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Keeping in mind the changed format of the MRCOG examination, the author modified and updated the presentation of essays to make it more reader friendly. Beside MRCOG, postgraduate students appearing for Diploma, National board and MD examinations may find it useful. Important points for the general understanding, MCQs and EMQs have been incorporated at the end of each essay and all possible care has been taken to verify the accuracy of course content.

Reproductive health care professionals in fields such as Obstetrics and Gynecology, Family Medicine, and Pediatrics face difficult ethical issues because they work at the crossroads of patient decision-making, scientific advancement, political controversy, legal regulation, and profound moral considerations. The dilemmas these professionals face expose big-picture bioethics questions of interest to everyone. Yet for clinicians striving to deliver excellent patient care, the ethical questions that make daily practice challenging can be just as nuanced. This volume presents a carefully curated compilation of essays written by leading experts in the fields of medicine, ethics, and law, who address key issues at the forefront of reproductive ethics. It is organized into three main sections: I. Contraception and Abortion Ethics - Preventing Pregnancy and Birth, II. Assisted Reproduction Ethics - Initiating Pregnancy, and III. Obstetric Ethics - Managing Pregnancy and Delivery. Each section begins with a short introduction by the editors providing an overview of the area and contextualizing the essays that follow. This volume's primary aim is to be useful to practicing clinicians, students, and trainees by providing short and practical essays covering urgent topics—from race, religion and abortion, to legal liability, violations of confidentiality and maternal choices that risk future children's health. This collection provides clinicians at all levels of training with frameworks they need to approach the intimate and high-stakes encounters central to their profession.

The accomplishments of pioneering doctors such as John Peter Mettauer, James Marion Sims, and Nathan Bozeman are well documented. It is also no secret that these nineteenth-century gynecologists performed experimental caesarean sections, ovariectomies, and obstetric fistula repairs primarily on poor and powerless women. *Medical Bondage* breaks new ground by exploring how and why physicians denied these women their full humanity yet valued them as "medical superbodies" highly suited for medical experimentation. In *Medical Bondage*, Cooper Owens examines a wide range of scientific literature and less formal communications in which gynecologists created and disseminated medical fictions about their patients, such as their belief that black enslaved women could withstand pain better than white "ladies." Even as they were advancing medicine, these doctors were legitimizing, for decades to come, groundless theories related to whiteness and blackness, men and women, and the inferiority of other races or nationalities. *Medical Bondage* moves between southern plantations and northern urban centers to reveal how nineteenth-century American ideas about race, health, and status influenced doctor-patient relationships in sites of healing like slave cabins, medical colleges, and hospitals. It also retells the story of black enslaved women and of Irish immigrant women from the perspective of these exploited groups and thus restores for us a picture of their lives.

This book discusses 'how' to respectfully and responsibly include pregnant women in clinical research. In sharp contrast, the existing literature predominantly focuses on the reasons 'why' the inclusion of pregnant women in clinical research is necessary – viz. . to develop effective treatments for women during pregnancy, to promote fetal safety, to reduce harm to women and fetuses from suboptimal care, and to allow access to the benefits of research participation. This book supports the shift to a new default position, whereby pregnant women are included in clinical research unless researchers argue convincingly for their exclusion. This shift raises many as yet unexplored ethical and policy questions about existing barriers to the equitable inclusion of pregnant women in research. This book is original in three key ways. First, it presents an unparalleled depth of analysis of the ethics of research with pregnant women, bringing together many of the key authors in this field as well as experts in research ethics and in vulnerability who have not previously applied their work to pregnant women. Second, it includes innovative theoretical work in ethics and disease specific case studies that highlight the current complexity and future challenges of research involving pregnant women. Third, the book brings together authors who argue both for and against including more pregnant women in formal clinical trials.

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