Breastfeeding: Ethics and evidence

The evidence shows that breastfeeding is best for babies, but is it a mother’s moral duty to breastfeed?

George Winter unpicks the arguments for and against

In 1959, the chemist and novelist Charles Percy Snow delivered the Rede Lecture at the University of Cambridge. Entitled ‘The Two Cultures’, he highlighted mutual incomprehension between science and the humanities. Considering this, Clive James (2007: 117) observed that such a dispute could only have one winner because ‘[i]t could take place only in language—on the territory, that is, that the humanities have occupied throughout history.’

I disagree. Scientific reach extends beyond experiment and symbols, and many scientists use language to make compelling arguments that are often more lucid than those arising from the humanities. Wiessinger (1996), addressing breastfeeding, commented that our misuse of language often subverts good intentions, not that health comparisons use biological norms, not cultural ones. She cited smokers as having higher rates of illness than non-smokers (biological norm), and because breastfeeding is the biological norm, it is not that breastfed babies are ‘healthier’; it is that artificially fed babies are ill more often and more seriously.

Some might judge this as quibbling, and that the important point is to emphasise the many benefits conferred by breastfeeding. Such endorsements might even include the popular slogan ‘breast is best’. This phrase can be traced as far back as the title of a book by Stanway (1978), and because breastfeeding is the biological norm, it is not that breastfed babies are ‘healthier’; it is that artificially fed babies are ill more often and more seriously.

Woollard and Porter (2017: 515), however, argued that there was a moral dimension to the breastfeeding debate. They contend that it is not morally justified to say that mothers have a duty to breastfeed in the absence of good reasons not to. They are not mounting a scientific case against breastfeeding; rather, they are emphasising the importance of differentiating between reasons to do something and duties. So, while mothers have moral reasons to undertake beneficial acts for their baby—such as breastfeeding—‘[m]others do not have a moral duty to carry out each and every act that would benefit their baby.’

This might be a dancing-on-the-head-of-a-pin distinction to make, but it should help draw midwives’ attention to the ways in which language and philosophy can be used to illuminate aspects of an issue which may, at first glance, to appear cut and dried. In addition, despite making such a distinction, Woollard and Porter (2017: 518) are nonetheless clear that the benefits conferred by breastfeeding ‘give moral reasons to breastfeed and reasons to provide support for women who wish to breastfeed’. The implication of this finding, they assert, is that public health bodies have good reason to support women who wish to breastfeed. This in turn means that considerable resources may need to be marshalled to provide such support, which may range from giving information to practical help, for example from a lactation consultant. Yet although there are justifiable reasons to provide breastfeeding support, Woollard and Porter (2018: 518) observe that ‘what might be intended as a simple offer of help may be understood as a moral judgement’ and that ‘again, care needs to be taken in how support is offered.’

Perhaps our challenge is to recognise that it is not so much what we think about certain topics but how we think. 


Stanway P. Breast is Best. London: Macmillan; 1978

Wiesunger D. Watch Your Language!


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