Review

# Professional Responsibility of Psychologists in the Field of Mental Health in Spain

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## Abstract

In Spain and many other countries, psychotherapy training is heterogeneous and not very evidence-based. This contribution addresses related ethical, normative and legal issues with the aim of clarification, as well as certain relevant aspects of psychological work in the field of mental and behavioural health in Spain. It will analyse professional responsibility and possible intrusiveness in the clinical-psychological field. The authors have scrutinised national legislation along with PubMed/Medline content, as well as a wide variety of scientific papers collected using the search engines Google Scholar and Scientific Electronic Library Online. For clinical psychologists and psychiatric doctors, when appropriate, it is their professional responsibility to choose among the various and sometimes conflicting interventions proposed as the most appropriate or priority psychotherapies. Psychotherapy, as a treatment, although not regulated, should only be undertaken by health personnel who are suitably qualified in mental health with the guarantee of the State, at least in Spain. This would probably help to mitigate the perennial crisis of replication in psychology, particularly as applied to mental health. Likewise, it is a relevant and popular issue, antagonistic to intrusiveness, that any common intervention of interpersonal psychic help should be considered therapeutic, or preferably be undertaken by personnel with a degree in psychology. There is no mandatory psychotherapeutic standard for clinical psychologists and psychiatrists, nor is there an official common international system of accreditation in clinical psychology outside Spain. In the field of mental health, any intervening psychologist, like any medical doctor, is ethically and legally responsible for their actions, omissions and consequences.

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## Keywords

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## Introduction

Specialised training in health sciences is regulated and official in Spain. The training programme for the 'clinical psychology' specialisation was approved and published by Order SAS/1620/2009 of 2 June 2009 [1]. 'General health psychology', which has been proposed in different countries as a form of psychological support in primary health care [2], like clinical psychology, is a regulated profession in Spain, belonging to the field of knowledge of behavioural sciences and psychology. General health psychologists are generalists (not officially specialised) for the whole broad spectrum of people's health, but not specifically for psychopathology, and lack the official state status of being qualified clinical specialists.

The profile of users assisted by psychiatrists and psychologists, including clinical psychologists, is often different [3]. Often, when clients or patients (the latter term often used in common parlance) seek care from specialist mental health practitioners, they prefer an intervention that is purely psychological. This happens quite often when they consider in a desiderative way their mental and behavioural problem or dysfunction to be less serious, even though they suffer from a real disorder that could be medically treated in

an optimal way. For exclusively psychotherapeutic activities it has been repeatedly proposed that the therapeutic relationship would be the primary agent responsible for positive psychological or mental changes in the patient. The international most consistent favourable finding about evidence-based training for therapists across multiple psychotherapy programmes—which generally are very diverse for similar psychopathologies—has been the commitment to experiential learning based on patient centred personal interrelationships [4,5].

In general, within the psychotherapeutic relationship, the most technically qualified staff in mental health, who in Spain are psychiatrists and clinical psychologists qualified by the State, usually start their intervention from a traditional theoretical orientation, and then evolve towards a more or less self-admitted eclecticism [6]. In the USA and probably in all countries besides Spain, psychotherapy training is heterogeneous and not very evidence-based [7,8]. Recently, with the 2022 Marburg Declaration (Germany, European Union), it was proposed to foster a 'new era' of evidence-based psychological interventions [9,10], similar to the American Psychological Association proposal in 2021 [11], given that more than half of psychotherapies currently show mediocre linkage between basic research and intervention development [12,13]. Psychotherapeutic practice for such staff should already be linked to evolutionary biology and developmental neuroscience, as it is essential to be able to map the associations between brain and behaviour [14].

In Spain, the mental health field is a priority issue [15]. Strategic line No. 6 of the current national mental health strategy (in force until 2026) stresses the importance of expanding and developing psychotherapeutic activities in specific mental health care facilities, as well as psychological support in the rest of health resources. It emphasises the need to promote and encourage science evidence-based continuing professional training in mental health, while stressing the importance of state guarantees for specialists in clinical psychology and psychiatry [16,17]. There is also growing interest in providing specialised precision or personalised care [18], perhaps by identifying predictors of health responses [19], in the large and under-determined field of psychopathology.

This article aims to shed light on the scenario of psychological therapeutic practice in the field of mental health in Spain. In Spain, legislation in this respect is different from that of the USA and other European countries and, therefore, the terms used in Spain to refer to regulating the professional practice of psychology require some distinctive clarifications. Firstly, certain terminological aspects of psychological care practice, which are often imprecise or confusing for users and observers, will be presented in the form of a glossary. Following this, certain ethical, doctrinal or spiritual, normative and legal issues that affect the practice of the discipline of psychology in mental health environments will be synthetically addressed. This will lead on to considering the abundant therapeutic intrusiveness in existence to the main detriment of qualified clinical psychologists, usually occurring in multiple, varied and at times conflicting interventions postulated as genuine or assimilated psychotherapies.

A brief explanation of the meaning of certain terms, concepts and legal approach which are essential for contextualizing our findings is given in section 1 of 'Results'.

## Materials and Methods

This is a reasonably exhaustive, synthetic qualitative bibliographical review research, while remaining critical, comprehensive and structured, on the set of actions and their consequences in the professional activity undertaken mainly in Spain by psychologists in the field of mental health. The aim is to panoramically describe (which is a relatively new type of revision in health sciences), understand and analyse the reality of the discipline of psychology in the context of health care, intending not to be confrontational. In particular, the relevant national legislation was scrutinised, with no date range, while the pertinent empirical and theoretical studies in PubMed/Medline directory of biomedical and biological science journals were searched (prioritising the most recent and updated ones). A wide variety of scientific papers was also consulted, collected using the multidisciplinary search engines Google Scholar and Scientific Electronic Library Online (SciELO). Search terms and expressions used were, among others: 'behavioural sciences', 'clinical psychology', 'professional responsibility of the psychologist' and 'psychology and mental health'. As the number of results obtained was overwhelming, those considered by at least three of the authors as most relevant, least dated, least subjective and lacking in other identified biases were selected. The total number of references collected is n = 106, of which one third are legal, legislative and other normative documents.

## Results

*Certain Conceptual and Terminological Aspects*

A brief explanation of the meaning of certain terms, concepts and legal approach which are essential for contextualizing our results is given next.

► 'Health practitioner' in this contribution means any medical doctor, as well as psychologists with an official master's degree in general health psychology or specialised in clinical psychology; all of the above as recorded in the *Registro Nacional de Titulados Universitarios Oficiales en España* (National Register of Official University Graduates in Spain), and the *Registro de Universidades, Centros y Títulos* (RUCT, Spanish Register of Universities, Centres and Degrees) [20,21]. Those who only are graduates in psychology are excluded.

► 'Specialist Mental Health Practitioner', shall apply to health practitioners in Spain, which includes only, in addition to psychiatric doctors, clinical psychologists duly licensed by the State. General health psychologists are excluded.

► 'Intrusiveness' in the field of health in general shall mean the exercise of health professional activities by unauthorised persons, either because they are not health practitioners or, if they are, because they do not have the appropriate official specialisation, if any.

► 'Profession' shall mean the one regulated by the Spanish State in 2024 [20].

► 'Psychotherapy' shall refer to health care activity such as psychiatric, psychological or talking treatment for mental, behavioural or neurodevelopmental disorders of any patient, as only that which is actually disturbed or diseased can be treated in health care.

► 'Mental Health', in line with the World Health Organization's (WHO) Comprehensive Mental Health Action Plan 2013–2030 [22], means the appropriate self-regulation of patterns of thoughts, feelings and behaviours in the context of customary cultural norms and social expectations.

► 'Mental Disorder' shall designate the condition that is typified as such in the current 2024: International Classification of Diseases (ICD) -11 for Mortality and Morbidity Statistics.

In 1998, the official qualification of specialist psychologist in clinical psychology was created in Spain by Royal Decree (RD) 2490 dated 20 November 1998. In relation to this speciality, see, among other Orders, Resolutions and Royal Decrees, those cited here [23–34]. The specialisations specific to health were determined and classified in Spanish RD 183/2008, dated 8 February 2008 [26]. In 2016, a report was published by the European Commission (Brussels, Belgium, EU) assessing the situation of clinical psychology in the European context [35,36]. Meanwhile, the competences to be acquired in the 'Master's Degree in General Health Psychology' were established in Order ECD/1070/2013 dated 12 June 2013 [37].

According to Spanish jurisprudence, the main difference between general health psychology and the specialisation of clinical psychology lies in the areas of their professional practice [38,39]. There are further differences: general health psychology allows for psychological activities to promote and improve the general state of health in public and private primary health care, as well as in non-health care interventions. Officially qualified clinical psychology is also competent to assess, diagnose, treat and rehabilitate mental, emotional, relational and behavioural disorders, and can be practised in non-health, public, state and private health care settings.

In the Spanish public health sector, health professionals who are not duly qualified as such by the State cannot practice as specialists, although in practice some psychologists do practice as specialists in the National Health System without the required official qualification. Analogous to what happens in the practice of medicine [40,41], in the private field of clinical psychology it is common for there to be explicit or covert professional intrusiveness by other qualified practitioners (general health psychologists) and pseudo-practitioners or not fully qualified professionals (psychologists who are only graduates) [28], even though the academic degree in psychology corresponds to a discipline belonging to the branch of knowledge of health sciences.

All the above mentioned occurs because Spanish legislation does not determine the competences of the different professions in a closed and concrete manner. Psychology is not officially a regulated profession, but a career or academic degree whose qualification enables an activity or profession, as defined in the Royal Spanish Academy's (Real Academia Española) *Diccionario de la Lengua Española* (Dictionary of the Spanish Language). This inevitably fosters confusion, which is frequently deliberate, for users, family members, legal staff and others [17,42–44]. As a further example, interested parties refer to 'clinical and health psychology' as if, controversially, it were an equivalent, homologous or common dimension of competence, as stated in a 2016 judgement by the *Audiencia Nacional* (Spanish National Court) [39].

### *Ethics and 'Spirituality' in the Psychological Field*

Medical ethics demands that error be reduced and prevented. For its part, the American Psychological Association (APA) established five Principles and ten Standards in

its Code of Ethics applied to psychology [45]. Its 'Principle D: Justice' expressly states that psychologists should always practise within their area of training and be aware of their level of competence and limitations. Its 'Standard 2: Competence' states that psychologists must make clear what they are and are not qualified to do. Note that psychologists' training, education and experience differ across countries and cultures. In the USA, a degree in psychology alone does not qualify one to hold the qualification of 'psychologist', for which postgraduate studies are required. Likewise, in Spain, it is necessary to take a master's degree in general health psychology to be able to work in this field, or to undertake specialisation in clinical psychology to be able to work in the more specific field of mental health. This is an attempt to limit the professional and occupational practice of psychology in health care settings, given the immense frequency and popularity of lengthy psychology studies, reflecting new general cultural changes.

In many places, religious leaders are often the first recourse for those involved in major life conflicts [46–48]. Religion is indeed a central doctrinal basis for moral and ethical judgement, it strongly affects interpersonal and intergroup relations [49,50], and often plays a role in psychopathology, which is why it has been proposed to incorporate individual spirituality or religiosity into mental health [51]. Some may query: are psychotherapists the new priests? Clergy often encounter parishioners with mental health problems on a regular basis, which also begs the question: are priests frontline mental health workers? [52–54]. There are some obvious similarities between sacramental confession and the practice of psychological counselling [55]. Both counselling interventions are delivered by qualified personnel with the intention, for different reasons, of bringing about effective change and improving the client's well-being, which is analogous to what the WHO states when defining mental health [56]. Psychological interventions in Spain, in particular, are subject to Legislative RD 1175/1990 of 28 September 1990 [57].

Unprofessional conduct can be defined everywhere as inappropriate, disgraceful, dishonourable or undignified [58]. Professional ethics in the vast, complex and varied field of mental health includes appropriate application of the normative principles of both ethics and the corresponding technical field in the intervening health practitioner's occupational activity. Thus, responsibility can occur with respect to common ethical and moral principles, or religious principles, or with respect to laws [43,59]. For psychologists, virtue ethics, which privileges the moral character of individuals and states that virtue is achieved through practice, is an essential component of responsible ethical training and practice [60]. The focus on virtues, understood as excellent character traits, clarifies that clinical psychotherapeutic work is inherently moral.

There are numerous national and international professional guides for psychotherapeutic practice according to diverse sociocultural groups. Regarding this topic, see the Australian Guide 2018 [61]. For school populations in particular, see the National Association of School Psychologists (NASP) 2020 Professional Practice Standards in order to know the ethical and professional standards for social justice and equity-based psychological intervention [62,63].

*Psychology and Law*

As far as the law is concerned, psychologists' appropriate mental health specialisation is a frequent source of conflict. Determining the standard of propriety of professional conduct is quite complex, as it must first be established who defines that standard and how it is interpreted and applied by the judge in each case [64]. To this, discussion on the limits of the psychologist expert's activity in judicial matters and the danger that they may end up interfering in the judicial assessment itself should take place. In general, there is a strong dependence of the judge on the input of experts of any kind in court proceedings, hence the importance of experts' qualification and impartiality in the procedural system. In certain cases, the aggravating circumstance of 'false expert testimony', article 459 of the Spanish Criminal Code, could be incurred [65].

'Responsibility' comes from the Latin *respondere*, meaning 'to be obliged'. The legislation affecting the specialist mental health practitioner may be civil, criminal or other types of legislation such as employment discipline or administrative legislation. Workers' misconduct is regulated by their respective statute and collective agreements. Professional responsibility entails clearly establishing the cause-effect relationship between the failure to comply with the duty in the standardised exercise of the activity and the damage caused to health, which is a legally protected asset, generally entailing compensation for damages.

In the practical mental health domain, as in almost all other health care settings, omission of due diligence (*mala praxis*, *malapraxis*, *malpraxis* or malpractice) may occur due to lack of expertise, recklessness or negligence [66,67], circumstances that lead to non-compliance with the rules or guidelines for professional action determined by the *ad hoc lex artis*. It can also cause unavoidable iatrogenic harm inherent in the professional action or conduct or, conversely, harm that should have been avoided [68–71]. The concept

of 'medical error' is well defined in professional practice [41]. However, psychological damage has received little attention in spite of its importance and nothing similar exists for the extensive framework of professionalised or occupational intervention in psychology in general [72], nor specifically for the regulated specialisation in clinical psychology in Spain. For this speciality, understood by its widely permissive international sense, there are no structures or procedures designed to collect and analyse unexpected events, as is comparatively the case in the medical field. Mistaken, late or not conducted diagnosis has to be considered as an important risk for the improvement or safety of patients with psychopathological symptoms and may result in professional responsibility.

Linked with the psychotherapist's professional responsibility, see the myths on psychotherapies conducted by the National Health Service (NHS) in England Talking Therapies currently collected in the NHS in England [73] and contributing to believe in pseudoscience and marginal science related to psychology. More than 60% of the meta analyses in psychology notably overestimate the evidence of the presence of meta analytic effect and more than 50% overestimate their magnitude [74]. Selective outcome reporting is problematic in published trials of behavioural health interventions [75], and may affect the consequences of psychotherapeutical practice and occasionally, the responsibility of the implied health practitioner or specialist mental health practitioner.

The civil responsibility of specialist mental health practitioners may be contractual (breach of duty of care) or non-contractual (breach of the general principle of not causing avoidable harm) [76]. The former has time limits on the claim for the action or inaction that has occurred or should have occurred with regard to the acting health care practitioner. Regarding non-contractual responsibility, it is necessary that a culpable professional action or damage affecting—only in some countries—to interests protected by absolute character rights or *erga omnes* obligations and causal link have occurred. Note that the relevant obligation to do or not to is continuous in prolonged treatments, such as psychotherapeutic treatments by clinical psychologists and psychiatrists. This includes allegedly therapeutic interventions, more or less intrusive, by other professionals who are not officially trained (i.e., not properly qualified by the Spanish State). It must also be considered that psychotherapists have to choose between an overwhelming number of theoretical and practical models, which are usually advocated as the most appropriate, even if they are sometimes contradictory [77]. Hence the importance of competent scientific training, which is to a large extent guaranteed in Spain by official specialist qualifications.

*Professional Intrusiveness in Clinical Psychology*

Often, both specialist mental health practitioners and pseudo-physicians who intrude into the field will hold appropriate 'home-grown' (i.e., non-state, other than official university degree) qualifications from a huge variety of private or even public centres and institutions across the nation, or the most appropriate qualifications from other countries, even if they are not validated or approved [78,79]. Examples are the proposals of the European Federation of Psychologists' Associations (EFPA) to establish a separate certificate for the specialisation of clinical psychology [80], or the European Association for Psychotherapy (EAP), to which the Spanish Federation of Psychotherapists' Associations (FEAP) is a member and which promotes agreement for a European law on psychotherapy. Most certainly, there are areas of weakness in clinical psychology in terms of methods, practices and evidential bases [81].

On the specific question of psychotherapeutic efficacy it is often the case that: (1) All hypotheses and theories are considered by the psychological-clinical staff involved to be the most correct in their application, thereby confirming the classical Dodo Bird hypothesis [82]; (2) The relevant literature is biased towards the most positive findings of all or some psychotherapies [76,83]; (3) There are unintentional 'dark' biases of the relevant sampling in some studies [84]; (4) It is also quite common that a first description of any psychological issue, problem or disorder shows a statistically significant favourable outcome with the chosen psychotherapy, but not in its replication [85,86]. The controversial reproducibility and replicability in social and behavioural sciences are extremely important, including the wide range of research in psychology [87]. We are currently, and almost always, witnessing a specific generalised crisis in psychology, usually called 'crisis of replication', which generates a multitude of different emphatic opinions [88], contributing to explain the modern evolution towards more eclectic positions in clinical and non-clinical psychology [89,90].

In addition to the above, there is the frequent intrusiveness in the specific professional practice of clinical psychology. Article 403.1 of Spanish Organic Law 10/1995, dated 23 November 1995, on the Spanish Criminal Code, typifies the crime of intrusiveness by the mere activity (whether isolated or continuous) and does not require any result. Intrusiveness is literally considered when practising '*... acts proper to a profession without possessing the corresponding academic degree issued or recognised in Spain in accordance with the legislation in force ...*'. This offence can be aggravated (article 403.2 of the same code), as is the case with the offence of false testimony discussed at the begin-

ning of the previous subsection. The legal right that is protected is plural, but the holder of the right is only the State, with its exclusive power to issue qualifications that enable the exercise of certain professions. In professional intrusiveness, there is an unlawful violation of the regulations governing the invaded profession. The Spanish Criminal Code typifies this offence in Heading XVIII dedicated to falsehoods, and it may concur with other different offences such as fraud. The Spanish system of regulated professions is configured as a closed system of regulation, with the consequent correlation between professional activity and corresponding qualification, although some professional competences allow for a certain degree of practical ambiguity, thus underlining what was commented at the end of subsection 1 of this article.

Pursuant to the provisions of Chapter III, Spanish Law 44/2003 dated 21 November 2003 on the Organisation of the Health Professions [28], the official programmes of specialisations in health sciences are those that determine the competences of specialists. The regulations on university degrees have been updated to reflect the general principles defined in the European Higher Education Area through Spanish RD 822/2021 dated 28 September 2021 [91], although there are no standards for psychology as an activity [92]. In its fifth additional provision, it establishes that university degrees may not lead to confusion or coincide in any case in their name and content with university degrees that enable the exercise of a regulated health profession, such as general health psychology and clinical psychology. That said, there is no automatic recognition of academic qualifications in the EU. The medical profession, again by way of comparison, currently has more than n = 40 harmonised specialisations at European level, including psychiatry [93,94]. See Spanish Law 33/2011, dated 4 October 2011, the General Public Health Act [34], modified by Spanish Organic Law 2/2023, dated 22 March 2023, on the University System [95], to clarify regulations regarding the requirements for the professional practice of psychology in the healthcare field. Also, the updated edition of the Spanish Code of Regulated Professions [20,96].

Psychotherapies are unregulated health activities, which could include many interventions that are inappropriate or not allowed in our legal system. The criminal reproach for the conduct of misleading advertising is established in Article 282 of the Spanish Criminal Code. Psychotherapy is first and foremost a mental or psychological therapeutic act, not a profession, contrary to the opinion of certain interested individuals and corporations. As of January 2022, 'Specialist in Health Sciences' qualifications are issued exclusively by the Ministry for Health and are required in order to explicitly use the title 'Specialist'. Psychotherapy, insofar as it is conceptually therapy or treatment, should necessarily be carried out by a specialist mental health professional. However, there could also be an overstepping of the functions that the practitioner's qualification allows them to perform, which would also constitute intrusiveness. See Spanish Supreme Court Rulings 167/2020 dated 19 May 2020, 324/2019 dated 20 June 2019 and 407/2005 dated 23 March 2005, among many others.

It is quite a different matter from professional intrusiveness to claim that any interpersonal intervention of help in which high levels of empathy and unconditional positive regard are expressed is professionalised and 'psychotherapeutic'. Is this not the case in many human activities, as well as in cognitive-behavioural psychotherapy and others such as those that are more insight-oriented? The favourable effect of empathy and perceived social support on mental health has been proven [97]. Additionally, again we can ask why is it that for some therapists and observers, the positive outcome of any psychotherapy is attributed to the school or technique employed, and for others to the therapist's personality, style, communication skills and empathic capacity [98,99]? It seems to be a repeated fact that in the self-assessment of any psychological therapy most psychotherapists report positive results [100], an assessment which, like many others, is sensitive to measurement procedures [101]. In any case, there is a need to improve training in psychotherapy and to reverse the tendency that psychotherapeutic experience, which is a complex, multifaceted and constantly evolving concept, is not always related to outcomes [102].

Psychologists have rights as well as obligations. In Spain, a master's degree in General Health Psychology or an official specialty in Clinical Psychology is required in order to register private psychology practices in the General Register of Health Centres, Services and Establishments and to carry out health activities in them. The functions of both degrees, we again insist, are not equivalent, as the former (general health psychologists) are generalist psychologists in global health, favouring communication skills and management of vital conflicts, while the latter (clinical psychologists) are psychologists specialised in mental health. Other graduate psychologists are not considered to be health personnel in Spain and are not regulated in any way. Nor are there any other specialisations in psychology, although their fields or extra-health fields of activity are very broad and numerous.

Mistaken clinical diagnoses are specially relevant in psychopathology. A wrong diagnosis made by a pseudo practitioner or a non-specialist mental health practitioner will divert the individual from the most helpful attention

and this may entail the corresponding professional responsibility if the occurrence of intrusiveness or malpractice is judicially considered.

Despite the above, some psychologists in Spain mistakenly and confusingly consider themselves to be 'specialists', even if they are not duly qualified clinical psychologists. Others consider in an illusory, hegemonic and possibly pretentious manner that any kind of psychic intervention to help other people (taking advantage of each individual's particular 'learning moments') should be carried out by psychologists, unlike the situation in coaching, for example, which is widespread, autonomous and likewise unregulated [103–106]. Such a claim could be an obvious example of conflicting interests on the part of some psychologists. According to the Spanish legal system, it is not considered professional intrusiveness when activities are carried out that can be carried out by any citizen.

## Conclusions

There is a widespread, inherent lack of professional identity for psychologists. Psychology as a discipline in Spain is the qualification of a branch or field of knowledge in the health sciences, but not a regulated 'profession', except specifically, general health psychology and clinical psychology. In the therapeutic field, neither is there any official common accreditation system for clinical psychology in the rest of Europe and other countries, although there are private accreditation systems. In the theory and practice of psychotherapies, there are numerous differences in their foundations, schools, methods, aims and professional practice. Explicit or implicit wrong diagnosis in psychotherapies and late or not conducted diagnosis is a risk for improvement or safety of patients with psychopathological symptoms and may entail professional responsibility.

Future research approaches in psychology applied to psychotherapies should emphasise more its standardisation and differential efficacy. Psychotherapies are neither regulated, nor are they applied science per se, nor are there any recognised psychotherapeutic standards anywhere that are binding. In any case, clear guidelines need to be developed about professional interference in psychotherapeutic field. Psychotherapy, given that it means treatment of mental, behavioural or neurodevelopmental disorders by means of psychological techniques, definitely is, by definition, a health care activity. In the psychotherapeutic practice of clinical psychologists and psychiatrists, intrusiveness is common, to the detriment of the correct application of the best quality scientific information and training. Consequently, there is a pressing need to optimise the training methods of the specialised psychological discipline in the genuine psychotherapeutic field.

## Availability of Data and Materials

All data and materials are provided in the consulted bibliography, cited in References and available on the internet.

## Author Contributions

JMBG designed and conducted the research and the study. JMBG, APT, FCA, and YML performed the research and performed the literature review. All authors contributed to the drafting or important changes in the manuscript. All authors read and approved the final manuscript. All authors have participated sufficiently in the work and agreed to be accountable for all aspects of the work.

## Ethics Approval and Consent to Participate

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## Conflict of Interest

The authors declare no conflict of interest.

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