**Infant Feeding Decisions and Philosophical Mistakes about Motherhood**

* Anecdotal evidence
* Sociological studies reporting an association between decisions to formula feed and feelings of guilt, blame and failure.[[1]](#footnote-1)

**The Mistaken Assumption**

A mother who fails to do something to benefit her child is liable for moral criticism unless she can provide sufficient countervailing considerations to justify her decision. The mother is treated as if she has a *defeasible duty* to perform any action that might benefit her child.

**Defeasible Duties**

A person who has a *defeasible moral duty*to perform an action is

* required to perform the action unless she has sufficiently weighty *countervailing reasons*
* liable for *moral censure* if she can’t provide these
* liable to be asked to *justify* failure to perform the action

**Mistaken Reasoning**

“A mother has a (defeasible) duty to e.g. breastfeed because it will benefit her child.”

Version A (Argument from Moral Reason to Benefit): “because she has a moral reason to benefit her child.” (Mistake: confusion between *moral reasons* and (defeasible) *moral duties*.)

Version B (Argument from the Duty to Benefit One’s Child): “because she has a defeasible duty to benefit her child.” (Mistake: confusion between having a duty to benefit *enough* and having a duty to benefit *at every opportunity*.)

**Moral Reasons without Duties**

* Supererogatory action: the charity race.
* Aggregative cost, uncertainty and pervasiveness

**The Scope of the Duty to Benefit**

A duty to benefit X does not imply a duty to take every opportunity to benefit X *unless we add that it is a maximal duty to benefit*.

A mother cannot have a maximal duty to benefit her child. Such a duty would have unacceptable implications for the mother’s self-ownership and well being.

1. The duty would be extremely burdensome

* Pervasive opportunities to benefit
* Uncertainty about benefits

1. But we need to limit the burdensomeness of duties of parenthood

* Social and person importance of parenthood
* Gender imbalance

**Philosophical Conclusions**

* Guilt, blame and shame associated with infant feeding decision is linked to a mistaken assumption that mothers have a defeasible duty to take each opportunity to benefit their children
* This assumption rests on initially plausible, but unsound arguments.

**Practical Implications?**

* Continued discussion of need to avoid “basic mistakes” at policy and training level
* But go further
* Awareness of the ways in which mothers might interpret advice and the need for care
* Aim to give mothers tools to navigate the moral minefield

Could discussion of the philosophical mistakes help?

**Formal Versions of the Arguments**

*Argument from Moral Reason to Benefit*

*Premise 1: If an action will benefit her child, the mother has a moral reason to perform that action.*

*Premise 2: Whenever one has a moral reason to perform some action one has a defeasible duty to perform that action.*

*Conclusion: Therefore a mother has a defeasible duty to perform each action that might benefit her child.*

*Argument from the Duty to Benefit One’s Child*

*Premise 1’: A mother has a defeasible duty to benefit her child.*

*Premise 2’: If one has defeasible duty to benefit a person, and a given action might benefit that person, one has a defeasible duty to perform that action.*

*Conclusion: Therefore a mother has a defeasible duty to perform each action that might benefit her child.*

*Implications for Breastfeeding*

*Beneficial Breastfeeding Premise: Breastfeeding would benefit the child.*

*Corollary: Each mother has a defeasible duty to breastfeed and is liable for moral censure if she fails to do so without being able to provide sufficiently weighty countervailing considerations.*

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1. Murphy E. (1999) ‘Breast is best’: infant feeding decisions and maternal deviance. *Sociology of Health and Illness* **21**, p. 187. See Lakshman R., Ogilvie D. & Ong K.K. (2009) Mothers’ experiences of bottle-feeding: a systematic review of qualitative and quantitative studies. *Archives of Disease in Childhood* **94**, 596–601.). (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3697301/> accessed 5th February 2016.) [↑](#footnote-ref-1)