

The Social Value of Feminist Approaches to Bioethics

Rosemarie Tong *

As I see it, feminist approaches to bioethics offer society in general and medicine in particular some clues about why sound good principles such as autonomy, beneficence, nonmaleficence, and justice have trouble functioning well in some nations' health care systems. Trapped within conceptual as well as institutional structures of domination and subordination, autonomy easily becomes a justification for unreasonable demand-making nonmaleficence, an exercise in undertreatment of patients in the name of "futility;" beneficence, an exercise in overtreatment of patients in the name of "scientific expertise"; and justice, a disguise for undemocratic modes of rationing in the name of the "greater good".

Raising men's and women's consciousness about the ways that oppression, including gender oppression, manifests itself in the world of medicine enables health care practitioners and patients to see that what counts as a free choice for a man is not always a free choice for a woman, and that what serves the health needs of men does not always serve the health needs of women. But feminist approaches to bioethics offer society much more than opportunities for conceptual reinterpretation and terminological revision. They also permit consideration of the possibility that an ontology of connectedness as opposed to one of separateness better supports the practice of medicine which requires intimate relationships between the self and the other. Both health care practitioners and patients must cultivate the virtues of honesty, courage, and justice if the practice of medicine is to survive, let alone thrive. Each time a physician is dishonest with a patient, not only that physician's relationship to the particular patient but the relationship of all physicians to all patients is weakened. Similarly, each time a patient sues a physician for frivolous reasons, not only that particular patient's relationship with the physician but the relationship of all patients to all physicians is damaged. No man, or woman, is an island in the world of medicine. In choosing for oneself, one is almost always choosing for others and, in some instances, for the entire practice of medicine.

In addition to offering society an ontology that stresses the ways in which human beings are connected (notice, for instance, the

* Rosemarie Tong (North-American) is Professor of Philosophy; she was a Thatcher Professor in Medical Humanities and Philosophy at Davidson College in Davidson, North Carolina, U.S.A. (1989-1998); from 1999-present, has held the Distinguished Professor of Health Care Ethics and Director of the Center for Professional and Applied Ethics at the University of North Carolina at Charlotte in Charlotte, North Carolina, USA; currently she is also an Adjunct Professor, Department of Health Behavior and Administration; Adjunct Professor, Doctoral Program in Public Policy; Adjunct Professor, Women's Studies Program.

difference between the expressions “maternal-fetal conflict” and “maternal-fetal relation”), feminist approaches to bioethics provide an epistemology of perspective, of positionality, as opposed to an epistemology of certitude, of Archimedean point. What I see is a function of who I am—a white, middle-class, well-educated, postmenopausal, Catholic, heterosexual, married academic and mother two boys. Similarly, what you see is a function of who you are—a self that is, no doubt, quite different from mine. Yet to the degree that we are cognizant of the ways in which we are different as well as the ways in which we are alike, we are in a position to join together to achieve true objectivity. Without knowing why we see what we do, however, we have no hope of correcting our myopic tendencies or removing the motes from our eyes. We will remain blind to the problems in the health care status quo.

Finally, feminist approaches to bioethics offer society an ethics of care combined with an ethics of power. At one and the same time, feminist bioethicists affirm the values that have been culturally linked with women (e.g., nurturance, caring, compassion, empathy, sympathy) and mistrust them. All too often women care too much, sacrificing their own personal and professional interests for the sake of their family members’ and friends’ interests, as if their own good counted for nothing. The fact that it is women who dominate the so-called helping professions (nursing, social work, child care) is a sign that many societies still believe that women, not men, should care for the vulnerable: the elderly, infants, the sick, the distressed, and so on. Until men view themselves as caregivers and nurturers, women in the world of medicine will need to ask themselves and others why it is they, much more so than men, who wipe tears from patients’ eyes, empty bedpans, and take rather than give orders.

There is no such thing as feminist armchair bioethics. Feminist approaches to bioethics require actual discourse, preferably face-to-face but at least computer-to-computer or phone-to-phone. Thus, I wish to end this testimony with a plea not simply to feminist bioethicists but to all bioethicists. We need to remember what our goal is: namely, to make the world of health care one that structures and organizes itself in ways that serve men and women (as well as all races and classes) equally. If human beings have anything in common, it is our carnality and mortality. We all experience pain, suffering, and death; and since we are all equal in this way, it is the task of medicine to serve each of us as if we were the paradigm case of treatment for everyone. Feminist bioethicists are among the leaders in the movement to make medicine attentive to people’s differences so that it can help people become the same—that is, equally autonomous and equally the recipients of beneficent clinical practices and just health care policies. Beginning with an inquiry into the status of women in health care and medicine, and specifically with

an investigation into those biomedical systems, structures and policies that subordinate women to men, feminist bioethicists aim to make medicine a practice that contributes not only to gender liberation but also to race and class liberation. A woman is always more than just a woman; her skin has a hue, and her wallet is either mostly full or mostly empty. Thus, feminist bioethicists' work is only beginning—and it will be quite some time before we know whether our thoughts and actions have actually secured our intended goal—namely, health care systems and a style of medical practice that take women's and other vulnerable groups' interests, issues, values, and experiences as seriously as men's, particularly powerful men. In sum, nothing less than an entirely just and truly compassionate medicine for everyone—especially the least among us—should be the social product of feminist thinking, writing, and speaking.