



National Reference Center for Bioethics Literature

The Joseph and Rose Kennedy Institute of Ethics
Box 571212, Georgetown University
Washington, DC 20057-1212
888-BIO-ETHX; 202-687-3885; fax: 202-687-6770
e-mail: bioethics@georgetown.edu
<http://bioethics.georgetown.edu>

SCOPE NOTE 30

Feminist Perspectives on Bioethics

Pat Milmoie McCarrick
Martina Darragh

The literature of feminist bioethics has flourished in the last decade. Women's health care, women's role both as patient and health care professional, the many new reproductive technologies, the exclusion of women as research subjects, as well as the broader topic of feminist contributions to ethical theory itself, have all become topics of interest for feminist bioethical writers.

Although feminism is anything but a monolithic enterprise, Karen Lebacqz' essay on feminism in the new, revised *Encyclopedia of Bioethics* (II A, 1995) says that "all feminists agree that women are oppressed and this oppression is wrong." Rosemarie Tong refines this statement to include variations of feminism: ". . . feminist theory is not one, but many theories or perspectives and . . . each feminist theory or perspective attempts to describe women's oppression, to explain its causes and consequences, and to prescribe strategies for women's liberation" (VII, Tong 1989). She describes different feminist views in *Feminine and Feminist Ethics* (II A, 1993), labelling them liberal, Marxist, radical, psychoanalytic, socialist, existentialist, and postmodern. Alison Jaggar critiques these different forms of feminism in *Feminist Politics and Human Nature*, and Susan Sherwin applies these perspectives to the field of bioethics in *No Longer Patient: Feminist Ethics and Health Care*.

TABLE OF CONTENTS

| | |
|--|----|
| I. General..... | 2 |
| II. Philosophical and Theological Issues | |
| A. Philosophical..... | 4 |
| B. Theological. | 6 |
| III. Law and Justice Issues..... | 7 |
| IV. Health Care, General. | 8 |
| V. Death and Dying. | 9 |
| VI. Genetics. | 9 |
| VII. Reproduction. | 10 |
| VIII. Science and Medical Research.. | 12 |

One of the central activities in current feminist bioethics is a revisitation of ethical theory itself. There is a distinction between “feminine” and “feminist” ethics in this field (II A, Tong 1993). “A feminine approach to ethics consists of observations of how the traditional approaches to ethics fail to fit the moral experiences and intuitions of women. In contrast, a feminist approach to ethics applies a specifically political perspective and offers suggestions of how ethics must be revised if it is to get at the patterns of dominance and oppression as they affect women” (IV, Sherwin 1992). Carol Gilligan’s two books, *In a Different Voice* and *Mapping the Moral Domain*, Nel Noddings’s *Caring: A Feminine Approach to Ethics and Moral Education*, and Virginia Held’s *Feminist Morality: Transforming Culture, Society, and Politics* can be thought of as feminine critiques of contemporary ethics.

Gilligan’s notion of the “ethics of care” has served as a point of departure for a discussion of a type of relational ethics that focuses on concrete experiences, pairs emotions with reason and balances justice with care. This “ethics of care” has been both celebrated and criticized. The concept of “care” in ethics dates back to the “cura” tradition of care in ancient Rome and was further developed by philosophers Soren Kierkegaard and Martin Heidegger and psychologists Rollo May and Erik Erikson. Nursing theorists have built on this tradition both in theory and in practice (II A, Reich, **Care**, *Encyclopedia of Bioethics*, 1995). “Care” often is discussed in opposition to the

liberal notion of “justice” (III, Sterba, **Justice**, *Encyclopedia of Bioethics*, 1995).

Gilligan’s theory was developed to provide a counter model to Lawrence Kohlberg’s six steps in the development of a human moral nature: (1) acting to avoid punishment, (2) acting to promote reciprocity, (3) conforming to get approbation, (4) respecting authority to maintain social order, (5) acting freely if others are not harmed, and (6) following self-legislated, self-imposed, universal principles of justice, reciprocity, and respect for the dignity of humans as individuals. In contrast, Gilligan holds that the moral self is an individual working with other individuals to identify mutually agreeable solutions to thorny human relations problems. Gilligan called Kohlberg’s the male moral point of view as an ethics of justice and hers the female moral view as an ethics of care. Her levels are (1) inward-directed care, (2) other-directed care subjugating personal wants and needs to others (eventually leading to anger), (3) a philosophy of care that balances egoism and altruism, recognizing the women’s connection to others and theirs to her.

According to Jocelyn Downie and Susan Sherwin (IV, 1993), oppression, as used by feminists, is understood as an interlocking series of restrictions and barriers that reduce the options available to members of a group defined by morally insignificant characteristics, here gender. The literature itself can be characterized as having interlocking and overlapping concerns. Consequently, we have not attempted to organize the following annotations by feminist theories, but rather by topic and discipline.

I. GENERAL

Ahronheim, Judith C.; Moreno, Jonathan; and Zuckerman, Connie. *Ethics in Clinical Practice*. Boston: Little, Brown and Company, 1994. 394 p.

The authors think that “feminism seeks to empower the lay public as active agents rather than passive consumers in accessing health care” Ultimately, feminism speaks not only to clinical ethics but to the epistemology of health and disease; it is an approach that holds out the prospect of profoundly influencing the basic terms of clinical ethics.

Baier, Annette C. *Moral Prejudices: Essays on Ethics*. Cambridge, MA: Harvard University Press, 1994. 369 p.

Baier develops a moral philosophy based on trust, which she thinks is appropriate for everyone, not just feminists. She asks what women want in moral theory and utilizes David Hume's writings to illustrate and define her views.

Benkendorf, Judith L.; Callanan, Nancy P.; Grobstein, Rose; et al. **An Explication of the National Society of Genetic Counselors (NSGC) Code of Ethics**. *Journal of Genetic Counseling* 1(1): 31-39, March 1992.

This article describes the development of a professional code of ethics based specifically on the "ethic of care." These guidelines acknowledge "subjective involvement in moral decision-making," value "the moral perspective and development of women," and designate "specific situations . . . selected [from the accumulated experiences of members] as requiring guidelines for resolving conflicts."

Card, Claudia, ed. *Feminist Ethics*. Lawrence, KS: University Press of Kansas, 1991. 300 p.

The essays in this collection address issues of methodology, moral agency, and care in the development of feminist ethics. Chapters focus on such topics as terrorism, postmodernism, lesbian ethics, gynocentrism, and racism within the women's movement.

Fox-Genovese, Elizabeth. *Feminism Without Illusions: A Critique of Individualism*. Chapel Hill: University of North Carolina Press, 1991. 347 p.

Fox suggests that contemporary individualism has lost its historic dimensions and, thus, has been diluted by capitalism to a mere "celebration of egotism linked to denial of social responsibility." She draws on her research as an historian in addressing topics such as feminist history, American individualism, feminist politics, pornography, and cultural diversity and racism.

Freedberg, Sharon. **The Feminine Ethic of Care and the Professionalization of Social Work**. *Social Work* 38(5): 535-40, September 1993.

Freedberg describes the conflicts that arise when trying to balance "intellectual rigor and emotional commitment" in the work place. She reviews the social work literature on this topic and concludes that "the power of scientific inquiry lies in the fact that it can be seen as a fluid, dynamic process of moving between an objective, rational orientation and an emotional, subjective one."

Lebacqz, Karen. **Feminism and Bioethics: An Overview**. *Second Opinion* 17(2): 11-25, October, 1991.

Lebacqz defines a feminist approach to bioethics as an "evaluation of medical practices [that] must give primary attention to the impact of such practices on women." Interweaving personal narratives with political analysis, Lebacqz covers a range of topics including "womanist ethicists," reproductive technologies, the valorization of care, abortion, and breast cancer. This article also contains a discussion of the language of medicine as it "conveys meaning, symbol systems, [and] images that deny and reject women's value."

National Society of Genetic Counselors. **National Society of Genetic Counselors Code of Ethics**. *Journal of Genetic Counseling* 1(1): 41-43, March 1992.

These guidelines were developed to foster professional conduct based on the "ethic of care." The code addresses issues faced by genetic counselors in relation to their clients, colleagues, society, and themselves.

Phillips, Susan S., and Benner, Patricia, eds. *The Crisis of Care: Affirming and Restoring Caring Practices in the Helping Professions*. Washington, DC: Georgetown University Press, 1994. 190 p.

Phillips and Benner have collected narratives from physicians, nurses, social workers, pastoral counselors, theologians, philosophers, and psychotherapists on the role "care" plays in their practices. The editors suggest that promoting care in the work place will prompt necessary changes in organizational structures.

II. PHILOSOPHICAL AND THEOLOGICAL ISSUES

A. Philosophical

Cook, Rebecca J. **Feminism and the Four Principles.** In *Principles of Health Care Ethics*, ed. Raanan Gillon, pp. 193-206. Chichester, England: John Wiley and Sons, 1994.

Cook believes that the four principles of beneficence, respect for persons, nonmaleficence, and justice can serve as a “universal ethical language in which to ‘ask the woman question.’” Since feminism is not a monolithic entity, grounding dialogue in the four principles “may serve to resolve misunderstandings . . . and expose the goodwill that different and even opposing analysts bring to their tasks”

Gilligan, Carol. *In a Different Voice: Psychological Theory and Women’s Development.* Cambridge, MA: Harvard University Press, 1982. 184 p.

From the mid-1970s forward, Gilligan observed two distinct ways of speaking about moral problems and describing relationships between the self and others. She cites three studies she made of several hundred college students to develop her finding that “in all of the women’s descriptions, identity is defined in a context of relationship and judged by a standard of responsibility and care.” She sees this as a possibility of a “different truth,” evidence that “women perceive and construe social reality differently from men” She urges research on adult development to learn women’s adult experience “in women’s own terms.”

Gilligan, Carol; Ward, Janie Victoria; and Taylor, Jill McLean, eds. *Mapping the Moral Domain: A Contribution of Women’s Thinking to Psychological Theory and Education.* Cambridge, MA: Harvard University Press, 1988. 324 p.

This collection of essays addresses the creation of a new framework for psychological theory and research and defines an approach to adolescent and adult development. Topics covered include cultural aspects of mothering, physician vulnerability, women lawyers and stereotypes,

and urban adolescents’ conceptions of violence.

Gould, Carol C. **New Paradigms in Professional Ethics: Feminism, Communitarianism, and Democratic Theory.** *Professional Ethics* 1(1-2): 143-54, 1992.

Gould enumerates the essential aspects of feminist ethics and compares them with the tenets of communitarianism and democratic theory. Where feminists espouse “partiality and the rejection of abstract universality,” communitarianism “sees norms as historically and socially constructed expressions of a community of practices and interests. Thus it rejects any essentialist, foundationalist, or transcendental grounding of such norms Since the professions . . . are embedded in a larger community . . . the ultimate justification of the norms of a profession lie in the good of the community in which it functions.” Democratic theory “emphasizes the equal right to participation in decision making by all parties involved in a common activity.” Gould sees a link between such a “democratic” concept of the provider-client relationship and the feminist “critique of domination and the concomitant articulation of the value of reciprocity.”

Hekman, Susan J. *Moral Voices, Moral Selves: Carol Gilligan and Feminist Moral Theory.* University Park, PA: Penn State Press, 1995. 188 p.

Noting the large body of literature that both praises and condemns the theories expressed by Carol Gilligan in *In a Different Voice*, Hekman thinks that everyone should stop trying to “get it right” in moral theory and “explore the constitution and interaction of multiple moral voices.” Hekman, who is pro-Gilligan, says that knowledge is neither absolute nor reactive but “situated, connected and discursively constituted.”

Held, Virginia. *Feminist Morality: Transforming Culture, Society, and Politics.* Chicago: University of Chicago Press, 1993. 285 p.

Held discusses gender bias in the development of traditional ethics where “the distinction between public and private . . . has been to privilege the points of view of men in the public domains of state and law . . . and to discount the

experience of women.” She thinks “economic man” is rendered incapable of making decisions that can benefit society. She proposes a noncontractual society that is based on a mother-child relationship and emphasizes cooperation and consensus.

Holmes, Helen Bequaert, and Purdy, Laura M., eds. *Feminist Perspectives in Medical Ethics*. Bloomington: Indiana University Press, 1992. 315 p.

Compiled from two special issues of *Hypatia: A Journal of Feminist Philosophy*, this collection provides reviews of basic issues in feminist bioethics, aspects of caring in medical environments, women and clinical experiments, new reproductive technologies, and contract pregnancy.

Jaggar, Alison M. *Feminist Politics and Human Nature*. Totowa, NJ: Rowman and Littlefield, 1983, Rev. 1988. 408 p.

Jaggar conceptualizes feminism as consisting of four distinct branches: liberal, Marxist, radical, and socialist. She presents theories of human nature and political positions corresponding to each branch and offers critiques of each position.

Jecker, Nancy S., and Reich, Warren Thomas. **Care: III. Contemporary Ethics of Care**. In *Encyclopedia of Bioethics*, revised edition, ed. Warren T. Reich, pp. 336-44. New York: Simon and Schuster Macmillan, 1995.

This overview examines Gilligan’s notion of an “ethics of care,” objections that have been raised to her analysis, implications of her model for health care delivery, and responses to her view by nurses and physicians.

Lebacqz, Karen. **Feminism**. In *Encyclopedia of Bioethics*, revised edition, ed. Warren T. Reich, pp. 808-18. New York: Simon and Schuster Macmillan, 1995.

Lebacqz provides a brief history of the feminist movement, expanding it to discuss feminist ethics and feminist bioethics tenets and history. She includes an extensive bibliography.

Mahowald, Mary Briody. *Women and Children in Health Care: An Unequal Majority*. New

York: Oxford University Press, 1993. 281 p.

Mahowald examines and critiques the concept of equality, concentrating on health care and dealing with gender stereotypes that she thinks the health care system reflects. Chapter topics include issues of fertility, infertility, disabled newborns, children and moral agency, the feminization of poverty, the notion of family, and feminist concerns.

Manning, Rita C. *Speaking from the Heart: A Feminist Perspective on Ethics*. Lanham, MD: Rowman & Littlefield, 1992. 183 p.

Manning reflects on an ethic of care, paying particular attention to the nature and role of the principles in moral discourse and the politics of care. She defends “an ethic of care both as an adequate and as a feminist moral philosophy” and looks at caring relationships for persons and for animals.

Noddings, Nel. *Caring: A Feminine Approach to Ethics and Moral Education*. Berkeley, CA: University of California Press, 1984. 216 p.

Noddings proposes that ethical behavior be based on natural caring, using the mother-child relationship as a model. She extends her argument to include the care of animals, things, and ideas, and presents a pedagogy based on these principles.

Puka, Bill. **Caring—In an Interpretive Voice**. In *Caring Voices and Women’s Moral Frames: Gilligan’s View*, vol. 6, *Moral Development*, ed. Bill Puka, pp. 383-402. New York: Garland Publishing Co., 1994.

Puka thinks that Gilligan’s account of care and Kohlberg’s account of justice are “extremely holistic.” He asks whether care might be a set of strategies for coping with oppressive or sexist crises; a developmental characteristic of one gender, which has “quasi-moral effects in some types of cases?”

Reich, Warren Thomas. **Care: I. History of the Notion of Care**. In *Encyclopedia of Bioethics*, revised edition, ed. Warren T. Reich, pp. 319-29. New York: Simon and Schuster Macmillan, 1995.

Reich traces the general concept of “care” in philosophy and literature from the Roman notion of “cura” through Kierkegaard and Heidegger to

the contemporary works of Rollo May, Erik Erikson, and Milton Mayeroff. He also discusses the care of souls tradition, Goethe's character Care in *Faust*, and the parallel concepts of sympathy and attention.

Ruddick, Sara. *Maternal Thinking: Toward a Politics of Peace*. Boston, MA: Beacon Press, 1989, Rev. 1995. 291 p.

Ruddick suggests that a distinctive "maternal thinking" arises from the activities of child-rearing and that a "women's politics of resistance" is the logical extension of maternal practices. Ruddick provides historical support for her theories from such diverse philosophers as Friedrich Hegel and Simone Weil.

Sharpe, Virginia Ashby. *How the Liberal Ideal Fails as a Foundation for Medical Ethics or Medical Ethics "In a Different Voice"*. Ann Arbor, MI: University Microfilms International, 1991. 333 p.

Sharpe holds that deontological liberalism or "justice theory" fails as a foundation for medical ethics for four reasons: (1) participants in medical relationships are regarded as equals in liberal theory, which fails to recognize that patients are ill; (2) liberal theory thinks that the physician's primary moral obligation is to respect autonomy rather than to benefit the patient; (3) liberal theory ignores the fact that the physician-patient relationship is initiated on the basis of a need to promote and preserve health; and (4) there is no need to form liberal theories of medical ethics if proponents continue to maintain that there is nothing morally distinctive in medical relationships. Sharpe offers a teleological theory that medicine's moral significance is not a function of autonomy, but of the healing relationship, thereby allying her views with Gilligan's "morality of care."

Sharpe, Virginia A. **Justice and Care: The Implications of the Kohlberg-Gilligan Debate for Medical Ethics**. *Theoretical Medicine* 13(4): 295-318, December 1992.

Sharpe reviews the Kantian roots of Lawrence Kohlberg's theory of moral development, H. T. Engelhardt's libertarian notion of the individual as the locus of medical morality, and R. M. Veatch's contractarian theory of impartially

derived principles in medical ethics, and finds that these ". . . justice theories fail to represent the moral bases of particular relationships whose survival depends on more involvement than impartiality and mutual non-interference can secure." Sharpe analyzes Carol Gilligan's "ethic of care" and cites the works of E. D. Pellegrino and D. M. Thomasma as examples of care-oriented theories that address the "blindspots in moral theories that are based on the liberal paradigm."

Tong, Rosemarie. *Feminine and Feminist Ethics*. Belmont, CA: Wadsworth Publishing Company, 1993. 239 p.

Tong provides the historical context and current arguments for the concepts of "feminine" and "feminist" ethics. She reviews traditional ethical theories (utilitarianism, deontology, virtue ethics) and the works of philosophers, such as John Stuart Mill, Catherine Beecher, Harriett Taylor, Jean-Jacques Rousseau, and Mary Wollstonecraft, who delved into the notion of a "woman's morality." She provides a framework for differentiating among the various types of feminism (liberal, Marxist, radical, psychoanalytic, socialist, and postmodern). Subsequent chapters focus on the contributions of specific contemporary scholars: Carol Gilligan, Nel Noddings, Sara Ruddick, Virginia Held, Caroline Whitbeck, Alison Jaggar, Sheila Mullett, Susan Sherwin, Annette Baier, Mary Daly, Janice Raymond, and Sarah Lucia Hogland.

B. Theological

Andolsen, Barbara Hilkert. **Elements of a Feminist Approach to Bioethics**. In *Religious Methods and Resources in Bioethics*, ed. Paul F. Camenisch, pp. 227-57. Dordrecht, The Netherlands: Kluwer Academic Publishers, 1993.

Saying that "one distinctive aspect of feminist ethics is the insistence of its proponents that gender is an important category to consider in both descriptive and prescriptive moments in ethics," Andolsen stresses the importance of viewing women's well-being in bioethical problems. She discusses various women's health situations, the ethic of care, autonomy, relationality, and theological elements of

women's care.

Callahan, Sidney. **Self and Other in Feminist Thought.** In *Duties to Others*, ed. Courtney S. Campbell and B. Andrew Lustig., pp. 55-69. Dordrecht, The Netherlands: Kluwer Academic Publishers, 1994.

Callahan presents feminist thought about the question of duties to others, saying that in diverse ways, it critiques ethical ideals and cultural assumptions in mainstream thinking and challenges assumptions about the self and its relationship to others. She observes that feminists do not accept "rationalistic, individualistic, atomistic and disembodied accounts of human persons." She identifies herself as a Christian feminist who does not wish to abandon "reason, logic, language, or the current disciplines of modern intellectual inquiry."

Farley, Margaret A. **Feminist Theology and Bioethics.** In *Feminist Theological Ethics: A Reader*, ed. Lois K. Daly, pp. 192-212. Louisville, KY: Westminster John Knox Press, 1994.

Farley describes the ways that feminist theology and its values bear on the ethical issues in the biological sciences, technology, and medicine, focusing on the implications of feminist theology for the development and use of reproductive technology. She raises three themes from feminist theology for consideration: relational patterns among humans, human embodiment, and human assessment of the meaning and value of nature.

III. LAW AND JUSTICE ISSUES

Bartlett, Katharine T., and Kennedy, Rosanne, eds. **Feminist Legal Theory: Readings in Law and Gender.** Boulder, CO: Westview Press, 1991. 446 p.

This collection of essays focuses on feminist legal methods as they apply to issues of sexual difference and equality, jurisprudence and gender, and rights and politics.

Colker, Ruth. **Feminist Litigation: An Oxymoron?—A Study of the Briefs Filed in William L. Webster v. Reproductive Health Services.** *Harvard Women's Law Journal* 13: 137-88, Spring, 1990.

Colker asks whether feminists should use constitutional litigation to resolve the abortion issue and, if so, whether this can be done in an authentic feminist voice. She reviews briefs that address the incorporation of dialogue into feminist legal writing and the application of the good faith doctrine to the abortion issue.

Karlan, Pamela S., and Ortiz, Daniel R. **In a Different Voice: Relational Feminism, Abortion Rights, and the Feminist Legal Agenda.** *Northwestern University Law Review* 87(3): 858-96, Spring 1993.

The authors think that questioning relational feminist theory strains against women's needs. They discuss Gilligan's *In a Different Voice* and then trace its implications in the abortion debate. They conclude that a true feminist ethics must move beyond an ethics of care or an ethics of autonomy/justice to the ways in which an ethic of care can promote autonomous choice and the ways in which a relational focus can serve justice. They warn that the "different voice resonates not because it reflects woman's true nature, but because it reflects the material and ideological conditions under which women live, many of which have been defined by men."

Lessard, Hester. **Relationship, Particularity, and Change: Reflections on R. v. Morgentaler and Feminist Approaches to Liberty.** *McGill Law Journal* 36(2): 263-307, April 1991.

Lessard discusses objectivism and relativism as they apply to the notion of liberty as privacy and suggests that the works of Carol Gilligan, Ann Scales, Jean Elshtain, and Iris Marion Young can provide a way out of the "Cartesian anxiety" of choosing between "cultural feminism's cage of certainty and the annihilating view of all human relations as power struggles."

Sterba, James P. **Justice.** In *Encyclopedia of Bioethics*, revised edition, ed. Warren T. Reich, pp. 1308-15. New York: Simon and Schuster Macmillan, 1995.

This historical overview provides background information on the following concepts of justice: libertarian, socialist, welfare liberal (both the contractarian and utilitarian perspectives), communitarian, and feminist. Also included is a discussion of the "decent minimum" in health

care.

Weisberg, D. Kelly, ed. ***Feminist Legal Theory: Foundations***. Philadelphia: Temple University Press, 1993. 620 p.

Sections of this introduction to feminist perspectives on jurisprudence focus on equal treatment and special treatment as they apply to pregnancy in the work place, essentialism in feminism and racism, and equality in sexual discrimination.

IV. HEALTH CARE, GENERAL

Benner, Patricia. ***The Role of Experience, Narrative, and Community in Skilled Ethical Compartment***. *Advances in Nursing Science* 14(2): 1-21, December 1991.

The author suggests that public storytelling of specific dilemmas encountered while nursing can “provide the basis for everyday ethical compartment and for formal ethical judgments.” The article juxtaposes narratives of situations (such as utilizing a seemingly futile protocol with a “brain-dead” child) with discussion of the ways these stories promote “engaged care as a moral source of wisdom.”

Darvall, Leanna. ***Medicine, Law and Social Change: The Impact of Bioethics, Feminism and Rights Movements on Medical Decision-Making***. Aldershot, England: Dartmouth, 1993. 153 p.

Darvall looks at the women’s and consumer’s movements, bioethics, law, and government to provide an overview of medical autonomy. She discusses change relating to consent to medical treatment, refusal of treatment, and developments and regulation of human subject research.

Downie, Jocelyn, and Sherwin, Susan. ***Feminist Healthcare Ethics Consultation***. *HEC Forum* 5(3): 165-75, May 1993.

The authors urge that feminism, feminist ethics, and feminist health care ethics should be introduced in ethics consultation to gain new approaches, techniques, goals, and a fresh viewpoint to the questions posed. Noting the many kinds of feminist ethics, they explain their views on the process and substance of one possible feminist consultation.

Hagedorn, Susan. ***The Politics of Caring: The Role of Activism in Primary Care***. *Advances in Nursing Science* 17(4): 1-11, June 1995.

Hagedorn describes the development of a peer education program on menarche using “the components of primary caring” that include being “critical, contextual, relational, and . . . [that] honor everyday experience.”

Kaplan, Mark S., and Krell-Long, Laurie. ***AIDS, Health Policy, and Ethics***. *Affilia* 8(2): 157-70, Summer 1993.

The authors present the view that HIV testing of urban populations demonstrates an AIDS control strategy that allows surveillance and regulation of women’s bodies, particularly those of poor women of color, a vulnerable group.

Liaschenko, Joan. ***Feminist Ethics and Cultural Ethos: Revisiting a Nursing Debate***. *Advances in Nursing Science* 15(4): 71-81, June 1993.

Liaschenko provides a background discussion of both feminist ethics and nursing ethics, including cure, care, and autonomy, from the nursing point of view. She urges nurses to adopt a feminist ethics to enhance nursing ethics.

Reich, Warren Thomas. ***Care: II. Historical Dimensions of an Ethics of Care in Health Care***. In *Encyclopedia of Bioethics*, revised edition, ed. Warren T. Reich, pp. 331-36. New York: Simon and Schuster Macmillan, 1995.

Reich discusses aspects of care in clinical medical ethics dating from classical Greece and Hippocrates to the present. He tracks changes in defining competency in care—“taking care of” to “caring for”—and notes the unique contributions made by nursing theory in promoting an ethic of care.

Sherwin, Susan. ***No Longer Patient: Feminist Ethics & Health Care***. Philadelphia: Temple University Press, 1992. 285 p.

Sherwin examines issues in medical ethics including the areas of abortion, new reproductive technologies, paternalism, and research with human subjects from the viewpoint of feminist ethics. She contends that the institution of medicine reinforces sexism by constructing a medicalized view of women’s experience and sexuality. Comprised of three parts, the book

looks first at theoretical views in the area of feminism in health care, then analyzes specific problems in ethics and health care, and concludes with a focus on moral concerns in the organization of health services.

Warren, Virginia L. **Feminist Directions in Medical Ethics.** *HEC Forum* 4(1): 19-35, 1992.

Warren critiques current medical practices as being centered on “crisis” issues and suggests that attention to “housekeeping” issues may result in a positive reordering of health care priorities. She addresses a wide range of topics, including advance directives, informed consent, the physician-nurse relationship, abortion, and adoption, and speculates about the role of “ulterior motives” in maintaining the invisibility of certain bioethical issues.

Wolf, Susan M., ed. **Feminism and Bioethics: Beyond Reproduction.** New York: Oxford University Press, 1996. 370 p.

Feminist essayists versed in bioethics theory write on the relationship between feminism and bioethics in all the areas beyond the reproductive: euthanasia and physician-assisted suicide, AIDS, genetics, mapping the genome, research, the physician-patient relationship, and resource allocation.

V. DEATH AND DYING

Bender, Leslie. **A Feminist Analysis of Physician-Assisted Dying and Voluntary Active Euthanasia.** *Tennessee Law Review [Symposium Issue: Recent Works in Feminist Legal Thought]* 59(3): 519-46, Spring 1992.

Noting that feminists are varied and multiple and that there is a need to change the entire health care system to reevaluate its commodification and dehumanization, Bender suggests a model of assisted dying for patients who are competent and have expressed a desire for physician assistance in their death. She views physician-assisted suicide or euthanasia as “medical care at the end of life.” Bender thinks that in a care-based ethic, refusing care or assistance might be neglectful and unethical.

Dixon, Kathleen Marie. **Oppressive Limits: Callahan’s Foundation Myth.** *Journal of*

Medicine and Philosophy 19(6): 613-37, December 1994.

Calling Dan Callahan’s *Setting Limits and What Kind of Life?* blueprints for a new social order, Dixon says that his four “myths” include the concept of a whole life, the stages of life, a tolerable death, and a reconstruction of the meaning of age in terms of sacrifice. She offers a feminist examination of these ideas, arguing that they are intelligible only if one accepts the framework he provides. She sees negative implications for women since the myths fail to reflect women’s experiences; Callahan’s policies of care not cure in medical resource allocation for the aged will cause women to suffer disproportionately.

VI. GENETICS

Perlman, David. **The Ethics of Germ-Line Gene Therapy: Challenges to Mainstream Approaches by a Feminist Critique.** *Trends in Health Care, Law & Ethics* 8(4): 35-46, Fall 1993.

Perlman thinks that the application of a feminist view of the fetus and reproductive freedom provides a more equitable and ethically inclusive adjudication of the central issue surrounding the ethics of germ-line gene therapy. He describes the ethical debate; the arguments favoring germ-line gene therapy (medical necessity and utility, preventive efficiency, respecting the autonomy of the parents, and freedom of scientific inquiry); and the argument opposing such therapy (violations of autonomy of future generations, scientific uncertainty and clinical risks, and a slippery slope to enhancement and eugenic genetic engineering). After discussing both standard and feminist bioethical approaches to personhood and to reproductive technologies, Perlman concludes that by taking a feminist approach, the research will focus on the primacy of the rights of the women involved.

Spallone, Pat. **Generation Games: Genetic Engineering and the Future for Our Lives.** Philadelphia: Temple University Press, 1992. 343 p.

Spallone defines biotechnology as the exploitation of living things, and of substances from living things, to create products and processes for many different purposes. Genetic

engineering, she says, is concerned with all of these things, but not all biotechnology is genetically oriented. She holds that the development of genetic, reproductive, and molecular biologies are driven by an industrial, scientific, and political agenda, which means the production of small benefits at great cost to social development. Spallone, as a feminist, examines the “specific goals behind the general promises of health and prosperity through biological engineering.”

Wertz, Dorothy C., and Fletcher, John C. **Feminist Criticism of Prenatal Diagnosis: A Response.** *Clinical Obstetrics and Gynecology* 36(3): 541-67, September 1993.

According to the authors, some feminist groups, particularly in Europe, oppose the widespread use of prenatal diagnosis as a coercive measure that can make women feel guilty when it is not used. Wertz and Fletcher discuss various aspects of prenatal diagnosis. They include the effects of disability on women’s lives, concerns about whether such testing is equivalent to a eugenics program, the effects of prenatal diagnosis on societal attitudes toward the disabled, and the use of selective abortion.

VII. REPRODUCTION

Arneson, Richard J. **Commodification and Commercial Surrogacy.** *Philosophy & Public Affairs* 21(2): 132-64, Spring 1992.

Arneson argues tentatively that commercial surrogacy should be legally permissible, adding that “a commitment to feminism should not predispose anyone against surrogacy.” He says “citizens should be left free to arrange their work lives in ways that trade off alienated labor against other benefits according to their own notions of acceptable compromises among diverse goals and values.”

Dawson, Karen. **Ethical Aspects of IVF and Human Embryo Research.** In *Handbook of In Vitro Fertilization*, ed. Alan Trounson and David K. Gardner, pp. 287-302. Boca Raton, FL: CRC Press, 1993.

Dawson examines the ethical issues raised by reproductive technologies and in vitro human embryo research. To provide the range of

arguments used in opposition to these issues, she includes the views of the Vatican, the Victorian (Australia) parliament, and radical feminists.

DeGama, Katherine. **A Brave New World? Rights Discourse and the Politics of Reproductive Autonomy.** *Journal of Law and Society* 20(1): 114-30, Spring 1993.

Calling society patriarchal, DeGama states that “the resistance to autonomous motherhood reveals most graphically the problematic, politicized nature of reproduction.” She discusses rights, autonomy, paternalism, parenthood, and reproductive technologies.

Ikemoto, Lisa C. **Furthering the Inquiry: Race, Class, and Culture in the Forced Medical Treatment of Pregnant Women.** *Tennessee Law Review* 59(3): 487-517, Spring 1992.

The author explores the idea that patriarchy, when studied by gender alone, ignores social and political issues, particularly those concerned with poor women of color. She cites court orders for the medical treatment of pregnant women without their consent, saying that judges listen to doctors and that both judges and physicians discount the women’s refusal of treatment.

Kaplan, Lawrence J., and Tong, Rosemarie. **Controlling Our Reproductive Destiny: A Technological and Philosophical Perspective.** Cambridge, MA: MIT Press, 1994. 417 p.

The authors provide the perspective of a male biochemist with “rather traditional” views of marital and familial relationships (Kaplan) and that of a feminist philosopher (Tong). Their work includes a historical background of reproduction and fertility and discusses an ethical and legal framework for evaluating what they call “reproduction-controlling” and “reproduction-aiding” technologies. Chapters include ethical and legal discussions of contraception, sterilization, abortion, fertility and infertility, artificial insemination, in vitro fertilization, and embryo transfer and contracted motherhood.

Lieber, Katherine B. **Selling the Womb: Can the Feminist Critique of Surrogacy Be Answered?** *Indiana Law Journal* 68(1): 205-32, Winter 1992.

Lieber argues that it is unrealistic to think that all

harms associated with surrogacy can be eliminated, but that women as a group should be able to present possible legislation to government bodies that would minimize any harms inherent in legalizing or banning surrogacy.

Mahowald, Mary B. **Fetal Tissue Transplantation and Women.** In *The Beginning of Human Life*, ed. Fritz K. Beller and Robert F. Weir, pp. 225-32. Dordrecht, The Netherlands: Kluwer Academic Publishers, 1994.

Mahowald points out that only in the past few decades have fetuses been considered apart from the women in whom they are developing and says that this view constitutes the fallacy of considering an object as if it exists without a context. Discussing fetal tissue transplantation from the perspective of feminist ethics, she warns that fetuses should not be considered separate from the pregnant women.

Morgall, Janine Marie. **Reproductive Technology.** In her *Technology Assessment: A Feminist Perspective*, pp. 177-98. Philadelphia: Temple University Press, 1993.

Morgall advocates the introduction of gender analysis into all assessments of new technologies and medical technologies. Drawing on health care case studies, she illustrates gender-specific effects of technology, saying that technology supports innovation, but does not question the often negative effects on women.

Nelson, Hilde Lindemann, and Nelson, James Lindemann. **Feminism, Social Policy and Long-Acting Contraception.** Special Supplement. *Hastings Center Report* 25(1): S30-S32, January-February 1995.

The Nelsons state that "aggregating birthing with a seriously disproportionate amount of responsibility for child rearing has contributed to women's oppression Begetters as well as birthgivers bear responsibility for nurturing their offspring." The authors question the use of Norplant as a condition of probation to prevent child abuse or as a solution to teenage pregnancy, saying that it "aggregates" childbearing with child rearing.

Overall, Christine. **Ethics and Human Reproduction: A Feminist Analysis.** Boston, MA:

Allen & Unwin, 1987. 245 p.

This comprehensive review of moral and policy issues regarding the new reproductive technologies includes discussions of sex preselection, artificial insemination, prenatal diagnosis, abortion, in vitro fertilization and embryo transfer, surrogate motherhood, and childbirth.

Raymond, Janice G. **Women as Wombs: Reproductive Technologies and the Battle Over Women's Freedom.** San Francisco: Harper San Francisco, 1993. 254 p.

Raymond says that the new reproductive technologies are "presented as a woman's private choice. But they are publicly sanctioned violence against women." She thinks that those who "support and promote technological and contractual reproduction are undermining women's reproductive rights . . ." She discusses fertility and infertility, reproductive liberalism, the marketing of the new reproductive technologies, and international human rights.

Rethinking (M)otherhood: Feminist Theory and State Regulation of Pregnancy. [Note.] *Harvard Law Review* 103(6): 1325-43, April 1990.

The debate over state regulation of drug abuse by pregnant women is examined and the suggestion made that to view it as a maternal-fetal conflict is illegitimate and counterproductive.

Rothenberg, Karen H., and Thomson, Elizabeth J., eds. **Women and Prenatal Testing: Facing the Challenges of Genetic Technology.** Columbus: Ohio State University Press, 1994. 304 p.

These essays cover the historical, social, legal, medical, and political issues at stake with the use of new reproductive technologies.

Rowland, Robyn. **Living Laboratories: Women and Reproductive Technologies.** Bloomington, IN: Indiana University Press, 1992. 366 p.

Rowland argues that commercial society has always used women's bodies to sell products and that the new reproductive technologies further fragment women's bodies into ovaries and eggs for exchange and wombs for rent. She says a male-dominated medical profession took the control of birth away from women and continues to extend this control through the use

of reproductive technologies.

Sherwin, Susan. **Abortion Through a Feminist Ethics Lens.** *Dialogue* 30: 327-42, 1991.

Sherwin says that feminist ethicists provide a different analysis of the moral questions surrounding abortion from the more familiar liberal defenders of abortion rights. She thinks that they often disagree on the formulation of issues—i.e., the issues of privacy and property rights “do not meet the needs, interests, and intuitions of many of the women concerned. Feminist ethics demands that moral discussions of abortion be more broadly defined than they have been in most philosophic discussions.”

Shrage, Laurie. **Moral Dilemmas of Feminism: Prostitution, Adultery, and Abortion.** New York: Routledge, 1994. 219 p.

Shrage explores alternative ways to theorize about abortion and prostitution in order to “support a critical and self-aware feminist politics” and argues that cases of sexual and reproductive behavior “need to reflect an appreciation of human difference as well as similarity.”

Strickler, Jennifer. **The New Reproductive Technology: Problem or Solution?** *Sociology of Health & Illness* 14(1): 111-32, March 1992.

Strickler argues that differences in the meaning of procreation are at the root of the debate over reproductive technologies. She examines the literature of (1) physicians who, she says, see procreation as an area of professional intervention, (2) infertile consumers of the reproductive technology, who focus on genetic transmission, and (3) feminist critics who see procreation as the locus for struggle over women’s autonomy.

Tangri, Sandra S., and Kahn, Janet R. **Ethical Issues in the New Reproductive Technologies: Perspectives From Feminism and the Psychology Profession.** *Professional Psychology: Research and Practice* 24(3): 271-80, August 1993.

Focusing primarily on surrogacy and prenatal screening, the authors identify three kinds of issues: how surrogate contracts “should be done,” whether surrogacy should be done at all, and psychologists’ roles in this area. They view

the issues from the perspective of both feminists and the principles of the psychology profession, and they urge that surrogacy be between persons known as contractual parents and birth mothers.

Tong, Rosemarie. **Radical Feminism on Reproduction and Mothering.** In her *Feminist Thought: A Comprehensive Introduction*, pp. 71-138. Boulder, CO: Westview Press, 1989.

Tong reviews various early feminist authors’ views of reproduction and developing technologies. She discusses biological motherhood and contracted or surrogate motherhood, concluding that technology raises profound questions about “the importance or nonimportance of genetic and gestational links to the children one rears. It also raises troubling questions about power—about who controls reproduction in societies such as ours.”

VIII. SCIENCE AND MEDICAL RESEARCH

Davis, Kathy. **Reshaping the Female Body: The Dilemma of Cosmetic Surgery.** New York: Routledge, 1995. 211 p.

Davis sees cosmetic surgery as a “feminist dilemma” and explores the complex issues of autonomy, informed consent, and objectification as they apply to procedures such as face lifts, breast augmentations, and body contouring.

DeBruin, Debra A. **Justice and the Inclusion of Women in Clinical Studies: An Argument for Further Reform.** *Kennedy Institute of Ethics Journal* 4(2): 117-46, June 1994.

Outlining the various ways in which women may be oppressed and in which that oppression is reflected in research, DeBruin suggests how to remedy the situation: women must be treated autonomously, society must value the lives and well-being of women, researchers should safeguard possible or actual fetuses, studies must carefully plan research on both men and women who are potential parents, and liability laws in research should be consistent with moral views. She argues that justice requires a policy of preferential treatment as a remedy for past unjust practices.

Harding, Sandra. **The Science Question in**

Feminism. Ithaca, NY: Cornell University Press, 1986. 271 p.

Harding examines trends in the feminist critiques of science, scrutinizing charges of androcentrism in research design. She reviews the literature and notes that much of what is taken to be biological sex differences or desires is a social construction.

Jevne, Ronna, and Oberle, Kathleen. **Enriching Health Care and Health Care Research: A Feminist Perspective**. *Humane Medicine* 9(3): 201-6, July 1993.

Questioning the notion of objectivity in medical research, the authors suggest that “the needs and individual viewpoints of those studied become part of the research.” Other topics addressed include the underrepresentation of women, people of color, and the physically challenged in medical research and the refinement of treatment practices to meet individual needs.

Mastroianni, Anna C.; Faden, Ruth; and Federman, Daniel, eds. **Women and Health Research: Ethical and Legal Issues of Including Women in Clinical Studies**. Washington, DC: National Academy Press, 1994, 2 vol.

This report, commissioned by the National Institutes of Health (NIH) Office of Research on Women’s Health, reviews the ethical and legal questions raised by including women in clinical trials, and suggests immediate steps to be taken and long-term changes to be made to NIH research priorities and policies.

Parker, Lisa S. **Social Justice, Federal Paternalism, and Feminism: Breast Implantation in the Cultural Context of Female Beauty**. *Kennedy Institute of Ethics Journal* 3(1): 57-76, March 1993.

Discussing a federal restriction limiting breast implants to women enrolled in clinical trials for breast reconstruction and denying implants to some enrolled for augmentation, Parker criticizes the policy as paternalistic, sexist, and unjustified by scientific data. She argues that such a practice results in increased social injustice and perpetuates cultural biases concerning female beauty and women’s subjective

experience of their physical selves. Parker writes that feminists should support the right of women to make their own decisions concerning breast implants.

Rosser, Sue V. **Biology and Feminism: A Dynamic Interaction**. New York: Twayne Publishers, 1992. 191 p.

Rosser opines that concern about women’s health and reproductive rights united biology and feminism in this century, serving as an initiating force and focus. She finds diverse disciplines dealing extensively with the experience of the female body as it influences literature, history, sociology, psychology and philosophy. She presents statistics to illustrate that the shortage of women in the sciences creates an androcentric bias in the choice and definition of problems to be studied as well as in the design of experiments and the formulation of scientific theories. She analyses the position of women in biology, the effects of feminism on theories and methods, and the applications of feminism to biology.

Sherwin, Susan. **Women in Clinical Studies: A Feminist View**. *Cambridge Quarterly of Healthcare Ethics* 3(4): 533-38, Fall 1994.

Noting that there is significant evidence that the health needs of women and minorities were neglected by the medical research community, Sherwin identifies some of the ethical questions from a perspective of feminist ethics. Taking gender oppression (which often may include race, class, ethnicity, age, religion, disabilities, or sexual orientation oppression) as a given that is frequently perpetuated by institutions, she urges that research pertaining to women be disproportionately greater than that pertaining to men in order to make up for past omissions, that it must be beneficial to the group, and that care must be taken in all reproductive and fertility research to ensure social justice, safety, and effectiveness.

This Scope Note was prepared by Pat Milmoe McCarrick, M.L.S., and Martina Darragh, M.L.S., Reference Librarians at the National Reference Center for Bioethics Literature.

SCOPE NOTE SERIES

The SCOPE NOTE Series is intended to present a current overview of issues and viewpoints related to specific topics in biomedical ethics. It is not designed as a comprehensive review, but rather offers immediate reference to facts, opinion, and legal precedents (if applicable) for scholars, journalists, medical and legal practitioners, students, and interested laypersons.

All sources cited in SCOPE NOTES are included in the collection of the National Reference Center for Bioethics Literature (NRC), and may be obtained through its document delivery service (subject to copyright law). Updates of topics covered in SCOPE NOTES may be obtained by searching the BIOETHICSLINE® database (accessed through June 2001 via the National Library of Medicine's MEDLARS system), or by calling the NRC.

Please note that, as of SCOPE NOTE 15, the series appears in the *Kennedy Institute of Ethics Journal* (*KIEJ). The series continues to be published separately as reprints. Price: \$5.00/issue; \$8.00/issue overseas. Order from: Scope Notes, Kennedy Institute of Ethics, Box 571212, Georgetown University, Washington, DC 20057-1212; Telephone: 888-BIO-ETHX (toll-free) or 202-687-3885; fax 202-687-6770. Series editor: Doris Mueller Goldstein, Director of Library and Information Services.

1. Dangerousness. 9/82. 5 p.
2. Living Wills. Rev. 4/92. 19 p.
3. Ethics Committees. *KIEJ. Repr. 9/92. 17 p.
4. DRGs. 6/84. 11 p.
5. Baby Fae (Xenografting). 1/85. 19 p.
6. Surrogate Motherhood. Rev. 1/88. 11 p.
7. Withholding or Withdrawing Nutrition or Hydration. Rev. 3/92. 17 p.
8. AIDS (with 1991 update). 4/88. 28 p.
9. Bioethics Audiovisuals. 9/88. 12 p.
10. In Vitro Fertilization. 12/88. 12 p.
11. Neonatal Intensive Care. 5/89. 10 p.
12. Anencephalic Infants/Organs. 6/89. 11 p.
13. The Aged and Resource Allocation. 1/90. 13 p.
14. Maternal-Fetal Conflict. 8/90. 14 p.
15. Basic Resources. *KIEJ. Repr. 9/91. 14 p.
16. Teaching Ethics/Health. *KIEJ. Repr. 9/91. 19 p.
17. Human Genome Project. *KIEJ. Repr. 11/91. 11 p.
18. Active Euthanasia/Assisted Suicide. *KIEJ. Repr. 3/92. 17 p.
19. Nursing Ethics. *KIEJ. Repr. 6/92. 18 p.
20. Right to Health Care. *KIEJ. Repr. 1/93. 13 p.
21. Fetal Tissue Research. *KIEJ. Repr. 3/93. 15 p.
22. Genetic Testing/Screening. *KIEJ. Repr. 9/93. 17 p.
23. Bioethics Consultation. *KIEJ. Repr. 1/94. 15 p.
24. Human Gene Therapy. *KIEJ. Repr. 3/94. 15 p.
25. Religion/Bioethics: Pt. I. *KIEJ. Repr. 6/94. 23 p.
26. Religion/Bioethics: Pt. II. *KIEJ. Repr. 12/94. 24 p.
27. Gender Issues/Health Care. *KIEJ. Repr. 3/95. 14 p.
28. Eugenics. *KIEJ. Repr. 6/95. 11 p.
29. Organ Transplant Allocation. *KIEJ. Repr. 1/96.
30. Feminist Perspectives in Bioethics. *KIEJ. Repr. 4/96. 13 p.
31. Managed Health Care. *KIEJ. Repr. 6/96. 12 p.
32. A Just Share: Justice and Fairness in Resource Allocation. *KIEJ. Repr. 8/97. 13 p.
33. Landmark Legal Cases in Bioethics. *KIEJ. Repr. 8/97. 14 p.
34. Bioethics Commissions. *KIEJ. Repr. 5/98. 15 p.
35. Public Health Ethics. *KIEJ. Repr. 10/98. 14 p.
36. Organizational Ethics and Health Care. *KIEJ. Repr. 14 p.
37. Basic Resources in Bioethics, 1996-1999. *KIEJ. Repr. forthcoming.
38. Bioethics Resources on the Web. *KIEJ. Repr. forthcoming.
39. Genes, Patents, and Bioethics. *KIEJ. Repr. 4/01. 14 p.
40. Animals in Research and Education. *KIEJ. Repr. 3/01. 19 p.
41. Bioethics and Cloning, Part I. KIEJ. Reprinted with Bioethics and Cloning, Part II, March 2003 as a special double-issue Scope Note. 59 p.
42. Bioethics and Cloning, Part II. KIEJ. Reprinted with Bioethics and Cloning, Part I, March 2003 as a special double-issue Scope Note. 59 p.
43. Incentives for Providing Organs. KIEJ. March 2003. 12 p.
44. Vulnerability, Vulnerable Populations, and Policy. KIEJ December 2004. 15 p.
45. Bioethics, Biolaw, and Western Legal Heritage. KIEJ June 2005. 8 p.

*For more information about Library and Information Services at the Kennedy Institute of Ethics
visit*

<http://bioethics.georgetown.edu>