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Power and the Profession of Obstetrics

William Ray Arney

University of Chicago Press, Chicago, Ill., 1982, 279 pp., \$25.

This reviewer, a practicing obstetrician, was not moved by this book, though it may well be of value to sociologists and historians. The text purports to be a third kind of history of obstetrics, reflecting the view neither of the profession nor of its critics. While studiously researched and beautifully documented in a long section of notes (pp. 243-279), very little of the text is devoted to detailing historical facts. The rascally Chamberlens, while getting a mention, really don't receive the attention that such characters deserve or could easily support as in, let's say, a historical novel.

Arney does use the archives of obstetrics to support his view of the deployment of power before the profession's official organization early in the 20th century and its redeployment following World War II. The largest portions of the text are devoted to monitoring and surveillance, a new order of obstetrical control, and maternal-infant bonding and how it conflicts with the monitored delivery of obstetrical services. Arney seems to be presenting a female chauvinist's view of essentially male chauvinistic control of the obstetrical experience. While, in his view, patient care concerns on the part of the physician may play a role in decision-making with regard to deployment of newer technologies, the suggestion clearly came across to me that this was more a matter of the discipline of obstetrics (i.e., its practitioners) maintaining control over what is most frequently a normal (and, therefore, non-medical) experience. Needless to say, this is somewhat offensive to one who has dedicated his lifetime to caring for expectant mothers and their unborn children. When speaking about maternal-infant bonding and the obstetrician's embrace of this concept, the author certainly didn't talk to any of my confreres. While some pediatricians in our community are strong supporters, most obstetricians feel that this matter closely resembles a ceramic container of large bowel excreta, or words to that effect.

The section on medicine, ethics and the reformulation of the doctor-patient relationship was interesting but, in my judgment, a little too brief. There is also no suggestion as to what is the proper course of action for the human family with regard to some of the newer technologies, i.e., in vitro fertilization, sex selection, genetic engineering and the like. Arney noted that "there has been a breakdown in the profession's capacity to contain the ethical dimensions of its work behind a professional boundary, and it is this social aspect of contemporary ethical debates that merits examination." In my judgment, the heart of this problem lies with the moral theological community whose thinking and counsel for society has lagged well behind technological advances. The reviewer was comforted by the observation that at best, only one-tenth of the medically "eligible and appropriate" amniocentesis was performed in 1978. The figures given were an estimated 15,000 studies done from a potential reservoir of women numbering 150-200,000. To one who views this undertaking as a "search and destroy mission" with the ultimate practice of exterminative medicine, this was comforting. In today's medical-legal climate, there is no argument with regard to the need of informing all pregnant women at potential risk of the availability of this study, but the fact remains that

the way the doctor makes the presentation ordinarily tells the tale. Arney also noted, "The NIH 'consensus-developing' Task Force on Predictors of Hereditary Disease or Congenital Defects recommended against requiring prior commitment to abortion, but there is no mechanism for enforcing their recommendation." He also noted, quite accurately, that "the incidence of severe depression following elective abortion for genetic reasons is so great" that "it may be more difficult to deal with than either an abortion of 'convenience' or a stillbirth at term," or perhaps "even more difficult than bearing and rearing a defective child." Arney does an excellent job in summing up the implicit agreement made between modern obstetricians and modern women. He writes, "The rule, simply stated, is that birth should occur within a flexible system of obstetrical alternatives in which a woman's experiences can take prominence against a background of obstetrical expertise and safety. Around this rule modern women and modern obstetricians have begun a univocal discourse over childbirth. They are ostensibly engaged in a dialogue, but in the exchanges only a single voice is heard." Unfortunately, in living out this agreement, the patient and this doctor occasionally end up in an adversary relationship. The author, by way of conclusion, gives a very positive and accurate presentation of the benefit to both mother and baby of a prepared childbirth (psychoprophylaxis) approach to delivery.

The reviewer was, perhaps, prejudiced from the start against the book. It is written in the language of the intellectually elite. Like ecclesiastic language, it can be difficult to read. It is discomfoting to be driven to the dictionary to understand the meaning of a passage, especially when the thought can be simply expressed. Who needs to say "concatenation" when "linking together" says it all. The reviewer would not pay the \$25 price listed for this publication.

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A Theory of Medical Ethics

Robert M. Veatch

Basic Books, Inc., New York, 1981, xi + 387 pp., index.

This is undoubtedly an important book in medical ethics, both for moralists working in bioethics and for those in the health care professions. If only because of the stature of its author, it is bound to be influential, and with good reason. For Veatch is a balanced and thorough writer whose reputation in the field of bioethics is largely deserved. Moreover, the book's topic is important and the project it represents is ambitious; it is nothing less than an attempt to articulate an ethics for the medical professions from the ground up. Veatch seeks to articulate a public ethics which will really provide guidance for the difficult decisions health care professionals and others must make in the modern health care setting. Furthermore, the range of topics discussed and Veatch's device of focusing discussions by way of concrete bioethical dilemmas make the book valuable no matter what one thinks of the success of Veatch's project.

In the first of the four parts of the book, Veatch surveys various traditions of medical and physician ethics. He discusses the Hippocratic and Judeo-Christian