UNIVERSITY OF GOTHENBURG

THE NETWORK ON ETHICS OF FAMILIES

TAKING RELATIONAL PERSPECTIVES SERIOUSLY IN REPRODUCTIVE BIOETHICS

SOME UNEASY ASPECTS

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Relational perspectives

- Often mentioned (recently), less often explicated: buzz word warning!

- From considering the obvious fact that most people's interests are entangled in **close special relationships** (*sometimes* called families, sometimes not) to other people affecting them all, assuming all of these people to be of equal moral worth/status.

- Over the consideration of such relationships meaning that people involved largely include each other in central personal/self-interests, thus not being ”autonomy islands”.

- Over more elaborated notions of such relational-structures as creating something akin to public goods/bads.

- To far-reaching ideas of such relational wholes as units of value and/or worthy of respect *in themselves.*

Reproductive bioethics

- All ethics, value and policy issues about the individual and social informal and formal management of human procreation in a health care context

- Both questions about 'whether or not' and (more frequently) of 'how', both of particular cases and social regulation

- Obviously, *some* sort of relational perspective is *always* present in the reproductive bioethical area, if nothing else potentially/hypothetically regarding the possible children that may result. And, of course, in most actual cases the instrumental relational aspects are very present through family, partners, parents, existing children, etc.

- Less clear, however, what this implies in substantial terms, but ...

- An **often assumed *individualist* framing of issues** (liberal, anti-liberal or in between) would seem harder to uphold. Likewise **state-centred justice perspectives**.

Getting serious: the positive side

- Even if we overlook the necessity of a possible offspring, several actual people are usually closely and specially related to what is usually held out at the principal agent in bioethics (partly dependent on what procedures are considered): the woman, the man, the couple (!), extended family, friends, etc.

- These relationships are there prior to the situation focused on by reproductive bioethicists and clinicians and they continue afterwards.

- Surely, considering effects of procedures and their organisation throughout and within such relational networks can only be a good thing (?)

- Equally become better att guarding against acting on prejudicial assumptions about what is important for people, who are close and important to them, snd so on.

- Taking relational structures seriously seems to be an important step in acknowledging the equal worth of all interests and affected parties.

Enter uneasiness 1: the focus of clinical virtues

- Common idea (that does ot require an Aristotelian parcelling): health care professionals should primarily focus on their patient in the form of an individual person.
- Patient relationships may be considered as background factors to be considered to the benefit of patients, to be sure …
- But many variants of a relational ethical perspective seems to require more, and does not seem to back up the notion of the patient as *primarily* important
- Professional (social/tacit) contracts stating a patient focus not obviously blocking this, as these may be subject to relational criticism.
- Some variants may go very far (depending on how and how strongly the relational structure is valued): a relational parallel to doctors who sacrifice patients for the good of science or society.

Enter uneasiness 2: relational opression

- Reproduction a core of structural as well as individual gender opression. This will remain as long as pregnancy and birth is part of human procreation.

- The woman in a reproductive situation just one node among many other equally important in a network of close special relationships (maybe be valued in its own right)

- Imbalances in reciprocal caring interests within relational structures (standard feminist analysis of female subjection, Hollis' analysis of the dating game) making women into systematic losers/'money pumps' by acting on their interests within the structures. The fact that individuals may be regretably caught in such situations is one thing, but most relational perspectives seem to require more.

- Accepting oppressive structural arrangements as given or even valuable?

- ART etc. should be employed to reinforce this situation, and if it carries emancipating potentials, should not be so employed, even banned.

Enter uneasiness 3: some concrete cases

- Abortion where partner and family disagree (pro or con) …
- Refusing (unprotected) intercourse in a situation where the family ”needs” more children …
- Accessing ART to escape having to reproduce in a dense relational context (e.g., single reproduction via gamete/embryo-donation, synthetic gametes, surrogacy) …
- Society design regulation of ART according to heed not individual desires, but the requsts of the (representatives) of relational units
- Relational units allowed to block the effective implementation of policies securing general public goods, e.g. Sexual education, due to consideration for their worth.

Provisional conclusion

- **Taking the importance of people's close special relationships seriously in reproductive and other parts of bioethics is probably a very good idea, and seems to be implied by already present standard perspectives**. Thus going relational seems mainly about enrichening the factual basis of decisions, but when relational perspectives in biothics are pushed they often hint at requiring more.

- Such a relational perspective (if it is to be anything novel) introduces **a direct challenge to standard medical ethical assumptions about a core of professional virtue** – this challenge needs broad critical analysis in the reproductive area as well as outside of it.

- This relational perspective, if taken seriously in bioethical inquiry, has particularly challenging potential implications for the reproductive area, as it introduces an element where the patient becomes less of a centre of attention and seems to feed into patterns of reinforcement of opressive structures. Also this needs serious analytic attention beyond buzz-wording.

- This relational perspective, unless made void of novel philosophical content or checked by independent overriding criteria (which probably leads to the former), also needs to be considered against other over-individual levels of ethical analysis, primarily from political theoretical standpoints.