We looked last week at Gilligan’s research (1982, 1987, 1995) and started to discuss feminine and feminist approaches to ethics. We continued exploring these ideas today by further examining feminist responses to Gilligan (Baier 1995; Card 1990). We are now going to ask whether these theoretical frameworks can illuminate discussions of a particular moral issue: abortion. We will be interested in the ways in which the various theories illuminate, or fail to illuminate, women’s work on abortion. We will also be interested in how feminists should approach the moral issues raised by abortion.

1. What is distinctive about feminist approaches to abortion, according to Sherwin\(^1\)? Is abortion a feminist issue?

2. Why does Sherwin refuse to characterise her position on abortion as either “pro-life” or “pro-choice”?

3. Why does Sherwin think that no feminist can consistently adopt a position which is “against choice in abortion” (1991, fn. 4)? Is she right?

4. Sherwin argues that women’s right to choose must be protected even though women may be mistaken in their moral judgements. Is her argument a good one? Might women also opt for abortion despite judging it morally wrong? If so, would that affect Sherwin’s case?

5. Does Sherwin’s failure to provide criteria against which to judge the moral permissibility of any particular abortion amount to a failure to take her responsibilities as a theorist sufficiently seriously?

6. Do the theoretical frameworks we discussed last week illuminate Sherwin’s article? Does her article provide support for any of those frameworks?

7. What position should feminists take on abortion? Is the answer to this question any different from the answer to the question, what position should non-feminists take on abortion?

8. Read the information on menstrual extraction in figure 1. Is this a “powerful example of medical research done by women on and for ourselves”? If so, what is its significance?

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\(^1\) Substitute ‘Little’, ‘Jaggar’ or ‘Parsons’ into these questions in place of ‘Sherwin’ as you read other articles on this topic.
Menstrual Extraction

In the early 1970s, self-help groups at the Feminist Women’s Health Center in Los Angeles and elsewhere developed a technique using a small flexible plastic cannula to remove the lining of the uterus at about the time that the menstrual period is due. Women practiced on each other in order to develop safe instruments and techniques. Menstrual extraction is done on an experimental research basis by women in advanced self-help groups; it cannot be obtained at a medical facility.

Menstrual extraction also helps women avoid the discomfort of a menstrual period, provides information about menstruation, and enables women to learn basic health care skills. A very early pregnancy, if present, would probably be removed along with the lining of the uterus.

We need to do more research before we can know whether frequent extraction of the uterine lining creates any long-term or delayed health problems, although there is no evidence of any so far. Several aspects of the techniques developed for menstrual extraction have been incorporated into medical practice for early abortion with flexible cannulas.

Internationally, a similar technique, called menstrual regulation (MR), is used in developing countries — throughout Latin America, in Asia, in many African countries, and on a limited basis in the Middle East. MR has dramatically reduced the complication rate in countries in which abortion is unsafe because it is either inaccessible or illegal.

Women in the U.S. who do ME consider it to be legal — a home health care technique. They do not see themselves as performing abortions, since no medical diagnosis of pregnancy has been made. ME has not been challenged in court, and it is difficult to say what would happen if a suit were to be brought under current abortion laws or those governing the practice of medicine.

Menstrual extraction is a powerful example of medical research done by women on and for ourselves. (The Boston Women’s Health Book Collective 1998, p. 391)

Figure 1: extract from Our Bodies, Ourselves for the New Century
9. A similar example to that discussed in question 8 involves Jane (Parsons 1979). Jane was an feminist organisation operating in Chicago between 1969 and 1973. Jane moved from providing an abortion counselling and referral service to working directly with illegal abortionists. As they did so, the women involved began assisting with abortions. Eventually, they were performing all abortions themselves. Jane provided approximately 12,000 illegal abortions to women on a sliding scale through a determinedly non-hierarchical service. Any woman could play any role in the service and women using the service were encouraged to take an active role in their own care. Does Jane reflect a specifically feminist approach to women's needs? Jane closed shortly after abortion became legal throughout the United States. What should feminists be doing in our society today?

REFERENCES


