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Book Review: *Feminism & Bioethics: Beyond Reproduction*

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Susan M. Wolf, ed., *Feminism & Bioethics: Beyond Reproduction* (New York: Oxford University Press, 1996): 398 pp., ISBN 0-19-508568-x (cloth), \$50.00. To order call 1-800-451-7556.

Drawing on work from top feminist bioethicists, philosophers, and law professors, Susan Wolf's anthology *Feminism and Bioethics* reinforces the vibrancy of feminist theoretical contributions to bioethical thinking. The twelve articles, accompanied by Wolf's extensive introduction, suggest how feminism's insights and critiques refine our thinking on a wide range of bioethical issues, from health care policies and allocation issues to biomedical research, from the HIV epidemic to death and dying issues, from genetics and disabilities issues to reconstructing concepts of the "patient" or "health," to reconceiving the physician-patient relationship through communicative ethics. Each essay ultimately asks "the woman question": What would bioethics look like if women's experiences were central to or, at least, included in the analysis? Not surprisingly, the answers are profoundly different from how traditional bioethics proceeds. But I have a great deal of faith in the integrity of bioethicists, so I do not doubt that bioethicists, who of all scholars have been especially attentive to issues of fairness, justice, and people's needs, will transform their work when confronted head-on with these clearly articulated arguments about the unjust consequences of excluding women from their analyses. Wolf's book confirms that feminist approaches are no longer marginal or to be dismissed by "mainstream" bioethics: one fails to engage these contributions at his/her own peril as a legitimate scholar, teacher, or practitioner in this field.

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Feminist scholars have been applying their insights to bioethical analyses in books, articles, and symposia for almost two decades. For those new to this burgeoning literature, *Feminism and Bioethics* is as fine a place as any to start, because leading feminist scholars have synthesized their earlier works into easily readable articles. For nonfeminists or unschooled feminists teaching "traditional" bioethics courses, inclusion of this anthology could greatly improve course curriculum. For researchers and practitioners, insights from these articles will alter protocols and regular procedures. For feminist teachers and scholars, these critiques will be very familiar and are available elsewhere, but Wolf has made them easily accessible in one volume.

Reproductive and procreation issues most obviously implicate women's health concerns and deservedly have been a dominant focus of feminist analyses in medical ethics or bioethics.¹ But feminist bioethics is not just about reproduction anymore, as Wolf's anthology attests. Her volume complements a growing body of feminist bioethical books,² not to mention the geometrically expanding plethora of articles in academic and professional journals that apply feminist analyses to a wider body of bioethical inquiry.³ Wolf mined the vein of leading feminist bioethicists in creating this collection—many "mothers" of the field. In addition to Wolf's introduction and own article on death and dying issues, authors include Susan Sherwin, Rosemarie Tong, Mary Mahowald, Dorothy Roberts, Rebecca Dresser, Laura Purdy, Janet Farrell Smith, Vanessa Merton, Ruth Faden, Nancy Kass, Deven McGraw, Adrienne Asch, Gail Geller, and Hilde and James Lindemann Nelson.

The book is divided in two: the first part consists of five articles discussing the relationship between feminism and bioethics; the second contains seven articles incorporating feminist perspectives on specific problems in bioethics.

hics. All articles are linked by a common critique challenging traditional bioethical analyses (whether principlism, casuistry, Kantian-based theories, or utilitarian approaches) as inadequate, because they fail to confront the politically and socially oppressive contexts of racism, sexism, and class-based domination that infuse medical care practices and ethicists' understandings and because they fail to examine the specific ways in which women's lives and experiences are affected.

Articles in Part I explain what feminist critiques of bioethics are and how these critiques alter our approaches to patient care, physician-patient relationships, research design, institutional practices, and scholarly thinking. Sherwin's, Tong's, and Mahowald's chapters generally repeat analyses each has made in her own impressive book.⁴ Each article alone would be a sufficient introduction, but together they reinforce the others in offering a sufficient grounding in feminist theories to enable a beginner to contextualize the remainder of the volume. An important insight from these foundational articles is that feminism is multifarious and does not lend itself to a single analysis or conclusion. Although these preliminary essays make that clear, the volume as a whole does not tease out this thesis by presenting complementary or competing feminist approaches on the same issue. Wolf may have chosen this strategy, however, because of page limitations and the breadth of topics she included.

Articles in Part II apply feminist analyses to concrete problems. Each article is fact-laden and carefully researched in its bioethical area. These works draw from extensive, familiar literatures to present critiques of HIV and drug-related research protocols that ignore "pregnable women";⁵ "information-transfer" models (as opposed to "mutual understanding" models) of communication in physician-patient relationships;⁶ narrow constructions of "the patient" that exclude actual life experiences of poor women of color and women's differently socialized perspectives and physical bodies;⁷ prenatal and prediction-based genetic screening (which again makes "biology = destiny" in contradistinction to decades of feminist struggle against that very notion);⁸ health care resource allocation proposals that recommend age limits on health care access without considering that most elderly are women;⁹ death and dying issues that ignore gender ramifications;¹⁰ and definitions of health that emphasize the absence of infirmities rather than the state of positive well-being.¹¹ It does a disservice to the richness of each of these works to summarize them in a phrase or paragraph, yet space constraints here limit me to only whetting a reader's appetite for more.

Roberts's article "Reconstructing the Patient: Starting with Women of Color" reflects the compelling work she has been doing for years in examining bioethics, motherhood, and social policy issues from the perspectives of black women.¹² Roberts argues that poverty-stricken women of

color, who are constantly subjected to the interlocking, mutually reinforcing systems of racial, class-based, and sexual oppressions, offer bioethicists the best perspective to evaluate doctor-patient relationships and to critique bioethical principles such as confidentiality, truth-telling, and patient autonomy. Her poignant examples of the impact on poor black women of physicians' roles in the prosecution of drug-addicted, pregnant women, of congressional and Supreme Court actions prohibiting doctors from informing women at federally funded clinics about abortion options, and of forced cesareans on women who want to proceed with natural childbirth confirm her thesis that black women's experiences reflect a unique perspective on bioethics informed by the combination of their being dominated by these intersecting oppressions, their reliance on systems of publicly financed health care, and their concomitant distrust of physician benevolence from years of discriminatory treatment. Roberts concludes by suggesting a multi-step approach to reconstruction of the patient on whom the physician-patient relationship is based.

Dresser's tight article challenges bioethicists to learn from the Women's Health Movement and in particular from the work of the Boston Women's Health Book Collective, which has published several editions of *Our Bodies, Ourselves*.¹³ Dresser identifies three themes from that movement—discontentment with contemporary health care, including the social degradation and neglect that pervade women's encounters with the health care system; political and cultural barriers to women's full and fair participation in the health care system; and transformative efforts to reduce women's dependence on medical "experts"—that ought to guide bioethicists as well. Her detailed analysis offers concrete suggestions for improving the medical care system that she urges bioethicists to include in their practices and scholarly works.

In "A Feminist View of Health," Purdy argues for a definition of health that moves from the dominant view of health as the absence of infirmities to a richer definition of health as a state of positive well-being. Health involves physical and mental infirmities, but positive well-being is a much broader notion. Purdy makes clear, however, that her definition does not include social infirmities, because their inclusion in a definition of health medicalizes too much of life and makes physicians experts in matters that are better dealt with through public debates that tap the knowledge and experiences of a wide range of people. Purdy postulates about some aspects of positive well-being, but concludes that "[d]iscovering what positive well-being might mean for women in a world without sexism is a project to which we all must now turn."¹⁴

Communicative ethics are compared to an information-transfer model of communication in Farrell Smith's article "Communicative Ethics in Medicine: The Physician-Patient Relationship."¹⁵ Relying primarily on the work of

Jürgen Habermas and Seyla Benhabib, Smith critiques the presently accepted model of physician-patient communication for failing to focus on the concrete, rather than generalized, patient. She contends that the current proposal stresses one-way information transfer rather than mutual understanding through conversation; and it fails to attend to gender, race, and class-based differences in power and authority between the parties, in addition to differences in medical knowledge and experience, that lead to unequal exchanges. Smith argues that communicative ethics, which understand communication as action and a source of values rather than as a transparent information-transferring event, better serves the interests of equality, justice, and compassion in physician-patient relations.

Merton's article on biomedical research¹⁶ and Faden, Kass, and McGraw's article on women and the HIV epidemic¹⁷ both challenge medical research protocols for their exclusion of women. Both articles are full of information about how women have been excluded from research and the harmful effects of that exclusion. Merton artfully argues against the scientific community's exclusion of women from drug testing because they are "pregnable," carefully dismantling the biases, fallacious premises, and discrimination used to justify the exclusion. For example, the reproductive capacities of men are never considered to justify their exclusion in drug research, even though many factors affect the health of men's reproductive materials. And Merton asks why unborn and even unconceived fetuses take priority over the health of already living women. This article should be required reading for all medical researchers.

The subordination of the health interests of live women to unborn fetuses in research protocols for drug testing is further exposed by Faden, Kass, and McGraw, who show that almost all the studies of women and HIV were devoted to issues of vertical transmission—primarily to fetuses through childbearing and breast-feeding (but also by prostitutes communicating the disease to men)—rather than to the health of the infected women. This article examines the painful history of the inordinately slow response of HIV and AIDS researchers to women's health needs (the first reported case of AIDS in a woman was 1981, but the first major study by the National Institutes of Health of how HIV progresses and manifests in women did not begin until late 1994) and the absence of women from clinical trials and from the AIDS literature. This narrative is complemented by analysis of the injustice of women's exclusion and its impact on women's health. Though women represent a smaller percentage of AIDS cases than their proportion of the population, the authors explain that the number of AIDS cases in women have increased faster than in men in nearly every year since 1986, and, between 1985 and 1988, the mortality rate in women quadrupled.¹⁸ In addition, statistics on AIDS in women are inaccurately de-

flated because the definition of AIDS does not include gynecological conditions due to HIV infection.

Wolf's own article investigates how gender dynamics affect physician-assisted suicide.¹⁹ Her critique is especially poignant in light of the recent Supreme Court cases on this subject.²⁰ Asch and Geller's disability-based feminist analysis of genetics cautions that although genetic testing can be viewed as enhancing choices and informed decision making, it also risks surrendering "social meaning to biological fact," by allowing scientists to shape the ethical and social consequences of genetic predispositions without the voices of gene carriers, persons with disabilities, and persons from other disciplines.²¹ The Lindemann Nelsons illustrate how recent proposals about the just allocation of health care resources fail to account for the disproportionate effects of those plans on women.²² They suggest that an adequate allocation of resources requires the just structuring of power (with attention to voices of disempowered groups, more participatory democracy, and a demedicalization of aspects of health like childbirth), a shift toward remedying problems of poverty that impact health resource allocations (from nonemployment-related sources for health benefits to safe, affordable housing and enhanced education), and a noncompartmentalized interest in outcomes, not services.

In conclusion, this powerful anthology of bioethical writings brings together feminist critiques of a wide range of areas sorely in need of power-based and inclusionary analyses. Because feminist bioethical literature is so diverse and dispersed in the literature, Wolf has served the bioethics community well by collecting so many ideas in one place.

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2. R. Tong, *Feminist Approaches to Bioethics* (Boulder: Westview Press, 1997); M.B. Mahowald, *Women and Children in Health Care: An Unequal Majority* (New York: Oxford University Press, 1993); H.B. Holmes and L.M. Purdy, eds., *Feminist Perspectives in Medical Ethics* (Bloomington: Indiana University Press, 1992); S. Sherwin, *No Longer Patient: Feminist Ethics and Health Care* (Philadelphia: Temple University Press, 1992); A. Dula and S. Goering, eds., *"It Just Ain't Fair": The Ethics of Health Care for African Americans* (Westport: Praeger, 1994); E.C. White, ed., *The Black Women's Health Book: Speaking for Ourselves* (Seattle: Seal Press, 1990); A.D. Todd, *Intimate Adversaries: Cultural Conflict Between Doctors and Women Patients* (Philadelphia: University of Pennsylvania Press, 1989); S. Fisher, *In the Patient's Best Interest: Women and the Politics of Medical Decisions* (New Brunswick: Rutgers University Press, 1986); and L. Darvall, *Medicine, Law and Social Change: The Impact of Bioethics, Feminism and Rights Movements on Medical Decision-Making* (Brookfield: Dartmouth Press, 1993).

3. The endnotes to Susan Wolf's introductory essay provide an outstanding source for bioethical scholars and practitioners. See S.M. Wolf, "Introduction: Gender and Feminism in Bioethics," in S.M. Wolf, ed., *Feminism & Bioethics: Beyond Reproduction* (New York: Oxford University Press, 1996): at 33-43.

4. S. Sherwin, "Feminism and Bioethics," in Wolf, ed., *supra* note 3, at 47-66; R. Tong, "Feminist Approaches to Bioethics," in Wolf, ed., *supra* note 3, at 67-94; and M.B. Mahowald, "On Treatment of Myopia: Feminist Standpoint Theory and Bioethics," in Wolf, ed., *supra* note 3, at 95-115. These three articles may seem repetitive to the schooled feminist reader who has read their books and/or other writings and has a grounding in feminist theory and bioethics.

5. V. Merton, "Ethical Obstacles to Participation of Women in Biomedical Research," in Wolf, ed., *supra* note 3, at 216-51; and R. Faden, N. Kass, and D. McGraw, "Women as Vessels and

Vectors: Lessons from the HIV Epidemic," in Wolf, ed., *supra* note 3, at 252-81.

6. J.F. Smith, "Communicative Ethics in Medicine: The Physician-Patient Relationship," in Wolf, ed., *supra* note 3, at 184-215.

7. D.E. Roberts, "Reconstructing the Patient: Starting with Women of Color," in Wolf, ed., *supra* note 3, at 116-43; and R. Dresser, "What Bioethics Can Learn from the Women's Health Movement," in Wolf, ed., *supra* note 3, at 144-59. Actually, both articles are in Part I, but they seem to fit better here in my review.

8. A. Asch and G. Geller, "Feminism, Bioethics, and Genetics," in Wolf, ed., *supra* note 3, at 318-50.

9. H.L. Nelson and J.L. Nelson, "Justice in the Allocation of Health Care Resources: A Feminist Account," in Wolf, ed., *supra* note 3, at 351-70.

10. S.M. Wolf, "Gender, Feminism, and Death: Physician-Assisted Suicide and Euthanasia," in Wolf, ed., *supra* note 3, at 282-317.

11. L.M. Purdy, "A Feminist View of Health," in Wolf, ed., *supra* note 3, at 163-83.

12. See, for example, D.E. Roberts, "Unshackling Black Motherhood," *Michigan Law Review*, 95 (1997): 938-64; D.E. Roberts, "Race and the New Reproduction," *Hastings Law Journal*, 47 (1996): 935-94; D.E. Roberts, "Racism and Patriarchy in the Meaning of Motherhood," *American University Journal of Gender and the Law*, 1 (1993): 1-38; and D.E. Roberts, "Punishing Drug Addicts Who Have Babies: Women of Color, Equality, and the Right of Privacy," *Harvard Law Review*, 104 (1991): 1419-82.

13. See Dresser, *supra* note 7; and Boston Women's Health Book Collective, *The New Our Bodies, Ourselves: A Book By and For Women* (New York: Simon & Schuster, 1992).

14. Purdy, *supra* note 11, at 177.

15. See Smith, *supra* note 6.

16. See Merton, *supra* note 5.

17. See Faden, Kass, and McGraw, *supra* note 5.

18. See *id.* at 260.

19. See Wolf, *supra* note 10.

20. *Washington v. Glucksberg*, 117 S. Ct. 37 (1996) (granting cert.); and *Quill v. Vacco*, 117 S. Ct. 36 (1996) (granting cert.).

21. See Asch and Geller, *supra* note 8, at 342.

22. See Nelson and Nelson, *supra* note 9.