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PROFESSIONAL ETHICS IN

Obstetrics and Gynecology

CAMBRIDGE

Medicine

Professional Ethics in Obstetrics and Gynecology

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For our patients, medical students, residents, fellows, and clinical
colleagues
And for our mentors

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Preface

This is the first book on professional ethics in obstetrics and gynecology. Its origins, however, are in eighteenth-century Britain, where professional ethics in medicine was invented by two extraordinary physician-ethicists, John Gregory (1724–1773) of Scotland and Thomas Percival (1740–1804) of England. They invented the ethical concept of medicine as a profession, which they intended to be trans-cultural, transnational, and transreligious. Their goal has been realized in professional ethics in obstetrics and gynecology, as this book attests.

Chapter 1 shows that professional ethics in medicine is based on Gregory and Percival's ethical concept of medicine as a profession, marking a strong and distinctive contrast between professional ethics in medicine, on the one hand, and contemporary medical ethics and bioethics, on the other hand. **Chapter 2** shows that professional ethics in obstetrics and gynecology, in turn, is based on professional ethics in medicine and the ethical concepts of the female patient, pregnant patient, fetal patient, and (in perinatal medicine) neonatal patient. These ethical concepts play an essential role in professional ethics in obstetrics and gynecology, marking another important contrast with contemporary medical ethics and bioethics.

After this historical, philosophical, and clinical introduction to professional ethics in obstetrics and gynecology, **Section 1** goes on to examine three dimensions of professional ethics in obstetrics and gynecology that permeate clinical practice, organizational cultures and their leadership, clinical innovation and research, and healthcare advocacy and policy for female, pregnant, fetal, and neonatal patients: decision making by, with, and for patients; confidentiality; and management of conflicts of interest and conflicts of commitment. A unique feature of this book is its sustained exploration of professional ethics in the intersection of obstetrics and gynecology, on the one hand, and psychiatry, on the other. **Chapter 3**

initiates this exploration with its emphasis on a continuum of decision making by, with, and for patients – simple consent, informed consent, assisted decision making, assent, and surrogate decision making. This exploration continues in subsequent chapters.

Undergraduate medical education introduces medical students to obstetrics and gynecology as an essential component of the general education of a professional physician and also to set the stage for specialty training for medical students who elect this professional pathway. As every experienced medical educator knows, much of clinical teaching comprises teaching the basics again and again to each successive generation of learners. We have therefore included a chapter, in **Section 2**, on teaching the basics of professional ethics in obstetrics and gynecology. Professionalism is a core competency in graduate medical education. **Chapter 6** addresses the ethical obligation of faculty to prevent drift by residents away from professionalism.

To support teaching the material in the other chapters of this book, each chapter starts with a goal and objectives, a topics list, and a list of key concepts that shape the ethical reasoning in each chapter. A comprehensive Glossary of Key Concepts, with definitions, appears at the end of the book.

The clinical practice of obstetrics and gynecology affects the entire human life cycle – from conception, pregnancy, and birth, through adolescence to adulthood, to chronic conditions and end-of-life care. Professional ethics in the clinical practice of obstetrics and gynecology is addressed in **Section 3**. These chapters describe ethical frameworks, based on professional ethics in obstetrics and gynecology, that provide ethically justified, clinically grounded, and practical guidance on prevention of pregnancy, initiation of pregnancy, induced abortion and feticide, fetal analysis (a new phrase used in a proposed new nomenclature), periviability, intrapartum

management, the perfect baby, cancer and pregnancy, and setting ethically justified limits on clinical management of patients' conditions and diagnosis, especially at the end of their lives.

Gregory and Percival added to their history-of-medicine-changing creation of the ethical concept of medicine as a profession the profound insight that the commitment to this ethical concept by obstetrician-gynecologists and other physicians does not succeed in isolation. Organizational cultures have become essential for obstetrician-gynecologists to make and sustain their commitment to the ethical concept of medicine over a lifetime of clinical practice. Professionally responsible leadership by obstetrician-gynecologists in healthcare organizations has therefore become an essential dimension of professional ethics in obstetrics and gynecology and is addressed in [Section 4](#).

[Section 5](#) addresses professionally responsible clinical innovation and research, which play an indispensable role in improving the quality and safety of patient care in maternal–fetal intervention for maternal or fetal benefit. Professional ethics in obstetrics provides the basis for an ethical framework to guide clinical innovation and research on maternal–fetal interventions for fetal or maternal benefit. The ethical concept of the fetus as a patient constitutes a unique component of this ethical framework, adding to it a set of ethical and clinical considerations not found in US federal human subjects research regulations or elsewhere. This ethical framework is deployed to address the ethical challenges of clinical innovation and research for fetal and maternal benefit in the case of pregnant women with mental illnesses and disorders.

The ethical principle of healthcare justice expands the scope of professional ethics in obstetrics and gynecology to include the clinical needs of populations of female, pregnant, fetal, and neonatal patients. This ethical principle requires that allocation of resources be guided by the ethical obligation created by the ethical principle of healthcare justice in professional ethics in obstetrics and gynecology: to see to it that all female, pregnant, fetal, and neonatal patients have access to and receive medically reasonable clinical management of their conditions and diagnoses. Health policy and advocacy for “Women and Children First” is addressed in [Section 6](#).

To aid readers – and teachers – of this book, we have provided multiple points of access to its content. The topics lists in the Contents and at the beginning of each chapter guide the reader to text that he or she might need to responsibly manage, or teach, a specific topic in professional ethics in obstetrics and gynecology. To ensure that each topic and subtopic is self-sufficient for the reader's or teacher's purposes, there is deliberate repetition within and across chapters. Our goal in taking this approach has been to minimize the need for the reader, teacher, or learner to flip back and forth among topics and subtopics. The Glossary of Key Concepts at the end of the book contains all key concepts from the chapters and succinct definitions, creating a unique resource for progressing to mastery of the conceptual vocabulary of professional ethics in obstetrics and gynecology. The content of the book can also be accessed from the the comprehensive Index that appears after the Glossary of [Key Concepts](#) at the end of the book.

Two of us (LBM and FAC) have collaborated on professional ethics in obstetrics and gynecology for 36 years. Dr. Coverdale joined this collaboration 30 years ago, bringing a sustained focus on the intersection of obstetrics, gynecology, and psychiatry. We collaboratively developed the ethical reasoning that we then presented in our scholarship (portions of which have been included or adapted in 11 of the chapters that follow and as documented in the Acknowledgments section). This scholarship became the basis for our clinical teaching of medical students, residents, fellows, and clinical colleagues, and the results of this teaching were fed back into our scholarship. We set our results before readers, teachers, and learners in the chapters that follow.

Without the commitment of our learners to professional ethics in obstetrics and gynecology, we could not have created and benefited from this wonderful synergy of clinical teaching and scholarship. Without the commitment of our learners to professional ethics in obstetrics and gynecology, this book would not exist. In response to their intellectual generosity, we dedicate this book to our patients and learners who, in the ancient tradition of medical education, became our teachers. We are also indebted – beyond what words can express – to our mentors, *sine quibus non*.

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Parts of the following chapters include or adapt portions of the listed articles with permission:

Chapter 5: Conflicts of Interest and Conflicts of Commitment

Chervenak FA, McCullough LB. The ethics of direct and indirect referral for termination of pregnancy. *Am J Obstet Gynecol* 2008; 199: 232.e1–3.

Chervenak FA, McCullough LB, Coverdale JH. Ethically justified guidelines for defining sexual boundaries between obstetrician-gynecologists and their patients. *Am J Obstet Gynecol* 1996; 175: 496–500.

Chapter 6: Teaching Professional Ethics in Obstetrics and Gynecology

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Chapter 9: Induced Abortion and Feticide

Chervenak FA, McCullough LB. An ethically justified practical approach to offering, recommending, performing, and referring for induced abortion and feticide. *Am J Obstet Gynecol*. 2009; 201: 560.e1–6.

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Chapter 10: Fetal Analysis

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McCullough LB, Coverdale J, Chervenak FA. Ethical challenges of decision making with pregnant patients who have schizophrenia. *Am J Obstet Gynecol* 2002; 187: 696–702.

Chapter 13: The Perfect Baby

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Chapter 14: Cancer and Pregnancy

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Chapter 15: Setting Ethically Justified Limits on Life-Sustaining Treatment

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Chapter 16: Leadership

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Chapter 17: Clinical Innovation and Research in Obstetrics and Gynecology

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Chapter 18: Health Policy and Advocacy

Chervenak FA, McCullough LB. “Women and Children First:” Transforming an historic defining moment into a contemporary ethical imperative. *Am J Obstet Gynecol* 2009; 201: 351.e1–5.

The text of “Women and Children First or Last?” of the International Academy of Perinatal Medicine is included in its entirety in [Chapter 18](#) and is used with permission

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Professional Ethics in Medicine

GOAL

This chapter provides a historical and philosophical introduction to professional ethics in medicine, based on the ethical concept of medicine as a profession.

OBJECTIVES

On completing study of this chapter, the reader will:

Define ethics, medical ethics, bioethics

Define professional ethics in medicine

Describe the two components of ethical reasoning

Identify the discipline of ethical reasoning

Describe the ethical concept of medicine as a profession

Describe the five professional virtues of professional ethics in medicine

Describe the four ethical principles of professional ethics in medicine

Describe the advantages of professional ethics in medicine

Answer the question: Why should physicians commit to the ethical concept of medicine as a profession?

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Key Concepts

Absolute ethical obligation
 Absolute ethical principle
 Argument-based ethical reasoning
 Beneficence-based clinical judgment

Bioethics
 Biopsychosocial concept of health and disease
 Common morality
 Conflict of commitment
 Conflict of interest
 Consequentialism
 Deliberative clinical judgment

Discipline of ethical reasoning
 Distress
 Enthusiasm
 Ethical analysis
 Ethical argument
 Ethical concept of medicine as a profession
 Ethical judgment