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REVIEW ARTICLE

Bioethical fundamentions and potential of the National Network of Palliative Care Specialists in Cuba

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ABSTRACT

Introduction: bioethics is the foundation of the continuous palliative care model in Cuba, being essential in the approach of healthcare professionals.
Objectives: to analyze the bioethical foundation in the formation of a National Network of Palliative Care Specialists in Cuba and the main projections for continuous improvement.
Methods: a bibliographic review was carried out, complemented with historical-logical analysis. National databases and institutional documents published between 2010 and 2024 were consulted, using keywords such as "bioethics," "palliative care," and "continuous care." After applying the selection criteria, the existing sources were identified and analyzed through a comparative matrix of bioethical principles and moral values.
Results: the findings were organized into three stages. The first (2010–2021) identified gaps such as absence in the Palliative Care Atlas, unequal provincial development, and limited training. The second (2021–2023) consolidated the continuous palliative care model as a link of unity and commitment, with community actions and national leadership. The third (2024–2025) evidenced the full integration of all provinces, the creation of honorary chairs, courses and workshops, as well as the formalization of the Network's identity through a representative logo. The Cuban palliative care specialist was defined as a professional characterized by respect, solidarity, justice, and responsibility, framed within bioethical principles.
Conclusions: National Network of Palliative Care Specialists in Cuba has a clear foundation in bioethics, promotes unity and commitment among all its members, and represents an opportunity for transdisciplinary improvement and the development of Palliative Medicine in the country.

Keywords: Bioethics; Continuity of Patient Care; Integrative Palliative Care; Palliative Medicine; Bioethical Issues; Medicina Paliativa.

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INTRODUCTION

Bioethics is a new field of knowledge that seeks to humanize the work of science and technology. In Cuba, experts such as Arruda M, et al.,[1] have built a perspective of Cuban thought that contributes to Palliative Medicine. Palliative care seeks to preserve patient dignity, reduce suffering, and accompany the family; therefore, they have points of convergence with bioethics.[2]

In Cuba, palliative care, continuous care, and continuous palliative care have a specific connotation in the field of action. The end-of-life approach has greater practical prominence in the nursing and psychology professions. For their part, continuous care should begin at the time of diagnosis of an oncological disease, where clinical oncologists, radiation oncologists, and surgical oncology specialists play the leading role.[3]

In 2023, Celada[3] proposed a fusion of three words—care-palliative-continuous—with a new model that integrates palliative philosophy and continuity of care from clinical suspicion, when patients are in Primary Health Care. In the 2012 Palliative Care Atlas,[4] the governing structure at the level of the Ministry of Public Health of Cuba was the Special Working Group of the Independent Section for Cancer Control; however, palliative care is offered for other non-oncological diseases.

In 2021, the World Health Organization promoted indicators to measure the advancement of palliative care, and one of them was having a national structure as the governing entity of Palliative Medicine.[5] In relation to the above, it is understood that the objective of the present research was to analyze the bioethical foundation in the formation of a National Network of Palliative Care Specialists in Cuba and the main projections for continuous improvement.

METHODS

The present research was structured as a systematic bibliographic review, complemented with a historical-logical analysis that allowed understanding the evolution of palliative care in Cuba from a bioethical perspective. For this purpose, national databases, Cuban scientific journals, and institutional documents published between 2010 and 2024 were consulted, selecting those materials that explicitly addressed the relationship between bioethics and palliative care. The search strategy was designed with specific keywords: bioethics, palliative care, continuous care, and end-of-life care, which ensured the relevance of the records obtained.

Inclusion criteria were established that prioritized articles with Cuban authors, full-text access, and thematic relevance in relation to the formation of a palliative culture. As exclusion criteria, duplicates, irrelevant studies, or those that did not have a direct relationship with bioethical principles applied to clinical practice were discarded. From an initial universe of 50 records, 15 documents were finally selected that met the established requirements and were subject to detailed analysis (Fig. 1).

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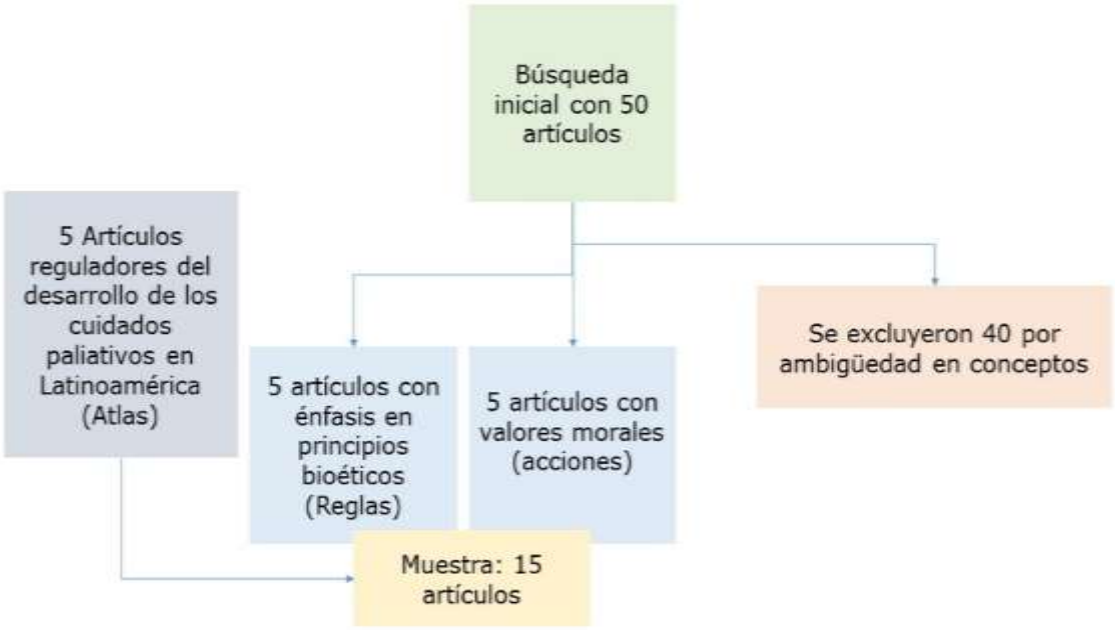

Fig. 1 Selection of documents for the research.

The methodological procedure included the elaboration of a comparative matrix that allowed identifying and systematizing the bioethical principles and moral values present in the reviewed texts. This analysis was carried out taking as reference the Universal Declaration on Bioethics and Human Rights of UNESCO,[6] which provided an international normative framework for the interpretation of results. The integration of documentary review with the historical-logical approach facilitated the reconstruction of three stages in the development of palliative care in Cuba, evidencing both initial gaps and recent advances in the consolidation of the National Network of Palliative Care Specialists.

RESULTS

The results are presented in two sections; in the first, historical emphasis is given that presents the development of palliative care at the national level and the proposal of the continuous palliative care model, for compliance with the main indicators of the World Health Organization (WHO). Relevant aspects for networking work from the period 2010 to 2025 are described, years that frame three stages:

- **First stage.** Identification of gaps in the search for opportunities (2010-2021) The main organizational gaps that occurred in the last 10 years were, according to the authors:
  - Absence in the Latin American Palliative Care Atlas of 2021.
  - Heterogeneous and disproportionate advancement in different provinces due to sectorization of results with difficulty for transdisciplinarity.
  - Few trainings, courses, and postgraduate workshops compared to the high demand for palliative care and the number of health professionals at the three levels of care.

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• **Second stage.** The continuous palliative care model as a key link for unity and commitment (2021-2023) The three gaps identified in the previous period and the experience of the principal investigator at the three levels of care as a member of the International Association for Hospice and Palliative Care (IAHPC) allowed generating an improvement plan that began in the Mariel municipality and extended to all provinces of the country. The main axis summarizes the six dimensions proposed by WHO within the global development indicators.

- Assistance and resource management
- Promotion, training, and education

The main focus was to achieve the participation of all provinces in the development of community actions, from the ethical commitment to reduce the suffering of people with palliative care needs. This was achieved with the participation of different leaders and experts at the national level.

• **Third stage.** Historical advance in the development of palliative care at the national level (2024-2025)
Although there was a record of some events prior to this period, it was not until 2024 that the agreement of all provinces of the country was reached, in a national event with the use of technology, as well as the dissemination of palliative care in different national media. A continuous work strategy was consolidated that promoted the creation of Honorary Chairs of palliative care throughout the country and the development of courses, workshops, and trainings.

Teamwork allowed integrating the unity of professionals from medical and social sciences; this generated a matrix for analysis of the evaluated documents. A rhetorical analysis was promoted between the difference of a bioethical principle and a moral value, to conceptualize both within the essence of the continuous palliative care model. Based on research from provinces such as: Artemisa, Pinar del Río, Havana, Matanzas, Villa Clara, Cienfuegos, Camagüey, among others. [7,8,9,10,11,12,13,14,15]

Authors with bioethics training found the difference between both, which allowed defining a Cuban palliative care specialist as: A person who cares for those who suffer from a disease that limits their life or puts their integrity at risk, with a service that focuses on bioethical principles according to UNESCO and is characterized by being: respectful, kind, compassionate, human, supportive, responsible, just, and equitable.

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Fig. 2 Bioethical principles and values of the National Network of Palliative Care Specialists.

These elements are summarized in the following figure in which there are specific professions and other collaborators who can be managers, informal community leaders, and community volunteers. The unity and voluntary commitment of diverse professionals allowed celebrating World Palliative Care Day for two consecutive years. Within the framework of the closing of the first day of 2024, participation was called for and efforts were unified through a Network structure. In the second day of 2025, the need for an identity was formalized with the use of a logo that represented transdisciplinarity.

In the contest: An image that unites and brings hope, 21 professionals participated with different designs. The jury was constituted by experts for the selection of the most representative image; the chosen one today represents the network, which can be observed in Figure 3.

Fig. 3 Logo of the National Network of Palliative Care Specialists of Cuba.

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DISCUSSION

In 2010, a process of expansion of palliative care began; authors such as Figueredo relate the history of palliative care in Cuba and its main advances under the leadership of Dr. C. Grau Ávalos. The results presented in the first Atlas revealed the main gaps and opportunities in Primary Health Care.[16]

In 2018, the redefinition of palliative care by Radbruch et al.,[17] was an opportunity for international cohesion that placed the suffering person at the center. Cuba recognized the new redefinition and presented guidelines to continue the work. In 2021, the slogan of International Palliative Care Day was "Leave no one behind in access to palliative care"; in 2022 it was "Healing hearts and communities"; and in 2023 the Pan American Health Organization (PAHO) launched a campaign for World Cancer Day with the slogan: "For fairer care, a call to unite our voices and act". Each of these slogans reinforces the importance of networking, to reach everyone equally, to reach the most intricate communities of Latin America, and to unite the discourse on the right to palliative care; with these antecedents, the principal investigator designed a strategy to promote that unity.[18]

In 2024, a system of activities was implemented that allowed multidisciplinary and intersectoral integration, the I Day of celebration for World Palliative Care Day with the slogan: Ten years since the resolution: How are we doing in Cuba? A question was launched to advance homogeneously where each community could present diverse activities as evidence.[19]

Value is given to Bioethics as the foundation of collaborative work in assistance and resource management. Principles are regulators of human behavior. From respect for the dignity of the person, as a right conferred by their own humanity, to the search for fairer and more equitable care. Bioethical principles are those elementary regulations for assistance and clinical research.[7,8,9,19]

Bioethics provides the caregiver with respectful and responsible action, makes service an act of love, dedication, and devotion. The Cuban palliative care specialist has in their professional training being supportive and humanist; the network provides the synergy of individual morality, builds a canopy of science and conscience in the art of caring.[19]

In 2025, Cuba appears again in the Latin American Atlas; its participation reflected substantial changes where it sought to represent each of the provinces. With the analysis of the research indicator of the last component, it allowed the Network to call for the presentation of projects that were published in previous years and exchange experiences for national enrichment; this was possible with the review of the 10 documents that were analyzed.[20]

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CONCLUSIONS

The National Network of Palliative Care Specialists of Cuba has an intrinsic identity; thus, this article emerges in which there are authors from different professions and provinces. Actions are promoted from Primary Health Care to doctoral training within palliative care. Opportunities arise for children and adults with serious illnesses, for family members and workers. It is not a society of doctors, nurses, or psychologists in isolation; it is the transdisciplinary gaze that transcends all specialties equally, because the need for care is inherent to every living being. The network has an image that represents it in which one adds and shares.

Recommendations

Promote Palliative Medicine as a subspecialty, with the support of the National Postgraduate Direction of the Ministry of Public Health of Cuba, so that other professionals can access a higher level of expertise.

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Conflict of Interest

No conflict of interest is recognized.

Authorship Contribution

CMCC: Conceptualization: Clinical research, Draft writing, Critical review and supervision.
AGP: Critical review and supervision. JGG: Critical review and supervision. JDP: Critical review and supervision.
YRN: Critical review and supervision. IRH: Critical review and supervision.
LAT: Critical review and supervision.

All authors approved the final version.

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