

## Letter to the editor

### **Prevention and repression of sexual offenders against children: ethical debate and law**

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Attitudes concerning prevention and repression of sexual offenders against children in developed countries constitute a major ethical debate. Legalisation of a "medico-social follow-up penalty" will be proposed to prevent relapses of consenting offenders in France, using hormonal treatment and psychotherapy after commitment. Considering that most of these individuals present "psychological disorders", but not "mental disease", this project highlights the risky relationships between social control and medicine.

Regulation of social issues in an increasingly medicine-influenced world leads to propositions of laws, denying complexity of the "acting-out" context. Medicine may be used in some situations as reassuring protection for individuals partial to magic thinking. Most expert and adviser opinions are restricted to theoretical certainties, focusing on behavioural and "scientific" models (without, for some, taking into account possible refutation). The association of law and medical caution hides dimensions (such as financial cost of maintaining sexual abusers in jail) in a revindicated humanistic project. Debates before implementation of laws include psychiatrists, using a priori theories such as psychoanalysis, without examination a posteriori of this aspect in their advice.

Although medicine remains an art, times are changing towards reproducibility of results and the possibility to provide industrial know-how, yet this evolution is not taken

into account by some psychotherapists. This kind of confusion, supported by the new intellectual value of medical ethics, risks promotion of moralist professors, teaching theories and denying considerations of responsibility, discussion, finitude, and transgression ethics. Instrument application and medical prescription to sexual abusers ignores that law must never be considered as foundation of ethics. Cutting down the unavoidable chaos of human life to a restricted behavioural model is dangerous. If medical treatment is prescribed to sexual abusers, why not propose neurological treatment inducing hand tremor to gangsters, thereby preventing relapses in hold-ups?

Successful suicide concerns 12,000 individuals per year in France and no psychotropic drug, nor an intra-psychic theory allowing consequent decrease of a social and contextual phenomenon, have been found efficacious.

Moreover, transposition of a North American model, regulating society by court decisions or laws involving medicine, does not seem to be a useful practice globally. Some sexual abusers may suffer psychic disorders, but regulation of their behaviour by law and medical treatment is at high risk of confusion (with other patients suffering mental diseases, who are at risk to be considered as potential sexual abusers, and with victims, who will be confronted by irresponsible offenders). Exchanging responsibility for inadequate medical prescription without clear prospective resulting from experimental studies seems unethical. Inflating an imposed medical presence regulated by law in social issues is in ethical opposition with an epistemology of complexity, and should not be considered as the only answer. Anthropological and spiritual vision must remain the focus of the patient-physician relationship sanctuary, and the primary discussion must be on the ethical point of view before propositions of serious experimentation and, if necessary, implementation of law. Medical ethics must not depend on affective issues, but must remain in a sanctuary supported by fundamental human rights.