



The Ethics Dispatch

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"Functioning as our better selves leads to better outcomes for patients and everyone."

-- Tarris (Terry) Rosell, PhD, DMin, HEC-C

Hot Topic

Eroding Autonomy: The Ethical Crisis Facing Pregnant Women Under Restrictive Advance Directive Laws

Recent high-profile cases and legal battles in states like Kansas and Georgia expose a deeply troubling erosion of women's autonomy under laws that prioritize fetal rights over a woman's clearly expressed medical wishes. For healthcare providers committed to dignity and ethically sound care, these developments demand urgent reflection.

In Kansas, the "pregnancy exclusion" within the Natural Death Act automatically nullifies a woman's advance directive the moment she becomes pregnant - regardless of fetal viability or whether she knows she is pregnant. In Rose Conlon's [KCUR](#) reporting, law student Abigail Ottaway articulated the chilling effect: "It makes me wary of becoming pregnant here" (Conlon, 2025).

Emma Vernon, another plaintiff currently pregnant, underscores the harm: "I shouldn't have to fear that my pregnancy could cost me my dignity and autonomy." These are not abstract concerns. They reveal systemic violations of the bioethical principle of respect for autonomy, which affirms a competent individual's right to make informed decisions about their own care - free of coercion or categorical override.

Women as Vessels Not Patients

Advance directives are a core expression of autonomy. Automatically invalidating them due to pregnancy - often early, before viability, or even awareness - undermines that principle entirely. Such laws imply that pregnant women are less capable of making valid end-of-life decisions, a presumption that is ethically indefensible. They reduce women to the status of vessels, treating them not as patients but as incubators for the state's interests.

This stripping of agency affects not only women but also clinicians. Dr. Lynley Holman, an OB-GYN and plaintiff in the Kansas lawsuit, voiced the ethical and legal bind these laws create: "Traditional care that I would provide and a wish

that I would honor could place my career and livelihood in jeopardy” (Conlon, 2025). Clinicians are being asked to override patient wishes or risk professional sanction - an untenable position that fuels moral distress and undermines the patient-physician relationship.

Brain Dead Futile Care

The case of Adriana Smith in Georgia further illuminates the crisis. Declared brain-dead at nine weeks pregnant, Smith’s body was kept on life support for over 90 days to sustain fetal development due to Georgia’s “heartbeat bill,” which recognizes fetal personhood from six weeks. As bioethicist Arthur Caplan, PhD, writes in his blog for [Bioethics Today](#): “Every competent patient has the right to refuse medical care and, if incompetent, to have a trusted surrogate do so. The right is not contingent on its impact on others” (Caplan, 2025).

Caplan also challenges a common ethical distortion: withdrawing life support from a deceased woman is not “abortion.” It is a medical and ethical decision to stop futile care. Any resulting fetal demise is a secondary effect - not the intent. More troubling still, Caplan notes the experimental nature of trying to incubate a fetus in a dead woman’s body for months: “There is no data on whether prolonged, technologically assisted incubation in a cadaver can produce a living, much less healthy baby.” Conducting such a procedure without explicit consent constitutes non-consensual human experimentation - an egregious ethical violation.

Subordinated to State Interests

Together, these cases illustrate a disturbing trend: when pregnant, women’s expressed wishes and medical autonomy are subordinated to state interests in fetal preservation. The effect is not symbolic - it is a real and ongoing violation of autonomy, nonmaleficence, justice, and informed consent. These policies compel interventions that prolong bodily intrusion or dying, often without meaningful clinical benefit and against the patient’s will.

This is not just an affront to autonomy; it’s a breach of nonmaleficence by causing unnecessary suffering, and a violation of justice by disproportionately burdening women. It undermines trust in the medical system and places physicians in morally compromising positions.

It bears repeating: **Women are not just incubators.** To imply otherwise dehumanizes half the population and undermines the foundations of ethical medical practice. As healthcare providers, we have a duty to speak clearly and forcefully: Advance directives must be honored, regardless of pregnancy status. Legal exceptions that erase these rights compromise the dignity of patients and the moral credibility of our profession.

We must support one another in resisting unjust mandates and advocate for legislative reform that restores respect for women’s moral and personal agency. Doing so affirms not only the integrity of clinical ethics but the humanity of every woman navigating complex decisions in life and death.

Sources:

[A Kansas law invalidates life-support wishes during pregnancy. 5 women are suing to block it](#)

[Blog - The Adriana Smith Case Unfolding in Atlanta Raises Many Questions - Bioethics Today](#)

Bioethics in the News



[Bioethics And The Food We Eat](#)

CBS News



[Pregnant women need Covid shots. New CDC guidance is unethical](#)

STAT



[Despite high demand, kidneys donated by Black Americans are more likely to be thrown away. Here's why.](#)

CNN

Case Study: When is it ethical to override a patient's medical wishes?

Mr. Schumann's Family Benefits from His Survival

Mr. Schumann is a 73-year-old male suffering from acute renal failure and multi-organ failure. He resides at home and has been non-responsive for several months. His family provides all of his care and receives financial compensation for doing so. They also rely on his Social Security, pension, and other benefits for their own financial survival.

Mr. Schumann signed an advance directive seven years ago indicating that he would not want life-sustaining treatment if he were unconscious with no hope of recovery. The family acknowledges the directive but insists that, if he could speak today, he would want everything done - for their sake. They state that he deeply loved them and would want to help them, even if it meant going against his own documented wishes.

The medical team has requested an ethics consultation to evaluate the appropriateness of continuing medical interventions under these circumstances.

Ethical Musings

Using Humans as Means to an End

The second formulation of Kant's categorical imperative states: "We should never act in such a way that we treat humanity, whether in ourselves or in others, as a means only but always as an end in itself." This is often interpreted as establishing the foundation for respecting persons – for recognizing whatever is essential to our humanity ([Stanford Encyclopedia of Philosophy, Kant](#)).

A Foundational Principle

This concept of respect for persons was further enshrined in modern bioethics through the [Belmont Report](#), which identifies it as a foundational ethical principle. The Report states:

“Respect for persons incorporates at least two ethical convictions: first, that individuals should be treated as autonomous agents, and second, that persons with diminished autonomy are entitled to protection. The principle of respect for persons thus divides into two separate moral requirements: the requirement to acknowledge autonomy and the requirement to protect those with diminished autonomy.”

Together, Kant’s moral philosophy and the Belmont Report strongly assert that respecting individuals involves never using them merely as a means to an end.

Autonomy and Consent

So how does this play out in practice?

In clinical ethics, treating a person as an end means that the intended benefit of any intervention must be directed toward the patient. For example, if a patient wished to discontinue dialysis, but was convinced to continue solely so their family could keep receiving Social Security checks, that would be not respecting the individual and only using them as a means. In this case, the dialysis is not for the benefit of the patient – it reduces them to a means to benefit others.

This is precisely the kind of situation medical ethics seeks to avoid. While the principle that patients should be the primary focus of medical care often holds, reality complicates things. In research, for instance, subjects are used as a means to generate knowledge for the benefit of others. Similarly, in some cases, patients may be encouraged to undergo treatment not for themselves, but for the sake or benefit of their families.

What can make such situations ethically acceptable is informed consent. A patient can ethically choose to forego their own preferences for the benefit of others – but this must be their autonomous, informed decision. Patients can ethically violate their own autonomy for the benefit of others. But the absence of informed consent is a direct violation of the formulation by Kant, which prioritizes respect for persons. To violate patient autonomy without consent, to use them as a means and not an end, is to diminish their humanity.

Sources:

[Belmont Report](#)

[Stanford Encyclopedia of Philosophy – Kant’s Moral Philosophy](#)

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