EthxWeb Search Results

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Document 1
Vamos, Cheryl A; Daley, Ellen M; Perrin, Kay M; Mahan, Charles S; Buhi, Eric R
Approaching 4 decades of legislation in the national family planning program: an analysis of Title X's history from 1970 to 2008.
Abstract: Family planning is an important public health activity. Title X (Pub L No. 91-572), enacted in 1970, remains the only national family planning program in the United States dedicated to providing voluntary and confidential services to all individuals. We conducted a thematic analysis of Title X's legislative history. Of 293 federal bills included in the legislative history, only 20 (6.8%) were enacted into law. Regardless of the proposed challenges, limited changes have been adopted. Except for technical amendments, bills involving restrictions accounted for the highest percentage of enacted bills, demonstrating efforts to undermine reproductive health rights. Title X requires political will and bipartisan support if it is to continue to protect individuals' reproductive rights.

Document 2
Campo-Engelstein, Lisa
No more larking around! Why we need male LARCs.
The Hastings Center report 2011 Sep-Oct; 41(5): 22-6

Document 3
Plantz, Diane; Lantos, John D
Conscience, clinical ethics, and emergency contraception.
Adolescent medicine: state of the art reviews 2011 Aug; 22(2): 175-82, vii
Abstract: Emergency contraception (EC) is a generic term used to describe a group of hormonal methods taken within the first few days after unprotected sexual intercourse to prevent an unintended pregnancy. EC is safe and effective in preventing pregnancy. Plan B or the generic levonorgestrel is available over-the-counter for women 17 years and older. A prescription is still required for women younger than 17 years of age. Even with its safety, effectiveness, and ease of accessibility for older adolescents and women, EC remains morally controversial. This article reviews the development of EC, presents data on the prevalence of conscientious objection, discusses how the change in status from prescription drug to over-the-counter medication has changed the debate, and makes recommendations for dealing with the controversies.

Document 4
Rowlands, Sam
Learning disability and contraceptive decision-making.
The journal of family planning and reproductive health care / Faculty of Family Planning & Reproductive Health Care, Royal College of Obstetricians & Gynaecologists 2011 Jul; 37(3): 173-8

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Document 5

Jensen, Jeffrey T

Why family planning matters.

Abstract: Family planning is one of the principal tools of human development. Ensuring that all babies are wanted and planned reduces health care and social costs. Human numbers will increase to 11 billion by the end of this century, and human activities are the leading cause of environmental change that threaten our health and happiness. Therefore, the provision of highly effective contraceptive methods represents an important priority of primary medical care. Since women and men with complicated medical problems remain interested in sex, medical and surgical specialists need to understand how contraception and pregnancy will interact with the underlying condition. This paper discusses the interaction between population growth and the environment, and reviews modern methods of contraception.

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Cordle, Emma; Govind, Abha

Needless contraception.
The journal of family planning and reproductive health care / Faculty of Family Planning & Reproductive Health Care, Royal College of Obstetricians & Gynaecologists 2011 Apr; 37(2): 125-6

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Masek, Lawrence

The contralife argument and the principle of double effect
The National Catholic Bioethics Quarterly 2011 Spring; 11(1): 83-97

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Document 8

Plantz, Diane M

Cynicism, with consequences.
The Hastings Center report 2011 Mar-Apr; 41(2): 12-3

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Anthropological fantasies in the debate over cycle-stopping contraception.
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**Plan B agnostics: doubt, debate, and denial**
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Beeman, Patrick C.
**Natural family planning in education and practice: a narrative review of the literature**
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Schonfeld, Toby; Brown, Joseph S; Amoura, N Jean; Gordon, Bruce
**Ideal vs. real: revisiting contraceptive guidelines.**
IRB 2010 Nov-Dec; 32(6): 13-6
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Nieschlag, Eberhard
**Clinical trials in male hormonal contraception.**
Contraception 2010 Nov; 82(5): 457-70
**Abstract:** Research has established the principle of hormonal male contraception based on suppression of gonadotropins and spermatogenesis. All hormonal male contraceptives use testosterone, but only in East Asian men can testosterone alone suppress spermatogenesis to a level compatible with contraceptive protection. In Caucasians, additional agents are required of which progestins are favored. Clinical trials concentrate on testosterone combined with norethisterone, desogestrel, etonogestrel or depot-medroxyprogesterone acetate. The first randomized, placebo-controlled clinical trial performed by the pharmaceutical industry demonstrated the effectiveness of a combination of testosterone undecanoate and etonogestrel in suppressing spermatogenesis in volunteers.
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Lawrence, Ryan E; Rasinski, Kenneth A; Yoon, John D; Curlin, Farr A
**Obstetrician-gynecologist physicians' beliefs about emergency contraception: a national survey.**
Contraception 2010 Oct; 82(4): 324-30
**Abstract:** Although emergency contraception (EC) is available without a prescription, women still rely on doctors' advice about its safety and effectiveness. Yet little is known about doctors' beliefs and practices in this area.
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Tollefsen, Christopher
Contraceptives for victims of rape and for the mentally disabled: a reply to Stephen Napier
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Napier, Stephen
Contraception for the mentally disabled: a contraceptive act?
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Ganatra, B; Kalyanwala, S; Elul, B; Coyaji, K; Tewari, S
Understanding women's experiences with medical abortion: In-depth interviews with women in two Indian clinics.
Global public health 2010 Jul; 5(4): 335-47
Abstract: We explored women's perspectives on using medical abortion, including their reasons for selecting the method, their experiences with it and their thoughts regarding demedicalisation of part or all of the process. Sixty-three women from two urban clinics in India were interviewed within four weeks of abortion completion using a semi-structured in-depth interview guide. While women appreciated the non-invasiveness of medical abortion, other factors influencing method selection were family support and distance from the facility. The degree of medicalisation that women wanted or felt was necessary also depended on the way expectations were set by their providers. Confirmation of abortion completion was a source of anxiety for many women and led to unnecessary interventions in a few cases. Ultimately, experiences depended more on women's expectations about the method, and on the level of emotional and logistic support they received rather than on inherent characteristics of the method. These findings emphasise the circumstances under which women make reproductive choices and underscore the need to tailor service delivery to meet women's needs. Women-centred counselling and care that takes into consideration individual circumstances are needed.
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Richards, Cecile; Cullins, Vanessa
A tale of two pills: when culture trumps technology.
Lancet 2010 Jun 5; 375(9730): 1950-1
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Integrating family planning with sexual and reproductive health and rights: the past as prologue?
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Rovei, Valentina; Gennarelli, Gianluca; Lantieri, Teresa; Casano, Simona; Revelli, Alberto; Massobrio, Marco

*Family planning, fertility awareness and knowledge about Italian legislation on assisted reproduction among Italian academic students.*

Reproductive biomedicine online 2010 Jun; 20(7): 873-9

**Abstract:** Over the last century, most industrialized countries have experienced a progressive increase in maternal age at first pregnancy and a reduction of fertility rate, with important social and economic consequences. Moreover in Italy a very restrictive law on assisted reproductive technologies was introduced in 2004, limiting its effectiveness and causing a strong public debate that unfortunately focused more on the political and ethical implications of the law than on the medical and technical aspects of assisted reproduction. The present study performed an epidemiological investigation among the students of Turin University in the year 2006/07 in order to assess three aspects: the factors affecting the decision to become parents, their level of consciousness about human reproduction and their level of knowledge about the legal rules that regulate assisted reproduction in Italy. The study also wanted to clarify how the sex (male or female) and the type of education (sciences or humanities) could affect their opinions and knowledge in this area. It was observed that young people consider parenthood an important part of their life, but knowledge about human fertility and legal rules regulating assisted reproduction is rather poor, regardless of sex and type of education.

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*A reader responds. "Thinking ethically about emergency contraception".*
Health progress (Saint Louis, Mo.) 2010 May-Jun; 91(3): 64; author reply 65

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*Catholic hospitals under scrutiny. Observers question if facilities are performing birth-control procedures.*
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*Emergency contraception: can it be morally justified?*
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*Military health facilities to begin stocking morning-after pill.*
Washington Post 2010 February 5; p. A4

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What is right about the contra-life argument against contraception?
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Wax, Emily
In tradition-bound India, morning-after pill signals new openness.
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'Plan B: how it works: science shows it is not an abortifacient
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A time of special need: the tragedy of sexual assault demands that Catholic hospitals show the compassion of Christ and the church by promptly responding with clinically excellent treatment coupled with the tenderness Christ evidenced for all the sick and suffering.
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Hajo, Cathy Moran
BIRTH CONTROL ON MAIN STREET: ORGANIZING CLINICS IN THE UNITED STATES, 1916-1939

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Watkins, Elizabeth Siegel
From breakthrough to bust: the brief life of Norplant, the contraceptive implant.
Journal of women's history 2010; 22(3): 88-111
Abstract: This essay examines the history of Norplant from its development in the 1960s, to its approval by the FDA in 1990, through its tumultuous reception in American society, to its removal from the market in 2000. The rejection of Norplant by women was influenced by the social and political climate of the 1990s, in which a feminist health agenda, a consumerist ideology in health care, a growing tendency toward class action litigation, and increasing distrust of the pharmaceutical industry worked together to empower women to take charge of their reproductive decision making. The rhetoric of population control in the 1960s, when the pill and IUD were introduced, was very different from the language of individual choice that dominated in the 1990s, the era of Norplant. This investigation of Norplant extends the historical analysis of reproductive politics to the very end of the twentieth century.
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Filipinos question birth-control taboo
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**Speaking clearly about early life: confusion over medical terms**
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**Obama drops funding from bill, alarming family planning pressure groups [news]**
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Hilliard, Marie T.

**Dignitas personae and emergency contraception**
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Grossman, Daniel; Jarvis, Sarah

**Should the contraceptive pill be available without prescription? [debate]**

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**Bush moves to protect conscientious objectors [news]**
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Journal of Gender, Race, and Justice 2008 Winter; 11(2): 369-408

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NFP, responsible parenthood, and the concept of justa causa in Humanae vitae
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Health Care Ethics USA [electronic] 2008 Fall; 16(4):

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Baldwin, Susie B.; Solorio, Rosa; Washington, Donna L.; Yu, Hongjian; Huang, Yii-Chieh; Brown, E. Richard

Who is using emergency contraception? Awareness and use of emergency contraception among California women and teens
Women's Health Issues 2008 September-October; 18(5): 360-368

Abstract: INTRODUCTION: Emergency contraception (EC) reduces women's risk for pregnancy after unprotected intercourse, and women's awareness of the method is increasingly important for expanding access. However, knowledge of EC alone does not predict use, and few population data exist to describe EC use among those aware of the method. METHODS: Using data from the 2003 California Health Interview Survey, we measured EC awareness among 11,392 women ages 15-44, and EC use among 7,178 respondents who were aware of EC and at risk for pregnancy. Using chi(2) analyses and multivariable logistic regression, we examined population characteristics that epidemiologically predict EC awareness and use, including age, race/ethnicity, income, health insurance status, usual source of health care, immigration status, languages spoken at home, and urban versus rural residence. RESULTS: Nearly 76% of respondents had heard of EC, but awareness was lower among teens, women of color, poor women, women with publicly funded health insurance, those without a usual source of care, immigrants, non-English-language speakers, and rural residents. Among women aware of EC, about 4% reported having used the method in the previous year; young age, low income, attending a community/government clinic for care or not having a source of care, and living in an urban area significantly increased the odds for using EC. CONCLUSIONS: Among California women in 2003, awareness and use of EC remained low. However, similar rates of use were reported among racial, ethnic, and linguistic subgroups. Those most likely to report use of the method included population groups at high risk for unintended pregnancy.

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Birth control fears addressed; HHS chief says draft rule is not redefining abortion
Washington Post 2008 August 9; p. A2

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No justification for using IUD to treat menorrhagia [letter]
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Emergency contraception: when the pharmacist conscience clause restricts access
Nursing for Women's Health 2008 August; 12(4): 343-346

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Mirkes, Renée
Protecting the right of informed conscience in reproductive medicine

Abstract: This essay sets down three directives for conscientiously objecting clinicians—physicians, particularly obstetrician/gynecologists, trained in NaProTechnology by the Pope Paul VI Institute and Creighton University School of Medicine and any medical professionals who share their natural law vision of reproductive health care—to protect their right to well-formed conscientious objection in reproductive medicine. Directive one: understand the nature of a well-formed conscience and its rightful exercise. Directive two: fulfill all reasonable American College of Obstetricians and Gynecologists’ requirements for conscientious refusal. Directive three: execute a political strategy to protect health-care conscience rights.

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Flynn, D.P.
Pharmacist conscience clauses and access to oral contraceptives
Journal of Medical Ethics 2008 July; 34(7): 517-520
Abstract: The introduction of conscience clauses after the 1973 US Supreme Court decision in Roe v. Wade allowed physicians and nurses to opt out of medical procedures, particularly abortions, to which they were morally opposed. In recent years pharmacists have requested the same consideration with regard to dispensing some medicines. This paper examines the pharmacists' role and their professional and moral obligations to patients in the light of recent refusals by pharmacists to dispense oral contraceptives. A review of John Rawls's concepts of the "original position" and the "veil of ignorance", along with consideration of the concept of compartmentalisation, are used to assess pharmacists' requests and the moral and legal rights of patients to have their prescriptive needs met.
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Conscientious objection in reproductive health care: analysis of Pichon and Sajous v. France

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**Study confirms Plan B is abortifacient and unreliable** [letter]
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**Distilling differences: contraception and natural family planning**
Penn Bioethics Journal 2008 April 2; 4(2): 31-35
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Masek, Lawrence
**Treating humanity as an inviolable end: an analysis of contraception and altered nuclear transfer**
*Abstract:* I argue that contraception is morally wrong but that periodic abstinence (or natural family planning) is not. Further, I argue that altered nuclear transfer -- a proposed technique for creating human stem cells without destroying human embryos -- is morally wrong for the same reason that contraception is. Contrary to what readers might expect, my argument assumes nothing about the morality of cloning or abortion and requires no premises about God or natural teleology. Instead, I argue that contraception and altered nuclear transfer are morally wrong because they fail to treat humanity as an inviolable end.
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Emergency contraception: overestimated effectiveness and questionable expectations.
Clinical Pharmacology and Therapeutics 2008 January; 83(1): 19-21

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Ethical, religious and factual beliefs about the supply of emergency hormonal, contraception by UK community pharmacists


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What the doctor ordered: balancing religion and patient rights in U.S. pharmacies

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Georgetown Journal of Gender and the Law 2008; 9(3): 1125-1152

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Catholic activism in the campaigns against artificial contraception and the sterilization of the "unfit" in interwar Britain
Call number: HQ766 .H85 2008

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Antommaria, Armand H. Matheny

Adjudicating rights or analyzing interests: ethicists' role in the debate over conscience in clinical practice
Theoretical Medicine and Bioethics 2008; 29(3): 201-212

Abstract: The analysis of a dispute can focus on either interests, rights, or power. Commentators often frame the conflict over conscience in clinical practice as a dispute between a patient’s right to legally available medical treatment and a clinician’s right to refuse to provide interventions the clinician finds morally objectionable. Multiple sources of unresolvable moral disagreement make resolution in these terms unlikely. One should instead focus on the parties’ interests and the different ways in which the health care delivery system can accommodate them. In the specific case of pharmacists refusing to dispense emergency contraception, alternative systems such as advanced prescription, pharmacist provision, and over-the-counter sales may better reconcile the client’s interest in preventing unintended pregnancy and the pharmacist’s interest in not contravening his or her conscience. Within such an analysis, the ethicist’s role becomes identifying and clarifying the parties’ morally relevant interests.

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**Dispensing with liberty: conscientious refusal and the "morning-after pill"**

**Abstract:** Citing grounds of conscience, pharmacists are increasingly refusing to fill prescriptions for emergency contraception, or the "morning-after pill." Whether correctly or not, these pharmacists believe that emergency contraception either constitutes the destruction of post-conception human life, or poses a significant risk of such destruction. We argue that the liberty of conscientious refusal grounds a strong moral claim, one that cannot be defeated solely by consideration of the interests of those seeking medication. We examine, and find lacking, five arguments for requiring pharmacists to fill prescriptions. However, we argue that in their professional context, pharmacists benefit from liberty restrictions on those seeking medication. What would otherwise amount to very strong claims can be defeated if they rest on some prior restriction of the liberty of others. We conclude that the issue of what policy should require pharmacists to do must be settled by way of a theory of second best. Asking "What is second best?" rather than "What is best?" offers a way to navigate the liberty restrictions that may be fixed obstacles to optimality.

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**Accessibility of emergency contraception in California's Catholic hospitals**


**Abstract:** BACKGROUND: Access to emergency contraception (EC) is an important option for women wanting to prevent an unintended pregnancy. In California, emergency rooms (ERs) are required to provide survivors of sexual assault with information about and access to EC. This study assessed the likelihood that a woman calling a Catholic hospital in California to inquire about EC could access the medication. METHODS: During September 2003, we contacted an ER staff member in each of California's Catholic hospitals (n = 45) using a mystery caller approach. Following a written script, trained female researchers asked ER staff whether they dispense EC at their facility and under what circumstances. If respondents initially stated that their facility would not dispense EC, the caller asked whether EC was available to women who had been raped. If staff confirmed that their facility would not provide EC under any circumstances including rape, callers requested a referral to another facility that would provide the medication. RESULTS: Sixty-six percent of staff contacted stated that their hospital would not provide EC under any circumstances, including rape. Of those that would not dispense EC, fewer than half of respondents (48%) provided a referral. Of the 14 referrals given, only about one third (n = 5) led to a facility that provides EC. CONCLUSIONS: Our findings suggest that access to EC in California's Catholic hospitals is minimal, even for victims of sexual assault. As many as two-thirds of these hospitals may be violating state legislation requiring hospitals to provide EC to sexual assault survivors upon request.

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