

Chemical castration in cases of pedophilia: bioethics considerations

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Abstract

Pedophilia is classified as a psychiatric disease and its practice ends up directly reaching and offending children and pre-teenagers, being an extreme relevant social issue. This paper aims to analyze the ethics of chemical castration as a tool to avoid pedophilia, problematizing its triple nature: punishment, medical treatment and scientific experiment. It is a bibliographic review, through analyzes of specialized literature on bioethics, chemical castration, pedophilia, medical treatment and ethics in research. It is concluded that the three meanings do not exclude themselves: chemical castration as punishment, medical treatment and scientific experiment are, actually, archetypes which are intrinsically linked, despite each one has their own ethics connotations. This paper had the merit of expanding the hormonal treatment for pedophiles, given the lack of bibliography in the Brazilian context.

Key words: Bioethics. Pedophilia. Psychiatry.

Resumo

Castração química em casos de pedofilia: considerações bioéticas

A pedofilia é classificada como doença psiquiátrica e sua prática acaba por atingir e ofender diretamente crianças e pré-adolescentes, sendo um fato social de extrema relevância. O presente trabalho tem como objetivo analisar a eticidade da castração química como mecanismo de controle da pedofilia, problematizando sua eventual tríplice natureza: pena, tratamento médico e experimento científico. Trata-se de um estudo de revisão bibliográfica, mediante o levantamento de literatura especializada sobre bioética, castração química, pedofilia, tratamento médico e ética em pesquisa. Conclui-se que as três acepções não se excluem: a castração química como pena, tratamento médico e experimento científico representa arquétipos que se encontram intrinsecamente ligados, apesar de cada um possuir conotações éticas próprias. Este estudo teve o mérito de ampliar a compreensão do tratamento hormonal para pedófilos, diante da escassez de bibliografia no contexto brasileiro.

Palavras-chave: Bioética. Pedofilia. Psiquiatria.

Resumen

Castración química en los casos de pedofilia: consideraciones bioéticas

La pedofilia es clasificada como una enfermedad psiquiátrica y su práctica termina por afectar y ofender directamente a los niños y preadolescentes, al ser un hecho social de extremada relevancia. Este estudio tiene como objetivo analizar la ética de la castración química como un mecanismo de control de la pedofilia, discutiendo su posible triple naturaleza: pena, tratamiento médico y experimento científico. Se trata de una revisión bibliográfica a través de la encuesta de literatura especializada sobre bioética, castración química pedofilia, tratamiento médico y ética en la investigación. Se concluye que los tres significados no son mutuamente excluyentes: la castración química como pena, tratamiento médico y experimento científico, en realidad, son arquetipos que están intrinsecamente vinculados, aunque cada uno tiene sus propias connotaciones éticas. El presente estudio tuvo el mérito de ampliar la comprensión del tratamiento hormonal para los pedófilos, frente a la escasez de bibliografía en el contexto brasileño.

Palabras-clave: Bioética. Pedofilia. Psiquiatria.

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The present paper has as object of study pedophilia and the chemical castration as a possible solution to control this psychiatric disorder, which is also considered a heinous crime under Brazilian law. Being pedophilia a disease recognized by the World Health Organization (WHO) and constant by the International Classification of Diseases, tenth revision (ICD-10) ¹, identified by the code F65-4, it is defined as a sexual preference for children, regardless of gender, in prepubertal or early pubertal age, being used as a parameter the difference of at least six years between aggressor and victim ².

Recognized as psychiatric illness, the practice of pedophilia directly afflicts and offend the other - in this case, children and pre-teens - being an extremely relevant social fact. Thus, despite its recognition as a disease, it becomes pertinent and genuine the state interference for controlling pedophilia in order to prevent future abuses from individuals who have this disorder in their life history. However, we must consider the limits of the state, the autonomy of the individual pedophile, among other aspects that underlie ethics.

The chemical castration, in turn, emerges as a possible instrument of controlling the disease, considering that it represents the use of chemicals in order to control sexual impulses and inhibit libido of individuals who present this condition. Hence, it is a form of sterilization that acts to inhibit libido and therefore the sexual intercourse. Note that this procedure can cause significant side effects, which should be taken into account when adopting the procedure ³. Thus, if on the one hand such conduct is identified as an option for the control of pedophilia, on the other hand it becomes imperative to consider the other effects resulting from the chemical castration.

Currently there are three methods of implementing that procedure: a medicamental castration as a penalty, in order to explore its punitive characteristic, relating it to criminological bias; as medical treatment that denotes the concept of pedophilia as a disease; and finally, as scientific experiment, which raises conflicts regarding the Ethics in Research. The importance of this discussion derives from the fact that chemical castration has been applied as a penalty for the judged pedophiles – in several countries such as Canada, Wales and different states of the United States ⁴. In Brazil, there are bills in the National Congress addressing the issue on the same objective, which makes the subject extremely current and its discussion emergent, given the need to establish ethical dialogue necessary for a technical-scientific and rational position on the issue.

In bioethics, this subject justifies itself in seeking an ethical analysis of chemical castration aimed at pedophiles, given the intervening nature of the procedure, debating it as how medical castration can be seen from the perspective of this field of knowledge: as punishment, medical treatment or scientific experiment. This is a transdisciplinary questioning, considering that it crosses many areas of knowledge, such as medicine, law and bioethics. The issue also raises the ethical dilemma concerning the state activity regarding the autonomy, protection of health and sexual freedom of the person subjected to chemical castration. Furthermore, there is the ethical debate on its purpose, considering that, depending on its nature, the medicamental castration will be different in academic, social, medical, and subjective spheres, that is, it will refer to the individual himself.

The examination of the ethics in the chemical castration practice is present in this work, being appropriate to highlight the forms of application either as medical treatment and scientific experiment, since both are introduced in the core of bioethics and approach possible benefits and risks of the procedure. From the treatment perspective, the side effects are considered, as they may arise during the procedure, and especially the possibility of hormonal castration to be used as forced therapy. Regarding the procedure of medicamental castration as a scientific experiment, the considerations regarding the Ethics in Research, in the perspective of Mello and Braz ⁵, as well as the existing obstacles for the research subjects were highlighted.

The study objected to analyse ethics in chemical castration as a control mechanism of pedophilia, questioning its eventual triplex nature: penalty, medical treatment and scientific experiment. It has also objected to further contribute to the bioethical plan of discussions, in order to bring moral clearness to the issue. In this perspective, the work is supported in a multifaceted approach of the proposed use of chemical castration on pedophiles, from which derives to the complexity of the subject, being presented the three interpretive forms identified as possible adoptions of medicamental castration. Therefore, we see the wide range of issues to be explored from the discussed subject.

Method

The present paper is a bibliographic review, through analyzes of specialized literature on “bio-

ethics”, “chemical castration”, “pedophilia”, “medical treatment”, “ethics in research”, “autonomy” and “vulnerability”. Due to the scarcity of studies on the subject, several data bases, such as SciELO, PubMed, Google Scholar and the Virtual Health Library (VHL), including foreign bibliographies were used. In these databases the descriptors given above were explored.

From the references survey made in diverse sources, we proceeded to the study and selection of those pertaining to the scope of the study: relevant documents and articles were selected for consolidate debate of multiple-perspectives. After analyzing the bibliographical material, the preparation of the article was conducted by taking as its starting point the threefold nature of chemical castration. Moreover, each approach was discussed according to bioethical concepts of autonomy and vulnerability.

Chemical castration

Before deepening the discussion on the threefold nature of medical castration, it is important to highlight its concept and scope. Chemical castration is a reversible procedure characterized by the manipulation of hormones, as explains Ferreira: *chemical castration is a temporary and completely reversible therapeutic treatment which injects in men a female human synthetic hormone - Depo-Provera (medroxyprogesterone acetate / DMPA) - which produces an antiandrogen effect reducing testosterone levels to inhibit sexual desire for approximately six months*⁶.

It is noticed that the hormonal castration is nothing more than a temporal chemical procedure, being its application variable according to each individual. Although it is a reversible procedure, its side effects still have importance in the debate on its adoption. Exemplifying possible side implications resulted from medicamental castration, Ponteli and Sanches Jr.³ highlight: cardiovascular diseases, osteoporosis, depression, headaches, thrombosis, etc. It is observed that such adverse effects influence in physical/biological as well as in psychological/psychiatric spheres, positioning the medicamental castration as a procedure not free of risks.

Penalty

The application of chemical castration as a form of penalty to be charged by the State to the individual who has committed the crime of sexual abuse

against minors is debatable, given that such procedure has been used in several countries. Currently, in Brazil, several legislative proposals address this issue, proposing chemical castration as a punishment for pedophiles: at the House of Representatives - besides five proposals filed – the Bill 4399/08⁷ follows legal channels. Although in the Federal Senate, while the Law Project 552/07⁸ was filed, the PLS 282/11⁹ is in progress.

The justification for the use of the procedure would be the high rates of occurrence and recurrence of sexual abuse against children and pre-teens, considering also the fact that pedophilia is an illness, which brings the need of treatment, differently than other crimes. In this case, there is no indication that the individual is subject only to the deprivation of liberty, but also to be offered some type of psychiatric support. According to Serafim, a study made in 2008 and published in the Journal of Clinical Psychiatry, obtained the following results: (...) *more than half of convicted sex offenders who have completed their term in incarceration return to prison within a year. In two years this percentage rises to 77.9%. The recurrence rate varies between 18% and 45% (...)*¹⁰.

The rates presented in this study indicate the concern that the pedophile returns to the practice of sexual abuse is based on scientific data due to high rate of recurrence, which in turn justifies the search for means of control to ensure the reduction of such numbers. Therefore, one comes to the conclusion that the current treatment given to a pedophile by the State, regarding the application of the custodial sentence is inappropriate and ineffective, both for the high recurrence rate as well as for the fact that the pedophile actually presents a psychopathological disorder.

It is important to highlight that in the current legal order, even briefly, when the defendant in a criminal prosecution can prove that, at the time of the crime, – whether because of a mental disease or incomplete mental development – was unable to understand the illicit nature of the action, will be exempt from the punishment (article 26 of Penal Code)¹¹. This is a situation applies to any crime, including cases of sexual abuse of minors. In these cases, the defendant will be subjected to the penalty for safety measure, but not the deprivation of liberty, as in other cases. It is important to highlight that, according to Peres¹², *security measures emerge in the Brazilian Penal Code as special measures for specific criminals: the dangerous mentally ill*, which shows the differential treatment that the unimput-

able and the semi-imputable receive, a fact which in turn characterizes the attempt by the Brazilian legal order to adequate special needs that those individuals may demonstrate.

It is in this context that chemical castration emerges as punishment, considering that if it is eventually approved it is necessary to ensure an assertive treatment to those convicted for sexual abuse of children and adolescents, assuming that it is a disease, it is essential that the accused when convicted and subsequently sentenced, receives the monitoring and treatment appropriate to their condition, as well as the protection of society upon his release.

When analyzing the medicamental castration as punishment, it is concluded that the characteristics of castration - as medical, chemical and psychological procedure - substantially differentiate from the already known freedom-restricting penalty, considering that, once the chemical castration is prescribed at the end of criminal procedure, it must be comprehended as a form of treatment within the security measures, which are aimed for those deemed unimputable and semi-imputable. Thus, it is observed that by adopting the medicamental castration as a form of punishment, it humbles with the medical treatment, a perspective to be subsequently explained.

Thus, studies from Stetner and Rodrigues² take into consideration the aspects relative to the reintegration in society of the individual who was submitted to the procedure. The concern with their social reintegration after undergoing to a medicamental castration is plausible, according to the authors, once it also comprises the monitoring of this individual as a form of observing the evolution of his situation, considering the recurrence. These aspects demonstrate the need for responsible medical-psychiatric and psychological treatments, consisting of a systemic approach and not only considering the punitive character of the chemical castration as punishment. Thus, one can observe the difficulty that the multifaceted aspect of medicamental castration presents, once yet being understood as imputable by the State, it humbles to a type of treatment - as highlighted.

Moreover, it is important to note the considerations of Ponteli and Sanches Jr.³, who affirm that the application of chemical castration would be a result from the search for an alternative to the current crisis of disciplinary models, particularly represented by prisons, which are losing their effectiveness considering the overcrowding and poor conditions of these establishments. However, it is noted that despite the freedom-restricting penalty used in pri-

sions not be effective in the pursuit of social rehabilitation of the prisoner, if the medicamental castration becomes used as penalty it would be used as a security measure, in institutions dedicated to treating unimputable and the semi-imputable crimes.

It is believed that the crisis of the Brazilian prison system is a result of the degrading conditions to which the prisoners are exposed, considering that it promotes violence, both inside and outside prison. Even if prisons had good structure, this form of punishment would be ineffective, given that pedophilia is a psychiatric illness, as mentioned. The fact that pedophilia is recognized a disease demonstrates the difficulty of punishing the act, as it also represents a crime. All these peculiarities confirm how complex is to have a position with respect to the subject, since it involves other issues that somehow are contrary, as the autonomy of the pedophile, the protection of society, among others.

To improve the comprehension about the confrontation that may arise between the adoption of chemical castration as punishment and values of autonomy and vulnerability of the pedophile, it is highlighted that pedophilia is a psychiatric illness and, once the application of medicamental castration as a penalty is approved, such procedure should be adopted as a security measure, providing compatible and suitable treatment. However, by imposing a different freedom-restricting penalty, the State would also be interfering with their sexual rights. In this scenario, by the restriction of autonomy from the State (which, in the case of imprisonment, it is legitimate), it must be considered the vulnerability of the pedophile in the situation of forced therapy, aspect to be further developed in the next topic. It is also highlighted the special condition of vulnerability that the accused pedophile faces in his incarceration, that is the justified violence from other prisoners because of a type of 'code of honor' between the convicts.

As shown above, it is observed that the option of hormonal castration as punishment is mainly considered in its criminological bias. However, this analysis proves to be necessary to consider the pedophile from his disease without, however, not forgetting the debt to society because of this criminal conduct.

Medical treatment

Chemical castration as medical treatment implies a hormonal procedure for controlling the subject's paraphilic conduct, in the case of pedophilia,

considering that this disease has no cure, although there are control mechanisms for it¹³. Therefore, the medicamental castration is primarily characterized as medical treatment, once from the moment that it is comprehended the pathological character of pedophilia, emerges the need for therapeutic aid to those individuals diagnosed, just as for any other disease.

Therefore, when considering the indispensability of offering medical treatment to citizens, questions such as the right to health and the duty of the State to provide this service emerge. From this perspective, by identifying the severity and extent of damage that pedophilia causes in society, as for the victims and their families and to the pedophile himself, the chemical castration may be seen as a therapeutical alternative that fits in right to health, once it may lead to specific ethical conflicts.

Considering that in this perspective the chemical castration is analyzed as a treatment option for the pedophile, the right to health is highlighted. The relevance of health for the pursuit of a dignified life for any individual demonstrates the relevance of including the right to health into the list of those fundamental rights to all citizens, being possible to state that a healthy life makes possible the exercise of other basic rights. From that, it is clear to realize that the State is the one responsible for providing such rights, being that in the case of health, the 1988 Constitution has explicitly given, in its article 196¹⁴, as a duty of the State.

Health, while as a right of the citizen, also presents itself as a duty of the State, that is, a service that should be offered by the government. Although despite being fundamental to live in dignity, Sarlet¹⁵ clarifies that the Federal Constitution did not define the scope of this right, which harms its effectiveness. This is where many tangential conflicts reside, regarding the right to health and the duty to provide such rights, concluding the ineffectiveness in implementing health policies, what directly and daily affects many citizens with varied diseases and disabilities.

Thus, when considering the medicamental castration as a possible treatment for pedophile, it emerges the question of how such therapy would be proposed to the individual, considering that he is also a criminal and that from his illicit act another human being had the body violated, considering that the victim is always a child or teenager in prepubertal age. This situation supports the comprehension that although discussing chemical castration as a form of medical treatment, its criminological bias may not be discharged.

From here, however, it is comprehended the idea of a forced therapy supported by legal prescription, as Hachet¹⁶ explains. The author justifies that, in general, as the criminal is understood to be psychiatrically ill, it is the duty of the judge to prescribe treatment for the disease, a fact intrinsically linked to the right to health. Nevertheless, at this point a dilemma is already faced, since it is asked if the individual should be treated as a criminal or patient. It is in this context that resides the discussion of medicamental castration adopted as medical treatment.

It is important to consider that the position taken towards the conflict may trigger other issues, such as the fact that the individual, as patient of a treatment, would have guaranteed, among other rights, the right to choose the health care professional who will be with him throughout the treatment. According to the author, once in treatment, it should be considered and taken as how it is given to a patient, being all the rights safeguarded. However, in the case of the individual who committed the crime of pedophilia and has a legally prescribed treatment - a forced modality of therapy, which explains, in general and not only in the case of medicamental castration, the ambiguity of security measures imposed to convicts with psychiatric disorders.

Regarding the possibility of a forced therapy, the Law 10.016 of 2001 is highlighted, which *addresses the rights of persons with mental disorders and redirects the assistential model in mental health*¹⁷. This law regulates psychiatric hospitalization, as well as their modalities: voluntary, involuntary and compulsory internment. It is clarified in the article six that the involuntary internment corresponds to that which *occurs with no consent from the user and at the request of third party*¹⁷, while the compulsory internment characterizes as being determined by the court. The law still determines that in the case of involuntary internment, it is mandatory the communication to the State Public Prosecutor within 72 hours, innovation that, according to Britto¹⁸, implies in the participation of a new organ for the treatment of these individuals. This is because the Public Prosecutor becomes the supervisor those internments, working as a vigilant agent for the rights of people hospitalized. The law 10.016/01¹⁷ also determines that the termination of the involuntary internment may only occur upon a written request of a family member, legal representative, or in the case when healthcare professional or team, responsible for the treatment, so understand, as well as if requested by the Public Prosecutor.

When analyzing the law, it is noted that, despite regulating and prescribing rights to individuals

who present mental disorders in treatment, there also seems to be a clear limitation regarding the autonomy of the individual in compulsory or involuntary internment. It appears that the involuntarily hospitalized individual is not always heard at his admission and does not even participate in the process that involves the end of his treatment¹⁸. Thus, it is observed a probable violation of the individual's autonomy as a patient with mental disorders, what puts him in a vulnerable situation towards the State.

That is, by comparing the scenario with the medicament castration as a treatment modality adopted as security measure, it is possible to conclude that the individual would have, anyway, his reduced autonomy, considering that in the case of the involuntary internment it occurs due to a law, which became valid to regulate and legitimize this situation, what would also happen if considering the chemical castration. Thus, starting from this assumption, one can observe that by pondering interests already questioned, there is to be considered the position of the State, in which the autonomy of the individual is suppressed because of other interest(s).

Still in the analysis of hormonal castration as medical treatment, it is highlighted that this procedure, seen as a form of therapy, is not the only option, given the other forms, divided into three categories: 1) psychological interventions, understood as psychological treatment; 2) pharmacological treatments, covering in this category the chemical castration and other procedures involving drug manipulation and, finally; 3) surgical castration¹⁹. It should be noted, however, that hormonal treatment is pointed as the most effective procedure among these categories of pharmacological treatments, besides its reversible nature.

The American Psychiatric Association (APA) positions itself in the sense that the psychological support must be constant and present throughout the treatment of the pedophile, position which the authors of this work agree with. The psychological intervention, complement to other measures, may contribute to reduce vulnerability of the patient by promoting self-knowledge and providing confrontation strategies on the subjective aspects, the personality, and the disease itself (pedophilia). In case of recurrence, evaluated by the psychiatrist in charge, antidepressant drugs must be administered so that the use of medroxyprogesterone (the medicine used in chemical castration) should be considered in the following scenarios: permanence of sexual impulses, despite the previous submission to psychological and pharmacological treatments, than chemical castra-

tion; the potential victim to be a child; ducts reported to include sadistic ideas; the behavior of sexual abuse to involve physical violence against the victim¹³.

According to APA, the use of hormonal procedure is seen as a last resort and should be handled only after trying the other options (psychological counseling and the prescription of antidepressants, together with a violent behavior observed in the individual). That is, for the prescription and application of medroxyprogesterone it is necessary that prior therapies have not achieved satisfactory results, that the subject presents sadistic, aggressive and violent behavior, relatively uncontrollable, confirming with no doubt the failure of other forms of therapy. The situation also indicates the necessary commitment from both doctor and patient. Moreover, it is highlighted that by establishing certain criteria for the application of medicament castration, as result is found a procedure less susceptible to arbitrariness and the abuse of medication.

Scientific experiment

Considering that chemical castration is not yet implemented into the Brazilian context neither as penalty nor as treatment, it is pertinent to invest in researches that would evaluate the effectiveness of the procedure. In this perspective, chemical castration while object of scientific experiment implies the consideration of all aspects concerning a research, such as ethics and all that it involves, as the autonomy of the participant and the use of the Term of Free and Informed Consent (TFIC).

It is worth noting that the medicament castration as a scientific experiment concerns the survey made with volunteers related or not to serving a freedom-restricting sentence. As those related to the fulfillment of a freedom-restricting sentence, it is made clear that participation in research regarding the procedure is not adopted as criminal enforcement, a fact that make relevant the considerations regarding the autonomy of the subject, as follows.

With respect to the regulations that aim to protect and promote the autonomy of research subjects, there is an important regulation - the Resolution 466/12 of the National Health Council (NHC)²⁰, which, among other determinations, requires the use of TFIC, an instrument that aims to protect the autonomy of the research subject, being an ethical document. It happens that, for being such an extremely delicate situation, in which the involved parties show different interests that often do not coincide, the emergence of

conflicts is possible. Thus, Mello and Braz⁵ argue that only the application of the TFIC does not completely protect the autonomy of the individual, ensuring that other concerns—as the level of necessity in which the subject finds himself, together with a shortage of resources for treatment of his illness, in addition to the health conditions after undergoing a research—may represent to the participant of an investigation obstacles to the exercise of full autonomy.

It is important to consider the obstacles described above in order to establish a relation between them. That is, considering the poor conditions presented by the Brazilian Public Health, it can be said that an individual with severe disease condition is in a state of necessity, what makes him vulnerable to the treatment that is still under experimentation. Such vulnerability rises when the subject presents a specific pathology that has no cure or applicable treatment.

The individual's state of necessity is something that has been considered by many scholars, once when considering that the TFIC is used with the primary purpose of ensuring a voluntary and autonomous decision, such option could be corrupted, since the subject in question is in a situation of vulnerability. About this theme, Lott²¹ states that despite all national and international efforts to prevent such situation, the poor populations continue to be explored as research subjects. Therefore, it is noted that such citizens are not in the same position, what puts them in the real inequality of powers to protect against abusive interventions.

Given the importance of the TFIC, all the care surrounding it is justified - since its full comprehension to the accessibility it must have. Thus, in the case of chemical castration as a scientific experiment it should not be different, so the integrity and autonomy of research participants are respected to the utmost, especially when considering the scope of the procedure and its side effects, which should be clarified, considering that are many symptoms that can emerge with medical castration.

In the case of pedophilia, from the moment it is understood and treated as psychiatric disease background, it is observed that the lack of an effective and appropriate treatment may fit the individual with this disorder into one of the possible barriers to the full exercise of his autonomy, making him vulnerable. In this sense, the chemical castration as scientific experiment would emerge as one of the only resources to control this psychiatric illness. Therefore, due to the lack of treatments, the pedophile finds himself in a special state of necessity, leading

to the conclusion that this person is in a situation of vulnerability to the proposed research. Thus, even though the TFIC is offered as didactic and accessible as possible, the research participant could feel vulnerable both for his illness and for the lack of effective options to treat it, submitting himself to the medicamentous castration.

It is important to note that the notion of autonomy and vulnerability are elements that are in opposite positions to the individual, so that the more promoted is people's autonomy, the lower their vulnerability is; in parallel, to the same extent that situations of more vulnerability are identified, the less the autonomy is. Indeed, it is affirmed that autonomy and vulnerability are ambivalent concepts when studied within the core of human beings.

On this perspective, it is important to note that hormonal castration as scientific research was carried out in Brazil in the Faculty of Medicine ABC, region in Outpatient Disorders Sexuality (ABSEx). According Baltieri¹³, professor, researcher and psychiatrist who conducted the study, it was informed to participants that the administration of hormones was subsidiary to other therapies, among which the psychological interventions and pharmacological treatments are highlighted rather than hormonal drug treatments. Therefore, the investigation carried out in Brazil was faithful to adopt medicamentous castration as a complementary control method, not the main one. About this research, Stetner and Rodrigues² also commented that the participation of the individual only occurred after his free and informed consent was signed, demonstrating compliance with the ethical principles for its implementation, as stated in the Brazilian regulation for human research. It is highlighted that, according to the Constitution, Justice and Citizenship Commission of the Senate²², the number of volunteers participating on the study reached 30 people.

It is emphasized that the research in question was discontinued, and that results of the 30 participants were not disclosed. However, it was reported by Baltieri¹³ that the case study of one of the research participants (Mr. Z), submitted to treatment for pedophilia control, receiving first of all a psychological support, followed by pharmacological therapy by the administration of antidepressants, but these treatment modalities had no outcomes. As a result, the patient was informed about the hormonal treatment and agreed to undergo the procedure. After the administration of medroxyprogesterone, the subject reported total absence of sexual fantasies involving children. However, the author affirmed that with the media exposure about the research,

there were several negative critiques at the time and the subject of research afraid of being identified, what made him stop the treatment and abandon the experiment.

Anyway, the data presented here are important for the understanding of pedophilia and chemical castration once the results about a subject of research suggest that it seems possible to control the disease. Its discontinuity, however, limits the conclusions about the consequences of using this procedure in the medium or long term.

Final considerations

Given the deficit of academic works on the subject, as well as the fact that one scientific research on chemical castration was discontinued in Brazil, it is considered that the present study had the merit to expand the understanding on hormonal treatment for pedophiles. The theme was developed through the survey and analysis of scientific papers, legal and official documents about chemical castration, papers on pedophilia and its applicable bioethical aspects, as well as the current bibliography regarding the chemical castration as punishment, medical treatment and scientific experiment.

The possible application of chemical castration as punishment raises obstacles that must be solved to become ethically acceptable, among which are highlighted: the comprehension of the pedophile as an individual with a disease, and the application of medicamentous castration as a safety measure.

Regarding the definition of chemical castration as a medical treatment, it was highlighted the right to health, which implies the duty of the State on pro-

viding appropriate therapy for each pathology. In this context, it must be considered the procedure as a measure of security once, as discussed, despite being a disease, pedophilia is also a crime. The compulsory characteristic of medicamentous castration as medical treatment was also raised, representing an ethical conflict for this theme.

Within the scientific research, the ethical dilemmas lie in the fact that pedophilia has no cure, making the pedophile vulnerable when establishing him as volunteer for such experiment, considering that the only option of therapy.

Therefore, the present study has shown the ethical conflicts listed herein, identifying and debating them. Thus, it is affirmed that although such dilemmas have not been solved - and probably will never be - the debate had enriched notions on this subject. Being an extremely delicate theme, the presentation of possible types of chemical castration has contributed to its better understanding, which entails many challenges and controversies.

We conclude that the three types above debated do not exclude each other: the chemical castration as punishment, medical treatment and scientific experiment, archetypes which are intrinsically linked, despite each one has its own ethical connotations. There are indications that the country has been preparing itself to move forward with regard to dealing with pedophilia as a crime and disease. For this, it is necessary to effectively present the theme and its basic premises among the Brazilian public for a better debate of this subject. Among such premises, the notion that pedophilia is a disease that requires proper treatment. It is in this sense that it is concluded that consistent hormonal treatment from the chemical castration is an effective procedure to address the issue.

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