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Medical Ethics and Criminal Justice in the Use of Libido-Inhibiting Drugs in Individuals Convicted of Sexual Offenses

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Abstract

The use of libido-inhibiting drugs in individuals convicted of sexual offenses creates a tension between preventing recidivism and the legal and bioethical limits of a medical intervention connected to the criminal justice system. This article examines that relationship through a qualitative, legal-doctrinal, bioethical, and comparative approach, using Ecuador as a contrasting legal context. The study distinguishes criminal responsibility, clinical diagnosis, and individualized risk assessment, and examines informed consent, professional independence, bodily integrity, and proportionality. The findings show that a conviction alone does not establish the existence of a condition amenable to pharmacological treatment, while the voluntariness of consent may be affected by prison conditions and by the consequences attached to refusing treatment. Comparative experience reveals significant differences in judicial involvement, clinical assessment, medical supervision, and rehabilitation. The article concludes that these drugs should not operate as an automatic consequence of conviction, but only within an individualized framework that requires a clinical indication, respects patient autonomy, provides for periodic review, and preserves a clear distinction between treatment and punishment.

Keywords: medical ethics; criminal justice; libido-inhibiting drugs; sexual offenses; informed consent; human dignity; sexual recidivism

1. Introduction

The incorporation of drugs intended to reduce libido into state responses to sexual offenses raises a problem that cannot be addressed solely through the severity of punishment or the expectation of reducing recidivism, because the intervention acts directly on bodily functions through medical procedures and, in doing so, places criminal law against limits that also belong to health law, bioethics, and human rights. The debate becomes particularly relevant when treatment no longer depends exclusively on a clinical need and begins to be linked to a conviction, risk assessment, or certain conditions governing the execution of a sentence.

The expression "chemical castration," widely used in political and legal debate, can be imprecise when treated as a homogeneous category, because it encompasses different pharmacological interventions intended to alter sexual desire or arousal and whose indication depends on specific clinical conditions. The guidelines developed by Thibaut et al. (2020) for the pharmacological treatment of paraphilic disorders are based precisely on an individualized assessment that considers diagnosis, severity, risk, and the patient's particular

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characteristics, which precludes assuming that every person convicted of a sexual offense has, for that reason alone, a condition amenable to hormonal treatment. This distinction is one of the starting points of the present study, because a criminal judgment determines responsibility for conduct but does not replace a medical assessment.

The interests of the justice system lie on a different plane, since preventing further assaults and protecting potential victims are among the aims that may guide criminal policy. The difficulty arises when those aims are pursued through tools originating in health care, because the medication ceases to operate solely as a therapeutic resource and begins to perform a function related to control, incapacitation, or risk reduction. Forsberg and Douglas (2016) identify this ambiguity when examining anti-libidinal interventions and asking whether they should be understood primarily as medical interventions or as correctional measures, a distinction that is decisive because the standards of legitimacy vary according to the purpose that predominates in their application.

The boundary between treatment and punishment becomes even harder to establish when the pharmacological intervention is formally accepted by the convicted person, but that acceptance occurs in a context shaped by deprivation of liberty, the expectation of prison benefits, or the possibility of improving an institutional risk assessment. In such cases, informed consent cannot be reduced to the existence of a written authorization, because the International Code of Medical Ethics recognizes patient autonomy and requires that decisions concerning health interventions be made voluntarily and with sufficient information about their nature, purpose, and consequences (World Medical Association 2022). The issue is not to deny decision-making capacity to a person serving a sentence, but to determine whether the conditions under which the decision is made allow it to be regarded as materially free.

A further issue concerns the position of the health professional who participates in an intervention that produces clinical effects while simultaneously responding to a purpose defined by the criminal justice system. Medical independence may be compromised if the professional ceases to give priority to the patient's needs and instead executes a decision aimed at controlling future behavior. In this respect, the World Medical Association's Declaration of Tokyo (World Medical Association 2016) is particularly relevant in reaffirming physicians' duty to preserve their independence from actions incompatible with human dignity and from practices that may approach cruel, inhuman, or degrading treatment. Medical intervention within the criminal justice system is therefore not legitimized merely because it is carried out by health personnel.

Comparative law likewise offers no single solution to this tension, because existing experiences differ with respect to whether treatment is compulsory, the degree of judicial involvement, clinical diagnosis, duration, monitoring, and the possibility of refusal. When addressing coercive forms of castration and sterilization, the Parliamentary Assembly of the Council of Europe linked the legitimacy of such interventions to free and informed consent and to the obligation to prevent practices capable of violating human dignity (Parliamentary Assembly of the Council of Europe 2013). These differences show that comparative analysis should not be limited to identifying countries that permit a given measure, but should examine the safeguards governing its use and the way each legal system distinguishes treatment, punishment, and prevention.

The debate acquired particular relevance in Ecuador with a proposed constitutional reform concerning the administration of drugs intended to reduce the sexual desire of persons convicted of rape. In Opinion 6-25-RC/25, the Corte Constitucional del Ecuador (2025) examined the measure in relation to personal integrity and through criteria of suitability, necessity, and proportionality, questioning the assumption of a general relationship between sexual offending, sexual desire, and the effectiveness of a pharmacological intervention.

The decision shifted the debate away from a reaction to the gravity of the offense and toward a more demanding constitutional problem concerning the evidence required to justify intervention on the body and the limits that remain in force even after a criminal conviction.

Against this background, this article examines the tension between medical ethics and criminal justice in the use of libido-inhibiting drugs in individuals convicted of sexual offenses through a legal-doctrinal, bioethical, and comparative approach, using Ecuador as a context for discussion without reducing the problem to an exclusively national reality. The objective is to determine what limits should govern the incorporation of a pharmacological intervention into strategies for preventing recidivism and under what conditions individualized clinical treatment can be distinguished from a form of medicalized punishment.

The thesis guiding the study is that the preventive purpose of criminal justice is not, by itself, sufficient to legitimize a pharmacological intervention affecting libido. Any potential use requires criminal responsibility, clinical diagnosis, and individualized risk assessment to remain distinct, while informed consent, the independence of health professionals, bodily integrity, and proportionality review must also be preserved. The issue is therefore not framed as an advance acceptance or rejection of the measure, but as an examination of the legal and bioethical limits that should prevent a therapeutic tool from becoming an automatic extension of punitive power.

2. Methods

The research employed a qualitative, legal-doctrinal, bioethical, and comparative approach, selected because of the interdisciplinary nature of the problem under examination, where criminal law, health law, human rights, and medical ethics converge. The purpose was not to measure the effectiveness of libido-inhibiting drugs empirically or to establish recidivism rates, but to examine the limits that arise when an intervention originating in health care begins to be used as part of a response associated with criminal prevention.

The documentary corpus comprised domestic and foreign legislation, constitutional case law, international instruments on medical ethics, and specialized scientific literature selected for their direct relationship with four dimensions of the study: the nature of anti-libidinal interventions, informed consent, bodily integrity, and comparative regulatory experiences. Recent publications from 2020 to 2026 were prioritized, without excluding earlier studies where necessary to explain categories that remain part of the contemporary debate.

The legal-doctrinal analysis focused on identifying the differences between criminal responsibility, medical indication, and risk assessment, avoiding any assumption that a conviction is equivalent to a clinical diagnosis. To deepen this distinction, the analysis considered Forsberg and Douglas's (2016) account of the medical or correctional nature of anti-libidinal interventions, because it allows examination of how the purpose pursued changes the legal and ethical assessment of a procedure that may materially use the same pharmacological resources.

The bioethical dimension focused on autonomy, informed consent, and professional independence, with particular attention to the circumstances that arise when a treatment decision is made while a sentence is being served. The World Medical Association's (2022) International Code of Medical Ethics was used as a benchmark for assessing whether the information provided, the possibility of refusal, and the conditions under which consent is expressed allow the decision to be regarded as materially free, without presuming that deprivation of liberty by itself eliminates the capacity to consent.

The clinical component was examined through specialized research aimed at distinguishing matters belonging to medical diagnosis and treatment from categories specific to criminal law. The guidelines of Thibaut et al. (2020) were used as a reference because they

link pharmacological intervention in paraphilic disorders to individualized assessment, severity, risk, and the person's particular characteristics. This distinction prevented the legal analysis from assuming an automatic correspondence between having committed a sexual offense and requiring an intervention designed to reduce libido pharmacologically.

The comparative component examined regulatory experiences in South Korea and Indonesia, together with interventions developed in the prison context of the United Kingdom, because these settings reveal different ways of articulating judicial decision-making, clinical assessment, treatment, and recidivism prevention. The comparison did not seek to select a foreign model for transplantation into Ecuadorian law, but to identify differences concerning diagnosis, competent authority, medical supervision, rehabilitation, duration of the intervention, and review mechanisms.

Ecuador was used as the legal context of contrast through Opinion 6-25-RC/25, in which the Corte Constitucional del Ecuador (2025) examined a proposal concerning the administration of drugs intended to reduce the sexual desire of persons convicted of rape and analyzed its impact on personal integrity through criteria of suitability, necessity, and proportionality. This precedent made it possible to confront the domestic debate with the medical, bioethical, and comparative standards previously identified without reducing the research problem to an exclusively Ecuadorian setting.

The research was exclusively documentary and involved no human participants, interviews, surveys, clinical records, or processing of personal data. It was neither a systematic review nor a meta-analysis, because the sources were examined through legal interpretation and critical comparison among clinical evidence, bioethical standards, legislation, and case law, while keeping medical claims about treatment distinct from conclusions concerning its possible legitimacy within the criminal justice system.

3. Findings

3.1. Medicalization of Criminal Punishment and Sexual Recidivism

Incorporating libido-inhibiting drugs into strategies intended to prevent sexual recidivism changes the traditional understanding of the criminal response, because state intervention no longer focuses only on legal restrictions but begins to act on bodily functions through instruments belonging to medicine. This characteristic requires examination of the point at which an intervention that is initially therapeutic begins to perform a control function linked to the convicted person's future conduct.

So-called chemical castration is often presented as though it were a uniform intervention, when in fact it encompasses different pharmacological treatments subject to specific clinical conditions. In their review of pharmacotherapy used for paraphilic disorders, Culos et al. (2024) found differences both in the alternatives employed and in the outcomes obtained, and noted methodological limitations in part of the available evidence. Extending those findings to every person convicted of a sexual offense would therefore disregard the individualized assessment that characterizes a medical indication. This distinction directly affects the legal analysis, because a judgment may establish responsibility for conduct but does not automatically identify a clinical condition that should be treated through pharmacological reduction in libido.

Criminal responsibility and medical diagnosis may intersect in certain settings, but they answer different questions and should not be treated as interchangeable categories. Criminal proceedings determine responsibility for a specific act, whereas clinical assessment seeks to establish the person's particular circumstances and the appropriateness of a therapeutic intervention.

The importance of this distinction can also be seen in recent research on testosterone-lowering medication. Sauter et al. (2024) examined a population considered to be at

high risk and observed favorable outcomes on certain indicators of recidivism among those who received pharmacological treatment, although those differences did not appear consistently across all forms of recidivism examined. Rather than supporting generalized intervention, these findings show that potential benefits depend on the individual's profile, risk assessment, and the combination of medication with other therapeutic strategies.

The issue changes in nature when medication begins to be used not because a clearly identified clinical need exists, but because the justice system seeks to manage the risk attributed to the convicted person. This is where the medicalization of punishment emerges: a health-care tool retains its therapeutic form while beginning to perform a function closely related to penal control and incapacitation. Accordingly, classifying the intervention as therapeutic does not determine its legal or ethical nature; when its predominant purpose is to prevent recidivism or protect society rather than to address an independently established clinical need, the intervention moves closer to an instrument of penal policy than to ordinary medical treatment. The distinction depends not only on the substance used, but also on who decides on the intervention, which purpose predominates, and how much room the health professional retains to review its continuation.

A further difficulty is that individuals convicted of sexual offenses do not constitute a homogeneous clinical or criminological group, making it equally inappropriate to seek a single explanation for conduct that may arise from very different factors. Shumate et al. (2025) distinguish paraphilic disorders from other conditions and patterns associated with sexually offending behavior and emphasize the need for treatments adapted to risk and individual characteristics. This heterogeneity challenges any automatic relationship among sexual offending, libido intensity, and the need for pharmacological treatment. A response focused exclusively on reducing sexual desire may leave out factors related to violence, domination, cognitive distortions, or situational circumstances that remain relevant to understanding risk.

Recognizing a possible clinical utility for libido-inhibiting drugs in specific cases does not amount to justifying their transformation into a general consequence of conviction. Keeping legal responsibility, clinical assessment, and risk estimation separate is essential to prevent a therapeutic tool from being absorbed by the logic of punishment; it also brings the issue of consent to the fore when the treatment decision is made within a context conditioned by penal power.

3.2. Medical Ethics, Informed Consent, and Pharmacological Intervention

The use of libido-inhibiting drugs in a criminal justice context places the health professional in a relationship different from that ordinarily found in clinical practice, because the intervention may simultaneously respond to therapeutic needs and to objectives associated with prevention, surveillance, or risk reduction. The coexistence of these purposes requires asking whether the patient retains a genuine capacity to decide when treatment is linked, directly or indirectly, to his or her position within the justice system.

Consent is particularly important because deprivation of liberty does not in itself eliminate a person's autonomy, although it introduces conditions capable of influencing how the available alternatives are assessed. In studying the experiences of individuals convicted of sexual offenses who received anti-androgens in prison, Lievesley et al. (2024) found that treatment could be perceived both as assistance in controlling problematic forms of sexual arousal and as an element connected with risk management and expectations of progression within the prison system. This dual perception shows that voluntariness should not be inferred solely from formal acceptance of medication, but also from the circumstances in which the decision was made.

The distinction between consenting and genuinely being in a position to choose becomes particularly sensitive when refusal of treatment may be interpreted as lack of cooperation, limited willingness to change, or persistence of elevated risk. In such situations, an express order is not required for pressure to arise, because the prison structure itself may confront the person with alternatives whose consequences do not carry the same weight. The existence of a signature or statement of acceptance therefore does not, by itself, resolve the ethical problem.

The European Court of Human Rights addressed a comparable difficulty in Dvořáček v. Czech Republic, where the applicant had to choose between anti-androgen treatment, which could improve the prospect of earlier release, and other therapeutic approaches that could require a longer period of confinement. The Court acknowledged that such circumstances could amount to a form of pressure, although it ultimately found no violation of Article 3 because the treatment had been medically justified and coercion had not been established. The case nevertheless illustrates why voluntariness cannot be assessed only by the existence of formal consent when the consequences of accepting or refusing treatment are substantially different (European Court of Human Rights 2014).

This requirement has also been addressed in constitutional jurisprudence. In Judgment No. 18 of 4 July 2013, the Constitutional Court of the Republic of Moldova declared unconstitutional the mandatory application of chemical castration and held that an intervention affecting bodily integrity requires the free and informed consent of the person concerned, an individualized assessment of its medical necessity, and appropriate medical supervision. The decision is particularly relevant because it shows that the preventive interests of the state cannot, by themselves, displace the clinical and ethical safeguards that ordinarily govern medical intervention (Constitutional Court of the Republic of Moldova 2013).

This tension has recently been examined from a Latin American bioethical perspective. Chávez-Torres et al. (2025), when analyzing proposals for chemical castration in Peru, argue that autonomy, dignity, and informed consent cannot be treated as ancillary requirements when the intervention directly alters the body and is linked to a penal consequence. Their analysis is useful for Ecuador because it shows that a decision may be formally voluntary while simultaneously being conditioned by the structure of incentives or restrictions surrounding the person who must accept it.

The independence of the health professional is another decisive issue, since the physician may be expected to respond to demands from prison institutions, judicial bodies, or teams responsible for assessing risk while still retaining professional duties toward the person receiving treatment. The conflict does not arise because medicine and justice must remain completely separate, but because collaboration between them becomes problematic when clinical judgment ceases to determine whether treatment should continue and instead becomes subordinate to a previously defined correctional purpose.

The concern is not merely theoretical. In a study involving urology specialists, Dadalı and Büken (2026) found significant reservations about the compulsory application of so-called medical castration and about the possibility that the professional might become an executor of the criminal justice system. They also identified favorable views regarding the need for consent and prior counseling about treatment effects. Although these findings arise from a context different from Ecuador, they show that professionals who could participate directly in implementing such measures clearly perceive the tension between health care and punishment.

A pharmacological intervention also cannot be considered ethically legitimate once and for all on the basis of initial acceptance. Consent should persist throughout treatment and remain open to review when effects, clinical circumstances, or the conditions under which the person initially agreed to the measure change. This requirement is especially important

when the intervention may continue over time and produce consequences affecting sexuality, physical health, or psychological well-being, so continuation should depend on a current assessment rather than only on an authorization given at the outset.

Under these conditions, informed consent cannot be reduced to a formality intended to legitimize a decision already made. Its validity depends on sufficient information, an effective possibility of refusal, reasonable alternatives, and clinical independence during treatment. Even when those conditions are present, a separate question remains concerning the intensity of the intervention on the body and its compatibility with human dignity, personal integrity, and the proportionality of the state's response, which is examined in the following section.

3.3. Human Dignity, Bodily Integrity, and Proportionality of Punishment

The use of libido-inhibiting drugs within the criminal justice system introduces an interference different from that ordinarily resulting from a conviction, because the intervention no longer affects only the person's liberty but also bodily functions connected with sexuality and autonomy. This feature requires examining whether a preventive purpose, even if legitimate, can justify direct state intervention on the body of a person serving a sentence.

Human dignity becomes particularly important at this point because it prevents the convicted person from being reduced to the future risk attributed to him or her. In examining chemical castration in response to sexual offenses against minors in Ecuador, Maza Erreiz and Ochoa Merino (2026) identify tensions involving personal integrity, bodily autonomy, and the rehabilitative purpose of punishment. Their analysis shows that protecting potential victims does not eliminate the convicted person's status as a rights-holder or make the body available for any preventive strategy.

Bodily integrity also cannot be assessed only in terms of whether the effects are permanent, because a pharmacological intervention may alter physiological and sexual functions for a prolonged period even where reversal is possible. The temporary nature of the measure may affect the intensity of the interference, but it does not eliminate the need to justify its use or permit the assumption that a reversible intervention lacks constitutional significance.

The protection of bodily integrity also requires effective safeguards against involuntary medical intervention. In X v. Finland, the European Court of Human Rights held that the forced administration of medication constitutes a serious interference with a person's physical integrity and therefore requires a legal framework capable of protecting the individual against arbitrariness. The Court found a violation of Article 8 because the applicant lacked an effective mechanism to challenge the forced medication and its proportionality. Although the case concerned psychiatric treatment rather than libido-inhibiting drugs, its reasoning is relevant where medical intervention is imposed or maintained despite the individual's opposition, particularly when the state assumes control over decisions affecting the body (European Court of Human Rights 2012).

The principle of proportionality performs a decisive role here because it requires the expected preventive benefit to be related to the intensity of the intervention imposed, without reducing the analysis to the gravity of the offense committed. The measure would need to demonstrate a sufficient relationship with the risk it seeks to reduce while also allowing consideration of less invasive alternatives and therapeutic mechanisms capable of producing comparable results. A severe response may have a powerful symbolic effect and still lack sufficient justification where evidence of its necessity or effectiveness is limited.

Debate on biomedical interventions involving persons subject to the criminal justice system has extended this problem to the modification of characteristics associated with future conduct. Tesink (2025) argues that certain neurointerventions may alter elements

connected with the justification of punishment itself and with the way culpability is understood after a transformation in the individual has occurred. Although the analysis is not limited to libido-reducing drugs, it is relevant to questioning the incorporation of a bodily intervention as though it were simply an additional consequence of conviction.

Foreign judicial experience further shows that legislative authorization does not by itself resolve the problems that arise in concrete application. Defretes and Mursid (2026), in analyzing an Indonesian decision that imposed chemical castration as an additional consequence for a sexual offense against a minor, examine the difficulties that arise when an intervention of this nature is incorporated into the criminal response alongside other sanctions. The case highlights the importance of individualizing the measure, establishing its clinical basis, and defining clear conditions concerning duration, review, and continuation.

Any future regulation of libido-inhibiting drugs requires more than general legislative authorization, because its legitimacy will depend on the relationship among diagnosis, risk, clinical need, and the concrete interference with rights. Human dignity, bodily integrity, and proportionality prevent the gravity of the offense from serving as a sufficient justification for intervening on the body without individualized assessment and without mechanisms capable of reviewing whether the measure remains necessary. For Ecuador, this requirement means preventing recidivism from becoming a broad authorization to incorporate medical interventions into the criminal justice system. The question is not merely whether a measure of this kind can be admitted, but what limits would prevent a preventive purpose from disproportionately expanding the material scope of punishment.

3.4. Comparative Experiences and Limits for the Ecuadorian Debate

Comparative regulation of libido-inhibiting drugs shows that there is no uniform legal response to their use in individuals convicted of sexual offenses. Differences extend to the nature of the measure, the authority involved, the role assigned to health professionals, and the conditions required for its application. For that reason, identifying which countries permit so-called chemical castration contributes less to the analysis than examining how each system attempts to articulate treatment, prevention, and sentence execution.

South Korea developed one of the more specific regulatory models through the Act on Pharmacologic Treatment of Sex Offenders' Sexual Impulses, which links pharmacological intervention to recidivism prevention and provides for the participation of mental health professionals in assessing certain conditions associated with sexual behavior. The legislation also incorporates psychotherapeutic treatment, showing that even within a coercive scheme, the administration of medication is not conceived as entirely separate from specialized assessment. A difficult tension nevertheless remains because medical diagnosis can become a prerequisite for an intervention whose purpose continues to be closely connected with penal control (Republic of Korea 2010).

Indonesia presents a different construction, under which chemical castration was incorporated into the response to certain sexual offenses against children and procedures for its execution were later regulated together with rehabilitation and monitoring measures (Government of Indonesia 2020). Ohoiwutun et al. (2026) question the fact that psychiatric assessment becomes prominent mainly at stages close to implementation of the measure and propose earlier specialized intervention. The point is significant because medical assessment loses its capacity to guide the decision when it enters the procedure only after the punitive response has already been largely defined.

The United Kingdom illustrates another approach, because anti-androgens and other medications have been used within clinical programs for certain incarcerated individuals without their prescription necessarily constituting a sanction tied to the offense committed. In evaluating the use of selective serotonin reuptake inhibitors and anti-androgens in

individuals serving sentences for sexual offenses, Winder et al. (2024) show that these interventions form part of a treatment pathway directed at managing problematic sexual arousal. The distinction matters because it leaves greater space for therapeutic need to be determined by the patient's characteristics rather than exclusively by legal status.

Comparative research also shows that importing only the legal mechanism may conceal substantial differences in how it operates. Pratama et al. (2025), in comparing Indonesia and South Korea, identify variations concerning implementation, medical involvement, rehabilitation, and monitoring. For Ecuador, these matters would first require clarification of who has competence to make the diagnosis, which authority would decide on the intervention, how long it could continue, and under what conditions it should be reviewed. Regulation that omits these questions would leave precisely the most sensitive aspects of the measure to the moment of implementation.

Foreign experiences do not establish a formula capable of resolving the conflict between prevention and individual rights in general terms, although they do provide a useful warning for the Ecuadorian debate: a conviction should not simultaneously operate as a medical diagnosis, risk assessment, and sufficient basis for prescribing treatment. Keeping those decisions separate constitutes a safeguard against interventions that, because of their bodily effects, require controls different from those ordinarily accompanying a criminal sanction.

Comparative law therefore performs a critical rather than legitimizing function, offering settings in which limits and difficulties can be identified rather than a model ready to be transplanted into Ecuadorian law. Any future regulation would have to be built around the country's constitutional, health-care, and prison conditions, clearly defining the relationship between judicial decision-making and medical judgment, the review mechanisms, and the place of rehabilitation. Otherwise, incorporating libido-inhibiting drugs could expand the material scope of punishment without first resolving where penal intervention ends and genuinely therapeutic action begins.

4. Discussion

The evidence examined requires moving away from an assumption that frequently appears in public debate on chemical castration: that a more intensive intervention on the body necessarily produces greater protection against sexual recidivism. The findings analyzed show that risk does not depend on a single variable and that therapeutic responses are not homogeneous among individuals with histories of sexual offending. In an updated meta-analysis of treatment effectiveness, Holper et al. (2024) identify variation related to the characteristics of the populations and programs examined. This is legally relevant because it weakens any attempt to use the offense category as a sufficient criterion for deciding on a medical intervention and instead reinforces the need to identify the specific factors maintaining risk in each individual.

Reducing libido should not be confused with rehabilitation, because a pharmacological modification may affect certain components of sexual behavior without reaching other personal, psychological, or social factors associated with recidivism. The follow-up study by Páv et al. (2025) is illustrative in reporting outcomes within a long-term program that combined different treatment modalities, allowing pharmacological intervention to be understood as one possible tool within a broader therapeutic process rather than as a self-sufficient response capable of replacing assessment, psychological support, and reintegration.

The conflict becomes deeper when attention turns to who actually decides on treatment and what happens to professional independence once medicine becomes part of the operation of the criminal justice system. If the physician retains the capacity to assess the indication, modify treatment, or discontinue it when the clinical reasons disappear, the intervention retains characteristics of a therapeutic relationship. If those decisions become

subordinate to a judicial order or a previously defined incapacitative purpose, however, the health-care function begins to merge with the execution of punishment. Fahma and Wu (2026) locate this problem precisely in physicians' participation in chemical castration procedures and in the difficulty of reconciling professional duties with a measure having a punitive purpose. In addition, the literature on management of sexual arousal continues to show the need for careful selection of individuals who may benefit from particular interventions, as Beggs Christofferson and Ealam (2026) recognize clinical value in specific techniques without treating them as solutions applicable indiscriminately.

For Ecuador, this debate requires avoiding two equally limited positions: presenting libido-inhibiting drugs as a necessary response to the gravity of sexual offenses, or excluding any possible clinical use solely because the patient is subject to the criminal justice system. The dividing line should lie in the existence of an individualized medical indication, the independence of the professional, periodic risk assessment, and a genuine possibility of reviewing the intervention when the conditions that initially justified it change.

The use of medical interventions for purposes associated with criminal policy therefore requires a limit that cannot be defined solely by the seriousness of the offense or by the preventive interest of the state; once a measure affects bodily functions, its legitimacy also depends on preserving individual autonomy, human dignity, clinical independence, and effective safeguards against coercion, because protection of society cannot transform medical treatment into an additional form of punishment.

The contribution of this study lies precisely in separating treatment from punishment. The legitimacy of a pharmacological intervention does not depend only on the substance administered or the effect it may have on libido, but on the framework in which the decision is made, the purpose that predominates, and the safeguards retained by the person subjected to it. Regulation that allows a conviction to operate simultaneously as diagnosis, risk assessment, and justification for treatment would expand punitive power through medical resources, whereas a framework based on independent clinical assessment, materially valid consent, continuous supervision, and comprehensive rehabilitation would make it possible to discuss these interventions without blurring the boundary that should remain between therapeutic care and the execution of a sanction.

5. Conclusions

The use of libido-inhibiting drugs in individuals convicted of sexual offenses cannot be legally constructed on the basis of an automatic association among conviction, clinical diagnosis, and risk of recidivism, because each category responds to different criteria and procedures. A judgment may establish responsibility for an act, but it does not by itself determine the existence of a paraphilic disorder or replace the medical assessment required to determine whether a pharmacological intervention is appropriate for a particular person.

Informed consent acquires particular importance when the decision is made within the criminal justice system, where deprivation of liberty, expectations of prison progression, or institutional assessments of risk may influence the will without any direct order to undergo treatment. The legitimacy of an intervention of this nature should therefore not rest solely on written authorization, but on sufficient information, real alternatives, an effective possibility of refusal, and a clinical relationship in which the professional retains independence to review, modify, or discontinue treatment when medical conditions so require.

In Ecuador, any regulatory debate would need to move beyond the idea that the gravity of the offense is enough to justify intervention on the body, because human dignity, personal integrity, and proportionality continue to operate as limits even after conviction. Preventing new offenses is a legitimate aim, but it requires a demonstrable connection among the measure used, the risk identified, and the concrete need to intervene.

Comparative experiences likewise do not provide a model that can be automatically transferred to Ecuadorian law, although they show that more complex regulatory approaches attempt to separate the penal decision from the clinical indication and incorporate individualized assessment, medical supervision, periodic review, and complementary treatment. Libido-inhibiting drugs could therefore be discussed only within an exceptional and individualized framework, avoiding the transformation of a therapeutic tool into an extension of punishment or the use of medical language to silently expand the reach of punitive power.

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References

Beggs Christofferson, Sarah M., and Breanne Ealam. 2026. Arousal management techniques, effectiveness and therapeutic applications in sexual offending treatment: A review. *Sexual Abuse* 38: 313–36. [CrossRef] [PubMed]

Chávez-Torres, Alondra Silvana, Maryorie Esteffany Palacios-Villena, and Wilfredo Concha-Camacho. 2025. La castración química como pena en el Perú: Un dilema bioético entre dignidad, autonomía y consentimiento. *Apuntes de Bioética* 8: AdB1249. [CrossRef]

Constitutional Court of the Republic of Moldova. 2013. Finding of Unconstitutionality on the Safety Measure of "Chemical Castration" (Complaint No. 11a/2013), Judgment No. 18, July 4. Available online: https://constcourt.md/print.php?id=471&idc=7&L=en (accessed on 10 November 2026).

Corte Constitucional del Ecuador. 2025. Dictamen No. 6-25-RC/25. September 4. Available online: https://esacc.corteconstitucional.gob.ec/storage/api/v1/10_DWL_FL/eyJjYXJwZXRhIjoidHJhbWl0ZSIsInV1aWQiOiI4ZTBhYjZjZi1hNDA1LTQzYjctYTQ2NC0zZGUxZmQ0M2M2ZjIucGRmIn0%3D (accessed on 23 November 2026).

Culos, Chiara, Massimo Di Grazia, and Paolo Meneguzzo. 2024. Pharmacological interventions in paraphilic disorders: Systematic review and insights. *Journal of Clinical Medicine* 13: 1524. [CrossRef] [PubMed]

Dadalı, Mümtaz, and Nüket Örnek Büken. 2026. Ethical evaluation of urology specialists' knowledge and attitudes on the application of medical chemical castration for sexual offenders: A perspective from Turkey. *BMC Medical Ethics* 27: 154. [CrossRef] [PubMed]

Defretes, Gratsya, and Akhmad Faqih Mursid. 2026. Chemical castration as a punishment for child rapists from a human rights perspective: An analysis of Judgment No. 859/Pid.Sus/2023/PN.Bjm. *Journal of Law Justice* 4: 207–18. [CrossRef]

European Court of Human Rights. 2012. X v. Finland, Application No. 34806/04, Judgment of 3 July 2012. Available online: https://hudoc.echr.coe.int/app/conversion/pdf/?filename=001-111938.pdf&id=001-111938&library=ECHR (accessed on 10 November 2026).

European Court of Human Rights. 2014. Dvořáček v. Czech Republic, Application No. 12927/13, Judgment of 6 November 2014. Available online: https://hudoc.echr.coe.int/app/conversion/pdf/?filename=001-147688.pdf&id=001-147688&library=ECHR (accessed on 10 November 2026).

Fahma, Hilmia, and Pei-Chi Wu. 2026. Regulations on the implementation of chemical castration by doctors: Ethical issues and concepts for legal reform. *Indonesian Journal of Crime and Criminal Justice* 2: 196–231. [CrossRef]

Forsberg, Lisa, and Thomas Douglas. 2016. Anti-libidinal interventions in sex offenders: Medical or correctional? *Medical Law Review* 24: 453–73. [CrossRef] [PubMed]

Government of Indonesia. 2020. Peraturan Pemerintah Republik Indonesia Nomor 70 Tahun 2020 Tentang Tata Cara Pelaksanaan Tindakan Kebiri Kimia, Pemasangan Alat Pendeteksi Elektronik, Rehabilitasi, dan Pengumuman Identitas Pelaku Kekerasan Seksual Terhadap Anak. Available online: https://peraturan.bpk.go.id/Details/155207/pp-no-70-tahun-2020 (accessed on 23 November 2026).

Holper, Lisa, Andreas Mokros, and Elmar Habermeyer. 2024. Moderators of sexual recidivism as indicator of treatment effectiveness in persons with sexual offense histories: An updated meta-analysis. *Sexual Abuse* 36: 255–91. [CrossRef] [PubMed]

Lievesley, Rebecca, Helen Swaby, Belinda Winder, Christine Norman, and Kerensa Hocken. 2024. "One a day keeps the prison away": Understanding the experiences of individuals convicted of sexual offences receiving anti-androgens for the treatment of problematic sexual arousal. *Archives of Sexual Behavior* 53: 2141–58. [CrossRef] [PubMed]

Maza Erreiz, Janeth Valeria, and Daniela Ochoa Merino. 2026. Castración química y delitos sexuales contra menores de edad: Un examen jurídico-constitucional desde los derechos humanos en el Ecuador. *Revista Universidad de Guayaquil* 140: 145–63. [CrossRef]

Ohoiwutun, Y. A. Triana, Gio Arjuna Putra, and Vicko Taniady. 2026. Integrating psychiatric assessment in chemical castration sanctions for child sexual offenders in Indonesia. *Sriwijaya Law Review* 10: 109–39. [CrossRef]

Parliamentary Assembly of the Council of Europe. 2013. Putting an End to Coerced Sterilisations and Castrations. Resolution 1945, Adopted 26 June 2013. Available online: https://pace.coe.int/en/files/19984/html (accessed on 23 November 2026).

Páv, Marek, Ivan Sebalo, Slavoj Brichcín, and Derek Perkins. 2025. Outcome evaluation of a treatment program for men with paraphilic disorders convicted of sexual offenses: 10-year community follow-up. *International Journal of Offender Therapy and Comparative Criminology* 69: 1370–86. [CrossRef] [PubMed]

Pratama, Yudi, Ahmad Irzal Fardiansyah, Nikmah Rosidah, Maya Shafira, Gunawan Jatmiko, and Rini Fathonah. 2025. Comparison of chemical castration sanctions against perpetrators of child sexual violence in Indonesia and South Korea. *Sriwijaya Crimen and Legal Studies* 3: 88–98. [CrossRef]

Republic of Korea. 2010. Act on Pharmacologic Treatment of Sex Offenders' Sexual Impulses. Act No. 10371. Official English text of Act No. 10371. July 23. Available online: https://elaw.klri.re.kr/eng_service/lawViewContent.do?hseq=23043 (accessed on 23 November 2026).

Sauter, Julia, Laura M. Lingenti, Martin Rettenberger, Daniel Turner, Peer Briken, and Tatjana Voß. 2024. The impact of testosterone-lowering medication on recidivism in individuals convicted of sexual offenses. *Dialogues in Clinical Neuroscience* 26: 28–37. [CrossRef] [PubMed]

Shumate, J. Nicholas, Seo Ho Song, and Fabian M. Saleh. 2025. Paraphilic disorders, psychopathy, and those who sexually offend: A narrative review of treatment modalities. *International Journal of Impotence Research* 37: 179–85. [CrossRef] [PubMed]

Tesink, Vera. 2025. Neurointerventions for criminal offenders: Psychological connectedness, culpability and justified punishment. *Ethical Theory and Moral Practice* 28: 839–55. [CrossRef] [PubMed]

Thibaut, Florence, Paul Cosyns, John Paul Fedoroff, Peer Briken, Kris Goethals, John M. W. Bradford, and The Wfsbp Task Force On Paraphilias. 2020. The World Federation of Societies of Biological Psychiatry WFSBP 2020 guidelines for the pharmacological treatment of paraphilic disorders. *The World Journal of Biological Psychiatry* 21: 412–90. [CrossRef] [PubMed]

Winder, Belinda, Christine Norman, Jackie Hamilton, Steven Cass, Alex Lambert, Laura Tovey, Kerensa Hocken, Emma Marshall, Rebecca Lievesley, Laura Hamilton, and et al. 2024. Evaluation of selective-serotonin reuptake inhibitors and anti-androgens to manage sexual compulsivity in individuals serving a custodial sentence for a sexual offence. *The Journal of Forensic Psychiatry & Psychology* 35: 425–60. [CrossRef]

World Medical Association. 2016. *WMA Declaration of Tokyo: Guidelines for Physicians Concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment*. Ferney-Voltaire: World Medical Association.

World Medical Association. 2022. *WMA International Code of Medical Ethics*. Ferney-Voltaire: World Medical Association.

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