

INTRODUCTION

We close out the year with this fourth and final issue, which once again brings together various bioethical topics relevant to clinical practice, topics that continue to challenge ethical criteria and considerations and represent areas of opportunity for continuing to view bioethics as what Potter once envisioned: a “bridge” between science and ethics.

The first article analyzes the CRISPR/Cas9 gene-editing technique, discussing its advantages and the challenges arising from its current applications in the development of personalized medicine.

The study focuses on the first case of gene-editing research on human cells conducted in Peru, developed to treat a hereditary form of retinitis pigmentosa present in a Peruvian community. This case represents not only a precedent for the use of this technique in Peru but also highlights the need to strengthen regulation and the role of ethics committees in evaluating such projects.

As a fundamental part of this role, the technique must be guided by respect for human dignity and integrity. To this end, the authors consider it necessary to distinguish between the editing of somatic cells—which is acceptable when pursued for therapeutic or research purposes—and the editing of germline cells, whose modification could affect future generations. Consequently, they emphasize the need for regulations that place science and technology at the service of the human person and consistently uphold this vision.

The second article reflects on decision-making in the field of human fertility and the role of nursing in supporting such decisions from the perspective of a personalist bioethics.

In the discussion, the authors criticize the fact that autonomy has been reduced to an individualistic sphere and detached from moral responsibility, a situation that, in many cases, leads to subjective desire as its foundation. To this end, the paper proposes a return to

anthropological foundation of freedom oriented towards the good and the truth, and of the human person as a being open to relationships and self-giving. This gives fertility a transcendent meaning, transcending any reductionist view that seeks to see as a merely biological phenomenon. To achieve this understanding, the author proposes supporting nursing staff through educational practices and the incorporation of bioethical considerations, such as free and informed decision-making and comprehensive care for the individual and their family.

The paper analyzes various bioethical challenges related to fertility, including in vitro fertilization, gamete cryopreservation, surrogacy, and other reproductive technologies.

The third article in this issue analyzes palliative sedation in patients with terminal non-oncological illnesses as a clinically and ethically legitimate intervention aimed at alleviating refractory suffering when all available therapeutic alternatives have failed.

It examines the ethical foundations as well as the regulations underpinning this practice, emphasizing that its purpose is not to end the patient's life or hasten their death but to alleviate suffering through proportionate sedation that respects the patient's autonomy and dignity.

It is argued that terminal non-oncological illnesses represent real suffering for patients that warrants a comprehensive and timely assessment; however, certain challenges persist, such as the lack of uniform criteria, insufficient training among some healthcare professionals, inequalities in access to palliative care, and frequent social confusion between palliative sedation and euthanasia.

The fourth article once again brings us face-to-face with the debates surrounding the end of human life and the controversy surrounding the term "death with dignity," which is generally associated with a decline in a person's functional abilities and/or confusion regarding the concept of quality of life. In this context, the author proposes replacing the expression "right to die with dignity" with that of the right to a dignified life until the end of one's existence,

guaranteed through palliative care, human companionship, and respect for the natural course of life.

Finally, the author concludes that this new concept combines sound clinical practice with an appropriate ethical and anthropological perspective that provides comprehensive care and attention until the very end without causing further suffering and recognizes the ontological dignity of every person beyond the limits of human frailty and vulnerability.

The fifth article analyzes the bioethical dilemmas associated with the use of extracorporeal membrane oxygenation (ECMO) in critically ill patients, proposing as a framework for analysis the European bioethical principles of vulnerability, dignity, integrity, and autonomy. The authors describe how this life-support mechanism raises important ethical questions, especially when the prognosis is uncertain or the treatment no longer offers real prospects for recovery. Therapeutic proportionality in these scenarios is difficult to discern.

Finally, it is concluded that the use of ECMO requires not only technical knowledge but also ongoing bioethical reflection and deliberation. This highlights the particularly dynamic nature of each clinical situation, in which risks and benefits must be assessed dynamically, and decision-making must always be guided by the pursuit of the patient's best interests at every stage of their clinical course.

The sixth article presented examines the issue of decision-making capacity, particularly in adolescents, through the case of *Bell v. Tavistock* as a legal precedent in cases involving informed consent for gender-affirming treatments.

Based on a legal analysis, the article introduces and explores cross-cutting issues such as progressive autonomy, the vulnerability of minors, scientific uncertainty regarding the long-term effects of puberty blockers, and the delineation of responsibilities between healthcare professionals and the courts.

This article is of particular interest due to its dual analysis: on the one hand, from a principlist bioethical perspective, which concludes that an adolescent may consent to treatment if they demonstrate

sufficient maturity and understanding of its risks, benefits, and consequences, provided that the medical team ensures a rigorous process of information and deliberation; and, on the other hand, from the personalist bioethical perspective, which maintains that autonomy must be balanced with the protection of physical life, bodily integrity, and responsibility, and therefore considers that the risks may outweigh the benefits and lead to greater complications in the minor's biological development.

Finally, the author highlights the tension that often exists between the protection of health and individual autonomy. This case is undoubtedly a benchmark for further exploration of the limits of medical practice among vulnerable populations.

Lastly, we present a review of the book *The doctor who wasn't there: technology, history, and the limits of telehealth* by Jeremy A. Greene as a work that historically examines the evolution of telemedicine and challenges the notion that digital technologies represent an enthusiastic solution to healthcare challenges.

The authors note that one of the book's main contributions is demonstrating that the true challenge of telemedicine is not technological, but rather ethical and structural challenges that, in turn, depend on social, political, and even economic structures.

The reviewed work is highly recommended for healthcare professionals, bioethicists, and researchers interested in understanding the ethical challenges of the digital transformation of healthcare services.

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