

Fetal research and care ethics contribute to a different understanding of abortion

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On my honor as a University Student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments

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STS Research Paper

Introduction

Possibly the most divisive question in modern politics is whether abortion is amoral. On the one hand it could be considered a right for women. It is their body, after all, that is at question. But what if it is not just their body – what if it is in fact the body of a helpless, vulnerable child? Perhaps this cannot be proven, but is allowing abortion a worthy risk to take? Since the ruling of Roe v. Wade, approximately one million abortions are conducted every year (Keeping Michigan Healthy, 2023).

Through analysis of existing technologies, fetal research, and care ethics, these questions may become more answerable and appeal to a broader group of people. Technologies such as the neonatal incubator change our understanding of viable life. Throughout the century doctors' abilities to save preterm babies has increased, and they have been able to save earlier preterm babies. Elsewhere in the scientific community, ample amounts of research are being conducted to understand pregnancy and the health of newborns. This, too, can inform us on these questions. And, finally, society accepts that each person must care for the good of the other in order to have a functional society. This, in essence, is the theory of care ethics at play, which is the third way this paper addresses these pressing questions.

Methods

To analyze how ethics affect the abortion debate, I have used the neonatal incubator as a launching pad for discussion by showing that the changing understanding of viability invalidates the notion that a fetus is not a person. I also briefly mention the implications of fetal research on the argument of fetal personhood. To discuss fetal personhood further, I mainly use discourse analysis through interviews and articles related to the views on abortion today. I then define relationships of care in the context of care ethics, here using documentary research analysis

methods by looking at a critical paper on the theory of care ethics, and I elaborate on the implications of fetal personhood by stating that a relationship of care exists between a mother and a fetus. This takes me into answering the question: is abortion worth the risk? Throughout these thoughts I use exploratory and deductive reasoning as methods of discussion and as a way to come to a definitive conclusion.

Background

In the past century revolutionary technology has been developed to save the life of preterm babies. One of these technologies is the neonatal incubator. First designed in the 1880s the neonatal incubator kept a baby warm when they were born before they were developed enough to maintain their own body temperature (Blakemore, 2023). Regardless, before 1970 babies born more than three months premature would not survive (Reedy, n.d.). Today babies are consistently saved as early as 24 weeks into pregnancy (University of Utah Health, 2024). This is largely thanks to the neonatal incubator, among other developing technologies that help create an environment that mimics the womb.

In addition to advancements in technology, constant research is being done to discover ways to ensure newborns are healthy and survive pregnancy. Researchers test to see the effects of cosmetic use, smoking, and mothers' diets on pregnancy and fetal development (CDC, 2022, Li, 2019, Zhu, 2018).

STS Framework

There have been ample amounts of STS research done on the topic of abortion. Almost all of the authors, though, are pro-choice. For instance, Withycombe et. al. in "Abortion Care as Moral Work..." take a similar approach to this paper by appealing to the moral conscience as the basis for the abortion, but they come to a much different conclusion (Withycombe, 2022). They

state in chapter eight that a fetus is only viable at the point when it can sustain its life at the time of birth. They use the “medical definition of viability” to come to this conclusion (Withycombe, 2022, pg. 106). This is a hard argument to hold as the “medical definition” was created as a way to count the success or failures of a pregnancy, not a way to consider if a life had begun.

Additionally, arguing that a fetus is not viable until it can sustain its own life is highly flawed. Though its functioning is greatly improved from six months to nine months into pregnancy, no baby can truly sustain its own life at the time of birth. It is truly helpless – completely unable to find food, shelter, or warmth – without the mother. By this metric you would also allow infanticide.

Another example found in the literature is author Laurie Shrage in “Abortion and Social Responsibility : Depolarizing the Debate” (Shrage, 2003). She has a similar goal to this paper but, again, coming from the other side. She argues that the value of the women’s “life, health, and socioeconomic security” is higher than the fetus’s and so broadly justifies abortion in that since, even if the fetus has its own inherent value (Shrage, 2003, pg. 49). This point, however, is a dangerous one because she is verging on the comparison of the importance of one life to another and forgetting our special responsibility to help the helpless, and there is practically no human more helpless and reliant than a newborn, or, and especially, a fetus. That is where the theory of care ethics comes in.

Care ethics is a social and political theory based on interpersonal relationships and the resulting care we must give in those relationships. A major idea within care ethics is that there exists a distinct and important need to care especially for the vulnerable and dependent (Held, 2005, pgs. 9-15). This theory has most commonly been used by (and originated from) feminist thinkers.

Results and Discussion

Recently, especially since the overturning of Roe V Wade, the abortion argument has turned towards whether a fetus is a “person”, and if so, what legal rights should they be awarded? The legal implications of this are, in fact, surprising. According to the law professor, Carliss Chatman, stating that a fetus is a person means that, by law, “a pregnant woman can drive in the HOV lane” and that she could “put [her] fetus on [her] tax return,” because they would consequently have all the rights awarded to other people (Martinez 2022). Though these examples may not seem ethically consequential, they do get the point across that our laws do not account for what to do if unborn fetuses are persons. This argument, nonetheless, fails to consider the nature of our changing laws, and how they are meant to be adapted in accordance with how our understanding of the world changes. It used to be believed that babies born before the third trimester of pregnancy could not survive, but what we see as technologies such as the neonatal incubator develop is that babies can be consistently saved at this point and earlier. While it does not give definitive and unquestionable proof that a fetus is a person, premature survival statistics do demonstrate how shaky the argument against personhood is. “Personhood” cannot be simply defined by a specific point of time during the pregnancy. One may object, though, that the moment of personhood is the moment of birth, premature or on-time, but it is easy to see the hole in the personhood-at-birth argument when considering the difference between a baby one week before it will be born to when it is born. No substantial differences, with the exception of the baby’s exposure to the outside world, exist, and so the fetus’s lack of personhood is again shown to be arbitrary. Additionally, the research conducted relating to fetal health shows how many of the biological functions of humans, such as metabolic processes, are present in fetuses and imply life, which adds to the uncertainty of the lack of fetal personhood.

Since uncertainty on fetal personhood always leaves open some possibility of a fetus in fact being a person, the risk of allowing murder to occur by allowing abortion cannot be ignored.

With this risk on the table, the ethics of the choice for or against abortion must be considered. On the one hand, the woman has the right to wellness of mind and body. It is certainly true that pregnancy is taxing, and motherhood even more-so. It is understandable that a woman would not feel like she could handle the responsibility of motherhood, and, when this is the case, it is important to understand and perhaps even accommodate for such circumstances. A problem arises, however, when you consider that the fetus also has a right to wellness of both mind and body. The mother and fetus are literally physical inseparable, so it seems we are either at an impasse, or we must consider whether the mother's needs or the fetus's needs are more important. Perhaps, though, it is not simply a matter of importance but of ethical responsibility due to the relationship that exists between the mother and fetus.

Now even though what exists between the mother and fetus is not normally thought of as an active relationships – as opposed to passive relationships that carry little weight and are only present consequentially through other necessities – it must be defined as such. Why comes down to how we define active relationships (which I will refer to only as relationships from this point forward). A relationship comes about in two ways. The first is the most common notion which is the choice to cultivate a relationship with someone, be it a friend, mentor, significant other, etc. In this instance both parties (though not necessarily simultaneously) choose to invest in the other person in the form of something along the lines of time, of emotional investment, and especially of care. Another instance of forming a relationship is in the case of an obligatory relationship. Here it is ethically necessary, regardless of personal feelings and trials, to invest somehow in the other person. These relationships are often familial relationships: take siblings, for instance, who

do not choose to be siblings but are, nonetheless. These siblings may have dispositions that do not easily coexist, and they may have a tendency to fight with one another, but they still have a responsibility to reconcile their differences and to try to live harmoniously. While that is not always perfectly achieved, it is what occurs again at the conclusion of another fight so as to prevent further strife and discord within the family. This expectation is for the sake of familial love and harmony and is for the greater benefit of the family as well as themselves. Perhaps these two siblings, if they were not siblings and met through a mutual friend, would never form a relationship, but, because of the nature of their connection, they must. Another example, perhaps more directly relevant, is of a mother and her young daughter. As has been mentioned, the trials of motherhood can certainly be large, and there may be times in a mother's life when she wishes to not have the responsibility of her daughter. She cannot, nonetheless, neglect her daughter or leave her. This action would clearly be ethically wrong, because her daughter depends on her for both physical and emotional needs. In this way the mother is obliged to stay with her daughter and to care for her daughter. Additionally, these two types of relationships do not have to be strictly independent of one another. People who choose to have a relationship must sometimes do what is obliged of them in the relationship even if they do not desire to do it, and people with obligatory relationships often desire to perform what is necessary of them out of love.

I have thrown around a notion of care, but what that means has not yet been made clear. Care is often thought of as internal – linked in some way to emotions. You care for someone or something, or you care about something that is happening. What I mean is the act of care: when you care for someone or take care of someone. Virginia Held, an early figure in Care Ethics, discusses the use of care saying, “care that is relevant to an ethics of care must at least be able to refer to an activity, as in taking care of someone” (Held, 2005, pg. 30). To expand on this notion,

it is not just taking care of someone in the physical sense like when they have an illness or are in need of help, but taking care of the whole person – body, mind, and soul – throughout the entire extent of a relationship, and all relationships involve some degree of care. How much care comes down to both the importance of the relationship and the amount individuals are willing to give so long as that amount is within the lower limit of what is ethically acceptable. Another important factor that changes the degree of care is the actual capacity of the caregiver to care. A child is not expected to care for their sibling to the full extent that their parent would, because they are not able to.

Now I return to the notion that a relationship exists between the fetus and the mother, and I add that, based on the previous paragraph, this relationship implies a certain degree of care just as any other relationship would. This relationship is by nature an obligatory relationship. A mother may desire this relationship, and that may be why it comes about in the first place, but regardless of that desire there are obligations she must ethically carry out and those obligations do not go away in the event of the desire going away. In response, the question of what it means that the fetus may not be able to return care may be raised. It may seem like an imbalanced relationship in this case, and that is certainly true, but that does not dissolve the existence of a relationship, especially an obligatory relationship. In the case of a child who has a mental impairment that causes them to be unable to develop to the full extent of their mother or sibling, that mother or sibling still has a relationship with and is still expected to care for this child to the best of their abilities. In fact, in this instance, a mother may be expected to give greater care to the child with the mental impairment because there is a greater difference in vulnerability that exists between the mother and her child with an impairment than her and the child without the impairment. In the same way, a mother owes to a fetus in her womb a great amount of deference

of care because of the vast difference between her own vulnerability and the fetus's. In this way it is not a matter of whose life is more important, because both lives are equally important and valuable by nature of the presence of life, but it is about who is more vulnerable. Additionally, it is important to consider who has more to lose in this situation. The mother may have a heavy burden to bear, but the fetus would lose the chance to bear a burden: meaning it would lose its life all together. While the mother's struggles and worries are valid and should be helped – let us not forget the necessity for aiding these women who are also vulnerable in their own way – it cannot be at the expense of another's life.

Having established the relationship of care between the mother and fetus in the instance that the fetus should be considered a person, we must come back to the question: is abortion worth the risk? Now that we understand the risk more thoroughly, I believe the question can be answered from an ethical standpoint. The sheer potential of life is itself a strong argument. In the case of personhood, the murder of millions of persons being legally allowed is preposterous, but this argument does not account for the reasonable concern for the equivalent number women affected by making abortions illegal. Nevertheless, we cannot ethically give deference to a less vulnerable person, especially when theirs is a lesser need as well. This notion applies even here, where we cannot be completely sure of the "personhood" of the individual, because it is of such high gravity and frequency. Given the event of equal need or greater need to the less vulnerable person is a consideration that I will leave to other ethical thinkers.

Conclusion

These arguments show that living as an ethical society means a society without abortion. Though the burden is difficult either way, the potential loss of individual lives cannot be tolerated. Women undoubtedly deserve to be helped in these times of crisis and unexpected or

unwanted pregnancies, and we need to offer this aid, but the fact must be acknowledged that the woman (with the exception of instances of rape which I will not touch on here) made a personal choice that had consequences. The baby did not get a choice in the matter and should not get the worst result of the three of them. That life, while it should not be valued above the mother's, must be considered important and be protected. Protecting a fetus's life does not need to happen at the exclusion of protecting the woman's life but should be done simultaneously. This research, nonetheless, is not as thorough as it possibly could be due to time and resource constraints, and so I will leave it to future researchers to discuss specific cases that do not fall into the majority of pregnancies. These cases include instances of conception as a result of rape, of potential death of the mother as a result of delivery, etc. Additionally, the issue of the implications of ruling abortion illegal may have on the men involved should be addressed, as it is also a direct consequence of their actions.

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Table C Number, Ratio and Rate of Reported Induced Abortions United States, 1980 - 2020.

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