

INTRODUCTION

We begin this last issue of the year with a series of articles that present different and innovative perspectives on key issues in bioethics, highlighting the urgent need for a humanistic approach to medical practice.

In the first article, Dr. Badr analyzes the legal and ethical dilemmas raised by the recognition of the “right to die” in France, especially following the recent passage of a law that provides for medical assistance in dying. The author examines how medicalization, institutionalization, and autonomy have transformed the way the end of life is understood. He also distinguishes between various interpretations of the right to die: the right not to suffer, to refuse treatment or therapeutic obstinacy, and the stricter interpretation of requesting euthanasia or assisted suicide, thereby highlighting the ambiguity of this right.

Furthermore, from a philosophical and legal perspective, the author delves into the concept of disposing of one’s own body, analyzing its basis and limits, such as the moral obligation to life, the impossibility of considering the body as mere property, and the principle of the unavailability of the human body. These limits question the legitimacy of legalizing assisted suicide.

Finally, Dr. Badr concludes that the right to die cannot be established without contradicting the right to life, which is the foundation of all other rights.

Dr. Pablo de Robina, in the second article in this issue, argues that Artificial Intelligence (AI), despite its benefits in efficiency, medicine, education, etc., faces a structural problem: algorithmic bias. This bias arises because algorithms are designed and trained with data from humans, which transfers conscious and unconscious prejudices to the systems. This leads to discriminatory decisions that affect gender, race, class, or other factors, amplifying existing inequalities. The article

emphasizes that this phenomenon not only has technical implications, but also profound ethical and bioethical consequences, as it undermines dignity and equity in a society that seeks justice.

Throughout the text, the origins and manifestations of algorithmic bias are examined, from the underrepresentation of certain groups in databases to errors in the design of AI systems that reproduce cultural and social stereotypes. Finally, the article proposes solutions to mitigate algorithmic bias, focusing on transparency by design, interdisciplinary development teams, implementation

Dr. Andherson, along the same lines, analyzes how technological advances applied to medicine and healthcare, while generating remarkable progress in diagnosis, treatment, and monitoring, have also introduced a growing risk of dehumanization in clinical practice. The author argues that excessive reliance on machines can shift attention away from the person and toward data, reducing the patient to a set of biomedical indicators. This phenomenon creates a less responsible doctor-patient relationship in which emotional, psychological, and spiritual aspects are neglected, weakening the holistic view of the human being.

The author recalls that, since Hippocrates, medicine has not only consisted of curing diseases but also of caring for specific people in their suffering. Ignoring this relational and ethical dimension of care implies a step backward in the humanistic foundations of medicine, with negative consequences for the trust and support that patients require.

Finally, the article proposes reorienting healthcare practice towards a person-centered model. To conclude, it suggests integrating technology as an auxiliary tool rather than a substitute for human presence, strengthening the training of professionals in communication and empathy skills, and promoting a bioethics that fosters the values of dignity, vulnerability, and solidarity. In this way, a balance between technological innovation and medical humanism is sought.

Dr. Fernández Ferro, in his article “Oral cavity cancer: challenges and perspectives,” presents a review of oral cavity cancer, highlighting its high incidence and impact on public health worldwide. The

text emphasizes that this type of cancer not only threatens the patient's life but also affects basic functions such as speech, eating, and aesthetics, seriously compromising quality of life. In addition, it stresses that diagnosis is often made at advanced stages, which lowers survival rates.

The analysis reviews diagnostic and treatment modalities, including clinical examination, biopsies, and imaging technologies, as well as surgery, radiotherapy, and chemotherapy. However, the author emphasizes that these alternatives, while advanced, still have limitations in terms of early detection and reduction of sequelae. In conclusion, the article argues that oral cancer is both a biomedical and social challenge that requires the integration of different medical disciplines, public prevention policies, and a patient-centered approach. The author proposes strengthening health education programs and research on more effective and less invasive therapies and calls for ensuring humane care that addresses the suffering of patients.

The article by Inés Pinzón, in line with the humanistic approach of the previous articles, reflects on the centrality of human dignity in healthcare, especially in vulnerable patients. The author emphasizes that dignity does not depend on a person's functionality but is inherent to their condition as a human being. In this sense, she warns against practices that reduce patients to objects of biomedical intervention, as this renders their integral dimension invisible and deepens their fragility, particularly affecting patients with chronic or terminal illnesses or disabilities, who often suffer discrimination, abandonment, or paternalistic treatment. The author argues that the true humanization of medicine requires a paradigm shift that goes beyond the utilitarian view and restores the central role of the person, ensuring their right to informed consent and active participation in their own care process.

Finally, the article proposes that bioethics, inspired by a vision of justice and solidarity, should serve as a compass to guide medical practice toward more humane care.

Doctors Rosales and Revello, for their part, defend the importance of rescuing and strengthening the humanistic dimension in

medical practice, in a context where technification and pressure for efficiency tend to reduce patient care to standardized procedures. The author explains that the medical act cannot be limited to the application of scientific knowledge and diagnostic techniques but must be a human encounter where the patient is recognized as a subject with dignity, history, and values of their own. This perspective recovers the classical view of medicine as a science and an art, oriented not only toward healing, but also toward caring and accompanying.

The authors criticize the tendency to prioritize productivity indicators over the quality of interpersonal relationships, which leads to depersonalized practices and a weakening of the ethical sense of the profession. They also emphasize that recognizing the vulnerability of the patient also implies recognizing that of the physician, which opens up the possibility of an authentic and supportive encounter.

Finally, the article proposes that in order to enhance this humanistic dimension, it is necessary to integrate spaces for ethical reflection, philosophy, anthropology, and the humanities into medical training, along with communication skills.

Dr. Alejandro Weber examines the role of *nudges* in medical practice, understood as subtle persuasion strategies that guide patient decisions without resorting to direct imposition. The author argues that these practices, inspired by behavioral economics, seek to guide patients toward choices considered beneficial to their health, such as adherence to treatments or the adoption of healthy lifestyles. However, he warns that the use of *nudges* introduces a complex ethical debate because, although they are presented as respectful of autonomy, in practice they can conceal forms of covert paternalism.

The analysis focuses on the tension between autonomy and beneficence: on the one hand, *nudges* can improve medical outcomes and prevent harm; on the other, they risk manipulating patients by limiting their real freedom of choice. The author reviews examples of applications in clinical medicine, from the way therapeutic options are presented to the design of hospital environments that favor certain behaviors. It is pointed out that these strategies can undermine trust in the doctor-patient relationship.

In conclusion, Weber argues that the ethical application of *nudges* in medicine is only possible if patient autonomy is respected, clear information is promoted, and shared responsibility in decision-making is encouraged.

Finally, in this issue we present a review by Dr. José Alberto Castilla Barajas of Justo Aznar's book *La vida humana naciente (The Emerging Human Life)*. This work, coordinated by Justo Aznar, is an interdisciplinary compendium structured in two hundred questions and answers that seek to offer pedagogical clarity on the value of human life. The text is written by medical authors, philosophers, jurists, biologists, and theologians, and is organized around four themes: the intrinsic dignity of life, the relationship between conjugal love and fertility, threats to nascent human life, and biomedical issues related to regenerative medicine.

The book highlights philosophical, biological, and legal arguments in defense of life from the moment of conception, refuting positions that reduce the embryo to a "potential being." The book also examines the challenges associated with fertility and fertility regulation, highlighting the risks of misinformation about contraceptive methods and emphasizing the benefits of natural methods, both in terms of health and marital communication and responsibility. It also offers a profound critique of assisted reproduction and practices that instrumentalize the embryo, arguing that these techniques generate ethical dilemmas by reducing life to criteria of utility or quality.

This review notes that the book devotes special attention to contemporary attacks on nascent life, from emergency contraception and abortion drugs to cloning, preimplantation genetic diagnosis, and experimentation with frozen embryos. In the face of these threats, the book asserts the duty to protect life at all stages as a fundamental good for humanity.

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