Written by philosopher Laurence McCullough and practitioner Frank Chervenak, the express purpose of Ethics in Obstetrics and Gynecology is to set out a framework for moral decisionmaking in bioethics generally and to apply it to obstetrics and gynecology. McCullough and Chervenak rightly point out that much of the contemporary literature in bioethics focuses on moral conflict, often of crisis proportion, and that there is far too little discussion of how such conflict and crises might be avoided. Consequently, their approach is meant to serve as a preventive ethics—a decisionmaking method that will prevent moral conflict by systematically helping both physicians and patients do what they are entitled and obligated to do.

The centerpiece of this preventive approach is informed consent. That is, the authors argue that a scrupulous focus on the informed consent process will preclude a good deal of moral conflict and will prevent a good many moral crises in medical practice generally. They articulate a nine-step process for achieving informed consent to clinical management which, if carefully followed, they believe will usually lead to physician-patient agreement on care and interventions. Should moral conflict arise or a moral crisis develop despite careful use of this process, they suggest two further, ranked, steps, namely, appeal to an ethics committee and, as a last resort, appeal to the courts. Central to the authors’ framework are two kinds of obligation physicians have to their patients, namely, beneficence-based obligations and (when applicable) autonomy-based obligations. These generic obligations are related to four kinds of patient interest: needs-based and social-role interests, which underpin beneficence-based obligations, and subjective and deliberative interests, which underpin autonomy-based obligations. I shall return to these distinctions shortly to show how they work in one area of application.

The emphasis in this book on preventive ethics is novel and helpful; and the suggestion that informed consent is the key to preventing moral conflict and crisis in health care provision is indisputable. I want to focus, however, on some disturbing problems with the application of the authors’ theory to fetal protection cases, or what are sometimes called cases of “maternal-fetal conflict.”

To deal with these cases, McCullough and Chervenak draw and deploy two firm distinctions—one between previable and viable fetuses and one between persons and patients. They mean to bypass the question of fetal personhood because, they argue, it is intractable. Rather, they ask, “When is a human fetus a patient?” and their answer is different for previable and viable fetuses. A previable fetus is a patient, according to their view, only when the woman bearing it confers that status upon it. Viable fetuses, on the other hand, are patients if either of two conditions obtain: 1) the fetus will never...
Percival T. Medical ethics, or a code of institutes and precepts, adapted to the professional conduct of physicians and surgeons. London: Russell and Johnson, 1803. In: Pellegrino ED, editor. Medical ethics by Thomas Percival. The classics of medicine library.

1. Department of Obstetrics and Gynecology Weill Medical College of Cornell University New York USA. 2. New York Presbyterian Hospital New York USA. About this chapter. CrossMark. Cite this chapter as: Chervenak F.A., McCullough L.B. (2018) The Professional Responsibility Model of Ethics in Obstetrics and Gynecology. In: Schenker J., Sciarra J., Mettler L., Genazzani A., Birkhaeuser M. (eds) Reproductive Medicine for Clinical Practice. The front line role of obstetricians and gynaecologists in dealing with the major ethical flashpoints in medicine makes it vital that the ethical basis for good practice be given a high priority by the Royal College of Obstetricians and Gynaecologists, publishers of Ethics in Obstetrics and Gynaecology. Gordon Dunstan outlines what is needed for consistent translation of moral theory into practical judgments. At the clinical level (which must include the conduct of research) he asserts that “it concerns judgement, choices and decisions taken within certain governing relationships.” … View Full A practical guide to professional ethics in obstetrics and gynecology, covering pregnancy, assisted reproduction, and abortion, along with a range of other topics. The importance of professionally responsible research, policy, and advocacy is also discussed in depth. About the Author. Frank A. Chervenak is Professor and Chair of the Department of Obstetrics and Gynecology and Associate Dean for International Medicine at Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, New York. John H. Coverdale is Professor of Psychiatry, Behavioral Sciences and Medical Ethics at Baylor College of Medicine, Texas. Product details. Paperback: 198 pages. Biomedical Ethics in Applied Ethics. The first part of the paper analyses the main bioethical issues which mark obstetrics and gynecology, uttering that the four basic principles of bioethics are available both in obstetrics and gynecology and must be applied in association with (...) the practitioner’s virtues. The second part of the paper focuses on the main directions that guide the debate on the presence of religion in the field of bioethics, with a special interest in their relevance for reproductive medicine. Despite the difficulties implied by the task of advocating for the place of religion at the secular table of deliber Cambridge Core - Medical Law, Ethics and forensic Medicine - Professional Ethics in Obstetrics and Gynecology. A comprehensive, accessible approach to the everyday ethical challenges faced in obstetric and gynecological practice. Offering practical guidance for practitioners at all levels, the text also provides a sustained exploration of professional ethics in the intersection of obstetrics and gynecology with psychiatry. Drawing on their award-winning teaching, the authors start each chapter with goals, objectives, topics, and a list of key concepts, which are defined in a separate section.