

Chapter 26

What should be the RCOG's relationship with older women?

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Introduction

A 'should' question normally signals work for an ethicist but this ethicist's task is complicated by the normative dimension of all the chapters in this volume. Each author was asked to come up with three recommendations from their own subject area – 'should' statements deriving from the 'is' analysis that they present. If those prescriptions cover the relevant topics, what more is there for an ethicist to do?

I have had a personal interest in obstetricians' relationship with 'older women' since being classified as an 'elderly primigravida' at the superannuated age of 26 years. Apart from that, however, what original contribution can I make? The convenors of the 56th RCOG Study Group gave me plentiful suggestions – perhaps a little too plentiful:

How should the RCOG approach its constituencies, medical ethics, regulation and its relationship to government and the rest of the medical profession, i.e. the NHS and the market, vested interests, individuals or consumers, families, the unborn, doctors, drug companies, surrogacy, the unborn, trafficking, global adoption, law, research?

I have to admit this was just too much for me. Instead, I want to argue for what may seem a self-evidently simple point. The RCOG describes its mission as 'setting standards to improve women's health' – presumably all women. In the 6 years that I have served on the RCOG Ethics Committee, however, we have almost always been concerned with that minority of the female population who are of reproductive age. There are two things wrong with that slant: it defines women in terms of their reproductive role alone and it risks allowing women above that age (or, indeed, girls below puberty) to vanish from our scrutiny.

I did say my point was self-evidently simple, perhaps even simplistic. The organisers of the Study Group were clearly fully aware of it, since their brief is to expand our awareness. What I want to do is to elaborate on why the narrower concentration is not only professionally blinkered but also morally wrong – and there my background as an ethicist is indeed relevant, particularly as a feminist ethicist. I also want to make three recommendations of my own, which I hope will contribute towards 'consciousness-raising' – itself a feminist method – about older women.

