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Lisa Schechtman on Reproductive Health and Human Rights: Integrating Medicine, Ethics, and Law by Rebecca J. Cook, Bernard M. Dickens, and Mahmoud F. Fathalla. Oxford: Oxford University Press, 2003. 554 pp.

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Reproductive Health and Human Rights: Integrating Medicine, Ethics, and Law by Rebecca J. Cook, Bernard M. Dickens, and Mahmoud F. Fathalla. Oxford: Oxford University Press, 2003. 554 pp.

As anyone familiar with human rights is aware, states around the globe have been very slow in undertaking the promotion and protection of the rights of women. Women have long been culturally and socio-economically oppressed due to norms that subjugate them and perpetuate paternalistic assumptions about their mental and physical capabilities. As the realization of women's unique contributions to society and their ability to work alongside men has grown, recognition of reproductive rights has lagged. In some societies, the inability to reproduce carries enormous stigma. In others, male relatives are expected to grant permission for women to receive care. Still others put women in harm's way through medical ignorance (such as the belief that intercourse with a virgin girl can cure HIV/AIDS). In Reproductive Health and Human Rights, the authors provide thorough consideration of all aspects of reproductive health as a fundamental human right, place the issues in their cultural and historical context, and recognize the relatively recent attention by academics, women's rights advocates and women's health practitioners to the needs and rights unique to women.

By way of introduction, the historical and legal background of reproductive rights presented in this text is an essential component to anyone interested in the field; and is therefore one of the most important foundational aspects to Reproductive Health and Human Rights. While international human rights instruments—including the Universal Declaration of Human Rights (UDHR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)—contain provisions related directly to reproductive rights, experience has shown that it is only through detailed interpretations of these articles by the UN treaty-monitoring bodies that many states have begun to recognize their obligations. For example, in 1999 the CEDAW Committee issued *General Recommendation 24: Women and Health*, which expands upon Article 12 of CEDAW and obligates states to institute provisions to ensure women attain the highest possible standard of health (the recommendations specifically addressed reproductive rights). Similarly, the ICESCR Committee stated in its 2000 *General Comment 14* that reproductive rights are an element of the highest attainable standard of health. Finally, the Cairo Programme of Action (1994) and the Beijing Declaration & Platform for Action (1995) more firmly established from the outset the obligation of states to include reproductive health in their mandates for attaining the highest possible standard of health for all.

Part I of Reproductive Health and Human Rights explores the medical, ethical and legal principles of reproductive health. Sections include an overview of the concept of reproductive health and inherent gender differentials; the role of men in reproductive health; a statistical analysis at the prevalence of essential elements of care around the world; and different types of health care systems. The book then moves into health related ethics, emphasizing the principles of autonomy, beneficence, non-maleficence and justice. In addition, Part I examines legal and human rights issues, including legal reform; conscientious objection and the obligation of physicians to provide care; and the legislative implementation of human rights norms. Included in these chapters is a detailed overview of international human rights instruments as they relate reproductive health, issues such as rape, female genital cutting, marriageable age, and contraception use. Cook, Dickens, and Fathalla skillfully provide the reader with a toolbox of arguments, legal precedents, and case studies, allowing

anyone from attorneys to nurses to more effectively use a rights-based approach to improving women's reproductive health.

Part II applies the medical, ethical, and legal principles discussed in Part I to specific cases of reproductive rights from a variety of cultures and societies. These include sexual assault and emergency contraception; involuntary female sterilization; HIV drug research and testing; sex-selection abortion; requests for abortion; incomplete abortion; and unsafe abortion; domestic violence; and maternal death. Each case begins with a story and background on the issue at hand, including definitions, related statistics, and relevant cultural considerations. The section continues with an overview of the medical aspects of the situation documented in the respective cases, including consideration of the possibility of conscientious objection; impact on and from ethical, legal, and human rights issues and perspectives. Finally, each case explores approaches to addressing the situation: clinical duty, obligations of the health care system, action to address underlying socio-economic elements of the case, and the women's empowerment and human rights perspectives.

Part III considers international law and states' obligations with regard to safeguarding the universal right to reproductive health. It also includes a list of states-parties to each of these treaties and other agreements, excerpts from recommendations that expand upon related mandates, and text from the *World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects*. Nearly twenty pages are devoted to reproductive health data from almost every country, with statistics reflecting contraceptive prevalence, percentage of births attended by skilled professionals, percentage of pregnant women with HIV/AIDS, and other indicators used by the United Nations Development Programme. Part III concludes with a sample application to petition a human rights body, one of the few concrete steps that individuals residing in states-parties to treaties may take to protect their own rights.

Some of the material is presented repeatedly throughout the text – a fact that demonstrates the book was prepared in such a way so to provide different readers in search of particular issues ready access to the basic reproductive rights materials. According to the authors, “the primary reason for writing this book is to explain these different perspectives in ways that facilitate dialogue and collaboration...in order to enhance formulation of reproductive health laws and policies, and to expand and improve the quality of reproductive health services” (3). Perhaps most importantly, this book demonstrates the pervasive dysfunction in global women's health care systems and the ways in which this is born out of societal standards that serve more to oppress women than to empower them.

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