

Institutional development of bioethics in Iberoamerica: preliminary results of the Iberoamerican Atlas of Bioethics

Desarrollo institucional de la bioética en Iberoamérica: resultados preliminares del Atlas Iberoamericano de Bioética

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Abstract

This paper presents the preliminary results obtained in the conformation of the Ibero-American Atlas on Bioethics developed by the Anahuac Center for Strategic Development in Bioethics (CADEBI) regarding the identification and analysis of the existing Bioethics institutions in the Region. A documentary review was carried out through search engines, databases, social networks, and other sources. The information obtained was grouped into six different categories according to the structure, objectives and activities developed. In this way, an initial diagnosis was made based on the documentary sources available on the Web. As part of the results, 157 institutions in 25 countries were identified, as well as the variation in institutional density, concentrated mainly in Spain (29 institutions), Mexico (26 institutions), Argentina (17 institutions), Brazil (13 institutions), Chile (11 institutions) and Colombia (8 institutions). It also highlights the importance of national bioethics commissions in institutional development, pointing out the relationship between the scientific and technological progress of countries and

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the development of bioethics. The text concludes with a proposal to create an Observatory of the Ibero-American Bioethics Network to document and promote institutional and scientific exchange in the Region, as well as some recommendations derived from the development of this work.

Keywords: observatory, institutionalism, linkage.

1. Introduction

Bioethics can be considered a young discipline, since as an area of study it emerged in 1970 with the work of the North American oncologist Van Rensselaer Potter, who envisioned the term as a bridge to be built between the sciences and the humanities for the solution of social and environmental problems in relation to new technologies, in a historical-economic period where the rapid evolution of biotechnologies and the opening to genetic manipulation of people, animals and plants, required regulatory mechanisms through bioethical protocols. Other currents polemicize with Potter's authorship, pointing out that, in 1971, this term was used for the name of the "Joseph and Rose Kennedy Center for the Study of Human Reproduction and Bioethics" of Georgetown University, directed by the gynecologist Hellegers (1), another great precursor, who would land bioethics as "a discipline that integrates and synthesizes medical and ethical knowledge".

In this sense, it is possible to identify the roots of bioethics in the technological and research development in the United States at the end of the 1970s, whose pillars were built from an Anglo-Saxon and principled perspective. Thus, the precepts of bioethics spread in the 1980s to European countries and it was not until the 1990s that they reached peripheral countries, such as those in Latin America. However, Latin American realities, ethical principles and values led to the creation of other schools of thought, opening up to new issues of concern addressed from a broader perspective than that provided by

principalism; that is, a more social and holistic approach that opens the dialogue to other issues such as social justice, the common good, the right to health and the elimination of poverty and exclusion, among others (2).

Therefore, despite the Anglo-Saxon heritage in Latin American bioethics, it is possible to identify its own lines of thought, as mentioned above, with great personalities as precursors. In this context of institutional development, the Anahuac Center for Strategic Development in Bioethics (CADEBI) was inaugurated in November 2022, belonging to the Institutional Development Department of the Universidad Anáhuac México, in view of the opportunity to actively promote linkage strategies to promote a bioethical culture in our society, particularly in Latin America. Among the objectives and strategic lines of action, three are identified:

- The first line consists of: collaborating with the centers, institutes, and faculties of bioethics of the International Network of Anahuac Universities, in the field of bioethics.
- The second line focuses on: promoting links with national and international institutions in the field of bioethics; and,
- The third line is related to the active promotion of various priority interdisciplinary projects, among which are: clinical bioethics, bioethics for all, interdiscipline and infertility.

To achieve these lines and objectives, CADEBI has an advisory board made up of 22 influential personalities in the field, who belong to 7 countries: Argentina, Chile, Cuba, Spain, Italy, Mexico, and Puerto Rico. Each of these personalities plays a fundamental role in the development of bioethics in their countries.

From the beginning and based on the goals set, the Center projected the elaboration of an Ibero-American Atlas of Bioethics, which would contribute to the achievement of the Center's lines of action, one of them being the mapping of the current institutional development of bioethics in Ibero-American countries, which would allow establishing strategic linkage schemes and the basis of

an observatory in charge of monitoring, organizing, evaluating and processing the activities and information generated by each of these institutions.

The constitution of the Ibero-American Atlas of Bioethics has implied a specific work methodology that has begun with the identification and typification of bioethics institutions. In the next phase, we intend to establish contact with the institutions and make requests for information with the purpose of designing and creating an interactive Web page, in order to compile and disseminate updated information on bioethics organizations in Ibero-America. Specifically: the historical trajectory for its creation, objectives, contact information and social networks, lines of research and topics of interest, as well as information related to undergraduate and graduate academic offerings, and periodical publications.

For the purposes of this paper, the term institutional development will be understood as a process that is planned and sustained for certain purposes from which organizations seek to improve their responsiveness and the development of tools to achieve their objectives.

Institutional development, in this case of bioethics, encompasses organizational structure, human capital, research interest, internal processes in management systems and organizational culture in relation to the various bioethical issues that countries in the Region have achieved.

2. Methodology

The purpose of this paper is to present the results of an initial diagnosis of the institutional development of bioethics in the countries of Ibero-America, which has been carried out as part of the process of conformation of the Ibero-American Atlas of Bioethics of the Universidad Anahuac Mexico. This analysis will make it possible to generate a mapping of these institutions, which can be expanded through the implementation of management processes with these institutions or others that have not yet been identified.

For the identification process, a search strategy was established for eight months (April 12 to December 22, 2023), based on Web pages available in the countries of Ibero-America. This strategy is described below:

First, it began with constant monitoring in three search engines: Google, Bing or Yahoo.

Secondly, databases of scientific articles from 2019 to 2023 were consulted to identify the institutional affiliation of their authors in the field of Bioethics. The consultation was carried out from platforms such as Google Scholar, Scielo, Redalyc, PubMed, Scopus and Web of Science.

Thirdly, institutions affiliated to bioethics societies or associations were reviewed, analyzing the organizational structures in each of them.

Fourth, academic and institutional bioethics directories available on the Web and networks of professionals, academics and researchers were consulted to search for related bioethics institutions and research centers.

Fifth, we turned to other sources such as journals specialized in Bioethics, academic social networks -such as LinkedIn or Academia.edu platforms- and social networks, such as: Facebook, Instagram, YouTube, X (Twitter), Pinterest and Snapchat.

This data collection procedure, in some cases, took complementary information from more than one source, which implied an analysis of compatibility, which a *posteriori*, should be validated and/or adjusted by the corresponding institutions. Likewise, some sources with scarce or reduced information were identified, in which cases the relevance of the institution was weighed. As inclusion criteria, for this first approach, any bioethics institution with an active Web page or social network was considered.

Based on the information identified with this search, different categories were developed to group the institutions according to the type of activity carried out or their objectives:

Category 1: international bodies (commissions, agencies, or entities);

Category 2: national commissions (commissions or state entity).

Category 3: institutional units (centers, institutes, research areas or foundations);

Category 4: academic programs (university, academic or seminars);

Category 5: associations (associations, societies, federations, or colleges); and

Category 6: observatories (national or international).

In addition, two other categories were monitored: academic offerings and periodical publications, which will be the subject of a later analysis.

3. Results

In the review of the sources of information mentioned above, a total of 157 institutions in 25 Ibero-American countries were identified.

The **first category** groups together international organizations and networks, whose efforts are generally focused on promoting a common agenda at the transnational level. Twelve international organizations were identified (the appearance corresponds to their alphabetical order):

1. Bioethics Society of the English-Speaking Caribbean.
2. Federación Internacional de Bioética Personalista (FIBIP).
3. Federación Latinoamericana de Instituciones de Bioética (FE-LAIBE).
4. Foro Latinoamericano de miembros de comités de ética en investigación en salud (FLACEIS).
5. Global Forum on Bioethics in Research.
6. Globethics Latin America.
7. Ibero-American Network International Association of Bioethics (IAB).

8. Programa Regional de Bioética (OPS).
9. Redbioética (UNESCO).
10. Red Iberoamericana de Bioética.
11. Red Latinoamericana y del Caribe de Educación en Bioética (REDLACEB).
12. Sociedad Internacional de Bioética (SIBI).

The **second category** corresponds to *national commissions* or their equivalent in Ibero-American countries. Since there is no single framework at the international level, the guidelines for the creation and operation of national bioethics commissions or committees are regulated by the legal and regulatory frameworks of each country. In general, these bodies are guided by international ethical guidelines such as the Universal Declaration on Bioethics and Human Rights of the United Nations Educational, Scientific and Cultural Organization (UNESCO), which establishes a series of ethical principles applicable to the development of biomedicine within a framework of protection of human dignity, human rights, and the protection of fundamental freedoms. In 23 countries, institutions constituted as a commission, national committee or some other similar institutional instruments were identified (presented according to the year of creation):

1. Conselho Nacional de Ética para as Ciências da Vida (CNE-CV) (Portugal, 1986).
2. Comisión Nacional de Bioética (México, 1992).
3. Comité Nacional Cubano de Bioética (Cuba, 1997).
4. Comisión Nacional de Ética Biomédica. (Argentina, 1998).
5. Comité Nacional de Bioética y Protección de las Personas (Haití, 1999).
6. Comité Nacional de Bioética (Bolivia, 2003).
7. Consejo Nacional de Bioética en Salud, (CONABIOS. R. Dominicana, 2003).
8. Comisión Nacional de Ética en Investigación (Brasil, 2005).
9. Comisión de Bioética y Calidad Integral de la Atención de la Salud (Uruguay, 2005).

10. Ley 20.120: Sobre la investigación científica en el ser humano, su genoma, y prohíbe la clonación humana (Chile, 2006).
11. National Bioethics Committee of Jamaica (NBCJ, 2007).
12. Comité de bioética de España (2007).
13. Comisión Nacional de Bioética de El Salvador (2009).
14. Consejo Nacional de Bioética (Colombia, 2010).
15. Comisión Nacional de Bioética y Bioseguridad en Salud (Venezuela, 2010).
16. Oficina de Ética Gubernamental de Puerto Rico (OEG, 2012).
17. Comisión Nacional de Bioética en Salud (Ecuador, 2013).
18. Comité Nacional de Bioética de la Investigación (Panamá, 2014).
19. Comités Ético Científicos. Consejo Nacional de Investigación en Salud (Costa Rica, 2014).
20. Comité Nacional de Bioética de Honduras (2015).
21. Comisión Nacional de Bioética del Paraguay (CONABEPY, 2017).
22. Comisión Técnica Intersectorial de Bioética del Sistema Nacional de Ciencia y Tecnología (Guatemala, 2021).
23. Comité de Vigilancia Ética y Deontológica del Colegio Médico del Perú (2022 – 2024).

The **third category** is made up of centers, institutes or foundations focused on promoting a bioethical culture, studying, and applying bioethical methodologies to complex phenomena, with a defined legal status and supported by some type of administrative board or council. Although there is a wide heterogeneity in terms of the main purposes they may have towards bioethics, these structures are similar in terms of their functions and the type of activities they carry out, such as studies and research on specific topics, organization of academic and dissemination events, publication of documents and management actions and collaboration with other related institutions. Forty-six institutions in 14 countries were identified (the appearance corresponds to their alphabetical order):

Argentina (7):

- Centro de Bioética. Universidad Católica de Córdoba (UCC).
- Centro de Bioética, persona & familia.
- Comisión de Bioética Padre José Kentenich.
- Fundación para la Educación e Investigación en Bioética (FEIB).
- Instituto de Bioética “Jerome Lejeune”. Universidad Católica de Santa Fe.
- Instituto de Bioética. Universidad de Buenos Aires.
- Instituto de Bioética. Pontificia Universidad Católica de Argentina.

Bolivia (1):

- Instituto de Bioética Facultas Theologiae “*Sanctus Paulus*”.

Brasil (6):

- Centro de Investigación y Extensión en Bioética y Salud Colectiva (NUPEBISC) de la Universidad Federal de Santa Catarina (UFSC).
- Centro de Bioética y Ética Aplicada. Universidad Federal de Rio de Janeiro.
- Centro de Bioética del Conselho Regional de Medicina do Estado de São Paulo (CRECESP).
- Instituto de Bioética, Brazil Foundation. ANIS.
- Instituto de Direito e Bioética.
- Instituto Pernambucano de Bioética y Bioderecho.

Chile (7):

- Centro de bioética, Facultad de Medicina. Pontificia Universidad Católica de Chile.
- Centro de Bioética. Universidad de los Andes (AUNDES).
- Centro Interdisciplinario de Estudios en Bioética (CIEB), Universidad de Chile.

- Centro de Estudios de Ética Aplicada (CEDEA), Facultad de Filosofía y Humanidades. Universidad de Chile.
- Centro de Bioética, Facultad de Medicina Clínica Alemana Universidad del Desarrollo.
- Centro de Humanidades Médicas y de Bioética Albert Einstein, Universidad Autónoma de Chile.
- Instituto de Bioética, Universidad Finis Terrae.

Colombia (3):

- Centro de Bioética de la Fundación Valle del Lili.
- Fundación Colombiana de Ética y Bioética (FUCEB).
- Instituto de Bioética, Pontificia Universidad Javeriana, Bogotá.

Cuba (1):

- Instituto de Bioética Juan Pablo II.

España (7):

- Bio.ética/red.
- Centro de Estudio, Observatorio de Bioética, Fundación Pablo VI.
- Fundació Víctor Grífols iLucas. Barcelona.
- Instituto de Bioética y Ciencias de la Salud, Escuela Aragonesa de Cuidados de Salud, Fundación Bioética.
- Instituto de Bioética de Canarias.
- Instituto de Ética Clínica Francisco Vallés, Universidad Europea.
- Institut Borja de Bioètica, Universitat Ramon Llull.

Paraguay (1):

- Centro Paraguayo de Bioética.

Perú (2):

- Instituto de Bioética, Universidad Católica Santo Toribio de Mogrovejo (USAT).

- Instituto de Ética en Salud, Facultad de Medicina San Marcos.

Portugal (3):

- Centro de bioética, Facultad de Medicina de la Universidad de Lisboa.
- Centre for Biomedical Law, University of Coimbra.
- Instituto de Bioética, Universidad Católica Portuguesa.

Puerto Rico (1):

- Instituto de Bioética Eugenio María de Hostos, Universidad de Puerto Rico, Recinto de Ciencias Médicas.

México (5):

- Centro de Estudios e Investigaciones de Bioética (CEIB).
- Centro Anáhuac de Desarrollo Estratégico en Bioética (CADEBI), Universidad Anáhuac México.
- Centro de Bioética, Universidad Popular Autónoma de Puebla (UPAEP).
- Centro de Estudios de Familia, Bioética y Sociedad (CEFA-BIOS), Universidad Pontificia de México.
- Instituto de Investigaciones en Bioética (IIB), Monterrey, N.L.

Uruguay (1):

- Unidad Académica de bioética, Universidad de la República, Uruguay.

Venezuela (1):

- Centro Nacional de Bioética Venezuela.

The **fourth category** is made up of university *academic programs* and seminars, which are training initiatives or support programs that generally depend, in administrative terms, on other broader bodies such as faculties, research institutes or universities and that participate in the design, application and development of undergraduate and

postgraduate training programs, participation and advice in research and bioethics projects, as well as interdisciplinary collaboration with other disciplines and university organizations, civil associations and government bodies. Thirty-eight programs were identified in eight countries (listed in alphabetical order):

Argentina (4):

- Bio&Sur, Asociación para la Bioética y los Derechos Humanos.
- Programa de Bioética, Facultad Latinoamericana de Ciencias Sociales (FLACSO).
- Programa Temático Interdisciplinario en Bioética, Universidad Nacional de Mar del Plata.
- Unidad Académica de Bioética, Universidad de Buenos Aires.

Brasil (4):

- Bioética y Ciencias de la Vida, Núcleo Fe y Cultura, Arquidiócesis de São Paulo e Pontificia Universidade de São Paulo.
- Centro Interinstitucional de Bioética, Universidad Federal de Rio Grande do Sul
- (UFRGS), Hospital de Clínicas de Porto Alegre (HCPA).
- Departamento de Medicina Legal, Bioética, Medicina del Trabajo y Medicina Física y Rehabilitación, Facultad de Medicina de la Universidad de São Paulo (FMUSP).

Chile (3):

- Centro de Ética y Reflexión Social Fernando Vives S.J., Universidad Alberto Hurtado.
- Departamento de Bioética y Humanidades Médicas. Facultad de Medicina, Universidad de Chile.
- Programa de Bioética, Universidad Central, Ciencias de la Salud.

Colombia (3):

- Ética Psicológica, Asociación Colombiana de Facultades de Psicología, ColPsic y Universidad del Rosario.

- Grupo de investigación Kheiron Bioética Unisabana, Universidad de La Sabana.
- Instituto Colombiano de Estudios Bioéticos (ICEB) / Centro Nacional de Bioética CENALBE.

Cuba (1):

- Plataforma de filosofía, ética y bioética en Cuba, Institute for Bioethics and Health Policy, Miller School of Medicine, University of Miami.

Ecuador (2):

- Ética Programa, Universidad de Uzuay.
- Grupo de Investigación en Bioética en la Investigación (GI-BI).

España (7):

- Cátedra de Bioética, Universidad pontificia Comillas.
- Cátedra Andaluza de Bioética, Facultad de Teología de Granada.
- Comitè de Bioètica de Catalunya.
- Grupo de Investigación, GEI Instituto de Bioética. Universidad Francisco de Vitoria (UFV), Madrid.
- Grupo de Trabajo, Bioética y Humanidades, Medicina Legal, Sociedad Española de Médicos de Atención Primaria (SEMERGEN).
- Subdirección General de Humanización de la Asistencia, Bioética e Información y Atención al Paciente / Área de Bioética y Derecho Sanitario.
- Unidad de Humanidades y Ética Médica, Universidad de Navarra.

México (14):

- Bioética Para Todos.
- Cátedra Patrimonial de Bioética, Universidad Autónoma del Estado de Hidalgo.

- Centro de Bioética y Dignidad Humana, Universidad de Monterrey.
- Centro de Investigación Social Avanzada (CISAV), Querétaro.
- Colegio de Bioética y Terapia de Jalisco, A.C.
- Colegio de Bioética de Nuevo León, A.C.
- Facultad de Bioética, Universidad Anáhuac México.
- Programa Institucional Ética y Bioética, Facultad de Medicina, UNAM.
- Programa de Bioética de la Facultad de Medicina de la Universidad Autónoma de Sinaloa.
- Programa Universitario de Bioética (PUB), UNAM.
- Seminario Interdisciplinario de Bioética (SIB México).
- Sociedad Internacional de derecho Genómico y Bioética (SIDEGEB).
- Seminario Permanente de Bioética.
- Programa Universitario de Investigación sobre Riesgos Epidemiológicos y Emergentes, UNAM.
- Unidad de Bioética, Universidad Autónoma de Querétaro.

The **fifth category** is made up of national associations, societies, federations or colleges, i.e. groupings or other types of regional or national bioethics networks, which are made up of professionals, academics, experts, whether individuals or organizations; in general terms, their purpose is to promote, foster and address bioethical issues in order to influence the consolidation of lines of knowledge, the development of policies and the construction of broader and more permanent structures of interdisciplinary collaboration at the national and/or international level. In general, they are structured by an administrative council or collegiate body and by affiliates that share certain interests in the field of bioethics. Thirty organizations in ten countries were identified (listed in alphabetical order):

Argentina (4):

- Asociación Argentina de Bioética Jurídica, La Plata.
- Bioeticar Asociación Civil, Buenos Aires.

- Red Bioética del Sur Bonaerense, Universidad Nacional de Mar del Plata, Redbioética UNESCO.
- Sociedad de Ética en Medicina.

Brasil (1)

- Sociedad Brasileira de Bioética.

Ecuador (1):

- Sociedad Ecuatoriana de Bioética.

El Salvador (1):

- Asociación de Bioética de El Salvador.

España (11):

- Asociación Española de Bioética y Ética Médica (AEBI).
- Asociación de Bioética Fundamental y Clínica, Madrid.
- ALFA, Red de Investigación para el establecimiento de Programas para la Enseñanza Conjunta de la Bioética, Observatorio de Bioética, Universitat de Barcelona.
- Asociación de Bioética de la Comunidad de Madrid (ABI-MAD).
- Asociación Catalana de Estudios Bioéticos (ACEB).
- Asociación Gallega de Bioética.
- Asociación de Bioética de Albacete.
- Sociedad Catalana de Bioética.
- Sociedad Valenciana de Bioética.
- Sociedad Murciana de Bioética (SMB).
- Sociedad Andaluza de Investigación Bioética (SAIB).

México (6):

- Academia Nacional Mexicana de Bioética, A.C.
- Academia Mexicana de Bioética, A.C.
- Asociación Mexicana de Neuroética A.C., (AMNE).
- Asociación de Bioética y Derechos Humanos Netemachillizpan, A.C.

- Asociación Mexicana de Comités de Ética en Investigaciones, S.C., (AMCEI).
- Colegio de Bioética, A.C.

Nicaragua (1):

- Asociación Nicaragüense de Bioética.

Panamá (1):

- Asociación de Bioética de Panamá (ABIOPAN).

Perú (3):

- Asociación Peruana de Bioética.
- Red Peruana de Formación de Formadores en Bioética.
- Red Peruana de Bioética Personalista.

Portugal (1):

- Associação Portuguesa de Bioética.

The **sixth category** is *observatories*, which includes national or international observatories aimed at exploring the efforts made in the Region, as well as monitoring the normative, thematic, academic and research development of bioethics in each geographical area within the framework of principles and values based on international agreements and conventions for the promotion and defense of human rights. These observatories are, in general, follow-up and institutional contact units of broader organizations, which establish certain thematic agendas that seek to influence decision-making and the development of public policies of national or international scope. Eight bioethics observatories were identified in six countries (listed in alphabetical order):

Argentina (1):

- Observatorio de Bioética, FLACSO.

Brasil (1):

- Observatorio de los Derechos de los Pacientes. Programa de Posgrado en Bioética de la Universidad de Basilea (UnB) / Cátedra UNESCO de Bioética de la UnB.

Chile (1):

- Observatorio de Bioética y Derecho, Facultad de Medicina, Clínica Alemana Universidad del Desarrollo.

Colombia (1):

- Observatorio de Bioética y Trabajo, Laboratorio de Ética.

España (3):

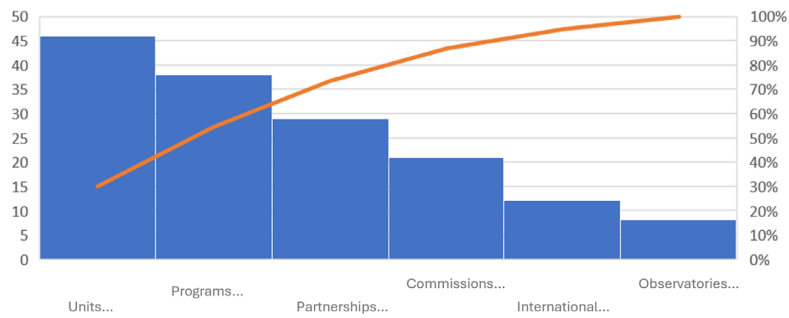
- Observatorio de Bioética y Derecho, Universidad de Barcelona.
- Observatorio de Bioética. Universidad Católica de Valencia.
- Observatorio de Bioética y Ciencia, Fundación Pablo VI.

Internacional (1):

- Observatorio de Bioética, Redbioética UNESCO.

As can be seen in Figure 1, the category with the highest number of institutions corresponds to the category of centers, institutes, or foundations; the second highest number corresponded to university, academic or seminar programs. This was followed by *associations, societies, federations, or colleges*. A total of 23 countries in the Region have a national commission, committee or figure whose functions include regulating scientific and health care activities, as well as regulating ethics and bioethics committees in research and hospital care. The creation of national commissions since 1986 is relevant in terms of strengthening and improving the structures, processes, and public policies that countries have developed around bioethics, since it favors the possibility of establishing strategic planning and strategic development programs for this topic. Other institutions identified with a smaller number of units were international *organizations or networks* (12) and *observatories* (8) that have been created in the Region.

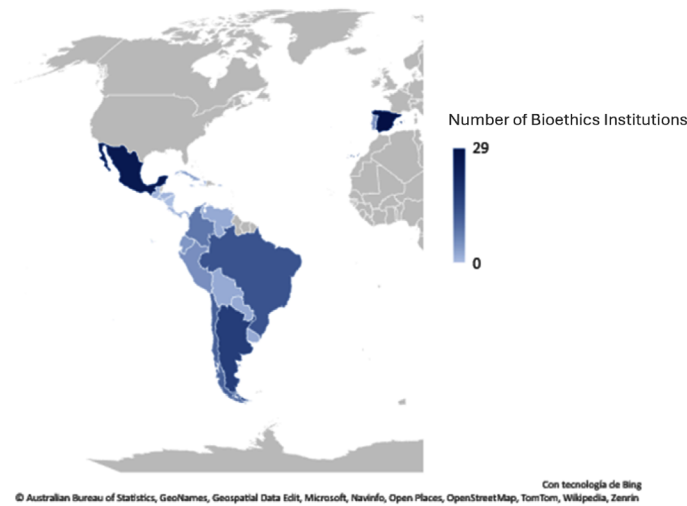
Figure 1. Number of Bioethics Institutions identified in Ibero-America



Source: prepared by authors.

With regard to the institutional development of bioethics, as shown in Figure 2, it was identified that in each of the countries, the highest density is concentrated in a small number of countries: Spain (29), Mexico (26), Argentina (17); Brazil (13), Chile (11) and Colombia (8), accounting for 73.7% of the total number of institutions in the Ibero-American Region.

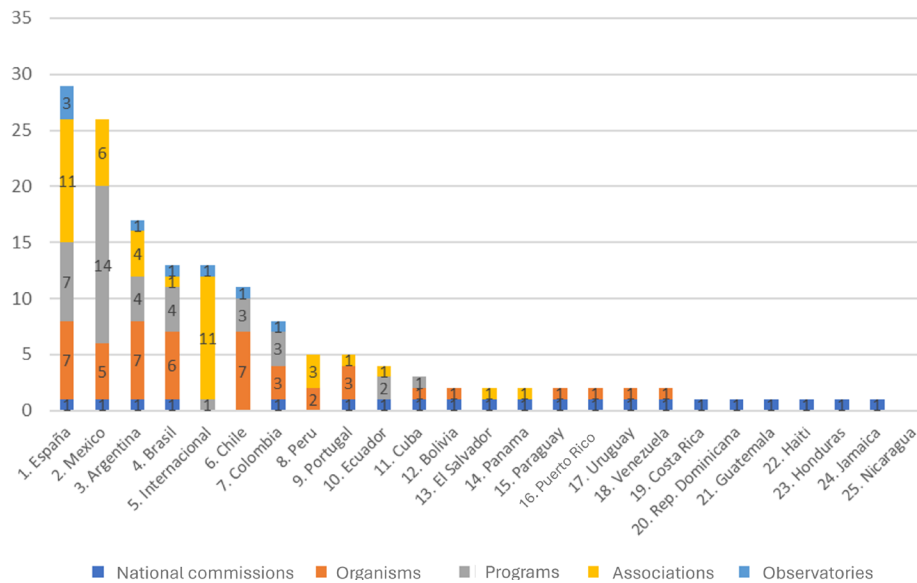
Figure 2. Density of Bioethics institutions in Ibero-American countries.



Source: prepared by authors.

When linking these data with the type of institutions registered by country, a heterogeneous development is observed with respect to the type of institutions that predominate in each of them, particularly in countries with greater institutional density. Meanwhile, in countries with a low number of bioethics institutions, the creation of a national *commission, committee or office* stands out, in addition to one or a few organizations, programs or associations. An important fact to highlight, as shown in Figure 3, is that Mexico, which is part of the group of countries with the highest institutional density, is the only one that does not currently have a bioethics observatory.

Figure 3. Type of bioethics institutions by country in Ibero-America.



Source: prepared by the company.

4. Discussion

The development of different institutions focused on bioethics in Latin America has had a significant quantitative growth in the last 20

years, although it is concentrated in certain countries that stand out for their parallel development in terms of their economy and population growth; However, in general terms, one characteristic of this institutional boom is that it is in an incipient stage but with a high potential for expansion in the coming years, due to the current regulatory needs of health systems to guarantee efficacy, equity, quality and safety in the provision of medical services, In addition, there is a need to provide a robust regulatory framework for the development of biomedical and biotechnological research that protects the rights, privacy and welfare of those who participate in clinical and experimental studies, as well as scientific integrity and ethics in the different stages of research. In addition to all this, there is the growing interest shown by various bioethics institutions and associations in emerging issues related to technological development, concern about climate change and clinical and social factors: palliative care, artificial intelligence, global bioethics, culture of peace and those related to mental health.

This expansion of the institutionalization of bioethics in Ibero-America could continue to show the same behavior in the coming years: a high concentration in a few countries, nuanced by the unequal conditions of social and economic progress, public policy and ethical culture, which are central to the institutional development of bioethics. Variables such as the level of education and literacy of the population, as well as the possibilities for bioethics instruction in the professional training of educators, may have an impact on its institutional development (4). Another variable of considerable weight is the progress in access and infrastructure of medical services, as well as the establishment of policies and ethics committees in the provision of health services. An additional factor to the above is the relationship between the institutional development of bioethics and the existence of a solid legal framework in the countries associated with the health system, since the regulatory frameworks and legal provisions generate a series of guarantees regarding the protection of fundamental human rights; for the formation, establishment, operation and follow-up of research ethics committees and in the provision of

medical services; for the ethical regulation of biomedical research and medical practice; as well as the alignment and harmonization with international norms and globally accepted ethical standards.

It is important not to overlook the relationship between institutional development and the scientific and technological development of countries. According to the UNESCO report on science in Latin America, Argentina, as well as Chile and Colombia are countries that stand out for the number of research universities, research centers, production of patents and production of scientific articles. However, it also highlights the low investment made by almost all countries in the Region in the field of Research and Development (R&D), which is less than 1% of their Gross Domestic Product (GDP), with the exception of Brazil which in 2020 allocated 1.15; other more developed countries invest between 3 and 4% of their GDP. In the case of Spain and Portugal, conditions are somewhat more favorable: according to the World Bank (WB, 2023) Spain invested 1.43 of its GDP in 2021, while Portugal invested 1.68 in the same year (6).

On the other hand, these results seem to indicate that there is an important presence in each country of a structure that fulfills the functions of a national bioethics commission, whose creation dates to the 90's. This could be an important basis for the construction of institutions that articulate and promote the bioethical culture in the countries through multilateral agreements or mechanisms to strengthen bioethics in each of these countries based on the experience accumulated in those in which this area has managed to consolidate.

5. Conclusions

The institutional development of bioethics in Ibero-America can be seen from two articulated perspectives: the recognition of the diversity in each country and its micro-regions, which allow acting from the characteristics, challenges, internal dynamics and challenges in each of these areas; and the recognition of the need for integration

of the Region, with strong affinities and interests for collaboration in the face of global dynamics.

This implies significant inter-institutional challenges regarding the coordination and collaboration that must be promoted to address common issues and advance in the construction of a bioethics culture in Ibero-America. In this sense, a relevant issue is the possibility of achieving greater sustainability and equity in access to bioethical resources and opportunities. In addition, this type of regional collaborative actions should be harmonized with global instruments such as the Sustainable Health Agenda for the Americas 2018-2030 (7) or the Ibero-American Program of Science and Technology for Development (CYTED) (8), This could help to improve the regulation of health systems to guarantee their efficacy, equity, quality and safety in the provision of their services, as well as to observe and monitor in ethical terms the biomedical and biotechnological research generated in the Region.

Bioethics is a relatively young area of knowledge, which is “in full maturity” as referred to by Alya Saada (9). Particularly in Latin America, and as Fernando Lolas (10) refers, the institutional development of bioethics at the beginning of this century, in quantitative terms, had an “explosive and surprising” growth, if one considers the number of courses, congresses, associations and public declarations that have been made; However, according to this author, in terms of qualitative aspects, such as the quality of its contents, this development has been characterized by the atomization of initiatives and the improvisation of contents, which often replicated schemes adopted in other regions of the world, without any innovative character.

The institutional consolidation of bioethics in the Region not only responds to variables directly linked to this area of knowledge, but also, and certainly increasingly so, to indirect variables such as the economic and social development of the countries that make up the Region. With the interest of continuously analyzing this complex phenomenon that bioethics represents and with the purpose of contributing to the promotion of its quality and institutional development, the Anahuac Center for Strategic Development in Bioethics

(CADEBI) of the Universidad Anáhuac has proposed to create the Observatory of the Ibero-American Network of Bioethics (ORIBI), whose objective is to document, analyze and disseminate, in a collaborative manner, the results of the work of the Ibero-American Network of Bioethics (ORIBI), with the aim to document, analyze and disseminate, in a collaborative manner, the results of the work of the Ibero-American Network of Bioethics (ORIBI), analyze and disseminate in a collaborative manner with other institutions, the different bioethical activities that are carried out, in addition to systematize and link the different projects and lines of research related to the development of bioethics, and thereby promote institutional, scientific and regulatory exchange generated by bioethics in Ibero-America.

Some of the recommendations that can be put forward for the future strengthening of bioethics in Ibero-America are:

- Consolidate mechanisms for institutional linkage, communication, and exchange between national commissions, or similar, in Ibero-American countries in order to strengthen bioethics that responds to the characteristics and needs of the Region.
- Advance in the development of compatible legal frameworks and exchange best practices in the development of normative technologies to respond more effectively to shared bioethical dilemmas.
- Develop, consolidate and link interdisciplinary and intercultural educational structures in bioethics that allow for the training of professionals and researchers of the highest academic quality from the different fields of knowledge possible to be involved.
- Promote different mechanisms for linking and financing the lines of research developed in the institutions and centers of bioethics in Ibero-America.
- It will be important to consider the creation of creative strategies of social communication aimed at disseminating and

promoting bioethical contents of application in people's daily lives with a language accessible to all people.

- Strengthen the institutional development of research ethics committees and hospital bioethics committees to guarantee their full capacity to evaluate and supervise biomedical and biotechnological research projects, as well as to provide quality medical services.
- Design ethical protocols in the application and development of technological advances, particularly artificial intelligence (AI) and the human genome.

It is important to note that the institutions included in this research work are part of an exploration process that will surely grow as new data is identified; even those institutions or bioethics projects that are not reflected in this work are welcome to send their contact information to the authors' e-mail addresses.

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