

## INTRODUCTION

As life begins to return to normality and life recovers in all areas in this post-pandemic era, ethical and bioethical questions are once again being raised on current issues that reflect scientific advances in the medical and health fields. This issue presents six articles and a review that expose a variety of topics on the beginning and end of life, as well as continued reflections on the bioethical task during the pandemic.

First, Pasquale Gallo's article is a review study of articles published since 2010 on prenatal diagnosis and the techniques used. The author focuses his attention on the ethical issues arising from recent techniques, among which cell-free fetal DNA screening stands out, which is a non-invasive technique.

This test, says the author, is considered one of the most reliable for diagnosing conditions such as trisomies 13, 18 or 21, as well as for determining the sex of the embryo. However, he warns about the ethical issue that it can be a technique that favors selective abortion, provoked by the secondary findings in genetic sequencing, as well as by the strengthening of a certain eugenic mentality of the present day.

Other factors that reinforce the possibility of selective abortions are the fact that there are no cures for most of the anomalies detected, the high percentage of false positives and the legislation in various countries regarding abortion in specific situations (the so-called *softlaws*).

In addition, another ethical risk mentioned in the article is how these techniques are used to strengthen the «reproductive autonomy of women», often lacking timely and accurate information. The proposal to avoid slipping the use of these techniques to the detriment of the woman and the embryo is to carry them out,

according to the author, through the bioethical principles of defense of physical life, the therapeutic principle and the principles of sociability and subsidiarity.

Secondly, the article by Dominique Monlezun *et al.* presents a necessary reflection on how to reorient, based on artificial intelligence, the management of the pandemic, optimizing public health resources and without sacrificing social equity.

The proposal represents a true ethical alternative in the recovery of life and economy after the pandemic, through the correct use of artificial intelligence, since from the vision and foundations of the personalist social contract –previously exposed by these same authors in another article in number 3, volume 32, of this same magazine–, it is proposed to reduce the distances that exist between science and ethics; The authors propose to reduce the gaps between science and ethics, between developed and developing nations, between market economies and non-market economies, and between belief systems affiliated to a religious system and those that are not; all of them conditions of social inequity deeply marked and evidenced during the COVID-19 pandemic.

The authors are critical of the focus on pharmaceutical care for the disease, which has left countries that did not have the resources to develop drugs or vaccines at a disadvantage compared to those that did. For its part, the proposal for the effective use of artificial intelligence counterbalances this unequal approach through prevention, containment of contagion and international cooperation.

Some uses of artificial intelligence proposed in the article are mapping and tracking databases of active cases in real time, from which patterns of virus behavior can be drawn and help in prevention. In turn, by conducting studies and obtaining fast and reliable samples and statistics, more vaccines can be developed in less time to aid in the containment of the virus. Finally, since artificial intelligence does not belong to any nation and, therefore, is a decen-

tralized and neutral technology, it can be used globally for the benefit of all people.

All of the above is reinforced by the authors with the bioethical principle of solidarity, which transcends religious belief systems and has very positive effects when applied to artificial intelligence for post-pandemic recovery.

This article invites us to think of alternative mechanisms to help us live a new stage with the lessons learned from the pandemic, but with a view to a fairer future for all.

The third article, by Rafael Cervera, brings to the table a transcendental issue to determine whether or not one is a person and when, at the moment of cessation of consciousness and, therefore, when determining death in situations of encephalic damage.

The author analyzes in detail the theories that maintain that the notion of personhood is the notion that someone has of him/herself in a continuous timeline, where a past, a present and a future are recognized, all connected by the identity of the person.

In contrast, he presents an example of a person in a state of coma, in which there is an interruption of the conscious activity of the individual in continuous time but that, not for this reason, the person ceases to be such nor ceases to exist, which calls into question the right of a person to decide about his death under these conditions.

Now, the central point of the author's exposition lies in affirming that what allows identity in time is neurological activity, which is reduced or totally suspended in a state of coma, but that this does not presuppose the non-existence of a first time, before the coma, and a second time, after the coma, which allows a recognition of both times before the person's recovery. In view of this finding, which confirms that we are dealing with the same person in three different times and not with three different persons, psychological continuity, the author concludes, does not hold up as a defining argument of what a person is.

The debate on the permanence of the person is thus presented as a new door for bioethical reflection that requires serious and rigorous anthropological support.

Fourthly, an article is presented that questions the dividing line between clinical ethics and teaching ethics in the teaching of clinical practice. A problem unnoticed in many medical career curricula, but which requires not only an in-depth analysis, but also a proposal to differentiate between both notions of ethics, in order to safeguard the rights of patients as well as those of medical students.

According to the author, who proves his arguments with bibliographic studies and patient surveys, there are no clear guidelines for teachers who teach clinical practice regarding the ethics of such teaching, as compared to the ethics that should illuminate clinical practice itself. A clear example is the lack of supervision of students during their internships, as well as the number of recommendations that the National Human Rights Commission has made to the Ministry of Health for violations of the rights of patients who have been attended by medical students.

In view of this evidence, the author proposes the creation of teaching-health care ethics committees that safeguard the rights of patients when they are attended by students, and that provide for their constant supervision, so as not to confuse research ethics with clinical ethics and teaching ethics.

Fifth, an article is presented that, once again, details some of the main challenges of bioethics in pandemic care, with special emphasis on palliative care.

Julio Tudela, María Elizabeth de los Ríos and Jhosué Hernández give a detailed description of the main bioethical dilemmas in the care of the COVID-19 pandemic in relation to the scarcity of health resources. After analyzing the protocols for the fair distribution of these resources, the authors propose that the criterion of selection based on the chances of survival of the patients is not only the least problematic, but also the most ethical, even if some patients

had to be left aside, since this, in principle, was not sought, but merely tolerated for the greater good and under the premise of having sought all possible alternatives to provide care to these patients. The authors point out that criteria other than the objective possibilities of the patients are not only unethical but also discriminatory.

A relevant aspect of this article is the detection of the difficulties encountered in these protocols for referring patients for palliative care, among which are the adequacy of the patients' informed consents, as well as the advance directives, which in Mexico only contemplate their opportunity when a terminal illness is diagnosed. Therefore, it is impossible to apply them in the detection of severe cases of COVID-19, given that this disease, as such, is not a condition declared as terminal.

Other dilemmas presented by the authors that are worth reflecting on and modifying are conscientious objection in cases of health emergencies and the correct application of the adequacy of therapeutic effort in irreversible situations. The article is a good account of the bioethical dilemmas experienced in Mexico, and also in other parts of the world, during the pandemic caused by the coronavirus.

Finally, the article by David Cerdio presents a bioethical analysis of chronic non-oncologic pain, and calls for a multidisciplinary understanding and approach to pain and suffering.

The author bases his arguments on the existing literature on the subject of pain, understood as an individual experience that cannot be reduced solely to a sensitive nervous process that is experienced empirically and that, for this reason, requires a comprehensive understanding on the part of the medical profession.

Likewise, it reinforces the idea that chronic pain begins with acute pain and that it is independent of the ability to express it, since it often escapes pronouncement and definition by the patients who suffer from it. This leads us to think that pain is, in fact, an important public health problem, since it is capable of genera-

ting suffering that affects many dimensions of the life of the human person: the spiritual and psycho-affective; the social and, of course, the biological. Therefore, it has to be addressed and treated in a multidisciplinary manner and with a comprehensive approach.

Finally, the author warns about the consequences of not integrating chronic pain management in societies that reject pain and seek pleasure as the only goal of human life, and that do so with an unjustified increase in the use of opioids or with a deficiency in their prescription, with the consequent loss of quality of life in people.

This approach should come from and be encouraged by bioethics, as a science that promotes interdisciplinary dialogue and focuses its reflection on the human person in all its dimensions.

The review presented in this issue offers a summary of the ethical dilemmas referred to in the book *Contemporary Ethical Debates*: the consumption of animal meat, affirmative action, the right to bear firearms and the death penalty. The author invites the reader to delve into these dilemmas from a contemporary perspective and to elucidate their ethical and bioethical relevance.

*Dr. María Elizabeth de los Ríos Uriarte*  
*Editorial Coordinator*  
*Anahuac University Mexico, Bioethics Faculty, Mexico*  
<https://orcid.org/0000-0001-9600-445X>