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Tormented by Competing Moral Duties: A "Lost" Chinese Abortion Doctor

Çatışan ahlaki ödevlerin eziyeti: "Yitik" Çinli kürtaj doktoru

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Abstract *Since the late 1970s and early 1980s, China has been carrying out the world's most ambitious and intrusive population control program, widely known as "one-child" policy and officially rendered as "family planning". The active participation of numerous medical professionals including physicians and nurses is essential for the effective implementation of the social policy. This paper presents case study narratives of a Chinese "family planning" physician. In her narratives, Dr. Zhang described herself as being "totally lost", due to witnessing so much suffering in her patients in her clinical work; holding serious reservations on the population control measures employed such as late and coerced abortions (despite never questioning the necessity of population control in China and the national program); and feeling deep sentiment toward the aborted fetuses (or babies, in her words). She was torn by compelling but competing moral duties: her duty to her patients as a physician; her duty to her country as a citizen as well as a Party member and leader; and her duty to the fetuses or the unborn human life as a mother herself and a human being.*

Key words: *Abortion, population control, china's one-child policy, professional ethics of medicine, fetal life, moral duties*

Introduction

To effectively implement the world's most ambitious and intrusive population control program, widely known as "one-child" policy and officially rendered as "family planning", a family planning sub-profession in medicine and a nation-wide network of local family planning service stations have long been established in China. So have the national and provincial institutes for family planning research. Numerous medical professionals have actively participated in providing "family planning" services. Without their participation, China's population control policy could never have been so successful. In most cases, they provide services that people need. In other cases, they also participate in carrying out coerced and often late abortions and forced sterilization.

Dr. Zhang Fengmei is one such medical professional. As a part of my fieldwork on Chinese views and experiences of abortion in the context of China's birth control program, I interviewed Dr. Zhang, an OB/GYN physician, medical researcher and administrator. Our conversation lasted more than three hours. This article recounts our interview, with most parts narrated in her own words.[1]

Dr. Zhang had practiced medicine for more than twenty years, and had become a Party member when she was a medical student. She first worked at a small clinic of maternal and infant care and was later transferred to the Institute for Family Planning Research. At the time of our interview, she had recently been promoted as Director of the Institute. She saw patients every day to provide medical services related

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[1] Jing-Bao Nie (2005) *Behind the Silence: Chinese Voices on Abortion*. Lanham and Oxford: Rowman & Littlefield. Chapter 5, "Bitterness beyond Words: Women's Narratives", repots the personal experience and stories of over thirty Chinese women who had one or more abortions. Chapters 6, "Fulfilling Discordant Duties: Doctor's Narratives", presents the views and experience of more than thirty physicians who had routinely performed abortion. This paper is based on the material from one section of Chapter 6 (pp. 177-186), but significantly expanded.

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to family planning, including inserting IUDs (Intra-Uterine Devices) and performing abortions routinely. She had also been conducting a series of research projects on reproductive health issues including the contraceptive behaviors of the people in the city, which were sponsored by various governmental agencies and scientific committees. She was married, and a mother. In the eyes of others, Dr. Zhang was a very successful professional woman.

Although she had many reasons to be proud of the life she had made, Dr. Zhang described herself as being "totally lost." In her own words,

> Now I sometimes tell my former classmates and friends that I feel that I have chosen the wrong medical specialty and wrong career. I tell them that I am totally lost and cannot find myself. I do not know what I am doing every day, nor what I should do.

Dr. Zhang had not chosen OB/GYN at first. As a student, she had loved general surgery, but her medical teachers had told her that surgery would be too physically exhausting for her due to her gender. They had suggested OB/GYN instead, which still provided the opportunity to perform some surgical operations. Like most university graduates at the time, she was assigned to a job, in her case, being an OB/GYN physician. However, after over twenty years in the profession, Dr. Zhang still felt that she was in the wrong specialty. As she put it, "I just feel that I should not be an OB/GYN doctor. But now it is too late for me to change it."

However, as the following narratives vividly demonstrate, the life story of Dr. Zhang is not just one about the choice of career, but first and foremost a moral story.[2] Dr. Zhang had become "totally lost" because she is profoundly conflicted by her professional and social responsibilities to the patient, the unborn human life, the institutions and organizations and the wider society. Moreover, although Dr. Zhang's professional life is uniquely Chinese in many ways, her story highlights the necessity of calibrating an inner as well as external moral compass to appropriately gauge the moral underpinnings of critical professional decisions in medicine. The local moral experience of an abortion physician in a Chinese clinic has implications for professional decision making and bioethics in a number of different contexts, far beyond the individual and Chinese socio-political circumstances.[3]

Sympathy to Patients' Suffering

Medical professionals deal with disease, illness, distress, pain, dying and death. In their routine work, they always encounter suffering—physical, psychological, and social. Some professionals are more sensitive to their patients' suffering and life stories than are others. Described as "softhearted" or "kindhearted" (xinchanghao) by her colleagues and friends, Dr. Zhang was extraordinarily sensitive to her patients' suffering. For her, to relieve patients' pain and suffering constituted the "tianzi" (the heavenly duty) of any physician.

In providing medical services, Dr. Zhang always tried her utmost to alleviate the physical pain caused on her patients. This was particularly important as in the time the most common method of abortion was suction aspiration or vacuum aspiration without any anesthetics.

> As a doctor, you must be responsible for yourself, your duty, and for your patient in every [abortion] operation. In proceeding with a [surgical abortion] operation, you should do your best to calm your

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[2] For a remarkable collection of a handful of powerfully narrated life stories on personal experience, local and social context and morality, see Arthur Kleinman (2006) What Really Matters: Living a Moral Life amidst Uncertainty and Danger. New York and London: Oxford University Press.

[3] For two studies on the trans-cultural and universal dimensions of medical ethics and medical professionalism in China, see Jing-Bao Nie (2011) Medical Ethics in China: A Transcultural Interpretation. London and New York: Routledge; Jing-Bao Nie, Kirk L. Smith, Yali Cong, Linying Hu, and Joseph D. Tucker (2015) Medical Professionalism in China and the United States: A Transcultural Interpretation. Journal of Clinical Ethics 26(1): 48-60.

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> patient. You should chat with her and ask her something about her family and her work. The purpose of this is to distract the patient's attention from the operation. In this way, the operation often ends with the patient feeling no pain.

Due to her sensitivity to the psychological distress of her patients, Dr. Zhang was critical of the attitudes of some more senior peers toward young and unmarried women who sought abortion. They often said judgmental and harsh words to these women. For Dr. Zhang, however, a physician "should avoid any improper words, for this is wrong according to the ethics of the medical profession". She acknowledged that while her peers may have spoken with good intentions, their words "increases the psychological pain of the patient". Moreover,

> If a woman comes for an operation, it is the heavenly duty (tianzi) of the doctor to do a safe one. As a result, we [I] usually do not ask the patient this kind of question. If they talk on their own initiative, we just listen carefully. It is a psychological vent for her if the patient talks about it. As her physician, a doctor should give her some comfort through words and gestures. If the patient has something that would be awkward or embarrassing to mention to other people, the doctor should not ask.

Dr. Zhang sensed that the term 'patient' (binren) was not a very appropriate word to refer to the woman who comes to her for matters of family planning:

> We are doing a profession or a specialty called 'family planning'. Almost all the people we contact every day are those who need abortions, IUDs, or other services of family planning. We may be able to call them the 'patients' only from the angle of medicine."

Dr. Zhang had witnessed many tragic cases. Among several such stories she vividly narrated to me was a girl from rural area who had died from an abortion. After her death, no one came to claim the body.

> It was several years ago. A nineteen-year-old girl came to me for an abortion. She came from the countryside to this city to work as an unskilled construction worker. She came to the clinic with a young man. She was a typical patient. There was nothing special in her medical history. She didn't answer the question about who her boyfriend was. She told me the man was her "older brother." The abortion operation went smoothly. When it ended, she almost jumped out of bed. Then, she walked to the next room for a rest.
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> All of a sudden, some other patients yelled: "Someone's fainted and fallen to the floor!" I found her cyanotic [bluish in the skin due to deficient oxygenation of the blood] and having difficulty breathing. Obviously, all this was caused by the convulsion of blood vessels in the brain resulting from the abortion having stimulated the vagus nerve system. Usually, this problem goes away quickly. But this case was very unusual. We attempted to resuscitate the girl. But in the end, we failed to save her.
>
> During that period, the male who accompanied the girl went away and never showed up again. We never saw him again. No family member was there to care for her. All her care was handled by physicians and nurses. All the costs were paid by the hospital. We believed that the man was not her older brother at all. If he was her brother, he would not just have left. He would not have left even if he had to pay the hospital bill.
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> After she died, no one came to claim her body. Later, the hospital disposed of the body according to regulations. This was an exception. Such a case is very rare.

A key contextual issue here is the structural injustice and inequality existing between the countryside and the city as two different worlds in China. Under Mao's regime, with limited exceptions and without special permission, rural people are not allowed to work and live in the city. Following the economic reforms begun in the 1980s, many young women joined the stream of rural residents pouring into the cities to seek better lives. Young country women constitute a most vulnerable group—they are not only

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exploited by officials and emerging capitalists, but they also run the risk of being cheated, assaulted, and raped. Some of them join the growing sex trade. They may even lose their young lives in the city—far away from home and family members.

According to Dr. Zhang, more and more young rural women were coming to her for abortions. Most were not married, so they usually did not let the doctor know their real names and addresses. In order to avoid the social discrimination directed by many urban residents against rural people, they often concealed their rural origins. Two or three other doctors made similar comments. In Dr. Zhang's experience, many of these young women were not under the protection of the law:

> When these girls come from other places—small towns or small cities or the countryside—to this big city, they usually work in the service trades, such as hotels and restaurants. The people they come into contact with and serve everyday are usually men. If they cannot look after themselves properly (ziji bawo buju), they can be easily taken advantage of. Some of them are willing to have [sexual] relationships with their customers to achieve their own ends. Some are not. Some of them are even raped. The most serious danger usually comes from their bosses, who have almost total control over these girls. They can give them raises or lay them off. Some of those bosses still have a bit of humanity (youdian renxin). They sometimes accompany the girls to the clinic, pay medical costs and food bills, and take a bit of care of them. But some bosses just leave the girls alone and don't take any responsibility.

Dr. Zhang demonstrated an extremely high sensitivity to the social suffering her patients had to endure, suffering caused not by disease or illness but by social factors. In the following case narrated by Dr. Zhang, a young woman could not get a permit to bear a child because she had married a middle-age widower who already had a child. While deeply sympathetic to the woman, Dr. Zhang was forced to perform an abortion on her anyway.

> This happened last week. A young woman who looked to be in her early twenties told us that she was twenty-nine. We felt she was not telling the truth about her age. The man who accompanied her to the clinic was in his mid-forties. We thought the man was not her husband. We did not ask more questions. We knew we should perform the abortion. The girl was far from calm. She was not willing to have the abortion. She was not even willing to answer questions such as when her last menstrual period was. Then the man came and answered questions about her medical history for her. When the man took a note from us to the cashier to pay, I asked her who this man was. The girl burst into tears and told me he was her duixiang (boyfriend). I said to her: "The ages of you two are rather different." She replied: "He has remarried, but I am married for the first time. His wife died a couple of years ago." I guessed the girl might come from a small town or from the countryside to work in this city. But she said that was not so. The present policy is that a couple cannot have a second child if one of them has already had a child. The girl was really miserable and very unhappy. When she had first come to schedule an abortion several days before, she had been drinking heavily.

Dr. Zhang was sympathetic to her and tried to comfort her. But all she could do as a doctor was persuade her to accept the misery.

> She cried a lot. I told her that she should not be like this. I said something like: "Since you have married him, you must accept everything about him. He has had a child and you thus cannot have your own. You also must accept this." Sometimes, we will let the woman go home if we feel it is possible for her to continue the pregnancy. But in this case, it was impossible. If he had divorced and the court had given the child to his ex-wife, the man could father another child. But the situation now was that his wife had died. Therefore, the girl had to have an abortion, no matter how unwilling she was. Since it was impossible for her to carry the pregnancy to term, the sooner she had the abortion, the better. A late abortion would be more damaging for her. All we could do was persuade her to

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> accept the fact. Actually, we could see that the man was very good and caring toward her. Even though we sympathized with her, we as doctors could not do anything. We had no other alternative (meiyou biede banfa). We could only persuade her, try to comfort her, and be more careful in the abortion operation. She chose to use the abortion drug. But the drug treatment was not completely successful. Then we had to perform vacuum suction.

In this case, Dr. Zhang experienced a difficult moral conflict—between her deep sympathy for her patient and her obligation to carry out what the population policy required. Both the patient and the doctor experienced helplessness— with no alternatives except compliance.

Critical Concerns about the Birth Control Program

The second major source of Dr. Zhang feelings of being "totally lost" in her career appeared to be the serious reservations she held about the means used in the state family planning program. Like almost all doctors I interviewed, she realized that the size of China's population needed to be controlled if China was to prosper. But, like quite a few of them, she also had serious reservations about the means government authorities used to achieve this goal. Dr. Zhang was outspoken on this issue. She admitted to me that she had had second thoughts about some of the "family planning" operations she had performed in the past. She did not question the necessity of controlling China's population or the legitimacy of the state family planning program. In fact, she considered limitations on people's procreative choices the business of the state and not, in her own terms, that of an "ordinary OB/GYN doctor" such as herself.

Nevertheless, she was not entirely comfortable with the methods the state employed to achieve its goals. In particular, she was uncomfortable with the role she was asked to play in controlling other women's bodies. As an example, she related the following situation to me.

> Something happened, and I do not know whether it was right or wrong. Some time ago, women in the countryside were compelled to go group-by-group by car to the hospital in the city for IUD insertion, abortion, and sterilization. The family planning cadres surrounded them. They guarded the gate out of the ward. They even watched the women when they went to the bathroom because they were afraid [the] women would run away. Then, I performed many "family planning" operations [that is, forced abortions and sterilizations].

In retrospect, what bothered Dr. Zhang most about the operations she performed was that no attempt was made to secure the women's informed consent for sterilization or abortion. She was particularly troubled by her participation in a coercive late abortion in which the pregnant woman had no say, commenting that:

> The reality is that the pregnant woman has no rights if the family planning official requires her to have a late abortion. The woman cannot say whether she wants it or not. She cannot do anything but accept. However, I felt . . . I do not know how to say it. These days, the protocol should be to at least get consent from the woman herself (zhengde benren tongyi), let her know beforehand (geita dage zhaohu). Yet, in that situation [in which the pregnant woman was required by the family planning official to have the abortion], no one got consent from her.

Fortunately, local and state authorities have begun to give Chinese women more say in the kind of birth control methods they use. Dr. Zhang applauded these social experiments like 'the village of informed choice' (zhiqing xuanze cun) which allow women to choose their preferred method of birth control. She hoped to see them expanded because, for her, "this practice gives people some degree of freedom of choice (yiding de xuanze ziyou)".

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Sentiment to the Unborn Human Life

Dr. Zhang believed that a fetus was a life—a sentient life, an unmatured human being—and that it became a human being when it formed into a human shape. Visual perception played a crucial role in her judging when a fetus was a human being. For her, early and late abortions were totally different due to the significant difference of the aborted fetuses, a roll of tissue versus a baby. Very exceptionally, she used the term "morality" or "justice" (daoyi) in talking about abortion and the fetus.

> Before it has been formed, [the material that comes out in an abortion] is just a roll of ground meat (rou tuantuan). After it has been formed, when you can see the fetus's nose, eyes, arms, and legs, the fetus becomes a human being. It just has not grown up yet. From the angle of morality and justice (daoyi), the fetus is a life, a formed life, a sentient life. After the ten months' pregnancy, it will be complete [a human being]. Through abortion, you abort it alive at its earliest stage [of development]. I always felt that to have an abortion after the formation of the fetus is a pity.

Dr. Zhang usually let the abortion patient see the aborted materials. She did this to warn her patients of the possible negative influence of abortion on the patient's physical health. Moreover, although she did not explicitly state this, she showed her patients the aborted materials for the sake of the fetus. In talking about the fetus, Dr. Zhang frequently used the term 'child' (xiaohai), and always did so when talking about middle- or late-stage abortions, rather than the general medical term 'fetus' (peitai). She said:

> Just two days ago, I showed the hands of an aborted fetus to the patient. I said to her: "You see, the hands are this big now". Several days ago, I performed an abortion of an eighty- to ninety-day fetus using an abortion drug. The aborted fetus looked much like a human being. Some days ago at noon, I performed another abortion, the child (xiaohai) was probably fifteen centimeters long. It was complete, and the human body had all formed. The eyes, nose, hand, legs, and sex all could be seen. When seeing these . . . I really cannot explain why I did what I did. I just wanted to show [the aborted fetus] to her. It was a warning – if you cannot carry your pregnancy to term, you should come sooner. I wanted to remind her of the importance of contraception. She should see a doctor as soon as her period does not come and she suspects she may be pregnant. Postponing too long is not good for her health. The risk associated with the abortion becomes higher, too.

Dr. Zhang did not consider abortion, especially late abortion, an acceptable method of birth control. "Whenever a woman comes to request an abortion, I always ask her why she did not take contraceptive measures," she said. She could not understand why so many women did not take these measures, since many contraceptive methods were available to them. She commented critically that the current practice in China was "not good enough on this issue." She suggested that the authorities should take more effective steps to make sure every woman of childbearing age used contraceptive measures.

Regardless of what she felt about the fetus, however, Dr. Zhang had to perform abortions at all stages because this was a part of her job.

> No matter how much pity you feel for the poor fetus, sometimes you have to perform the abortion. There is no way out (meiyou banfa). It is much better to have an abortion before the fetus has a human shape. Every day, we see these materials [aborted fetuses]. It is a sight we do not like to see. If someone has to have an abortion, the sooner, the better."

Dr. Zhang disapproved of the practice of throwing aborted fetuses into trash cans. Asked how the aborted fetuses were treated, she said: "They should be sent to the burn oven. But sometimes they are just thrown away. Sometimes they are flushed into the sewers."

Dr. Zhang had experienced two events that still filled her with horror—being asked to cut off the heads of several aborted "children" for scientific research, and witnessing an infanticide. She narrated what happened in the first event and how she felt about it.

> Soon after I started to work at the general hospital as an OB/GYN doctor, a good friend and classmate of mine asked me to get several heads of children—the heads of children after a delivered abortion—for scientific research. At first, I did not think anything about it and said "yes" without any hesitation. After all, there were many late abortions then. The classmate needed the heads of children aborted at six months or later. Since there were many delivered abortions, I gave my classmate the heads of two aborted fetuses. I have a very deep impression about this event. Sometimes I feel what I did was not moral. The child had no life anymore, but I felt great pain in my heart (feichang xintong). After that, I had nightmares for several nights. I am not sure what the nightmares were, perhaps ghosts (gui) coming to grasp me. They were frightening nightmares.
>
> Later, the classmate told me that two were not enough and two more were needed. I remember clearly that several aborted children were put into buckets to be sent to the hospital furnace. I obtained one head and put it aside. I felt that I had conducted a deed that would weigh on my conscience (kuixinshi). I did not dare to tell anybody. But I also knew that my classmate needed these for scientific purposes, not for any other reason. This comforted me a little bit. As time passed, I felt a bit better. But it was always there, in my mind. I have always remembered it.
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> That was fourteen or fifteen year ago. I was very young then, naïve and fearless (chusheng niudu bu pa hu, like a newborn calf who is not afraid of the tiger). If now you asked me to do the same thing—cutting the head off an aborted child with scissors and knife—I would not dare to put my hands on it, even though I once dissected corpses and even though I am not afraid to use a knife on living human bodies for surgical operations. But now, I would not say "yes".

According to Dr. Zhang, two common circumstances led to late abortions: unmarried teenage girls who were unaware they were pregnant, and women who knew they were pregnant but wanted to have the child regardless, hiding their pregnancies intentionally. It seemed to Dr. Zhang that middle- or late-stage abortions—abortions after the fetus was formed into a human shape—usually had a very negative influence on the pregnant woman, and caused great psychological pain. Dr. Zhang always tried to avoid performing late abortions, but sometimes it was inevitable.

> Some women come to the clinic for an abortion at eight or nine months. If she does not come with the family planning official, we [I] usually do not perform a delivered [live-birth] abortion. If she comes with the family planning official, we have no choice but to perform the operation. In most late-stage abortions, the aborted babies are alive. We have to employ medical measures. We just wait for the appearance of the baby's head [at the opening of womb], and then inject some medicine into the skull. We really cannot bear to see these children, but we have to do what is required, or be punished by the state. Sometimes the baby lives despite the injection, but the state forbids us from delivering a live baby.
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> It was at this point that Dr. Zhang went on to narrate the second event.
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> It was another late-stage abortion. The child was alive after the attempted abortion. When the child burst out crying, the mother raised her head: "Doctor, the child is alive?" I could not tell her the truth and just asked her to lie down on the bed without moving. I told her this had nothing to do with her. But the woman sat up desperately and begged me, "Doctor, the child is alive. Please leave it alone." I replied to her, "You lie down." Then I told the nurse on duty to fetch Dr. Guang, the supervisor of the department. I knew how to kill the child, but I just could not bring myself to do it.
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> Soon the nurse came in with Dr. Guang. Dr. Guang was a senior doctor. As soon as I saw Dr. Guang,

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> I said to her, "I will leave this to you." She replied, "The child was delivered by you, so you must take responsibility for it. I will get a bucket and fill it with water. We will have to drown the child to death by putting her head down into the water first." She got a bucket of water and put the child into it.
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> After about half an hour, Dr. Guang drew the child out of the bucket to be sent to the hospital furnace. But the child regained its breath and burst out crying. The life force of the child was too indomitable. Even being submerged in the water for half an hour could not kill her. I said to Dr. Guang that I had to leave. But she would not allow me to. She said to me, "I still need to do something." She then filled the washing basin in the room, which was bigger than the bucket, and put the child into the water again for another half an hour.
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> After all this, I did not use the washing basin for a long time. For a long time, I felt terrible.

What should be pointed out here is that Dr. Zhang's sympathetic feelings and high sensitivity to the fetus, especially aborted ones, were expressed in secular terms—sense perception or human sensation. She had been a member of the Communist Party for years and had no particular religious belief. Furthermore, she did not reveal any belief in the supernatural, such as the spirit of the aborted fetus. Although she mentioned the word "ghost" (gui) when asked about her nightmare following the cutting of heads from the aborted fetuses for her friend, she emphatically did not believe that the fetuses would become ghosts after being aborted.

Tormented by Competing Moral Duties

In the past few decades, the living standards of Chinese people have significantly improved even though the gap between rich and the poor has widened further. This increased standard of living is often associated with two human "miracles" that have occurred in China: the economic take-off and continuing rapid growth, and the sharp fertility decline. According to the official Chinese perspective, these two human-made miracles have been created by two historic social policies: economic reform and the national population control policy. The greatest irony involved in China's unprecedented birth control program is that, while originally designed to improve living standards and help relieve poverty and underdevelopment, the one-child policy has inflicted massive suffering and state-directed violence on Chinese people, especially women, such as coerced abortions on a massive scale.[4]

Many of Dr Zhang's peers did not share the same feelings of "being lost" that Dr Zhang had expressed. They were often very proud that their profession was not only serving their patients, but also serving their country in slowing down the population explosion. They believed that, in providing the medical service on which the national birth control program depended on, they were contributing greatly to Chinese society. Their contribution may extend even to humankind because, according to the official Chinese discourse, to effectively control the rapid population growth in China constitutes a very positive contribution to the world problem of population explosion or overpopulation. One country doctor used four words about taste—sweet, sour, bitter, and spicy (tian xuan ku lua)—to describe her experience.[5] There was sweetness in her work because the Party and the government backed the family planning service she was doing. The medical workers in family planning were given high political positions by the Party and the government. For instance, she had been selected to participate in important meetings and conventions of Party representatives. She was understandably proud of these honors. In the words of a city

[4] See, e.g., Chuzhu Zhu, Shuzhuo Li, Changrong Qiu, Ping Hu, and Anrong Jin (1997) The Double Effects of the Family Planning Program on Chinese Women. Xi'an: Xi'an Jiaotong University Press (Published bilingually in Chinese and English); Jing-Bao Nie (2010) "China's Birth Control Program through Feminist Lenses." In Jackie L Scully, Laurel Baldwin-Ragaven and Petya Fitzpatrick, eds., Feminist Bioethics: At the Centre, on the Margins. Baltimore ML: Johns Hopkins University Press. Pp. 257-277; Jing-Bao Nie (2014) "China's One-Child Policy, a Policy without a Future: Pitfalls of the Common Good Argument and the Authoritarian Model." Cambridge Quarterly of Healthcare Ethics 23(2): 272-287;.

[5] Note 1, p. 165.

doctor: "one of the greatest satisfactions in my work is that I am able to help the national family planning, which is a fundamental policy of our country. The program is beneficial not only to society but also to the family and to individual women."[6]

For many doctors interviewed, performing abortions was nothing more than a routine part of their professional life. Although some felt sorrow or pity at times about the aborted fetus, most did not think much about the fetus at all.

Dr. Zhang therefore offered a dramatic case in which an extraordinary professional had become "lost" within her professional work. This was in part because she considered the fetus an unborn child, held strong reservations about many methods employed in implementing the birth control polices, and deeply sympathized with her patients' various sufferings. From the series of often tragic stories she told about herself and her patients and from the many thoughtful viewpoints she expressed, I clearly saw that she was struggling with fulfilling the different moral duties she deeply committed to. She was tormented by the fact that each of these duties was compelling but often could not all be fulfilled satisfactorily. One moral duty had to be sacrificed in order to fulfil another. Among the salient compelling but competing moral duties are the following three:

- her duty to her patients as a physician;
- her duty to her country as a citizen as well as a Party member and leader;
- her duty to the fetuses or the unborn human life as a mother herself and a human being.

The question is: Is there a moral compass which can guide Dr. Zhang, indeed all of us, in our moral struggles, in resolving the dilemmas brought about by the compelling but competing moral duties in our professional, social, and personal lives? If yes, where is it?

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[6] Note 1, p. 170