

Decision-Making in human fertility: a bioethical reflection from a nursing perspective and the principle of freedom and responsibility

Toma de decisiones en fertilidad humana: una reflexión bioética desde la perspectiva de la enfermería y el principio de libertad y responsabilidad

Pía Bustamante-Barahona*

School of Medicine, Universidad San Sebastián, Concepción, Chile

Victoria Constanza Avendaño Trivique**

Universidad Santo Tomás, Chile

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* Academic, National Department of Bioethics, School of Medicine, Universidad San Sebastián, Concepción, Chile. Email: pia.bustamante@uss.cl ORCID record: 

** Health Sciences Faculty Member, Centro de Aprendizaje Santo Tomás, Sede Temuco, Chile. Email: vavendano2@santotomas.cl ORCID record: 

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Abstract

Currently, decision-making in the field of human fertility is frequently guided by an understanding of autonomy which is almost exclusively centered on individual self-determination, detached both from moral responsibility and an adequate anthropological foundation. This approach has favored the justification of various biomedical practices primarily based on subjective desire, while overlooking essential ethical considerations.

The aim of this article is to reflect on decision-making in fertility guided by the principle of freedom and responsibility as understood within ontologically grounded personalism, incorporating a perspective from the discipline of nursing. Through a narrative and reflective methodology, the anthropological foundations of human freedom, its intrinsic relationship with truth and the good, and the ethical implications of autonomy understood in a radical manner and detached from the social and relational nature of the person are analyzed.

Furthermore, contemporary bioethical challenges in the field of fertility, such as assisted reproduction, cryopreservation, and the instrumentalization of the human body, are addressed, highlighting the role of nursing as a moral agent committed to the integral care of women, family, and human life.

Keywords: personalist bioethics, human dignity, relational autonomy, holistic care.

1. Introduction

In the 21st century, it could be argued that a large part of the bioethical dilemmas related to human life and fertility seem to be resolved almost exclusively from the perspective of individual autonomy. This phenomenon is embedded within a cultural context and reality marked by strong ethical relativism, immediacy, and individuality, factors that are progressively corrupting the social and family spheres, turning autonomy into an emblem that, while a fundamental aspect, when lived out in a radical and ideological manner, clouds

decision-making and prevents us from seeing the ethical implications of our actions.

Turning to anthropological foundations, when Kant referred to autonomy, he noted: “A rational being belongs to the realm of ends as a member if it legislates universally within that realm, but it is also itself subject to those laws” (1).

This understanding warns that autonomy cannot be reduced to a mere choice, since true autonomy implies a connection to practical reason, considering its anthropological reality and moral foundation. Among these latter aspects, social being and relationality stand out. However, in contemporary culture, autonomy is often understood as mere subjective self-determination, divorced from human nature.

This reduction of autonomy to subjective self-determination has contributed to a broader anthropological crisis, in which freedom is frequently experienced without reference to responsibility or to the truth about the person. Within this framework, human life begins to be evaluated according to criteria of utility, functionality, or quality of life, undermining the recognition of its intrinsic value. Faced with this situation, it is necessary to recover a comprehensive understanding of freedom that recognizes its inseparable link to responsibility toward oneself and toward others.

Personalist bioethics, grounded in ontology, provides a solid framework aimed at promoting the integral good of the human person, who is the axis and center of social life (2). It maintains that the person is a unity of body and spirit, endowed with ontological dignity and irreducibly at the center of ethical reflection. From this perspective, freedom is not conceived as an absolute power of disposition, but rather as a capacity oriented toward the good and exercised responsibly within the context of interpersonal relationships. In particular, the principle of freedom and responsibility, as developed in personalist bioethics, allows for the articulation of the individual dimension of decision-making with ethical responsibility toward one’s own life and that of others.

The realm of human fertility is a particularly sensitive area for this analysis, as it is where biological, personal, relational, and social

dimensions converge intensely. Decisions related to sexuality and the transmission of life reveal one's conception of the person, the body, and freedom, and require ethical reflection that transcends technocratic or individualistic simplifications. In this context, nursing—as a discipline oriented toward the holistic care of the person and the protection of life in situations of vulnerability—plays a significant role in supporting complex decision-making processes throughout the life cycle, including in the realm of fertility.

The purpose of this article is to reflect, from the perspective of ontologically grounded personalist bioethics and the discipline of nursing, on decision-making regarding fertility in light of the principle of freedom and responsibility. Using a narrative and reflective methodology, the article analyzes the anthropological foundations of human freedom, its ethical implications in the field of fertility, and the main contemporary challenges associated with this field, with the aim of providing guiding criteria from the nursing profession that promote a practice of care respectful of human dignity and committed to the protection of human life.

2. The principle of freedom and responsibility

The principle of freedom and responsibility—where the conjunction “and” signifies an inseparable union between the two—occupies a fundamental place within personalist bioethics, as developed by Professor Elio Sgreccia, who was a cardinal and one of the leading figures in ontologically grounded personalism (3).

The principle of freedom and responsibility is one of four principles, alongside the principle of the defense of life, the principle of totality or the therapeutic principle, and the principle of sociability and subsidiarity (4).

At its core, this principle reinforces the social nature of the person by emphasizing that while a person is truly free, this freedom must always be exercised with regard for others. In Sgreccia's words:

“Before the right to freedom lies the right to the defense of life; in other words, freedom must first and foremost take responsible care of one’s own life and the lives of others” (4).

The emphasis is clear: individuals cannot separate freedom from responsibility toward themselves and others. Freedom has never meant arbitrarily choosing whatever one desires; rather, it entails, at the same time, being responsible for one’s actions and directing them toward the objective moral good. This conception is grounded in an ontological foundation and should not be based solely on the power of subjective decision-making, but rather on the structure of the personal being—endowed with reason and will—which constitute the sources of morality and must be oriented toward the good and, of course, the truth.

St. Augustine, for his part, pointed out that freedom was given to human beings to live righteously and to choose between good and evil (5). Centuries later, St. Thomas Aquinas elaborated on this idea, explaining that the free will naturally tends toward the good, since the good constitutes its very object. “The moral good, the object of the will and of action, is a real good insofar as it participates in the absolute good, which is God” (6).

When speaking of the good, it cannot be understood without bearing in mind the search for truth; for if it is not oriented toward truth, it would be impossible to determine what is good for the person. Following this line of thought, John Paul II stated, “There is an even deeper aspect to emphasize: freedom denies itself, destroys itself, and sets itself up to eliminate the other when it neither recognizes nor respects its constitutive bond with the truth” (7).

With regard to current dilemmas, in many issues related to fertility, freedom is understood as extreme self-determination, usually under the premise “my body, my decision” or, in English, my body, my choice, a notion that is widely disseminated in the media (8). This individualistic reality, in which the person is reduced to a mere object, ultimately leads to the radicalization and absolutization of personal decisions. Today, freedom is experienced from the outside,

from the superficial, that is, solely as an experience of choice. At its core, this is freedom lacking in depth and removed from the good. In this regard, John Paul II also strongly criticized this phenomenon, noting that autonomy understood as independence ultimately denies true freedom, and that a pursuit of freedom based on the superficial leads to viewing the other as a real enemy, and society ends up consisting of a large number of individuals who do not form genuine relationships or bonds, in an environment where relativism reigns and “everything is negotiable, even the first of the fundamental rights, the right to life” (7).

Autonomy, when experienced from an individual perspective and without consideration of what a person is, leads to licentiousness. Indeed, there are several utilitarian and functionalist approaches that have taken deep root in national and international culture. Under this type of utilitarian autonomy—advocated by figures such as T. Engelhardt—it is argued that one is a person only as long as one can exercise higher faculties such as self-awareness and rationality (9). From the perspective of personalism, this view presents a major problem, since it excludes from the category of person those who cannot defend themselves.

Elena Postigo, a renowned Spanish philosopher, describes these relativist positions by noting that, at their root, they stem from a dichotomy in which “there is a separation between the body and the personal dimension.” According to these views, it is asserted that “the body does not express the person; rather, at certain moments, it is merely biological matter” (10). This separation, which Postigo identifies as the cause of major problems, evidently ends up reducing the biological body to a mere functional aspect. According to her argument, when there is no current manifestation of consciousness, the body can be completely manipulated and deemed worthless. On the other hand, this has given rise to positions in favor of surrogacy—also known as gestational surrogacy—since the womb is viewed as separate from the person, failing to consider that what is ultimately being “rented out” is the person and not just the womb.

At its core, the principle of freedom and responsibility offers a critique of radical individual autonomy as well as of functionalism, emphasizing the need to return to what is one's own, to what is genuine, to what is essential. To put it another way, to the extent that a person does better, they also become freer. There is no true freedom except in the service of good and of justice (11). In other words, freedom can be understood in its essence only when it is integrated with responsibility and openness to others.

3. The importance of understanding the good

When discussing freedom, it is crucial to delve into the concept of good due to their intrinsic connection. In fact, under the principle of freedom and responsibility, decisions regarding fertility must be guided by the criterion of the integral good of all those involved, which obviously includes the embryo, a factor that is often overlooked. True freedom does not mean that the desire for a pregnancy comes to take on the characteristics of a right to be satisfied at any cost (12), but rather the freedom to do good in the transmission of life, while also respecting the dignity of human procreation, its respective ends, and meanings.

This analysis allows us to reflect on how many people allow themselves to be guided exclusively by emotional considerations, since they often value the result but not the means used to achieve it, nor the object of moral act. For example, in the case of in vitro fertilization, a procedure that enables people facing infertility to have children, genetic selection of embryos is involved. On the other hand, a very current example resulting from the postponement of motherhood, is the adoption of the idea of cryopreserving "young" eggs. However, there is no mention of the fact that what follows this is, likewise, in vitro fertilization, with the same ethical implications for the embryos, who may be subjected to risks, discarding, or manipulation.

Postigo (10) has also addressed this point: “The human body, regardless of its stage of development, manifestation, and so on, must be protected and safeguarded as the ‘place’ where the person lives and as a source of norms and responsibility.”

This last statement by Postigo emphasizes that the body, even in its initial stages, is constitutive of the person and possesses a personal meaning, one that is neither reductive nor functional. But, at the same time, it raises the relationship between the good and the whole, since that good must be oriented toward the person as a whole. Under this logic, any technical intervention involving human beings must also be consistent with the protection of dignity. Separating corporeality from the person—as if the embryo were an object and the person were to emerge only later—does not constitute ethical conduct.

In the face of prevailing relativism, it is essential to define what constitutes the objective moral good. Today, many customs tend to reduce morality to individual preferences. However, the classical philosophical tradition and ontological personalism maintain that there is an objective human good, which is rooted in human nature. It is not a matter of living by a third-person ethic and merely obeying heteronomous norms, but rather of recognizing that happiness and full human fulfillment depend on responding to the truth about the human person and on an orientation of openness toward others. For Thomas Aquinas, “the good is that which all things desire” (6)—that is, that which perfects their nature. Thus, a person’s inclinations—such as preserving one’s own life, seeking truth and happiness, living in society, having children, raising them, and doing good, reveal objective goods to be pursued. For him, then, knowing the truth and doing good are two fundamental orientations of the free person, which in turn are intimately related to responsibility.

4. The significance of responsibility

Personalism seeks to reveal the harmonious and integral reality of the person, in which personal freedom only reaches its fullness when

it is directed toward the good, but also toward responsibility toward others. In this way, responsibility allows us to move beyond the contemporary notion of freedom understood exclusively as the absence of external coercion. Being responsible means taking ownership of the moral significance of one's own actions and their consequences. When this does not happen, everything ends up being reduced to a mere individual whim.

There is a very important aspect of responsibility: it has its origin in human interdependence itself. From a very early age, we need others, and in turn, they take on the role of caregivers and protectors of this life in a state of extreme vulnerability. This reality, rooted in our social nature and in the need for care, is the source of our capacity to identify with others.

One of the central aspects to consider within these social relationships is recognizing the ontological dignity of the person. It is here that we must emphasize that "human beings are equal in their fundamental and specific nature, and equal in dignity and rights as human beings" (13). It is this very dignity that demands that freedom be articulated with responsibility (14).

5. Application to the concept of fertility

The indissoluble complementarity between freedom and responsibility takes on special relevance in the field of human fertility. Decisions related to sexuality and the transmission of life acutely challenge our understanding of the person, the body, and freedom.

In recent decades, the biotechnological revolution, particularly in assisted reproduction and genetics, has given individuals unprecedented power to decide how and when to conceive children, largely overcoming biological barriers. The problem that has arisen is that all these advances have also gone hand in hand with an ideology of "reproduction à la carte," based on the primacy of individual autonomy and subjective desire over any other relevant ethical consideration.

Thus, for example, practices such as in vitro fertilization, surrogacy, or gamete donation are often justified by appealing to the supposed right of adults to have a child on their own terms.

Similarly, contraception and the separation of the unitive and procreative ends of the conjugal act are regarded as achievements of individual freedom. However, from the perspective of ontological personalism, one must ask: Is this reproductive freedom truly responsible and consistent with the dignity of the people involved? Clearly, the answer is no, since, for the most part, the individual is viewed in isolation, and fertility has completely lost its sense of self-giving.

6. A person-centered foundation

a) The need for a foundation

In a world where a loss of meaning exists in various spheres, an anthropological framework grounded in human nature itself becomes essential. Today we see how many models are based on functionalist theories, which, as a result, lead to the loss of many lives. The definition of a person —and what we understand a person to be— is a decisive factor in the actions we take toward others. First and foremost, a person is a body-soul unity, that is, a holistic whole. This understanding is often hindered by a reductionist culture that considers and values only tangible or visible aspects, which ultimately reduces the person to an object. Another fundamental aspect is human dignity, which is ontological and inalienable, derived from the very being of the person. Every human being, by virtue of being a person, is “the individual substance of a rational nature. This is how Boethius established and defined it” (15). The person possesses intrinsic dignity, which does not depend on accidental qualities —such as age, health, cognitive ability, capacity for autonomy, and so on— nor on their utility. This ontological dignity is grounded in the spiritual

dimension of the human being: their capacity for truth, freedom, will, and the ability to love and to welcome. In this regard, it is worth noting that even non-religious thinkers agree that the human person possesses dignity. Jacques Maritain expresses this clearly when he states that “the person is a whole, a universe, an end in itself” (16). All of this is a reality and a truth that all people —believers and non-believers alike— can come to know. In other words, “every person can come to discover, in the natural law written in their heart, the sacred value of human life from its beginning to its end” (5).

b) Fertility and self-giving

Human fertility is not an isolated or merely biological dimension, but rather a constitutive aspect of the person, inscribed in the ontological structure of the human being as a sexual, relational being oriented toward communion and acceptance. From a personalist bioethical perspective, fertility is understood in its broadest sense and expresses a person’s capacity to go beyond oneself, to transcend one’s own self, and to open oneself to the existence of another. In this sense, sexuality reveals a person’s openness to another; this, in turn, reveals another truth: human beings are by nature oriented toward self-giving, fertility, and relationship (17).

This reality of fruitfulness is intrinsically linked to love, which is the original dynamic through which a person gives oneself to another, recognizing the other as a “you” endowed with ontological dignity. It is not merely an intense and fleeting feeling, but a free decision by which a person gives oneself entirely, body and soul. Interpersonal self-giving also includes one’s own generative capacity —one’s own fertility— since it is part of personal identity and not something added to it.

The Magisterium has also confirmed this. *Amoris laetitia* affirms that the sexual body is “the place where the language of love is spoken” and that fertility is part of the truth of conjugal love: “Conjugal love is, by its very nature, oriented toward the generation of life” (18).

For his part, Paul VI noted in *Humanae vitae* that conjugal love is by its very nature “fully human, total, faithful, and fruitful” (19), recalling that fertility is not merely a biological fact but a personal value that shares in the very dignity of love.

From this perspective, the total union between a man and a woman is not limited to the emotional or physical dimension, but rather expresses a unitive bond that integrates body, affectivity, happiness, will, and life plan. Thus, “it is not merely a matter of desiring the good of the other in the conjugal act and of sacrificing our selfish tendencies; it is about giving oneself fully and without reservation with the totality of who we are” (20). Personalist bioethics understands procreation as an act in which parents “participate in the mystery of life” and are responsible and committed custodians of a good that transcends them: the life of their child.

From the perspective of ontological personalism, fertility is part of the anthropological truth of love: it is the sign of self-giving that does not withdraw into itself but opens itself to another human being. In this openness, it is revealed that the meaning of existence lies not in individuality but in communion, in the capacity to welcome, protect, and love a new life. For this reason, the creation of a new life is the most perfect and clear expression of a person’s relational capacity and active participation in creation.

c) How are decisions ultimately made?

From a practical standpoint, decision-making in bioethics, especially on issues related to fertility, requires integrating theoretical reflection with the concrete reality of the person. The first step is to recognize that human actions always have an effect on others, because we are intrinsically interdependent beings. This interdependence is not merely sociological but ontological; it belongs to the very structure of the human being. According to Imran (21), ethics aims at a good life with and for others; this responsibility is not chosen but is imposed by the very presence of other people.

This awareness of interpersonal impact is directly linked to the development of virtues, especially prudence, which in the personalist and Thomist tradition is understood as right reason applied to action. Prudence does not consist merely in caution, but in the ability to discern what is conducive to the integral good of the person in a specific situation. In bioethical contexts, prudence becomes an intellectual virtue that allows one to evaluate the foreseeable consequences of actions, that is, to deliberate and act within the realm of the contingent while respecting the totality of life (22).

A second, practically central element is the pursuit of good. Identifying what is “good” for a person in a given circumstance is not always straightforward. However, personalism reminds us that the good is neither a subjective construct nor an emotional preference, but rather the fulfillment of that which perfects human nature. As Postigo (17) states, bioethical decisions can only be morally valid if they are grounded in a solid anthropology that recognizes the dignity of the body, openness to others, and the irreducible value of life. Therefore, ethical action requires constant reference to the truth of who we are as people, avoiding superficiality, social pressures, or utilitarian views that fragment the profound meaning of existence.

In the specific realm of fertility, decision-making becomes particularly complex. Contemporary science shows that choices related to lifestyle, metabolic health, nutrition, sleep, or stress have a direct impact on human fertility (23). From a personalist-ethical perspective, this means that fertility is not an incidental detail, but rather an aspect for which the person must take responsibility, by fostering conditions that respect and promote its integrity. Caring for one’s own fertility and that of others is a moral duty insofar as it is part of caring for life and of openness toward others. Pope Francis, in *Amoris laetitia*, reminds us that sexuality and fertility are “languages of the body” that require responsibility, respect, and true love (18). *Humanae Vitae* adds that fertility is a gift that must be protected from technocratic reductions (19). These teachings maintain that decision-making regarding fertility cannot be separated from the dignity of the person or from the value of life in all its stages.

For this reason, bioethical education is key. It is not enough to have access to technical information; it is necessary to integrate that information with an anthropological perspective that allows for an assessment of the moral impact of decisions. Familiaris consortio reaffirms that decisions regarding fertility must be understood in light of the truth of love and responsibility toward nascent life (24). Thus, the practical dimension of bioethics consists not merely in choosing procedures, but in directing freedom toward the integral good, considering both one's own dignity and that of those who might be affected by our decisions.

d) The role of nursing in supporting fertility decision-making

Today, the anthropological notion mentioned above has been lost. Instead, our society is strongly characterized by a period of the supremacy of radical autonomy, and what John Paul II called the “culture of death” is being spread and promoted, a culture in which society is conceived as based on efficiency and a war of the powerful against the weak (25). These last two points are relevant, since it appears that those who can assert their autonomy are considered to have much greater value than those who cannot.

Under this understanding of autonomy without responsibility, we can observe how, today, practices such as embryo cryopreservation, in vitro fertilization, the morning-after pill, and the disregard for the unitive and procreative ends of the conjugal act—all of which fall within the realm of fertility—are often justified by appealing to this autonomy, which has been severed from its ontological origin. As Pope John Paul II points out: “However, when freedom is absolutized in an individualistic sense, it is emptied of its original content and contradicts its very vocation and dignity” (7). In other words, a freedom conceived without responsibility and detached from the truth ultimately destroys the person themselves and, above all, puts the lives of the most vulnerable at risk, in addition to “ending up as the freedom of the strongest against the weak who are destined to succumb” (7).

Against this backdrop of absolute autonomy, serious concerns are beginning to emerge, as technological advancements and social media portray an idealized notion of happiness centered on material aspects, which fosters the impression that only certain lives are worth living, those free from suffering and focused on the enjoyment of material goods.

In this context, the idea of “perfect health” has been promoted, failing to recognize that health is part of a continuous health-illness continuum. This means that, by their very nature and vulnerability, people also tend to fall ill. Within this context, nursing plays a fundamental role in supporting and managing people’s care. This discipline is defined by the International Council of Nurses (ICN) as: “a profession dedicated to upholding the right of all people to enjoy the highest attainable standard of health, through a shared commitment to providing collaborative, culturally safe, and person-centered care and services. Nursing acts and advocates for people’s equitable access to health and health care, as well as to safe and sustainable environments” (26); beyond its specific clinical functions in treatments related to human fertility, it plays a decisive ethical and moral role in therapeutic support and complex decision-making. Nursing practice, according to the ICN (26), “embodies the philosophy and values of the profession by providing professional care in the most personal aspects of people’s health-related lives.” Therefore, care management is grounded in science-based disciplinary knowledge, technical skills, ethical standards, and therapeutic relationships; within this framework, nurses practice their profession while respecting people’s dignity, promoting the responsible autonomy, and supporting the process of ethical-clinical deliberation.

This professional judgment is grounded in the perspectives of various nursing theorists, as support in fertility decision-making is understood as an expression of holistic care for the person, which transcends the biological dimension to encompass emotional, relational, ethical, and spiritual aspects. Jean Watson’s Theory of Human Care conceives of care as a moral and humanizing act aimed at preserving human dignity, in which the transpersonal relationship of

care fosters decision-making processes consistent with the profound meaning of lived experience, especially in contexts of vulnerability (27). For her part, Madeleine Leininger (28) emphasizes the importance of culturally congruent care, noting that decisions related to fertility are influenced by values, beliefs, and sociocultural contexts, which must be understood and respected by the nurse in order to provide ethical and prudent support. Likewise, Patricia Benner emphasizes that a nurse's expert clinical judgment develops from lived practical experience, enabling her to identify the moral complexity inherent in clinical decision-making and to respond responsibly to challenging ethical situations, such as those related to human fertility (29). Taken together, these perspectives reinforce the understanding of nursing as a discipline that not only performs care interventions but also supports complex decision-making processes, integrating human freedom with the ethics of caring for human life.

Contemporary literature on bioethics applied to nursing recognizes that nursing professionals not only participate in direct patient care but also act as moral agents in clinical and ethical contexts. Recent research highlights how nurses integrate bioethical thinking into daily clinical practice, thereby enhancing the quality of care provided (30).

From a bioethical perspective, nursing has widely applied and developed principlistic bioethics, integrating its four principles—autonomy, beneficence, nonmaleficence, and justice—into every care decision; guiding patients to understand their options and their ethical consequences, without imposing values or substituting the judgment of those involved in their final decision.

In this regard, personalist bioethics plays a key role in promoting decision-making processes that include all stakeholders, given that, unlike principlism, personalism is grounded in an anthropological foundation that enables genuine protection of the life and dignity of all people.

Nursing practice must incorporate ontologically grounded personalism, as this approach enables care to be understood and developed as an integral part of the person, in which the patient's freedom

is recognized and promoted in close relation to ethical responsibility toward one's own life and that of others. Nursing care focuses on the protection of human dignity, especially in contexts of vulnerability such as those associated with fertility, where decision-making may be influenced by suffering, social pressure, or clinical uncertainty. In this way, the nurse positions herself as an ethical mediator of care, fostering informed, prudent decisions that are consistent with the intrinsic value of human life and with the understanding of fertility as a personal, relational reality open to the gift of life.

Finally, nursing plays a fundamental educational role: it not only provides information about clinical procedures but also promotes bioethical reflection, facilitates authentic informed consent, and supports the individual and their family in making decisions that respect human dignity. Through this education and support, nurses help ensure that decisions regarding fertility are not merely technical, but deeply respectful of the integral well-being of the individual and their family.

Conclusions

The analysis presented in this article helps us understand that decision-making regarding fertility is neither a technical nor an individual act, but rather a profound expression of personal freedom that must always be exercised in dialogue with the truth of human nature itself and, furthermore, with responsibility toward others. In ontologically grounded personalism, the person is recognized as a relational being with a vocation to self-giving. Therefore, fertility cannot be reduced to biological aspects but must always be understood as a constitutive aspect of human nature itself and, consequently, as a good that must be protected, promoted, and recognized.

Furthermore, this research has described how the contemporary understanding of autonomy, detached from anthropological truth, has led to practices and discourses that separate fertility from its

relational, spousal, and unitive meaning, presenting it as a right exclusive to each person's individuality. In this context, personalism reaffirms that an understanding of true freedom does not limit, but rather confirms, that the capacity for procreation and collaboration with the creative act must be assumed responsibly, bearing in mind that the embryo is also a person from the moment of conception. This goes hand in hand with the fact that decision-making regarding fertility involves consequences that transcend the individual and affect future children, the family, and the community; therefore, above all, it requires strengthening the virtue of prudence.

Within this framework, nursing plays a fundamental role as a discipline of care committed to the protection of human dignity and the ethical support of individuals as they make complex decisions. Nursing practice, understood from a personalist ethical perspective, serves as a space for ethical mediation, in which responsible autonomy is promoted through education, therapeutic support, and care management. Far from moral neutrality, nursing is recognized as an active moral agent that contributes to deliberative processes grounded in prudence and respect for the intrinsic value of life and human dignity.

Finally, the article emphasizes that fertility must regain its deepest human meaning, that is, living fertility as an act of giving and welcoming. In this way, it is understood as good and becomes a true expression of respect for one's own dignity and that of others.

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