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REVIEW

Disclosure is not justice: Ethical accountability following the public revelation of sexual violence against children

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Recent public disclosures relating to the sexual exploitation of minors have renewed global attention on sexual violence against children, and the institutional failures that allow such harm to persist. While disclosure is frequently framed as a moment of accountability, this article argues that exposure alone does not satisfy ethical or legal responsibility. Instead, the public release of credible information concerning sexual violence against children triggers enduring duties grounded in children's rights to bodily integrity, dignity, and health. Drawing on South African constitutional law and bioethical principles, the article reframes sexual violence against minors as a profound and ongoing health harm, rather than solely a matter of criminal wrongdoing. It contends that ethical responsibility arises at the point at which credible harm becomes known and persists irrespective of whether criminal prosecution is initiated or successful. The article examines the ethical consequences of non-action, delay, and minimal institutional response following disclosure, including secondary victimisation, institutional betrayal, and the erosion of trust in systems tasked with protecting children. By situating disclosure within a health and ethics-centred framework, the article challenges approaches that treat transparency or public acknowledgment as substitutes for meaningful response. It argues instead for a broader understanding of accountability that prioritises survivor-centred care, trauma-informed institutional practices, and attention to the structural conditions that enable abuse and silence. In doing so, the article advances a conception of ethical accountability that moves beyond exposure towards protection, care, and the fulfilment of constitutional and ethical commitments to children's well-being.

Keywords: child sexual violence, bioethics, children's health rights, bodily integrity, ethical accountability, institutional responsibility

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The recent public release of information relating to the sexual exploitation of minors in the context of the 'Epstein files' has drawn global attention to the persistence of sexual violence against children and to the longstanding failures of institutions to prevent, address, or meaningfully respond to such harm.[1] While these disclosures have generated widespread public condemnation, they have also revealed a familiar pattern: profound violations of children's bodily integrity are rendered visible, yet institutional responses remain limited, delayed, or symbolic.[2] Importantly, the harm is not confined to the moment of abuse or to the period during which it remained hidden. Rather, harm may be reproduced when disclosure is treated as an endpoint rather than the beginning of ethical responsibility. As reflected in transitional justice scholarship, including Minow's work on truth and reconciliation processes, the act of disclosure or truth-telling does not, in itself, constitute justice.[3] While the precise legal and factual contours of the Epstein disclosures remain contested, the case nonetheless provides a useful lens through which to examine the ethical implications of disclosure without meaningful response. The disclosures are unusual in both scale and form, involving the release of extensive documentary material into the public domain outside the conventional trajectory of criminal prosecution. While the motivations behind such disclosure may be complex, including political, legal, and public transparency considerations, this article does not seek to resolve those motivations. Rather, it treats the disclosures as an illustrative case through which to interrogate the ethical consequences of making credible information about sexual violence publicly available *in the absence of meaningful institutional response*. Ethical duties do not rest on a single actor. They arise across a network of institutional responsibilities, including state authorities, justice systems, health systems, and professional actors. While the disclosure of information may be facilitated by specific institutions, ethical responsibility extends beyond the act of disclosure itself to encompass the broader system within which children's rights to protection, care, and recovery must be realised. This also engages professional ethical obligations, including those of legal actors, whose duties extend beyond procedural compliance to include the safeguarding of vulnerable individuals where harm is known. The argument is therefore not advanced as a claim of legal liability in the strict sense, but as a normative framework grounded in constitutional and bioethical principles.

Public discourse often assumes that accountability will flow naturally from exposure. Yet, for survivors of child sexual abuse, disclosure without meaningful action may deepen injury rather than resolve it. Public disclosure of abuse without corresponding institutional protection and response risks retraumatisation, weakens trust in safeguarding systems, and reinforces perceptions of tolerated harm. This concern is particularly significant where credible information reveals patterns of abuse enabled by power, silence,

or institutional complicity. In such circumstances, disclosure raises a critical ethical question: what duties arise when sexual violence against children becomes publicly known, even where criminal prosecution is uncertain, delayed, or incomplete?[4] This article does not argue against disclosure. On the contrary, disclosure is often a necessary condition for accountability. The concern advanced here is that disclosure, when treated as an endpoint rather than the beginning of institutional responsibility, risks reproducing harm. The central claim is therefore not that disclosure should be withheld in the absence of prosecution, but that disclosure without meaningful, health-oriented and protective response is ethically insufficient. The article argues that the public disclosure of credible information concerning sexual violence against minors activates ethical and health-based duties grounded in children's rights to bodily integrity, dignity, and well-being at national and international levels.[5,6] Methodologically, this article adopts an interdisciplinary normative approach, drawing on constitutional law and bioethical principles to develop a health-oriented framework for ethical accountability following disclosure of sexual violence against children. The analysis is grounded in a rights-based and vulnerability-informed approach, informed by feminist bioethics and children's rights scholarship. Drawing on South African (SA) constitutional law and bioethical principles, it contends that ethical accountability requires a broader, health-focused response that recognises sexual violence against children as being an ongoing harm with profound physical, psychological, and social consequences. By reframing disclosure as a trigger for care, protection, and institutional responsibility (but not as a substitute for justice), this article seeks to contribute to a more ethically grounded understanding of accountability in cases of sexual violence against children. These dynamics are, however, not abstract. They resonate strongly in SA, where sexual violence against children remains both a pervasive reality and a persistent site of institutional strain.

Sexual violence against children as a health and bioethical harm

Sexual violence against children constitutes one of the most serious violations of bodily integrity and well-being, with consequences that extend far beyond the moment of abuse. Although such violence is commonly framed through the lens of criminal law, this framing risks obscuring the profound and enduring health harms experienced by child survivors. Sexual abuse is associated with long-term physical, psychological, and social consequences, including trauma-related mental health conditions, disruptions to emotional and cognitive development, and adverse effects on future health and interpersonal relationships, as documented by the World Health Organization.[7] These harms are not merely incidental, they are intrinsic to the violation itself and demand an ethical response that is grounded in care, prevention, and protection. The harm associated with sexual violence against minors does not end when the abusive act ceases. Where abuse is concealed, minimised, or ignored by institutions, the resulting silence may function as a secondary source of injury. Survivors frequently encounter disbelief, stigma, or isolation, all of which compound the original trauma and impede recovery. From a health perspective, delayed recognition and response can exacerbate psychological distress and undermine opportunities for healing, thereby reinforcing patterns of vulnerability that persist into adulthood. Institutional inaction not only fails to remedy harm, it may also actively *contribute* to its continuation.

Bioethical principles provide a critical framework for understanding why disclosure alone is insufficient. The principle of non-maleficence requires the prevention of foreseeable and avoidable harm. Where credible information concerning sexual violence against children becomes known, failure to respond meaningfully allows harm to continue, whether through ongoing abuse, untreated trauma, or institutional conditions that permit recurrence. This obligation is consistent with the principle articulated in the UNESCO Universal Declaration on Bioethics and Human Rights, which requires that potential harms be minimised and benefits maximised, including in circumstances where harm arises through institutional inaction.[8] Similarly, the principle of justice is engaged where responses to sexual violence are selective, delayed, or shaped by power and privilege. When some children are protected while others are rendered invisible, ethical commitments to fairness and equality are fundamentally undermined.[4] In addition, the principle of beneficence requires that institutions act positively to promote the well-being of affected individuals, including by facilitating access to care, support, and recovery. Respect for autonomy, understood in the context of children as evolving and relational, further underscores the importance of recognising the agency and dignity of child survivors while ensuring appropriate protection.

Central to this analysis is the ethical obligation to protect the vulnerable. Children occupy a uniquely precarious position in social and institutional structures, and lack the power, resources, and agency required to secure their own protection or redress. Ethical responsibility therefore rests heavily on the state and on institutions that are entrusted with children's welfare.[4] This responsibility is heightened, not diminished, by the passage of time or the complexity of evidentiary processes. Knowledge of harm, in particular harm of a sexual and systemic nature, generates duties of care that cannot be postponed indefinitely without ethical consequence. Crucially, ethical responsibility in this context cannot depend on criminal prosecution or conviction. While criminal accountability remains an important mechanism for addressing sexual violence, bioethical obligations arise at the point at which credible harm is *known*. Disclosure activates duties to respond in ways that prioritise health, dignity, and well-being, regardless of whether legal thresholds for prosecution are met. Treating prosecution as the sole marker of responsibility risks narrowing ethical concern to procedural outcomes, rather than engaging with the lived realities of survivors and the conditions that are necessary for healing. It is important to distinguish the argument advanced here from a claim that disclosure should be contingent upon the likelihood of prosecution. Such a position would be both legally and ethically untenable. Rather, the concern is that where disclosure does occur, it must trigger meaningful institutional obligations. The ethical deficit arises not from disclosure itself, but from the failure of response that follows. Framing sexual violence against children as a health and bioethical harm therefore shifts the focus from exposure to *response*. It underscores that ethical failure lies not only in acts of abuse, but also in the failure to care, to protect, and to act meaningfully once harm becomes visible. In doing so, it lays the foundation for a broader understanding of accountability, one

that recognises justice as inseparable from health, dignity, and the ongoing protection of children.

Children's bodily integrity, dignity, and health rights in SA law

SA constitutional law provides a strong normative foundation for understanding sexual violence against children as a violation not only of criminal norms, but also of fundamental rights to bodily integrity, dignity, and health.[5] The Constitution recognises children as independent rights-bearers and places their protection at the centre of state responsibility. This framework is particularly significant when considering the ethical obligations that arise following the disclosure of sexual violence against minors, as it affirms that state duties extend beyond punishment and include prevention, care, and meaningful response.[5] Section 28 of the Constitution provides that a child's best interests are of paramount importance in every matter concerning the child. This principle has both substantive and procedural dimensions. Substantively, it requires that children's physical, psychological, and emotional well-being be prioritised in all state actions and omissions. Procedurally, it requires that decision-making processes affecting children take into account vulnerability, power imbalances, and long-term harm. These constitutional protections are reinforced by statutory frameworks, including the Children's Act 38 of 2005[9] and the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007[10], which establish duties relating to the protection of children and responses to sexual violence.

In the context of sexual violence, failure to act is difficult to reconcile with the constitutional requirement that children's best interests guide state conduct. Sexual violence against children also constitutes a violation of the right to bodily and psychological integrity protected under s12(2) of the Constitution.[5] This right encompasses security in and control over one's body, as well as freedom from all forms of violence. Constitutional protection of bodily integrity is not limited to preventing direct interference by the state; it also imposes positive obligations to protect individuals, in particular children, from harm inflicted by others. The Constitutional Court has emphasised, in cases such as *S v M*, that the best interests of the child are not merely abstract but must be concretely applied in all matters affecting children.[11] Where credible information concerning sexual violence against minors becomes known, a failure to act meaningfully may therefore implicate the state in the ongoing violation of this right.[12] Closely linked to bodily integrity is the constitutional right to dignity under s10. Sexual violence fundamentally undermines dignity by reducing the child's body to an object of exploitation and control. Dignity may be further eroded where institutions acknowledge harm but fail to respond in ways that affirm the survivor's worth, agency, and need for care. Public disclosure without protective follow-through risks converting victims' suffering into public knowledge without restoring dignity, thereby compounding harm rather than alleviating it. The right of access to healthcare services under s27 of the Constitution further reinforces the need to approach sexual violence against children through a health-focused lens. Health, as understood in SA law and policy, encompasses mental and psychological well-being alongside physical health. While the Constitutional Court in *Soobramoney v Minister of Health (KwaZulu-Natal)* recognised that access to healthcare services may be subject to resource constraints, it nonetheless affirmed that health forms part of the broader constitutional framework within which state obligations must be understood.[13] Importantly, in the *Minister of Health v Treatment Action Campaign* matter, the Court emphasised that the state is required to take reasonable measures to progressively realise the right of access to healthcare services, particularly where vulnerable groups are affected.[14] This includes ensuring that barriers to access are addressed and that available resources are utilised in ways that meaningfully respond to urgent health needs. Sexual violence frequently produces long-term mental health consequences that require timely, sensitive, and sustained intervention. Ethical responsibility therefore requires ensuring access to appropriate health and psychosocial support, in particular where disclosure exposes survivors to renewed trauma or public scrutiny. In practical terms, this includes obligations to ensure access to trauma-informed mental health care, psychosocial support, and integrated services for survivors of sexual violence. Integrated responses such as SA's Thuthuzela Care Centres illustrate attempts to align criminal justice and health-based responses to sexual violence. Established as specialised facilities where victims can receive care across various fields, these centres bring together medical care, trauma counselling, forensic examination, and the reporting and investigation of offences within a co-ordinated and survivor-centred framework. The model is designed to reduce secondary victimisation, improve access to care, and strengthen the effectiveness of prosecution by ensuring that survivors are supported from the point of disclosure onwards. This concern is well recognised in scholarship on secondary victimisation, which highlights how institutional responses may reproduce harm even after initial disclosure. In this respect, Thuthuzela Care Centres reflect the type of ethically grounded response advocated in this article, where disclosure is treated *as the trigger for integrated institutional action* aimed at care, protection, and accountability.

Viewed together with such interventions, the constitutional protections establish that the state's obligations to children extend beyond criminal prosecution. Although accountability mechanisms remain critically important, constitutional responsibility is not exhausted by the legal process alone. Where sexual violence against children is disclosed, ethical and legal duties arise in order to protect bodily integrity, affirm dignity, and promote health. A failure to act meaningfully following disclosure does not merely reflect institutional inertia, it may constitute a breach of the constitutional commitment to children's rights and well-being. This understanding provides a necessary foundation for evaluating the ethical harm of non-action and delay in the aftermath of disclosure.

The ethical harm of non-action after disclosure

The public disclosure of sexual violence against children is frequently framed as a moment of reckoning, transparency, or even justice. Yet, where disclosure is not followed by meaningful institutional response, it may generate new forms of harm rather than remedy existing ones. From an ethical perspective, inaction, delay, or minimal response after disclosure cannot be regarded as neutral. Instead, it constitutes a distinct and ongoing ethical failure that compounds the original violation of children's bodily integrity and well-being. One of the most significant harms arising from non-action after disclosure is secondary victimisation. When survivors see abuse

publicly acknowledged but are met with silence, inertia, or largely symbolic gestures, they may experience renewed trauma, loss of agency, and deepened mistrust in institutions that are charged with protection.[7] Disclosure, in such circumstances, *exposes survivors without safeguarding them*. Their experiences become publicly legible, yet their needs for care, support, and validation remain unmet. This disconnect risks transforming disclosure from being a mechanism of accountability into a source of further harm.

The ethical complexity of disclosure is further illustrated by the contested nature of the Epstein files that have been released. Although the disclosures have involved the publication of extensive documentary material and have generated widespread public scrutiny, they have not resulted in criminal charges or legal accountability.[15] This disjunction between revelation and response risks reinforcing survivor perceptions that disclosure functions symbolically rather than protectively. Moreover, the manner in which information is disclosed may itself produce harm. Redaction practices that obscure the identities of alleged perpetrators while leaving victims identifiable or contextually exposed raise serious ethical concerns. Such asymmetries in visibility may contribute to retraumatisation, undermine dignity, and perpetuate the unequal distribution of vulnerability. These concerns are reflected in the recent commentary by United Nations special rapporteurs,[14] who have warned that flawed disclosure processes may themselves undermine accountability for grave sexual offences. These human rights experts have expressed concern that the handling and redaction of materials associated with the Epstein files disclosures risk perpetuating harm to victims while obscuring pathways to meaningful accountability.[16] They emphasised that poorly managed transparency measures, in particular where victims are rendered visible while alleged perpetrators remain shielded, may contribute to retraumatisation and erode confidence in institutional responses to sexual violence. Such observations reinforce the ethical argument that disclosure which is procedurally defective or ethically inattentive may compound rather than alleviate harm.

The ethical problem lies not only in what institutions fail to do, but also in *what their failure communicates*. When credible information about sexual violence against children is met with limited or delayed response, it signals that such harm can be tolerated, managed, or deferred, particularly where perpetrators occupy positions of power or social influence. This normalisation of delay undermines commitments to justice and equality, reinforcing hierarchies in which some children are treated as more deserving of protection than others. From a bioethical perspective, such selective responsiveness violates principles of justice and fairness, entrenching patterns of vulnerability rather than dismantling them.[7] Non-action following disclosure may, in certain contexts, also be understood as being a form of institutional betrayal. Institutions entrusted with safeguarding children, whether state bodies, professional organisations, or social structures, occupy positions of authority and trust. When such institutions possess knowledge of harm and yet fail to respond adequately, they contribute to the conditions that allow harm to persist. In the context of child sexual abuse, institutional betrayal is particularly damaging, as it compounds the powerlessness experienced by survivors and undermines confidence in systems that are designed to provide care, protection, and redress.

This understanding is further reflected in African bioethics scholarship, which emphasises relational conceptions of personhood and vulnerability, and the ways in which structural inequality shapes both exposure to harm and access to care. Rather than viewing vulnerability as an individual condition, this body of work situates harm within broader social, economic, and institutional contexts, including poverty, gendered power relations, and unequal access to resources. In the context of sexual violence against children, such an approach highlights that the consequences of disclosure are not experienced uniformly but are mediated by existing inequalities that influence whether survivors are able to access protection, support, and meaningful redress. This perspective reinforces the argument that ethical responsibility following disclosure must extend beyond formal acknowledgment to include active, context-sensitive measures of care and institutional response. The ethical harm of non-action must also be situated within broader structural contexts. Where disclosure occurs without meaningful response, these inequalities are reproduced, so reinforcing the perception that accountability depends on status, visibility, or influence rather than on the severity of harm experienced. Crucially, ethical governance cannot be satisfied by transparency alone. While disclosure may be a necessary condition for accountability, it is not sufficient. Ethical responsibility demands a response that is timely, proportionate, and focused on care and protection. To allow disclosure to stand in for action is to reduce justice to performance, and ethics to symbolism. Such an approach risks hollowing out constitutional and ethical commitments, leaving children exposed not only to abuse, but also to the enduring consequences of institutional neglect. In deeply unequal societies, or in the context of alleged perpetrators occupying positions of power, the gap between disclosure and response is often experienced not as delay, but as abandonment. Understanding non-action after disclosure as an ethical harm reframes accountability as an ongoing responsibility rather than as a discrete event. It highlights that failure to respond meaningfully does not merely leave past harm unaddressed, but actively produces new harm in the present. This insight is essential for developing a health-focused, ethically grounded response to sexual violence against children: one that recognises disclosure as the beginning of responsibility, and not its conclusion.[4]

Systemic violence under international law and the case for crimes against humanity

A further dimension noted in public commentary, including by United Nations human rights experts, is the suggestion that the scale and organisation of the conduct reflected in the disclosures may raise questions in relation to crimes against humanity. While the present article does not seek to make a definitive legal determination, the invocation of this framework warrants brief clarification. The purpose of the discussion that follows is not to advance a conclusive claim, but to situate this characterisation within the established legal framework governing crimes against humanity, and to illustrate why such a framing is not legally implausible when assessed against the available information. Crimes against humanity are defined in Article 7 of the Rome Statute of the International Criminal Court as specific prohibited acts committed as part of a widespread or systematic attack directed against a civilian population with knowledge of the attack.[17] A recognised species of crime against humanity is enslavement, which describes the exercise of powers of ownership over a person. This would include acts of slavery and trafficking in persons, *in particular women and children*. There are other forms of crimes against humanity which could apply in this instance,

including murder, forcible transfer, severe deprivation of liberty, torture and sexual or gender-based crimes. Article 7 even includes a broad category of 'other inhuman acts', which are actions that cause great suffering, serious injury and severe mental and/or physical harm. While the international law describes crimes against humanity as taking place in the context of a *widespread or systematic attack* against a civilian population, there is no fixed numerical threshold for the crime. Because there is no prescribed minimum number of victims, a smaller number of victims can qualify *if the conduct is organised and patterned.* This is further supported by the fact that international practice has never enforced a minimum headcount rule, because the focus of the analysis is the nature of the attack, the element of collective or systemic criminality and organised violence against civilians. An important consideration in relation to the files, is that publicly available information suggests that there may be a substantial number of victims. The documents released by the US Department of Justice (totalling more than 3 million files), represents a fraction of the documents which remain unreleased. The victim count is therefore likely to be significantly higher. This analysis does not suggest that the legal threshold for crimes against humanity has been definitively met. Rather, it emonstrates that the characterisation advanced by UN experts is grounded in recognisable legal criteria, thereby reinforcing the *seriousness and systemic nature of the harm* disclosed. Beyond the legal characterisation, the experts' statement is striking for its recognition of the human reality beneath the documents. The files, they noted, point to patterns of commodification and dehumanisation, by the reduction of vulnerable individuals to objects of exchange, status, or gratification. This language resonates deeply within a bioethical framework, where dignity, vulnerability, and the prevention of harm occupy central normative space.

From disclosure to ethical accountability: a health-focused approach

If public disclosure marks the beginning of ethical responsibility rather than its fulfilment, the question that follows is what meaningful accountability should entail. An ethically grounded response must move beyond symbolic acknowledgement or punitive reflexes and instead prioritise the protection of children's health, dignity, and agency. Accountability, in this sense, is not limited to punishment but instead encompasses the conditions necessary for healing, prevention, and institutional integrity. Central to a health-focused approach is the adoption of survivor-focused responses that recognise the ongoing impacts of sexual violence on physical, psychological, and social well-being. Ethical accountability requires that survivors are not treated as passive sources of information or as objects of public scrutiny, but rather as individuals entitled to care, respect, and autonomy. This includes access to appropriate psychological support, sensitivity to the risks of retraumatisation, and the provision of spaces in which survivors' experiences are acknowledged without being exploited. Where disclosure exposes survivors to renewed harm, ethical responsibility demands protective measures that prioritise well-being over public consumption.

A further component of ethical accountability lies in the manner in which institutions respond once harm becomes known. Trauma-informed institutional processes are essential for preventing secondary harm. Such approaches recognise the effects of trauma on memory, behaviour, and engagement, and resist responses characterised by disbelief and procedural delay. Importantly, trauma-informed responses are not confined to therapeutic settings; they extend to institutional decision-making, public communication, and policy development. Institutions that respond to disclosure with care and transparency are better positioned to restore trust and reduce the risk of further harm. Ethical accountability also requires attention to institutional responsibility beyond individual wrongdoing. Sexual violence against children rarely occurs in isolation. It is often facilitated by cultures of silence, entrenched power imbalances, and inadequate oversight. A health-focused response therefore includes mechanisms for independent review, institutional reform, and the identification of systemic failures that enable abuse. By addressing structural conditions rather than focusing exclusively on individual actors, ethical accountability contributes to prevention and affirms a commitment to children's long-term safety and well-being.

Significantly, the pursuit of ethical accountability must remain attentive to the limits and risks of formal legal processes. While criminal prosecution may play an important role, ethical responsibility persists *regardless* of whether such processes are initiated or successful. A narrow focus on legal outcomes risks obscuring the broader obligations owed to children whose health and dignity have been compromised. Ethical governance therefore requires institutions to act even where legal pathways are complex, delayed, or unavailable, so ensuring that care, protection, and reform are not contingent on procedural thresholds. Reframing accountability in health-focused terms underscores the role of justice as a protective and restorative force rather than being solely a punitive one. By prioritising children's well-being, affirming dignity, and addressing the systemic conditions that enable harm, ethical accountability moves beyond exposure towards meaningful response. In doing so, it offers a principled framework for engaging with disclosures of sexual violence against children, one that honours both the seriousness of the harm and the enduring responsibilities that such harm imposes.

Conclusion: Disclosure as the beginning of responsibility

Public disclosure of sexual violence against children is often received as a moment of reckoning, a sense that truth has finally entered the public domain. Yet disclosure alone neither repairs harm nor fulfils the ethical and legal responsibilities owed to survivors. The recent release of materials associated with the Epstein files illustrates this tension in a particularly visible way: the visibility of wrongdoing does not automatically produce care, protection, or justice. Disclosure, especially in cases involving children, is therefore better understood not as resolution but as transition. It shifts harm from the realm of secrecy into that of collective knowledge, where institutions, professionals, and the state are confronted with renewed responsibilities. What follows disclosure becomes ethically decisive. Ultimately, the significance of exposure lies not in what is revealed but in how societies choose to respond to what they can no longer claim not to know. To insist that disclosure alone constitutes justice is to mistake visibility for accountability. Ethical responsibility begins, rather than ends, at the moment harm becomes known. This requires the development of institutional frameworks that ensure disclosure is consistently linked to care, protection, and meaningful response,

rather than treated as an end in itself. As the Universal Declaration on Bioethics and Human Rights reminds us, 'the interests and welfare of the individual should have priority over the sole interest of science or society'.

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