

dicha actualización, y de la ausencia de leyes uniformes en toda la Unión Europea, el Tribunal Europeo de Derechos Humanos se ha posicionado sobre el tema, pero también de forma incompleta.

En el artículo ocho de este número, *Derechos humanos, libre albedrío y neuroética. Retos biojurídicos de las neurotecnologías emergentes*, Alberto García Gómez y José Carlos Abellán Salort hacen una valoración crítica de las neurotecnologías emergentes. Reflexionan acerca de los aspectos éticos, sociales y jurídicos para asegurar su uso racional y respetuoso de la dignidad de la persona y de sus derechos fundamentales al realizar intervenciones sobre el cerebro humano.

Por último, en *El feto enfermo: un ejemplo del ingreso gradual del principio de vulnerabilidad en la bioética*, Lourdes Velázquez pone de actualidad el «principio de vulnerabilidad», que fue propuesto con particular fuerza en la «Declaración de Barcelona» como una de las novedades más importantes introducidas en el discurso bioético. Según este principio, la vulnerabilidad de un ser implica un deber de protección hacia él por parte de los que lo tratan. En este caso, se debe aplicar al tratamiento del feto enfermo y del neonato «terminal», por su valor intrínseco como ser humano. Este mismo principio vale también para la protección que se debe brindar a los papás del neonato terminal, durante y después de la gestación.

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 Coordinadora Editorial

After evaluating the bioethical abilities achieved by some students after the application of the theory of *Convergent Ethics* in bioethics training, Yanira Astrid Rodríguez Holguín, in her article *Approach to Convergent Ethics theory for bioethics training for research*, shows the need for a bioethical training, that is transversal, dynamic and comprehensive, both in the undergraduate medicine and in health professionals dedicated to research.

On their part, Justo Aznar and Julio Tudela, in *Gestational surrogacy*, approach some ethical aspects of this reproduction technique. What should prevail? The hypothetical right of parents to have a child, the reproductive rights of women or the good of the child himself? Is there a risk of «objectification» or instrumentalization of the surrogate mother and the child himself? The dilemma between the ethics of the means used and the end pursued reappears.

At present, the Technologies in Reproductive Assistance (TAR) offer the possibility to infertile couples to resort to subrogation in order to have a child. Joseph Nixon and Olinda Timms, in *The legal and moral debate that leads to the prohibition of commercial subrogation in India*, present us with a historical overview of this reproductive practice in that great country. It goes from the complete lack of regulation at the end of the 80s, until the end of the commercial subrogation in India. The foregone was dictated by the government in 2016, after the media began to reveal stories of abandoned children and exploitation of surrogate women in surrogacy clinics, and in the face of strong protests from groups of human rights, of women and normal citizens, and of national and foreign doctors.

In the article *The end of life and the ascription of responsibility*, Francesca Marín confronts some problems of moral responsibility about the end of life. It also addresses the implications that both the rejection stance and the unconditional defense of killing / letting die can have in assigning medical responsibilities.

Next, Anna Giardini and her coauthors try to answer an increasingly frequent question in our society: *What do I want done at the end of life?* After studying in Italy, a series of patients with progressive diseases (amyotrophic lateral sclerosis, chronic heart failure, chronic renal failure, and advanced cancer), and after listening to their claims, their wish was that their right to know the diagnosis and prognosis of their disease be fulfilled. The authors conclude that

informing and guiding patients, from initial diagnosis to the end of life, should be an integral part of medical practice.

Twenty years after the Oviedo Convention, Stefano Semplici considers on *Equitable Access to Health, with adequate quality*. Article 3 of such Convention is aimed at the protection of both, in order to comply with human rights and protect the dignity of the human being. From this Convention, the right to health is enshrined in most declarations and normative documents at the international level. However, to be effective, it must include access to health services with *equity and adequacy*.

Enhancing on the theme of the Oviedo Convention, in *the drive towards common european legislation, with respect to the right of every person to know their genetic origins*, Gian Luca Montanari Vergallo and Naga-Mario di Luca argue that such a Convention needs an update after 20 years of validity. Indeed, it does not address (among other issues) the right of children conceived by donors to know the identity of gamete donors. In the absence of such an update, and the absence of uniform laws throughout the European Union, the European Court of Human Rights has positioned itself on the issue, but also in an incomplete way.

In article eight of this issue, *Human rights, free will and neuroethics. Biojuridical challenges of emerging neuro-technologies*, Alberto García Gómez and José Carlos Abellán Salort make a critical assessment of emerging neuro-technologies. They consider on the ethical, social and legal aspects to ensure their rational and respectful use of the dignity of the person and his fundamental rights when performing interventions on the human brain.

Finally, in *The sick fetus: an example of the gradual entry of the principle of vulnerability in bioethics*, Lourdes Velázquez updates the «principle of vulnerability», which was proposed with particular force in the «Declaration of Barcelona» as one of the most important novelties introduced in the bioethical discourse. According to this

principle, the vulnerability of a being implies a duty of protection towards him by those who treat him. In this case, it should be applied to the treatment of the diseased fetus and the «terminal» neonate, because of its intrinsic value as a human being. This same principle also is worthy for the protection that must be provided to the parents of the terminal newborn, during and after pregnancy.

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