

Bioethical challenges of public policies in the face of the aging population in Latin America

Desafíos bioéticos de las políticas públicas ante el envejecimiento poblacional en Latinoamérica

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Abstract

The article approaches population aging and euthanasia from an ethical perspective based on the principles of ontologically grounded personalist bioethics. The principles of dignity of the person, respect for physical life, solidarity, subsidiarity, justice and the common good are highlighted and shown how they apply in both contexts. The importance of an honest dialogue on euthanasia is emphasized, avoiding manipulation of language. It is emphasized that any discussion of euthanasia must be supported by thorough ethical reflection and that the rights of the elderly must be always protected. The article approaches

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these complex issues from a perspective that values the dignity and rights of older people and promotes their well-being, while thoughtfully and responsibly discussing the ethical issues surrounding euthanasia.

Keywords: euthanasia, dignified death, demographic transition, medical act, health policies.

1. Introduction

At the crossroads between population aging and euthanasia, bioethics reminds us of that human dignity and human life are non-negotiable principles that must guide our decisions.

In recent decades, Mexico and Latin America have experienced a demographic phenomenon of great relevance: the inversion of the population pyramid. This process is directly linked to the declining birth rate and the demographic transition that has transformed the age structure of the population in the region. In this context, population aging has become more evident, posing significant challenges in areas such as health care, social security, housing, and quality of life for the elderly.

In this article, we explore the relationship between population aging and euthanasia in Mexico and Latin America from an ethical perspective based on ontologically grounded personalist bioethics. We address the economic and social impact, euthanasia as a solution to this problem, the importance of bioethics and the necessary cultural and legal changes. Emphasizing the need for an informed and honest debate on this complex dilemma. The importance of protecting the dignity of the person and the intrinsic value of human life in all its stages will be addressed, while considering the challenges and opportunities posed by the inversion of the population pyramid in Mexico and Latin America.

2. Methodology

This article follows a multidisciplinary approach and is based on a qualitative research methodology that combines documentary analysis and ethical reasoning. First, a comprehensive review of the academic literature and relevant documents related to euthanasia, population aging and bioethics in the context of Latin America and Mexico was conducted. This review made it possible to identify key trends, challenges, and debates in the region. In addition, to refine the writing of the article, the Chat GPT complex algorithm was used to optimize the clarity and coherence of the presentation of the results. We then proceeded to collect and analyze academic articles related to euthanasia and population aging in Latin America. This documentary analysis provided a solid basis for understanding the existing framework, as well as previous policy and ethical discussions. To address the issues raised in the article from a bioethical perspective, the fundamental principles of ontologically grounded personalist bioethics were adopted. These principles, which include respect for the dignity of the person, solidarity, subsidiarity, justice, and the common good, served as an ethical framework to critically evaluate the implications of euthanasia in the context of population aging and associated socioeconomic challenges. An international comparison was carried out to analyze the experiences and approaches of different Latin American countries in relation to euthanasia and population aging. This allowed us to identify similarities and differences in regional policies and practices, drawing relevant lessons. Since bioethics and ethical issues can be influenced by culture and religion, cultural and religious considerations were considered in the discussion on euthanasia and population aging in Latin America. Then, a critical analysis of the data and information collected was conducted, evaluating how the ethical principles mentioned above apply in the context of euthanasia

and population aging in the region. Finally, based on the previous analysis and discussion, conclusions are presented that emphasize the importance of protecting the dignity of the person and the intrinsic value of human life in all its stages, in light of the challenges posed by the inversion of the population pyramid in Mexico and Latin America.

3. Development

3.1 Problematic

One of the most controversial bioethical discussions surrounding population aging and the option of euthanasia as a simplistic solution is the relationship between the autonomy of the individual and the preservation of life. The central question is to what extent an older person's autonomy to make end-of-life decisions should be respected, even if it involves choosing euthanasia, compared with the moral obligation of society and health professionals to preserve life in all circumstances (1).

On the one hand, some argue that individual autonomy is a fundamental principle in medical ethics and that the elderly have the right to decide about their own death if they are suffering unbearably or if their quality of life has deteriorated significantly (2). They argue that euthanasia can be a compassionate option to end unnecessary suffering and allow the elderly to exercise control over the timing and manner of their death.

On the other hand, there is a strong bioethical argument for the preservation of life as a supreme value that raises ethical concerns about the possibility that older people may feel pressured to choose euthanasia because of factors such as financial burden, loneliness, or lack of access to adequate palliative care (3). In addition, the ques-

tion arises as to whether health care professionals should be actively involved in the termination of a patient's life, which could conflict with their fundamental duty to heal and care (4,5).

This bioethical discussion becomes a complex challenge when addressing population aging and euthanasia, as it involves balancing respect for individual autonomy with protection of the rights and dignity of the elderly, while considering the impact on society.

Certainly, the consideration of euthanasia as a public policy in response to population aging may be influenced by an approach that evaluates economic and social problems from a simplistic and short-term perspective (6). In this context, the question arises as to whether euthanasia is being promoted in the culture as a measure to reduce the population of older adults and, in this way, alleviate the economic and social pressures brought about by demographic aging.

Regarding euthanasia in Latin America, as of December 2023, most countries in the region had not yet legislated on the issue of freeing the practice of euthanasia, although debates and discussions were taking place in several places. Colombia was one of the first countries in Latin America to legislate in this regard since 1997, but with specific restrictions regulating its practice (7) Uruguay also passed a euthanasia law in 2020, which marked a significant advance in the region (8). In other countries, such as Argentina (9) and Chile (10), euthanasia-related bills were under discussion, but their status and acceptance varied according to the political and social context of each nation. Countries are faced with the need to adapt their public policies to meet the changing demands of an increasingly aging population. Some have implemented programs for the care and attention of the elderly, while others were in the process of developing strategies to address the specific challenges of demographic aging. The focus in these policies varied

according to the circumstances and resources available in each country.

This perspective may lead to a deeper bioethical discussion about how the lives of older people are valued in society and whether euthanasia is considered an ethical response to the economic and social challenges of aging. The ethical implications of reducing the population of older adults as a simplistic solution must be questioned, as this could undermine the fundamental principles of dignity of the person and respect for physical life.

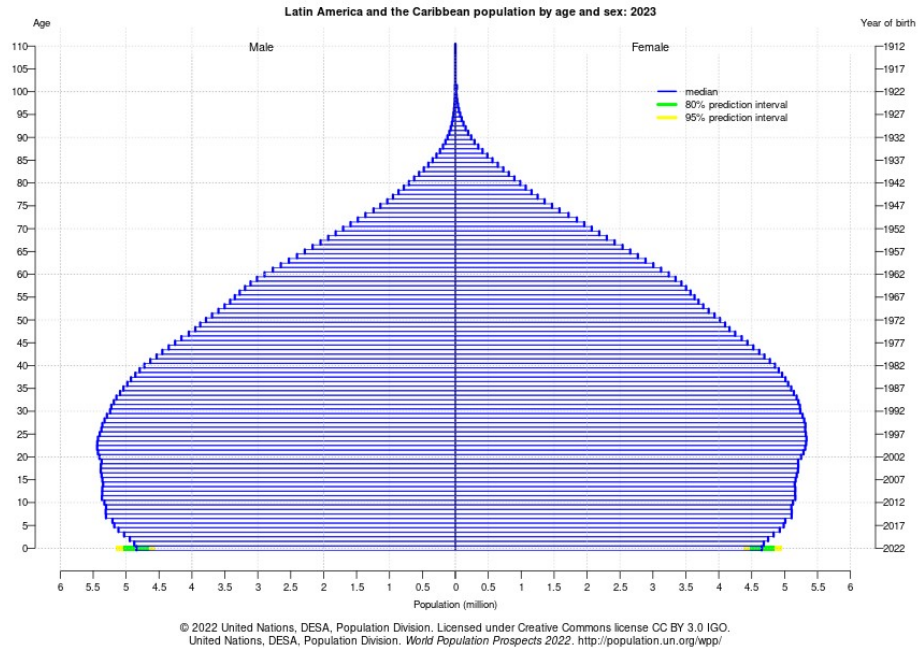
In this context, ontologically grounded personalistic bioethics (11) can highlight the importance of considering everyone as a unique and intrinsically valuable being, regardless of age (12). The ethical principles of dignity, respect for physical life, and solidarity remind us that public policies should focus on promoting the well-being and inclusion of the elderly rather than viewing them as an economic burden.

Therefore, the bioethical discussion must address both individual autonomy in end-of-life decision making and the need for public policies that protect the rights and dignity of the elderly, avoiding simplistic solutions that may erode the fundamental values of medical ethics and society.

4. Reversal of the population pyramid

One of the most notable phenomena that has marked the demographic panorama in Mexico and Latin America in recent decades is the inversion of the population pyramid (13). This process is closely linked to the decrease in the birth rate and the demographic transition that the region has experienced, as can be seen in Graph 1.

Graphic 1. Latin America and the Caribbean population by age and sex: 2023



Fuente: Naciones Unidas. Pirámide poblacional en Latinoamérica y el Caribe al 2022 [Internet]. 2022 [consulted 2023 Dec 06]. Available at: <https://population.un.org/wpp/Graphs/DemographicProfiles/Pyramid/904>

The demographic transition is an essential concept for understanding the evolution of the age structure of a population. Historically, Latin American societies used to be characterized by a broad-based population pyramid, with a high birth rate and relatively high infant mortality. However, in recent decades, this trend has undergone a significant change (14).

Demographic transition refers to a process in which a society progresses from a high birth and mortality rate to a situation of low birth and lower mortality (15). This change is often associated with economic development, improvements in health care, education, and access to contraception. As a result, the population tends to age and the structure of the population pyramid is inverted (16), with an increase in the proportion of older people and a relative decrease in the young population.

In the context of Latin America, and specifically in Mexico, this inversion of the population pyramid has become more evident in recent years. Demographic data and projections indicate a steady increase in the population of people over 60 years of age, while the birth rate continues to decline (17). This change poses significant challenges in areas such as health care, social security, housing, and quality of life for the elderly (18). In addition, population aging also raises ethical and social issues, especially in the context of debates about euthanasia and the right to a dignified death. According to estimates, by the year 2050, the population of older adults in Latin America and Mexico is expected to reach significant levels.

The inversion of the population pyramid shown in Table 1 is a fundamental demographic phenomenon in Mexico and Latin America, driven by the reduction of the birth rate and the demographic transition (19). Understanding this process is essential to address the challenges and opportunities involved, including issues related to euthanasia and population aging from a perspective based on ontologically grounded bioethics, which prioritizes the dignity of the person, respect for physical life, solidarity, subsidiarity, justice and the common good.

Table 1. Analysis of the population pyramid to 2023 and the projection to 2050

Feature	2023 Pyramid	2050 Pyramid
Birth rate	Broader base, indicating higher birth rates.	Narrow base, indicating a decrease in birth rates.
Young population	High proportion of young people.	Smaller proportion of young people.
Working age population	A robust middle section, indicating a large working age population.	Narrow waist at young working ages, indicating a decrease in the young population entering the labor market.
Elderly population	Fewer elders, narrowing towards the top.	Increased number of elderly, longer bars at older ages.
Median age	Lower, showing a younger population.	Higher, showing an older population.
Generation distribution	Greater number of younger generations represented.	A pronounced bulge in the middle-aged population, indicating an aging population.
Uncertainty in the projection	Less visible, the projections seem safer.	The prediction intervals are more visible at the base, indicating greater uncertainty in the young population projections.
Implications for planning	May require greater focus on education and youth employment.	May require greater focus on health care for the elderly and pension sustainability.

Source: prepared by author.

5. Economic and social impact

The economic and social impact of the inversion of the population pyramid in Mexico and Latin America is a vitally important aspect that deserves careful attention, especially when approached from an ontologically grounded bioethical perspective, which prioritizes the dignity of the person, respect for physical life, solidarity, subsidiarity, justice and the common good. In Mexico, the pension system, based on the 1997 Mexican Social Security Institute Law, faces significant challenges, with a projected coverage rate that is not met, affecting the retired population, and raising ethical and social concerns (20).

At the same time, it is undeniable that the growing relevance of adapting the physical and social environments in Latin America to accommodate a rapidly aging population also has ethical and social implications. As the demographics of the region transform, it is crucial to recognize that the associated challenges are not limited to numbers and statistics but affect the daily lives of millions of older people. In this context, the Inter-American Convention on the Protection of the Human Rights of Older Persons emerges as a moral guide, committing the countries of the region to protect the fundamental rights of their older citizens (Paredes, 2019).

Population aging brings with it a few economic challenges, including the increasing dependency of older people in terms of health care and social services. As the population ages, the demand for medical and long-term care services tends to increase, which can put significant pressure on health systems and economic resources. On the other hand, adapting environments and services for older adults is crucial to improve their quality of life and promote their well-being (21). It is essential to consider different approaches and treatments to address the challenges faced by this population and to promote a higher quality of life in old age.

Population aging is a demographic phenomenon that involves an increase in the population aged 60 years or older and is marked by changes in the age structure of the population (22). This process

poses new challenges, especially in terms of health care and welfare, given the increase in chronic diseases and the decrease in the working population. This requires a diverse and rights-conscious approach to older adults, who play an active role in building the health and continuing care of society. However, it also poses economic challenges, such as a declining active labor force relative to the retired population, which can have adverse effects on the economy (Lacuesta, 2020).

Although the social and pension problem looming in the coming years is real and undoubtedly an issue that requires attention, the approach of euthanasia as a solution to this problem is a simplistic solution. The correct and ethical thing to do is to seek alternative solutions that, at the same time, respect dignity and physical life. In this context of population aging, pension and health care systems face significant challenges, such as financial sustainability and the ability to provide quality care to a growing population of older persons (24,25). These challenges raise important questions about the need for reforms in pension systems and health care, and it is essential to address them from an ethical perspective and based on sound bioethical principles that respect the dignity of the person (11) and promote the well-being of all members of society (26,27). Euthanasia, in this context, remains a relevant topic of debate, but it is essential to approach it from a perspective that guarantees respect for the life and dignity of the elderly, without considering it as a simplistic solution to the economic challenges posed by the inversion of the population pyramid.

6. Euthanasia could be viewed as a practical solution

Euthanasia refers to the act of ending the life of a person suffering from a serious, painful, or incurable disease, usually at the person's own request (28). In the context of an aging population, euthanasia could be seen as a practical solution in cases of elderly people experiencing unbearable suffering due to chronic or terminal illness.

However, it is essential to remember that reflection on the ontological dignity of each individual and respect for physical life are fundamental principles that should guide any consideration of euthanasia. The dignity of the person implies recognition of his or her intrinsic and unique value, regardless of his or her state of health or age (11,29). In this context, respect for physical life stands as an irreplaceable ethical pillar since every human being deserves to be treated with dignity until the last breath. Therefore, any debate on euthanasia must be conducted with a profound reflection on these fundamental values that protect the very essence of human existence.

The desire to end one's own life and requests for euthanasia often originate from complex social and personal factors (30). These factors include loneliness, lack of emotional support, lack of adequate palliative care, as well as fear of becoming a financial burden on the family. These feelings may be influenced by a hedonistic and utilitarian culture (31), in which material well-being is primarily valued and quality of life in terms of health and happiness is undervalued. In this perspective, the person who no longer possesses health, zest for life or other capabilities could also be considered as "disposable" in the pursuit of individual satisfaction (32).

Although some may see euthanasia as an apparent response to these desires, it is essential to recognize that this is a fallacy (33). Rather than focusing exclusively on euthanasia, we must address and transform the underlying social conditions. Society must strive to improve care for people at the end of life, prioritizing their integral well-being and promoting social solidarity through volunteerism and multidisciplinary teams that attend to all dimensions of their quality of life: physical, emotional, social and spiritual (34). Euthanasia, in this context, becomes a social issue that invites us to reflect on our responsibilities towards the most vulnerable in society, rather than relying solely on individual ethical perspectives. It is imperative that we consider the influence of the hedonistic and utilitarian culture on decision making related to euthanasia and work to transform this mentality to promote respect for the dignity and well-being of every human being, regardless of his or her health status (11).

One of the arguments in favor of euthanasia is that it could allow the elderly to exercise greater control over their own end of life, avoiding prolonging unnecessary suffering. This could be particularly relevant in situations where medical and financial resources are overwhelmed by the care of patients with incurable diseases, which could result in a decrease in the quality of care for all.

The ontologically grounded personalistic bioethics perspective holds that respect for the dignity of the person and respect for physical life are fundamental principles that should govern any action related to euthanasia. Although we recognize the importance of considering context and personal narratives in euthanasia situations, we believe that these factors should not override the absolute values of human life and dignity (11).

Personalistic bioethics advocates an approach that protects life at all stages, without exceptions. Respect for physical life is a non-negotiable principle (35) that cannot be eclipsed by emotional, social, or cultural circumstances. Every human being possesses an intrinsic ontological dignity that deserves to be preserved and respected until the last moment of his or her existence.

While we understand that personal narratives and social relationships may influence decisions about euthanasia, we maintain that individual autonomy cannot be taken to the extreme of endangering someone's life (34). Solidarity, justice and subsidiarity are also fundamental values for personalist bioethics, but they must be interpreted and applied in harmony with the preservation of the life and dignity of each individual.

Acceptance of euthanasia varies widely according to the cultures, religious beliefs, and laws of each country (36). Some argue that euthanasia could open the door to potential abuses and hasty decisions, putting the lives of vulnerable people at risk. There are also concerns about the role of health professionals in making decisions related to euthanasia and the possibility that they may be placed in ethically complicated situations.

The ethical and moral discussion surrounding euthanasia is complex and multifaceted. Careful consideration must be given to patient

autonomy, quality of life, preservation of dignity, and respect for individual beliefs and values. Decriminalization of euthanasia, if contemplated, would require a sound regulatory framework and adequate safeguards to protect the rights and safety of the elderly and health professionals.

Euthanasia is posed as a possible solution in the context of population aging, but its acceptance is subject to intense ethical and moral debates that should be carefully considered before any implementation or legislation.

7. Cultural and legal change

Changing the culture and laws regarding euthanasia in Mexico and Latin America poses a complex challenge that goes beyond mere legislative modification. It implies a profound transformation in the cultural perception of death and individual autonomy (37). In societies rooted in traditional values, where family and religion play a central role, acceptance of euthanasia faces significant resistance. This change requires a process of education and sensitization of the population, while respecting the diversity of existing beliefs and ethical values.

Creating a legal framework for euthanasia is a delicate process that must balance the right of individuals to make informed and voluntary end-of-life decisions with the need to protect against potential abuses. This involves defining precise and rigorous criteria to determine who can request euthanasia, under what circumstances, and how consent can be verified and documented (38). In addition, it is essential to ensure adequate training of health professionals and to provide sound palliative care alternatives.

Currently, most Latin American countries, including Mexico, have laws that prohibit or do not recognize euthanasia. Changing these laws would require a thorough public debate involving various sectors of society, including health professionals, legislators, religious

leaders, and civil society (39). The experience of other countries that have legalized euthanasia provides lessons on how to address these challenges. In the current situation in Mexico, almost all states have an Advance Directive Law. Advance directives are understood as the decision made by a person to be subjected or not to be subjected to medical means, treatments or procedures intended to prolong his or her life when he or she is in the terminal stage and, for medical reasons, it is impossible to maintain it naturally, always protecting the dignity of the person (40). In Mexico, euthanasia is illegal and is prohibited by the General Health Law in Article 161 Bis 21 (41). Careful consideration and thorough discussion of any future legislation regarding euthanasia becomes essential in the interest of preserving both the inalienable rights of patients and the integrity of the health care system in our country. It is essential to incorporate the opinions of experts in ethics, bioethics, law, medicine, and sociology to enrich and support the debate. These experts can provide critical perspectives on the implications of decriminalizing euthanasia, the challenges involved, and best practices to ensure ethical and effective implementation. In addition, it is essential to consider the possible consequences of a public policy that promotes euthanasia as a solution to the economic and social challenges arising from population aging.

8. Ethical and bioethical reflections on population aging and euthanasia

Population aging raises several fundamental ethical questions that should be carefully considered in the context of debates on euthanasia and the right to a dignified death. In this regard, it is essential to remember that the act of euthanasia, often referred to as “death with dignity” or “mercy killing” (42), is not itself a medical act (43). Rather, it resembles an executioner’s own act, a term that evokes the

taking of life for reasons that may be subjective or based on social or economic considerations.

When considering the intrinsic nature of medical practice, whose main objective is the patient's recovery and well-being, euthanasia deviates from this therapeutic end. According to the established definition, the medical act is composed of actions aimed at promoting the restoration of health, performed by qualified health professionals (43). Euthanasia, on the other hand, does not pursue the patient's recovery but the deliberate termination of his or her life, placing it in a spectrum of action that is far from the core of restorative medicine. Therefore, this procedure, in its essence, is more closely aligned with the functions of an executioner, according to the Royal Spanish Academy (44), which is one who executes capital punishments imposed by justice, rather than with those of a health practitioner, whose role is inherently one of healing and alleviation of suffering. In this sense, euthanasia cannot be considered a medical act since its ultimate purpose contrasts with the fundamental mission of medicine.

Furthermore, it is important to consider that, to generate cultural change around euthanasia, Machiavellian techniques including the manipulation of language are often resorted to. These strategies use euphemisms and terms that lead to confusion and ambiguity, which in turn leads to "political correctness". In this context, language manipulation can influence public perception and acceptance of certain concepts, such as euthanasia.

Euphemisms and vaguely defined terms can dilute the real meaning of acts, creating a narrative that makes euthanasia seem more benign or socially acceptable than it is. This underscores the importance of an open and honest dialogue about euthanasia, in which terms are clearly defined and the underlying ethical and moral issues are addressed.

Population aging and euthanasia are complex issues that require a sound ethical approach and thoughtful dialogue. Bioethics reminds us of the importance of respecting the dignity of the person and the

intrinsic value of human life at all stages. By exploring these issues from an ethical perspective based on principles such as dignity, respect for physical life, solidarity, subsidiarity, justice and the common good, we can move towards solutions that promote the well-being of the elderly and respect their fundamental rights, while maintaining an informed and honest debate on euthanasia and its implications today.

9. From the viewpoint of ontologically grounded personalistic bioethics

The dignity of the human person, as a fundamental principle of ontologically grounded personalist bioethics (11), occupies a central place in ethical reflection on such complex issues as population aging and euthanasia. This principle recognizes that each individual possesses an intrinsic and unique value, regardless of age, health or condition. The dignity of the person implies profound respect for his or her autonomy and ability to make informed decisions about his or her own life, including decisions that may affect his or her aging process or end-of-life choices. Addressing these issues from a dignity-based ethical perspective highlights the importance of protecting and promoting the well-being of older persons, ensuring that they are treated with the respect and consideration they deserve as human beings. This principle also urges us to carefully consider the implications of any decision or practice that affects the life and dignity of persons, which sheds light on the debate surrounding euthanasia and population aging from a perspective that prioritizes the inherent value of each human life.

The principle of respect for physical life underscores the sacredness of human life in all its stages, recognizing that the physical life of everyone deserves to be protected and preserved (35). In the context of population aging, this means that medical attention and care should be directed not only at prolonging life, but also at

improving its quality. Respect for physical life impels us to seek solutions that alleviate suffering and promote the well-being of the elderly, ensuring that they receive appropriate treatment and care to maintain a dignified life free of unnecessary pain (45). Regarding to euthanasia, this principle reminds us that the deliberate termination of a person's life, even in situations of suffering, is in direct conflict with the protection of physical life, as it undermines the sacredness of human existence. Therefore, as we explore these ethical issues, we must keep in mind the imperative to respect and preserve the physical life of everyone, while seeking solutions that address the complexities of population aging and palliative care needs within a sound ethical framework.

The principle of solidarity calls us to recognize our interconnect-edness as human beings and to assume shared responsibility for the well-being of others (46). In the context of population aging, solidarity urges us not to abandon older people to their fate, but to accompany and support them as they face the challenges of old age. It implies a moral obligation to ensure that older people have access to quality health care, adequate social services and an environment that fosters their participation and dignity. In relation to euthanasia, solidarity leads us to consider how our decisions may affect the most vulnerable in society, especially those who may feel pressured to opt for euthanasia due to factors such as loneliness or lack of emotional support. Solidarity requires us to seek compassionate and caring alternatives that promote the integral well-being of the elderly and respect their autonomy and dignity. In this sense, solidarity inspires us to create a society that values and cares for its older members, recognizing that we are all responsible for the well-being of those who have aged and contributed to our community throughout their lives.

The principle of subsidiarity emphasizes the importance of making decisions and taking actions at the level closest to the individual and the community, whenever feasible and appropriate. In the context of population aging, subsidiarity emphasizes the need to respect the autonomy and decision-making capacity of older people, promot-

ing their active participation in matters related to their health care and their lives in general (47). It also stresses the importance of avoiding imposing external decisions, such as euthanasia, on older people, and instead promoting a person-centered approach that values the individuality and diversity of circumstances of everyone in the decision-making process on sensitive health and end-of-life issues.

Justice calls us to ensure that resources and medical care are equitably distributed so that older people have access to appropriate care and a dignified quality of life, regardless of their socioeconomic background or situation. In considering euthanasia, justice invites us to prevent the most vulnerable people, such as the elderly, from becoming easy targets of hasty decisions or external influences (48). It also reminds us of the importance of establishing a legal framework and policies that protect the rights and dignity of the elderly, as well as of maintaining a transparent and equitable public debate on ethical issues related to euthanasia. Ultimately, the principle of justice impels us to work toward a health care system and society in which equal opportunity is promoted and inequalities that may arise in the context of aging and end-of-life decisions are addressed.

The common good calls us to promote policies and practices that contribute to the overall well-being of society while respecting the dignity and rights of everyone (49). In the context of aging, this implies the implementation of health and social care policies that address the needs of the elderly, promoting their inclusion and active participation in the community. In relation to euthanasia (50), the common good requires us to seek solutions that balance individual needs with the collective interest, preventing decisions from being made in isolation or selfishly. Moreover, it reminds us that any changes in policies or practices related to euthanasia should be carefully considered in terms of how they will impact society, promoting an ethical and public debate that reflects shared values and concerns. The principle of the common good leads us to work toward a society that promotes the well-being and dignity of all, considering both the aging population and the ethical issues surrounding euthanasia.

10. Relationship between the principles of ontologically grounded personalist bioethics and its application in the context of population aging and euthanasia

Table 2 highlights how each bioethical principle applies specifically in the contexts of population aging and euthanasia, focusing on aspects such as dignity, physical life, solidarity, subsidiarity, justice, and the common good. These bioethical principles provide a solid framework for addressing these complex issues from a perspective that values the life and dignity of each individual.

Table 2. Comparison of principles of ontologically grounded personalist bioethics in population aging and euthanasia.

Principles of ontologically grounded personalist bioethics	Focus on population aging	Focus on euthanasia
Dignity of the human person	Respect for the autonomy of the elderly. Promotion of the well-being of the elderly. Protection of dignity in end-of-life decision-making.	Respect for the autonomy and dignity of the person. Reflection on dignity in the context of life and death decisions. Consideration of dignity in the public debate on euthanasia.
Respect for physical life	Protection and preservation of the life of the elderly. Pursuit of quality of life in old age. Consideration of physical well-being in policies for the care of the elderly.	Emphasis on the preservation of life as a fundamental value. Evaluation of the implications of euthanasia in relation to physical life. Ethical questioning of acts that put physical life at risk.

Principles of ontologically grounded personalist bioethics	Focus on population aging	Focus on euthanasia
Solidarity	Support and accompaniment of the elderly. Shared responsibility for the well-being of the elderly. Equitable access to services and care.	Consideration of social and emotional factors in euthanasia decision making. Prevention of social or family pressures that may influence the choice of euthanasia. Promotion of caring and compassionate alternatives.
Subsidiarity	Respect for the autonomy and decision-making capacity of the elderly. Active participation of the elderly in decisions about their health care. Person-centered approach to health and end-of-life issues.	Avoidance of external impositions in euthanasia decisions. Consideration of individuality and diversity of circumstances in decision making. Respect for autonomy in end-of-life decisions.
Justice	Equitable distribution of resources and medical care for the elderly. Protection of the rights and dignity of the elderly. Addressing inequalities in population aging.	Preventing the most vulnerable people from being pressured into euthanasia. Establishment of legal frameworks that protect rights in life and death decisions. Fair public debate on euthanasia.

Principles of ontologically grounded personalist bioethics	Focus on population aging	Focus on euthanasia
Common Good	Promotion of the general welfare of society, taking into account the elderly. Inclusion and active participation of the elderly in the community.	Search for solutions that balance collective interest and individual needs in euthanasia. Consideration of the impact of euthanasia policies on society as a whole. Encouragement of an ethical and public debate on euthanasia and its implications for society.

Source: prepared by author.

11. Conclusions

It is undeniable that population aging is a phenomenon that is occurring in our region as the birth rate declines and the population over 60 years of age increases. This change in the age structure of the population poses significant challenges for our society in terms of public policy planning and health care systems. Sustaining pension systems and meeting the growing health care and long-term care needs of the elderly are crucial issues that must be addressed.

However, population aging is not just about economic and health care issues. It also presents ethical and social dilemmas, particularly when it comes to debates about euthanasia and the right to a dignified death. Euthanasia, although some may see it to alleviate the suffering of seriously ill elderly people, raises profound questions about individual autonomy, the dignity of the person and respect for physical life.

In this regard, it is essential to remember that any consideration of euthanasia must be supported by sound bioethical principles. The dignity of the person and respect for human life at all stages cannot be compromised at any time. This means that any discussion on the decriminalization of euthanasia must be carried out with deep ethical and moral reflection, involving experts from various disciplines and society at large.

Ontologically grounded personalistic bioethics, anchored in solid principles such as the dignity of the person, respect for physical life, solidarity, subsidiarity, justice and the common good, plays an essential role in this context. These bioethical principles constantly remind us of the importance of protecting the dignity and rights of older persons, while actively promoting their well-being and inclusion in society. In addition, ontologically grounded personalist bioethics alerts us to the manipulation of language in the euthanasia debate, emphasizing the need for transparent and honest dialogue that clarifies terms and addresses the underlying ethical and moral issues in a clear and straightforward manner. These ethical principles provide a sound framework for reflecting on population aging and euthanasia, seeking solutions that respect the dignity and rights of all persons, while thoughtfully and responsibly addressing the ethical issues surrounding euthanasia.

This article has underscored the need to address population aging and euthanasia from a sound bioethical perspective that protects the fundamental rights of the elderly and promotes their integral well-being. In addition, we have emphasized the importance of having an informed and honest public debate about euthanasia and its impact on our society today. In doing so, we seek to find solutions that respect the dignity and rights of all people, both those aging and those facing end-of-life decisions, and to do so in a thoughtful and responsible manner.

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