

# Ethics and research in professional contexts

[Sociology](#), [Ethics](#)



## Introduction

Ethics play a pivotal role in a variety of contexts, such as decisions in personal contexts (e. g. family, friends) and professional contexts (e. g. workplace). This essay considers the role of ethics in the case study of a woman's decision to have an abortion. Drawing on and synthesising work from philosophy, law and current medical practice, the essay will discuss ethical issues on abortion from three different viewpoints. These viewpoints will be reviewed and discussed in order to reach a conclusion.

### Case study

Mrs K is a 37-year-old woman and has four children. She consults her doctor for irregular periods. She had been using a diaphragm as contraception after having stopped taking birth control pills because of their negative side effects. Her doctor informs her that she is pregnant. She does not want another child. She breaks down and says she already has as many children that she can cope with. Mrs K also suffers from depression. Her doctor considers her circumstances that fall within the Abortion Act 1967 and refers her to a clinic. However, her husband (Mr K) disagrees with the abortion.

This essay will investigate ethical issues central to this case study. Ethical issues arise from situations in which there is no satisfactory solution that can be applied to an ethical dilemma. Opposing courses of action may seem equally desirable or all possible solutions may seem undesirable. In the aforementioned case study, the ethical dilemma addresses two opposing

views on abortion and discusses whether it is the right decision given the circumstances. This essay will explore this ethical dilemma by outlining three different viewpoints and discussing whether each viewpoint is justified.

## Discussion

There are three key individuals involved in this case study: Mrs. K, Mr. K and the doctor. Mrs K. is at the centre of the dilemma as she wishes to have the abortion, Mr K. is Mrs K's husband and disagrees with the idea of abortion, and the doctor assesses and guides Mrs K's decisions.

## Mrs K

Prior to assessing Mrs K's viewpoint, it is important to outline her circumstances. Mrs K had been on contraception because she was very clear that would not be able to cope with the responsibility of having one more child. However, her contraception failed and the doctor notified Mrs K that she was indeed pregnant, prompting her to take a decision on having an abortion. Firstly, under the philosophical principles of Utilitarianism, it may be argued that Mrs K is justified in taking the decision to have an abortion for a number of reasons. Utilitarianism was first conceived by Jeremy Bentham (1748-1832), and was later developed by John Stuart Mill (1806-73) in the middle of the Industrial Revolution. Mill established the "greatest happiness principle" which posits that actions are right when they promote happiness, and wrong when they produce the opposite (Tschudin, 1994). According to Mill's principle, with regard to people's own lives and bodies, people can do whatever we want, so long as others are not harmed

(Feiser, 2009). In other words, each individual has the ability to choose what they feel is moral or immoral. In fact, virtue ethics does not hand out specific rules of behaviour that need to be adhered to but instead develops characteristics that help individuals decide on moral decisions, e. g. whether or not to have an abortion. Virtue ethics does not see abortion as right or wrong as it depends fundamentally on a person's character. In accordance with this theorising, Mrs K's decision to have an abortion is justified as it is an action that involves her own life and her own body and therefore, rests on her decision. Secondly, in Utilitarianism, "Act Utility" states that the greatest good is that which brings most happiness and least pain (Feiser, 2009). Using a "Hedonic Calculus", individuals can calculate which decision produces the greatest balance of good over evil and therefore, apply this reasoning to individual dilemmas (Bentham, 1789). With this Act Utilitarianism in mind, Mrs. K's decision to have an abortion can be seen as the right decision as having a child would cause her unhappiness and pain in the future, as well as be a huge risk in exacerbating her existing depression and anxiety. Additionally, bringing a baby into a home of four children would take away time and attention from her other children which could be potentially traumatic for them and impede their development. Therefore, if Mrs K were to use a hedonic calculus, an abortion would certainly amount to the right decision as it maximises the quality of her well-being and that of her children. A third argument in favour of Mrs K's decision is the fact that as an autonomous human being, Mrs K has the right to make decisions about her own life and body without coercion by others (Beauchamp & Childress, 2001). Although researchers have suggested that autonomy is not a '

univocal concept' (Beauchamp and Childress, 2001), in the context of respect for reproductive choice, it does have a specific meaning. At a minimum, autonomy affords respect to an individual when making certain choices and taking actions based upon their personal values and beliefs. If a pregnant woman is forced, against her will, to endure nine months of physical, psychological and emotional turmoil, it is difficult to describe her as an autonomous individual. This argument also draws on philosophical principles on free will. That is, free will considers humans as agents who have the ability to make their own choices freely (Caruso, 2012). Therefore, in the case of Mrs K, it can be argued that as a free agent, she should have the final say in her actions and decisions that includes her pregnancy. If she chooses to end her unwanted pregnancy for her own reasons, then she has the right (and the free will) to do so. This reasoning is in fact, reflected in the Universal Declaration of Human Rights Act (1948) article 1, 'all human beings are born free and equal in dignity and rights' (Williams, 1981) that establishes human rights as inherent to every human being. However, it must be noted that this article may also be used as an argument against an abortion if a foetus is considered to be a human being, and therefore having its own individual right to life. Many anti-abortion supporters (i. e. pro-life) do indeed support this argument and highlight that an unborn child is an innocent human being and abortion is therefore wrong. However, pro-choice supporters have retorted this position by upholding the concept of "personhood". In other words, supporters argue that a foetus does not meet the criteria of personhood and therefore does not have a right to life. This position is echoed in philosophy by Mary Ann Warren who outlines a set of

criteria for personhood that include: 1) consciousness of objects and events external and internal, 2) reasoning, 3) self-motivated activity, 4) a capacity to communicate, 5) the presence of a self-concept (Warren, 1996). By these criteria, it is clear that fetuses, although they have the ability to eventually meet these criteria, would not have a right to life until they are born.

Similarly, Peter Singer posits that only a moral agent is capable of having their rights violated, and as the fetus is not a moral agent, it cannot have its rights violated (Singer, 1995). In other words, as a fetus cannot make moral judgements of what is right or wrong, it does not have the same rights as human beings. Although both Warren and Singer propose controversial ideas, the arguments of personhood and moral agency adds further justification to Mrs K's decision to have an abortion.

Mr K

In the case study, whilst Mrs K has decided to have an abortion, her husband is against it. From his perspective, he has always wanted a large family and therefore, feels very strongly against an abortion. Given his views, Mrs K's decision to have an abortion could lead to considerable anger and resentment in her husband which could manifest in marital discord and eventually divorce, all of which would be extremely harmful for their children. Returning to the hedonic calculus, it is therefore important to take into account these potential consequences as they may outweigh the reasons for having an abortion in terms of the happiness of Mrs K and her children. However, at the same time, if Mrs K chose not to have an abortion because of her husband's views, this could lead to considerable anger and

resentment in her and increase her depression and anxiety, which could all negatively impact her children's welfare. The decision is therefore not clear-cut. A second reason that Mr K does not agree with the abortion is because of his own religious views. He believes that human pregnancy happens for a divine reason and that man and woman both create a baby and therefore should have an equal say in what happens to that baby. From the Roman Catholic view, the wrongness of abortion is rooted in the Natural Law view that innocent life (i. e. from conception) must be preserved (Hunanae Vitae, 1965). However, it must be noted that in 1993, the Church of England produced " Abortion and the Church". In this document, abortion is described as a great moral evil but can be allowed in circumstances in which the foetus endangers the life of the mother or if there is severe foetal disability. Whilst having a baby does not physically endanger Mrs K's life, it can be argued that it endangers her mental life given her depression and anxiety, thereby, justifying an abortion. Moreover, it is important to note that legally, Mr K has no right to demand or refuse a termination under the Abortion Act (1967) & Human Rights Act (1998) that place the entire responsibility to the woman.

#### Doctor

Healthcare professionals have a number of responsibilities such as duty of care to provide women with all the information they need in order to make an informed choice about how to cope with their unplanned pregnancy. The doctor in this case study had the responsibility of making an assessment. Specifically, the doctor must assess the potential impact of pregnancy and birth on Mrs K's physical and mental health. In fact, the Abortion Act 1967,

as amended by the Human Fertilisation and Embryology Act 1990 (House of Commons, 2006), clearly says that a registered medical practitioner has the power to lawfully terminate a pregnancy. However, it is difficult to apply blanket rules when dealing with considerably sensitive and difficult decisions, which require a deeper understanding of a woman's individual needs and desires. Given the difficulties shrouding a pregnancy termination, doctors play an important role in ensuring that a patient always feels supported. Doctors are also responsible for giving appropriate information and counselling about all the options available to patients (BMA, accessed 10/01/13). In this case study, Mrs K strongly felt that having an abortion would be the best decision and her doctor should therefore be able to respect her decision. Her doctor should act as a guide and act in the best interest of Mrs K (Pfeffer, 2002). The 1967 Abortion Act also refers to a doctor's "rights to follow the dictates of their own conscience" (Pfeffer, 2002). The Doctor therefore, obviously considered Mrs K's depression and mental capacity and found it suitable to refer her to a clinic. The doctor also was able to see that Mrs K was mentally fit to understand the procedure and its alternatives (BMA, accessed 10/01/13).

## Conclusion

There is no doubt that abortion is a controversial and hotly debated topic in a variety of academic and professional spheres, and different viewpoints are infused with biological, moral and societal complexity. It is clear that there are numerous positions that people can adopt such as a Utilitarian point of view, a religious perspective, or a personal view when seeing an action as



moral or immoral. In this particular case study, given Mrs K's depression, her current family situation and her strong wishes to have an abortion, I believe that her decision is the right one. As a woman, Mrs K has a right to make her own choices and lead her own life inequality with, not under the control of her husband. Moreover, the fact that Mrs K has become pregnant as a result of a contraceptive failure strengthens her decision, as her pregnancy did not come about from carelessness, but from forces outside of Mrs K's control.

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