

INTRODUCTION

We present Issue 3 of our journal in a context shaped by new technologies that continue to challenge the ethical viability of universal values such as dignity and life, not only in the field of bioethics but also in many other disciplines.

This issue is no stranger to these debates and presents, first, the article “The Human Person Amid Algorithms: An Imminent Dialogue Between Personalism and Artificial Intelligence,” which revisits the complexity of the debate between the functions proper to artificial intelligence and those of the human person in their rational dimension.

Subsequently, the article delves into the notion of the person as understood by the personalist current in bioethics, for which the person is necessarily a relational being and, therefore, the bonds they establish are irreplaceable, as they are grounded in virtues such as empathy, trust, and moral responsibility. The article emphasizes that AI, while useful as a support tool, cannot replace ethical judgment or the human dimension of interpersonal relationships.

The author also examines the risks associated with artificial intelligence, including the so-called “black box” of *deep learning*, which jeopardizes human freedom; algorithmic bias, which exacerbates social inequalities; and the delegation of moral responsibility, which can constitute serious violations of human dignity. Nor does he fail to warn of the danger of reducing the human person to something decipherable and programmable like a simple algorithm.

Finally, the article proposes that the solution does not lie in rejecting technology, but in establishing a critical dialogue between personalism and artificial intelligence. The author advocates for the need to educate new generations in the ethical and responsible use of AI, promoting training that enables the understanding and mastery of these tools, without replacing human thought.

The second article, by Dr. Ocampo *et al.*, provides a comprehensive overview of the clinical, social, and bioethical implications of rare diseases (RD), emphasizing that, although each has low prevalence, collectively they affect millions of people and place a heavy burden on patients, families, and healthcare systems, as approximately 95% of them lack approved treatments and often take a long time to diagnose.

The text emphasizes the transformative potential of technologies such as gene therapy and highly personalized interventions, including those designed for a single patient. However, these alternatives pose significant ethical challenges due to uncertainty about their long-term effects and the fact that they cannot be treated as clinical trials. Nevertheless, denying these therapies for bureaucratic reasons, the authors warn, represents an urgent issue of justice in access to health services.

Furthermore, the article analyzes the Mexican regulatory framework and compares it with international models such as the *Expanded Access* and *Right to Try* programs in the United States, a topic also featured in this issue of our journal.

Finally, the article proposes a series of ethical and regulatory guidelines to strengthen research and care for rare diseases in Mexico. Among these are the creation of a specific regulatory framework for advanced therapies, the strengthening of national registries for rare diseases, the promotion of translational research, and the active participation of patient organizations in decision-making.

For its part, the third article, by Dr. Fernández and Dr. Grijalva, falls within the field of law and proposes a methodological framework for resolving contemporary bioethical conflicts by integrating the *pro persona* principle with Robert Alexy's theory of weighing.

The authors start from the premise that global bioethics faces complex transnational problems, such as the environmental crisis, artificial intelligence, health inequalities, and emerging biotechnologies, which cannot be resolved solely through traditional biomedical bioethics and its principles, but also require a cultural sensitivity linked to the current state of human rights across different generations.

In the body of the text, the authors explain that the *pro persona* principle constitutes an indispensable criterion for interpreting norms in the manner most favorable to those involved as persons. This principle, extensively developed within the Inter-American human rights system, allows for the articulation of rigor and flexibility simultaneously, optimizing the highest possible level of protection for the person.

For their part, proportionality, balancing, and Alexy's "formula of weight" are presented as useful tools, since this methodology requires evaluating the intensity of the impact on each principle, the importance of the objective pursued, and the proportionality of the measures adopted.

The authors argue that this proposal to integrate both tools offers a possible path to address issues such as the governance of artificial intelligence, environmental justice, gene editing, and the equitable distribution of scientific benefits, all of which are current challenges in global bioethics.

The fourth article, "Declining fertility rate: causes, Catholic desiderata, and 'openness to life,'" by Dr. Abal *et al.*, examines the global phenomenon of declining birth rates and its social, cultural, and ethical implications.

Based on recent United Nations data, the text notes that global fertility has fallen dramatically since the 1960s and that many countries are already below the replacement rate. This, coupled with increased life expectancy, is leading to an aging population that threatens the sustainability of health care, pension, and social welfare systems. This decline, however, the authors argue, has not only economic implications but also represents a loss of hope for the future and a profound shift in how we perceive and understand the family and the human person.

The authors identify three major causes of the declining birth rate. The first relates to the economic and employment difficulties faced by young couples; the second, to the effects of the sexual revolution and the widespread availability of contraception; and the

third delves into the current paradigm of thought: individualism, the weakening of permanent commitments, the rejection of vulnerability, and certain cultural trends that view procreation as an environmental or economic problem.

In light of this, the article proposes a response grounded in Catholic ethics and social doctrine centered on human dignity and “openness to life.” The promotion of family and marriage, the non-instrumentalization of procreation, as well as public policies on gender equality, intergenerational care, and mutual respect, are necessary to shift the current paradigm of rejection of life toward one of openness to life as a gift rather than a burden.

Fifth, we present the article by Drs. Chang, León Jiménez *et al.*, which reflects on the difficulties faced by healthcare personnel in resource-limited settings in Peru. The authors describe how factors such as corruption, shortages of human and material resources, work overload, and the aftermath of the COVID-19 pandemic generate helplessness and frustration among healthcare workers in the face of patients’ suffering. Therefore, they highlight the need to restore a vision centered on the human person and the patient’s dignity, while also considering their spiritual and family dimensions.

The text explores the concept of “clinical inertia,” understood as the behavior of healthcare workers who, even though they know which actions could benefit the patient based on evidence and best practices, do not carry them out. This is due, among other things, to the fear of making mistakes, a lack of communication with patients and colleagues, professional burnout, the absence of clear protocols, and resignation in the face of the system’s limitations.

Overcoming this “clinical inertia” is based on reestablishing adequate communication and a more human and close relationship with the patient, one that demonstrates an authentic commitment to the suffering of the other.

To achieve this, we propose starting from a Christian perspective in which the body is the vehicle through which the person manifests themselves. This perspective is embodied in the figure of Jesus: the

suffering patient represents the very image of the suffering Christ, and thus the medical act acquires a spiritual and transcendent dimension.

Sixth, we present the article by Drs. Jennedy and de los Santos, which discusses current legislation regarding the so-called *Right to Try Act*, passed in 2018. This legislation allows terminally ill patients to access experimental medications without approval from the *Food and Drug Administration* (FDA) or review by bioethics committees. In this issue, we also present the article by Ocampo et al., which delves deeper into this topic.

The authors explain that the law emerged as a compassionate alternative to the lengthy delays in regulatory approvals and to provide treatment to patients with no known cure. However, since its implementation, it has sparked intense debates regarding the balance between patient autonomy and the need to protect the safety and efficacy of experimental treatments.

From a bioethical perspective, the text analyzes this legislation in light of the principles of autonomy, beneficence, non-maleficence, and justice, and concludes that, while this approach offers hope to some patients, it also poses significant ethical risks; therefore, it proposes expediting oversight and authorization without compromising the analytical rigor of bioethical principles.

Finally, the review presented in this issue, by Dr. Martín del Campo and Dr. Guzmán, summarizes the work *Bioethics in the Age of Artificial Intelligence: Challenges and Perspectives*, by Dr. Rivas Fernández and Dr. Ortiz Ramos.

This work compiles a series of opinions from experts who have used artificial intelligence (AI) in medical practice, in areas such as diagnostic imaging, surgical assistance, monitoring of post-surgical patients, and the development of new treatments, among others. These accounts highlight both the advantages and disadvantages of using AI in light of the four classic principles of principlism proposed by Beauchamp and Childress: autonomy, beneficence, non-maleficence, and justice, emphasizing that the advancement of

artificial intelligence in medicine requires urgent ethical and legal regulation to ensure the protection of human dignity and patient safety, as well as the inclusion of other interdisciplinary approaches, without ever losing sight of the central focus on the person and their dignity in the doctor-patient relationship.

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