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*Ethical aspects of reproductive and  
sexual health*

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## *A note first...*

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*Ethical reflection on any issue, no matter how controversial, has to be grounded in rational argument.*

*Arguments are ultimately produced by individuals, who must bear responsibility for them.*

*Therefore, the arguments in this conference are solely of my responsibility, not that of WHO, the University of Geneva or any other organisation.*

# Reproduction: health objectives and ethical issues

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**Today**, reproductive health and sexual health are major, world-wide, health objectives and human rights concerns.

*An example:* family planning has made considerable, world-wide progress in the last decades.



# A bit of history

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**In every historical period and everywhere**, sex and reproduction have been an important topic of ethical reflection. In turn, ethical views on this topic reflect prevailing beliefs about:

- the link between sexuality and reproduction,
- the place of women and children in society,
- the facts of prenatal life as seen by different cultures in different times.

# Various moral traditions

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## **Antiquity in Europe:**

Various objectives of contraception/abortion were already debated:

- to limit family size,
- to control demographic growth,
- to dissociate sex from reproduction.

## **Middle Ages:**

- Christian hostility to sexual pleasure without reproduction,
- naturalistic thinking (the idea that it is good to « follow nature »).

# Biology matters

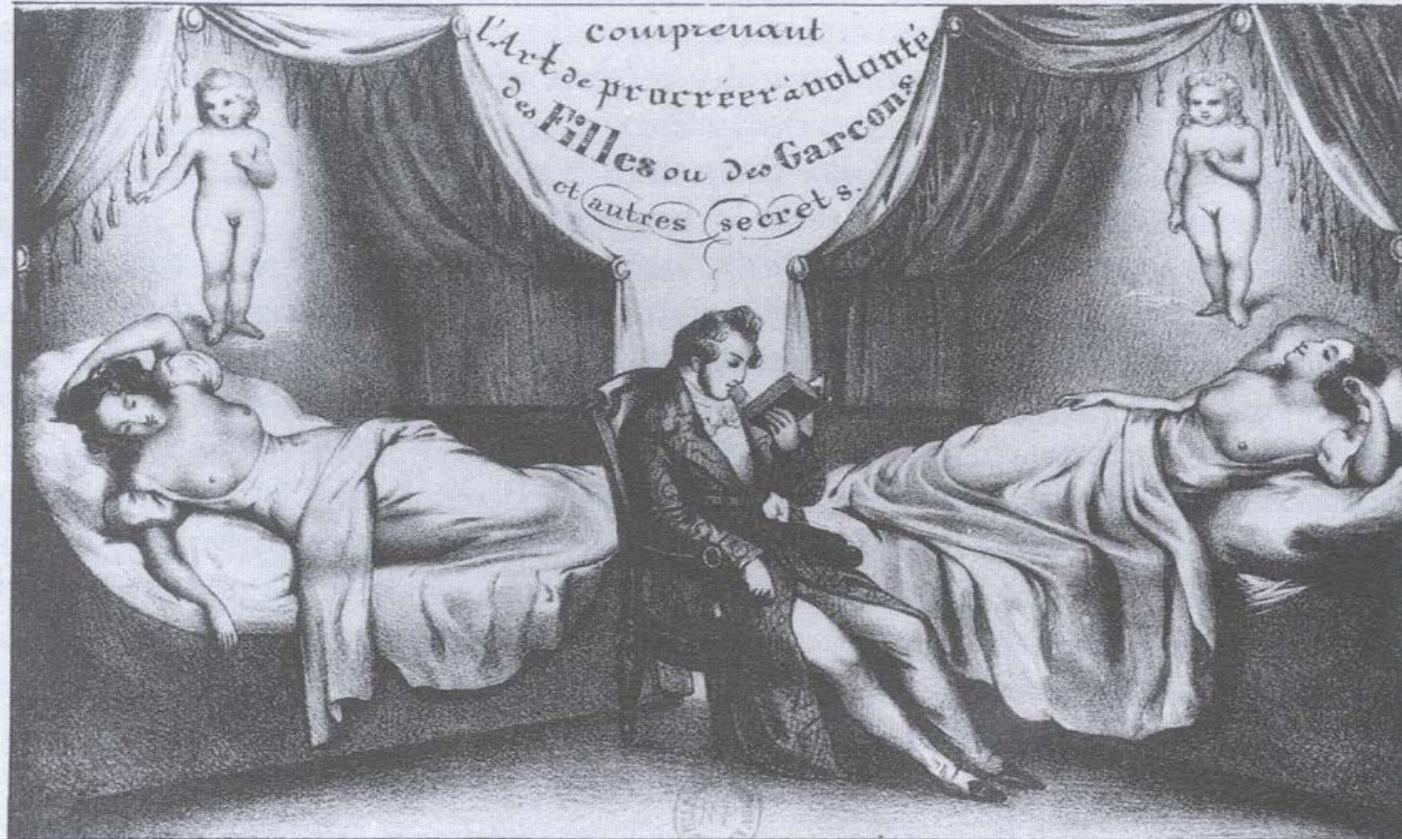
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1 - The difference between contraception and abortion may be clear for us. It wasn't for most of history and still isn't for many peoples today that have various folk-beliefs about conception and early human development.

Examples:

- The popular idea that one can control the gender of one's offspring is widespread across all times and places;
- popular debates on mifepristone or IUT (what is the limit between contraception and abortion?)

# LES SECRETS DE LA GÉNÉRATION.



Côté des Garçons.

Côté des Filles.

*Les secrets de la génération, comprenant l'art de procréer à volonté des filles ou des garçons (couchée sur le côté droit, elle aura un garçon, sur le côté gauche, une fille).*

Gravure XIX<sup>e</sup> siècle, vers 1845.

Ph. © J. L. Charmet

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2 – At first sight, the dissociation between sex and procreation may seem a novelty due to modern contraception. In fact, it is deeply rooted in human physiology and psychology:

***Homo sapiens* has always been different from other animals in being uniquely interested in sex for its own sake.**

# Two ethical perspectives on birth control

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- 1- The *individual* point of view, grounded in the human rights tradition. The emphasis tends to be on personal rights and welfare, and the extent to which actions and policies promote them. Ethical reasoning is mostly based on deontological arguments invoking rights and obligations.
- 2- The *collective* point of view, concerned mostly with population issues and the aggregate results of individual behaviours on health and demography. The emphasis tends to be on utilitarian ethical arguments, that approve of actions and policies to the extent that they promote “the greatest good for the greatest number”. Communitarian views, that promote the collective values of specific communities can also be influential.

# Deontological vs. Utilitarian ethical theories (1)

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- *The deontological tradition* in ethics is based on the existence of general moral obligations, that have validity independently of their concrete consequences in specific cases. In the West, this tradition harks back to religious codes of conduct and to the philosophy of Emmanuel Kant (1724-1804). In its modern form, it gives prominent weight to autonomous decision-making and the generality of rules.
- *NB: Deontological obligations can be overridden, but only by other deontological obligations, not by simply showing that applying a given rule has unfortunate consequences in a particular instance.*

# Deontological vs. Utilitarian ethical theories (2)

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- *The utilitarian tradition* in ethics asserts that actions are right or wrong if their consequences are good or bad. The correct action is the one that gives the best aggregate outcome. In its strictest form (not the only one), utilitarianism admits only of one ethical principle: the principle of utility, according to which one ought to act in such a way as to produce the most value and the least disvalue.
- Rules do have a place in utilitarianism, but they can be relatively easily overridden in particular instances, by « calculating » the prospective good or bad outcomes of a given action.

# Two "streams of thought" in history (1)

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## 1- Thinking about population and "the wealth of nations"

- mercantilism (17 century) > classical economics (18 c.)  
> marxism > contemporary economics and demography  
(ex: debate about "the demographic dividend").
- Thomas Malthus (1800) > malthusian and antimalthusian doctrines (19 c.)  
> the birth control movement (20 c.).



# Two "streams of thought" in history (2)

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## 1- The Human Rights tradition

- ❑ civil liberties (18c. revolutions, Enlightenment)

*"negative rights"*

- ❑ social rights (19-20c.)

*"positive rights, entitlement rights"*

> women's rights

> reproductive rights (1968 Tehran, 1994 Cairo, 1995 Beijing).

# Reproductive rights are human rights (1)

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## Reproductive rights entail:

- ❑ Freedom to decide **whether, when and how many** children to have.
- ❑ Right to:
  - modern family planning information,
  - modern family planning methods.
- ❑ Right to control one's own sexuality.

# Reproductive rights are human rights (2)

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## **Reproductive rights can clash with:**

- 1- National claims and policies
- 2- Community claims and policies.

***Physicians must reflect on their ethical commitment to personal vs. community values.***

***Physicians must be clear on their ethical commitment to the health and welfare of individuals, families and communities, over and above any other commitments.***

# International legal instruments

(after: <http://www.acpd.ca/compilation/contents.htm>)

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## ❑ **The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1981)**

Nota bene: the following articles are particularly relevant:

Articles 11(1)(f), 12, 14(2)(b) – equal rights with regard to health

Articles 10(e), 14(b) and 16(e) – equal right to receive and impart information

Articles 10, 14(2)(d) – equal right to education

Article 16 – equal rights to marry and found a family

Article 16 – equal rights to private and family life

*Art. 16 « (States ... shall ensure, on a basis of equality of men and women: ) (e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights »*

# International legal instruments

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- **The International Covenant on Civil and Political Rights (ICCPR, 1976)**

Article 3 – equal right of men and women to enjoy civil and political rights

Article 6 – right to life and survival

Article 7 – right to be free from inhuman or degrading treatment

Article 9 – right to liberty and security of the person

Article 17 – right to protection against unlawful interference with privacy, family or home

Article 18 – freedom of religion

Article 23 – right to marry and found a family

Article 26 – right to equality before the law and equal protection

# International legal instruments

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## □ **The International Covenant on Economic, Social, and Cultural Rights (ICESCR, 1976)**

Article 12 – equal rights with regard to health

Article 15(1) and 15(3)(b) – right to scientific progress

Articles 13 and 14 – right to education

Article 10 – equal rights to marry and the protection of the family

Articles 2(2) – right to non-discrimination on the ground of sex

Article 2(2) – right to non-discrimination on the ground of other status, such as age

Articles 2(2) – right to non-discrimination on the ground of disability

# Current controversies

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- ❑ Just like other human rights, reproductive rights are often violated;
- ❑ Just like other human rights, reproductive rights are often undercut by relativistic or communitarian arguments (« it's-all-a-Western-invention » - type arguments);
- ❑ More than ever, reproductive rights are the stuff of political controversy and this can impinge on the mission and work of doctors and health personnel.

*Example: The U.S. administration withheld funds from the UN Population Fund (July 2002) and recently stated it would withdraw support for the Cairo program of action (October 2002). It is critical of the « reproductive rights » concept, judging it to be implicitly favourable to abortion. The « Kemp-Kasten law » is also invoked against promotion of mifepristone.*

## *In conclusion...*

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« While there has been notable progress in implementing the actions called for in Cairo, international donor support for reproductive health programmes is far below what is needed. In 1994, Governments agreed that \$17 billion would be needed annually for reproductive health services by the year 2000, climbing to nearly \$22 billion by 2015 - two thirds would come from developing countries and one third from the developed. This commitment went against the trend. And since 1995, with a few exceptions, donors have been reducing rather than increasing support. The indirect effects could be even worse. Failure to meet the commitment of Cairo will spill over into many other areas of development, placing enormous stress on education, health care, housing, water, sanitation and all the other linkages involving economic development. For some countries, it will mean the difference between development and stagnation. For many individuals, it will mean the difference between life and death. »

Kwasi Odoi-Agyarko, laureate of the  
2002 United Nations Population Award

## *For further reading...*

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- ❑ Dixon-Mueller, R. *Population Policy & Women's Rights: Transforming Reproductive Choice*. Praeger: Westport, Conn. (1993).
- ❑ Steinbock, B, Arras, JD, London, AJ. *Ethical Issues in Modern medicine, 6th edition*. Boston: McGraw-Hill (2002). Part four: Reprogenetics.
- ❑ Global Reproductive Health Forum at Harvard  
<http://www.hsph.harvard.edu/grhf/>
- ❑ Population Council:  
<http://www.popcouncil.org/>
- ❑ International Planned Parenthood federation:  
<http://www.ippf.org/>