

As difficult as it can be for a married woman with a small family, it is almost impossible for a single woman to be sterilized without considerable inconvenience and effort. A woman who expresses a desire to remain childless is immediately suspect. Should she be single and especially if she is under twenty-five, it is assumed that she does not know her own mind. Certainly she will be forced to justify her decision at great lengths and to several consultants.

What is the rationale behind such reluctance on the part of the medical profession? There is no doubt that sterilization should be viewed as a serious and generally irreversible decision. Although some procedures can be undone, there is no guarantee, and consequently the decision should be thought of as permanent. Also, it is true that some women change their minds, or because of a family tragedy, a woman may wish to have children again. As well, it is useful to establish whether or not having children by adoption is acceptable for the couple involved. However, such circumstances are unusual, and once the woman's intentions are made clear, there is really no other consideration that should prevent a physician from granting her request — that is, no other medical consideration.

So what is causing this incredible double standard? Why are physicians so reluctant to comply with reasonable requests for sterilization? Why, on the one hand, can a physician feel no conscience about practising personal eugenics on a helpless woman seeking abortion by forcing sterilization on her, and yet, on the other hand, feel it is his or her personal responsibility to keep a young mother of two fertile against her own wishes? To say the least, the answer to these questions is complex, but it basically boils down to attitudes. First, and perhaps most reprehensible, is the attitude that a physician has the right to make decisions for his or her patient. For some reason, there are a number of physicians who practise medicine by providing little information and fewer choices. It is easier to dictate than to discuss the options, and some physicians feel more comfortable when they are totally in control of the therapeutic situation.

Second, there is this attitude about fertility and motherhood. Let's face it — some women hate children, and, fortunately, some women know they would make rotten mothers. Also, many women are career-oriented, and even though they love children, they wish to put their own careers first. Furthermore, many women

are happier raising a small family. There is no doubt that more women are expressing a wish to be less involved in motherhood than ever before, and this goes against traditional values concerning motherhood. As members of a conservative profession, many physicians cling steadfastly to the traditional values and attitudes of our society. Naturally, they are entitled to their own views, but it is unacceptable to impose these views on a patient who does not share them. Nonetheless, this seems to be a pattern that continues in practice.

A recent case heard by a judge in Ontario illustrates the forces at play. A young woman with three children requested sterilization from her gynecologist. At no time did she indicate a desire for a reversible procedure. For unknown reasons, the gynecologist chose to perform an unusual procedure, one which is easily reversed surgically, and therefore more likely to reverse spontaneously. When the woman became pregnant six months later, she sued her gynecologist for support of her fourth child. The judge who heard the case denied the woman's suit, claiming that motherhood is a God-given gift, and that she should be ashamed of herself for emphasizing the unwantedness of her newborn child. In fact, he claimed that the child would be damaged by the knowledge that the gynecologist was paying for support. There was no consideration of the poor judgement on the part of the gynecologist. I imagine that, had a jury heard the case, the result might have been quite different. But again, a physician and a judge can only be expected to mirror the most conservative views of their peers.

This case only serves to underline the important role of attitudes where fertility is concerned. Since the available contraceptive methods are far from ideal, once they are certain that they no longer wish children by pregnancy, many women will opt for sterilization in order to avoid the ongoing aggravation of birth control. It is inappropriate for these women to be labelled as selfish, irresponsible or unstable. In fact, any woman who makes such a decision deserves to receive support. It is hoped that members of the medical profession will come to accommodate the variety of attitudes in our society and deal fairly with women expressing special fertility needs.

The Family Planning Services Division offers clinics, educational resources, programming and information, a Birth Control Hot-Line (416 367-7442) and referral services. For more information contact: Family Planning Services Division, Department of Public Health, 37 Spadina Road, Toronto, Ontario M5R 2S9 (416 - 961-8459).

Child Birth

Not moments
of wrenching—
dentist tearing
molar from
blood gushing socket—
but hours of
strained stretching.

Not frozen, either,
but searing—
lit cigarette
in the palm.

But huge jarrings
of that centre anchor,
hips collapse in,
soul cut loose,

exalted in two.

Bernice Lever