Patient choice cesarean is a current clinical controversy. Ethics is an essential dimension of addressing this controversy in a clinically appropriate fashion. In this lecture, current evidence is presented regarding the benefits and risks of elective cesarean delivery. This evidence is evaluated from the perspective of three major ethical principles: beneficence; justice; and respect for autonomy.

Beneficence: The ethical principle of beneficence obligates the physician to seek a greater balance of clinical goods over clinical harms in patient care. Cesarean delivery has become safer over time with the advancement in surgical techniques, anesthetic options, antimicrobial availability and blood banking techniques. There are several potential maternal and fetal benefits of undergoing elective cesarean delivery versus planned vaginal delivery. Comprehensive beneficence-based clinical judgment requires that the potential benefits of elective cesarean delivery be balanced against the benefits of planned vaginal delivery and the risks of elective cesarean delivery. Currently, beneficence-based clinical judgment favors vaginal delivery. Therefore, counseling should be directive, as opposed to non-directive counseling, clearly recommending vaginal delivery where appropriate.

Justice: The ethical principle of justice requires both a fair process of allocating benefits and burdens and a fair outcome of this process. The principle of justice is a population-based in that it obligates the physician not to exploit a population of patients by making recommendations that would benefit only a few patients at the expense of the majority of patients who bear clinical burdens without experiencing the clinical benefit being sought. The principle of justice should be considered when evaluating the number of cesarean deliveries that would have to be done to prevent any of the potential morbid events associated with vaginal delivery.

Autonomy: The ethical principle of respect for autonomy remains the rationale for promotion of elective cesarean delivery. Respect for the pregnant woman’s autonomy must be balanced against beneficence-based obligations to the pregnant woman and fetus. A physician should not conclude that every request for an elective cesarean delivery should be implemented routinely. The act of routinely acceding to a patient’s demands in the hopes of avoiding unnecessary paternalism is unwarranted as it fails to distinguish between negative and positive rights. Rights are claims that the patient makes to be treated in a certain way. Negative rights involve claims for noninterference and affect the individual patient. Positive rights involve claims to achieve a goal that may drain the resources of others. Thus, while respecting negative rights has few limits as it does not tax others, positive rights may involve sacrifice of others and must have limits.

Respect for autonomy assumes adherence to the informed consent process. The obstetrician is expected to exercise professional, beneficence-based clinical judgment when making clinical recommendations and present the medically reasonable alternatives as well as the alternative of nonintervention. The patient can then exercise her rights to accept or refuse intervention. The right for autonomy does not warrant routine offering of elective cesarean delivery, because doing so is not supported in beneficence-based clinical judgment.

Comprehensive Ethical Approach: Considering beneficence-based, justice-based and autonomy-based appeals together, there is no obligation to offer cesarean delivery in an ethically and legally appropriate informed consent process. The impact and ethics of proffering elective cesarean delivery to all patients, as well as the individual and public health consequences of rising rates of elective cesarean delivery may be substantial. Physicians must rigorously adhere to the requirements of professional integrity, to prevent potential bias from influencing the physician’s discussion with the patient introduced by economic gain or other forms of self-interest.

It is important not to misinterpret the ethical principle of respect for patient autonomy. The physician’s medical expertise and authority should not be marshaled to convince a patient to choose cesarean delivery. Respect for patients’ autonomy should not be used as an excuse to persuade more women to undergo cesarean delivery for reasons such as the physician’s convenience or desire to reduce professional liability. When patients request elective cesarean delivery, obstetricians—in their capacity as patients’ advocates—must guide patients through the labyrinth of medical information toward a decision that respects both the patient’s autonomy and the physician’s obligation to optimize maternal-fetal health. An argument will be presented that at the present time patient choice cesarean should not be
routinely recommended or offered. When a patient presents with a request for an elective cesarean delivery, the obstetrician is obligated to ensure that she understands the risks of cesarean delivery to herself and her newborn, appreciates that those risks could occur, and makes a voluntary decision. The obstetrician should also ask her to reconsider her request. Requests that persist and reflect deeply held values which she reaffirms meet the test of being well supported in autonomy based clinical judgment. In such circumstances, it is appropriate for the obstetrician to accede to such requests and perform the cesarean delivery, if the obstetrician is comfortable with implementing such a request, if not, an appropriate referral should be made. There should be no influence of economic or other conflicts of interest in the counseling process for the decision to perform a cesarean delivery. By neither dismissing patients’ requests regarding cesarean delivery, nor automatically acquiescing to them, physicians maintain both professional integrity and their respect for their patients’ autonomy.