

# Reproductive ethics in clinical practice: Preventing, initiating and managing pregnancy and delivery. Essays inspired by the MacLean Center for Clinical Medical Ethics Lecture Series.

Chor, Julie and Watson, Katie. New York: Oxford University Press, 2021. 261 pp. \$29.95 (Paperback), \$99.00 (Hardcover).

This collection of essays aims to address an “unfortunate gap” in the bioethics literature, namely “an ethics text tailored to the needs of the practicing clinicians, students and trainees in reproductive healthcare”(p. 1).<sup>1</sup> The essays were inspired by a lecture series at the University of Chicago’s MacLean Center for Biomedical Ethics in 2016–2017—the first time the annual lecture series has explicitly addressed reproductive ethics in the four decades since it was launched.

That such a text has not found its way to the lab-coat pockets (or psyches) of reproductive health practitioners speaks, at least in part, to the challenges faced in writing one. Issues raised by reproductive medicine are among the most vexed and divisive in bioethics—the moral status of embryos, fetuses, and (alarmingly) childbearing women; the contours of reproductive autonomy; the limits of conscientious refusal, to name but a few. Moreover, the urgent pace of obstetrics tends not to lend itself to the contemplation that such issues demand. Complexity and pace aside, traditional frameworks are poorly suited to address the ethical care of subjects whose bodies and interests are intertwined,<sup>2</sup> and are often deployed without sufficient attention to contexts outside the maternal body. Especially now, with the stunning reversal of the constitutional right to abortion in the United States—expected to impact practice well beyond abortion, and women’s health worldwide<sup>3</sup>—a resource to navigate ethical pathways in the practice of reproductive healthcare is urgently needed.

To that end, *Reproductive ethics in clinical practice* is a timely and important resource. Masterfully curated by Julie Chor (an obstetrician-gynecologist) and Katie Watson (a bioethics professor and lawyer), the book deftly integrates scholarly depth with actionable guidance for practicing clinicians. Many contributors are, as the editors put it, “luminaries” (p. 5) in their respective fields, yet

speak here directly to clinicians positioned as potential purveyors of (more) ethical care. While written before the overturning of *Roe*, the editors note the law’s fragility; myriad threats to and violations of reproductive freedom are addressed throughout the book, motivating its various recommendations and of relevance where such threats are likely to expand.

A total of 15 essays are organized into three sections: preventing pregnancy (addressing contraception and abortion), initiating pregnancy (addressing assisted reproduction), and managing pregnancy (addressing obstetrics), each followed by a list of discussion questions. As the essays tend to spill across clinical contexts (Chor and Watson note that “books are divided in a way that life often is not” [p. 3]), so too do the lessons they offer. Though certainly not comprehensive of issues faced by reproductive health practitioners, the collection provides something else of arguably more value: tools to tackle such issues, and examples of their wise application by some of the best thinkers in the fields of medicine, ethics, and law. In what follows, I will highlight a few that stand out as particularly useful for clinicians now facing an ethically challenging road ahead.

First, several essays offer alternatives to the traditional frameworks that have dominated clinical ethics, “reanimating” (p. 27) ethical debates and illuminating the structures beneath harmful practices. A powerful opening chapter by distinguished scholars Melissa Gillam and Dorothy Roberts makes a compelling case for applying the reproductive justice (RJ) framework to clinical care and public policy, revealing the ethical blind spots—and oppressions of Black, brown, and Indigenous women—that a narrow focus on “choice” has perpetuated. As the RJ framework has recently gained traction among reproductive health professionals,<sup>4</sup> the chapter serves an essential purpose of conveying the history of resistance upon which it is based, its key tenets, and its relevance across contemporary reproductive medicine. In addition, its juxtaposition

<sup>1</sup>Chor, J., & Watson, K. (Eds.) (2021). *Reproductive ethics in clinical practice*. Oxford University Press.

<sup>2</sup>Lyerly, A. D., Little, M. O., & Faden, R. R. (2008). A critique of the “fetus as patient”. *American Journal of Bioethics*, 8(7), 42–44.

<sup>3</sup>Editors. (2022). Lawmakers v. the scientific realities of human reproduction. *New England Journal of Medicine*. June 24. Retrieved from [nejm.org/doi/full/10.1056/NEJMe2208288](https://doi.org/10.1056/NEJMe2208288)

<sup>4</sup>American College of Obstetricians and Gynecologists’ Committee on Health Care for Underserved Women, Contraceptive Equity Expert Work Group, and Committee on Ethics. (2022). Patient-centered contraceptive counseling: ACOG Committee statement Number 1. *Obstetrics and Gynecology*, 139(2), 350–353.



alongside the widely recognized principle-based framework deployed by Chervenak and McCullough (Chapter 12) and occasionally by the editors helps to emphasize the profound value that RJ brings to contemporary debates, and may move readers to integrate the RJ framework, as Gillam and Roberts urge, “into their thinking, practice and advocacy” (p. 25).

Other important frameworks are also introduced and operationalized. In Chapter 2, Freedman and Stulberg expand consideration beyond the physician–patient relationship, foregrounding the ethical relevance of the relationship between doctors and institutions. They highlight the harms of religious restrictions on reproductive health-care (e.g., contraception, abortion, and treatment of ectopic pregnancy and infertility), and enumerate how physicians working in religiously affiliated hospitals can fulfill their duties to ensure “optimal pathways to care” for their patients (p. 40). As restrictions materialize more broadly in a post-Roe landscape, the guidance is likely to have relevance to a wider range of practice settings. In Chapter 3, Truehart, Hasselbacher, and Chor describe the important role that the public health framework has played in supporting access to confidential reproductive health services for adolescents. The framework will be an important lens as the public health impacts of abortion restrictions in the United States inevitably become more pronounced.<sup>5</sup>

The book tends to focus on clinical care in the United States. However two chapters highlight considerations relevant to international contexts, emphasizing that principles and ethical priorities often differ across countries and cultures. In Chapter 10, Brunet and Fournier contrast the bioethics models shaping access to assisted reproductive technologies in France and the United States, and the different ethical problems that their respective priorities have engendered. In the book's final chapter, Specter-Bagdady and Johnson (Chapter 15) note the risks of importing Western ethical standards to global academic reproductive health programs and encourage engagement toward the development of shared principles.

Other essays in the collection provide useful perspectives on the law. Strauss (Chapter 4) offers a concise, accessible review of the regulation of contraception and abortion in the United States, describing the various rationales over time for legalizing access to and restrictions on both. It is an essential resource for clinicians who now must navigate legal restrictions on care in the post-Roe era. In her essay on postviability treatment refusals, Watson traces the legal and moral status of women (Chapter 11). A refreshing counterpoint to debates about the fetus, it is also a sobering reminder to clinicians that their female patients' status as full and equal persons is a relatively recent phenomenon in the United States. Finally, Flavin and Paltrow sound the alarm about the widespread practice of reporting pregnant patients to the police and other authorities, and offer specific guidance about how to respond

to laws that violate ethical duties and harm patients—again useful, no doubt, in the post-Roe era.

Finally, several essays elegantly model ethical reflection from within the practice of reproductive medicine, by clinician-scholars who courageously illuminate the harms of the system in which they practice. Lisa Harris does this with remarkable eloquence in Chapter 5, in which she demonstrates how stratified reproduction (differential valuing of the fertility and childbearing of different populations) has shaped the field of reproductive medicine, and the presumptions and practice patterns of those (including her) who deliver care. With a mixture of humility and incisive critique, Harris reveals her own “everyday struggle to dismantle the gender, race, and social class inequalities expressed routinely in medical care” (p. 94). Her writing and example are an inspiration to join that struggle; her essay alone would make breaking the book's binding worthwhile.

Tailored to the needs of practicing clinicians, *Reproductive ethics in clinical practice* will not meet all such needs. Clinicians should know that for some potential areas of curiosity or concern—the morality of abortion, gender and ethical analysis, misogyny, disability rights, for example—they will need to expand their libraries further. Still, this fine collection of essays provides a robust foundation for addressing moral complexity in reproductive medicine and expertly models integration of ethics into practice.

It is, no doubt, an incredibly difficult time to be a practicing clinician or trainee in reproductive healthcare. With the reversal of Roe, many are heartbroken and angry at the politicization of medical care, the disregard for the health and lives of women, and the implications of coerced gestation and pregnancy-related criminalization for themselves and their patients. All will need to respond to and work within a healthcare context that will be markedly reshaped. No single book could fully meet the needs of those who will provide care in a legal environment hostile to their patients' interests and rights and which limits their ability to practice evidence-based and patient-centered medicine. Nevertheless, *Reproductive ethics in clinical practice* offers clinicians a highly useful resource, modeling approaches to ethical care and offering tools to help clinicians discern and deliver it.

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<sup>5</sup>Foster, D. G., Biggs, M. A., Ralph, L., Gerdt, C., Roberts, S., & Glymour, M. M. (2018). Socioeconomic outcomes of women who receive and women who are denied wanted abortions in the United States. *American Journal of Public Health, 108*(3), 407–413.