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Adams Jonathan et al., Defending explicability as a principle for the ethics of artificial intelligence in medicine, in Medicine Healthcare and Philosophy, (2023)4, 615-623 p.
Soggetto: *etica medica, intelligenza artificiale, principi etici*
Abstract: This paper examines the proposal, made by Luciano Floridi and colleagues, to include a new 'principle of explicability' alongside the traditional four principles of bioethics that make up the theory of 'principlism'. It specifically responds to a recent set of criticisms that challenge the supposed need for such a principle to perform an enabling role in relation to the traditional four principles and therefore suggest that these four are sufficient without the addition of explicability. The paper challenges the critics' premise that explicability cannot be an ethical principle like the classic four because it is explicitly subordinate to them. It argues instead that principlism in its original formulation locates the justification for ethical principles in a midlevel position such that they mediate between the most general moral norms and the contextual requirements of medicine. This conception of an ethical principle then provides a mold for an approach to explicability on which it functions as an enabling principle that unifies technical/epistemic demands on AI and the requirements of high-level ethical theories. The paper finishes by anticipating an objection that decision-making by clinicians and AI fall equally, but implausibly, under the principle of explicability's scope, which it rejects on the grounds that human decisions, unlike AI's, can be explained by their social environments.

Allen Jemima, Consent-GPT: is it ethical to delegate procedural consent to conversational AI? in Journal of Medical Ethics, (2024)2, 77-83 p.
Soggetto: *intelligenza artificiale, consenso informato*
Abstract In this paper, we first outline a hypothetical example of delegation of consent to LLMs prior to surgery. We then discuss existing clinical guidelines for consent delegation and some of the ways in which current practice may fail to meet the ethical purposes of informed consent. We outline and discuss the ethical implications of delegating consent to LLMs in medicine concluding that at least in certain clinical situations, the benefits of LLMs potentially far outweigh those of current practices.

Blackstone Eric et al., The Need for Specialized Oncology Training for Clinical Ethicists, in HEC Forum, (2024)1, 45-59 p.
Soggetto: *oncologia, formazione etica, educazione*
Abstract: Numerous ethical issues are raised in cancer treatment and research. Informed consent is challenging due to complex treatment modalities and prognostic uncertainty. Busy oncology clinics limit the ability of oncologists to spend time reinforcing patient understanding and facilitating end-of-life planning. Despite these issues and the ethics consultations they generate, clinical ethicists receive little if any focused education about cancer and its treatment. As the field of clinical ethics develops standards for training, we argue that a basic knowledge of cancer should be included and offer an example of what cancer ethics training components might look like. We further suggest some specific steps to increase collaboration between clinical ethicists and oncology providers in the outpatient setting to facilitate informed consent and proactively identify ethical issues.

Capellades Rosa Maria, La objeción de conciencia en el ámbito sanitario: un equilibrio entre derechos y deberes, in Revista de Bioetica y Derecho, (2024)60, 3-18 p.
Soggetto: *obiezione di coscienza, bioetica*
Abstract: Los objetivos de este artículo son revisar el concepto objeción de conciencia en el ámbito sanitario; analizar los factores que motivan este derecho; examinar las consecuencias de la OC en la carga asistencial de los profesionales no objetores; y explorar su posible conflicto ético con la justicia distributiva en la atención sanitaria. Por último, se reflexionará sobre la posibilidad de la OC institucional y sus posibles consecuencias en los derechos de pacientes y trabajadores.

Dougherty Ryan et al., Toward a Social Bioethics Through Interpretivism: A Framework for Healthcare Ethics, in Cambridge Quarterly of Healthcare Ethics, (2024)1, 6-16 p.
Soggetto: *bioetica, etica sanitaria, equità, consulenza etica clinica, scienze sociali*
Abstract: Recent global events demonstrate that analytical frameworks to aid professionals in healthcare ethics must consider the pervasive role of social structures in the emergence of bioethical issues. To address this, the authors propose a new sociologically informed approach to healthcare ethics that they term “social bioethics.” Their approach is animated by the interpretive social sciences to highlight how social structures operate vis-à-vis the everyday practices and moral reasoning of individuals, a phenomenon known as social discourse. As an exemplar, the authors use social bioethics to reframe common ethical issues in psychiatric services and discuss potential implications. Lastly, the authors discuss how social bioethics illuminates the ways healthcare ethics consultants in both policy and clinical decision-making participate in and shape broader social, political, and economic systems, which then cyclically informs the design and delivery of healthcare.

Fiester Autumn, The “Ladder of Interference” as a Conflict Management Tool: Working with the “Diffcult” Patient or Family in Healthcare Ethics Consultations, in HEC Forum, (2024)1, 31-44 p.
Soggetto: *consulenza etica, mediazione, conflitto*
Abstract: Conflict resolution is a core component of healthcare ethics consultation (HEC) and proficiency in this skill set is recognized by the national bioethics organization and its HEC certification process. Difficult interpersonal interactions between the clinical team and patients or their families are often inexorably connected to the normative disputes that are the catalyst for the consult. Ethics consultants are often required to navigate challenging dynamics that have become entrenched and work with patient-provider or family-provider relationships that have already broken down. The first step in conflict resolution is diagnosing the source of the conflict. Because so many interpersonal and normative conflicts rest on misunderstanding and mischaracterization, the diagnosis of the problem requires untangling the actual positions and perspectives of the conflicting parties from the fallacious assumptions made about the parties’ respective positions and views. Developed in management science, the Ladder of Inference (LOI) is a diagnostic tool for assisting stakeholders in re-examining the process they used to form beliefs about others involved in the conflict. The LOI is a device that detects errors in reasoning, including implicit racial bias, that lead to false judgments and counterproductive responses to those judgments. The LOI is an instrument that can be used by ethics consultants to help resolve contentious bedside conflicts, but the LOI can also be employed as a teaching tool used by healthcare ethics consultants in training the clinical staff in how to avoid such

conflicts in the first place.

Fogo Agnes et al., AI's Threat to the Medical Profession, in JAMA, (2024)331, 471-472 p.
Soggetto**:** *intelligenza artificiale, medicina, medici, professione medica*
Abstract: This Viewpoint discusses the potential drawbacks of the use of artificial intelligence (AI) in medicine, for example, the loss of certain skills due to the reliance on AI, and how physicians should consider how to take advantage of the potential benefits of AI without losing control over their profession.

Kolmes Sara et al., Responding to Cultural Limitations on Patient Autonomy: A Clinical Ethics Case Study, in HEC Forum, (2024)3, 99-109 p.
Soggetto: *bioetica, autonomia, studio di casi, pluralismo culturale, relazione medico paziente, informazione al paziente*
Abstract: This paper is a clinical ethics case study which sheds light on several important dilemmas which arise in providing care to patients from cultures with non-individualistic conceptions of autonomy. Medical professionals face a difficult challenge in determining how to respond when families of patients ask that patients not be informed of bad medical news. These requests are often made for cultural reasons, by families seeking to protect patients. In these cases, the right that patients have to their own medical information in order to make autonomous decisions is in tension with the possibility that patients could hold values that require limiting their autonomy with regard to medical information disclosure, often based on the idea that family should take on difficult decision-making as an act of care. We describe one such case, of an 83-year old Russian woman whose husband requested she not be informed of a new cancer diagnosis. The appropriate response to this request was to ask the patient about her values separately, without disclosing any medical information until her values were clear. This patient indicated she wanted the care team to uphold her husband's request. This response makes the importance of determining a patient's values before moving forward with disclosure clear: she would not have wanted to be informed of her cancer. We describe our conversation strategy, which allowed value exploration without disclosure and highlighted that the obligation to respect a patient's autonomy sometimes includes an obligation to allow a patient to choose to limit their own autonomy. This case also highlights that this kind of conversation prioritizes the patient's values rather than the family's or care team's, centering patients in the way that is ethically appropriate.

Longato Fulvio, Autonomia e solidarietà: per un approccio relazionale, in Studi Zancan, (2023)5, 18-29 p.
Soggetto: *relazioni interpersonali, autonomia, solidarietà, fiducia, vulnerabilità, relazione medico-paziente, interdipendenza*

Neto Alberto Paulo, Bioética y democracia en la sociedad digital, in Revista de Bioetica y Derecho, (2024)60, 19-34 p.
Soggetto: *democrazia, società digitale, intelligenza artificiale, tecnologie digitali*
Abstract: La sociedad contemporánea vive la revolución digital y la necesidad de reflexionar sobre la interacción entre los seres humanos y las tecnologías digitales

Nyholm Sven, Artificial Intelligence and Human Enhancement: Can AI Technologies Make Us More (Artificially) Intelligent?, in Cambridge Quarterly of Healthcare Ethics, (2024)1, 76-88 p.
Soggetto: *intelligenza artificiale, potenziamento cognitivo*
Abstract: This paper discusses two opposing views about the relation between artificial intelligence (AI) and human intelligence: on the one hand, a worry that heavy reliance on AI technologies might make people less intelligent and, on the other, a hope that AI technologies might serve as a form of cognitive enhancement. The worry relates to the notion that if we hand over too many intelligence-requiring tasks to AI technologies, we might end up with fewer opportunities to train our own intelligence. Concerning AI as a potential form of cognitive enhancement, the paper explores two possibilities: (1) AI as extending—and thereby enhancing— people's minds, and (2) AI as enabling people to behave in artificially intelligent ways. That is, using AI technologies might enable people to behave as if they have been cognitively enhanced. The paper considers such enhancements both on

the level of individuals and on the level of groups.

Palmer Amitabha et al., More Process, Less Principles: The Ethics of Deploying AI and Robotics in Medicine, in Cambridge Quarterly of Healthcare Ethics, (2024)1, 121-134 p.
Soggetto: *intelligenza artificiale, robotica, bioetica, etica in sanità, partecipazione, democrazia*
Abstract: Current national and international guidelines for the ethical design and development of artificial intelligence (AI) and robotics emphasize ethical theory. Various governing and advisory bodies have generated sets of broad ethical principles, which institutional decisionmakers are encouraged to apply to particular practical decisions. Although much of this literature examines the ethics of designing and developing AI and robotics, medical institutions typically must make purchase and deployment decisions about technologies that have already been designed and developed. The primary problem facing medical institutions is not one of ethical design but of ethical deployment. The purpose of this paper is to develop a practical model by which medical institutions may make ethical deployment decisions about ready-made advanced technologies. Our slogan is "more process, less principles." Ethically sound decisionmaking requires that the process by which medical institutions make such decisions include participatory, deliberative, and conservative elements. We argue that our model preserves the strengths of existing frameworks, avoids their shortcomings, and delivers its own moral, practical, and epistemic advantages.

Pilati Giovanni et al., Implementazione del PAI (Piano Assistenza Individuale) in una casa di cura. Dalla diagnosi al piano di cure&care alla valutazione, in Studi Zancan, (2023)6, 7-16 p.
Soggetto: *piano di assistenza individuale, ricerca, banca dati*

Pilotto Franco Davide, Consenso ai trattamenti sanitari e soggetti fragili, in L'Ancora nell'Unità di Salute, 45(2024)1, 251-265 p.
Soggetto: *consenso, persona incapace, trattamenti sanitari*
Abstract: La materia del consenso ai trattamenti sanitari da parte di un soggetto incompetente, ancora non gode di un esatto inquadramento normativo e si sostanzia dell'intreccio tra autodeterminazione e rappresentanza dell'incapace. Proprio quest'ultimo aspetto è racchiuso in uno spazio normativo e umano dal perimetro irregolare, che prende forma a seconda del concreto grado e tipo d'incapacità da cui è affetto il soggetto.

Richiardone Enrico, La malattia tra soprannaturale e l'occulto, in L'Ancora nell'Unità di Salute, 45(2023)3, 236-250 p.
Soggetto: *malattia, religione, storia*
Abstract. Sin dalla preistoria gli uomini hanno sentito il bisogno di rivolgersi ad entità soprannaturali per la riuscita di imprese ai limiti delle loro forze, per l'appagamento di desideri che da soli non sarebbero riusciti a soddisfare, per la guarigione da malattie che erbe e piante o altri rimedi naturali non sarebbero riusciti a sanare. Nei tempi più remoti della storia umana le entità benefiche a cui chiedere protezione e aiuto sono state individuate nelle forze della natura (fuoco, tuono, fulmine) e negli astri del firmamento (sole, stelle luna).

Rigby Brieann et al., Abortion, euthanasia, and the limits of principlism, in Medicine Healthcare and Philosophy, (2023)4, 549-556 p.
Soggetto: *aborto, eutanasia, educazione medica, bioetica, principi etici*
Abstract: Principlism is an ethical framework that has dominated bioethical discourse for the past 50 years. There are differing perspectives on its proper scope and limits. In this article, we consider to what extent principlism provides guidance for the abortion and euthanasia debates. We argue that whilst principlism may be considered a useful framework for structuring bioethical discourse, it does not in itself allow for the resolution of these neuralgic policy discussions. Scholars have attempted to use principlism to analyse the ethics and legality of abortion and euthanasia; but such efforts are methodologically problematic. We close with a consideration of the proper scope of principlism in bioethics–a vision that is more modest than the manner in which principlism is often deployed in contemporary academic bioethics and medical education.

Riggio Giuseppe, L'intelligenza artificiale: una risorsa al servizio della libertà e della pace?, in Aggiornamenti Sociali, (2024)1, 3-6 p.
Soggetto: *intelligenza artificiale, responsabilità, libertà, etica sociale*

Watson Carlin Jamie, Patient Expertise and Medical Authority: Epistemic Implications for the Provider–Patient Relationship, in Journal of Medicine and Philosophy, (2024)1, 58-71 p.
Soggetto: *autorità, relazione medico-paziente, autodeterminazione, autonomia, competenza, competenza del paziente*
Abstract: The provider–patient relationship is typically regarded as an expert-to-novice relationship, and with good reason. Providers have extensive education and experience that have developed in them the competence to treat conditions better and with fewer harms than anyone else. However, some researchers argue that many patients with long-term conditions (LTCs), such as arthritis and chronic pain, have become "experts" at managing their LTC. Unfortunately, there is no generally agreed-upon conception of "patient expertise" or what it implies for the provider–patient relationship. I review three prominent accounts of patient expertise and argue that all face serious objections. I contend, however, that a plausible account of patient expertise is available and that it provides a framework both for further empirical studies and for enhancing the provider–patient relationship.

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Paglia Vincenzo, Pegoraro Renzo (a cura di), *Converging on the person. Emerging technologies for the common good, Proceedings of the XXVIII General Assembly of Members,* Vatican City, February 20-22 2023, Pontifical Academy for Life, 2023, 154 p.

Pegoraro Renzo, Henk ten Have, *Bioethics, healthcare and the soul,* Routledge, 2022, 240 p.
This thought-provoking book explores the connections between health, ethics, and soul. It analyzes how and why the soul has been lost from scientific discourses, healthcare practices, and ethical discussions, presenting suggestions for change.
Arguing that the dominant scientific worldview has eradicated talk about the soul and presents an objective and technical approach to human life and its vulnerabilities, Ten Have and Pegoraro look to rediscover identity, humanity, and meaning in healthcare and bioethics. Taking a mulitidisciplinary approach, they investigate philosophical, scientific, historical, cultural, social, religious, economic, and environmental perspectives as they journey toward a new, global bioethics, emphasizing the role of the moral imagination.