



Pedagogical Strategies for Developing the Professional Ethics of Medical Personnel in the Context of Breaking Bad News

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Abstract: The research objectives refer to highlighting the epistemological dimension of the pedagogical strategy; identifying the particularities of communicating difficult news as a space for manifesting the ethical and emotional competencies of medical staff; determining strategies that facilitate the formation of professional ethics among medical staff for communicating difficult news; establishing methods for curricular integration and assessment of ethical and communication skills among future health professionals. **Previous studies** present authors' opinions on the role of effective communication in the doctor–patient relationship (Buckman, 1992; Fallowfield, 2009; Ojovanu, 2016); the need to integrate ethics into the medical curriculum (World Medical Association, 2017); the importance of developing emotional and ethical skills for delivering difficult news (Baile et al., 2000; Ptacek & Eberhardt, 1996); the pedagogical dimension of ethics training, based on reflective experiences and clinical simulations (Nestel & Tierney, 2007). **The approach** to determining pedagogical strategies for training medical professionals in professional ethics in the context of communicating bad news involved scientific synthesis and deduction regarding the correlation between the theoretical foundations of professional ethics and practical exercises in communicating difficult news; curriculum analysis and criteria-based assessment of the skills developed in health students. **The research results** reflect the identification of a set of pedagogical strategies (Cristea, 2009) applicable in medical ethics training with reference to the communication of difficult news; the importance of experiential learning and clinical simulations for the development of ethical (Gramma, 2025) and communication skills; recommendations for the integration of ethics into the medical curriculum in a cross-cutting and applied manner. **The implications** refer to the contribution to improving medical

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training programs by including modules focused on communicating difficult news; strengthening the doctor-patient relationship by increasing the level of empathy and respect; opening up avenues of research on the assessment of ethical skills in medical practice. **The value of the research** lies in its integrated approach to professional ethics as an ethical, emotional, and pedagogical dimension of medical training and in demonstrating the impact of applying pedagogical strategies on students' progress throughout their studies. A comparative analysis of the results reveals a significant increase in the results of fourth-year students after the application of teaching strategies integrated into the pedagogical strategy for capitalizing on content specific to communicating bad news. This evolution confirms that the strategies applied—problem-based learning, simulations, role-playing, OSCE assessments, and guided reflection—contribute decisively to the development of the professional, ethical, and empathetic conduct necessary for communicating difficult news.

Keywords: medical ethics; communicating difficult news; pedagogical strategies; empathy; medical curriculum

1. Introduction

In medical practice, communicating bad news is an important aspect that requires clinical knowledge, ethical and professional skills, and emotional intelligence. In this context, training medical staff involves developing specific communication, empathy, and professional responsibility skills. Medical ethics thus becomes a central element of medical education, and the pedagogical strategies used in the training process will ensure the integration of fundamental values (confidentiality, respect, transparency) into professional conduct.

In the context of communicating bad news, the importance of ethics is amplified, as communication becomes an integral part of the therapeutic process. Conveying a serious diagnosis, a guarded prognosis, or irreversible news involves providing medical information and managing the emotional reactions of the patient and family, maintaining hope, and supporting informed decisions. Studies by Buckman (2005, p. 12) and Baile et al. (2000, p. 304) show that a lack of specific training in this area can cause additional suffering, damage the doctor-patient relationship, and even lead to refusal of treatment.

The pedagogical strategies for training medical staff in professional ethics in the context of communicating bad news are analyzed, reflecting the position of the author Cristea (Cristea, 1998, p. 512), who approaches the pedagogical strategy at the level of a fundamental pedagogical concept, highlighting the operational dimensions involved at the epistemological and methodological levels.

2. The Epistemological Dimension of Pedagogical Strategy

Basing the educational process on scientifically grounded principles of knowledge gives pedagogical strategies an epistemological character. The epistemological dimension of pedagogical strategy refers to the coherence and precision of the teaching approach, as it establishes the mechanisms by which content is selected, structured, and transmitted in accordance with the internal logic of the discipline and the goals of education. In the case of medical education, this dimension ensures a balance between *updating scientific knowledge, respecting ethical values, and developing skills*, giving stability and relevance to the entire training process.

According to the definition presented by Cristea in the Dictionary of Pedagogical Terms (Cristea, 1998, p. 512), pedagogical strategy is “a manner of approaching education necessary for achieving a specific goal,” putting into practice general principles and teaching methods adapted to the context. In the medical field, this “specific goal” integrates clinical competence with the ability to act morally and empathetically in interactions with patients and their families (Boldea, 2019, p. 45; Chirila, 2016, p. 87).

The development of professional ethics among healthcare professionals is a complex process of internalizing the values of the profession, in which technical skills, professional ethics, and communication skills are integrated in a coherent manner.

The epistemological dimension of the pedagogical strategy reflects the functional and structural mechanisms involved in the design of medical education, operationalized at the level of principles that give stability and coherence to the training process. In medical education, these principles must simultaneously integrate the following aspects into the university and continuing education curricula:

- developing clinical competence by updating the curriculum;
- developing ethical thinking to ensure responsible decision-making;
- cultivating empathy and communication skills in sensitive situations.

Knowles, Holton and Swanson (2015, p. 31) emphasize, from an adult education perspective, that effective professional training occurs when learners perceive the immediate relevance of knowledge to their practice and are open to developing skills to transfer this knowledge into practice. This is also confirmed by the experiential learning model proposed by Kolb (2015, p. 38), where the learning cycle,

represented by concrete experience, reflection, conceptualization, and active experimentation, is important in the process of developing complex skills, such as communicative-ethical ones.

During training, this type of competence is developed by harmonizing theoretical presentations and teaching strategies, such as clinical simulations, role-playing, case analysis, and guided reflection, which allow for the practice of empathic communication skills in a controlled setting (Silverman, Kurtz & Draper, 2013, p. 54; Kolb, 2015, p. 39). Thus, the training process must be built on the principle of curricular coherence and harmonization (“constructive alignment” Biggs & Tang, 2011, p. 97), in which training objectives, teaching methods, and performance assessment are correlated to stimulate deep learning that is applicable in real-life situations.

3. Theoretical Aspects

Communicating bad news is an area where the professional, ethical, and emotional skills of healthcare professionals intersect. The particularity of this type of interaction stems from its dual nature: on the one hand, it is an act of conveying medical information, based on accuracy and professional responsibility (World Health Organization, 2011); on the other hand, it is a profound human experience, in which the emotional dimension of the patient and their family becomes central (Baile et al., 2000).

The process cannot be reduced to simply providing clinical data; it involves sensitivity, empathy, and an understanding of the values and dignity of the person who is suffering (Back, Arnold, & Tulsky, 2009). From this perspective, communicating bad news becomes a privileged space for demonstrating ethical skills, showing respect for truth, transparency, confidentiality, and emotional skills through the ability to regulate one's own emotions, empathy, and the ability to offer support (Ptacek & Eberhardt, 1996). Integrating these skills into medical training strengthens the doctor–patient relationship, on the one hand, increasing trust in the medical institution, emphasizing the importance of professional ethics as the foundation of responsible medical practice (Fallowfield & Jenkins, 2004).

Previous studies present authors' opinions on the role of effective communication in the doctor–patient relationship (Ojovanu, 2016; Buckman, 1992; Fallowfield, 2009), the integration of bioethics and deontology into the medical curriculum (Beauchamp & Childress, 2019), and the need to develop emotional and ethical skills for

delivering bad news (Baile et al., 2000). Buckman (2005) and Baile et al. (2000) developed the SPIKES model, an internationally recognized protocol for structuring communication in critical situations, with clear steps: establishing the framework, assessing the patient's perception, conveying information, managing emotional reactions, and planning the next steps. Silverman, Kurtz, and Draper (2013) highlight the importance of experiential learning through simulations and immediate feedback as a means of developing empathy and ethical behavior. Other studies (Fallowfield & Jenkins, 2004; van den Eertwegh et al., 2013) show that guided critical reflection contributes to the internalization of ethical values.

The table below summarizes the main professional, ethical, and emotional skills required of healthcare professionals when communicating bad news, highlighting the role of professional ethics.

Table 1. Professional, Ethical, and Emotional Competencies of Healthcare Professionals in Communicating Bad News

<i>Professional skills</i>	<i>Ethical skills</i>	<i>Emotional skills</i>
Accurately transmitting medical information	Respect for the principles of truth and transparency	Managing own emotions during communication
Applying communication protocols	Confidentiality and respect for patient dignity	Empathy and sensitivity towards the patient and family
Adapting language to the patient's level of understanding	Responsibility in communicating bad news	Ability to provide emotional and psychological support
Integrating patient feedback into the medical decision-making process	Decision-making in accordance with ethical principles	Active listening and openness to dialogue

These three categories of competencies work in tandem. Professional competencies provide rigor, ethical competencies provide normative benchmarks, and emotional competencies reflect the empathetic and relational side of medical practice. Together, they ensure the content of professional ethics, which becomes the guarantor of responsible, respectful communication oriented toward the well-being of the patient and the moral integrity of the medical staff.

4. Methodology

The methodological approach to training specific skills for communicating bad news integrates *pedagogical strategies for developing the professional ethics of medical staff* into the university study process through the *infusion dimension of valorization contents*. The experimental study was realized with students from the General Nursing bachelor's degree program, with the content of communicating bad news being integrated between 2020 and 2024 into some courses in the curriculum that are similar in terms of subject matter.

Table 2. The Infusion Approach to Integrating Content Specific to Communicating Bad News into the Subjects of the Curriculum for the General Nursing Study Program

<i>Course code</i>	<i>Course name</i>	<i>Theme integrated into the context of bad news</i>
First year		
S.01.O.006	Introduction to nursing and career guidance	The role of professional ethics in communicating difficult news to patients and their families
U.01.O.007	Communication and behavior in medicine	Active listening strategies and nonverbal language in communicating sensitive diagnoses
U.02.O.015	Medical psychology and sociology	The impact of psychological and sociological factors on the reception of bad news
	Practical internship*/ Patient care and communication	Simulation of clinical situations involving the delivery of bad news
Optional subjects		
U.02.A.016.1	<i>History of nursing</i>	The evolution of medical communication practices in delivering bad news throughout the history of nursing
U.02.A.016.2	<i>Psychology of communication</i>	Managing the emotions of patients and medical staff when communicating critical situations
U.02.A.016.3	<i>Human rights in healthcare</i>	The patient's right to complete and truthful information in the context of bad news
Second Year		
S.03.O.025	Clinical application of fundamental nursing	Fundamental techniques for communicating with critically ill patients in the basic care phase
U.04.O.032	Medical ethics and pedagogy	Ethical principles in communicating bad news: truth, respect, responsibility
S.04.O.034	Clinical nursing	The role of the care team in

		communicating and clarifying painful information
	Specialized practical internship* / Practical skills in the hospital	Practical exercises simulating the communication of bad news at the patient's bedside
Optional subjects		
S.04.A.036.2	Nursing in educational institutions	Fundamental techniques for communicating with critically ill patients in the basic care phase
Third year		
S.05.O.038	Qualified care in internal medicine	The role of the care team in conveying and clarifying painful information
S.05.O.042	Care for the elderly and geriatrics	Practical exercises simulating the communication of bad news at the patient's bedside
S.06.O.048	Community nursing. Home care	Health education and communicating difficult news to students and their families
S.06.O.050	Care in family medicine	The role of the family doctor in preparing and delivering bad news
S.06.O.051	Medical office management	Organizing communication and team responsibility in communicating difficult information
	Practical training in practical skills in outpatient care	Communicating bad news in outpatient consultations: balancing conciseness, empathy, and professional responsibility
Optional subjects		
S.06.A.053.3	<i>Leadership in healthcare</i>	Empathetic leadership and managing critical communication situations at the institutional level
Fourth year		
S.07.O.057	Palliative care and pain management	Communicating difficult news in the care of cancer and terminal patients
S.07.O.060	Social medicine	The impact of social factors on how bad news is received
S.07.O.062	Legal medicine and medical law	Legal aspects and physician responsibility in communicating news about deaths or accidents
Optional subjects		
S.0.A.063.2	<i>Prevention of trauma and violence</i>	Reporting traumatic situations and incidents of violence to family and authorities
	Clinical practice - skilled care	

In the process of developing professional ethics for communicating difficult news, the value of integrated content through the infusion dimension was achieved by applying the three “main actions carried out within the teaching process at the level of teaching, learning, and evaluation (Sadovei TMI, 2009, p. 11), where each action has a specific role:

- **Teaching** – the transfer of ethical, emotional, and professional knowledge, through which students or medical residents learn the principles of professional ethics.
- **Learning** – an active process of internalization, reflection, and application of values (responsibility, empathy, confidentiality, respect for the patient).
- **Evaluation** – verification of professional, ethical, and emotional skills through authentic methods that emphasize real-life communication situations.

Pedagogical strategies are those that build bridges between theoretical knowledge and practical experience, promoting the development of a reflective and empathetic attitude, which is indispensable for the doctor-patient relationship when communicating difficult news. The operationalization of pedagogical strategies at the level of educational disciplines was achieved at the level of teaching strategies, applied specifically to teaching, learning, and assessment activities.

Table 3. Teaching-Learning-Assessment Strategies in the Training of Professional Ethics for Healthcare Professionals in the Context of Communicating Bad News

Teaching	Learning	Evaluation
Interactive exhibition with case studies	Individual reflection and learning journal	Evaluation by OSCE (simulated patients - Objective Structured Clinical Examination)
Problem-based learning (PBL)	Collaborative learning	Reflexive portfolio
Simulations and role-playing games	Experiential learning in clinical placements	360° feedback (colleagues, teachers, patients)
Thematic conferences with experts	Guidance from experienced professionals	Headings with ethical and emotional descriptors

The evaluation of professional, ethical, and emotional competencies took place gradually, at the end of each year of study, during the practical internship, with the aim of analyzing the level of professional, ethical, and emotional competencies of medical staff in the process of communicating difficult news, with each item being rated on a scale from 1 (very poor) to 5 (very good).

Table 4. Criteria for Evaluating the Professional Ethics Skills of Medical Students in the Context of Communicating Bad News

Competence / Evaluation item	Assessment criteria Score (1-5)
Professional skills	
Accurate transmission of medical information	Clarity and fairness of information provided to the patient..
Application protocols of communication	Compliance with guidelines and use of appropriate communication strategies.
Adapting language to the patient's level of understanding	Use of accessible language adapted to the context.
Integrating patient feedback into the medical decision-making process	Ability to take patient opinions and reactions into account when making decisions.
Ethical competencies	
Respect for the principles of truth and transparency	Transmission of information without intentional omissions or distortions
Confidentiality and respect for patient dignity	Protection of personal information and respect for the patient.
Responsibility in communicating bad news	Taking responsibility for the act of communication and its consequences.
Decision-making in accordance with ethical principles	Decisions comply with medical ethical and deontological norms
Emotional skills	
Managing your emotions during communication	Managing negative emotions and maintaining professionalism.
Empathy and sensitivity towards patients and their families	Ability to understand and respond adequately to the patient's emotions
Ability to provide emotional and psychological support	Providing support and counseling to patients and their families.
Active listening and openness to dialogue	Willingness to listen and answer patient questions.

In the experimental research on pedagogical strategies for training medical staff in professional ethics in the context of communicating difficult news, 22 students from the General Nursing Study Program, class of 2020-2021, were involved.

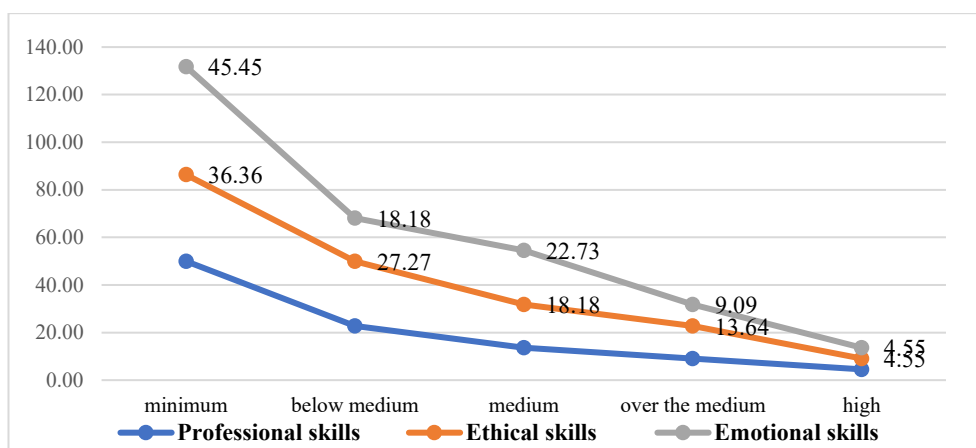


Figure 1. Levels of Professional Ethics Training among Medical Students in the Context of Communicating Difficult News (First Year)

The development of professional ethics within the General Nursing study program requires an integrated approach to professional, ethical, and emotional skills, each of which is essential in communicating difficult news. Analysis of the data obtained from the assessment of first-year students reveals a significant distribution of training levels, which provides a complex picture of the stage of development of these skills.

In terms of *professional skills*, the assessment criteria focus on clarity and accuracy in conveying information, adherence to communication protocols, use of accessible language, and the ability to integrate patient feedback into the decision-making process. The results show that almost half of the students are at the minimum level (45.45%), and a significant percentage are below medium (20.45%), which shows they're having a hard time getting the hang of basic medical communication techniques. Only a small percentage, 9.09%, exceed the medium level, and 4.55% reach the high level, confirming that, in the initial stage of university training, the development of professional skills needs to be reinforced through applied methods, such as clinical case studies and OSCE simulations.

In terms of *ethical skills*, the appreciation refers to respecting the principle of truth and transparency, protecting confidentiality, and taking responsibility when delivering bad news. The results show that 36.36% of students are at the minimum level and 27.27% are below medium level, which indicates insufficient internalization of fundamental ethical values. The percentage of those at the medium level (18.18%) and above medium (13.64%) suggests the existence of a basis for understanding, but still modest, while only 4.55% reach a high level. These data highlight the need to introduce formative teaching activities—ethical debates,

written reflections, and interdisciplinary discussions—to stimulate moral responsibility and professional decision-making.

Emotional skills are the most deficient area. The evaluation items refer to managing one's own emotions, empathy and sensitivity towards patients and their families, the ability to provide emotional and psychological support, as well as active listening and openness to dialogue. The results show that 45.45% of students are at the minimum level, and 18.18% are below medium, which indicates significant difficulties in controlling emotions and showing empathy. Only 22.73% reached the medium level, and very low percentages—9.09% at the above- medium level and 4.55% at the high level—confirm that this dimension requires sustained pedagogical intervention. Psycho-pedagogical counseling exercises and simulated patient communication become essential tools in developing the emotional intelligence of future nurses.

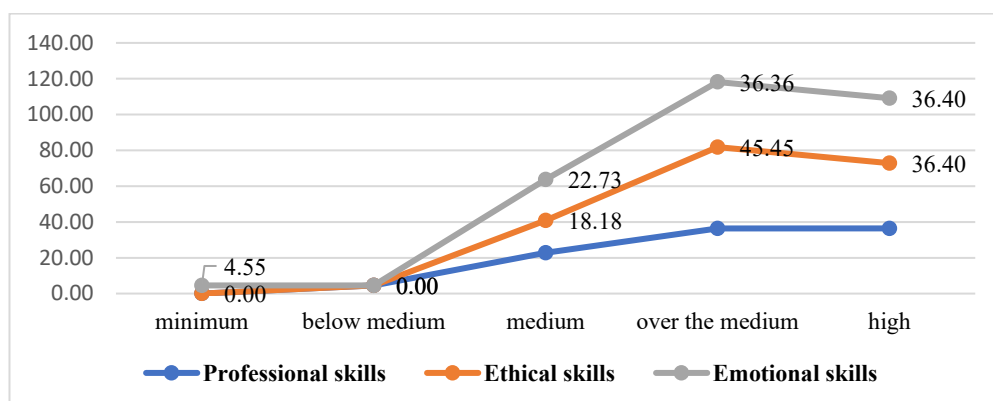


Figure 2. Levels of Professional Ethics Training among Medical Students in the Context of Communicating Difficult News (Fourth Year)

The analysis of the evolution of professional, ethical, and emotional skills in students enrolled in the General Nursing study program highlights a significant transformation between the first and fourth years, a transformation determined by the consistent application of teaching–learning–assessment strategies.

In the first year, the distribution of results showed major deficiencies in all three areas. In terms of professional skills, almost half of the students (45.45%) were at the minimum level, reflecting a lack of clarity in conveying medical information and difficulties in adapting their language to the patient. The situation was similar for ethical skills, where 36.36% were at the minimum level, confirming insufficient internalization of ethical principles. However, the greatest gaps were recorded in the

emotional dimension: 45.45% of students were assessed at the minimum level, which indicates serious difficulties in managing emotions and showing empathy.

After four years of training, in the fourth year, the picture changes radically. The minimum levels disappear almost completely, and the largest proportion of students are found at above- medium and high levels. Thus, in terms of professional skills, 36.40% of students achieve a high level, and another 36% are above average, confirming the effectiveness of strategies based on problem-based learning, simulations, and OSCE assessments. Ethical skills show an equally significant increase: almost half of the students (45.45%) are above medium level, and 36.40% are at a high level, which shows the positive impact of individual reflection, ethical debates, and multidimensional feedback. The emotional dimension, which was most deficient in the first year, becomes evenly distributed between above medium (36.36%) and high (36.40%) levels in the fourth year, confirming that role-playing exercises, counseling, and active listening contributed to the development of empathy and sensitivity towards patients and their families.

Therefore, the comparison between year I and year IV shows that the teaching–learning–assessment strategies implemented have led to a steady and sustained increase in the level of training. While students initially showed significant gaps, particularly at the ethical and emotional levels, at the end of the bachelor's degree cycle, the majority showed a tendency toward high levels of competence. This development confirms that professional ethics are not formed exclusively through the transmission of theoretical knowledge, but through a complex process of experiential learning, ethical reflection, and emotional practice, integrated into the curriculum and validated through authentic evaluation.

Conclusions and Research Directions

The research results confirm that the professional ethics training of staff requires the application of pedagogical strategies focused on experience, reflection, and authentic evaluation. A comparative analysis between the first and fourth years of the General Nursing program revealed a significant transformation in students: while in the first year, minimum levels dominated in all three competencies (45.45% in professional, 36.36% in ethical, and 45.45% in emotional), in the fourth year, above- medium and high levels predominate, with 36.40% of students reaching a high level for all three dimensions.

The evolution of the results from the comparative analysis between the first and fourth years of the General Medical Assistance program highlighted a significant transformation in students, confirming the effectiveness of teaching strategies in the pedagogical strategy regarding the formation of professional, ethical, and empathetic behavior necessary for communicating bad news.

Based on these results, the research opens up several avenues for further study. First, longitudinal studies are needed to track the maintenance and applicability of ethical competencies after graduates enter medical practice. Secondly, a relevant direction consists in investigating social differences in order to identify how national and institutional specificities influence the formation and internalization of professional ethics.

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