REPRODUCTIVE PUBLIC HEALTH ETHICS:
NEW CHALLENGES CARRYING UNEASY ECHOES

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What is this about?

• Not sexual health, neither familiar issues about what sort of individuals matter in reproductive health care

• Combining the core area in bioethics of reproductive issues with the recent acknowledgement of public health perspectives, and the rise of critical biopolitics.

• Changes the framing of reproductive ethical issues from the focus on individuals (peoples and institutions) as (potential) adversaries of societies/cultures/states/collectives to members of populations embedded/organised in such units.

• Challenges preconceptions/presumptions used when formulating and approaching traditional reproductive bioethical discourses (e.g., regarding what sex-categories/identities there may be, what social configurations may be families/parents, what is to be seen as dysfuncytions rather than variations, etc.)

• Public health ethics has been mostly silent so far, as has bioethics …
States, communities and cultures already do this

• The procreation of the population and proliferation of society

• Composition of the population based on overarching aims (public health, economics, military, environmental …)

• The political/cultural control of social patterns and individual behaviours
  – Family formation (who may be eligible to reproduce)
  – Reproduction (what ways of reproducing – or not – are how available?)
  – Migration (how is making more/less of us balanced against expanding/shrinking who ”us” are?)

• The question is **how they should do it** and **what aspects matter** in answering that issue

• The traditional individualist framing of reproductive bioethics discourse cannot be taken for granted – all of these areas require collective/state action at a population level.
The issues grow more complex and cannot be isolated ...
Uneasy echoes …

• **Eugenic policies** of the past: prime examples of public health thinking(?)

• **The subjection and oppression of women** (and men!) in systems upholding social control of reproduction for the sake of society

• China’s 1-child policy

• **The view of children as societal resources** rather than people with their own worth and objects of parental love

• The return of political nationalism cultural chauvinism
Inescapable challenges …

• **Environmental and nutritional pressures**: global population growth has slowed down, but we still grow, live much longer and keep increasing our consumption rate like there’s no tomorrow

• **Mass migration**: what we see now is most probably only the tip of a coming iceberg (read IPCC appendix on socio-economy)

• **Cultural turbulence**: old ideas about family och societal procreation cannot be taken for granted as politically legitimate

• **Extreme issues of justice regarding access** to the goods of reproduction, parenting and family
What is (to be allowed to be) a family?
How should societies mix migration and reproduction when procreating themselves?
Where and how is the traditional bioethical concern for the standing of individuals (what individuals?) in society to be fitted into these pictures?

Much more impact on people’s lives and the functions of society than details in health care professionals’ interactions with patients

New framing for traditional issues of emerging medical technologies

This requires basic theory development, as well as rapid application and policy implementation