

Bioethics in Hospital Pedagogy

Bioética en Pedagogía Hospitalaria

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Abstract:

The purpose of this article is to analyze the fundamentals of hospital pedagogy and its relationship to bioethics. The hospitalization of a girl or boy implies a traumatic and distressing experience, in which they associate the pain and discomfort of environments outside their daily life, making it a difficult situation to face, in addition to it, several of them are of school age (Murillo, 2017); so an intervention that considers the needs of patients for the continuation of their physical, psychic and social development becomes inescapable. In this sense, pedagogy arises as an opportunity to make up for the educational training of girls and boys during their stay in the hospital, it is worth mentioning that this has as its purpose the socio-educational care of individuals who are in a situation of chronic illness, regardless of their social, cultural or economic status, so classes in the hospital can generate a reduction of anxiety in the face of the unknown, besides it helps to forget their illness and generate new relationships. In this sense, bioethics allows to development the skills to make decisions in the face of dilemmatic situations.

Keywords:

Hospital Pedagogy, Education, Bioethics, Inclusive Education

Resumen:

El presente artículo tiene como propósito, analizar los fundamentos de la pedagogía hospitalaria y su relación con la bioética. La hospitalización de una niña o niño supone una experiencia traumática y angustiante, en el que asocia el dolor e incomodidad de ambientes ajenos a su vida cotidiana, haciendo que sea una situación difícil de afrontar, además de que varios de ellos, se encuentran en edad escolar (Murillo, 2017); por lo que se hace ineludible una intervención que consideren las necesidades de los pacientes para la continuación de su desarrollo físico, psíquico y social. En este sentido la pedagogía surge como una oportunidad para subsanar la formación educativa de las niñas y los niños durante su estancia en el hospital, cabe mencionar que esta tiene como propósito la atención socioeducativa de individuos que se encuentran en situación de enfermedad crónica, sin importar su condición social, cultural o económica, por lo que las clases en el hospital pueden generar una reducción de la ansiedad frente a lo desconocido, además de que ayuda a que se olvide de su enfermedad y genere nuevas relaciones. En este sentido la bioética permite formar las habilidades para tomar decisiones ante situaciones dilemáticas.

Palabras Clave:

Pedagogía hospitalaria, Educación, Bioética, Educación Inclusiva

DEVELOPMENT

The 21st century is characterized by transformations in different fields such as economic, cultural, educational and social, which impact on the well-being and quality of life of individuals in a multifactorial way, generating a gap in human development, derived from the diversity of society, reflecting inequality, inequity and injustice, which currently require

important challenges for the educational field.(Coll, Marchesi, & Tedesco, 2009)

Certainly, education demands improvements in quality coverage, incorporation of technology, contextualized curriculum for example, that favor the appropriation of knowledge and skills that allow students comprehensive training, according to educational needs for personal and social development in spaces of inclusion, solidarity and

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respect. In this sense, Article 3 of the Political Constitution of the Estados Unidos Mexicanos (DOF, 2017) prescribe that education:

It will contribute to the best human coexistence, in order to strengthen the appreciation and respect for cultural diversity, the dignity of the person, the integrity of the family, the conviction of the general interest of society, the ideals of fraternity and equal rights of all, avoiding the privileges of races, religion, groups, sexes or individuals. (p. 5)

On the basis of the reviewed above, one of the purposes of Education in every international and national context of society is considered to be the right that every human being has to receive education. In 1990, it was helped by the integration of five major agencies from the so-called World Confederation of Education for All, where the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme (UNDP), the United Nations Fund for Population Activities (UNFPA), the United Nations Children's Fund (UNICEF) and the World Bank (WB) participated; which through educational initiatives propose conditions for improving education to member countries and recognize it as the fundamental right of the individuals.

In this sense, children and young people who are hospitalized for some illness should be considered, and for this condition they cannot enter regular school, as they also have the right to continue their educational training; it is then that hospital pedagogy is visualized as a pedagogical alternative of inclusion, equity and as the guarantee of the right to education of children who receive prolonged treatment and are in a hospital, with the conviction that seeking well-being, quality of life and the insertion of the patient-student to the regular school when they finish their treatment (Violant, Molina, & Pastor, 2011), so they receive classes in the hospital classroom for as long as they remain in treatment, becoming a proposal for inclusion.

UNESCO (2017) envisions inclusion as "a process that helps overcome obstacles that limit the presence, participation and achievement of students" (p.7). on the same line of thought, it is recognized that the hospital pedagogy is included as part of Inclusive Education, from which strategies are generated specifically, personalized and according to the particular needs of the student patient; whom being hospitalized for a sick situation, has a state of health, physical and emotional care which is unique.

Hospital pedagogy is relatively young, emerging in the late twentieth and early 21st century under the paradigm of Educational Inclusion, however, there are specialists in the subject that relate the origin of it with Special Education, and others that require that historical backgrounds be placed in antiquity based on a religious paradigm and in the medical field as a part of patient care, and recognize Itard, Decroly

and Montessori as initiators of medical-pedagogical collaboration in hospitals, nursing homes and psychiatric clinics.

It should be noted that, around education, a legal framework is developed in each of the countries where the Hospital Pedagogy is established, with the support of the European Charter of the Rights of the Hospitalized Child of 1986, and from that date each country takes it back to create laws, recognizing the right to education with children and young people in sick conditions, as well as the implementation of resources and technology, with the aim of reaching the affective and social development of the sick people; so it is necessary to plan activities that help the patient's recovery, and offer support to both the person and the family (Calvo, 2017).

The experience in Latin America has become relevant from 2006; year in which the Latin American and Caribbean Network arises for the right to education of hospitalized and/or treated children and/or young people (REDLACEH), the member countries are: Argentina, Brazil, Chile, Costa Rica, Ecuador, Mexico, Peru and Venezuela (REDLACEH, 2006). The Network proposes to promote the right of hospitalized children and young people to promote and strengthen the care and benefit of actions conducing to the well-being of the hospitalized child and to promote research, dissemination and publication of results.

In Mexico, the right to education has been one of the concerns of those who have been close with the child population in sick conditions; among the background of SIGAPREN, Let's continue to learn... there are the cases of the School Service of the National Institute of Pediatrics (2016) as well as the National Institute of Cardiology "Ignacio Chávez" and the Children's Hospital of Mexico "Federico Gómez" who record educational activities since 1940 and 1960; among other hospitals.

The Hospital Pedagogy has been developed in each of the States depending on the degree of involvement of the state authorities placing not only one "Hospital Classroom" per State, there are currently 185 classrooms in 107 hospitals distributed in the 32 states of the Republic so there is a coverage of 100% of the children in hospitalized conditions and at least one teacher performing work, but we know that in some cases such as the State of Hidalgo more than one teacher is located in the hospital classrooms of SIGAPREN.

Specifically, in the State of Hidalgo, SIGAPREN's "We Continue learning" program has a career in educational care for the hospitalized child of more than 10 years starting work in January of 2007. It is an educational program where teachers of Basic Education work in order to provide educational care to the children who are hospitalized identifying specifically the so-called hospital pedagogy as the way to organize this educational service. It is carried out in classrooms equipped for the monitoring of the teaching-learning process at the preschool, primary and secondary

levels in the hospitals of the State of Hidalgo, Hospital del Niño DIF-Hgo, the General Hospital of Pachuca and the Regional Hospital of Ixmiquilpan are governed by the guidelines established at the national level of SIGAPREN; however, at the State level you have the characteristic of certifying the basic education of the patient-student.

The experience despite the fact into hospitals by each of the authors of this form of educational care has been enriching as the hospitalized children have been integrated into daily life and regular school, as well as improving the quality of life and equity of the hospitalized children, which contrasts with the objective of this program by ensuring the quality of the , inclusion and equity in educational service, as a timely response to basic education students in health sector institutions, to maintain, continue and achieve the academic achievement established in the curricular standards, and thus, raise the level of terminal efficiency (Federal Education Authority in Mexico City, 2017).

Reference has also been made to the student patient, as there are cases of children and young people who have been able to continue basic education studies and thus avoid laggard and drop-off school, so the certification of schooling is done according to the educational level of the student in collaboration with the school of origin and SIGAPREN , and the pedagogical, recreational and playful attention by the team of teachers and multidisciplinary teams that make up it has managed to demonstrate the success of this educational program.

Based on the above, they take up bioethics, as support for hospital pedagogy, because it guarantees the survival of humanity in harmony with its optimal environment, which, of course, includes the entire biological world (Pérez et al., 2008). It is therefore responsible for providing and examining the most appropriate principles of conduct for human beings in relation to human, animal and plant life. The relationship can be linked from the fundamental principles of bioethics: 1) autonomy, which try to explain the learning capacities and rhythms of each patient-student; 2) the charity that evokes the satisfaction and benefits ranging from the educational and the psychosocial, the same that pay for the integral student development; 3) non-maleficence consisting of avoiding damage and unnecessary harm of patient integrity, and 4) justice that allows to consider the diversity and adaptation of the needs of children and young people (Martin, 2019).

Consequently, hospital pedagogy and bioethics should implement methods where dilemmas are considered, to give birth of which students are able to give a successful answer or assess the edges to the problem situation (Semper, Sánchez, Brito, Cañete, & Alvarez, 2018). That is why the role of the teacher in the hospital field lies in the understanding that he must have of each of his students, since the work in a regular classroom, is far from one in the hospital, because it requires knowledge not only pedagogical, but also psychological, emotional (Guillén and Mejía, 2002), that allow him to face

the educational diversity of each of his students , ranging from the location of children at different educational levels, as well as the inclusion of absolute respect for the students who must, in turn, assimilate to fullness, this respect for the other as part of themselves, the rest of the animals, all the forms of life and the planet we share.

The hospital classrooms of SIGAPREN, are attended by teachers of Basic Education in service and in some cases retired teachers, being supported by psychologists and social workers; It is also counted, in some cases with the support of students from different educational institutions who perform internships and social service of the bachelor's degrees in Education Sciences, psychopedagogy, psychology and bachelor's degrees of UPN as are educational intervention and pedagogy, of course it is supported by a large number of volunteers who collaborate in SIGAPREN; however, the vocational training of these students does not have a training line in relation to hospital pedagogy to this day in our country. SIGAPREN is located in the Secretary of Health according to the organization chart of this secretary in the National Center for the Health of Children and Adolescence in charge of the Coordinating Committee of the National Volunteering of the Institutes and Hospitals sectoral of the Secretary of Health so that it is appointed a responsible at the national and state level of SIGAPREN and who has among its functions to coordinate the operation of the program , among other obligations.

Inside the hospitals, SIGAPREN is operated through the provision of a space to locate the "Hospital Classroom" in which outpatient and external classroom activities are carried out; this is that in the hospital classroom the student-patient who can travel to it is attended educationally, the outpatient classroom where the hospital teacher travels to the place where the student-patient and the external classroom are hospitalized, where home visits and schools of origin are attended; Hidalgo State.

One of the experiences in Hospital Pedagogy and the way of bonding and support is the one published on the Internet, it disseminates what has been called: "The Hospital Pedagogy in the Federal District of Mexico", administered by the Federal Authority of Educational Services, currently called the Federal Educational Authority in Mexico City (AEFCM), this educational initiative has had the support since it was instituted in 2005 as the "Hospital Pedagogy Program" of The authorities of Mexico City; in such a way that an entire administrative, academic and multidisciplinary structure has been developed to support the consolidation of hospital pedagogy in our country showing the way of involvement of the different bodies of authority in the field of Education and Health so the way in which it is implemented corresponds to the autonomy of each of the federative entities.

According to the Ministry of Health (2018), patients of Pediatrics and/or Nephrology, Chemotherapy and Hematology are located in each hospital or institute where the Program operates, wherein classrooms for adults are located in the

External Consultation section, allowing easy access to external patients, as well as their families and hospital staff who are interested in being part of Sigamos, are considered three types of classrooms: a) hospital space consisting of a physical space for inpatient girls, boys, young people and adults who can travel to attend them, and in which they can perform academic and recreational activities; b) outpatient or bed care consisting of the equipment needed to bring educational care to children, young people and adults who are unable to move or are isolated and, c) external: physical space in which educational care is provided to the relatives of the children and/or patients of the hospital.

In hospital classrooms, there are different forms of work such as multigrade, curriculum adaptation by multigrade instances, recreational-therapeutic activity, multidisciplinary work among professionals, who seek to provide the student with tools to function within the areas of learning less routinely, where each of these working modalities are thought of in the individuality of each student (Fernández, Orrego, & Zamora, 2018).

Based on the above it is necessary that the teacher has certain profiles, since they face very different contexts of the regular classroom, because the student patients go through difficult times because of the disease, ranging from insecurities, frustrations, treatments, pains, medication, and everything that the diagnosis implies. In these classrooms, children whose diseases require hospitalization, treatment or rehabilitation of an outpatient nature are enrolled in clinic or hospital, so the diagnoses of the students are diverse. and in other extreme cases they are faced with the death of any of them. (Bustos & Cornejo, 2014)

To define the profile of the hospital teacher of SIGAPREN, it is necessary to take into account the objectives that hospital pedagogy seeks, which range from providing emotional support to the child and alleviating their affective deficits, as well as trying to reduce especially the school and cultural deficits that, during internment, usually occur in the hospitalized child, decrease their anxiety and other negative effects triggered as a result of hospitalization and improve the quality of life of the child within the child of the disease situation itself (Lizasoain, 2016).

Based on the above, it is relevant that the teacher knows the characteristics of the patient-student in sick and hospitalized conditions since they determine specific conditions in the teaching process, therefore the mediating educational training of the hospital teacher must meet the social demands required of education according to globalization, changes in the way in which they communicate, changes in production, the economy, among other aspects and which demand to transform education and therefore, modify the training and updating of teachers.

Therefore the hospital teacher must have the necessary elements to deal with complex and diverse situations that he has in the hospital context, in principle it is necessary that the

training of said teacher should have a foundation of bioethics, which allow him to appropriate knowledge of freedom with a sense of responsibility, in addition to living in values and virtues among all the agents of the learning teaching process, recovering and promoting openness to overcome individualism and indifference to others (Cubas, León, & Ñique, 2018).

Teachers as educational professionals have certain characteristics linked to the development and evolution of their educational work, ranging from the personal to the professional, so in the context of a hospital classroom, the teacher must have characteristics such as the ability to manage a wide variety of children of different educational levels, ages and personality, extensive experience acquired in classrooms, camps or places of recreation, perception and sensitivity to understand the educational and emotional needs of the child, willingness to work in irregular conditions, tolerance for interruptions in school routine and extremes in the behavior that often occur and ability to manage against disease and death (Fernández, 2000), in addition to being empathetic, flexible, motivating and that at the professional level has the curricular knowledge necessary to attend the educational levels presented to them.

In effect it should be clear that bioethics should be considered as a way of thinking and acting, having the human person as a fundamental value, in this sense to keep in mind the characteristics demanded by the student in addition to having the development of an Emotional Education to deal with the various processes and complex that are presented to him in the day to day.

CONCLUSIONS

The elaboration of this article allowed to characterize the hospital pedagogy and the challenges it faces, in this sense, requires a renewal of this that bets on a specific way of teaching and learning, recognizing the human quality of the actors who are in the educational process, in view of the improvement and educational innovation demanded by the 21st century.

In Mexico, the SIGAPREN program is implemented, which has had academic achievements in relation to the educational care of the patient-student, but gaps are visualized in relation to the training, updating and training on Bioethics and Emotional Education, elements that should be present in hospital teachers, it should be mentioned that despite the above the teaching group has implemented some teaching strategies in order to care for the patient-student and cover the school programs taking into account the special conditions where the work is being carried out, example of these are: curricular adaptations, multi-degree methodology-based planning, consultancies, tutorials, the use of ICT, the formation of libraries in the spaces assigned for teaching classes and the bibliographic collection itself that counts,

introduction to the plastic arts, small plays and dramatizations and some games that students can carry out among others.

On the other hand, it is important to recognize that the learning of Bioethics must be global (Aguilar-Orozco, 2013), which implies that it must reach everyone, therefore must be considered within the curriculum of professionals who are in the formation of individuals, in order to promote respect for others considering human quality as the main element..

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