' beliefs, feelings, and needs seriously, how much they morally judge patients' actions, and how much they attribute erroneous beliefs to patients. In this regard, a 2023 survey on patient safety priorities for patients and families found that 94% of respondents reported that their symptoms were minimized or disregarded by doctors. The main issues raised by patients, families, and caregivers in a 2025 patient safety report include dismissing patients' concerns, minimizing symptom severity, especially pain, ignoring and interrupting patients, and doctors suggesting that patients are exaggerating [19]. These are the most salient patient concerns, related to a lack of empathy from professionals, specifically a lack of perspective-taking.

Thus, perspective-taking is an ethical skill for health professionals insofar as it promotes the adoption of ethical behaviors understood here as appropriate, correct, and beneficial to the patient from the standpoint of a patient-centered and patient-rights-based ethical framework, such as Healthcare Bioethics. Moreover, it is noteworthy that perspective-taking is closely connected to prosocial, helping, justice-oriented, and moral behaviors [19], thereby linking

it directly to the conduct of health professionals toward patients. In this sense, the health professional's perspective-taking constitutes a core component of clinical empathy, essential for fulfilling the substantive values advocated by Healthcare Bioethics, such as a relationship of partnership and care between the health professional and the patient, as well as the centrality and active participation of the patient in their own care. The asymmetry of power and information that characterizes the relationship between healthcare professionals and patients is coupled with the asymmetry between agent and observer in their interaction. Identifying these asymmetries should be a component of the ethical training of health students and professionals and should not be overlooked in any Bioethics course in undergraduate programs. Indeed, studying the asymmetry between agents and observers is crucial for health professionals to develop skills in self-understanding and in understanding others' worlds, particularly patients. Similarly, people in positions of power tend not to adopt the perspective of those subjugated to them [12], which is particularly significant in the relationship between health professionals and patients. Consequently, shedding light on issues related to the sharing of power between health professionals and patients is a central task of Clinical Bioethics. Regarding the relationship between health professionals and patients, in general, professionals tend to be predictable in their actions and in the emotions and feelings that accompany them, since this is their daily work. However, for patients and their families, healthcare is generally sudden and unknown. When we are ill, there is fear of the future, uncertainty about the prognosis, and discomfort from the change in routine; all of this is abrupt and disorienting. This situation worsens when hospitalization is necessary; the hospital's smells, colors, and lights are unfamiliar to the patient. Furthermore, they must remove their clothes, accessories, belongings, and social ties. Patients think and feel based on experiences throughout the care process that are abrupt, unfamiliar, and disconcerting. During consultations and procedures, patients do not know what will emerge from those encounters or the care actions that will result. Therefore, professionals must try to understand the impact of their actions on patients, which requires empathy and related skills, such as taking the patient's perspective. When health professionals take the patient's perspective, it is beneficial for understanding why they react in each situation, what it means to them, what matters to them, and their attitudes toward their own care and the care of others. To do this, it is not necessary to understand the patient's thoughts, feelings, and intentions in detail, but rather to get closer to the situation the patient is in; the connection with the context is more potent in causing similar reactions [12], even when the health professional and the patient have different personalities, life contexts,

and experiences. In the relationship between professional and patient, both are affected by how they feel during the interaction, and the patient's feelings and emotions shape their perception of the world, as do the professional's, in a reciprocal manner. When both experience similar emotions, such as fear and joy, corresponding brain activations increase interaction, cooperation, and the ability to perform tasks together. Along these lines, perspective-taking contributes to healthcare professionals adopting helpful and supportive behaviors towards patients, identifying with them, and feeling more like them. Thus, the professional's emotional openness to the patient's emotions is an essential aspect of the partnership and care relationship, aligning with the findings of Howick [4] who found that the health professional's emotional engagement is a central component of clinical empathy [4]. Although accuracy is important, research indicates that people feel understood when the other person takes their perspective, even if it is not precise. The act of trying to understand the other person already has beneficial effects. In healthcare, when health professionals try to understand the patient, this can affect the patient, for example, by increasing openness to self-disclosure and trust in their guidance [2]. Taking the patient's perspective helps explain why the patient reacts in a certain way [12]. The state of empathy, or being empathetic, is to perceive the other person's internal frame of reference with a certain level of precision, including its emotional components and meanings, without ever losing the "as if" condition [20]. It is emphasized that the healthcare professional must be attentive not to identify with the patient [12] to absorb their point of view and avoid becoming alienated from themselves. Indeed, Howick and colleagues assert that one component of clinical empathy is establishing boundaries, enabling the professional to differentiate their "self" from the patient's "self" [4]. Communicating with a patient without perspective-taking, especially in conflict situations, is almost always ineffective, as the ambiguities present contribute more to disagreement than to resolution. For effective understanding and conflict resolution, perspective-taking and communication are necessary [12]. Therefore, developing only communication skills without focusing on health professionals' need to be inventive in recentring their relationships and to seek genuine interest in the patient is not very effective at placing the patient at the center of care and resolving ethical conflicts. Similarly, relying solely on the patient's personal experiences can be a trap, and it is necessary to avoid "focalism", that is, resorting to perspective-taking to endorse the course of action considered by the health professional as the most appropriate [12]. Perspective-taking of health professionals, as an ethical skill of clinical practice, can be summarized in the following framework (Table 1).

1	By taking the patient's perspective, health professionals broaden their worldview and recognize their own and the patient's perspectives.
2	Clinical empathy, when understood as "putting oneself in the patient's shoes," offers little help or benefit to the patient.
3	Health professionals should strive to understand the patient's life, including their past, family, work, and beliefs; that is, adopt a "mental holism" that encompasses all dimensions of the patient's life.
4	Health professionals should recognize their biases, prejudices, and preconceptions about patients, and that their beliefs and views are not reality but merely products of their own perspective.
5	The patient has reasons for their decisions and behaviors; health professionals should seek to understand them rather than judge them as the result of external influences.
6	The power asymmetry in the relationship between health professionals and patients is amplified by the asymmetry of perspective between agent and observer, a dynamic that must be considered in the training of clinical empathy and empathetic communication.
7	Judgments of the patient's mistakes, vulnerabilities, or the morality of their behavior are harsher than those the professional has of themselves.
8	Emotions are essential for perspective-taking on the patient; therefore, the health professional needs to develop emotional self-regulation.
9	The health professional must be attentive to self-identification with the patient, recognizing that the patient's pain and suffering are their own.
10	Compassion is not empathy; the healthcare professional's perspective-taking derives from their cognitive and emotional empathy.

Table 1: Framework for Perspective-Taking as an Ethical Skill for Health Professionals.

The following are health professionals' modes of action that demonstrate their ability to take a patient-centered perspective, presented in sequence (Table 2).

(a)	Thinking more about the reasons why the patient is experiencing illness in a particular way, in a holistic and contextualized view.
(b)	Thinking about the explanations that motivate the patient's actions in terms of their internal reasons, considering the patient as a moral agent.
(c)	Framing the patient's reasons in terms of their desires and beliefs, rather than treating them solely as products of influences or external determinations.
(d)	The health professional should consider their beliefs as their own, not as reality, opening the door to understanding and to capturing the patient's world.
(e)	Considering the patient's actions in terms of the competencies and skills they possess, presupposing that patients have decision-making abilities.
(f)	The health professional does not understand the patient better than the patient understands themselves and should avoid using the beneficent argument to override the patient's perspective.
(g)	The patient has high-level psychological and spiritual needs that may be more important than physiological needs.

Table 2: The Health Professional's Perspective -Taking as an Ethical Skill.

Final Considerations

Therefore, as emphasized throughout this study, clinical empathy is a value for healthcare. Still, it is not sufficient on its own to account for the complexity of moral phenomena, nor to ensure the realization of other substantive values of clinical practice and patient rights. In addition, detached concern and emotional disengagement on the part of the

health professional must be overcome to revolutionize healthcare, that is, to transform the relationship between the healthcare professional and the patient, as well as the way the patient is treated. Clinical empathy is an indispensable value for healthcare professionals to act ethically, that is, to adopt helpful, cooperative, and caring behaviors towards the patient. Thus, perspective-taking, as an empathic and ethical skill of the healthcare professional, is indispensable

for the realization of the substantive values that comprise Healthcare Bioethics, as well as for the partnership and care relationship between the health professional and the patient, respect for patients' rights, and patient-centered care.

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