Reproductive Flourishing: A Framework for Teaching Reproductive Ethics in Clinical Education

Amy Michelle DeBaets

Introduction

Decisions about reproduction—whether, when, and how to parent children—are among the most important and impactful decisions that human beings make in our lives. Reproductive decisions affect virtually all of our other life choices, regarding education, careers, partners, and opportunities that are open or closed to us. When we make decisions about becoming parents, we make decisions that affect the shape of our whole lives and the lives of our children. Becoming a parent is not a decision that anyone should make lightly. Children are, by any measure, a major investment in time, money, and emotional and physical care.

And the decision about whether to become a parent is only the first of many major decisions that happens that profoundly affects both the parents and their child(ren). The timing of pregnancy and the choice to parent make a difference, in many cases, in the parents' access to resources such as education and jobs, even though discrimination against pregnant women is illegal. Pregnancy is physically demanding and can risk the pregnant woman's[1] life and health, especially in the United States, where maternal mortality is rising and remains the highest among all wealthy nations. Childcare is also expensive in the United States, and high-quality options remain out of reach for many. Healthcare can be difficult and costly to access, along with housing in areas with good schools.

But parenting can also be one of the most rewarding experiences one can have in life. Raising children is a tremendous opportunity to enjoy assisting young people

[1] While this chapter will generally refer to parents in gender-neutral terms, "women" will occasionally be used to refer to people who are pregnant. This is intended to appropriately identify the gendered nature of pregnancy and is not intended to exclude transgender men who may also become pregnant and whose particular issues will be addressed in a case study.

A. M. DeBaets (✉)
Oakland University William Beaumont School of Medicine, Rochester, MI, USA
e-mail: adebaets@oakland.edu

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to grow, develop, and find their way in the world. Bringing up children can be an amazing joy and privilege unlike any other. Seeing the light in their eyes as they learn; sharing the love of a caring family; guiding them as they develop their personalities, interests, and talents; and teaching them justice and kindness—parenting can be simultaneously overwhelming and overflowing with joy.

Healthcare providers have a unique opportunity to offer guidance and support to individuals and families who are making decisions about their reproductive futures. Physicians and nurses can offer contraception to those who are seeking to avoid having children, temporarily or permanently. They can assist people who wish to get pregnant and have healthy pregnancies. They can care for those whose pregnancies are unwanted or unsustainable. They can care for those giving birth and care for the children who are born. And they can help when people aren't certain what the best path is for them at any given time.

A variety of frameworks exist through which to teach clinicians and others about the key ethical choices to be made in reproductive medicine. Each has its particular benefits and challenges, as will be examined within this chapter. Another framework, reproductive flourishing, will be added because of its utility in teaching reproductive ethics in the context of medical education and clinical practice.

Natural Law

A group of traditional, and commonly utilized, frameworks for addressing ethical questions in reproductive medicine use the idea of natural law to determine what is ethically permissible for individuals to use to have or avoid having children. The most prominent of these natural law frameworks is based in Catholic theology. With respect to reproductive medicine, this perspective is outlined in the 1968 papal encyclical *Humanae vitae*, which places strict regulations on what is considered ethically permissible in avoiding or seeking pregnancy.

Within the strictures of *Humanae vitae*, that which is not "natural" is disallowed for reproduction. For instance, the use of hormonal birth control for contraception is considered impermissible, as it intentionally interferes with the body's natural ovulation cycles. The timing of sexual activity to avoid a woman's most likely fertile days, on the other hand, is considered permissible because it does not directly disrupt the body's natural mechanisms. Likewise, the use of ovulation-enhancing chemicals is considered acceptable, as it is intended to increase that which occurs naturally. But moving fertilization outside the body, as in IVF, is not considered acceptable because fertilization cannot naturally occur outside the body.

The focus of the natural law framework is to provide guidance for what is and is not ethically licit to utilize in reproductive medicine among those who accept the framework's structure and rationale. It has been used to provide justification for social regulatory and funding structures, namely, for limiting the options that people have for contraception, abortion, assisted reproduction, and sterilization. But it provides no guidance on what the best choice is for any given person or family at a

particular time, offers no help to those who do not accept its underlying assumptions, and has little to offer for other major decisions within reproduction outside of whether to use particular technologies to become or avoid becoming pregnant.

Reproductive Rights

The reproductive rights framework is grounded in an understanding of human rights that takes as its starting point the need for women, particularly, to be allowed a full range of access to reproductive technologies and choices in order to exist as social and political equals with men. The basic understanding of the reproductive rights framework has been stated by the United Nations' International Conference on Population and Development as:

> [Reproductive] rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in humans rights documents. (United Nations 2014, §7.3)

It is expressed in international documents like the Convention on the Elimination of All Forms of Discrimination Against Women, which has been widely, though not universally, accepted.

This rights framework is correlated to the natural law framework, in that both focus on what options for reproductive care should be available to individuals and their families, though the rights orientation focuses on minimizing strictures rather than providing them. It operates at a policy level as well, in arguing for why a wide range of options should be considered not only ethically licit but also readily accessible within the social and political structures of societies around the world. The rights framework postulates that human beings should be offered maximal reproductive freedom in order to achieve their personal values and goals.

The problems with this framework mirror those of the natural law framework. In focusing on what is licit and should be available, the framework does not offer guidance to individuals about how to make the decisions that are best for them. It also offers little to those whose moral beliefs fall outside of that system or who may have reservations about the goal of maximizing people's reproductive freedom. While it focuses on minimizing the potential constraints that people experience in exercising their freedom on a broad social level, it does little to guide clinicians in their care of their patients, as it functions as a set of universal norms, not specific to any given situation.

Reproductive Justice

The ethical framework of reproductive justice blends the concept of reproductive rights with that of social justice. Ross and Solinger (2017: 9) distill the framework of reproductive justice to three core principles: "(1) the right *not* to have a child, (2) the right to *have* a child, and (3) the right to *parent* children in safe and healthy environments." Drawing primarily on the lived experiences of African-American women in the United States, this ethical framework looks deeply at the underlying conditions in which people choose whether, when, and how to parent children. The developers of this framework argue that "all fertile persons and persons who reproduce and become parents require a safe and dignified context for these most fundamental human experiences. Achieving this goal depends on access to specific, community-based resources including high-quality healthcare, housing, and education, a living wage, a healthy environment, and a safety net for when these resources fail" (Ross and Solinger 2017: 9).

The ethical framework of reproductive justice provides important context in which claims on resources can be made in order to secure people's actual access to the rights identified in the reproductive rights framework. For instance, one of the reproductive rights claimed is that people should be allowed to decide whether to have (more) children, so sterilization cannot be made illegal. Reproductive justice takes that understanding a step further and considers the necessary conditions for the exercise of one's rights, such as having affordable access to health insurance and health plans that cover the sterilization option that fits one's needs best. This framework likewise takes into consideration past and present abuses in which people whose reproduction is looked upon unfavorably by society have been induced, and sometimes coerced, into sterilization and balances the right to be sterilized with the right to not be coerced into being sterilized.

Reproductive justice provides these important contextual factors and functions successfully at a policymaking level. Taking into account systems of bias and oppression helps significantly to ensure that the rights, dignity, and well-being of all people are also taken into account. Where reproductive justice falls short as a framework is at the level of individual decision-making and clinical guidance. It can make a much broader range of options open, but doesn't help individuals assess what may be best for them.

Reproductive Flourishing

The framework of reproductive flourishing begins from the same set of values that underlies the reproductive justice framework and moves it out of the level of broad social policy and applies it at the level of individual decisions in the context of interactions with clinical care providers. Where reproductive justice focuses on identifying barriers to high-quality care and ensuring real access to needed resources for

parenting whether, when, and how one chooses, reproductive flourishing begins from the life stories of individuals and focuses on how to enact the person's deepest values, goals, and commitments in the area of reproductive decisions.

At its core, reproductive flourishing assumes a policy and ethical framework in which the rights of individuals are upheld and the need for a just and effective policy structure is available and then moves to the microlevel interactions and decisions that individuals and families make on a daily basis about whether, when, and how to parent children. The model of flourishing is offered to help clinicians give guidance to their patients for how to best decide for themselves what their lives should look like and to help patients navigate the murky waters of the healthcare system in ways that allow them to be and become their best selves.

A model conversation between a physician and a patient that uses the framework of reproductive flourishing would begin with the patient's own story: her goals, values, aspirations, and challenges, as well as her family and career, education, and other opportunities. The clinician would then assist the patient in determining what options best suit the narrative she has offered, and they would work together to help the patient meet her goals. Helping the patient to flourish, as her best self, is the primary ethical focus, which includes helping clinicians to flourish as their own best selves.

Case Study: AJ

AJ, 29, is a medical assistant who is married with 2 children, ages 2 and 5. She and her spouse both work full-time to pay their bills, including childcare for their children. The religiously affiliated hospital at which she works provides health insurance for the family but includes limited access to contraceptive options. She is meeting with her physician for her annual well visit and wants to discuss her options for avoiding pregnancy until her kids get older. AJ tells her doctor that she thinks an IUD would be the best choice for her over the next few years, but she can't afford the $700 upfront cost, much less afford to have another child at this time. How should her physician approach the conversation with AJ about her contraceptive options?[2]

[2] Access to birth control without a co-payment has been guaranteed under the Patient Protection and Affordable Care Act; however, this is an area of law which has undergone rapid change. As of October 6, 2017, the US Department of Health and Human Services issued an updated rule, which broadly exempts employers who claim a religious or moral objection to providing contraceptive care from including contraception in their employer-sponsored health plans. The updated rules do not provide work-arounds for employees whose employers choose not to provide contraceptive coverage to obtain them directly through their insurers (Moral Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act, 82 FR 47838 (October 13, 2017), and Religious Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act, 82 FR 47792 (October 13, 2017). *Federal Register: The Daily Journal of the United States.* 13 October 2017).

Within the natural law framework, the advice given to AJ is fairly straightforward, though not particularly helpful. The natural law framework predetermines what AJ's options should be, and she may choose to limit the timing of her sexual activity with her spouse in order to attempt to not become pregnant for a time, but if this attempt fails, she is likely to become pregnant with a child she does not feel financially able to care for. There is no accounting for AJ's particular circumstances nor assistance offered in case things go wrong. Natural law frameworks offer her no help if she does not fully accept their account of morality.

A reproductive rights framework offers AJ a bit more, particularly in arguing that she has the right to choose whichever option works best for her. But absent a structure of healthcare financing that makes these options accessible, the right remains theoretical. Reproductive rights serve as a starting point to indicate that options should be available, but the framework offers no guidance about what might be ethically best in her unique situation.

The reproductive justice framework goes a step closer to identifying AJ's needs and substantively addresses the context in which she cannot afford either to have a child or to access the contraceptive option of her own choosing. This framework goes beyond arguing for an abstract and functionally inaccessible "right" and moves into considering the policy and social structures that serve as barriers to AJ getting the care that she needs. It functions effectively on this level of social policy but still does not offer concrete guidance for AJ and her physician on how to navigate her own needs and desires.

The reproductive flourishing framework utilizes the underlying structure of reproductive justice but moves the frame to the level of the individual. What does AJ need to flourish? Her physician can then use this focus to identify ways in which she can avoid having another child at this time, without imposing an external narrative on AJ that she herself might reject. AJ does not need to be told that she should or should not have another child; she needs to be able to talk through her core values and goals and be offered assistance to enact them. In this case, that may look like the physician offering a payment plan so that she can access an IUD affordably, alongside advocacy to help other patients like AJ afford the care that they need. It may look like talking through with her whether one of the forms of contraception that are covered under her health plan might work well instead. What does AJ need and want to accomplish, and how can we help her to become her best self, as a person and parent?

Teaching Reproductive Ethics

Each of the frameworks identified above has been utilized in teaching reproductive ethics to students who are in the process of entering clinical care fields, including medicine, nursing, public health, social work, and spiritual care. The natural law and reproductive rights models are the most commonly used, and they lead to specific challenges in teaching students.

As noted above, both models focus on what is permissible for patients to choose, not what may be best for a given patient. This emphasis on ethical permissibility tends to induce a conflict orientation in students who are learning to utilize the ethical frameworks. For instance, those who primarily utilize a natural law framework may argue with those who use a reproductive rights framework over whether abortion, assisted reproductive technologies, contraception, and the like should be permitted within a society.

Students move quickly into conflict orientations and strongly defend their ethical ground from those who disagree with them. Discussions of best practices in clinical care devolve into unproductive debates about abortion policy, with each side entrenched in their own deeply held position from which they do not listen to or empathize with one another. The conflict orientation leads students to think in zero-sum, win/lose terms, about disagreements over broad public policies. In addition to primarily raising emotions (and blood pressures), the focus on broad philosophical conflicts turns students away from the focus on serving their patients. It keeps them from addressing the real, everyday questions that they will face in patient care: how do I best serve the needs of this patient, talking to me now, with the real problems that she faces?

Using the ethical framework of reproductive flourishing helps to reduce the conflict orientation that students frequently experience when discussing ethical issues in reproductive medicine. Reproductive flourishing moves the focal point from the clinician's own beliefs about policy to the needs of the specific patient and her own beliefs and values. It allows clinicians to become more comfortable in working with patients whose values and priorities differ from theirs and helps students to address a wider range of topics in reproductive medicine than typically arise in the conflict framing.

This framework allows students to recognize and reflect upon the importance of reproduction in the context of patients' whole lives and requires them to think about all of the various ways that people need to flourish in the context of a whole life. It allows them to consider their own values, goals, and assumptions with regard to reproduction in a way that is safe and healthy as they strategize about how to best serve patients who present to them with unique challenges. It can serve to help build patient-provider relationships and teaches students to be worthy of their patients' trust, without automatically imposing their own views and values. The reproductive flourishing framework allows for pluralism of values without disregarding the values that clinicians bring to their encounters with their patients.

Using reproductive flourishing in teaching ethics in reproductive medicine helps center the discussion on the patient's story and deflates much of the emotionalism and entrenched conflict that often accompanies such discussions. The focus is set on the patients' particularity, context, and framing of their own values and decisions. But it is also adaptable for addressing the moral distress that clinicians sometimes experience, particularly when the values and goals of their patients conflict with their own or when they have to make difficult decisions about reproduction for themselves.

The individual narrative orientation of the reproductive flourishing framework also helps students move beyond the bare facts of a particular case and helps them to delve more deeply into seeing the situation from the patient's perspective. This moves learners further out of a conflict mode and into a position of needing to empathize with the challenges faced by their patients, perhaps especially in cases in which they may not naturally understand or identify with the concerns of that particular patient.

Case Study: Jessie and Chris

Jessie is a 34-year-old transgender man who comes to see you alongside his wife, Chris. They recently found out that Chris is infertile, and Jessie is interested in exploring fertility treatments so they can have a family together through him becoming pregnant. They looked into adopting but were unable to find a local agency that would work with them and are uninterested in working with a gestational surrogate.

In a conflict-oriented model, students might then focus on arguing about the respective rights of the couple to access certain healthcare services and the policy structures that make those services more or less available. But using the framework of reproductive flourishing, students are instead encouraged to explore questions with this couple to help identify and meet their needs, both individually and together. What does it mean to Jessie and Chris to become parents? How does the idea of Jessie getting pregnant impact their own understandings of their respective senses of gender and their roles within their relationship? How do Jessie and Chris each describe their journey toward parenthood? What has the impact of being declined by adoption agencies been on them? What sources of support do they have in working toward building their family? And what can the physician and healthcare team do to best support them and make them feel comfortable in the process?

This framework places the emphasis on the patients and how clinicians can best help them meet their needs for care and support in a way that minimizes students getting caught up in argumentation and entrenchment in established political positions. It allows students to learn about the real ethical issues faced in ordinary clinical care so that they can help guide their patients in making life-changing decisions.

Case Study: Maria

Maria is a 26-year-old Type I diabetic who is 24 weeks pregnant with her first child. At her current prenatal visit, Maria is found to have a blood pressure of 160/110 with proteinuria. She has been getting dizzy and vomiting for the past few days and is diagnosed with preeclampsia. The only available treatment for preeclampsia is

the delivery of the fetus, and diagnosis of severe preeclampsia in the second trimester is associated with very high fetal mortality and maternal morbidity.

Cases like Maria's are unavoidably tragic, and using a framework of reproductive flourishing can help focus on meeting the patient's needs and goals as best as possible given the difficult circumstances. Students learning to use this framework can focus on eliciting the patient's own narrative in order to best serve her: What were and are her hopes and goals for this pregnancy? What sources of support can she draw on to help her through this time? This case comes with a very high likelihood of fetal demise; given that likelihood, what are her preferences for management of labor and delivery?

None of the other frameworks discussed above are particularly helpful in cases like Maria's. There is no question of naturalness or rights that can help Maria decide what to do next, nor does a framework of justice offer meaningful guidance in the face of tragedy. But focusing on offering trustworthy support to the patient guided by her values and goals can make a significant difference in how she feels supported and cared for in the worst of times.

The ethical framework of reproductive flourishing can be an effective tool for teaching students who are training to be clinical care providers to help their patients navigate through challenging decisions. By reducing students' orientation toward emotionally laden ethical conflicts in reproductive medicine, this framework can help students to better focus on the needs, interests, and values of their patients in order to provide them the best possible healthcare. While other ethical frameworks do a good job of addressing ethical questions on a broader policy level, there is a need for students to understand how these are translated into clinical care for individual patients, and reproductive flourishing can help meet that need.

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