

Critical Bioethics in Latin America: Simulated Insights on Health Inequities and Ethical Governance

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Abstract

This study explores critical bioethics in Latin America through simulated qualitative evidence. The objective was to examine how stakeholders perceive ethical challenges, social inequities, and governance in regional health systems. A simulated sample of 30 informants, including health professionals, policymakers, academics, and community leaders, was analyzed using thematic analysis. Results indicate that justice, equity, and participation are central concerns, while institutional resistance and cultural diversity influence the application of bioethical principles. These findings highlight the relevance of integrating critical bioethics into health policy frameworks to enhance social justice and participatory governance.

Keywords: Critical bioethics, Latin America, Health governance, Equity, Social justice

1. Introduction

The aim of this study is to investigate critical bioethics in Latin America, focusing on its capacity to address health inequities and inform ethical decision-making in complex socio-political contexts. Critical bioethics goes beyond traditional normative ethics by incorporating considerations of power dynamics, social determinants of health, and participatory governance [1, 2]. Health systems in Latin America often face structural inequalities, limited access for vulnerable populations, and barriers that impede ethical deliberation [3].

Current scholarship shows that Latin American researchers have contributed significantly to critical bioethics by integrating human rights, social justice, and postcolonial perspectives. These approaches emphasize the contextual realities of marginalized populations [4, 5]. Despite these theoretical advances, critical bioethics often remains disconnected from health policy implementation and practical governance.

The research problem addressed in this study is the limited understanding of how critical bioethics is perceived by stakeholders in Latin American health contexts. The research question is: How do health professionals, policymakers, academics, and community leaders perceive the role of critical bioethics in addressing health inequities in Latin America?

The hypothesis proposes that stakeholders recognize critical bioethics as a tool for promoting justice and equity, but its implementation is constrained by institutional resistance and insufficient participatory mechanisms.

2. Methods

This study employed a qualitative design using simulated data to illustrate the role of critical bioethics in Latin America.

Sample: A simulated sample of 30 informants was constructed, representing health professionals, policymakers, academics, and community leaders from Mexico, Brazil, and Argentina.

Instrument: A semi-structured interview guide was simulated to explore perceptions regarding justice, equity, participation, institutional barriers, and cultural diversity.

Procedure: Simulated interviews were coded using thematic analysis. Key themes were identified and synthesized into tables. Representative extracts were included to illustrate informants' perspectives, and patterns were analyzed to understand the distribution of perceptions across stakeholder groups.

3. Results

Theme	Frequency (%)	Representative extract (simulated)
Justice and equity	73	Health policies should prioritize vulnerable groups to ensure ethical integrity (Informant 11, academic)
Participation	60	Communities must have an active voice in health decisions, not only experts (Informant 18, community leader)
Institutional resistance	47	Policy changes are often blocked due to political and economic interests (Informant 4, policymaker)
Cultural diversity	37	Bioethical frameworks must respect indigenous and local perspectives (Informant 7, health professional)

Table 1: Simulated perceptions of critical bioethics in Latin American health governance (n=30).

Table 1 shows that justice and equity were emphasized by 73% of informants, indicating a strong perception of bioethics as a means to reduce health disparities. Participation was reported by 60%, highlighting the importance of inclusive decision-making. Institutional resistance emerged in 47%, reflecting structural challenges, while cultural diversity was noted by 37%, stressing the need for context-sensitive ethical approaches.

4. Discussion

The simulated findings align with previous literature showing that critical bioethics in Latin America is closely linked to justice and equity concerns [1, 2]. The emphasis on participation corroborates Luna's argument that bioethics must engage with relational power structures and community perspectives [5]. Institutional resistance parallels observations by Álvarez-Díaz, indicating political and economic barriers to implementing ethical reforms [3].

The recognition of cultural diversity supports Tealdi's argument for contextualized bioethics, demonstrating the importance of incorporating indigenous and local knowledge [4]. Compared to global debates, Latin American critical bioethics is more explicitly tied to structural inequities and political advocacy, highlighting a distinctive regional contribution to ethical governance.

5. Conclusion

This study provides simulated evidence on the role of critical bioethics in addressing health inequities in Latin America.

Stakeholders perceive bioethics as a framework for promoting justice, equity, and participation, but implementation is constrained by institutional barriers and limited engagement.

The main contributions include highlighting the importance of participatory mechanisms and culturally sensitive ethical frameworks. Limitations include the simulated nature of the data and the restricted sample size. Future research should employ empirical fieldwork and cross-country comparisons to validate these findings.

Recommendations include promoting collaborative policymaking integrating ethical deliberation, enhancing participatory governance, and designing interventions that respect local and indigenous perspectives.

References

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