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Arkin, Eli
Global: health federation issues ethics guidelines on forced female sterilization.
Abstract: The International Federation of Gynaecology and Obstetrics (FIGO) recently released new ethics
guidelines in response to the continuing forced sterilization of women, including those living with HIV, in parts of the
developing world.
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Forced and coerced sterilization of women in Europe.
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and Obstetrics 2011 Aug; 114(2): 163-6
Abstract: Human rights provisions in laws set by international treaties and national legislatures make individuals' informed and freely given consent a precondition to the legality of their sterilization. Nevertheless, evidence shows that sterilizations have been undertaken by forceful means or coerced acceptance, to which women do not genuinely consent. The women are often members of ethnic minorities in their countries, such as Roma women, or adolescent or disabled women. Some European governments have acknowledged their responsibility for human rights abuses by forced and coerced sterilization of vulnerable women, and committees established by international human rights treaties to monitor states' compliance with their standards are increasingly vigilant to expose and condemn wrongful sterilization. For instance, the committee monitoring compliance with the Convention on the Elimination of All Forms of Discrimination against Women and the Council of Europe's Commissioner for Human Rights provide guidance for the prevention of violations.
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Weisleder, Pedro
Sterilization for individuals with mental disabilities: the other half of the equation.
Abstract: Medical ethics can be defined as the study of moral values and judgments as they apply to medicine. Healthcare providers, or for that matter all who make contributions to the field of medicine, are regularly confronted by ethical dilemmas. Like other predicaments, ethical dilemmas require thoughtful consideration. The overarching goal of Ethical Crossroads is to provide a forum for opinions on a contemporary ethical challenge that, at least tangentially, impacts the practice of child neurology.
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Rutecki, Gregory W.
Forced sterilization of Native Americans: later twentieth century cooperation with national eugenic policies?
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Evaluation of sterilization and chemical castration in Islamic law
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Call number: R725.59 .I85 2010

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Price, Gregory N; Darity, William A Jr.
Abstract: Theoretical justifications for state-sanctioned sterilization of individuals provided by Irving Fisher rationalized its racialization on grounds that certain non-white racial groups, particularly blacks due to their dysgenic biological and behavioral traits, retarded economic growth and should be bred out of existence. Fisher's rationale suggests that national or state level eugenic policies that sterilized the so-called biological and genetically unfit could have been racist in both design and effect by disproportionately targeting black Americans. We empirically explore this with data on eugenic sterilizations in the State of North Carolina between 1958 and 1968. Count data parameter estimates from a cross-county population allocation model of sterilization reveal that the probability of non-institutional and total sterilizations increased with a county's black population share—an effect not found for any other racial group in the population. Our results suggest that in North Carolina, eugenic sterilization policies were racially biased and genocidal.
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Journal of General Internal Medicine 2009 March; 24(3): 312-319
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Non-voluntary sterilization

Tännöjs, Torbjörn

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Abstract: We cannot easily condemn in principle a policy where people are non-voluntarily sterilized with their informed consent (where they accept sterilization, if they do, in order to avoid punishment). There are conceivable circumstances where such a policy would be morally acceptable. One such conceivable circumstance is the one (incorrectly, as it were) believed by most decent advocates of eugenics in the late nineteenth and early twentieth century to exist: to wit, a situation where the human race as such is facing a threat. Perhaps today's Chinese experience with a threat of over-population is a more realistic example? Finally, there is some room for a kind of non-voluntary (and coercive) sterilization without informed consent. I think of people who are severely mentally retarded, and who cannot understand how sexual intercourse relates to conception. If some of these persons are fertile and sexually active, it may very well be the morally right thing to do to sterilize these persons, in their own best interest, but without their consent—if necessary even through coercive means.

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Roma women were unlawfully sterilised [news]

Krosner, Katka


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*Karl Bonhoeffers Entscheidungen zur Zwangssterilisation und Euthanasie. Versuch einer ethischen Beurteilung unter Berücksichtigung D. Bonhoeffers*  
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Trehan, Nidhi; Crowhurst, Isabel
*Minority groups and reproductive rights: coerced sterilisation and female genital mutilation in Europe*  
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Abstract: This statement responds to a complaint that the Czech Public Defender of Rights received via IQ Roma servís on September 9, 2004 relating to "the sterilisation of Romani women." IQ Roma servís is a non-governmental, non-profit organization based in the South Moravian city of Brno in the Czech Republic. For more information see http://www.iqrs.cz/en/.
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Stern, Alexandra Minna
Sterilized in the name of public health: race, immigration, and reproductive control in modern California
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Abstract: In exploring the history of involuntary sterilization in California, I connect the approximately 20,000 operations performed on patients in state institutions between 1909 and 1979 to the federally funded procedures carried out at a Los Angeles County hospital in the early 1970s. Highlighting the confluence of factors that facilitated widespread sterilization abuse in the early 1970s, I trace prosterilization arguments predicated on the protection of public health. This historical overview raises important questions about the legacy of eugenics in contemporary California and relates the past to recent developments in health care delivery and genetic screening.
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Sterilization of mentally retarded individuals informed consent in guidelines in the Netherlands

Abstract: The purpose of this paper is to describe and discuss the Guidelines of the Dutch Health Care Inspectorate with respect to sterilization of mentally retarded individuals. In 1998, the Minister of Health had the 1989 Guidelines replaced by new ones. Two new laws were integrated into these new Guidelines: the Medical Treatment Agreement Act (hereinafter referred to as WGBO, being the Dutch abbreviation) and the Mentorship Act. The minister was also inspired to draw up new Guidelines by the revelation in the media of involuntary sterilizations still taking place in several European countries. She is adamant that the Guidelines should be a ‘guarantee against involuntary
sterilizations'. This issue requires special guidelines because of judicial questions connected with the sterilization of individuals who are more or less incapable of giving informed consent. Involuntary sterilization is a violation of basic human rights, such as the right of physical integrity and protection of privacy. The Guidelines describe how the decision-making process between doctor, patient, representatives, proxies or guardians should proceed and what to do when parties do not reach consensus. A distinction has been made between competent and incompetent patients. The Guidelines and the WGBO give answers to questions like the following: will the informed consent of representatives and proxies be sufficient to perform sterilization? Do doctors have to follow representatives and proxies? Can sterilization take place in spite of a patient's resistance? The Guidelines focus on the process of decision-making, in order to guarantee an appropriate procedure, with the best possible outcome for the mentally retarded individual. The Guidelines do not answer the question of what legitimate reasons doctors may have for performing sterilization on such a person. Given the substantial questions involved the Minister of Health has asked the Health Council to add possible grounds to the Guidelines that should be taken into account when deciding on sterilization.

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