

INTRODUCTION

If there is something that unites the different approaches to questions and dilemmas in Bioethics, it is the centrality and value of the human person and his or her dignity. From its constitution as a bio-psycho-social being to its affectation in the face of an illness or in the context of a pandemic, such as the one we have been experiencing for more than a year due to the SARS-CoV-2 virus, it is necessary not to lose sight of the fact that our actions must protect and safeguard its essence and the dimensions that emanate from it.

This issue presents five articles and two reviews, with a variety of topics that converge in the urgent need to recover the value of life and human dignity, as counterweights to an increasingly technological world that insists on a reductionist vision of the human person.

First, the article by Cerdio, Félix, Del Campo, Gutiérrez, Castro and Cedillo presents a bibliographic review on the competencies developed in medical education, to highlight the scarcity of strengthening empathic capacities and the identification of one's own emotions, skills developed by emotional intelligence.

They propose that, based on the recovery of the teaching of this type of intelligence in future physicians, skills can be developed that allow a better clinical performance and a better doctor-patient relationship, since they are centered on the consideration of the person as an integral being, and leave out a merely biological vision of him or her.

The second article, by Samuel Saad, represents a novelty both in the field of bioethics and neurosciences. Saad Pestana focuses his attention on the ethical analysis of surrogacy, with the purpose of

discovering if the arguments against surrogacy for commercial purposes can also be extended to altruistic surrogacy, from a personalist vision and paradigm of thought.

After a review of the existing literature on the neurophysiology behind the maternal-filial bond, some elements are analyzed, such as the release of oxytocin, which favors the establishment of social bonds, empathy, social behaviors of affiliation, attention and social recognition, which contribute to the construction of the aforementioned binomial. It also analyzes other non-hormonal elements, such as the neural pathways related to the bond in question, as well as the role of epigenetics.

The author's review identifies that the maternal-filial bond is mainly natural, not socially constructed or arising from a socially conceived gender role and, therefore, the author's bet is that altruistic surrogacy, like commercial surrogacy, is also unethical, because it does not comply with the principle of therapeutic proportionality, which breaks the maternal-filial bond with possible effects on both the woman and the baby, and does not comply with the ethical imperative of considering the human person as an end and not merely as a means.

In the third article, Weingerz, Templos, Rangel and Orellana present an interesting study on the reasons that led physicians or patients to request the intervention of a Hospital Bioethics Committee in a Second Level Hospital in Mexico.

Here, firstly, the importance of the Hospital Bioethics Committees as autonomous and interdisciplinary bodies is retaken, which act as guides for clinical decision-making that involve bioethical dilemmas and serve both patients and health professionals, as well as the families of the sick.

This article provides clarity regarding the differences between a problem and a bioethical dilemma, often confused, and clarifies that, while the former has a unilateral solution, the latter is complex in that it presents a conflict of values, possible conflicts of

interest and where two possible solutions that seem good and ethical are presented, and the best one must be chosen from among them, something that is not always easy to detect at first glance.

The study carried out includes 48 minutes of meetings of the Hospital Bioethics Committee of the hospital analyzed during the years 2007 to 2018, and detects as the main reason for consultation the request for help for decisions on limitation of therapeutic effort. Likewise, the study analyzes the problems and dilemmas derived from this reason and breaks down the results in terms of patient age, gender and the services where the greatest number of consultations were presented.

Finally, the authors agree that a deliberative process and deep reflection within a committee is necessary to address these dilemmatic situations and to provide elements by way of suggestions that allow the best decisions to be made based on the consideration of the good of the patient and his or her dignity.

The fourth article, by Molenzun, Ruiz, Peters, Gallagher, García and Illiescu, is not only a novelty in the application of statistical methods to the field of ethical analysis from the personalist proposal, but also a strong warning that the mandatory quarantine strategies imposed in this pandemic by the coronavirus are not only unethical, but have also caused great inequities and inequalities in relation to the losses that have occurred in countries in general and, particularly, in those with fewer resources and weaker economies.

Under the cost-benefit consideration and with the methodology proposed by the Centers for Disease Control, added to mathematical calculation mechanisms and artificial intelligence, the economic losses calculated for each deceased person show that quarantines do not comply with ethical criteria, since their cost is much higher than the benefit, considering that there are other more effective and less costly strategies, such as constant hand washing, contact tracing, etcetera.

Moreover, under the personal social contract model previously developed by Molenzun, mandatory quarantines impose restrictions on human rights and freedoms, and represent a considerable inequity in the health expenditure of countries, further impoverishing the less economically strong countries and affecting the mostly ethnic minorities.

Undoubtedly, the article proposes a difficult and painful subject, but with the conviction that the benefit has not been the expected one, since not even the strategy has been congruent or sufficiently deliberate.

Finally, Ortega's article presents a fundamentally personalist vision, retaking the sense of the good life, based on the understanding and experience of an integral ecology.

Basing his arguments on the principles of the Social Doctrine of the Church and the teachings of Pope Francis, the author proposes elements for a good life, and he does so by resorting, like the Pontiff, to the model of St. Francis of Assisi, to detect some anthropological characteristics and ethical and moral principles, such as his natural union with all creatures that seek peace and justice at all levels of life and in all human actions.

Interrelation and communion in solidarity, union with the poor, etc., translate into a global ethic that seeks and promotes peace, justice, dignity, human rights, solidarity and the common good, and which is inseparable from love.

Thus, integral ecology and the living of a good life necessarily pass through an economy of solidarity, through just and remunerated work, which allows not only the satisfaction of needs, but also the full development of the human person and his or her community, as well as the common good.

Finally, the author finishes his reflections with the notion of development, which calls for an integral ecology and universal fraternity.

The two reviews presented here are clear and well-armed descriptions of two important works.

The review presented here, by José María Alonso, constitutes a clear and well-prepared description of the book *Bioética y cine*. It highlights the contribution of cinema as an educational tool for the training of bioethicists and for the representation of cases with emblematic bioethical dilemmas.

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