Title:

Beneficent Paternalism: OB-GYN Perspectives Regarding Permanent Contraception For Childless, Single

Women Under 30

Abstract:

**Childless, single women under the age** of thirty experience barriers to accessing tubal sterilizations (TS)

due to the reluctance of obstetrician/gynaecologists (OBGYNs) in providing this procedure, despite

published recommendations that discourage treatment barriers based on **parity, relationship status, or**

**age**. Tubal sterilization is a common, elective, and invasive surgery performed on women who desire

permanent contraception. OBGYNs may be reluctant to provide TS to young, childless, and single

women because they may believe that these women are more likely to regret it, and comparable

contraception can be achieved in other less permanent and invasive ways. Since the risk of regret is

not a direct clinical contraindication to treatment, the treating physician’s choice not to provide the

procedure may be based on the physician’s conscience and duty of non-maleficence. On the receiving

end, women who are denied TS feel that the OBGYN’s reluctance carries a harmful paternalistic and

misogynous implication about their femininity, which has been displayed on various platforms in the

media, online, as well as academic publications. This study investigates the deeper motivations and core

values of OBGYNs, and their attitudes towards conscientious denial of TS. OBGYNs are to be surveyed

and asked to rank clinical cases that range in factors related to **parity, relationship status, or age**. The

results may illustrate which factors are more likely to contribute to TS denial, to further inform possible

Society of Obstetricians and Gynaecologists of Canada guideline revisions. Further, this study hopes to

inform a conflict between physicians and patients: the physician’s right to conscientiously object to

providing treatment, and a patient’s right to non-discrimination. Data collection is currently underway from April 2019 to August 2019.

Keywords:

consent, paternalism, autonomy, pregnancy, vulnerability

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