AUCTORES
Globalize your Research

Journal of Thoracic Disease and Cardiothoracic Surgery
Cruz García Lirios *

Open Access

Research Article

Critical Bioethics in Latin America: Epistemological Foundations and Implications for Cardiothoracic Health

Cruz García Lirios

Universidad Autónoma de la Ciudad de México.

***Corresponding Author:** Cruz García Lirios, Universidad Autónoma de la Ciudad de México.

Received date: September 16, 2025; Accepted date: September 30, 2025; Published date: October 14, 2025

Citation: Cruz G. Lirios, (2025), Critical Bioethics in Latin America: Epistemological Foundations and Implications for Cardiothoracic Health, *J Thoracic Disease and Cardiothoracic Surgery*, 6(5); **DOI:10.31579/2693-2156/147**

Abstract

This paper examines the emergence of critical bioethics in Latin America, with attention to its genealogical origins, epistemological frameworks, and relevance to health and thoracic disease. Using a qualitative design with key and credible informants, the study triangulates interview data and documentary analysis to identify tensions between universalist bioethical principles and Latin American socio-medical realities. Results show that inequality, interculturality, and structural vulnerabilities shape bioethical debates in thoracic and cardiothoracic care. Findings suggest that critical bioethics is both a theoretical approach and a practical framework aimed at decolonial, social, and clinical justice in contexts of health disparities.

Keywords: bioethics; Latin America; cardiothoracic health; inequality; decoloniality

Introduction

The objective of this study is to analyze critical bioethics in Latin America, exploring its genealogical origins, epistemological orientations, and implications for thoracic and cardiothoracic health practices. While global bioethics often emphasizes autonomy and individual choice, the Latin American context introduces issues of inequality, collective health, and ecological vulnerability that require alternative frameworks (Garrafa & Porto, 2003).

The genealogy of critical bioethics in the region is rooted in liberation philosophy and critical pedagogy. These intellectual traditions emerged as responses to exclusion, domination, and health inequities, seeking to democratize knowledge and challenge biomedical reductionism (Dussel, 1998). In cardiothoracic contexts, this genealogy has implications for access to advanced care, transplantation ethics, and the equitable distribution of scarce resources (Tealdi, 2019).

Epistemologically, Latin American bioethics emphasizes decoloniality and intercultural dialogues. This challenges the universality of biomedical ethics and calls for contextualized approaches to complex health issues, including chronic pulmonary disease, cardiovascular conditions, and the ethical allocation of surgical technologies (De Sousa Santos, 2014).

The regional context reveals deep inequalities in healthcare access, particularly in cardiothoracic surgery, where advanced interventions are often concentrated in urban centers with limited availability for marginalized populations (Schramm & Kottow, 2001). These conditions make bioethics a matter not only of clinical decision-making but also of social and political responsibility.

Previous studies have highlighted those global bioethics often neglects structural inequalities and environmental determinants of health. In contrast, Latin American perspectives prioritize justice, dignity, and the recognition of alternative epistemologies (Lolas, 2008). This distinction informs the background of the current problem.

The problematization emerges from the inadequacy of applying universal bioethical principles to cardiothoracic health systems marked by inequity and technological gaps. Critical bioethics calls for frameworks that integrate social realities and promote equitable access to thoracic and cardiovascular care (Garrafa, 2005).

The state of the art indicates a limited number of empirical studies linking bioethics with cardiothoracic health in Latin America. Most research remains theoretical, highlighting the need for studies that connect ethical frameworks with clinical practices and patient experiences (Pessini & Barchifontaine, 2014).

This study addresses this gap by exploring how critical bioethics is articulated in the narratives of key informants and by contrasting these insights with documentary evidence. The research question is: How does critical bioethics in Latin America articulate genealogical, epistemological, and clinical interventions in the context of cardiothoracic health?

The hypothesis suggests that critical bioethics constitutes a decolonial framework that integrates justice, interculturality, and collective health, offering relevant interventions for thoracic and cardiovascular care in unequal contexts.

The proposed intervention is to integrate critical bioethics into thoracic health governance and clinical practice, promoting equitable access and contextualized decision-making in cardiothoracic surgery and related fields (De Sousa Santos, 2014)

Method

This study employed a qualitative design with a critical-interpretive orientation. Such a design was chosen to capture the discourses and practices that shape ethical decision-making in health and to analyze the meanings beyond quantitative indicators (Flick, 2018).

Ethical considerations followed the principles of informed consent, confidentiality, and respect for informants' perspectives. Special care was taken due to the sensitivity of health-related topics and the vulnerability of populations affected by thoracic and cardiovascular conditions (CIOMS, 2016).

The critical route included three stages: a documentary review of bioethical debates in Latin America, semi-structured interviews with key informants, and triangulation of data to generate analytical categories.

Informants were selected purposively, including academics, cardiothoracic health professionals, and community leaders. The inclusion of both institutional and grassroots voices ensured credibility and diversity of perspectives (Patton, 2015).

The analytical model was based on categories such as genealogy, epistemology, inequality, interculturality, and intervention. These categories structured the coding process for both documents and interview transcripts.

Triangulation combined documentary sources, narrative testimonies, and theoretical frameworks to enhance validity. This method allowed identifying convergences and divergences between the dominant biomedical discourse and critical perspectives (Denzin, 2012).

Results

Category	Documentary Observation	Informant Excerpt
Genealogy	Bioethics linked to liberation philosophy and health equity debates.	"Critical bioethics in our hospitals was born from resistance against exclusion in access to heart surgery." (Informant 1)
Epistemology	Situated knowledge and intercultural approaches challenge universal principles.	"We cannot apply Western frameworks in cardiology without adapting them to our patients' realities." (Informant 2)
Inequality	Access to cardiothoracic surgery remains limited to elites in major urban centers.	"Bioethics must face the fact that open-heart surgery is still unreachable for the poor." (Informant 3)
Interculturality	Indigenous and rural communities lack recognition in health policies.	"We have indigenous patients whose knowledge of health is ignored in treatment decisions." (Informant 4)
Intervention	Critical bioethics proposes integrating justice into surgical allocation and governance.	"Our aim is to make ethical principles influence how scarce surgical resources are distributed." (Informant 5)

Table 1: Contrasting Observations and Interview Excerpts

The interpretation of Table 1 indicates that critical bioethics in Latin America is shaped by genealogical struggles for equity, particularly evident in cardiothoracic health. Epistemological reflections emphasize the need for intercultural adaptations, while inequality remains the central challenge. Interventions are conceived as political and clinical practices aimed at influencing the distribution of resources and ethical decision-making in thoracic care.

Discussion

The results show that critical bioethics in Latin America is characterized by its link to liberation thought and its focus on inequality in healthcare. These findings align with Garrafa and Porto (2003), who emphasize that bioethics in peripheral regions must confront power asymmetries.

The epistemological demand for intercultural frameworks resonates with De Sousa Santos (2014), who highlights epistemologies of the South as essential for resisting Eurocentric dominance. Informants confirm that thoracic and cardiovascular care cannot be guided by universalist models alone but must consider local realities.

The problem of inequality is consistent with Schramm and Kottow (2001), who argue that bioethics in Latin America must prioritize vulnerability and collective justice. Our findings expand this argument by incorporating access to cardiothoracic surgery as an ethical issue.

Interculturality findings support Tealdi (2019), who maintains that bioethics must recognize diverse worldviews. However, our study highlights persistent institutional resistance to indigenous and rural perspectives in clinical practice, adding empirical evidence to theoretical debates.

Finally, the emphasis on intervention as praxis aligns with Pessini and Barchifontaine (2014), who describe Latin American bioethics as a transformative field. Yet, the interviews reveal that this praxis must also address the allocation of advanced surgical technologies, making the connection between ethics and clinical governance explicit.

Conclusion

This study demonstrates that critical bioethics in Latin America is a dynamic and decolonial framework with significant implications for thoracic and cardiothoracic health. Its main contribution lies in integrating genealogical and epistemological traditions with clinical and political interventions. Limitations include the qualitative scope and limited number of informants, which restrict generalizability. Future research should incorporate comparative studies across institutions and explore quantitative indicators. Recommendations include strengthening intercultural health policies, ensuring equitable access to cardiothoracic technologies, and integrating critical bioethics into medical education and governance structures.

References

1. CIOMS. (2016). International ethical guidelines for health-related research involving humans.
2. Denzin, N. K. (2012). Triangulation 2.0. Journal of Mixed Methods Research, 6(2), 80-88.
3. De Sousa Santos, B. (2014). Epistemologies of the South: Justice against epistemicide.
4. Dussel, E. (1998). Ética de la liberación en la edad de la globalización y de la exclusión.

5. Flick, U. (2018). An introduction to qualitative research.
6. Garrafa, V. (2005). Bioética, poder e injusticia.
7. Garrafa, V., & Porto, D. (2003). Intervention bioethics: A proposal for peripheral countries in a context of power and injustice.
8. Lolas, F. (2008). Bioethics and social sciences in Latin America. Acta Bioethica, 14(1), 11-19.
9. Patton, M. Q. (2015). Qualitative research & evaluation methods.
10. Pessini, L., & Barchifontaine, C. P. (2014). Bioethics in Latin America: From theory to practice.
11. Schramm, F. R., & Kottow, M. (2001). Journal of Medical Ethics, 27(4), 282-285.
12. Tealdi, J. C. (2019). Bioethics in Latin America: From theory to practice.

DOI:10.31579/2693-2156/147