

INTRODUCTION

Aware that we live in times of accelerated changes in which technology is a tool that can favor processes and expedite actions, the journal *Medicina y Ética* has been evolving throughout thirty years of uninterrupted four-monthly publication. As part of this path, we are at a defining moment in our growth.

Since 2017 we have moved to an online publication on the open source software platform *Open Journal Systems*, in order to fulfill one of our objectives, which is the free and far-reaching dissemination of bioethics knowledge and culture. We have also taken on the task of publishing each article in Spanish and English, and in PDF and XML formats.

This has allowed us to keep important indexes and obtain new ones. We are currently indexed in the *Latindex Directory* in its printed and electronic versions, in the *Latindex v1.0* catalog (catalog, version 1) in its printed version, in *MLAR*, as well as in the *Bibliografía Latinoamericana* de revistas de investigación científica y social (*BIBLAT*) database and *The Philosopher's Index*, as well as in *Google Scholar*.

Since 2017, we also proposed to be indexed in *SCOPUS*, with the purpose of strengthening our academic level and achieving excellence as a continuous publication. Therefore, in view of this process we have also renewed our Councils, generating the figure of the Scientific Council, made up of national and international experts who guide the actions and strategies to achieve the academic rigor we seek in our publication, as well as the Editorial Committee, also made up of great professionals in the field of bioethics, who meet periodically to suggest actions and help give greater dissemination to our journal. Both figures are essential for our operation and to achieve indexing in *SCOPUS*, so we want to take this

space to thank those who have been part of this project for several years and those who are joining and adding from this issue.

It is also important to mention that we have a new editor of the journal, Dr. Fernando Fabó, who is also the current director of the Faculty of Bioethics of the Universidad Anáhuac México. He replaces Dr. Antonio Cabrera, who has completed his term with great actions and leaving an indelible mark both for this publication and for the Faculty, and to whom we are grateful for his drive and vision to take another step forward in the search for truth and excellence.

This editorial therefore serves to welcome Dr. Fernando Fabó as the new director. His extensive experience in the field of bioethics, his rigorous studies and research in this discipline, as well as his fresh and innovative vision will contribute greatly to achieving the goals we have set for ourselves.

With these changes and new horizons we inaugurate a new stage in our journal, in which we thank our subscribers for having been able to reach this point, while we ask for their support and feedback to continue and continue taking steps to strengthen the bioethical culture in Mexico and the rest of the world.

Undoubtedly, bioethics is dynamic and it is so in function of the vertiginous advances in science and technology. Nevertheless, we are witnessing a standoff between these and ethical reflection, thanks to the constant questioning of areas of human behavior that affect life and health. Thus, this issue gives an account of the role of bioethics as an essential science in the accelerated world of scientific change, with topics ranging from concern for the success of medical treatments in the binomial of the doctor-patient relationship, to ethics in research, intrauterine interventions and their ethical and moral implications, reflection on the current understanding of patient autonomy and the challenges involved in thinking about a system and principles of global action from the perspective of bioethics. In short, this issue shares the concern to rethink

what has been said and what has been raised so far in the bioethics of our time.

In the first article, Robertha Mendoza raises the issue of therapeutic adherence in patients with chronic non-communicable diseases such as diabetes, hypertension and obesity, raises the issue of therapeutic adherence in patients with chronic non-communicable diseases such as diabetes, hypertension and obesity and reflects on the causes that lead patients not to comply with the treatments prescribed by professionals and the consequent deterioration of their health. He proposes that the causes are mixed and may be the responsibility of both the patients themselves and the health systems.

Thus, social determinants of health, such as access to education and health services, can alter adherence to treatments that seek changes in lifestyles that directly influence the conditions of people in both developed and developing countries, and that have repercussions on longer hospitalization times, increased admissions to the emergency room and higher costs. For this reason, therapeutic adherence is not the sole responsibility of the patient, but must be shared; consequently, patient education, information, reasoning and actions to generate health education strategies and programs must be strengthened and promoted in order to reduce the causes of the lack of therapeutic adherence.

The second article, by Ricardo Páez, presents a novel aspect in the field of scientific research, which is the public ethics perspective for determining the social value of research.

Traditionally, biomedical research with human beings has been weighed in terms of the risk-benefit balance, but this represents an individualized vision that only considers the benefit for an individual, but not for a community, so that approaching it from the perspective of public ethics implies weighing the social value that will benefit not only an individual but also a community.

Social value is inscribed in the principle of justice and the fair distribution of goods, but in the case of public ethics, the good

may represent the social value of the knowledge generated, which must remain outside economic and/or commercial interests. Therefore, the determination of social value should have as a fundamental criterion the prevention of harm and the positive impact on the community, resulting in a harmonious relationship between researchers and the community.

The author mentions some causes of forgetting to consider social value, such as explanatory individualism, a conflict of interest or the privatization of knowledge. To combat them, it is recommended to take into account the social determinants of health, which will determine the risk for a community and provide elements to mitigate it. In addition, other principles are proposed to determine social value, such as public benefit, proportionality, equity, trust and accountability.

The third article in this issue represents a current and very relevant discussion for scientific progress regarding prenatal diagnosis, and has to do with medical and surgical interventions on the fetus to correct congenital anomalies.

Milagros D'Anna and Gustavo Páez take up again the discussions on the human status of the embryo in the field of fetal medicine and surgical interventions on the fetus, highlighting the benefits derived from the early detection of anomalies and their consequent treatment. They also mention that this possibility has often led to the denial of the right to be born to those fetuses in which congenital disabilities and diseases are detected, so it is advisable to review the fundamentals of medical action in these scenarios and specifically in this specialized field of medicine.

Thus, they put forward three different positions on the eticity of intervening on the fetus as a patient, with the purpose of safeguarding its physical life or providing it with quality of life.

The first is the ontological foundation, which conceives the fetus as a person from the moment of conception, as a substance that exists in itself and not in another, so that its value is on the ontological level and is not subject to considerations about its acts

or functionality. In this position, the fetus deserves health care and protection like any other person, based on its intrinsic dignity.

The second position, the functionalist one, emphasizes the functions, capacities or acts that the fetus is capable of executing, so that consideration of it is limited to the level of its sensibility shared with other animals, reducing the ethical obligation to minimize and avoid its suffering and pain. Those who hold this position affirm that there is a qualitative leap between the unborn fetus and the child, and that its personhood is given once it is outside the mother's womb and not before. This qualitative leap consists of extrauterine viability and the mother's desire to continue her pregnancy and give birth. In this position, the moral status of the fetus is given, then, by its viability and by the fact of being accepted by the mother, emphasizing what the fetus can do over what it is.

Finally, the third conception is based on principlism and its four principles as decision criteria. Among them, the autonomy of the mother in particular is emphasized, making the moral status of the fetus dependent on the maternal decision.

Given this range of possibilities, the authors argue that the fetus is a person deserving of protection and care for his or her health, and should be treated as such in order to favor interventions that protect his or her life.

The article by Victoria Fernández presents a first approximation to the great challenge of «deterritorializing» the field and object of study of general bioethics, to return to the original intentions of Van Ranssaeler Potter, which had to do with the study of the life and health sciences, through the implementation of global bioethics.

Two events have been key to understanding this subdiscipline of bioethics: *the Earth Charter and the Declaration of the Rights of Future Generations*. Both events have been transcendental in raising complex problems that concern all of humanity and that deserve serious and profound reflection and urgent proposals for solutions, in the understanding that environmental degradation is also, and at the same time, social degradation and vice versa.

The novelty presented by the author lies in thinking that the field of action of bioethics is not limited only to the biomedical sciences or the clinical field, but that its interest also lies in other realities, such as the understanding of the individual in his or her social relations and, therefore, of communities as a place of encounter and interpersonal growth, as well as of nature as a common home and of future generations.

In a very enlightening way, the author differentiates between systems, values and principles, in order to give strength and solidity to the study of global bioethics, stating that while a system constitutes a set of norms and procedures common to a society, values, on the other hand, are aptitudes or qualities that dictate the conduct of an individual in society, just as principles are a guide that marks the difference between right and wrong and are universal in nature.

With this distinction, the author proposes, preliminarily, some principles for the implementation of a global bioethics, among which stand out, among others, the principle of proportionality of harm-benefit and the principle of reasonableness in the legitimacy of a decision.

The last article, by Paola Buedo and Florencia Luna, proposes a rethinking of the traditional principle of autonomy of principlist bioethics with regard to decision-making in patients with mental disorders.

In this context, they state that, while autonomy has been conceived in an isolated way in patients, causing those with mental health problems to favor the appearance of social stigmas and nullity in their decisions, the concept of *relational autonomy* allows a broader understanding of it and favors joint decision making between professionals, the patient and his or her family.

Relational autonomy is based on the assumption that decisions are made on the basis of social relationships and the context in which the patient finds himself/herself, so that, if there are conditions

that increase the vulnerability of the person, these should be weighed in the joint decision, and not taken in isolation or definitively.

The authors also warn about the caution to be taken with the concept of *vulnerability*, as it can also lead to imposed social stigmas that discriminate and do not favor respect for the person. For this reason, they introduce the concept of *layers of vulnerability*, which should be gradually mitigated in order to strengthen relational autonomy.

Thus, shared decision-making is a novelty with respect to the consideration of the principle of autonomy in the relationship between patients and health professionals, and makes it possible to involve the context, circumstances and social relations, strengthening the union of knowledge in decision-making, which in turn establishes a dialogue between the patient's vulnerability and autonomy, especially for patients with alterations in their mental health.

Finally, two reviews are presented in this issue. In the first, Patricia Hernández discusses Octavio Márquez's approach to the relationship between neurosciences and neuro-bioethics, psychology and psychiatry, with the aim of approaching the study of mental health within the complexity of its relationships and from the perspective of the human person as a whole and under an inter and transdisciplinary methodology.

In the second, José Enrique Gómez Álvarez reviews the topics addressed by the National Bioethics Commission on its twenty-fifth anniversary, which have human rights as their backbone. These topics range from the human status of the embryo to scientific and technical advances, the ethics of research on human beings, informed consent, mental health and genomic medicine. With all of them, the Commission has done hard work to promote the culture of bioethics in our country, as is evident in this work.

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