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Feminist Health Care Ethics Consultation

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FEMINIST HEALTH CARE ETHICS CONSULTATION

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Introduction

In this paper, we explore the implications of feminist health care ethics for ethics consultation. We conclude that both the process and the substance of health care ethics consultation will be affected when feminism, feminist ethics, and feminist health care ethics are introduced — new approaches will be taken, new techniques used, new goals pursued, old questions examined in a new light, and new questions asked.

Feminism

Let us start with an examination of the word 'feminism'. It must be stressed at the outset that feminism is not a monolithic system. There are many kinds of feminism. Liberal feminism, for example, focuses mainly on the legal and political changes necessary to guarantee women formal rights that are equal to those of men. It embraces an individualistic vision of persons and interpersonal relationships. Socialist feminism, on the other hand, examines the role of economic systems in oppression and it attacks capitalism and patriarchy together. It embraces a vision of persons and their relationships as socially constructed.

However, a common thread through this diversity is the belief that women are oppressed and this oppression must be exposed and eliminated (oppression is understood here as an interlocking series of restrictions and barriers that reduce the options available to members of a group defined by morally insignificant characteristics, here sex).

The oppression of women is difficult (if not impossible) to deny. The following statistics provide examples of the oppression of women in Canada today:

> At some point in their lives, about half of all women have been victims of unwanted sexual acts and about four in five of these incidents first happened to the victims when they were children or adolescents (1, p. 175).
>
> Almost one million women in Canada may be battered each year(2).
>
> A much higher proportion of female lone-parent families are below Statistics Canada's low income cut-offs compared to husband-wife and male lone-parent families. In 1987, 57% of these families had low income compared with 8% and 17% for the other two groups respectively (3, p.107).
>
> Elderly unattached women are among the poorest Canadians. In 1987, their average income was $13,596 which was ...85% of the average for elderly unattached men (3, p. 108).

Aside from these stark examples of explicit oppression, women are also oppressed implicitly through, for example, the male bias of ordinary language and the near invisibility of women in many spheres of influence (e.g., among political and business leaders and in many academic disciplines).

For some feminists, exposing and eliminating the explicit and implicit oppression of women is the defining goal of feminism. For others, this goal is balanced against other goals (for example, the elimination of oppression of racial minorities). The diversity of values held by feminists is reflected in the diversity of feminist responses to particular issues. However, because of restrictions of space and scope, much of this diversity is not captured in this

paper. The goal of exposing and eliminating the oppression of women is treated as the defining goal of feminism.

Feminist Ethics

Feminist ethics is an approach to ethics which: [1] challenges some of the central assumptions and practices of traditional ethics; [2] attends to (and treats as legitimate) different patterns of moral decision-making; [3] asks how particular issues under consideration relate to the oppression of women; and [4] introduces new issues. In all of these activities, feminist ethics seeks to eliminate the oppression of women. Let us consider each of these activities in turn.

First, feminist ethics challenges traditional ethics. It does this in several ways. One way is to point out the gender bias and outright misogyny in many of the classic texts in traditional ethics. For example, it points out that Rousseau's views were constructed around his belief that women were suited by nature

> to please and to be subjected to man. . . . Woman is made to put up even with injustice from him. You will never reduce young boys to the same condition, their inner feelings rise in revolt against injustice; nature has not fitted them to put up with it (4, pp. 86-87).

In addition, feminist ethics challenges traditional ethics by questioning some of the central concepts upon which it rests. Consider, for example, the conception of moral agency that provides the foundation for the theories of such traditional moral philosophers as Aristotle and Kant. Moral agents, much of traditional ethics holds, are rational, self-conscious, independent, autonomous individuals. However, these terms are often defined as male rather than human capacities. In contrast with many traditional ethics theorists, many feminists observe that moral agents are inextricably bound up with and defined by their

relationships with others. Recognition of this social nature of moral agency provides the foundation for many feminist critiques of traditional ethics.

Second, feminist ethics attends to (and treats as legitimate) patterns of moral decision-making commonly associated with women. It often takes the work of Carol Gilligan as the starting point for this (5). In her book *In A Different* Voice, Gilligan noted that girls and boys tended to respond differently when presented with vignettes depicting moral dilemmas. The girls were more likely to adopt what Gilligan called an ethic of care and the boys were more likely to adopt what Gilligan called an ethic of justice (i.e., the traditional approach to ethics). The ethic of justice is defined by its commitment to abstract, public, universalizable principles. The ethic of care involves flexible, context-dependent, creative solutions developed to fulfil special obligations to another person's welfare based on a relationship with that person.

An example of the two approaches comes from a psychological study conducted by D. Kay Johnston (6). In this study, children were asked to respond to the following fable:

> It was growing cold, and a porcupine was looking for a home. He found a most desirable cave but saw it was occupied by a family of moles.
>
> "Would you mind if I shared your home for the winter?" the porcupine asked the moles.
>
> The generous moles consented and the porcupine moved in. But the cave was small and every time the moles moved around they were scratched by the porcupine's sharp quills. The moles endured this discomfort as long as they could. Then at last they gathered courage to approach their visitor.
>
> "Pray leave," they said, "and let us have our cave to ourselves once again."
>
> "On no!" said the porcupine. "This place suits me very well" (6, p. 71).

The following children's responses reflect the universal, impartial attitude typical of the ethic of justice:

> The porcupine has to go definitely. It's the mole's house.
>
> It's their ownership and nobody else has the right to it. . . .
>
> Send the porcupine out since he was the last one there (6, p. 53).

Those children who used the ethic of care, on the other hand, tried to meet the needs of both of the animals. Refusing to see the fable as a binary choice or a "win-lose" situation, they responsed:

> There'd be times that the moles would leave or the porcupine would stand still or they'd take turns doing stuff — eating and stuff and not moving. . . .
>
> The both of them should try to get together and make the hole bigger. . . .
>
> Wrap the porcupine in a towel (6, p. 53).

Feminist ethics attends to these two different patterns of ethical decision-making and, in contrast to traditional ethics, views both of them (and others) as being legitimate in certain contexts.

Third, feminist ethics asks how particular issues under consideration relate to the oppression of women. Consider, for example, the issue of nationalized daycare. Feminist ethics requires that we recognize the enormous impact that responsibility for childcare has on the feminization of poverty and the limits it places on the participation (and advancement) in the workforce by women amd insists that these considerations be attended to in our evaluations of which policy option is ethically acceptable.

Fourth, feminist ethics introduces new issues. Consider, for example, pay equity. For many years, it was simply accepted that men should be paid more than women (even for the same job). The issue of justice was raised by feminists and the topic of pay equity came to the fore (and is now the subject of legislation in Manitoba, Ontario, New Brunswick, Nova Scotia, and Prince Edward Island).

Common to all of these efforts is the commitment of feminist ethics to eliminating oppression. Feminist ethics requires that once oppression has been exposed (through any of the preceding four steps), it be eliminated.

Feminist Health Care Ethics

Health care ethics is the philosophical and political analysis of ethical issues arising in the practice of the health care professions from a feminist perspective. Feminist health care ethics: [1] challenges traditional health care ethics at both a theoretical and a practical level; [2] exposes oppression at the micro, meso, and macro levels; and [3] seeks to eliminate oppression in health care. Let us consider each of these in turn.

First, feminist health care ethics challenges traditional health care ethics at a theoretical as well as a practical level. For example, at a theoretical level, feminist health care ethics challenges the approach to bioethics that simply recites the principles of autonomy, beneficence, non-maleficence, and justice and applies them in an abstract, universal, acontextual way. Many feminist health care ethicists have rejected this approach as unhelpful and misguided since, among other things, it relies entirely upon what Gilligan called an ethic of justice and ignores what she called an ethic of care.

At a practical level, feminist health care ethics claims that in many ways women's interests have been ignored by traditional health care ethics. It claims that, in North America, we should not discuss issues such as the acceptability of institutionalizing patients

for mental illness without considering the fact that women constitute more than two-thirds of this patient population (7). We should not discuss the rationing of scarce medical resources to the very old without considering the fact that women form a majority of the elderly population. We should not discuss right-to-die issues without noting that women's requests have been treated with less seriousness than men's (8). And yet, as feminist health care ethics notes, almost all of the discussion of these issues in health care ethics has been conducted without considering these facts and their implications for the oppression of women.

Second, feminist health care ethics exposes oppression at the micro, meso, and macro levels. It exposes oppression at the micro level of physician-patient interaction. For example, rather than merely addressing the issue of patient competence when autonomy questions arise, it also considers carefully the conditions of coercion that systematically confront women and undermine the voluntariness of their choices. It exposes the power imbalance between physicians and patients and considers the implications of this imbalance for women.

Feminist health care ethics also exposes oppression at the meso level of group interaction. For example, it asks why women have routinely been excluded from cardiovascular disease research even though cardiovascular disease is the leading cause of death in women in the United States (9).

It also exposes oppression at the macro level of policy. For example, it demands that the implications for women be considered before policy decisions are made. So, for example, before deciding to routinely discharge elderly patients into the community, the decisionmakers should consider the fact that women in the community will bear the brunt of caregiving.

Third, because feminist health care ethics seeks to eliminate the oppression of women, it encourages us to work to restructure the health care system and to correct the power imbalances that run throughout it. Since there is so much oppression of women by and in the health care system, the elimination of oppression will have a profound effect on all aspects of health care.

Feminist health care ethics also asks that health care ethicists be more aware of (and seek to eliminate) bias within the field of health care ethics with respect to race, national or ethnic origin, colour, religion, sex, age, mental or physical disability, and sexual orientation. Efforts should be made to facilitate entry into and progress within the field of health care ethics for women and members of minority groups. Attention should be paid to missing perspectives (both in terms of process and substance).

Therefore, it can be concluded, feminist health care ethics challenges traditional health care ethics. It demands that attention be paid and respect be given to different patterns of moral decisionmaking, that we ask how particular issues will impact on women, that we introduce new issues, and that we fight to eliminate the oppression of women (10).

Feminist Health Care Ethics Consultation

In light of the preceding discussion, what follows for feminist health care ethics consultation? For the purposes of this paper, health care ethics consultation is understood to include case consultation in clinical and research settings, case review by Ethics Committees and Research Ethics Boards, and policy formulation in health care institutions.

Let us consider in turn the process and substance of one possible vision of feminist ethics consultation.

Process

First, feminist ethics consultation attends to (and treats as legitimate) different patterns of moral decisionmaking. It eschews the exclusive use of abstract, public, universalizable principles and looks for flexible, context-dependent, creative solutions to ethical problems.

Second, feminist ethics consultation seeks to eliminate the oppression of women. This activism can take many forms, inside or outside health care institutions, ranging from exposing and

condemning oppression in the clinical unit to exposing, condemning, and combatting oppression in the corridors of power. Consider the following examples of attempts to eliminate oppression: challenging those who make sexist remarks during rounds; refusing to endorse a cardiovascular disease research protocol that serves only men's health needs; spearheading a campaign within a hospital to restructure the organizational hierarchy so that non-physician health care professionals have the same opportunity as physicians to set policies for the hospital; and lobbying government agencies to fund research into diseases that predominantly affect women (for example, breast cancer) at the same rate that they fund research into diseases that predominantly affect men. Every individual feminist ethics consultant has her/his own level of activism. But whatever the level, what is present in a feminist ethics consultation is a commitment to eliminating oppression.

Third, feminist ethics consultation seeks to empower women. This activism can also take many forms (inside or outside health care institutions). Consider the following examples of attempts at empowerment: ensuring that individual women (patients and health care professionals) know how to and are free to access an ethics consultant; refusing to endorse a research protocol that does not guarantee disclosure of all relevant information to the prospective female subjects because the researchers fear that they will "irrationally" refuse to participate; and participating in the development of a community women's health clinic designed to provide women with self-help approaches to health care.

Given that the "process" described above is not typically that used by ethics consultants, feminist ethics consultation could have a radical effect on the practice of consultation.

Substance

Feminist ethics consultation addresses the standard ethical concerns from a feminist perspective. It also asks how particular issues under consideration relate to the oppression of women. For example, in a meeting about a new hospital discharge planning

policy, the feminist consultant might raise concerns about who is likely to bear the brunt of caring for those who are released and about what could be done to prevent the burden from falling disproportionately upon women.

Feminist ethics consultation also introduces new issues. In the past, much of the attention in ethics consultation has been on control issues such as the right to refuse treatment through an advance directive. Although these issues tend to be extremely important to those who are used to having control over their lives, they may have less importance for those who are used to having little or no personal control (i.e., women).

In addition, many of the issues upon which ethics consultation has tended to focus have been the issues of concern to those with privilege. Feminist ethics consultation raises new issues — issues relevant to those who are oppressed. For example, at a meeting about a new selection policy for the hospital's fertility clinic, the consultant might ask why single women are excluded. At a meeting about waiting list criteria for organ transplants, the consultant might ask why the hospital is funding transplants instead of a free birth control clinic or a drug abuse treatment centre for pregnant women. At an annual meeting of the Canadian Bioethics Society or the Society for Bioethics Consultation, feminist ethics consultants might ask why the field of ethics consultation is so dominated by white men, how the interests of women, people of color, and other oppressed minorities can be better represented by those currently in the field and how more women, people of color, and other oppressed minorities can be encouraged to enter the field.

Through casting old questions in a new light and asking new questions, feminist ethics consultation should be able to contribute meaningfully to the elimination of the oppression of women.

Conclusion

Health care ethics consultation is a relatively new practice. It has made many important contributions to the well-being of

those who interact with health care professionals and institutions by critiquing the health care system. However, health care ethics consultation is now at a point where it should look carefully at what is being done and how it is being done. This self-reflection could benefit from attention being paid to feminism, feminist ethics, feminist health care ethics, and feminist health care ethics consultation.

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