Vulnerability in Bioethical Contexts

Ethics: Bioethics (Fall 2014)

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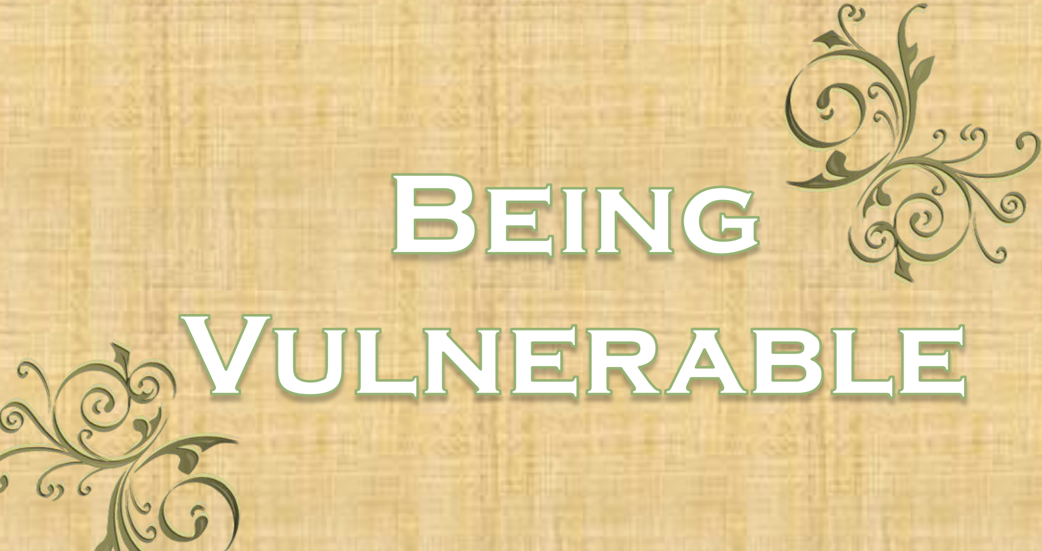


Being Vulnerable

Starting Points

- What is the significance of identifying vulnerable persons and groups?
  - **Justice concerns**
    - Material inequities – inequitable distribution of resources, lack of access, barriers to inclusion
    - Historical oppression – recognition of the marginalized and silenced
  - **Might be in need of additional protections against exploitation, coercion, harms**
    - Belmont Report: "When vulnerable populations are involved in research, the appropriateness of involving them should itself be demonstrated" (17)

Vulnerability as a Label: The Problem & Challenge

"the concept of vulnerability stereotypes whole categories of individuals, without distinguishing between individuals in the group who indeed might have special characteristics that need to be taken into account and those that do not"

– Carol Levine, Ruth Faden, Christine Grady, Dale Hammerschmidt, Lisa Eckenwiler, and Jeremy Sugarman

Worries about Vulnerability Label

- "Naturalizing" vulnerability
  - Vulnerability as inevitable or common state…so not worth noticing or protecting against?
    - Especially in bioethics…
  - 'Vulnerability' becoming watered down, useless term
- Rigid designation
  - Essentializing vulnerability in virtue of fixed trait
  - Feeding into stereotypes

Layers of Vulnerability

- Economic, political, and social exclusion & barriers → **layers of vulnerability**

Different **types** of vulnerabilities (many layers possible)

Vulnerable to different **degrees** (weight of layers vary)

- As a flexible, relational, dynamic term
  - Accommodate particularities, circumstantial details – **highly contextual**
  - Not looking for necessary and sufficient conditions or categories of populations

Who Is Vulnerable?

- Not one homogenous group
  - Can change over time
  - Someone can have some layers of vulnerabilities in some circumstances and not in others.
    - Medical intervention, research protocol can take advantage of, reinforce vulnerabilities
- ***Situations* render someone vulnerable** (not group affiliation, sex, etc.)
- Historically vulnerable groups are potentially being targeted, *de facto* or *de jure*, by social institutions and power relations.

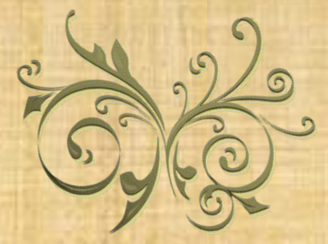
Example: HIV and Women in South Africa

- Vulnerabilities in virtue of…
  - being a woman? [category]
  - being of reproductive age? [category]
  - being poor? [broad category]
- relative sexual powerlessness as a result of confluence of environmental factors?

Identify and ameliorate those environmental factors, so these women are not rendered vulnerable (target each layer)

Mitigating Vulnerability

- Focus on **changing the situation** that renders someone vulnerable, rather than viewing one group as necessarily vulnerable in virtue of a fixed trait.
- **Identify** the multifaceted and changing ways in which a person can be vulnerable, recognizing the numerous contextual factors.
- **Give recognition** to some of the central barriers experienced by historically marginalized groups.
- Look for **multiplicity of answers**, not oversimplified solutions



Case Study:
Reporting Unlawful Abortions

In El Salvador: Background Information

- 1998-present: life at the “moment of conception” protected against abortion
  - No exceptions for rape, incest, fetal malformation, life of the mother
  - Active law enforcement apparatus
    - Prison sentences for medical doctors, women, and those who help women with the abortion
- Result: “abortion tourism,” self-induced, or back-alley
  - Frequently report to hospital as attempted suicide
  - Ulcer drug commonly used to cause contractions and bleeding, giving false impression of miscarriage

Vulnerabilities

- Pregnant women in El Salvador (especially those who are not wealthy) are vulnerable along several dimensions:
  - Health, security, self-determination
- Legal and medical institutions create additional barriers to health, security, and self-determination.
  - Legal punishments, long-term prison sentences
  - National Secretariat of the Family and hospitals instruct health care workers to report suspected abortions.
  - Women have to seek unsafe or costly options, subject themselves to significant risk, deceive medical staff and/or legal authorities, refrain from taking advantage of support systems.

Vulnerabilities

- Conflicting legal and ethical obligations
  - Salvadoran Medical College Code of Medical Ethics: "'requires health care professionals to keep secret what they see, hear or discover in the context of their professional role'" (qtd. in McNaughton 1927)
- Can mitigate some of these vulnerabilities:
  - Clarifying professional and legal duties, weight of each
  - Strengthen support systems and services for women's reproductive health
    - Increase options, especially for the poor
  - Educational campaigns to clarify rights and obligations
  - Long-term efforts to make women more secure

Discussion

For Consideration

- When medical research or clinical policies worsen the pre-existing vulnerabilities of certain populations, what moral responses are called for?
  - What responsibilities do researchers and clinicians have, and what responsibilities do they *not* have?
- What is the line between adequate protection and overprotection of vulnerable persons?
  - What are the moral concerns with erring either way?
- Should vulnerable populations be excluded from participating in clinical research? Should there be additional safeguards?
- Other examples of how vulnerability factors into clinical ethics, research ethics, or public health ethics?

Questions?

Additional resources

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