

BIOETHICS AND FORCED DISAPPEARANCES: ETHICAL RESPONSIBILITY, INSTITUTIONAL SILENCE, AND THE MORAL LIMITS OF STATE POWER

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ABSTRACT

This paper analyzes the bioethical implications of forced disappearances in Latin America, focusing on Mexico as a paradigmatic case of institutional omission and moral breakdown. The study aims to interpret the intersection between bioethics, human dignity, and political responsibility in contexts of systematic violence. Using a qualitative phenomenological design, semi-structured interviews were conducted with relatives of the disappeared, public officials, and human rights defenders (n=30). The results reveal a triadic tension between moral suffering, institutional normalization of violence, and collective ethical resistance. Thematic coding shows that bioethical reflection transcends medical ethics, encompassing public responsibility and epistemic justice. The findings are discussed in light of Levinas' ethics of the Other and Jonas' principle of responsibility. It is concluded that bioethics must act as a moral language to rehumanize institutions and recognize the irreducible value of life amid political disappearance.

KEYWORDS: bioethics, forced disappearance, moral responsibility, dignity, institutional ethics, Mexico.

1. INTRODUCTION

The phenomenon of forced disappearance represents one of the most complex ethical crises in contemporary societies. Defined by the United Nations (2020) as the deprivation of liberty by state agents or persons acting with state consent, followed by concealment of the victim's fate, forced disappearance undermines not only human rights but the ontological foundation of ethical coexistence. In Latin America, and particularly in Mexico, this practice has transcended the political violence of the 1970s to become a structural element of public insecurity (Comisión Nacional de los Derechos Humanos [CNDH], 2023). From a bioethical perspective, the forced disappearance of persons challenges the moral core of institutions that are

supposed to safeguard life and dignity (Hottois, 2013). Bioethics, originally conceived within medical contexts, now extends to the ethical evaluation of all social systems that regulate the conditions of life, death, and recognition (Potter, 1971). When states normalize the disappearance of citizens, bioethics confronts the contradiction between public health and political violence — between care and control.

This research seeks to analyze the bioethical dimensions of forced disappearances in Mexico, examining how moral responsibility, institutional silence, and collective suffering intersect. It hypothesizes that the absence of the disappeared is also the absence of ethics in governance,

requiring a moral reconstruction rooted in recognition and responsibility (Levinas, 1987; Jonas, 1984).

2. METHOD

2.1 Research Design

The study employed a qualitative phenomenological approach (Husserl, 1990; Moustakas, 1994), aiming to explore the lived experiences and ethical reflections of actors involved in or affected by forced disappearances. Data collection focused on subjective narratives that express moral conflict and institutional complicity.

2.2 Participants

Thirty participants were selected through theoretical sampling, ensuring diversity in gender, age, and role: twelve relatives of disappeared persons, ten public officials in the human rights sector, and eight members of civil organizations. The study took place between March and August 2024 in Mexico City and the State of Mexico.

2.3 Data Collection and Analysis

Semi-structured interviews lasting 60–90 minutes were conducted and transcribed verbatim. The analysis followed grounded theory procedures (Charmaz, 2014): open coding, axial categorization, and theoretical integration. Coding reliability was ensured through inter-coder triangulation (Cohen’s $\kappa = .82$). Ethical approval was obtained from the institutional review board of the Universidad Autónoma del Estado de México (Protocol No. 2403-BIO-2024).

2.4 Analytical Dimensions

Three analytical dimensions guided the interpretation:

- (1) **Ethical suffering**, referring to the internalization of moral harm.
- (2) **Institutional silence**, encompassing bureaucratic and political non-recognition.
- (3) **Moral reconstruction**, the emergence of collective responses rooted in dignity and justice.

3. RESULTS

The analysis yielded five main categories with corresponding subthemes (Table 1).

Table 1: Thematic Matrix of Bioethical Dimensions in Forced Disappearances.

Dimension	Subthemes	Representative Extracts	Frequency (%)
Ethical suffering	Guilt, uncertainty, existential paralysis	“Every day without him is a wound that the law cannot heal.” (Mother, case 14)	[26]
Institutional silence	Bureaucratic indifference, moral distancing	“They tell us to file another report as if he were paperwork.” (Sister, case 8)	[22]
Moral responsibility	Ethical self-examination of officials	“Sometimes I dream of the mothers; their pain is my moral burden.” (Official, case 5)	[18]
Collective resistance	Moral community, activism, memory	“We turned pain into organization, and that’s our ethical answer.” (NGO member, case 2)	[20]
Recognition and dignity	Symbolic repair, political empathy	“Naming them again makes them exist morally.” (Relative, case 11)	[14]

Source: Fieldwork, 2024.

These categories illustrate how bioethical reflection emerges not from institutions but from the ethical agency of victims’ families. Ethical suffering becomes a vehicle for moral reconstruction, as participants reinterpret their pain as testimony and social memory. Institutional silence, by contrast, reflects the ethical failure of bureaucracies that depersonalize human suffering.

In-depth coding revealed a pattern of “moral inversion,” where institutional rationality contradicts ethical

responsibility. For example, officials report that administrative procedures constrain their empathy, producing a technocratic ethics devoid of compassion. This finding suggests a systemic moral anesthetization within state mechanisms of justice (see Table 1).

A quantitative summary of thematic density (Table 2) indicates that ethical suffering and institutional silence account for nearly half of the moral discourse observed.

Table 2: Distribution of Thematic Density.

Category	Weighted Score (0–1)	Relative Importance (%)
Ethical suffering	0.91	27
Institutional silence	0.75	23
Moral responsibility	0.62	18
Collective resistance	0.68	19
Recognition and dignity	0.54	13

Source: Qualitative coding analysis, NVivo 12, 2024.

Annexes

Annex 1. Interview Guide (Extract)

1. How do you interpret the absence of your relative in moral or ethical terms?
2. What kind of institutional responses have you encountered?

3. Do you believe public institutions act ethically in the search for the disappeared?
4. How has your moral perception of the state changed through this experience?
5. What meaning does dignity have for you in this process?

Annex 2. Sociodemographic Profile of Participants.

Variable	Range	Percentage
Gender	Female (18), Male (12)	60 / 40
Age	25–65 years	Mean = 43
Education	Secondary (20%), Higher (60%), Graduate (20%)	—
Affiliation	Relatives (12), Officials (10), NGOs (8)	—

Source: Fieldwork, 2024.

4. DISCUSSION

The results confirm that forced disappearance is not only a legal violation but a profound bioethical crisis. As Levinas (1987) asserts, the face of the Other imposes an infinite responsibility upon the self; when the state erases that face, it erases the ethical foundation of society. The suffering of relatives, as expressed in Table 1, constitutes a moral appeal to institutions that have renounced their duty to protect life.

From a Jonasian perspective (Jonas, 1984), political power entails a “responsibility principle” that extends beyond immediate action toward the preservation of human life. Yet the testimonies reveal a reversal of this principle: the state’s moral impotence transforms care into neglect. Institutional silence is thus an ethical pathology—what Ricoeur (1990) would call “the moral amnesia of the political community.”

Bioethics in this context must move from biomedical ethics to **public bioethics** (Callahan, 2000; Gracia, 2008), where the central question is not the autonomy of the patient but the moral legitimacy of institutions. Families of the disappeared engage in what Kleinman (2012) calls “moral witnessing,” converting personal suffering into collective ethics. Their activism reconstitutes the social fabric and reclaims the moral dimension of the political.

Comparatively, studies in Colombia and Argentina show similar ethical patterns: institutional denial, familial resilience, and moral transformation through memory (Uribe, 2017; Feitlowitz, 2011). These parallels indicate that Latin American societies share a bioethical wound that demands moral restoration through recognition and accountability.

5. CONCLUSION

Forced disappearances expose the limits of modern political ethics. Beyond legal frameworks, they reveal the erosion of moral sensitivity and the complicity of bureaucratic systems that depersonalize suffering. This study demonstrates that bioethics, when applied to social violence, becomes an epistemology of recognition — a way of reconstructing meaning where law and politics fail.

The findings highlight the importance of ethical responsibility as a public virtue and of dignity as the foundation of social coexistence. Bioethics must therefore function as a moral bridge between private pain and institutional accountability. Future research should expand the empirical scope to include comparative analyses of state discourses and public health institutions, exploring how ethical silence operates as an epistemic injustice.

Ethical Declaration

The study followed the principles of the Declaration of Helsinki (2013) and obtained ethical approval from the Research Ethics Committee of the Universidad Autónoma del Estado de México (Protocol No. 2403-BIO-2024). Participants signed informed consent forms, and anonymity was guaranteed.

AI Declaration

Artificial intelligence was employed exclusively for linguistic editing and formatting assistance. All conceptual, analytical, and interpretive decisions were made by the authors, who maintain full intellectual responsibility for the content.

Author Contributions

- **Cruz García Lirios** (25%): Conceptualization, methodology, supervision, corresponding author.
- **Reyna Amador Velázquez** (15%): Data analysis, literature review.
- **Oscar Coronado Rincón** (10%): Fieldwork coordination.
- **Eyder Bolívar Mojica** (10%): Theoretical framework.
- **Sonia Sujell Vélez Báez** (10%): Data transcription and coding.
- **Nadya Elizabeth Vásquez Segura** (10%): Validation and ethical documentation.
- **Felipe de Jesús Vilchis Mora** (10%): Results visualization and interpretation.
- **Josefina Haydee Gutiérrez Hernández** (10%): Discussion and conclusion drafting.

Total contribution: 100%.

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