

Bioethics Notes

Sept, 2004

" If you want something said, ask a man. If you want something done, ask a woman."

Margaret Thatcher

Consult Services

We would like to remind you that the Bioethics Review and Advisory Committee in Danville provides ethics consultation services. We have an alphanumeric pager (2229). Anyone can request an ethics consultation. Page directly by phone, or leave a text message using the Infoweb Phone Directory. Enter "2229" in the Directory Search and then click on the "Quick Page" button.

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Case Study

Congratulations! It has been 84 years since the passage of women's suffrage, on August 26th, 1920. Amendment 19 to the United States Constitution is short and to the point:

"The right of citizens of the United States to vote shall not be denied or abridged by the United States or by any state on account of sex. Congress shall have power to enforce this article by appropriate legislation."

Don't break out the party favors yet, however, because there's still a lot of suffering going on (see "[Plenty of setbacks 84 years after suffrage](#)" by Ellen Goodman), and that includes the health-care sector. One way to examine these gender disparities is through the eyes of feminist ethics.

Two judgments are at the heart of all feminism: 1) Women are, as a group, worse off than men, because their interests routinely fail to be given equal consideration and 2) This state of affairs is unjust and should be remedied. Feminism is not about power, it is about empowerment, and feminist approaches to ethics beckon us to consider how power disparities influence moral reasoning. Feminist approaches to ethics have global relevance because this ethic requires an examination of all oppressive power differentials, in any subordinated group, not just that of women. Inclusion, rather than autonomy, is a central theme in most feminist political theories.

Women's economic compensation continues to lag behind that for men, and both race and gender enter into the equation according to a recent study [Women's Economic Status in the States](#). This earnings differential is also prevalent within the Ivory Towers of academe. The study [Compensation and Advancement of Women in Academic Medicine - Is There Equity?](#) concluded "female medical school faculty neither advance as rapidly nor are compensated as well as professionally similar male colleagues." If you remain unconvinced, consider the recent report [The Work, Family, And Equity Index, Where Does the United States Stand Globally?](#) issued by [The Project on Global Working Families](#), a research unit at the Harvard School of Public Health. Although the right to work is protected in the United States, decent working conditions lag behind other industrialized countries, especially the working conditions required to care for children and other family members. Women may have gained a place in the workforce, but they continue to carry the responsibility of child and family care. Some liberation. A woman can now have two jobs for less than the price of one.

Events

Join Us at Our Annual Bioethics Conference

April 13th, 2005

Hemelright Auditorium

Anticipated Topic

Conflicts of interest between the drug industry and health care practitioners

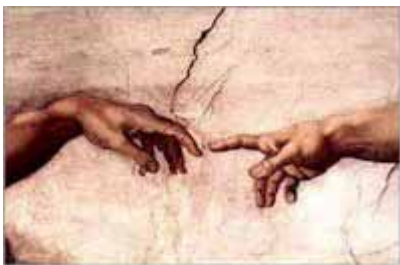
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The economic news is only one example of how women's interests continue to be subordinated. Consider the issue of pelvic examinations in anesthetized women. In several studies in both the United States and Great Britain,

Coldicott, Y., et al. (2003). "The ethics of intimate examinations---teaching tomorrow's doctors" *BMJ* 326(7380): 97-101

Ubel, P.A., et al. (2003). "Don't ask, don't tell: A change in medical student attitudes after obstetrics/gynecology clerkships toward seeking consent for pelvic examinations on an anesthetized patient." *American Journal of Obstetrics and Gynecology* 188(2): 575-579

Wall, L. and D. Brown (2004). "Ethical issues arising from the performance of pelvic examinations by medical students on anesthetized patients." *American Journal of Obstetrics and Gynecology* 190(2): 319-323

there remain students and educators alike who continue to believe the performance of pelvic examinations without prior patient consent is both acceptable and ethical. It's neither difficult nor unbelievable to imagine a room full of men, hunkering down to establish acceptable policies for performing pelvic exams. Intimate exams are often hidden beneath a veil of "implied" versus "explicit" consent. Perhaps women should decide similar policies for performing prostate exams on anesthetized men!

Many readers may be inclined to discount these few examples of how gender and power disparities enter into our ethical reasoning. That's a criticism feminists are all too familiar with, and this bias and disregard is what feminist ethics attempts to address. If you are interested in reading more about feminist ethics, a good review, by Rosemarie Tong can be found [here](#). For more detailed analysis, consider the following, No Longer Patient, Feminist Ethics & Health Care by Susan Sherwin, Feminist Perspectives in Medical Ethics, Helen Bequaert Holmes and Laura M. Purdy, editors, and Reproducing Persons, Issues in Feminist Bioethics by Laura M. Purdy.

Gentlemen, start your ovens!!

Respectfully submitted,
Robert B. Shabanowitz

The Bioethics Review and Advisory Committee gratefully acknowledges *The Degenstein Foundation*, whose funding helps support the educational activities of our committee. Feel free to forward *Bioethics Notes* to anyone interested. They can join by using the link below.

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