



Student midwives' responses to reproductive ethics: A qualitative focus group approach using case scenarios

Sarah Church, PhD (Midwifery), MSc (Research), RGN, RM (Senior Lecturer—Midwifery)*,
Merryn Ekberg, PhD, BSc, BA (Hons), PGCRDS (Senior Lecturer—Medical Sociology and Bioethics)

The University of Northampton, Boughton Green Road, Northampton NN2 7AL, UK

ARTICLE INFO

Article history:

Received 24 January 2012

Received in revised form

5 October 2012

Accepted 12 October 2012

Keywords:

Reproduction

Assisted reproductive technology

Ethics

Student midwives

ABSTRACT

Objective: the aim of this study was to gain an understanding of how midwifery students respond to a range of ethical dilemmas which they may encounter in clinical practice in relation to the use of reproductive technologies.

Design: during a series of focus groups, student midwives were asked to consider four novel scenarios, which highlighted some of the most controversial issues in contemporary reproductive ethics. These included assisted reproduction for older women, surrogacy and mental health, sex selection and reproductive cloning.

Setting: a University in the East Midlands, England.

Participants: purposeful sampling was adopted which resulted in four focus groups with a total of 16 student midwives.

Findings: a process of thematic analysis generated four key themes: choice and expectation, consumer society; distributive justice; parental rights and welfare of the child.

Conclusions: our results suggest that student midwives are sensitive to the range of ethical dilemmas associated with the increased use of technology in human reproduction, and construct distinct boundaries in relation to what is considered of benefit or good to the mother, parents, the child and to society and what is considered harmful to the individual, the child and society. They also expressed their opposition to the excessive use of technological intervention, preferring instead to maintain a more naturalistic approach to reproduction. This is especially significant where concerns about the welfare of the child are articulated.

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Introduction

Infertility affects one in seven couples in the United Kingdom (NCCWCH, 2004). Assisted reproductive technologies (ART's) have advanced at great speed since the birth of the first test tube baby in England in 1978. Statistics for 2010 indicate that two per cent of babies born in the UK have been conceived by in vitro fertilisation (IVF) treatment (HFEA, 2010). Although these advances extend the options available to women to become mothers, the high failure rate and pregnancy loss associated with IVF, raise additional emotional and ethical issues for women and couples in relation to decisions about reproduction and parenthood (Peddie et al., 2005). In this context, the use of technology raises issues of human rights in relation to reproduction. The concept of reproductive autonomy (Brock, 2005) in this context puts forward the idea of the right to access reproductive services for individuals wishing to consider parenthood. However,

enhancing reproductive choice for all maybe problematic, in terms of the ethical implications of the cost and availability of reproductive services within the provision of health services. Furthermore, the use of ART may generate ethical dilemmas that challenge attitudes within society with regards to what is right and wrong, especially when reproduction is separated from sex.

Developments within assisted reproductive technologies can therefore create ethical dilemmas and concerns for midwives, where midwives' personal and professional judgements may be challenged. The ways in which midwives resolve these dilemmas may be influenced by the way in which ethics is taught, and their personal understanding and application of particular ethical frameworks to practice issues. In preparing student midwives for professional practice therefore, knowledge and understanding of reproductive ethics is essential.

Midwives and ethics

In the context of clinical practice, ethical theories such as deontology and utilitarianism, and the principles of autonomy,

* Corresponding author.

E-mail address: sarah.church@northampton.ac.uk (S. Church).

non-maleficence, beneficence and justice (Beauchamp and Childress, 2009), can be used to critically explore childbirth and the management of care. To enable midwives to contribute to the ethical debates around reproduction and childbirth, knowledge and understanding of how ethical principles influence the ethical and legal boundaries of care, are crucial. A discussion of ethics in relation to education is therefore important within the midwifery profession to promote the development of professional practice and the care provided for women and their families.

Although empirical work on ethics education in midwifery is limited, Kalaitzidis and Schmitz (2012) concluded from their study of the ethical issues encountered by final year student nurses, that ethics education provided students with the means to apply a theoretical understanding of ethics to ethical problems in practice. Similarly, Kinnane (2009:35) suggested that if midwives are to face ethical issues within their daily practice in a professional manner, they must be '...armed with the right knowledge and opportunities to share and learn.'

The strategies used for teaching ethics vary from those used to teach the fundamentals of anatomy and physiology. Whilst there are a number of formal theories and principles taught and applied within practice, in general, ethics is not about teaching facts and figures, but rather, it is concerned with raising issues for debate and is embedded across the midwifery curriculum (Thompson, 2004). Specific knowledge and understanding of reproductive ethics are therefore essential for midwives to promote safe and equitable client care, and in the support of women and their partners who have experienced difficulties in conceiving a pregnancy. Ethics education also enables student midwives to develop skills of critical thinking which support the development of clinical competencies (NMC, 2009) and reflect the International Congress of Midwives (ICM) Essential Competencies for professional midwifery (Fullerton et al., 2011). Furthermore, knowledge and understanding of ethics enable students to promote boundaries between the personal and professional in relation to practice, in which the development of professional behaviour encompassing attitudes and values are key elements of the acceptance of the ethical context of professional midwifery practice (Vanaki and Memarian, 2009). In order to understand issues around reproductive ethics in clinical practice therefore, learning about ethics becomes a key component of the pre-registration midwifery curricula (NMC, 2008, 2009).

Empirical data on the attitudes of midwives and student midwives in relation to reproductive ethics are limited. A quantitative survey study to investigate Vietnamese midwifery students' attitudes towards abortion, contraception and adolescent sexuality, revealed the presence of two opposing ethical concepts (Klingberg-Allvin et al., 2007). On one hand, students expressed a general cultural disapproval of pre-marital sexual activity, conceptualised as the 'ethics of justice,' and in spite of this strong cultural attitude, an 'ethics of care' was also reflected in the students' empathetic approach towards women in these situations.

In a questionnaire based study of certified midwives, student midwives and women from the general population in Greece, Papaharitou et al. (2010) reported that even though genetic counselling was considered to be acceptable, the practices of reproductive cloning and sex selection were considered to raise moral dilemmas and were least likely to be acceptable across all groups of respondents. The use of ART for menopausal and homosexual women also generated more negative attitudes from respondents, citing issues of child welfare and threats to traditional family structure as major reasons.

The aim of this research was to gain an understanding of how midwifery students respond to a range of ethical dilemmas that they may encounter in clinical practice. The focus is on the use of reproductive technologies that generate further emotive discussions

in relation to the wider issues of fertility, mothering, parenting and family structure. Whilst professional expectations of midwives are formalised within The Nursing and Midwifery Code (NMC, 2008), the development and use of reproductive technologies, may challenge traditional attitudes towards reproduction which is worthy of further discussion.

Method

A descriptive, explorative design was employed incorporating focus group methodology (Krueger, 1994; Wilkinson, 2004; Goodman and Evans, 2010). This was adopted to elicit responses to some of the dilemmas that arise in reproductive ethics. A series of case scenarios were designed by the authors to be used as focus group stimulus material (Barbour, 2007).

They were used to contextualise the ethical issue and stimulate discussion, addressing the aim of the research and maintaining the focus on reproductive ethics.

Ethical issues surrounding sex selection; sperm donation; paternity testing; assisted reproduction for older women, reproductive cloning and saviour siblings were initially developed. Prior to the focus groups, these scenarios were finalised into four to reflect key issues. These included the following: assisted reproduction for older women, surrogacy and mental health, sex selection and reproductive cloning (see Fig. 1 for full scenarios). These were developed by the researchers to reflect cases reported in the media and potential use of technology in the future. Both researchers agreed that it would be unethical to use scenarios that were factually inaccurate, misleading or could potentially cause emotional harm to any of the student midwives participating, therefore each scenario was written in a realistic, accurate and non-offensive manner. Although the characters in the scenarios were fictitious, the scenarios illustrated real issues of ethical concern.

This approach was considered to be ideal to explore topics which have not been previously explored in any depth. Using focus groups enabled student midwives to interact with each other highlighting possible similarities and differences in values, attitudes and beliefs about complex and challenging issues. Exploring reproductive ethics in this way generated a number of research questions in relation to education, policy and practice.

The School of Health Ethics Committee granted formal ethical approval. Each student midwife was given a participant information sheet before the focus group, which provided information on the aims of the study, the nature of their participation and the expected benefits and risks. Before the focus group began, each student was asked to complete a consent form, indicating that they had read and understood the participant information sheet and that they agreed to participate. This process was consistent with the ethical principle of respecting each individual's right to make a free, voluntary, informed and autonomous decision (van Teijlingen and Cheyne, 2004).

All four focus group discussions were digitally recorded following consent from the participants. To protect the confidentiality of the discussion and the anonymity of the student, pseudonyms were given to each participant. The focus group discussions lasted between 60 and 90 minutes. Each focus group was held in a quiet location at the University. Each student was encouraged to indicate to the moderator when they wanted to speak as a means to avoid speaking over each other and interrupting each other's contribution to the discussion.

Study sample

Students were invited to participate by displaying posters displayed on notice boards around the University and by placing

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