Revista de Ciencias Médicas de Pinar del Río

ISSN: 1561-3194 **RNPS:** 1877
Rev Ciencias Médicas. 2026; 30(S1): e7204

EDITORIAL

Palliative Care, Humanism, Science, and the Future in End-of-Life Care

Eduardo Enrique Cecilia-Paredes[1]

[1]University of Medical Sciences of Pinar del Río. "Luis Augusto Turcios Lima" University Polyclinic. Pinar del Río, Cuba.

Citación: Cecilia-Paredes EE. Los cuidados paliativos, humanismo, ciencia y futuro en la atención al final de la vida. Rev Ciencias Médicas [Internet]. 2026 [citado: fecha de acceso]; 30(s1): e7204. Disponible en: http://revcmpinar.sld.cu/index.php/publicaciones/article/view/7204

Received: April 26, 2026
Accepted: March 16, 2026
Published: May 7, 2026

Dear Readers,

In recent years, palliative care has transcended the clinical sphere to become an ethical, clinical, and human rights imperative at the global level. The need to address the growing health-related suffering, with a 74 % increase in its global burden between 1990 and 2024, demands deep reflection and coordinated action from health systems.(1)

The current landscape of palliative care worldwide reveals significant progress alongside notable inequities. In the Americas, nearly three million people require these services annually, yet only ten countries guarantee them by law. This figure highlights a gap between health policies and actual care delivery, a dilemma that the scientific community and policymakers must resolve. On the other hand, the integration of palliative care into primary health care and universal health coverage packages has been recognized by the World Health Organization as a key strategy to strengthen system efficiency—a path already taken by nations such as Malta with its first national strategy. These initiatives herald a future in which palliative care will cease to be a complement and instead become a transversal axis of health care.(2)

In Cuba, a country facing an unprecedented demographic transition, with 25,7 % of its population over 60 years of age, this issue has been placed at the center of health and social debate. Analyzing its development, challenges, and perspectives is essential for our scientific community.

In this field, the recent update of the legal framework has marked a milestone. The enactment of the Public Health Law (Law 165/2023), officially published in January 2026, recognizes for the first time the right of individuals to a "dignified death" within the Cuban health system. Its provisions introduce the concept of end-of-life determinations, as well as a set of options that include the adjustment of therapeutic effort and palliative care, among others. This legal advance reflects a paradigm shift, opening the way toward more respectful care, while also granting greater patient autonomy.(3)

ISSN: 1561-3194 **RNPS:** 1877
Rev Ciencias Médicas. 2026; 30(S1): e7204

Despite this, significant barriers remain that hinder the implementation of these rights. The practice of palliative care in Cuba will be limited by resource shortages. Economic sanctions imposed on the country prevent the acquisition of essential supplies and medications, including oncological analgesia, a cornerstone of care. The scarcity also affects the availability of basic items such as wheelchairs: in 2026, the government's plan is to distribute only 2,000 units, a figure that the Minister of Industries himself acknowledged as insufficient.

Despite this challenging scenario, the development of palliative care in Cuba rests on two fundamental pillars: political will and human capital. The National Cancer Control Strategy integrates palliative care as an essential component, and the government is exploring partnerships with the biotechnological and scientific industries to ensure local production of medicines. In the academic field, projects such as the "Teaching Project" of the Bioethics Foundation, in collaboration with health professionals from Córdoba, are training specialists at the Faustino Pérez Hospital in Matanzas—an initiative that includes the creation of a specialized unit. Local research has documented the evolution of palliative care in provinces such as Matanzas, evidencing a growing scientific interest in the subject.[4]

Looking to the future, several trends are set to reshape the horizon of the discipline. Artificial intelligence (AI) and machine learning are emerging as promising tools for prognosis, symptom assessment, and decision-making support, with models capable of increasing access to early palliative care in oncology by 8–15 %. At the same time, the expansion of home care models, driven by telemedicine, is consolidating as a viable and effective alternative that improves patients' quality of life. Likewise, the training of health professionals is emerging as a fundamental pillar. The Pallium program, which has already trained 160 professionals in Spain, and initiatives from the CAPC for leadership development, are examples of how specialized education is indispensable to meet the challenges of the coming decades.[5]

owever, technological and organizational progress should not make us forget the heart of this work: the humanization of care. Caring for a terminally ill patient is, above all, a profoundly human act. The patient needs to feel cared for, accompanied by their environment, and that their dignity is respected. Spirituality is an essential component of this holistic care, although it is often neglected in daily practice. For health professionals, accompanying the patient and their family during this stage entails significant emotional strain. The ability to provide care full of empathy, effective communication, and emotional support is what distinguishes merely technical care from truly palliative care. In this sense, humanization is not a luxury but a therapeutic necessity.[6]

ISSN: 1561-3194 **RNPS:** 1877
Rev Ciencias Médicas. 2026; 30(S1): e7204

Future perspectives in palliative care are moving toward earlier integration in the course of disease, greater use of technologies for remote monitoring, and personalization of care plans that respect each person's values and origins. A strengthening of multidisciplinary teams and a firm commitment to translational research—connecting scientific findings with everyday clinical practice—is also expected. Nevertheless, the greatest challenge may be ensuring that this technologically advanced future does not dehumanize care but, on the contrary, frees time and resources for what no machine can offer: compassionate presence and genuine companionship.

BIBLIOGRAPHIC REFERENCES

1. Knaul FM, Arreola-Ornelas H, Kwete XJ, Bhadelia A, Rosa WE, Touchton M, et al. The evolution of serious health-related suffering from 1990 to 2021: an update to The Lancet Commission on global access to palliative care and pain relief. Lancet Glob Health [Internet]. 2025 Mar [citado 28/03/2026]; 13(3): e422-e436. Disponible en: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00476-5/fulltext

2. Silva-Ferreira M, Cruz S, Luís MS, Silva MC, Monteiro-Reis S, Henrique R, et al. Mapping study on AI-based technologies in palliative care - a scoping study. BMC Palliat Care [Internet]. 2025 Oct [citado 28/03/2026]; 24(1):274. Disponible en: https://doi.org/10.1186/s12904-025-01909-w

3. Asamblea Nacional del Poder Popular. Ley No. 165/2023 "De Salud Pública". Gaceta Oficial de la República de Cuba; 2026. Edición Ordinaria No. 9: 471. Disponible en: https://cuba.vlex.com/vid/ley-no-165-2023-1103398494

4. Manrique-Hernández EK, Sánchez-Duque JA. Cuidados paliativos en la atención primaria de salud. MEDISAN [Internet]. 2024 Abr [citado 28/03/2026]; 28(2). Disponible en: https://medisan.sld.cu/index.php/san/article/view/4800

5. Dunning B, Connolly M, Timmins F. Palliative Care Nurse Specialists' Perspectives on Spiritual Care at End of Life-A Scoping Review. J Hosp Palliat Nurs [Internet]. 2025 Jun [citado 28/03/2026]; 27(3): 113-125. Disponible en: https://doi.org/10.1097/njh.0000000000001114

6. Gonçalves F, Gaudencio M, Nunes SB, Rego F, Nunes R. Impact of Artificial Intelligence on the Care of Terminally Ill Patients. Healthcare (Basel) [Internet]. 2026 Feb [citado 28/03/2026]; 14(5): 602. Disponible en: https://doi.org/10.3390/healthcare14050602