

INTRODUCTION

As new technologies advance, bioethical reflection on them and their immense possibilities around health and life becomes more necessary. Aware of this, in this issue we present articles that propose novel approaches to medical practice and its bioethical dilemmas.

First, Dr. Muñoz presents the case of Maya Kowalski. Based on the real experience of the Kowalski family, the author presents the numerous problems that arose in the medical care of Maya, who suffered from a condition called Complex Regional Pain Syndrome, and which caused a fatal outcome that could have been mostly prevented if bioethical principles had been considered in the process.

Thus, after unmasking the coldness of the health systems, the author proposes to retake the cornerstone of medicine, which is the doctor-patient relationship that must be sustained by adequate, truthful and timely communication, an empathy that generates trust between the family and the patient and this trust must have the fundamental purpose of putting an end to the so-called “medical gaslighting” that is based on the assumption that patients lie and that causes health professionals not to take their complaints or pain referrals seriously. This relationship, says the author, should be guided by the bioethical principles of nonmaleficence, beneficence, autonomy and justice, informed consent and responsibility.

In the second article, Dr. Ballesta carries out an exhaustive analysis of the Spanish Bioethics Committee from its origins in 2007 to date, highlighting not only its four terms of office but also the central concerns of each stage up to the current debates.

Thus, the author describes the periods of the first mandate (2007-2012), the second (2013-2018) and the third (2018-2022) which were the most fruitful years in terms of the issuance of documents by the Committee due to the Covid-19 pandemic and the present (2023-to date) and highlights in this history, the years 2009

and 2014 where the central issue addressed in the documents generated by the committee was abortion, which remained unresolved because it was based on arguments about conflicts of rights at the basis of the discussion, as well as the years 2013 and 2020 with discussions and debates around palliative care and euthanasia and, finally, the years 2011 and 2021 where the main topic was conscientious objection.

In the third article by Dr. Abellán, Dr. Téllez and Dr. Fouz, the controversial topic of requests for vasectomies in young, childless men is discussed, which, contrary to the more traditional requests, are causing enormous doubts among health professionals who give in to such requests, mostly ignoring the possibility of conscientious objection on the grounds that they are not therapeutic procedures and, often, they do not have a conscientious objection.

The third article by Dr. Abellán, Dr. Téllez and Dr. Fouz discusses the controversial issue of requests for vasectomies in young, childless men which, contrary to the more traditional requests, are causing enormous doubts among health professionals who give in to these requests, most of whom are unaware of the possibility of conscientious objection on the grounds that they are not therapeutic procedures and, often, the information provided by the patient is flawed.

Thus, after presenting data showing a considerable increase in the number of requests in recent years in Spain, as well as a medical analysis of the risks, complications and irreversibility of some of these procedures, the authors suggest that aspects such as the autonomy of the patient reflected in the request, which may not comply with some or all of the conditions for the exercise of autonomy, the principle of non-maleficence and the safeguarding of the physical integrity of the person, should be given greater consideration.

With this, and from the personalist philosophy, the authors make it clear that these requests do not have to be carried out and that conscientious objections can be raised against them insofar as they are not aimed at curing a medical condition and do not look after the integral wellbeing of people.

The following article, by Master Badr, represents a magnificent argument to dismantle the myth about the relationship between family planning and climate change, which bets that the former can help the latter.

Being these two issues, also two of the 17 Sustainable Development Goals, consequentialist arguments have been erected around them that are not sustainable from the effects of intervening in the first with a view to improving the second.

Badr asserts that neither inequity in health services nor social issues such as gender-based violence are caused by climate change as some seem to argue; On the contrary, the author finely argues how this belief leads us to dilemmas such as social justice, health and its effects especially on women, so instead of assuring that the solution lies in family planning with contraceptive methods, the author proposes an education on procreation, fertility awareness methods and responsible use and consumption of goods, products and services to address the serious climate crisis that affects us all.

The fifth article, by Dr. Palmer, presents a current and highly relevant debate about tissue donation, especially brain tissue.

From the point of view of the rapid emergence of biotechnologies, the bioethical reflection on the condition of possibility of consent to brain tissue donation itself merits a rigorous analysis of its scope and limitations as well as its concordance with the values and beliefs of the donors.

The author focuses the discussion on the possible future uses of these tissues that are not always explicit, moreover, they may not even be contemplated at the moment of obtaining the donation, and that could even entail uses that are not wanted or consented to by the donors themselves but that are presented as possible due to the advance of technology. Specifically, the author mentions the example of transplants of neural tissues to non-human animals, which could go against the principle of animal beneficence.

Therefore, the traditional model of informed consent is very limiting for the issue of brain tissue donation, and the author suggests that it should define more broadly the categories of research

foreseen with these tissues, offering the possibility of discarding those actions that may generate greater ethical and moral concerns and offering the opportunity for reconsideration.

Finally, in this issue we also present two reviews of great interest:

The first one by Dr. Ballesta, presents us with a work that describes the life of a scientist and humanist of the highest caliber, the now Blessed Neils Stensen who became a bishop and who combined his religious life with a scientific vocation leaving an important legacy for anatomy, the ethics of sexuality, human reproduction and embryonic development. By his example, he has succeeded in transmitting the intrinsic and necessary relationship between science and faith.

The second review by Dr. Alfonso de La Fuente and Dr. Ángela Pinilla delves into the proposal that has been developed by many to make palliative care a human right.

The work reviewed starts with the history and evolution of palliative care and then mentions the case of Mexico, where it is contemplated in article 166 Bis of the General Health Law, but, according to the author, it still does not have a wide scope among the population and that is why training and wide coverage of medications is very necessary.

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