COMITÉ INTERNACIONAL DE BIOÉTICA GLOBAL

FIRST DILEMMA OF THE INTERNATIONAL COMMITTEE ON GLOBAL BIOETHICS

1. STATEMENT OF POSITION

On behalf of the *International Committee on Global Bioethics (ICGB)*, we are honoured to welcome those who have voluntarily and generously chosen to participate in this global debate on challenges that, although not new, have become increasingly complex in our time.

We are witnessing a rise in international militarism alongside the inability of our international human rights institutions to respond effectively. At the same time, populations in situations of vulnerability are becoming more diverse and numerous. Examples include people displaced by environmental factors and those affected by the harmful consequences of unethical uses of artificial intelligence.

Those of us trained in the mechanisms through which international and regional institutions protect human dignity watch with a sense of powerlessness as a system we once considered robust and reliable begins to unravel. International legal norms increasingly appear to be treated as obsolete provisions that those bound to uphold them can disregard with apparent impunity.

In this context, there is an urgent need for civil society groups worldwide, including the academic community, to reaffirm ethical principles and renew debate on the ethics of justice and truth, building an international network capable of counterbalancing persistent injustice.

To this end, we invite scholars to build a global bioethical network that, through dialogue and reasoned argument, contributes to a meaningful bridge towards the future by developing ethical guidelines that strengthen international standards of protection. This endeavour seeks common ground for safeguarding human dignity without discrimination and protecting the environment, using a process of balancing to bridge the divide between anthropocentric and ecocentric perspectives.

While moral conceptions express different understandings of the good, shaped by cultural, religious, political and economic contexts, the ICGB will address global challenges through critical and pluralistic ethical reflection. Our aim is to develop reasoned proposals that can be publicly justified, with respect for human rights as our shared point of reference.

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Drawing on the legitimacy afforded by knowledge, autonomy, commitment and a diversity of perspectives, we will use case studies to develop cross-cutting guidelines for addressing the conflicts and dilemmas under consideration. These will first be examined within each thematic area and subsequently discussed collectively.

Before beginning our work on this first dilemma and presenting the initial case, I would like to thank all members of the ICGB, as well as those who choose to contribute to particular discussions, for their commitment, generosity and kindness. Their willingness to participate kindles hope and brings us together as a human community.

María Victoria Fernández Molina

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PARADIGMATIC CASE I

Who Cares for Those Who Care?

Prolonged Disappearance, Searching, and the Breakdown of Care Ecosystems

1. Framing the Problem

Care is essential to sustaining life throughout many stages of human development[1]. Everyone needs to receive care at certain points in their lives and, at the same time, may undertake or be expected to assume responsibilities for caring for others. This dual character of care as both a right and a responsibility is one of its defining features. Care extends beyond interpersonal relationships and relationships between individuals and communities to encompass relationships with nature and ecosystems[2], which may also hold spiritual, cultural and religious significance.

Care responsibilities, however, are not evenly distributed. Factors such as gender, age, socioeconomic circumstances, working conditions, family and community networks, territory and institutional responsiveness determine who provides care, under what conditions and with what consequences[3].

This paradigmatic case, which will serve as the starting point for our discussion of care, draws on the experiences of families of disappeared persons in Mexico. It has been constructed primarily from evidence gathered in studies conducted in Coahuila and other Mexican states[4]. Its purpose, however, is to use a particularly intense and prolonged situation to explore a problem of global significance, rather than to focus exclusively on

[1] Berenice Fisher y Joan C. Tronto, 'Toward a Feminist Theory of Caring', en Emily K. Abel y Margaret K. Nelson (eds.), Circles of Care: Work and Identity in Women's Lives (Albany: State University of New York Press, 1990), p. 40.

[2] UNESCO, Declaración Universal sobre Bioética y Derechos Humanos (París, 19 de octubre de 2005), art. 17.

[3] Laura Addati, Umberto Cattaneo, Valeria Esquivel e Isabel Valarino, Care Work and Care Jobs for the Future of Decent Work (Ginebra: International Labour Organization, 2018), p. 7.

[4] Academia Interamericana de Derechos Humanos, Universidad Autónoma de Coahuila, Diagnóstico del Derecho Humano a la Búsqueda de las Víctimas de Desaparición en el Estado de Coahuila de Zaragoza, dirigido por Irene Spigno (2023), p. 9; María Edith López Hernández, 'Madres buscadoras y el costo vital de buscar en México', Debate Feminista, 72 (2026), pp. 25–42, especialmente p. 32, doi:10.22201/cieg.2594066xe.2026.72.2691.

disappearance in Mexico. It therefore approaches care inductively, moving from the particular to the general:

When caring for another person requires bearing prolonged burdens that undermine the conditions necessary to sustain one's own life and continue providing care, to what extent is it ethically justifiable for those burdens to fall on the caregiver and those around them, and when should the State, society and the international community assume them, even if doing so requires redistributing resources and responsibilities while addressing other equally urgent needs?

Disappearance is particularly revealing because, although the person is absent, the bond endures and may grow stronger through the need to find them, especially when the disappeared person and the person searching for them are connected by family ties. Investigating, gathering information, approaching institutions, travelling, participating in searches and maintaining demands for the person's whereabouts to be established can become activities that continue for years[5].

Those searching for disappeared persons also continue to sustain households, raise children, care for older people or those who are ill, and work. In other words, they care for others alongside the person who has disappeared. López Hernández (2026) describes this overlap between searching and caregiving and explicitly examines it through the three dimensions of the right to care: providing care, receiving care and caring for oneself[6].

Disappearance therefore does not suspend care: it transforms, intensifies and redistributes it, in many cases exhausting existing support networks and the coping strategies of families searching for their loved ones.

2. Nature and Empirical Basis of the Case

The case presented below does not recount the story of a particular person. It is a paradigmatic case constructed from documentary and empirical evidence, drawing on patterns identified in empirical research, needs assessments, academic literature, institutional documents and previously published testimonies.

One of its main empirical foundations is the *Needs Assessment for the Implementation of the Programme for Comprehensive Support for Families of Disappeared Persons in Coahuila* (PROFADE), prepared by the Inter-American Academy of Human Rights and the

[5] López Hernández, 'Madres buscadoras y el costo vital de buscar en México', op. cit., pp. 28 y 36; Academia Interamericana de Derechos Humanos, Diagnóstico del Derecho Humano a la Búsqueda, op. cit., pp. 92–93.
[6] Ibidem, p.31.

Coahuila State Executive Commission for Victim Support. The study identified simultaneous adverse effects on the rights to food, health, education, housing, work and access to justice[7].

This evidence is complemented by the *Assessment of the Human Right to Search for Victims of Disappearance in the State of Coahuila de Zaragoza*, prepared by the Inter-American Academy of Human Rights. This research combined documentary analysis with qualitative fieldwork, accompaniment of search and identification activities, interviews and forums with relatives of disappeared persons[8].

The assessment also documents that, particularly in long-standing cases of disappearance, families actively participate in the planning, preliminary exploration and execution of search activities. They may act as observers overseeing mass exhumation procedures and contribute tools, vehicles and other resources to active searches. The study also identified families' concerns about their social security coverage, since search operations may require them to leave their jobs and daily activities temporarily[9].

These findings are compared with research conducted in other Mexican contexts. Querales Mendoza et al. (2024), for example, examine the psychosocial effects experienced by women searching for disappeared persons in Guanajuato and show how disappearance produces a triple workload in which care responsibilities, paid work and searching overlap[10].

The narrative elements of the case therefore represent documented patterns rather than a biographical reconstruction of a particular person.

3. The Case

The disappearance of a person profoundly alters family dynamics and requires a readjustment of responsibilities previously distributed among family members, including the allocation of responsibilities to those who should not have to assume them, namely children and even older adults[11]. However, the initial actions aimed at locating the disappeared relative—such as filing reports, providing and seeking information, appearing

[7] Academia Interamericana de Derechos Humanos, Universidad Autónoma de Coahuila, y Comisión Ejecutiva de Atención a Víctimas del Estado de Coahuila, Actualización del Diagnóstico de Necesidades del Programa de Atención Integral a Familiares de Personas Desaparecidas (PROFADE) del Estado de Coahuila de Zaragoza, dirección y coordinación general de Luis Efrén Ríos Vega, Irene Spigno y Magda Yadira Robles Garza (2019), versión preliminar, p. 19.

[8] Academia Interamericana de Derechos Humanos, Diagnóstico del Derecho Humano a la Búsqueda, op. cit., p. 9.

[9] Ibidem, pp. 93–94.

[10] May-ek Querales Mendoza, Isabel Beltrán Gil, Mitzi Elizabeth Robles Rodríguez y David López Nájera, 'Ocultar la tristeza para sostener el hogar: afectaciones psicosociales en mujeres buscadoras del estado de Guanajuato', métodhos. Revista Electrónica de Investigación Aplicada en Derechos Humanos, 27 (2024), pp. 59–92, especialmente p. 61, doi:10.67264/rm.v1i27.202.

[11] *Ibidem*, pp. 77–78.

before authorities and following up on institutional proceedings—place substantial demands on people's time and financial resources. When the disappearance continues, further activities related to searching and relatives' participation in the relevant procedures may be added to these demands.

In long-standing cases of disappearance, these activities may become permanent and occupy a substantial proportion of the family's time and resources. Evidence gathered in Coahuila shows, for example, that relatives of disappeared persons participate in the planning, preliminary exploration and execution of search activities and, in certain exhumation procedures, act as observers overseeing the process. Participation in search operations has also been documented as requiring temporary absence from work and other daily activities, raising concerns about continued employment, income and social security coverage[12].

This reorganisation becomes particularly significant when one family member continuously assumes a central role in the search. Field searches then coexist with the family, work and domestic responsibilities that existed before the disappearance. Searching thus ceases to be an exceptional activity and progressively becomes part of the everyday organisation of the lives of those searching and their families.

Disappearance, however, does not eliminate existing care needs within the household. Dependants, such as children, older people, people who are ill or have disabilities, and other family members, may continue to require care, while the domestic and productive activities necessary to secure income and the material conditions of subsistence must also be maintained. Consequently, the absence of one person and another family member's involvement in searching may simultaneously alter the availability of time, resources and people to meet those needs, leaving the family unit in a situation of vulnerability in many cases.

This transformation has a pronounced gender dimension. Studies conducted with women searching for disappeared persons show that searching may overlap with paid work and previously assumed care responsibilities, leading to an accumulation of productive, reproductive and search-related roles. Processes of intergenerational redistribution of care have also been documented, in which grandmothers assume responsibility for caring for grandchildren, or older children take on domestic responsibilities and care for younger siblings likewise identifies the coexistence of searching, caring for dependants and difficulties in finding time and resources for self-care.

[12] Academia Interamericana de Derechos Humanos, *Diagnóstico del Derecho Humano a la Búsqueda*, *op. cit.*, pp. 93–94.

Disappearance may therefore produce a double reconfiguration of care. First, the family, economic and care roles performed by the disappeared person must be redistributed. Second, the prolonged participation of one or more relatives in searching for that person may require a further redistribution of the responsibilities those relatives previously fulfilled. Care needs thus do not disappear: they shift, accumulate and may be transferred between members and generations of the same family.

This situation identifies the central problem of the case: searching for a disappeared person constitutes a form of care that, when prolonged and undertaken without sufficient institutional, economic and social support mechanisms, may diminish the capacity of those searching to sustain other care responsibilities and attend to their own needs.

From this perspective, the question extends beyond determining who has the legal responsibility to search for the disappeared person. The case requires an examination of how the consequences of disappearance are distributed across society and, in particular, who assumes the care responsibilities left unfulfilled, who supports those participating in the search, and under what conditions self-care can be ensured for those searching.

4. The Redistribution of Care

When someone who provided care must devote an increasing proportion of their time to searching, other people begin to assume the responsibilities left partially unattended.

Research conducted with women searching for disappeared persons shows that this redistribution has significant gender and intergenerational dimensions. Querales Mendoza et al. (2024) document situations in which grandmothers assume responsibility for caring for grandchildren following the disappearance of their daughters, while also searching, working and financially supporting the household. Older children also begin to care for younger siblings and take on domestic responsibilities that previously did not fall to them[13].

López Hernández (2026) likewise identifies women who continue to care for children, grandchildren, older people, and people who are ill or have disabilities while undertaking search activities. The author shows how searching continually coexists with care obligations that cannot be suspended, and how care may be transferred to other family members when the woman searching must be away[14].

Disappearance thus produces an initial disruption in family organisation. Prolonged searching may produce a second.

Care needs remain, but those who must meet them change.

[13] Querales Mendoza et al., 'Ocultar la tristeza para sostener el hogar: afectaciones psicosociales en mujeres buscadoras del estado de Guanajuato', op. cit., pp. 77–78.
[14] López Hernández, 'Madres buscadoras y el costo vital de buscar en México', op. cit., p. 38.

5. Searching, Working and Sustaining Life

Searching requires time and resources. Families must travel, attend meetings, undertake administrative procedures and, in certain cases, participate in search operations. The assessment of the human right to search in Coahuila documented that these operations may require temporary absence from work and daily activities, and that families express concern about the consequences for their social security coverage[15].

This tension is particularly significant because the disappearance may already have reduced family income if the disappeared person contributed to the household's financial support.

A paradox thus emerges: continuing to search requires resources, yet searching may reduce the time and opportunities available to obtain them[16].

Families' participation therefore cannot be analysed solely as an expression of agency and autonomy. The material conditions under which that participation takes place must also be examined.

6. Food and the Increasing Precarity of Everyday Life

The economic consequences of disappearance may affect needs essential to sustaining life.

The PROFADE needs assessment identified simultaneous adverse effects on food, health, education, housing, work and access to justice among families of disappeared persons in Coahuila.. These effects were sufficiently significant to subsequently become specific areas of intervention within the Programme for Comprehensive Support for Families of Disappeared Persons.

Food takes on particular bioethical significance here. When income decreases while search-related expenses increase, families may be forced to alter the quantity, quality or diversity of the food available to them.

Food security thus emerges as part of the material infrastructure of care. The ability to provide care cannot be fully separated from the conditions necessary to obtain food, live in a home, access health services, travel or have sufficient income[17].

[15] Querales Mendoza et al., 'Ocultar la tristeza para sostener el hogar: afectaciones psicosociales en mujeres buscadoras del estado de Guanajuato', op. cit., pp. 77–78.
[16] López Hernández, 'Madres buscadoras y el costo vital de buscar en México', op. cit., pp. 33–34.
[17] Academia Interamericana de Derechos Humanos y Comisión Ejecutiva de Atención a Víctimas del Estado de Coahuila, Actualización del Diagnóstico de Necesidades del PROFADE, op. cit., p. 19.

7. The Embodied Dimension of Searching

Prolonged searching also has a bodily and emotional dimension. For years, those searching may face uncertainty, travel, fear, exposure to physically demanding conditions, family and work responsibilities, and ongoing contact with institutions and procedures related to the disappearance.

Research with women searching for disappeared persons in Guanajuato has identified psychosocial effects associated with this accumulation of responsibilities and the need to sustain the household, work and searching simultaneously[18].

The bodily dimension of the problem should not, however, be reduced to establishing a direct causal relationship between searching and illness. The bioethical question is broader: people search under material and social conditions that may hinder rest, adequate nutrition, the management of pre-existing illnesses, psychological care and timely access to health services.

Under these circumstances, self-care ceases to be solely an individual decision.

A person may know that they need to rest, receive medical attention or reduce certain activities, while also believing that doing so means ceasing to search for someone who remains disappeared.

8. Who Cares for the Person Searching?

This situation reveals a fundamental asymmetry. The person searching cares for the disappeared person through the search. At the same time, they may continue to care for children, older people, and people who are ill or dependent on care. They may also care for others searching within collectives by providing accompaniment, information, solidarity and emotional support.

Yet a less frequently asked question arises: Who cares for the person searching?

López Hernández (2026) highlights precisely this contradiction: women searching for disappeared persons sustain different dimensions of family, community and political life, while their own opportunities to receive care and care for themselves may be severely limited[19].

This question requires shifting the analysis from individual responsibility towards the social conditions of self-care.

[18] Querales Mendoza et al., 'Ocultar la tristeza para sostener el hogar: afectaciones psicosociales en mujeres buscadoras del estado de Guanajuato', op. cit., p. 87.

[19] López Hernández, 'Madres buscadoras y el costo vital de buscar en México', op. cit., p. 38.

If a person lacks time, income, health care, social protection or a network capable of temporarily taking over their responsibilities, simply asking them to "take care of themselves" is insufficient.

9. Stigmatisation and the Breakdown of Care Networks

Care also depends on social relationships. Research with families of disappeared persons shows that some receive solidarity and support, while others experience distancing, a lack of understanding or stigmatisation.

Querales Mendoza (2024) document experiences in which disappeared persons and their families are subjected to prejudices that presume some degree of responsibility on the victim's part for their own disappearance. These perceptions may lead to isolation and the weakening of family and social relationships[20].

From the perspective of care, this phenomenon is particularly serious because it may destroy precisely the networks that could provide support to those searching.

A cumulative process may therefore develop:

stigmatisation → isolation → weakening of support networks → greater concentration of responsibilities → reduced opportunities for self-care → increased vulnerability.

10. An Additional Dimension: Disappearance, Territory and Care

Disappearance may affect not only family networks but also community and territorial networks of care. This dimension is particularly visible in cases involving environmental and land defenders.

A joint investigation by Mongabay Latam, Quinto Elemento Lab and A dónde van los desaparecidos documented 93 environmental and land defenders who were victims of disappearance in Mexico between December 2006 and August 2023. Of these, 39 had still not been located when the investigation concluded, 36 had been found dead and 18 alive[21].

[20] Querales Mendoza et al., 'Ocultar la tristeza para sostener el hogar: afectaciones psicosociales en mujeres buscadoras del estado de Guanajuato', op. cit., p. 77.

[21] Querales Mendoza et al., 'Ocultar la tristeza para sostener el hogar: afectaciones psicosociales en mujeres buscadoras del estado de Guanajuato', op. cit., p. 77.

The documented cases show that some of these individuals engaged in activities related to protecting forests, rivers, communal lands and territories affected by mining, logging or other socio-environmental conflicts.

Their disappearance reveals another dimension of the problem: the disappeared person may also have been someone who provided care.

They may have cared for their children, financially supported a family and attended to dependants, while also undertaking community organising, territorial protection, water advocacy, forest conservation or the preservation of collective ways of life. When that person disappears, these roles do not necessarily disappear with them.

They must be assumed by someone else or may remain unfulfilled.

11. From Interpersonal Care to Socio-Environmental Care

The cases of defenders broaden our understanding of care. Sergio Rivera Hernández, a Nahua Indigenous man and father of five children, was involved in defending the territory and rivers of the Sierra Negra of Puebla against a hydroelectric project when he disappeared in August 2018[22].

Similarly, the disappearance in January 2023 of lawyer Ricardo Lagunes Gasca and teacher and community leader Antonio Díaz Valencia occurred in a context involving the defence of an Indigenous community's rights and conflicts linked to extractive activities[23].

These cases do not automatically establish that every disappearance of a defender occurs because of their environmental work. They do, however, indicate that when someone who performs territorial protection roles disappears, the potential effects extend beyond their individual absence[24].

The family loses one of its members and may undertake the search for them.

- Dependants lose the person who cared for them.
- The community loses organisational capacities and knowledge.
- And the territory may lose someone who actively contributed to its protection.

[22] Thelma Gómez Durán y Aranzazú Ayala, 'A estas personas las desaparecieron por defender el ambiente y el territorio en México', Quinto Elemento Lab, 2 de octubre de 2023. Disponible en: https://quintoelab.org/project/desapariciones-defensores-ambiente-territorio

[23] Aranzazú Ayala Martínez, 'Sergio Rivera: cinco años de impunidad ante la desaparición del defensor de los ríos', Quinto Elemento Lab, 2 de octubre de 2023, disponible aquí https://quintoelab.org/project/sergio-rivera-desaparicion-defensores-rios-territorio-ambiente

[24] Gina Jiménez, 'Ricardo Lagunes y Antonio Díaz: defender un territorio en donde los cerros son de metal', Quinto Elemento Lab, 2 de octubre de 2023, disponible aquí. https://quintoelab.org/project/ricardo-antonio-defensores-desaparecidos-territorio-ambiente

- This allows us to formulate a broader analytical category:
- Disappearance may cause a breakdown of care ecosystems.

By a care ecosystem, we mean here the set of interdependent relationships through which individuals, families, communities, institutions and territories contribute to sustaining life.

The concept is used not to equate all these relationships or erase the cultural differences between them, but to make visible how care can operate simultaneously at different levels.

12. Circles of Care

The case identifies at least five interdependent circles:

- The disappeared person. They are the person whom the search seeks to find and retain bonds, rights and relationships that do not disappear with their absence.
- The person searching. They commit time and labour, face risks, travel, incur financial costs and bear emotional burdens to sustain the search.
- The family and dependants. Domestic, economic and care responsibilities must be reorganised and may shift to other generations.
- The community. It may provide solidarity, knowledge, accompaniment and protection, but may also experience fear, stigmatisation or the weakening of its networks.
- The territory and the environment. In certain cases, the disappeared person performed roles related to protecting water, land, forests, livelihoods or common goods essential to community life.

These circles are also shaped by institutional responsibilities belonging to the State and, in certain circumstances, by the international community's responsibilities for cooperation and protection.

13. Cumulative Vulnerability

Time is a central factor. A family may begin searching with certain resources: employment, savings, housing, health, family relationships, social networks and coping strategies. Prolonged searching may progressively consume some of these resources.

Vulnerability should therefore not be understood solely as a pre-existing condition affecting particular individuals. It may also be produced and accumulated over time.

The process can be represented as follows:

disappearance → prolonged searching → depletion of material and emotional resources → employment and financial difficulties → redistribution of care responsibilities → adverse effects on food, health and well-being → reduced opportunities for self-care → weakening of family and community networks → greater vulnerability as the search continues.

When the disappeared person also performed community or territorial care roles, another process may be added:

disappearance → loss of community capacities → fear or organisational weakening → reduced protection of the territory and common goods → new vulnerabilities for the community.

14. The Bioethical Dilemma

It is clear that the disappeared person must be searched for. Furthermore, their relatives have the right to participate in that search, and their participation may express attachment, autonomy, solidarity, responsibility and care. Yet this participation may continue for years and entail financial, work-related, physical, emotional and family burdens that progressively jeopardise the health, livelihoods and caregiving capacity of those searching.

At the same time, disappearance may give rise to responsibilities that extend beyond the family to the community and even the territory.

The dilemma proposed to the Committee is therefore:

When providing prolonged care for a person entails burdens that may jeopardise health, livelihoods, self-care, care for other dependants and, in certain contexts, community and territorial care capacities, how should responsibilities be distributed among the individual, the family, the community, the State and the international community to ensure the right to receive care, the right to provide care and the right to self-care in a just manner?

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This central question gives rise to further questions:

- **At what point do families' participation and solidarity cease to constitute a freely chosen expression of care and begin to represent an unjust transfer of responsibilities?**
- **Can a decision to provide care be considered free when the person lacks the material alternatives that would allow them not to assume that responsibility?**
- **What responsibilities are owed to those—including children and older people—who begin to assume care responsibilities as a consequence of disappearance?**
- **Can self-care be ensured without simultaneously securing material conditions such as income, food, housing, health, rest and social protection?**
- **Should care be understood exclusively as an interpersonal relationship, or should it also encompass the relationships of interdependence between people, communities, territory and the environmental conditions necessary to sustain life?**

15. The Global Nature of the Dilemma

The Mexican case provides the empirical starting point for deliberation, but does not define its geographical limits.

The specific ways in which care is organised vary across societies and cultures, which adapt to address their particular challenges. The responsibilities attributed to the family, the community and the State also vary across cultures and societies, as do social protection systems, conceptions of autonomy and relationships between people and territory.

The intention is therefore not to extrapolate the Mexican experience automatically to other countries, but rather to use it as a paradigmatic case capable of revealing an ethical structure that may emerge in different contexts.

Situations involving chronic illness, disability, ageing, migration, forced displacement, armed conflict, poverty, disappearance, human trafficking, humanitarian crises, territorial defence or environmental degradation may produce different configurations of a similar problem: a prolonged need for care whose burden is distributed unequally among individuals, families, communities and institutions, eliminating the real possibility of self-care and care for the environment.

Members of the ICGB are therefore invited to compare this specific case with their own national, cultural and professional contexts and to identify both convergences and differences.

The aim is not to establish a single culturally valid way of organising care, but to determine whether shared minimum ethical standards can be identified to prevent caregiving from entailing impoverishment, loss of health, exclusion, discrimination, an unjust intergenerational transfer of responsibilities, deterioration of the material conditions of life or the inability to care for oneself.

16. Perspectives for the Committee's Deliberation

The case will be examined through the four thematic areas of the International Committee on Global Bioethics.

The case of families of disappeared persons provides a common starting point for deliberation across the four thematic areas. Its purpose is not to confine the analysis to disappearance or the Mexican context, but to reveal ethical tensions that may arise, in different forms, across multiple caregiving situations.

Each thematic area will therefore undertake a two-stage analysis: beginning with the questions raised by the case and subsequently broadening the analysis to other national, cultural and professional contexts represented within the Committee. The aim will be to identify differences in understandings of care, its distribution among the family, the community and the State, the material conditions that make it possible, and the available social and institutional responses. This comparison will distinguish the specific features of the case from problems that may have broader significance within global bioethics.

Biopolitics and Human Rights will begin with the case to examine the distribution of power, responsibilities and obligations arising from disappearance; the relationship between the State's duty to search and the participation of families and collectives; and the risk that public responsibilities may be transferred to those already in situations of vulnerability. Building on this analysis, it will broaden its reflection to other contexts in which prolonged care is distributed among the individual, the family, the community and the State. These may include care for older people, people with disabilities or chronic illnesses, migrant or displaced families, single-parent households, and situations of poverty or conflict. This thematic area will thus ask who is considered responsible for providing care in different societies, which responsibilities may legitimately be assigned to the family, and which should not be shifted by institutions into the private sphere, while also considering inequalities related to gender, age, economic circumstances and other structural conditions.

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Global Health will begin with the physical, psychological and social consequences associated with prolonged uncertainty, searching and the accumulation of care responsibilities. It will examine access to health services and psychosocial care, continuity of treatment, pre-existing illnesses, the social determinants of health, and the conditions necessary for self-care to be a real possibility. It will then extend the analysis to other situations in which providing care over prolonged periods may affect the caregiver's health: chronic illness, disability, dependency, ageing, palliative care, migration, displacement, poverty or humanitarian crises. This comparison will explore the extent to which caregivers' health also constitutes a social and health-system responsibility, and how different health systems and cultures recognise their care needs or render them invisible.

Food, Food Systems and Environmental Care will begin with the effects that disappearance and prolonged searching may have on income, food security, livelihoods and the distribution of resources within the household. Cases involving land defenders will also allow consideration of the possible breakdown of care relationships between people, communities and their environment. From this starting point, the thematic area will broaden its analysis to the material and environmental conditions that make care possible in different societies: access to food and water, poverty, food production, environmental degradation, climate change, loss of livelihoods, displacement, territorial defence and dependence on natural resources. Particular attention may be paid to Indigenous peoples and communities in which relationships between care for people, care for the community and care for the territory are articulated in ways that differ from predominantly individualistic conceptions of care. This thematic area will ask whether care can be understood exclusively as an interpersonal relationship or whether it must also encompass the socio-environmental conditions necessary to sustain present and future life.

Education, Artificial Intelligence and Global Bioethics will begin with the stigmatisation of disappeared persons and their families, the invisibility of care work, gender stereotypes and the role of solidarity networks. The case will also provide an opportunity to examine the benefits and risks associated with the use of digital technologies and artificial intelligence in searching, information management and personal identification, addressing issues of privacy, data protection, bias, transparency, security and human oversight. Building on this case, the thematic area will broaden its reflection to the role of education, culture and technologies in how different societies learn to care, assign care responsibilities, and recognise human vulnerability and interdependence. It may examine both the potential of

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AI to support care, health, education and social protection tasks, and the risks of replacing human relationships, reproducing inequalities, deepening digital divides or transferring ethically significant decisions to automated systems. Education for global bioethics will thus be approached as a means of developing capacities for deliberation, critical thinking, technological literacy and shared responsibility.

The four analyses must ultimately return to a shared question:

How should care responsibilities be distributed among the individual, the family, the community, the State and the international community when caring for others may jeopardise health, livelihoods, self-care or the social and environmental conditions necessary to sustain life?

Each thematic area and each member of the ICGB is invited to compare the case presented with situations within their own national, cultural, disciplinary or professional context (ANNEX I). The aim is not to establish a universal and homogeneous conception of care, but to identify cultural and structural differences, points of convergence and possible shared minimum bioethical standards that can simultaneously protect those who need care, those who provide it, and the social and environmental networks that make care possible.

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ANNEX I. FRAMEWORK FOR ANALYSING AND RESOLVING THE CASE

This framework aims to guide individual participation and facilitate subsequent deliberation within each thematic area. It does not seek predetermined answers, but rather to identify different ways of understanding and resolving the dilemma from diverse disciplinary, professional, cultural and national perspectives.

The case of families of disappeared persons provides the starting point for the analysis. Each contribution should also consider how the tensions identified may arise in other contexts of prolonged care.

1. Perspective from Which You Analyse the Case

Briefly indicate the perspective from which you will contribute:

- Discipline or professional field.
- Country or cultural context of reference.
- Thematic area in which you participate.
- Specific perspective from which you will analyse the problem.

2. Identification of the Bioethical Problem

From your perspective:

- What is the main bioethical problem raised by the case?
- Which individuals or groups are affected, and what burdens, risks or needs do you identify?
- How do the right to receive care, the right to provide care and the right to self-care relate to one another?
- What effects may prolonged care have on individuals, family and community relationships and, where relevant, the territory and the environment?

3. Principles, Rights and Values

- Which principles, rights or values do you consider relevant to analysing the case? Explain their relevance and identify any tensions that may arise between them.
- These may include dignity, autonomy, vulnerability, justice, equality, solidarity, responsibility, sustainability, precaution, interdependence and the *pro persona* principle.

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- Which rights or basic conditions should be protected when assessing the different alternatives?

4. Distribution of Responsibilities and Conditions for Free Choice

How do you think care responsibilities should be distributed among the following actors?

- The individual.
- The family.
- The community.
- The State and institutions.
- The international community and other actors, where relevant.

In explaining this distribution, consider:

- When does family or community participation constitute a freely chosen expression of care, and when might it represent an unjust transfer of responsibilities?
- Can a decision to provide care be considered free when there are no material alternatives that would allow the person to stop assuming that responsibility?
- What protection is needed by those who begin to assume new care tasks, especially children and older people?
- What material conditions and support would enable people to provide care without jeopardising their health, livelihoods, care for others or self-care?
- How should resources and responsibilities be allocated when other equally urgent needs exist?

5. Analysis from the Thematic Area

Develop the questions relevant to your thematic area, drawing any connections with other areas that you consider necessary.

Biopolitics and Human Rights. Who decides how responsibilities are distributed, and what power relations influence that distribution? Which obligations belong to the State, and which may legitimately be assumed by families and communities? How can their participation be prevented from replacing public responsibilities or reproducing inequalities related to gender, age and socioeconomic circumstances?

Global Health. What physical, psychological and social consequences may prolonged care have for the caregiver? What conditions regarding access to health services, psychosocial

care, continuity of treatment and rest make self-care possible? How should health systems respond to the needs of those providing care?

Food, Food Systems and Environmental Care. How do care burdens affect income, food, access to water and livelihoods? What relationships exist between care for individuals, community capacities and territorial protection? What material and environmental conditions must be preserved to sustain present and future life?

Education, Artificial Intelligence and Global Bioethics. How do education, stereotypes and stigmatisation influence the recognition and distribution of care? What opportunities and risks do digital technologies and artificial intelligence present in supporting searches and other care activities? What requirements concerning privacy, data protection, equity, transparency and human oversight should be established?

6. Comparison with Your Own Context

Is there a comparable situation in your country, culture or professional field that allows this problem to be examined from another perspective?

It need not involve the disappearance of persons. Situations involving chronic illness, disability, dependency, ageing, palliative care, migration, displacement, poverty, human trafficking, armed conflict, humanitarian crises, territorial defence, environmental degradation, education or technology may be considered.

- What similarities and differences do you find in relation to the case presented?
- How is care understood and distributed among the individual, the family, the community and the State in that context?
- What social or institutional responses exist, and what limitations do they have?
- Which elements are specific to each context, and which allow a shared bioethical problem to be identified?

7. Proposed Alternative and Balancing

What response or alternative do you propose to address the dilemma? Identify who should implement it, what resources it requires, and how its benefits and burdens would be distributed.

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Consider whether it would be useful to briefly assess your proposal according to the following criteria:

- **Suitability:** Does it effectively address the identified problem and protect the three rights relating to care?
- **Necessity:** Is there another alternative that could achieve the same objective while imposing fewer burdens or adverse effects?
- **Proportionality:** Do the benefits justify the burdens, risks or restrictions it may generate? Who bears them?
- **Pro persona:** Does the alternative offer the greatest possible protection of the rights of those affected, especially those in situations of greater vulnerability?

Also consider whether the proposal can be sustained over time and whether it avoids unjustly shifting burdens onto other individuals, generations or communities.

8. Conclusion and Recommendations

What would your response to the dilemma be? Formulate up to three concrete recommendations, identifying the actors responsible for implementing them.

What minimum condition do you believe should be protected regardless of national, cultural or disciplinary differences, so that providing care does not entail impoverishment, loss of health, exclusion, discrimination, an unjust transfer of responsibilities or the inability to care for oneself?

Where relevant, also identify the social and environmental conditions that should be preserved to make care possible.

Methodological Note

Individual responses will provide the starting point for deliberation within each thematic area. Participants are not required to reach a common position at the outset. Disciplinary, cultural and national differences form part of the subject of deliberation.

Each thematic area will begin with the case presented and subsequently broaden its analysis to the contexts contributed by its members. It will identify convergences,

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divergences and possible shared minimum bioethical standards, which will be presented at the Committee's plenary session.

The four thematic areas will ultimately return to the common question:

How should care responsibilities be distributed among the individual, the family, the community, the State and the international community when caring for others may jeopardise health, livelihoods, self-care or the social and environmental conditions necessary to sustain life?

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