

From the Editor

A Compound Specialty

The managing editor introduces a theme issue on the medical specialty of obstetrics and gynecology.

The revised, theme-centered *Virtual Mentor* takes one medical specialty as its focus in each calendar quarter. As we do so, we discover that, while medicine has core values expressed in its principles and reflected in the opinions of the *Code of Medical Ethics*, each specialty has distinct issues that arise from the particulars of its own practice and patient base. In the emergency medicine theme issue last February, the absence of a patient-physician relationship, the pressure of life-and-death decision making, and the external regulation that mandates emergency care for all patients were seen to pose ethical questions particular to emergency medicine. This month's specialty, obstetrics and gynecology, presents the unique (an accurate use of that word) circumstance of what we have chosen to call the "compound" patient. In August's theme specialty, pediatrics, physicians manage the ethical challenge of depending in large part upon patient surrogates, ie, parents, as partners in making treatment decisions.

Professionalism concerns long associated with the practice of obstetrics include conflicts in maternal-fetal interests and the liability physicians can face when problems during labor and delivery are implicated in injury to mother or newborn. Today's obstetricians confront a range of new ethical issues related to assisted reproductive technologies, confidentiality of genetic information, and the possibility of selecting traits for our children. The combined OB/GYN specialty addresses the health of all women and adolescent girls, not only those who are child-bearing. Hence the wide array of learning objectives for this issue:

- Understand the ethics and professionalism issues arising from 2, possibly different, sets of interests—those of the mother and those of the fetus.
- Understand the possible conflicts between confidential patient information and duty to inform others of test results.
- Recognize the risk of viewing children as "commodities" or as "means" only when using such technologies as pre-implantation genetic diagnosis.
- Recognize special privacy and confidentiality interests of adolescents in matters relating to sexuality and reproduction.
- Identify how much information patients must have about controversial treatments to give "informed" consent.

The decision to feature obstetrics and gynecology in May was partly in recognition of this month's dedication to honoring mothers. I invite *VM* readers to broaden the conventional notion of mothering and take this month's theme as a cue to reflect on women who have nurtured you physically, intellectually, emotionally, or spiritually and, if possible, to thank them.

Sincerely,

Faith Lagay, PhD

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