

## Editorial

Discussing bioethics means being open to a dimension with increasingly dilated boundaries in which new issues converge and intersect still under uncertain contours, which increasingly highlight the inadequacy of sectorial and singular visions and approaches, in favor of a broad thought capable of grasping the interconnections existing even between spheres that are only apparently distant.

The ongoing progress of biomedicine, the constant desire, as well as the claim to free ourselves from human fragility, the defeat of limits, the rupture of natural ecological balances, and, at the same time, our interactions with all the inhabitants of the planet, provide the framework for a reflection that increasingly, nowadays, revolves around the term 'global.'

Self-determination, sufferance, solitude, and death remain critical points for an ethical reflection that, in the face of significant developments achieved in biomedical research, urges the importance of a medical science capable of exploiting the ongoing innovations of technology at its best, without straying in a reductive anthropocentric view, but instead preserving a complete approach of the person in order to beware of the variegated and multiple components of health.

Concurrently, new emergencies demand consideration on hitherto unexplored or scarcely explored areas, which compel to violate many fences still present amongst different fields of knowledge and disciplines, to embrace a new paradigm of 'circular health,' grounded on the awareness of being a network entity, connected by a unique milieu, constantly becoming.

In this issue of the journal and within these confines, different thematic, apparently difficult to reconcile, areas are covered, all of which pose the therapy relationship at the center and emphasize the need for a perspective of providing care, and of having care for one another, based not so much on the verticality of individual disciplines, as on interdisciplinary horizontality, on the circularity of the relationships between different professions, on an awareness of the collective fragility, and of the existing interconnections.

The enclosing of computational and robotic technologies in therapy elicits the urge not only to seek answers to ethical and social questions, but also to comprehend how the possible developments in medicine significantly affect health professionals and, even more, the spirit of medicine. Therefore, all the contributions herein embedded express the necessity to develop a different cultural approach, based on the exchange and dialogue between pieces of knowledge, on sharing of perspectives, on the awareness of limits, and on the common allegiance to the search for solutions oriented towards the development of an equitable medicine, capable of settling the relationship between technologies and treatment needs.

The employment of reconstructive techniques intended to rediscover and re-establish an acceptable bodily image constitutes an example of treatment aimed at combining the 'to cure' with the 'to care' for a medicine concerned, not only with the need for interventions on the somatic aspect (at times invasive and demolishing), but on fostering the recovery of the person's identity and his or her planning ability, by offering innovative aid services that are based on dialogue between different professional figures and expertise that are not only medical.

Moreover, the planning for a figure who could support and accompany the person in the final stages of life, providing meaning, significance, and presence to the person and his or her affective circle in a very peculiar moment, unknown under many aspects, conveys a renewed attention to vulnerability, as a dimension that shall not be concealed or obliterated, but rather valorized, cured and sustained. Indeed, it is precisely the vulnerability that can be deemed to be the real crux of the proposal to constitute an 'Ethical Space', as a place to meet and listen to the voice of the weakest individuals and the associations representing the latter, in order to create

inclusive care systems and places, capable of creating connections, provoke dialogue. These relational projects respect the person and all the operators involved in the curing process.

Under this renewed anthropological perspective that unfolds from an individualistic vision to a confrontation with our neighbor, there also arises the urgency to reaffirm and safeguard the spiritual dimension of the healing process, aimed at valorizing an inner reality composed of relationships in which the culture of humanization is not conjugated with a mere anthropocentric vision, to the contrary, it exalts the responsibility, typically human, of being (each one of us), lodged in an inter-relational connective tissue, which involves all other living beings.

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