INTRODUCTION

In this second issue of the year, our journal continues with topics that not only open up the debate on classic issues in bioethics but also allow for a vein of novel considerations that are beginning to occupy relevant places in current discussions.

To begin with, the first article by Mr. Gandini returns to the dilemma surrounding surplus embryos from assisted reproduction techniques and their disposal. In it, the author analyzes the ethical dilemma that arises from in vitro fertilization in terms of the significant number of cryopreserved supernumerary human embryos. In the absence of clear regulatory frameworks —particularly in countries such as Argentina— the author raises the urgent need to reflect on the ontological status of the human embryo. From the outset, the work is situated within the framework of personalist bioethics and the teachings of the Catholic Church, assuming that the embryo is a human individual from the moment of fertilization and, therefore, subject to dignity and rights.

However, the technique of cryopreservation interrupts the natural development of the embryo and places it in an artificial situation that raises serious ethical objections from the perspective of human dignity.

The core of the article consists of a critical examination of the main alternatives proposed for cryopreserved embryos: implantation in the biological mother or in third parties (prenatal adoption), use in scientific research, indefinite freezing, and thawing to allow natural death. It concludes that all of these involve new forms of instrumentalization or manipulation of the embryo, even when the defense of life is invoked as the main justification. Throughout the argument, the author leans more toward one option than another, alluding to life that follows its natural course in defense of human dignity.

The second article, by Drs. Badr and Nigris, addresses one of the most complex clinical and ethical dilemmas in contemporary neonatology: decision-making in cases of extreme prematurity (less than 27 weeks of gestation), where survival is uncertain and the risk of serious sequelae is high. In this context, the authors analyze the tension between the implementation of intensive life-support treatments and the adoption of palliative care, highlighting the importance of advance care planning (ACP) as a framework for making prudent and compassionate decisions. The text is explicitly based on a personalist bioethics, which places the ontological dignity of the extremely premature infant (EPI) as the guiding criterion for clinical and ethical discernment.

To support their position, the authors contrast two predominant bioethical models applicable to extreme prematurity: principlism and personalist bioethics, favoring the latter for its anthropological foundation and some of its principles, such as therapeutic proportionality, the principle of double effect, and the principle of totality to avoid both therapeutic obstinacy and premature abandonment of the patient.

As a central contribution, the authors present the Personalist Protocol for Advance Care Planning for the Extremely Premature (PACP-PEPI), a dynamic model that introduces "verification of dignity" as a guiding question in every clinical decision and emphasizes the need for psychological and ethical support for both families and healthcare personnel. This model reduces the moral suffering of professionals and ensures that even the most vulnerable patients receive care that respects their human dignity.

The third article we present, by Dr. Ramos, introduces and analyzes the concept of medical gaslighting as a specific form of epistemic and ontological violence exercised in the clinical setting, through which the patient's experience is discredited and their testimony about their own suffering is invalidated. This erodes clinical trust, destroys the basis of the doctor-patient relationship, and transforms healthcare into a space of domination.

The author identifies three central mechanisms of medical gaslighting: discrediting testimony, which delegitimizes the patient's voice; affective pathologization, which reinterprets suffering as irrationality or emotional manipulation; and institutional rewriting of pain, through which an official narrative of suffering is imposed that eliminates the patient's subjective experience. These mechanisms hijack the patient's autonomy and strip them of their status as an agent in decision-making.

Thus, medical gaslighting undermines relevant bioethical principles such as autonomy, beneficence, non-maleficence, and justice. As a normative proposal, the author raises the need to reconfigure clinical practice based on ethics of recognition, which involves recognizing the patient's experience as a source of clinical knowledge, restoring trust, and recovering the doctor-patient relationship.

Fourthly, the article by doctors Hincapié, de Blas, and Fajardo offers a broad reflection on Gregorio Marañón's essay Vocación y Ética (Vocation and Ethics), highlighting it as a key text for understanding the ethical foundations of medical practice. Rather than a historical reading, the authors emphasize the relevance of Dr. Marañón's work and thinking for contemporary medical training, given his conception of the practice of medicine as a moral vocation and social service.

The text analyzes central categories of Marañón's thinking, beginning with effectiveness related to the virtue of prudence as the practical application of knowledge based on sound deliberation that includes not only science but also sensitivity.

Vocation is another component analyzed in the article in question, insofar as it represents selfless service, as well as the ethical responsibility that accompanies it in the face of human suffering. This notion is linked to duty, understood as a freely assumed ethical commitment, and instruction as the foundation for the practice of duty.

In conclusion, the authors argue that Marañón's triad —vocation, duty, and instruction—offers a moral anthropology of medicine that forms the basis of a humanistic medical education that integrates

science and conscience, technique and virtue, and reaffirms medicine as one of the highest expressions of service to human dignity.

The fifth article, by Dr. Israel Huerta, proposes a conceptual reconstruction of chronic hunger in the global sphere, arguing that it can and should be treated as a non-communicable pandemic. In contrast to the purely rhetorical use of the term "hunger pandemic," the author defines six operational criteria that allow for the prioritization and coordination of global health responses without confusing this framework with that of infectious pandemics.

The author makes a particularly interesting distinction between the notions of hunger, malnutrition, and food insecurity, showing how each dimension requires specific and coordinated interventions at different levels.

The analysis is complemented by arguments around the human right to food, distributive justice, structural non-maleficence, solidarity, and intergenerational responsibility. Thus, the author argues that conceiving chronic hunger as a noncommunicable pandemic directs the discussion toward institutional and governance obligations and helps to understand the interactions between hunger, disease, conflict, climate change, and social inequalities.

The sixth article in this issue, by Javier Rodríguez, analyzes how transhumanism has influenced the modern tendency to replace moral and philosophical explanations of evil with biomedical interpretations or mechanical failures. This shift implies a profound transformation of ethics, turning ethics into an object of medical intervention and reducing freedom and responsibility to physical and biological parameters.

The core of the analysis focuses on the notion of bioideology, understood as a normative framework that absolutizes categories such as health, ability, normality, performance, etc., and turns them into criteria for ethical and social evaluation. Transhumanism, while explicitly rejecting a universal human nature, implicitly introduces a techno-scientific goal that seeks unlimited perfection. One example mentioned is ableism, which ranks human lives according to degrees

of functionality and productivity, generating eugenic and exclusionary ideologies.

The article questions the constant practice of medicalizing moral evil, where the ethical improvement of society is nothing more than a measurable and optimizable function through neuroscience, pharmacology, or genetic engineering. Among other risks, this leads to the erosion of ethical responsibility and to human imperfection no longer being accepted as an existential condition, but rather as a biological error that must be corrected.

Finally, the author analyzes the political consequences of transhumanist discourse and proposes critical bioethics that affirms the intrinsic dignity of every person, recognizes vulnerability and interdependence as constitutive dimensions of humanity, and clearly distinguishes between alleviating avoidable suffering and devaluing the lives of those who live with limitations or disabilities. Thus, in the face of transhumanist ideology, it is necessary to recover an inclusive and relational conception of morality and citizenship.

Finally, we present an article about mental health, a fundamental area of healthcare. Dr. Arancibia and Dr. Martínez Villavicencio first analyze the historical and conceptual evolution of Attention Deficit Hyperactivity Disorder (ADHD), highlighting its close link to the development and expansion of the use of psychostimulants. From the earliest formulations to their inclusion as a neurodevelopmental disorder in the DSM-5, the authors show how diagnostic changes, clinical evidence, and social pressures have shaped an increasingly broad understanding of ADHD. This process has led to a significant increase in drug prescriptions and has opened the debate on overdiagnosis and unnecessary medicalization.

The work offers a detailed analysis of the clinical evidence on the use of psychostimulants, recognizing their effectiveness in reducing ADHD symptoms and associated risks when used in well-indicated therapeutic contexts. However, the authors emphasize that the neurobiological basis of the disorder remains partially uncertain. This gap in understanding becomes particularly relevant considering the

increase in prescriptions for adolescents and adults, as well as the non-medical use of these drugs in educational and work settings.

The authors critically analyze the motivations, consequences, and risks of this use. They also examine the influence of the pharmaceutical industry, which challenges bioethical principles such as autonomy, beneficence, non-maleficence, and justice.

In conclusion, the article proposes the need to strengthen a rigorous analysis of clinical ethics that allows us to distinguish between therapeutic need and desired improvement. This requires a comprehensive understanding of the disorder for a more accurate diagnosis and more focused care that is not merely medicalized. Thus, ADHD presents an opportunity to rethink the processes of medicalization and the commercial influences that underlie them.

As can be seen, the range of topics presented in this second issue not only revisits ongoing discussions in fundamental bioethics but also raises interesting questions about interventions in the field of health that are far from having an ethical basis and stray from the principle of respect for human dignity as the backbone of bioethical knowledge.

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