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Abbasian Hana et al., Epistemic pluralism and justice at the end of life, in Theoretical Medicine and Bioethics, (2026)4, 343-344 p.

Soggetto: *fine vita, giustizia, pluralismo, epistemologia*

Forni Lorena, Suicidio medicalmente assistito e interventi normativi regionali: alcuni pregi e alcune questioni irrisolte della sentenza della Corte costituzionale n. 204/2025, in Notizie di Politeia, (2026)162, 27-44 p.

Soggetto: *suicidio assistito, corte costituzionale, diritto-legislazione, Italia, eutanasia autodeterminazione, norme giuridiche*

Abstract: Il presente contributo esamina la sentenza n. 204/2025 della Corte costituzionale italiana, con la quale sono stati definiti i limiti costituzionali della legislazione regionale in materia di suicidio medicalmente assistito (SMA), nell'ambito del giudizio di legittimità costituzionale sulla legge regionale Toscana n. 16/2025. L'analisi mette in luce alcuni punti di forza della decisione, evidenziando al contempo importanti questioni rimaste irrisolte.

La Corte riconosce la competenza legislativa concorrente delle Regioni in materia di tutela della salute, consentendo così di colmare le lacune procedurali derivanti dall'assenza di una disciplina nazionale, senza incidere sui diritti fondamentali. Permangono, tuttavia, alcuni profili problematici, in particolare con riguardo all'attuazione del SMA, tra cui la sua qualificazione come procedura giuridicamente esigibile, che non rientra nella nozione di prestazione sanitaria, nonché la distinzione tracciata tra SMA e eutanasia in senso stretto.

L'analisi mostra come tali questioni sollevino interrogativi significativi sul piano della teoria del diritto e contribuiscano ad alimentare un necessario dibattito interdisciplinare.

Gariti Alex, Slide the scale back: On decision-making capacity assessment and the ethical importance of maintaining patients' decision-making authority, in *Clinical Ethics*, (2026)2, 63-70 p.

Soggetto: *metodo decisionale, capacità, decisione, autonomia consenso informato, etica clinica*

Abstract: Decision-making capacity (DMC) assessments determine whether patients may authorize medical interventions, yet the prevailing sliding-scale model, requiring greater certainty of capacity for higher-risk decisions, fails to account for the ethical implications of declaring a patient incapacitated. When patients are found to lack DMC, decision-making authority shifts to surrogate decision-makers, whose well-documented inaccuracy in predicting patient preferences frequently leads to treatment that does not align with the patient's values. Thus, DMC assessment is not merely a clinical determination but also an ethically significant act that may wrongfully strip patients of authority over decisions whose consequences they alone must bear. As such, when a patient expresses a treatment preference, does not clearly lack DMC, and faces an intervention that is restrictive, invasive, painful, or permanent, clinicians should adopt a more autonomy-protective approach. An algorithm is provided to help clinicians determine when to allow patients with unclear capacity to retain decision-making authority.

Hatherley Joshua, The Virtues of Interpretable Medical Artificial Intelligence, in *Cambridge Quarterly of Healthcare Ethics*, (2026)3, 167-176 p.

Soggetto: *intelligenza artificiale, sanità, etica*

Abstract: Artificial intelligence (AI) systems have demonstrated impressive performance across a variety of clinical tasks. However, notoriously, sometimes these systems are "black boxes." The initial response in the literature was a demand for "explainable AI." However, recently, several authors have suggested that making AI more explainable or "interpretable" is likely to be at the cost of the accuracy of these systems and that prioritizing interpretability in medical AI may constitute a "lethal prejudice." In this article, we defend the value of interpretability in the context of the use of AI in medicine. Clinicians may prefer interpretable systems over more accurate black boxes, which in turn is sufficient to give designers of AI reason to prefer more interpretable systems in order to ensure that AI is adopted and its benefits realized. Moreover, clinicians may be justified in this preference. Achieving the downstream benefits from AI is critically dependent on how the outputs of these systems are interpreted by physicians and patients. A preference for the use of highly accurate black box AI systems, over less accurate but more interpretable systems, may itself constitute a form of lethal prejudice that may diminish the benefits of AI to—and perhaps even harm—patients.

Hokings Edward, The bioconservative stance within bioethics, in *The New Bioethics*, (2026)3, 161-173 p.

Soggetto: *bioetica, bioconservazione, natura umana, deumanizzazione, gene-editing, biotecnologie*

Abstract: Bioconservatism rose to prominence in bioethics at the turn of the millennium but has since declined in influence, particularly in Anglo-American academic and policy contexts. Critics argue that it relies excessively on intuition, emotion, and vague concepts such as dignity, and therefore lacks rational justification for opposing novel biotechnologies. This paper reassesses that critique. While some forms of bioconservatism remain vulnerable to these objections, it argues that an under-examined 'social' strand is methodologically robust and theoretically grounded. This strand situates emerging biotechnologies within broader social forces, especially commercialisation. Drawing on classical social theory, particularly Karl Marx and Max Weber, the paper shows that concerns about dehumanization,

homogenization, and the erosion of human values reflect a tradition of macro-level social critique rather than mere emotive reaction. Reconstructed in this way, bioconservatism offers a socially attuned, secular critique relevant to contemporary debates on genome editing and emerging biotechnologies.

Holm Sune, On the Justified Use of AI Decision Support in Evidence-Based Medicine: Validity, Explainability, and Responsibility, in Cambridge Quarterly of Healthcare Ethics, (2026)3, 183-189 p.

Soggetto: *intelligenza artificiale, EBM, responsabilità*

Abstract : When is it justified to use opaque artificial intelligence (AI) output in medical decision-making? Consideration of this question is of central importance for the responsible use of opaque machine learning (ML) models, which have been shown to produce accurate and reliable diagnoses, prognoses, and treatment suggestions in medicine. In this article, I discuss the merits of two answers to the question. According to the Explanation View, clinicians must have access to an explanation of why an output was produced. According to the Validation View, it is sufficient that the AI system has been validated using established standards for safety and reliability. I defend the Explanation View against two lines of criticism, and I argue that within the framework of evidence-based medicine mere validation seems insufficient for the use of AI output. I end by characterizing the epistemic responsibility of clinicians and point out how a mere AI output cannot in itself ground a practical conclusion about what to do.

Kramer Max F., The bioethicist as advisor, in Theoretical Medicine and Bioethics, (2026)4, 323-341 p.

Soggetto: *consulenza etica, esperti di etica-bioeticisti, responsabilità*

Abstract: Services dedicated to clinical ethics consultation (CEC) have rapidly proliferated through American hospital systems. One concern about this notable rate of growth is the possibility that practice has outstripped theory. In particular, it is controversial whether clinical ethicists should offer substantive recommendations as part of their practice. This article addresses the status, legitimacy, and authority of such recommendations, proceeding from the idea that they are to be treated as advisory. Taking this idea seriously and developing it through recent philosophical work on advising helps to defuse challenges to CEC as a profession and promotes a conception of CEC as a collaborative activity with a clear distribution of responsibility between ethicist and stakeholders. Moreover, moral norms for advising that exist in abstraction from particular knowledge domains can help to substantiate and clarify professional norms for CEC practice, including the loci of moral responsibility for patient outcomes, the relationship to patient advocacy, and the norm against functioning as the "ethics police."

Igama Franciska et al., Created, Not Engineered: Analyzing Human Gene Editing from a Catholic Anthropological and Moral Perspective, in Journal of Religion and Health, (2026)3226-3246 p.

Soggetto: *etica cattolica, teologia-morale, ingegneria genetica, gene-editing, filosofia-morale, valori, dignità, uomo*

Abstract: Advances in human gene editing raise significant ethical questions concerning their compatibility with the Catholic Church's understanding of human dignity. This paper examines the Church's moral evaluation of human gene editing, particularly germline modifications, through its foundational principles of the dignity of the human person, the integrity of human nature as created in the *imago Dei*, the principle of solidarity, and the moral responsibility to exercise care rather than technological domination over human life. Employing the See-Judge-Act model, the study applies the Catholic moral framework to contemporary developments in gene editing, which are currently directed primarily toward

the treatment of genetic diseases. The paper undertakes a doctrinal and hermeneutical analysis to assess whether such interventions respect or compromise inherent human dignity and then makes recommendations for concrete responses to the issue. Given the Catholic Church's global moral influence, clarifying its position helps delineate ethical boundaries between legitimate therapeutic intervention and unacceptable alteration of human nature. The study concludes that a Christian ethical response must take a future-oriented view in medicine, one that anticipates not only present therapeutic uses of gene editing but also emerging biotechnologies aimed at enhancement, redesign, and inheritable modification of the human genome, while firmly rejecting any form of genetic manipulation that transforms medicine from healing the person to engineering human nature itself.

Lee Harrison, The last low whispers revisited: a reply to Sulmasy on palliative sedation, Theoretical Medicine and Bioethica, (2026)4, 281-298 p.

Soggetto: *sedazione palliativa, doppio effetto, Sulmasy, coscienza, fine vita*

Mancino Mauro, Intelligenza artificiale e pediatria clinica: possibilità, limiti e responsabilità etiche e giuridiche nell'era della medicina algoritmica, in Sistema Salute, (2026)2, 357-379 p.

Soggetto: *intelligenza artificiale, pediatria*

Abstract: Obiettivi: l'intelligenza artificiale (IA) sta progressivamente modificando il modo in cui la medicina interpreta i dati clinici, formula diagnosi, definisce prognosi e organizza i percorsi terapeutici. In ambito pediatrico, tale trasformazione assume una rilevanza ancora maggiore a causa della particolare vulnerabilità del minore e della complessità della relazione clinica che coinvolge il paziente, la famiglia e l'équipe sanitaria. Obiettivo del presente lavoro è analizzare criticamente le applicazioni dell'intelligenza artificiale nella pediatria clinica, approfondendo le implicazioni etiche e giuridiche connesse all'utilizzo di sistemi algoritmici nei processi decisionali medici. Metodi: è stata effettuata una revisione narrativa interdisciplinare della letteratura internazionale, prendendo in considerazione contributi clinici, bioetici, filosofici e giuridici pubblicati negli ultimi anni. L'analisi è stata integrata con riferimenti alla normativa europea in materia di intelligenza artificiale, con particolare attenzione all'AI Act e alla disciplina italiana sulla responsabilità sanitaria. Risultati: l'intelligenza artificiale consente significativi miglioramenti nella diagnostica per immagini, nella medicina predittiva e nella gestione delle patologie croniche pediatriche. Tuttavia, l'adozione di sistemi algoritmici introduce criticità rilevanti legate ai bias dei dati, all'opacità decisionale, alla tutela della privacy, al consenso informato e alla ridefinizione della responsabilità professionale del medico. Emergono inoltre interrogativi etici riguardanti il rischio di disumanizzazione della cura e di eccessiva dipendenza decisionale dagli algoritmi. Conclusioni: l'integrazione dell'intelligenza artificiale nella pediatria clinica richiede un modello fondato sulla supervisione umana, sulla trasparenza degli algoritmi, sulla tutela del minore e sulla responsabilità condivisa tra professionisti sanitari, strutture e sviluppatori dei sistemi tecnologici. La tecnologia deve rappresentare uno strumento di supporto al giudizio clinico e non un sostituto della relazione terapeutica.

McCrudden Patrick et al., Moral Worlds and Institutional Scripts at the End of Life, in The Hastings Center Report, (2026)4, 1-2 p.

Soggetto: *fine vita, bioetica, relazione con il medico paziente, accompagnamento, famiglia*

Nanni Costa Alessandro, Elderly Care: From Experimentation to Implementation, in Studi Zancan, (2026)3, 84-87 p.

Soggetto: *geriatria, anziani, cura*

Novak Piotr G., Epistemic Justice and the moral status of dead, in Theoretical Medicine and Bioethics, (2026)4, 345-347 p.

Soggetto: *morte, giustizia, epistemologia*

Pegoraro Renzo, The person at the centre of care, in Studi Zancan, (2026)3, 98-99 p.

Soggetto: *etica della cura, persona umana*

Pocetta Giancarlo et al., Intelligenza artificiale, etica, salute, Numero monografico di Sistema Salute, (2026)2, 290-486 p.

Soggetto: *intelligenza artificiale, sanità, salute, etica, sistema sanitario, medicina legale*

Introduzione: La monografia "Intelligenza artificiale, etica, salute" riporta contributi derivanti dai lavori della Summer School "Intelligenza Artificiale per il Benessere Inclusivo e Sostenibile: Ripensare Salute, Lavoro e Ambiente. Uno spazio di ricerca e confronto sull'IA per un futuro più giusto e sostenibile, dove accademia, professionisti e società civile si incontrano e collaborano". Si tratta della terza edizione della Scuola Estiva promossa dalla Consulta di Bioetica e dalla Società Italiana per l'Etica dell'Intelligenza Artificiale (SIpEIA), con la collaborazione delle Università di Torino e di Urbino, tenutasi a Urbino a fine agosto 2025. Una attenta riflessione critica su cos'è l'Intelligenza Artificiale e quali implicazioni etiche, cliniche, organizzative, normative relativamente a salute, relazioni di cura e sistema sanitario.

Roadevan Crstina et al., AI interventions in cancer screening: balancing equity and cost-effectiveness, in Journal of Medical Ethics, (2026)8, 391-399 p.

Soggetto: *intelligenza artificiale, oncologia, allocazione delle risorse*

Abstract: This paper examines the integration of artificial intelligence (AI) into cancer screening programmes, focusing on the associated equity challenges and resource allocation implications. While AI technologies promise significant benefits—such as improved diagnostic accuracy, shorter waiting times, reduced reliance on radiographers, and overall productivity gains and cost-effectiveness—current interventions disproportionately favour those already engaged in screening. This neglect of non-attenders, who face the worst cancer outcomes, exacerbates existing health disparities and undermines the core objectives of screening programmes. Using breast cancer screening as a case study, we argue that AI interventions must not only improve health outcomes and demonstrate cost-effectiveness but also address inequities by prioritising non-attenders. To this end, we advocate for the design and implementation of cost-saving AI interventions. Such interventions could enable reinvestment into strategies specifically aimed at increasing engagement among non-attenders, thereby reducing disparities in cancer outcomes. Decision modelling is presented as a practical method to identify and evaluate these cost-saving interventions. Furthermore, the paper calls for greater transparency in decision-making, urging policymakers to explicitly account for the equity implications and opportunity costs associated with AI investments. Only then will they be able to balance the promise of technological innovation with the ethical imperative to improve health outcomes for all, particularly underserved populations. Methods such as distributional cost-effectiveness analysis are recommended to quantify and address disparities, ensuring more equitable healthcare delivery.

Roitman Andriel et al., Hacia una necesaria transformación de los comités de ética en investigación en el marco de la revolución de la Inteligencia Artificial, in Revista de Bioética y Derecho, (2026)66, 5-23 p.

Soggetto: *intelligenza artificiale, comitati etici*

Abstract: La integrazione di la intelligenza artificiale (IA) y el análisis masivo de datos (big data) en la investigación científica plantea desafíos éticos sin precedentes que desbordan la

capacidad del marco tradicional de los Comités de Ética en Investigación (CEI). Este artículo analiza la brecha paradigmática entre un modelo de supervisión diseñado para la investigación centrada en el individuo y los nuevos riesgos que emergen de la IA, como los daños indirectos y colectivos, el sesgo algorítmico y la opacidad de los modelos de "caja negra". Se argumenta que los pilares tradicionales, como el consentimiento informado y el análisis riesgo-beneficio, resultan insuficientes para abordar impactos sociales a largo plazo y la protección de la privacidad en un entorno de datos interconectados. Frente a esta realidad, se propone una transformación profunda de la gobernanza ética. Esta transformación no se limita a un único enfoque, sino que requiere una combinación de reformas estructurales en los CEI, como la incorporación de nuevos perfiles técnicos y la adopción de un monitoreo continuo; el desarrollo de herramientas de evaluación especializadas; y, fundamentalmente, la promoción de un ecosistema de responsabilidad compartida que involucre a financiadores, instituciones, revistas y personal investigador.

Sakr Johnny, Clarifyng the definition of "abortion" in law and clinical practice, in Theoretical Medicine and Bioethics, (2026)4, 349-351 p.

Soggetto: *aborto, diritto legislazione, pratica clinica*