

EUROBS 01008

Plenary Session V – The Ethics in Gynaecology and Obstetrics

Chairpersons:

T.K.A.B. Eskes, Nijmegen, The Netherlands

C. Di Renzo, Perugia, Italy (in absentia)

L. Marianowski, Warszawa, Poland

Patient's demands, society's pressure and the obstetricians/gynaecologists

Claude Sureau

Department of Obstetrics and Gynaecology, Clinique Baudelocque, Paris, France

Three groups of people are involved in the process of decision making in reproductive medicine as in medicine in general: namely, the *individual* who seeks help, care, cure, but also, and this is quite specific, sometimes only the satisfaction of a need or a desire, possibly in conflict with the interests of others, the *Society* which is responsible for establishing laws, rules and restraints and directly or indirectly assumes to some extent the expenses of the health needs, and between the various *medical professions*.

Who is the individual?

Of course, the individual in the first place is the patient, the woman or the mother. But there is also the newborn, the foetus, the embryo or the pre-embryo, in utero or in vitro, there is also the partner, the couple as a whole, the other women. All these people have the right to be respected as human beings.

This respect of the human person and dignity are not theoretical concepts. They have very precise and practical connotations: the respect of individual freedom, i.e., the concept of autonomy, the respect of privacy, the non-discrimination, the inalienability of the human body, the protection of the vulnerable. *The Society* is represented by very strong powers, belonging to the fields of politics, religion, law, administration, press and consumer associations. All of them tend to impose upon the individual rules or principles, supposed to be fundamental. Amongst those are the respect of life, of Natural Law, principle of beneficence, quality of life, and respect of Nature. Other considerations are linked to economic or social pressures, such as the limitation of resources of the situation of the woman within the Society.

Just between these two groups of forces and needs, the medical profession is located with its convictions, its sense of responsibilities, the knowledge of its technical achievements and limits, and its desire to define the correct way.

Responsible for the health expenses, the practitioner feels himself in charge of a part of the social budget of the Society. Responsible for the health of the individual, he has to evaluate his needs, his interests, and those of the other individuals. He is not an employee of the individual, nor an agent of the public authority. He must define himself, in every individual case, the limits of his own power.

This is the definition of the medical responsibility.

If this role is destroyed, the individuals are completely exposed without any defence to the power of the Society. Which means that the medical power is by essence a counter power. The social status and the independence of the physician must be recognized and respected.

This also means that the medical practitioner must be trained to think in terms of ethics, to behave in such a manner that he could help individuals, particularly those that are suffering, to determine in every single situation the hierarchy of values which must be referred to.

