

## INTRODUCTION

As the scientific publication of the Faculty of Bioethics at Anáhuac University, a Christian-inspired institution, we are deeply saddened by the death of Pope Francis on April 21 of this year. His Holiness Francis was a great defender of life and human dignity, emphasizing the necessary interconnection between the care for life and the care for the environment, and defending the dignity of all people, especially the excluded and discarded, migrants, the elderly, and the sick. His legacy in bioethics was and will continue to be a benchmark in issues of equality and inclusion.

For our part, we thank and congratulate Pope Leo XIV, who, we are sure, with his message of unity and love, will be able to continue the legacy of his predecessor, bringing new vigor to bioethical reflection in the face of realities such as artificial intelligence and new technologies.

In this context of transition in our Christian Church, we are called to continue creating spaces for dialogue and reflection where, through genuine and honest academic sharing, we can promote research and knowledge of Truth and Goodness.

We open this third issue of the journal with topics that cover a wide range of bioethical issues: from the relevance of certain drugs and their bioethical implications to the revitalization of global bioethics, including reflection on pain, the relevance of advance directives, and the current state of abortion in countries such as France and Italy.

The first article, by Dr. García Uribe, Dr. Almeida, and Dr. Carrero, examines modafinil not only as a pharmacological agent but also as a symbol of contemporary values embedded in technoscience. Through a critical review of the literature, the authors analyze how this drug, originally designed to treat sleep disorders such as narcolepsy, has been co-opted for cognitive enhancement in healthy

individuals. This practice, in turn, reveals a biopolitics that values productivity over rest, transforming pharmacology into a tool of social discipline.

The study links the modafinil phenomenon to the growing technocratization of medicine and the rise of an ethic of efficiency.

The military use of modafinil, as well as its increasing prescription in work and academic settings, reflects a culture that views sleep as an obstacle and constant surveillance as a desirable value. This techno-scientific view of the human body challenges fundamental bioethical principles, especially autonomy and justice, by shifting medical decisions toward a market logic.

The second article by Professor Rabwoni delves into the ethical challenges facing the health insurance system in Uganda, highlighting its low coverage and dependence on direct payments. From a bioethical and human rights perspective, the author criticizes the systematic exclusion of vulnerable populations and institutional weakness in the regulation of these services. The absence of a National Health Insurance system exacerbates inequalities and jeopardizes the principle of distributive justice.

Supported by the moral paradigm of Ubuntu and the principles of autonomy, beneficence, and justice, the author proposes structural improvements such as the need to strengthen community insurance, implement sustainable public schemes, and ensure transparency in management. He also emphasizes that access to health services cannot depend exclusively on individual economic capacity, but rather on an ethical vision of social co-responsibility.

The third article by Moncaleano *et al.* evaluates the level of knowledge and application of advance directives (AD) among physicians at the San Ignacio University Hospital in Bogotá, Colombia. Through surveys and interviews, the authors identify a general acceptance of AD in legal and ethical terms but also reveal deficiencies in their clinical implementation. Although most recognize its mandatory nature and moral value, barriers persist, such as lack of training, time, and communication skills.

The authors state that, although Colombian law requires compliance, medical practice has not yet fully integrated it. It is concerning that a significant percentage of physicians would not recommend the document or are unaware of their duty to refer cases.

The authors conclude that it is urgent to incorporate advance directives across medical training and hospital culture, as advance planning not only respects patient autonomy but also improves quality of life in terminal stages, avoiding futile interventions and promoting more humane and ethically sound medical decisions.

The fourth article by Dr. Montiel presents a critical review of suffering in patients with disorders of consciousness, based on recent neuroscientific evidence. The author questions the traditional notion that denies these patients' ability to experience pain, showing how neuroimaging studies reveal brain activity compatible with perception in states such as unresponsive wakefulness syndrome. These observations challenge the clinical and ethical approach to those who cannot verbally or behaviorally express their suffering.

The analysis presents the concept of "covert consciousness" and cognitive-motor dissociation as phenomena that force us to reconsider the notion of irreversibility in these cases. Montiel emphasizes that assessment based solely on behavioral criteria could render non-obvious forms of consciousness invisible, which could lead to omissions in pain treatment or decisions to withdraw life support.

The author proposes that the use of neurotechnology should be accompanied by solid bioethical frameworks that consider the precautionary principle and respect for the dignity of people within the framework of an ethics of care, even when communication is absent.

For her part, Dr. Fernández presents a necessary bridge between global bioethics and international human rights law (IHRL), highlighting that both fields share fundamental principles such as human dignity, universal justice, and care for the environment. The author proposes a methodological and interdisciplinary integration that allows for addressing the ethical challenges of an interdependent world, including the climate crisis, health inequality, and the violation of the rights of the most vulnerable groups.

The author argues that truly global bioethics must incorporate legal mechanisms to protect human rights in contexts of ethical and social conflict. This broad vision goes beyond the traditional medical framework and places bioethics as an active component of global governance, especially in health issues.

In conclusion, the article argues that global bioethics, understood from the perspective of international human rights law, allows for comprehensive and fair responses to the challenges of the 21st century, highlighting a commitment to equity and solidarity, as well as an approach based on intergenerational justice. This model not only enriches the field of bioethics, but also strengthens public policies towards greater inclusion, sustainability, and respect for human life in all its forms.

The sixth article by Badr and Nigris offers a critical comparison between the legal and ethical frameworks for abortion in minors in France and Italy. In both countries, the principle of self-determination has been established as an argument for allowing the termination of pregnancy, but the legal and cultural conditions differ. France has opted for greater autonomy in the decision, while Italy maintains requirements for parental or judicial consent. These differences raise bioethical questions about maturity, consent, and the protection of adolescent health.

From a bioethical perspective, the article highlights the need for a balance between respect for autonomy and the protection of minors, recognizing that abortion in adolescents cannot be addressed solely from a legal standpoint, but requires a comprehensive approach. The authors conclude that the main challenge is not only regulatory, but also educational: to create contexts that educate young women to make informed decisions, with institutional support and by developing cultural sensitivity.

As in previous issues, we present two reviews here:

First, Dr. Bajetti's review offers a critical look at transhumanism as a philosophical, social, cultural, and technical movement, questioning its promise of immortality, cognitive enhancement, and perpetual happiness.

The author asserts that the book is an indispensable reference for those seeking bioethical reflection in and for the digital age.

Finally, Dr. Abarzúa's review of the book *Human Enhancement* presents a choral work that reflects on the multiple philosophical, ethical, and bioethical aspects of human enhancement. Edited by García Echeverri, Piedra, and Vallejo, the work examines the impacts of artificial intelligence, genetic editing, and the very definition of humanity, assessing the need for ethical regulation that protects dignity and freedom from a comprehensive understanding, as well as from a critical approach that favors academic debate.

These articles, diverse in their thematic and geographical approaches, converge on the same ethical concern: the need to place human beings and their dignity at the center of all scientific, technological, and health-related reflection, as taught by Pope Francis and as invited by Pope Leo XIV.

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