

The Ob/Gyn's Tale – A Perspective The Ob/Gyn's Tale – Uma Perspetiva

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Abstract

The *Handmaid's Tale* series (based on Margaret Atwood's 1985 novel) has been established as one of the most impacting dramas over the last years. This show approaches dozens of present-day reproduction issues and ethical dilemmas... In a fictional near future, infertility plays a central role. Environmental deterioration, extreme pollution, and sexually transmitted diseases are to blame as both platitudes and mottos to establish a new theological state. The resulting patriarchal system disregards any consequences of male infertility. Female sexual violence, rape and coerced reproduction predominate. Slaves are reduced to their fertility duty, the government executes doctors known to have performed abortions, which are completely forbidden, and female genital mutilation is routinely performed. In *The Handmaid's Tale*, the fertility and environmental crisis become a trigger, dramatically affecting the political/social pyramid. Under the shadows of "new laws", doctors become less and less doctors but mere technicians, blindfolded and hindered of moral insight. Nowadays, standards of care and national/regional laws regarding female health reproduction are extremely wide-ranging. Doctors should reflect: regardless of the setting, is the core of our medical act still intact? Are we practicing a humanistic medicine? Should we be mere scientific practitioners oriented by new and everchanging mutant social obligations?

Keywords: Abortion; Infertility; Legal abortion; Reproductive rights.

Resumo

A série *The Handmaid's Tale* (baseada no romance de Margaret Atwood de 1985) tem sido considerada uma das séries dramáticas mais impactantes dos últimos anos. Nesta, são abordados dezenas de tópicos e dilemas éticos da área da reprodução muito atuais... Num futuro fictício próximo, a infertilidade desempenha um papel crucial. A deterioração ambiental, poluição extrema e doenças sexualmente transmissíveis são consideradas causas e motivações para o estabelecimento de um novo estado teológico. Nesse sistema patriarcal resultante, o papel da infertilidade de causa masculina é ignorado. A violência sexual feminina, violação e reprodução coagida predominam. As aias limitam-se à sua fertilidade, o governo executa médicos que levam a cabo abortamentos (que estão completamente proibidos) e a mutilação genital feminina é realizada de forma rotineira. Em *The Handmaid's Tale*, a crise de fertilidade e ambiental são o gatilho que força uma dramática alteração da pirâmide política/social. Na sombra das "novas leis", os médicos, cada vez menos médicos, tornam-se meros técnicos. Atualmente, a qualidade dos serviços e leis nacionais/regionais em saúde reprodutiva feminina são extremamente díspares. Os médicos deverão refletir: independentemente do seu contexto, estará o cerne do nosso ato médico intacto? Estaremos a praticar uma medicina humanística? Seremos meros praticantes de ciência orientados pelas novas e constantemente mutáveis obrigações sociais?

Palavras-chave: Abortamento; Direitos reprodutivos; Infertilidade; Interrupção voluntária da gravidez.

Renewed for a fifth season on Hulu, *The Handmaid's Tale* series has been established as one of the most impacting dramas over the last few years¹. Based on Margaret Atwood's 1985 novel, the story is centered in Gilead (a dystopic totalitarian patriarchal theocracy within former USA borders). Beyond a cautionary tale about an unforeseeable future, the show approaches dozens of present-day reproduction issues as well as ethical dilemmas within the medical profession, both worthy of deepened assessment for the general public and the medical community alike.

Infertility plays a central role in the drama, as birth rates are in consistent decline yielding a worldwide fertility crisis. Environmental deterioration, nuclear waste, extreme pollution, and sexually transmitted diseases are blamed as both platitudes and mottos for a power-hungry elite to establish a new theological state by brute force. A societal gender balance becomes overly unbalanced, as fertile women become de-facto breeding slaves: "All remaining fertile women need to be collected and impregnated by those of superior status". The resulting patriarchal system disregards any consequences of male infertility, further burdening the *Handmaids* for trouble in maintaining sustainable birth rates.

Female sexual violence, rape and coerced reproduction predominate in *The Handmaid's Tale* as well. Slaves are reduced to their fertility duty, and their bodies a mere instrument, a "national resource". Therefore, if someone is to be regarded as merely instrumental for a cause, their status as a person ceases to exist – one can't effectively rape a resource, an other-than-reproduction inexistent being. "The Ceremony", a monthly ritual which compels *Handmaids* to have breeding sex with their *Commanders* is the paradigmatic example of sexual coercion: "Copulating too would be inaccurate, because it would imply two people and only one is involved" points out Offred, the main character.

Abortion and voluntary termination of pregnancies also have a place in the show. *Gilead* executes doctors

known to have performed abortions, which are completely forbidden. Nonetheless, in season 4, spectators have a glimpse of a recent past of the "old" USA, when *Janine* (now a *Handmaid*) attempted elective abortion.

Female genital mutilation is routinely performed, as featured in one of the most disturbing moments of season 1. The *Handmaid Ofglen* awakes in a hospital recovery room to find, to her grief and anger, that she undergone a clitoridectomy as punishment. This yet-outdated global practice anguishes millions every year, particularly in some African countries, with unforeseeable end due to its dismissal as a mere cultural artefact of tradition.

"Surrogacy", that *Offred* and her "colleagues" face when a gestation has a favorable evolution, is also worthy of mention. In this process, neither the gestation has the permission of the surrogate, nor her rights are protected by the law. After the child delivery, the *Commander* and his wife raise the baby as their own and the *Handmaid* is discarded and reassigned to a new post. Cutting the umbilical cord, the doctor is immediately disrupting any "maternal bond": "June is separated from her baby but expected to provide milk". This dreadful scenario shows similarities with the loss of a child to a neonatal death.

Within the context of a "Divine Republic" perversion, doctor-patient relations, medical communication, management of fetal loss and labor process become other relevant summoned upon topics of the TV drama.

Back to "our reality", nowadays and globally, there is a huge diversity in reproductive health laws and access to medical assistance. Specifically, regarding abortion, 6/10 unintended pregnancies and 3/10 of all pregnancies end in induced abortion² and universal data demonstrates that 45% of those procedures are unsafe³. This configures a critical public health and human rights concern. More than half of those abortions occur in Asia, while a quarter in African countries, and around a fifth in Latin America and the Caribbean⁴. However, even in developed countries like the USA, since the US Supreme Court decision, *Dobbs v. Jackson Women's Health Organization*, that reversed decades of *Roe v. Wade* (1973) and removed federal protection of abortion rights, the abortion paradigm is clearly changing⁵. It is interesting to notice that the

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legal status of abortion seems to have no effect on a woman's likelihood of seeking induced abortion, but dramatically affects her access to safe procedures³.

In *The Handmaid's Tale*, the fertility and environmental crisis become a trigger, dramatically affecting the whole political/social pyramid of the regime. Under the shadows of those “new laws”, doctors become less and less doctors but mere technicians, blindfolded and hindered of moral insight as dictated by the government system of beliefs.

As demonstrated, the standards of care and national/regional laws (specifically regarding female health reproduction) are extremely wide-ranging and are constantly changing. Doctors should reflect: *regardless of the setting, is the core of our medical act still intact? Are we practicing a humanistic medicine? Should we be mere scientific practitioners oriented by new and ever-changing mutant social obligations?*

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Conceptualization: António de Pinho/Fernanda Costa;
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CONFLICTS OF INTEREST

The authors declare that they have no conflict of interest.

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