Beneficent Bias or Misogynous Paternalism?

A preliminary survey of Ob/Gyn perspectives on permanent contraception for single, childless women under 30

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Introduction

What's the issue?

Single, childless women under the age of thirty experience barriers to accessing tubal sterilizations (TS) due to the reluctance of obstetrician/gynaecologists (Ob/Gyns) in providing this procedure, despite published recommendations that discourage treatment barriers based on parity, relationship status, or age.

Study Questions

Why do Ob/Gyns commonly refuse to perform tubal sterilizations for single, childless women under 30?

What forms of paternalism are present within Ob/Gyn reasoning?

Background Info

Tubal sterilization is a common, elective, and invasive surgery performed on women who desire **permanent** contraception. Ob/Gyns may be reluctant to provide TS to young, childless, and single women because these women are more likely to **regret** it, and comparable contraception can be achieved in other less permanent and invasive ways.

Since the **risk of regret** may not be a direct clinical contraindication to treatment, the treating physician's choice not to provide the procedure is based on the physician's conscience and duty of non-maleficence.

On the receiving end, women who are denied TS feel that the Ob/Gyn's reluctance carries a **harmful paternalistic and misogynous implication** about their worth as women.

This study aims to investigate the deeper rationale of Ob/Gyns, and their attitudes towards conscientious denial of TS.

Ob/Gyns are to be surveyed and asked to rank clinical cases that range in factors related to parity, relationship status, and age. The results may illustrate which factors are more likely to contribute to TS denial, to further inform possible Society of Obstetricians and Gynaecologists of Canada guideline revisions.

This study hopes to inform a conflict between physicians and patients: the physician's right to conscientiously object to providing treatment, and a patient's right to be protected from unjust discrimination.

Methodology

Survey-based fractional factorial design

Three parts:

1. Demographics
Gender, age, parity, race, years in practice as Ob/Gyn, relationship status, and religious affiliation

2. Case Questions (8 cases)
Ex./ Jessie, a young graduate student in her mid-twenties, requests surgical sterilization. She is currently a single mother to a young toddler named Justin. You feel you have informed Jessie sufficiently of the risks and benefits of the procedure. She has considered and declined all other contraceptive options.

3. Personal Experience
Ex./ Have you ever encountered a patient who experienced post-procedure regret? What do you think was the reason for this regret?

- Study recruitment will involve email dissemination to Ob/Gyns in Canada.
- A large sample size is required for a fractional factorial design to be an accurate aggregation of data.
- Access to a large sample size is rare, therefore this study will take a long-term approach to garner as many survey results as possible.
- A subsequent study involving qualitative interviews with Ob/Gyns will be guided with the results of this preliminary survey study

"What if you meet the man of your dreams?"

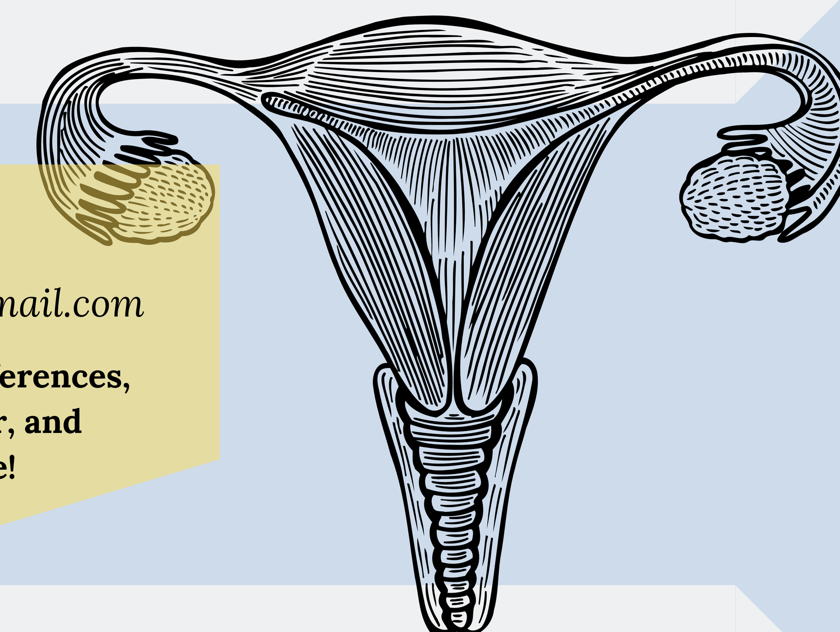
Women have reported condescension during physician consultation. What is the underlying message? A concern for the patient's best interest? Sexism? Or both?

Rationale

Though the dismissal of a patient's informed consent is inherently paternalistic, it is done cognizant of the patient's best interest, and may not ***necessarily*** be a sexist indication of compulsory maternity.

Understanding the nuances within Ob/Gyn perspectives may increase the potential for patient trust and add valuable dialogue to discussions of female reproductive choice, thereby **increasing the quality of patient care**.

Gaining a deeper understanding into the rationale behind such non-clinical objections may shed light on issues relating to **conscientious objections beyond the reproductive context**, such as medical assistance in dying.



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Happy to send references, discuss further, and collaborate!

Feminist Commentary

There are questions of **why barriers exist for women who wish to forfeit maternity while barriers are removed for women who choose maternity.** The implementation of publicly funded fertility treatments in Quebec and Ontario further supports the argument of societal compulsory maternity.

Varying philosophical models of paternalism are relevant within this ethical dilemma, such as pure and moral paternalism.

History

In the 20th century, coercive sterilizations were routinely performed on indigenous women, women of colour, and women with disabilities as a means of eugenics. Though the reaction to such injustices was to limit sterilizations to older, multiparous women, the paternalism, now used to protect, is pervasive. Husbands were required to partake in the consent process for voluntary sterilizations, and **a simple formula was used to quantify the appropriateness of the procedure**. Age, multiplied by parity, must have been greater than the arbitrary number of 120, to justify a voluntary sterilization.