When we learn that an estimated 500,000 women, at least, die annually from pregnancy-related causes \(^{(1)}\) and that the vast majority of these deaths occur in the developing world \(^{(2)}\), the ethical problem is self-evident. When we hear that in many developing countries, complications of pregnancy and childbirth are among the main causes of death in 15-19 year-old women and that in Jamaica and Nigeria, girls younger than 15 years of age are 4 times more likely to die during pregnancy and childbirth than 15-19 year-olds \(^{(3)}\), the conclusion is inescapable.

As a public health imperative, both governments and health-related nongovernmental organizations have an obligation to take all necessary steps to reduce this staggering rate of maternal mortality. The same ethical obligation exists for the individual physician caring for patients, the obligation to strive to prevent the most common causes of maternal mortality: deaths resulting from obstructed labour and ruptured uterus, postpartum haemorrhage, pregnancy-induced hypertension, postpartum infection, or septic abortion \(^{(2)}\). For the individual clinician, this obligation means both helping women to take proper preventive health measures and also administering appropriate therapy to patients. When we learn that between 100,000 and 200,000 of the annual deaths from pregnancy-related causes are estimated to be due to improperly performed and usually illegal abortions \(^{(1)}\), the ethical problem is again self-evident, but more controversial.

When all the figures are considered, not just the maternal deaths from preventable causes, but the staggering figures for maternal morbidity from unsafe abortions, a very grim picture of women's overall health and reproductive health begins to appear.

One way of addressing ethical issues in reproductive health is to look at the consequences of current laws, policies and practices and see whether the existing situation gives rise to a preponderance of good or bad consequences. If the bad consequences outweigh the good ones, there is an ethical obligation to seek to change the laws, policies or practices. The data on maternal mortality and morbidity in developing countries make it uncontroversial to state that the harmful consequences for women of inadequate family planning programmes and of laws prohibiting abortion far outweigh the beneficial consequences.

Furthermore, these harmful consequences not only affect women, but also the children they bear. For example, it has been shown that the death of a mother increases significantly both the morbidity and mortality rates of her surviving children, particularly those under age 5 \(^{(1)}\). And it is well known that prematurity and low birth weight in infants are frequent consequences of births too closely spaced, as well as of pregnancies occurring when women are too young or of advanced age for child-bearing.

It is always easier to point to ethical problems than it is to devise solutions. Some solutions to poor reproductive health in developing countries require money those countries do not have, trained medical or paramedical personnel currently in short supply, and medical equipment of various kinds that is expensive or hard to maintain. There is no ethical principle that can dictate a solution to problems that stem from genuinely scarce or expensive resources. However, there are ethical principles that point to solutions to maternal mortality and morbidity from preventable causes. The barriers to these solutions are not lack of money but lack of political will, the indifference of men in power to death and disease among underprivileged women, and traditional customs that should be made to change for ethical reasons. Individuals and groups can work towards a solution by using ethical principles to justify placing a high priority on reducing maternal mortality and morbidity from preventable causes.

Universal agreement on ethical matters is a goal unlikely to be reached. This is not only because of the cultural and religious differences that exist in our world, but also because some issues are deeply problematic from an ethical point of view. This creates dilemmas for decision makers, be they clinicians or policy makers. Even people who share a common religious and cultural background often disagree about particular matters. But despite such disagreements about particulars, universal ethical principles do exist. Problems in applying these principles lie not with the principles themselves, but with the various ways in which they can be interpreted. Let us begin with the principle of beneficence, which obligates people to try to produce more good than harm.

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In the field of medicine, this principle obligates both individual clinicians and policy makers to strive to bring about more beneficial consequences than harmful ones. In clinical practice, the principle takes the form of making risk-benefit assessments, on which physicians base treatment recommendations having the most favourable benefit-risk ratio for the individual patient.

Risk-benefit assessments can also be used to evaluate family planning programmes and other reproductive health services. Applied to methods of family planning, the good and bad consequences of each method must be examined, looking at those consequences both for the user and her sexual partner. Here, as elsewhere, good ethics will begin with good facts. In making risk-benefit assessments, accurate, up-to-date information must be employed. Care must be taken to use appropriate data for the locale in which the method is to be used. This is because data gathered about risks and benefits for women in developed countries or in some regions of the developing world may not be strictly applicable to women in other developing countries. For this reason, characteristics of the users of contraceptive methods must be factored into the risk-benefit assessment. For example, taking a daily pill in a society in which pill-taking is otherwise rare is unlikely to gain compliance. The natural family planning method that relies on women accurately monitoring their cervical secretions is no doubt an alien concept to women in many cultures. And reliance on condoms in societies in which men steadfastly refuse to use them cannot protect women against unwanted pregnancies or sexually transmitted diseases.

This last point demonstrates that there is an inevitable relativity in making risk-benefit assessments. Depending on the features of the service delivery system, the cultural aspects of a country or region, and the beliefs and attitudes of the people, some family planning methods will have a more favourable benefit-risk ratio than others. The risks include not only the medical and psychological risks to the users of a family planning method, but also the risk of not having effective family planning methods available and not having a backup for failed contraception. This underscores the point that risk-benefit assessments are likely to yield different results at different times and in different places.

This relativity in the application of ethical principles to different situations must be distinguished from the very different notion of ethical relativism, the view that ethics can be relative to time, place and circumstance. Although it is true that different cultures have different norms and customs, it does not follow that whatever cultural or national practices exist are ethically justified. I will return to this point by way of conclusion.

The principle of beneficence, like other ethical principles, is objective. To say it is objective means that its proper application requires obtaining accurate data. With regard to reproductive health, the data must take into account the actual experiences of women. To do so necessarily relies on subjective reports given by women. But that does not undermine the objectivity of the process. Information about subjective experiences can be gathered in an objective way, that is, a way that is scientifically valid and uses established methods of data-gathering. Social and behavioral research reveals a wealth of information about how women respond to different methods of family planning, which methods they find acceptable or unacceptable, the reasons for noncompliance with some methods, the role female literacy plays in reproductive health, and why women resort to unsafe abortions in countries where safe, legal abortions are not accessible to them. A failure to take into account women's actual experiences and attitudes is likely to result in flaws in risk-benefit assessments made from the perspective of medical scientists.

For example, evidence can be cited to show that women's values have been either neglected or underrated in formulating risk-benefit assessments. Women's health advocates tend to define the "safety" of contraceptive methods in terms different from those typically employed by biomedical scientists. According to one report:

Scientists' concern is to establish safety of methods according to specific measurable parameters. They assess toxicity, first in animals and then in carefully controlled studies in human volunteers. Subsequent studies address efficacy and short- to medium-term safety. ... Women's health advocates ... give more priority to methods that have fewer side effects and that protect against sexually transmitted diseases and their consequences such as infertility. While scientists have tended to give priority to methods which minimize users' control, women's health advocates prefer methods controlled by the user (4).

The same mix of objective and subjective elements enters into balancing risks and benefits. That, too, is partly a scientific matter, based on available evidence regarding the probability and magnitude of anticipated risks and benefits; but it is also a subjective matter. Different people be they medical scientists, patients or healthy laypersons may evaluate the risks and benefits differently. They may consider some risks worth taking in relation to expected benefits while other risks may be viewed as unacceptably high in relation to expected benefits.

A point made by one participant in a meeting between women's health advocates and scientists is worth repeating, "On the question of side effects, there is always a tendency to over-emphasize the benefits and underplay the risks ... Most of the time

Wid hh statist. quart., 49 (1996)
it is we women who undergo the risks and the benefits are taken by the pharmaceutical companies or by population control experts or governments of Third World countries" (4).

An example of the way women's assessments of the risks and benefits of contraceptives may diverge from that of clinicians, medical scientists or governmental agencies comes from Mexico. One participant at a conference on ethics and reproductive health suggested that if allowed a choice, women may choose a higher risk method of contraception that has fewer side effects rather than a more effective method with undesirable side effects. Women would rather take the risk of becoming pregnant than use a contraceptive method with unacceptable side effects. It was noted that the population in Mexico does not want hormonal methods or IUDs, but these are the methods promoted by the family planning agency. A conference participant noted that the three contraceptive methods most preferred by the population are sterilization, the rhythm method and the condom. However, as the governmental system in Mexico is currently managed, if couples accept the condom they do not officially count as "acceptors."

There is a long-standing tradition in medical practice everywhere of paternalism, the view that doctors and medical scientists know what is best for patients. Not only are they supposed to know what is best, but their knowledge and authority has traditionally been used to justify decision-making by doctors on behalf of patients, and even coercion of patients "for their own good." As an illustration of this paternalistic attitude and disregard for women's own values, a marketer for one method was quoted at the conference in Mexico as saying, "This is a feminist method: what does it matter if it has side effects?"

Risk-benefit assessments play a central role in the medical context, even though the risks and benefits have traditionally been defined and weighed more by physicians than by the patients who suffer the risks and enjoy the benefits of treatments. However, analysis that focuses on benefit and harm has too often been ignored among scholars in the field of bioethics, who have tended to focus more on the risks of patients "for their own good." As an illustration of this paternalistic attitude and disregard for women's own values, a marketer for one method was quoted at the conference in Mexico as saying, "This is a feminist method: what does it matter if it has side effects?"

Respect for persons
The universal ethical principle from which the concept of human rights is derived is known as "respect for persons". As a universal ethical principle, it presumes that all human beings have dignity and are worthy of respect. In today's world, virtually every society pays lip service to human rights. Sadly, however, violations of human rights continue in some nations and regions. But even in those societies that acknowledge respect for persons, it is often the case that equal respect is not shown to women as persons. Only when women are granted a status of respect as persons equal to that traditionally given to men can ethical issues in reproductive health be properly addressed.

For example, countries that have laws or customs requiring a husband's authorization before a woman can be sterilized, receive contraception or undergo an abortion, fail to show equal respect for women as persons (5). Similarly, long-standing customs that sanction husbands' power to determine which means of birth control, if any, their wives may use quite clearly grant unequal respect to men's decision-making authority over that of women. Yet it cannot be denied that the effects of such decisions on women are more profound and potentially more devastating than on the men who make them. It is not men who are dying from complications of pregnancy and childbirth or septic abortion. It is not male adolescents who suffer morbidity and mortality from childbirth. And it is not men who become infertile as a result of these practices.

The ethical principle that serves as a foundation to granting women reproductive rights is the principle of individual freedom or liberty. The mandate to promote reproductive freedom has been recognized, at least as a matter of principle, throughout the world. Since the first World Population Conference, held in Bucharest in 1974, more than 130 countries have signed the following statement regarding reproductive rights: "All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so." (6) That statement was reiterated 10 years later at the Mexico City World Population Conference, and strengthened even further in 1994 at the International Conference on Population and Development in Cairo.

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The ethical principle of "equal respect for persons" can be understood at an individual level and as an ingredient in social justice. At the individual level, showing equal respect for women as persons means recognizing their autonomy and treating them as capable decision-makers and full participants in medical decisions. One example would be honouring women's feelings and preferences in modes of contraception and methods of abortion, even if it is more cost-effective to impose methods preferred by providers or funders. Another example is treating pregnant women with dignity and respect instead of merely as "fetal containers."

The principle of "respect for persons" is violated when women who seek abortions or ask for medical help following complications of an induced abortion are treated punitively by physicians or other health-care workers. Even worse than being treated punitively or in a degrading manner are situations in which physicians refuse to render medical assistance to women following a self-induced abortion. A member of the audience at the author's lecture in Santiago, Chile in 1993 reported the following case. A patient was brought the hospital after a self-induced abortion, dying and in need of medical attention. The physician refused to help the patient, saying that if a doctor tried to heal a patient who had committed a sin, the physician would also be complicit in that sinful behaviour. The doctor refused to assist the patient. The physician in that case had unquestionably violated his obligation to care for sick and dying patients. A physician who is opposed to abortions on moral or religious grounds should not be forced to perform the procedure. However, this case did not involve a physician performing or assisting in an abortion but rather, treating a patient who had made the attempt herself. So the physician could in no way be viewed as complicit in the patient's earlier act.

Throughout history, women have always sought and will continue to seek an end to unwanted pregnancies. Women will continue to resort to abortion as a backup for failed contraception. A first step in seeking to reduce the number of abortions, be they safe or unsafe, legal or illegal, is the recognition of women's right to be adequately informed about available family planning methods. This includes information about what procedures are involved in proper use of the method, and about the risks and benefits of various available methods. The principle of respect for persons mandates that women's use of a particular method must be voluntary, that is, free coercion or undue inducements of any sort.

In the abortion debate, the rights of the fetus are typically pitted against the rights of the pregnant woman. In the political debate carried on in the United States of America and in other countries, feminists have adopted the phrase "a woman's right to control her own body", thus identifying a right that could presumably override the right to life of the fetus. "The right to control one's own body" is another way of describing the right to self-determination. The underlying basis for this reproductive right is the right to liberty. The principle of respect for persons involves recognizing that individuals have a right to freedom of decision and action, to the extent that their actions do not interfere with the rights of others. Opponents of a woman's right to abortion do not disagree on the soundness of that fundamental ethical principle itself. Yet they disagree profoundly over its application: opponents of abortion claim that the act of terminating a pregnancy does interfere with the rights of another (the fetus), while advocates of a woman's right to procure an abortion deny that killing a fetus is a violation of rights.

As is true of any conflict of rights, this one might be resolved in favour of either party — the woman or the fetus. If a right to life is ascribed to fetuses and a right to terminate a pregnancy is assigned to women, a higher priority could be given to the rights of the woman. However, as important as the value of liberty is in philosophical and political thought, only rarely is it held to outweigh the value of human life when the two values conflict. Therefore, the most reasonable way to resolve this apparent conflict of rights in favour of the woman is to deny that the fetus can properly be considered an entity having rights. The view that a fetus is a "person" from the moment of fertilization, and therefore possesses a right to life just like already-born individuals, is a precept of some, but by no means all religious faiths.

One way of trying to think clearly about the right of pregnant women to control their own bodies is by changing the context of the abortion debate. A useful analogy to consider is that of organ or bone-marrow transplantation. Sometimes children are in need of a life-saving or possibly curative procedure and the best tissue match is a parent. No one has ever convincingly argued that an unwilling father should be compelled to undergo surgery for removal of a kidney or even a bone marrow extraction for the benefit of his child. And no judge has ever ordered such a procedure.

Justice

This article has explored the ethical principles of beneficence and respect for persons and their application to reproductive health. A third leading concern of bioethics is justice. Questions of justice arise with respect to the distribution of family planning methods, including access to safe abortion in
cases of contraceptive failure. A just distribution of reproductive health services requires that methods be accessible to poor women as well as those who are better off, to the less educated as well as those who are better educated, to rural as well as urban residents.

The principle of justice mandates that all individuals who need family planning and health services should have equitable access to them. From an ethical perspective, "equitable access" means that use of these services should not be based on an ability to pay for them. Guaranteeing access by law has not proved sufficient for achieving social justice in societies that do not recognize a right to health care. An additional precondition for access is information about the existence and nature of the services. A moral obligation exists to ensure that women have information, as well as the means to obtain family planning services.

These conclusions apply with even more force to women in developing countries than to women in developed countries. Poor women everywhere disproportionately bear the burden of restrictive abortion laws and inadequate or nonexistent family planning services. Justice dictates not only that equal respect be shown to women, but also that the needs of the least advantaged members of society be addressed.

Cultural and ethical relativism
We now return to the topic of cultural and ethical relativism. Perhaps even more than in other areas of medicine and health care, the introduction of techniques and practices related to human reproduction gives rise to ethical controversy stemming from social, cultural and religious differences. A culture may have a long-standing tradition preferring or rejecting certain methods of family planning. There may be a religious prohibition against contraception or abortion. In a culture characterized by dominance of men over their women partners, or one in which the rights of women are not fully recognized and granted, some family planning methods more desirable to women might be rejected by men, be they men who hold political power or men who are the husbands and sexual partners of women. By law or custom, the practice of "spousal authorization" for sterilization or contraception remains in force in a number of developing countries today (3).

It requires enhanced sensitivity and a commitment to social progress to recognize that centuries-old cultural patterns of behaviour of men toward their wives, their sexual partners, and their daughters are ethically unacceptable. Just because these patterns have existed for centuries does not make them right. Just because they have been widespread and largely tolerated in many cultures does not make them right. The fact that a majority of people in a society accept and subscribe to certain social or cultural practices does not amount to an ethical justification of those practices.

For example, consider the practice of genital mutilation of women, more politely called "female circumcision." An estimated 120 million girls and women in the world are genitally mutilated (7). Should this be thought of simply as a "cultural rite" following the traditional custom where the ritual has been practised for centuries? Or should it more properly be thought of as mutilation of the body of female persons, more akin to torture than to a cultural ritual that causes temporary pain but is not overly harmful? Can any of the justifications offered for the practice of female genital mutilation stand up to ethical scrutiny? It would not be sufficient to show that the practice of genital mutilation of females is merely approved of by the cultures that practice it. According to that method, slavery could be ethically justifiable if a majority of people in the society (that is, the slaveholders) approved of slavery. Using the ethical principle of beneficence, one would have to demonstrate that this cultural practice actually creates more good than harm, compared to the alternative of not engaging in the practice; or that it produces more beneficial consequences for the greatest number of people than it does harmful consequences. However, the morbidity and mortality of female infants, pubescent girls, and women later in their lives has been well-documented and is sufficient to condemn the practice on grounds of its health consequences for those who are subjected to it. The consequences include pain, trauma and severe physical complications in both the short and long term.

The reasons given for this ritual surgery include: (i) it is a good tradition needed for group identity; (ii) it is a religious requirement; (iii) it is necessary for cleanliness and health; and (iv) it is needed to preserve virginity and family honour, and to control immorality (8). It is beyond the scope of this paper to analyse and respond to each of these reasons. However, a careful analysis would have to address each of these reasons and question first and foremost, whether they rest on sound empirical evidence. For example, could this particular cultural practice be abandoned while still preserving other traditional practices that promote group identity? Secondly, the claim that it is a religious requirement also must be subjected to ethical scrutiny. If some religion required the sacrifice of the first-born child at age twelve, could that practice be ethically justified simply based on the fact that it is a feature of the traditional religion? Fundamental ethical principles can be used to evaluate specific practices required or condoned by any religion, however prominent, dominant, or widespread the religion may be. Just because a religion dictates or condones a particular practice does not mean that the practice is ethically right.
There could be no religious reform if it were not possible to stand outside the dictates of a particular religion and judge some of its features to be wrong.

Unlike some ethical concerns, female genital mutilation is a practice in which all three leading bioethical principles are shown to be violated. The ethical principle of "respect for persons" is violated in situations where women are controlled by men for the express purpose of satisfying men's sexual pleasure at the expense of their own, when women lose the capacity for sexual pleasure and expression of their sexual feelings, and when they are unmarried if they are not genitally mutilated in accordance with the norms of that society. Furthermore, any society in which there are different standards of sexual morality for men and for women violates the principle of "equal respect for persons." Women are undeniably persons. If genital mutilation is a cultural practice held to be justified because it serves to control immorality, it is the alleged sexual immorality of women but not of men that it seeks to control. Failure to grant equal respect to women and to men, and perpetuation of practices that constitute oppression of women are violations of the principle of justice.

To resist ethically mandated change because of long-held beliefs or practices is a philosophical error. The error lies in concluding that because a state of affairs has existed in the past, it ought to continue into the present and future. The flaw in that reasoning can easily be seen by reflecting on the fact that manifestly unjust social institutions, such as slavery and colonialism, would still be with us if history and tradition served as an infallible moral guide. Moral progress requires a critical evaluation of past practices and institutions. Of course, many social practices and institutions will withstand such critical evaluation, but others will not. Subjugation of women, denial of their right to self-determination in choosing an acceptable method of family planning, and preventing them from having access to safe, legal abortion are practices that cannot withstand critical ethical evaluation.

**Summary**

Universal ethical principles can be used to analyse problems in reproductive health. The principle of beneficence obligates people to strive to bring about more beneficial consequences than harmful ones. The principle known as respect for persons presumes that all human beings have dignity and are worthy of respect. Showing equal respect for women as persons means recognizing their autonomy and treating them as capable decision-makers and full participants in medical decisions. A third leading concern of bioethics is justice, which requires a fair distribution of family planning methods, including access to safe abortion in cases of contraceptive failure.

**Résumé**

L'éthique et la santé reproductive sous l'angle des principes

Les questions de santé reproductive peuvent s'analyser à la lumière de principes universelles d'éthique. Selon le principe de bienfaisance, le «primum non nocere» doit l'emporter sur toute autre considération. Le principe de respect de la dignité humaine pose que toute personne humaine doit être respectée et traitée dignement. En particulier, le respect dû aux femmes en tant que personnes implique que leur autonomie soit reconnue et qu'on admette leur capacité à prendre des décisions et notamment à être partie prenante à la décision médicale. Enfin, le principe de justice, préoccupation majeure de la bioéthique, exige une diffusion équitable des méthodes de planification familiale, y compris la possibilité de se faire avorter en toute sécurité en cas d'échec de la contraception.

**References/Références**