

**Rosemarie Tong**

The University of North Carolina at Charlotte  
Distinguished Professor in Health Care Ethics  
Director, Center for Professional and Applied Ethics  
Department of Philosophy

9201 University City Boulevard  
Charlotte, North Carolina 28223-0001

Office: 704-687-2850

Center: 704-687-3542

FAX: 704-687-6943

[rotong@email.uncc.edu](mailto:rotong@email.uncc.edu)

# **Health Care Ethics in the New Millennium: Working Towards Care-Focused and Power-Focused Approaches to Bioethics (Mexico)**

## **I. Principlism (Tom Beauchamp and James Childress)**

- The Principles
  - Respect for Autonomy (a norm of respecting decision-making capacities)
  - Nonmaleficence (a norm of avoiding the causation of harm)
  - Beneficence (a group of norms for providing benefits against risks and costs)
  - Justice (a group of norms for distributing benefits, risks, and costs fairly)
- Why These Principles and Not Some Other Ones?

- Problems with Principlism
  - What do each of these principles mean in context?
  - How do we balance these principles against each other? What if your “balancing act” differs from mine?
  - A tendency to privilege autonomy over the other principles in the U.S. (other nations might select another principle as their favorite)
  - A tendency towards abstraction and rationalism
  - A tendency towards legalism and proceduralism

## **II. Casuistry (Al Jonsen and Steven Toulmin)**

- Health care decisionmakers are like a group of judges who rely on past precedents— certain landmark cases whose results are widely accepted—to resolve new moral cases brought to their court.
  
- Problems with Casuistry
  - Who are the judges?
  
  - What do you do when the paradigm for cases starts to break down? (Quinlan, Cruzan, Schiavo, Wendland, Bouvia)

### III. Narrative Ethics (Charon, Montello, Lantos, Lindemann)

- It is impossible, or at least very difficult to know what to do (or not to do) for a particular patient unless one knows who that patient is—what his or her autobiography sounds like—what his or her human relationships are like.
- Not only context and particularity but also perspective play a role in narrative ethics. Especially effective is the telling of “counterstories.” Hilde Lindemann defines counterstories as “narratives of resistance and insubordination that allow communities of choice to challenge and revise the paradigm stories of the ‘found’ communities in which they are embedded.”
- Problems with Narrative Ethics
  - Do the people who tell the best stories get to decide what is right to do?
  - What if a patient refuses to tell his/her story, or cannot tell his/her story, or has a very confused story to tell?

#### **IV. Moral Sentiment Theory (Hume, Baier, Blum)**

- Morality is about developing not only a range of rational and analytic skills but also a range of emotional and interpretive skills, including those habits of heart that have not been emphasized in Western secular ethics
  - Doing good because it is my duty as opposed to doing good because I want to do it
  - Doing good deliberately versus doing good spontaneously
  - Morality is about more than conscientious—that is, possessing the desire to do what one regards as one's duty. It is about kindness—going over and beyond duty, walking that extra mile.

- To act morally it is not enough to do right things for the right reasons. One must also do them with the right feelings
- Problems with Moral Sentiment Theory
  - Appropriate versus inappropriate feelings
  - What if I don't feel or cannot feel no matter how hard I try?

## V. Virtue Theory (Aristotle, Confucius, MacIntyre)

- Morality is more than the attempt to follow a set of rules or to apply principles appropriately. It is about the struggle to be a good and whole person
- Aristotle's Doctrine of the Mean (Excess versus Defect)
- Confucian Virtues
  - Li (propriety)
  - Cheng (fidelity, loyalty)
  - Ren (human-heartedness)

- MacIntyre
  - Justice (What is owed to whom)
  - Courage (Take risks)
  - Honesty (Credit where credit is due)
  
- Problems with Virtue Theory
  - Are there universal virtues or are they all culture specific?
  - Can virtue be taught? What if a child is surrounded by non-virtuous adults? Can one learn to be virtuous later in life?
  - Which is worse? The good person who does wrong things or the bad person who does good things?

## VI. Care-Focused Approaches to Bioethics

- Non-Feminist Approaches

- Religious (Christian)

- Warren Reich (Caring as an attitude of worrying about someone)

- Meanings of Care

- ✓ Anxiety, anguish, or mental suffering

- ✓ Basic concern for those persons, institutions, or ideas that truly matter to oneself

- ✓ Solicitous, responsible attention to tasks

- ✓ Having a regard for and attending to the specific needs of a person

- Care of sick persons versus care for or about sick persons (treating versus healing)

- Alisa L. Carse

- Commitment to qualified particularism (“highlights concrete and nuanced perception and understanding, including an attunement to the reality of other people and to the actual relational contexts we find ourselves in”)

- Commitment to affiliative nurture (“asserts the importance of an active concern for the good of others and of community with them, of a capacity for sympathetic and imaginative projection into the position of others—and of situated-attuned responses to others’ needs”)

- Feminist Approaches

- Carol Gilligan

- Nel Noddings

- General Goals

- Rehabilitate culturally-associated feminine values such as compassion, empathy, sympathy, nurturance and kindness

- Question conceptions of justice that are wrongly blind to people's particularity—especially their differences in gender, race, ethnicity, class

- Problems with both Non-Feminist and Feminist Care-Focused Approaches to Bioethics

- Improper Caring (masochism, manipulation, servility)

- Proper Caring

- Fulfills the one caring

- Calls upon the unique and particular individuality of the one caring

- Is not produced by a person in a role because of gender, with one gender engaging in nurturing behavior and the other engaging in instrumental behavior
- Is reciprocated with caring, and not merely the satisfaction of seeing the one cared for flourishing and pursuing other projects
- Takes place within the framework of consciousness-raising practice and conversation

## **VIII. Power-Focused Approaches to Bioethics**

- Non-Feminist (Focus on Race, Class, Age, Nationality)
- Feminist (Focus on Gender)
- Common Features
  - Passionate about justice
  - Challenge systems, structures, or sets of norms that create and/or maintain patterns of human domination and subordination, particularly those rooted in gender (women working for large multinationals, sex-industry, physician-nurse divide, certain patterns of caring for others).
- Problems with both Non-Feminist and Feminist Power-Focused Approaches to Bioethics
  - It is hard for people to give up power
  - It is hard to confront people in authority
  - It is hard not to want power

## **IX. Example of Care-Focused and Power-Focused Approaches to Bioethics at Work: Looking Through the Lens of Gender**

- **"Sons and M(others): Framing the Maternal Body and the Politics of Reproduction in a South Indian Context" (Radha S. Hegde) (Female Infanticide)**

### **Case One**

- **Jaya** already had one daughter.... had recently given birth to another
  - "He did it, he did it."
  - "Now, Jaya, will you get pregnant again, or what?"
  - "I will give him his male child."
  - "This is my daughter...she saw the baby soon after it was born."

## Case Two

- **Kumari:** (gave birth to five girls...three still living...baby is among the three)
- "What do you think? I am going to raise this child on your stupid ten rupees and wash clothes? Hey look here. I have given birth to five girls, this is my third living daughter. I am a totally useless, uneducated woman, but I am angry. I have just given birth to this thing, but I will produce a son, and I will keep on having babies until I get my son."
- "That bitch, my mother, stopped me from killing this girl, so I threw my mother out. Get out, go, I told her and chased her out of my house. What shall I do? Will you keep five daughters?"

- Kumari could not control her outburst: "If I kill, then they say she has no conscience, she's not a mother. If I don't they ridicule me that I have all girls, good for nothing girls. You want to put me in jail, go ahead. But no, you tell me, you will give me a present for ten rupees. Or you tell me that you will give me a goat to milk. What do you people take me for?"
  
- Kumari turned to me and said, "Listen, I don't care a damn about my health, I will have another and another till I have a son. I will kill them all till I get a son."
  
- Then, in an unexpected move, she imitated my accent and said, "You will hold your child like this..." She cradled her hands near her chest and rocked the imaginary baby gently. "But I am an uneducated woman and I do this." With that she pushed the cradle with a violent kick. "A woman has no guarantee."

- "I know what Amma wants to know."  
Again the laughter. "She wants to know how and what I will use to kill my child. Where did you do it, what sleeping pills did you use?" She sighed, rocked her child some more, and after a few minutes, she said, "What to you know of my suffering?" Within seconds, she regained her sarcastic vehemence and talked about the killing: "It is not difficult at all. Five minutes. That is all it takes."
  
- She looked at the social worker and asked where I was from: "Ceemay, right?" It was her guess that I came from overseas. She snapped at me: "So, Amma, how many children to you have?" I replied that I had one. "Oh," she exclaimed sarcastically. "Then what did you do? Did he or you?" Then as if I were not even present, Kumari added: "She probably got operated after one. See her handbag. I know her type." (My pocketbook from the United States

assumed emblematic proportions,  
standing in for elitism and liberation in  
Kumari's mind.)

- Kumari's husband interjected for the first time from outside the room, "She is a nut. There is no changing her." His words captured his total disregard and rejection of her feelings and anxieties. In his eyes, Kumari was nothing more than a ranting unproductive maternal body. Kumari's husband was not interested in talking about 'women things' with me. The subject of children, of girls vs. boys, was not a topic he cared to talk about, particularly with another woman!

## Case Three

- **Pandi** (has come to an adoption center to give up her sixth daughter)
  - "Who will take care of you in your old age?...Who will light your husband's pyre?...I give you a prince and you bears girls for outsiders to marry. Who are you producing these girls for?"
  - Her husband was already in the process of divorcing Pandi and remarrying.
  - Pandi had resisted infanticide every time it was broached by mother-in-law.
  - "Never, never be born a woman."
  - Pandi was planning on how to get a loan to set up a small produce stand. She would fend for herself and her daughters. She would no longer try to produce a son

▪ **Negotiating Reproductive Rights:**  
**Women's Perceptives Across Countries and**  
**Cultures** (Rosalind Petchesky and Karen  
Judd, eds.) (International Reproductive  
rights Action Group)

○ Nigeria, Philippines, Brazil, Egypt,  
Mexico, Malaysia, U.S.A.

➤ Women respondents in all seven countries aspire to control their own fertility, childbearing and contraceptive use, although social, institutional and legal barriers may prevent them from succeeding. Often this sense of entitlement is acted upon in conscious transgression of community and religious norms and--prompted by fear of violence or harsh reprisals--in secrecy from parents, husbands, partners and authorities.

➤ The primary justification women use for their sense of reproductive entitlement is motherhood: that

they (not husbands or partners) suffer the greatest burdens, pains and responsibilities of pregnancy, childbearing and childrearing and therefore have earned the right to make decisions in these arenas. This awareness partly reflects the context of massive urban migration and diminishing social and familial supports for child care.

- The extent to which respondents were both willing and able to express and act on their own judgments concerning sexuality and reproduction varied significantly over the life cycle and between generations. But the patterns differed among the countries, with sometimes young, unmarried women exhibiting the strongest sense of entitlement and other times older women who had passed the time and test of motherhood.
- Women are in dialogue with religion but do not let it govern

either their behavior or their ethical reasons with regard to fertility control. In Brazil, Egypt and the Philippines, they often imagine a forgiving God who understands their need to have an abortion, use contraception, or refuse unwanted sex with husbands. However, religious authorities still wield great power over women's ability to realize their sense of reproductive entitlement as well as their sense of sexual entitlement.

- In most settings, women's empowerment to act on their sense of entitlement in reproductive and/or sexual decisions was significantly enhanced by having earnings of their own, whether through working outside the home or some kind of home-based work. Yet in all settings, women are still assuming the gender-linked responsibilities of the 'double day.'
- In some settings, belonging to community groups or unions

appeared to be one of the strongest factors motivating a sense of entitlement and, above all, the freedom to express it openly; but the latter cases are specific to certain local and political conditions.

- Most respondents express little entitlement to sexual pleasure, either to have it or to show need for it. This is in contrast to their strong and frequently articulated sense of entitlement not to be subjected to violence from husbands or unwanted sex. But the minority who do claim sexual enjoyment or autonomy do so unapologetically.
- With great consistency, respondents in all country settings complained about the poor quality, inaccessibility, and high cost of reproductive health and family planning services; above all they resented the disrespectful and abusive treatment they received from medical providers. Ironically, negative public encounters may enhance women's sense of entitlement, and for many women institutional claims may be easier to articulate than personal ones.

## **X. Conclusions**

- Unless people care about each other, ethics talk is just so much babble or clanging cymbals.
- Political, economic, social, cultural and/or religious practices, policies, and conditions--structures of power--can make it very difficult for people to care for themselves and each other.
- Health care givers need to be honest enough to recognize the ways in which they use their power to contribute to some of their patient's oppression
  - by denying their patients reproductive/genetic services or, alternatively by imposing reproductive/genetic services on them;

- by making their patients feel guilty about “complaining,” not doing as they are told, finding themselves in a reproductive predicament, not being caring enough;
- by not doing anything actively to help their patients recognize, let alone challenge the social, economic, and political forces that contribute to their relative lack of health;
- by not working to create a just society in which all their patients are treated as well as they are.
- Unjust power maintains itself by hiding the evidence of its abuses. Feminist bioethics, like all liberatory bioethics, exposes this evidence and seeks to heal its ravages at the social as well as individual level.