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An Analysis of Institutional Responsibility for Safeguarding Fetal Health in Light of the Transition from Individualistic to Societal Ethics*

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Abstract

Background and Objective: In recent decades, the evolution of ethical and legal perspectives related to fetal health has caused traditional, individual-centered approaches to give way to broader concepts such as collective ethics and institutional responsibility. While individual ethics focuses mainly on the duties of the mother or physician, collective ethics redistributes responsibility at the level of policymaking institutions, the health system, and social structures. The present study aims to elucidate the foundations, dimensions, and necessities of this transition and to examine its implications in determining the

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responsibility of institutions toward fetal health.

Method: This study was conducted using a descriptive-analytical approach based on library resources. By analyzing the literature of bioethics and the philosophy of responsibility, the fundamental principles of collective ethics and its position in maternal-fetal health policies were examined, and then the role of various institutions—ranging from the government and legislative bodies to the health system, research, and cultural centers—was analyzed in light of these principles.

Findings: The findings indicate that within the framework of collective ethics, fetal health is not merely the responsibility of a single individual (the mother or physician), but rather the result of a systematic interaction among institutional, social, economic, and cultural factors. Therefore, realizing the notion of collective ethics regarding fetal health necessitates coordination among institutions responsible for health, legislation, economy, education, and the media. This perspective emphasizes the necessity of fair policymaking, professional ethics training, cultural development, social support for pregnant mothers, and multi-level ethical oversight.

Conclusion: The transition from individual ethics to collective ethics in the realm of fetal health is a strategic necessity in contemporary ethics that can provide the foundation for formulating preventive, fair, humane, and community-interest-based policies. Institutions, especially within the health system, are obligated to move beyond purely individual ethical frameworks and recognize their collective responsibility in safeguarding the health and dignity of the fetus and mother.

Keywords

Collective Ethics, Moral Communitarianism, Institutional Responsibility, Legislation, Cultural Development, Fetal Health.

Introduction

Fetal health, as one of the most fundamental moral issues in society and a enduring concern of the health system, has experienced remarkable transformations in recent decades. Traditional approaches mainly placed the responsibility of protecting fetal health on the individual; within this framework, the mother as the bearer of the fetus (Roshan and Abiri, 2022; Hajipour, 2025), and the physician and healthcare providers as the providers of service to the fetus (Karimzadeh, 2012), were placed at the center of moral and legal judgments. Although this individual-centered view had certain functions in its time and still requires attention, its exclusive sufficiency has gradually proven inefficient when facing emerging complexities in the realm of reproductive health. Today, it can be stated that the status of fetal health and its protection is the result of a set of structural, institutional, and social factors that operate beyond individual will and decision; factors such as health policymaking systems, social supports, welfare infrastructures, economic justice, educational systems, and even public culture.

The complex network of factors affecting fetal health has caused contemporary bioethics to move away from the individual-centered framework and lean toward collective ethics—an ethics that views responsibility not as directed toward an individual, but toward a set of institutions that shape the bioethical conditions of pregnant women and fetuses. In such an approach, fetal health is not treated as an individual and private matter, but is redefined as a public good and a socio-institutional concern. This transformation is the direct consequence of a change in the philosophy of responsibility, the strengthening of a communitarian perspective in ethics, and growing attention to the components of health justice; a domain where institutions—ranging from the government and legislative bodies to

the health system, media, research centers, and cultural structures—are recognized as moral agents, and their role in creating or eliminating deprivations, risks, and harms related to fetal health is precisely evaluated.

In contrast to individualist accounts, which ascribe moral responsibility exclusively to human individuals and view collective responsibility merely as the sum or interaction of individual responsibilities (Miller, 2006), adopting an institutionalist perspective argues that governing, health, and social institutions, as entities with continuous identity, structure, and function, bear primary moral responsibility regarding fetal health. This responsibility, although executed by individuals, is rooted in the institution's role, duty, and social power. Furthermore, the justification exists that social and collective ethics cannot be regarded entirely separate from individual ethics; rather, these types of ethics actually serve a kind of "transcendent individualism" (Falah and Karnokar, 2018).

The theoretical foundations of the distinction between "individual ethics" and "collective ethics" were first formulated in the late twentieth century within the literature of biostatistics. However, serious criticisms have been leveled against the conceptual ambiguity and lack of connection between this dichotomy and systematic ethical frameworks (Heilig and Charles, 2005). Of course, this research seeks to move beyond this conceptual challenge, and by focusing on the responsibility of institutions toward fetal health, it offers an objective and necessary instance for formulating a practical and responsible "collective ethics."

Within such a context, the transition from individual ethics to collective ethics is more than a theoretical choice; it is a practical necessity in health policymaking. Without accepting institutional responsibility, achieving fair care, supporting pregnant mothers,

reducing risk factors, and guaranteeing fetal dignity will not be possible. Therefore, analyzing this transition and clarifying its moral, legal, and policy dimensions is essential for designing preventive and humane strategies within the landscape of fetal protection approaches. With this exact objective, the present article examines the foundations and reasons for this transition, analyzes the role of various institutional levels in guaranteeing fetal health, and elucidates the prerequisites for realizing collective ethics within the health system.

1. Theoretical Foundations and Conceptual Framework of Collective Moral Responsibility for Fetal Health

Analyzing the responsibility of institutions regarding fetal health requires elucidating the epistemological contexts that have driven a shift in recent decades from individual-centered ethics toward collective ethics—or at least the interpretation of collective ethics as a bridge to a transcendent individual ethics (Falah and Karnokar, 2018), even while offering an individualistic account of collective moral responsibility (Miller, 2006) at the societal level.

In the context of the present research, the theoretical foundations of this transformation rest on several key axes: First, the evolution in the conceptualization of "fetal health" as a multi-level phenomenon that is not merely the product of individual decisions and behaviors, but rather the outcome of the processing and influence of a network of structural, institutional, and social factors. Second, the emergence of theories in ethics, the philosophy of responsibility, and public policy indicating that decisions concerning fetal health are shaped within a context determined by institutions, laws, welfare policies, public culture, and the facilities of the health system. Third, the expansion of the concept of moral responsibility from individual agents to collective and organizational agents, and consequently the necessity of

redefining the role of institutions that directly affect the health, economic, and cultural conditions of pregnancy.

Within this framework, individual ethics focuses on the personal responsibilities of the mother, family, physician or healthcare provider, and other persons, treating fetal health as the result of their moral and behavioral decisions. Although this approach plays a fundamental role in generating moral sensitivity and subsequent legal protection, it faces serious limitations and consequential inefficiencies; because the major portion of the conditions affecting fetal health—from norm-building for responsible persons to nutrition, occupational security, the quality of healthcare services, education, and social supports—lies beyond the sphere of individual agency and is determined by macro-structures. Therefore, contemporary theories of justice, public ethics, and institutional responsibility emphasize that fetal health is the product of harmonious interaction among public policymaking, the efficiency of the health system, the socio-economic environment, and individual behavior (Azizi, 2024; Dawson, 2011).

The concept of collective ethics and its manifestation in relation to institutional duties toward fetal health is defined based on three main components:

A. Institutional responsibility, which means the obligation of legislative bodies, the health system, the social welfare sector, the media, and educational centers to create conditions that facilitate fetal health.

B. Structural sensitivity, through and influenced by which individual choices and behaviors are shaped within a context that is itself the product of social structures and public policies.

C. Multi-level accountability, meaning the redistribution of

responsibility from the individual to a coordinated set of institutions that must be held accountable for the consequences of their actions or omissions.

Accordingly, the conceptual framework of this research rests on the idea that fetal health is not merely an individual duty, but rather a collective commitment, and responsible institutions must move beyond a purely individual-centered ethical framework and, by adopting fair, aligned, and coordinated policies, provide conditions wherein individual moral decisions acquire true meaning and impact. Within such a framework, collective ethics complements individual ethics and, by creating supportive and dignity-affirming platforms, guarantees the health and future of the fetus and mother.

2. The Necessity of Transitioning from Individual Ethics to Collective Ethics

The transition from individual ethics to collective ethics in the realm of fetal health is not merely a theoretical requirement or an abstract transformation; rather, it is a necessity rooted in the social and structural realities that determine the status of fetal health. In the individual-centered approach, the source of responsibility is largely reduced to the mother, the physician, or other relevant persons; whereas theoretical and empirical evidence shows that the major portion of risks and opportunities associated with health issues, and specifically fetal health, is shaped in an environment constructed by institutions, social structures, economic policies, and cultural norms (Marmot et al., 2008; Marmot & Wilkinson, 2005; Iacoban et al., 2024; Jafree et al., 2023; Nattell, 2024). Therefore, a threefold transformation—moral, social, and institutional—justifies the necessity of a paradigm shift from individual ethics to collective ethics. It should also be kept in mind what an important role infrastructural factors, influenced by the

collective ethics approach, play in improving the context for promoting fetal health.

2-1. Moral, Social, and Institutional Arguments for the Necessity of Paradigm Shift

From a moral perspective, responsibility for fetal health cannot be defined solely on the basis of individual action. First, many of the determinants of fetal health—such as proper nutrition, access to health services, maternal job security, environmental conditions, and exposure to hazards—are beyond the individual's control and are influenced by macro-structures. Therefore, moral justice demands that the burden of responsibility be placed upon the institution that possesses the power and authority to effect change in these conditions. Second, public ethics and the understanding of contemporary theories of responsibility, including institutional deontological perspectives as well as theories of health justice, lead to the important conclusion that if the moral consequences arising from individual decisions depend on structural contexts, ignoring the responsibility of those structures constitutes an instance of moral injustice. Third, fetal health is a "collective good"—a good whose effects extend beyond the individual and profoundly impact the future of society. According to the literature of public ethics, the attainment of a collective good necessitates "collective commitments" and cannot be supported and realized through individual responsibility alone.

In the social sphere, transformations such as urbanization, industrialization, rising economic inequalities, changing patterns of women's employment, and increasing environmental stressors (Azh et al., 2019; Kotha, 2025) have altered the structures affecting fetal health. Under such conditions, the possibility of making fetal health dependent

on individual choices and behaviors diminishes, and the role of social forces increases significantly.

Furthermore, social studies in the field of health indicate that "social determinants of health"—including poverty, insecure employment, substandard housing, gender disparities, discrimination, and a lack of support networks—have a direct and substantial effect on individuals' health from birth and throughout their life course (Marmot et al., 2008; Braveman & Gottlieb, 2014).

Therefore, a framework that imposes responsibility solely on the individual is incapable of explaining or compensating for these factors and ultimately results in the reproduction of disparities in fetal health. Social responsibility dictates that responses to these factors be sought at the level of policymaking institutions and structures.

Institutions—including the government, the health system, the social welfare system, the legislative apparatus, cultural institutions, and the media—play a foundational role in shaping the conditions under which fetal health is realized or impaired. In addition to the power of legislation and resource allocation, institutions possess the capacity to establish supportive standards, design preventive mechanisms, provide maternal and fetal services, promote a healthy culture, and build support networks.

Ignoring this macro-power and influence fosters isolated viewpoints, the erroneous attribution of responsibility to the individual, and the absolution of the institution that holds the greatest authority and capacity for intervention. Theories influenced by institutional responsibility also lead to the insight that "power is the basis of responsibility"; hence, any institution that possesses the power to influence fetal health bears primary moral responsibility.

Moreover, the complexity of problems related to fetal health

(such as malnutrition, air pollution, occupational stress, lack of social support, and pharmaceutical or environmental hazards) is inherently multi-factorial and cross-sectoral, and can only be managed through networked coordination among various institutions. This necessity in itself provides a clear rationale for shifting from individual duties to structural and institutional responsibilities.

2-2. The Role of Infrastructural Factors (Economic, Cultural, Social) in Fetal Health

Based on what has been stated, the issue of fetal health—in the face of a set of structural factors (as a basis for explaining the rationale of transitioning from individual ethics to collective ethics)—is shaped across four distinct categories.

First, economic factors, including poverty, job insecurity, insufficient income, lack of access to healthy nutrition, and the high costs of prenatal care and treatment, all of which are linked to fetal health. Unjust economic policies, even if correct individual approaches remain constant, can create serious hazards for the fetus. Therefore, "equitable prenatal care is of paramount importance" (Kotha, 2025).

Second, social factors, including education levels, support networks, access to health information, social security, and the experience of structural discrimination, are among the elements that influence maternal and fetal health. Undoubtebly, a society that fails to support a pregnant mother cannot guarantee the health of the fetus.

Third, cultural factors, including cultural norms, social beliefs regarding pregnancy, views on gender roles, the rate of acceptance of care-seeking behaviors, and even media discourse concerning maternal and fetal health, shape the moral and psychological conditions necessary for making healthy choices.

Fourth, institutional and organizational factors, which determine the quality and accessibility of healthcare services, the insurance and welfare system, support policies for pregnant mothers, labor laws, environmental standards, pharmaceutical policies, and the medical education system, all of which can influence the possibility of individual moral action to varying degrees.

This set of factors demonstrates that fetal health is inevitably dependent on structures rather than merely on individual choices; and this dependency constitutes the primary basis for the necessity of rethinking the issue of fetal health as a subject within the domain of collective ethics and institutional responsibility.

3. Institutional Responsibility for Fetal Health: An Analysis of Levels

Adopting the approach of collective ethics regarding fetal health requires identifying and distinguishing various levels of institutional responsibility; because institutions do not operate at a single level, and each level of the social structure possesses different duties, authorities, and capacities to influence the conditions of fetal health. From this perspective, institutional responsibility can be analyzed across three interconnected, synergistic, yet distinct levels: the macro level of policymaking and legislation, the intermediate level of the health system and medical centers, and the micro institutional levels encompassing education, research, the media, and social support systems. Coordination and coherence among these levels are prerequisites for the effective and efficient realization of the collective ethics approach in supporting fetal health and dignity.

3-1. The Macro Level: Policymaking and Legislation

At the macro level, the government and legislative bodies play a

fundamental role in shaping the structural frameworks that affect fetal health. Public policies in the areas of health, social welfare, employment, the environment, nutrition, insurance, and economic support directly or indirectly determine the conditions of pregnancy and the possibility of achieving healthy care. From the perspective of institutional ethics, this level of responsibility holds "primary responsibility" for fetal health due to possessing the greatest decision-making power and resource allocation.

As constitutions often provide a clear basis for identifying and establishing the institutional responsibility of governments for the health of citizens, including maternal and fetal health. The Constitution of the Islamic Republic of Iran also obligates the government to "establish a correct and just economy" with the aim of generating public welfare, eradicating poverty and deprivation, and securing basic needs, including nutrition, housing, employment, health, and the generalization of insurance. Furthermore, the emphasis on eliminating unjustified discrimination, creating fair opportunities for men and women in all material and spiritual spheres, women's participation in political, economic, social, and cultural self-determination, and guaranteeing free and universal education reflect the structural perspective of the constitution on health as a product of social justice and macro policymaking (Abbasi et al., 2014).

Consequently, health and wellness are not merely treated as individual or treatment-oriented matters; rather, they are the result of the government's institutional commitments in the realms of economic justice, social welfare, education, and equal opportunity—commitments whose realization ultimately plays a decisive role in safeguarding fetal health.

Just legislation regarding the protection of pregnant mothers, guaranteeing equal access to health services, anticipating occupational

and economic protections, and enacting preventive regulations against environmental hazards are among the prominent examples of the primary responsibility of governments and relevant institutions toward the fetus (Kotha, 2025; Braveman & Gottlieb, 2014). Within the framework of collective ethics, the failure or inefficiency of macro policymaking, even if individual duties are observed by agents and stakeholders, can lead to the indirect violation of the right to fetal health. Therefore, fetal health must be considered one of the criteria for evaluating the justice and efficiency of public policies.

3-2. The Intermediate Level: The Health System and Healthcare Centers

The intermediate level of institutional responsibility is dedicated to the health system and institutions providing medical and care services—institutions that are in direct contact with the mother and fetus and translate macro policies into practical actions. Hospitals, health centers, physicians, and treatment teams, in addition to individual professional commitments, bear a collective moral responsibility within the framework of an organizational structure; the more focus is placed on strengthening and encouraging this responsibility, the more evident the fruits of macro policies will become.

Despite development plans and government efforts, the health system in Iran, resulting from structural problems, weaknesses, and inadequate oversight, "as a whole, has not only distributed facilities unequally in preventing health problems and providing therapeutic services, but by turning specialists, physicians, and medical staff into workers of the health system who are obligated to follow pre-written guidelines, it has also placed the manner of engagement with clients within an imbalance of power mechanism."

Therefore, developments surrounding fetal health at the level

of the health system need to be contingent upon macro-level reforms in this domain. At this level, institutional responsibility toward the fetus includes guaranteeing the quality of prenatal care services, adhering to scientific and ethical standards, avoiding personal biases contrary to emerging models of collective ethics by health service providers, equitable distribution of services, continuous training in professional ethics, and establishing systems of oversight and accountability. It must be recognized that "moral sensitivity is a more important predictor of moral performance than moral awareness" (Sadeghi and Alavi, 2018). Therefore, mere ethics training cannot stimulate moral sensitivity, given that moral sensitivity is shaped in light of a set of actions that find meaning within a framework called ethical cultural development. Moreover, collective ethics dictates that medical centers should not merely suffice to provide clinical services; rather, they should play an active role in identifying social risk factors, providing supportive referrals for vulnerable mothers, and engaging in cross-sectoral collaboration with other institutions. The failure of the health system to perform these duties, even in the presence of good intentions from individual actors, signifies an institutional failure in safeguarding fetal health.

3-3. The Micro Institutional Levels: Education, Research, Media, and Social Supports

Although micro institutional levels lack direct policymaking power, they play a decisive role in shaping the cultural, knowledge, and social environment affecting fetal health. The designation "micro" in this context should not convey a lack of impact, because citizens' interactions with the health system—including mothers, physicians, and nurses—are fundamentally derived from feedbacks experienced in micro institutional environments within social life, which often shape their beliefs and approaches beyond instructions and scientific systems.

The educational system by promoting health literacy and moral education, research centers by producing applied and policy-oriented knowledge, the media by norm-building and directing public opinion, and supportive institutions by mitigating the social vulnerabilities of pregnant mothers all play a role in realizing or undermining the macro goal of fetal health. Meanwhile, "the positive and growing effects of education and public literacy on population health, especially women's health, are well known and researched" (Kickbusch, 2001).

Within the framework of the collective ethics perspective, these institutions are also recognized as moral agents and have a duty to avoid reproducing misinformation, harmful norms, or stigmatization regarding pregnancy and mothers. Effective social support, responsible awareness-raising, and research based on the real needs of society provide a context wherein individual moral decisions find meaning and the capability of realization. Neglecting these micro levels leads to a disconnect between official policies and the real life-world of mothers, ultimately weakening programs based on fetal health.

4. Policy and Ethical Implications of the Transition to Collective Ethics in Fetal Health

Adopting the transition from individual ethics to collective ethics in the realm of fetal health entails profound and multi-layered implications for health policymaking, social justice, and the organization of institutional responsibilities, transforming it from a mere moral theory into an operational program. This shift guides the logic of intervention by the state and public institutions away from a narrow focus on individual behavior toward structural risk management, institutionalized support for mothers, and the guarantee of equitable conditions for the initiation of human life.

4-1. The Approach of Health Justice, Maternal Support, and Systematic Risk Management

Within the framework of collective ethics, fetal health is treated as a prominent instance of "health justice" or "equitable health"—meaning that preventable disparities in pregnancy outcomes arising from social, economic, and institutional inequalities are morally unjustifiable. Although there are numerous challenges in equitably meeting health needs given familial, social, political, and geographical scales (Daniels, 2007), adopting fair approaches in this domain obligates policymakers to focus on reforming the structural determinants of health—including poverty, job insecurity, unequal access to health services, and social supports—rather than leaving the responsibility of fetal health to individual choices and capacities.

On the other hand, collective ethics provides a foundation for strengthening supportive policies for pregnant mothers, such as economic support, maternity leave, comprehensive insurance coverage, preventive care, and psychological and social services. In this framework, preventing harm to fetal health extends beyond a mere individual moral recommendation, becoming an institutional and policy commitment. Furthermore, managing risks related to pregnancy—whether environmental, occupational, social, or therapeutic—moves beyond a reactive and ad hoc state, being organized instead within preventive and evidence-based systems; systems that assign the responsibility of risk identification, mitigation, and monitoring to public structures and specialized institutions.

4-2. The Necessity of Institutional Coordination and the Redistribution of Responsibilities

One of the most significant consequences of transitioning to collective ethics is the redefinition of the map of responsibilities and the

necessity of coordination among various institutions. Relying on individual ethics and fragmented, sectoral views in the domain of fetal health causes obvious gaps in the performance of duties by relevant institutions, as well as fluctuations in the line of interaction between these institutions and the individuals concerned. However, fetal health is not the result of a single institution or a specific agent, but rather the outcome of the coordinated action of a set of policymaking institutions, the health system, the social welfare system, the educational system, and the media. Collective ethics dictates that responsibility be redistributed from the individual level to the institutional level, with each institution held accountable in proportion to its power, authority, and impact.

This redistribution of responsibility carries important practical consequences: first, preventing the moral blame of mothers or placing them in moral dilemmas in situations where structural factors play a dominant role; second, increasing the accountability of public institutions for policy and structural failures; and third, enhancing the efficiency of the health system through institutional synergy and cross-sectoral policymaking. In the absence of this coordination model, even the most advanced therapeutic interventions will be unable to compensate for fundamental inequalities in achieving the goal of fetal health. Therefore, collective ethics serves as a normative framework and, beyond that, a practical guide for designing a fair, preventive, and dignity-centered health governance regarding mothers and fetuses.

Conclusion

The analysis presented in this article demonstrated that continued exclusive reliance on individual ethics in explaining and guaranteeing fetal health faces serious conceptual and functional limitations when

confronting contemporary socio-biological complexities. Fetal health is not merely the product of individual choices and actions by the mother, medical staff, or other family and societal actors, but rather the outcome of a networked interaction of institutional, structural, social, economic, and cultural factors that take shape across various levels of policymaking, the health system, and socio-cultural platforms. Therefore, the transition from individual ethics to collective ethics must be recognized as a necessary response to the multi-level realities of health and an endeavor to align moral responsibility with the actual distribution of power and influence in society.

The descriptive findings of the present research indicate that collective ethics, without denying the importance of individual ethics, provides a complementary and efficient framework for redefining responsibility toward the realization of fetal health. Within this framework, responsibility is redistributed from the individual level to the institutional level, and institutions that play a role in shaping pregnancy conditions, access to health services, the economic and social security of mothers, and the management of environmental risks are recognized as accountable moral agents. This redistribution of responsibility prevents the unfair moral blaming of individuals under unequal structural conditions and enables the design of preventive, fair, and evidence-based policies.

The examination of various levels of institutional responsibility showed that achieving fetal health necessitates coordination among macro policymaking, the efficiency of the health system, and the roles played by educational, research, media, and supportive institutions, such that in the absence of this institutional coordination, even the most advanced therapeutic interventions will be unable to compensate for fundamental inequalities and structural risks. Therefore, collective ethics serves as a normative-practical approach and a guide for health

governance, wherein health justice, institutionalized prevention, and structural support for pregnant mothers take center stage.

Consequently, the transition to collective ethics regarding fetal health extends beyond a theoretical choice, representing a moral, social, and policy necessity commensurate with the requirements of contemporary societies, which can provide the foundation for more humane, just, and forward-looking policies in the realm of reproductive health. Recognizing institutional responsibility in this domain will constitute a fundamental step in simultaneously safeguarding the dignity of both mother and fetus and guaranteeing their right to health as one of the most fundamental human rights in contemporary society.

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