

INTRODUCTION

In this last issue of the year, we present a variety of current and relevant topics whose debates cover the current discussions in bioethics from an international perspective.

First, we present an article that addresses the current relevance of donor anonymity for assisted reproduction clinics. Dr. Valdivia presents a profound questioning of the permissibility of donor anonymity as opposed to the right of filiation of children recognized in article 7.1 of the Convention on the Rights of the Child.

He warns that this right is not limited to the mere knowledge of the biological parents but extends to the right to know the genetic inheritance for the purpose of improving future treatments and early detection of diseases that may have serious risks and consequences in the life of the child.

Although the right of filiation does not equate, the author clarifies, with the exercise of that right which is directly the action of the child to know his or her biological heritage, the issue requires debate beyond the stigmas that exist around infertility, assisted reproduction techniques and the permissive or prohibitionist regulations of anonymity in the different countries.

This should be based on the current discussion that filiation no longer seems to be determined solely by biology but by the volitional bond of parenthood, something that often ends up bypassing the child's legitimate desire to know his or her biological parents by overriding his or her request under arguments that classify it as disrespectful or even defiant acts not accepted within the spectrum of behaviors expected of children.

This article allows us to take up again a silenced debate that deserves to be rescued and put in the public arena again.

The second article, by Drs. Monlezun *et al.* presents a complex but well-proven result on the development of an A.I.-based compu-

tational system that reduces health care disparities in Hispanic and Asian populations.

The authors state that while the accuracy and speed of A.I. diagnoses has boosted investment in A.I., it is not without other problems in terms of the principles that govern this technology.

The authors' proposal incorporates the principles of personalistic bioethics in the development of a computational system that integrates clinical and health economic disparities using a national estimate for access to colonoscopy.

The results not only reduce disparities in Hispanic and Asian populations, but also save billions of dollars and contribute to meeting sustainability, effectiveness, efficiency, and equity goals. An article that demonstrates that A.I. can be used for good and contribute to the common good when it incorporates ethical principles in its operation.

Dr. Badr's third article comprises a series of ethical and bioethical reflections on the draft law on active aid in dying in France, a document that resulted from the 2024 Civic Convention convened to discuss the current ban on euthanasia and assisted suicide in this country. The first thing the author points out is the fact that, throughout the document, there is not a single mention of the terms "euthanasia" and/or "assisted suicide", but everything is included under the term "active aid in dying". Thus, the author divides his reflections into two main areas where he states the internal contradictions of the proposal: on the one hand, those concerning the legal field and, on the other, those related to the ethical-medical field.

Regarding the first contradictions, those related with the civil and penal codes respecting the right to the protection of life and the prohibition of acts that attempt against it are pointed out, as well as those that deal with the unavailability of one's own body with respect to the autonomy proclaimed in the document. Also, under this heading are those referring to the purpose of the law and the principle of democracy, which are limited in the proposed law.

Regarding the second classification of contradictions in the ethical-legal field, the author contemplates the ambiguity with which

the term “dignity” is approached, since it opens the possibility of at least two interpretations: the so-called “pro-death aid” and “pro-life”, each with its own understanding of what human dignity is. Another contradiction pointed out by the author is the one regarding the autonomy and consent of the persons who, according to the document, must be free of psychological and emotional affectations for the autonomy to be valid, something that is almost impossible considering the fact that, in the presence of a terminal condition, the reactions of denial, anger and the presence of pain are natural and to be expected.

Finally, the author points out the contradiction between the bill and the vocation of medicine, which is always to cure and never to end a person’s life.

In conclusion, for the author, “active aid in dying” is a manipulation of language to allow an act that is ethically and legally reprehensible in France.

The following article presents the subject of perinatal palliative care authored by Dr. Ricaud, Dr. Hanhausen and Dr. Philibert. This topic is of great relevance given that even today, the practice of perinatal palliative care is little known as an anticipated attention of those neonates who present some alteration that puts their life at considerable risk at birth and seeks to provide quality of life not only to them during the time they can live but also to their families by supporting and facilitating the mourning for the death of their child.

The authors review medical, social, family, spiritual and bioethical aspects to present arguments in favor of greater knowledge, referral and practice of this care among health professionals and families.

The fifth article presented in this issue, by Drs. Collazo, Brenner and Andrade, discusses the benefits and possible risks of incorporating A.I. in laboratory medicine.

The authors, after giving a brief introduction to A.I. and the advances it has made in laboratory medicine, highlighting its benefits in terms of accuracy in cancer, uterine and lung diagnoses, also warn

about the risks of the so-called “digitalization of medicine” proposed by the WHO for 2025, which includes the possibility of falling into cognitive biases when programming A.I. algorithms, the uncertainty and insecurity of some programs as well as the possible invasion of privacy and alteration of the confidentiality of patients’ biological data.

Therefore, the authors propose to take up the principles of responsibility, justice, security and autonomy to overcome the difficulties presented by the incorporation of A.I. in laboratory medicine.

The sixth article is an extensive review of the evolution of advance directives worldwide. Dr. Moncaleano and Dr. Rodriguez provide a historical overview of advance directives through two elements that, in their opinion, have contributed to this development: on the one hand, the progressive importance given to the principle of autonomy that has urged advance planning of the patient’s wishes in the face of the possibility of death and, on the other, the principle of vulnerability that has generated a greater awareness of planning even in the face of non-terminal but chronic diseases, which in turn awakens an ever greater awareness of the human finitude that is shared by all.

In the breakdown of these elements, the authors show us other important elements such as the acceptance, information, knowledge and attitudes of these documents among health professionals and patients, as well as their contribution to improving communication and the doctor-patient relationship.

Undoubtedly, this is an article that provides very valuable and well-founded information on how the subject still needs to be more widely disseminated.

The last article, by Dr. Mattheeuws, is an important effort to understand in depth the different problems and confusions that arose after the publication, in 1968, of Paul VI’s encyclical *Humanae Vitae*.

For the author, the criticisms and adverse reactions were not due to a perception of an anachronistic and closed doctrine, or of a

language that was too conservative, but of a new way of revealing God's desire for the conjugal union.

For the author, the two functions of the conjugal act did not close or close the novelty of marriage as it was believed but endowed it with a new dimension where the spouses participate in God's grace that gives life and perpetuates humanity.

Thus, marriage becomes an institution united to God and a participant in His love for all people, always.

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