Agency First: Bodily Non-Conscription and Temporal Recognition

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2026

Abstract

This paper develops Agency First, an anti-domination framework for abortion ethics and public power. The framework rejects two simplifying moves: treating developing life as morally negligible, and treating developing life as a source of enforceable authority over another living person's body. Its central principle is Bodily Non-Conscription: no institution may compel the non-transferable internal physiological use of one living person's body as life-sustaining infrastructure for another against meaningful refusal. The paper's contribution is to shift the abortion debate from a contest over fetal status alone to a structured account of when moral status, responsibility, dependency, and public power may or may not become authority over a non-transferable living body. It argues that pregnancy is morally distinctive because the relevant support is internal, continuous, embodied, risky, and non-transferable, while also clarifying that non-transferability raises both moral stakes and domination risk. It then distinguishes developing, living, and dead forms of human existence; develops a Responsibility Ceiling that separates serious obligation from bodily title; specifies meaningful refusal under conditions of coercion and practical foreclosure; uses a Two-Thread Principle to separate decisional authority from bodily authority; and treats act/omission and manner-of-death objections without allowing them to become warrants for compelled gestational use. Agency First does not offer a complete theory of fetal moral status in the abstract. Instead, it holds one firewall: moral residue may guide support, provision, preference, and care, but it may not become institutional authority to override meaningful refusal.

Keywords: abortion; bodily autonomy; bodily integrity; bodily non-conscription; pregnancy; reproductive ethics; personhood; fetal moral status; public power; anti-domination; bioethics; philosophy of law; feminist philosophy; medical ethics; viability; responsibility; agency.

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1. Introduction

Abortion ethics is often forced into a false opposition. On one side, developing life is treated as if it were morally negligible, a biological condition without independent ethical weight. On the other side, developing life is treated as if its moral weight generates enforceable authority over the body of the pregnant person. Both moves flatten something essential. The first erases the seriousness of developing human life. The second erases the living person whose body bears the pregnancy, the medical risk, the internal physiological burden, and the force of law.

This paper develops **Agency First** as an alternative framework. Agency First recognizes developing life without erasure and protects living bodily agency from conscription. Its central claim is not that developing life is nothing. Nor is it that abortion is morally simple. Its central claim is that moral seriousness does not create title to another living person's body.

The keystone principle is **Bodily Non-Conscription**:

> No institution may compel the non-transferable internal physiological use of one living person's body as life-sustaining infrastructure for another against meaningful refusal.

The principle is deliberately narrower than many appeals to bodily autonomy. It does not claim that every bodily preference defeats every law. It targets a specific domination risk: compelling one living person's non-transferable internal physiological processes to sustain another life, lineage, institution, ideology, or public objective against meaningful refusal.

Pregnancy is the clearest case because gestation is not ordinary assistance. It is not equivalent to giving money, providing shelter, sending food, or performing a discrete external service. It involves continuous internal bodily processes: circulatory, metabolic, hormonal, immunological, anatomical, and medical. The relevant support cannot be transferred to another person in real time. The pregnant person is not one helper among many; she is the irreplaceable physiological site of the dependency.

Agency First is closest to body-use arguments in abortion ethics, but it narrows their scope around non-transferable internal physiological use and then adds four pieces. First, it offers a temporal-recognition account of developing, living, and dead human existence. Second, it gives responsibility its own ceiling rather than treating responsibility as dissolved by bodily autonomy alone. Third, it separates decisional authority from bodily authority through a Two-Thread Principle. Fourth, it distinguishes moral residue from institutional authority through a firewall that allows developing life to matter without authorizing bodily conscription.

The paper's contribution is not another threshold theory of personhood. It is a threshold theory of bodily authority under conditions of non-transferable

dependency. It asks when moral status, responsibility, family, medicine, law, and public power may become authority over a living body. The answer is that they may guide support, care, provision, and preference, but they may not authorize forced non-transferable internal physiological use against meaningful refusal.

The paper succeeds if it shows that fetal status, future value, and responsibility can generate serious obligations without generating enforceable title to non-transferable internal bodily use.

The argument proceeds as follows. Section 2 locates Agency First in relation to body-use arguments, Reproductive Justice, relational autonomy, and non-domination theory. Section 3 introduces the Domain-Lock: abortion concerns pregnancy, pregnancy is anatomical and physiological, abortion care is medical, and abortion law uses public power. Section 4 distinguishes developing, living, and dead forms of human existence. Section 5 states Bodily Non-Conscription, explains the dual role of non-transferability, and specifies meaningful refusal. Section 6 gives responsibility its own standalone treatment. Section 7 addresses personhood and future-value objections. Section 8 introduces the Two-Thread Principle. Section 9 revises forced-termination symmetry as a broader anti-domination claim rather than a simple bodily-conscription equivalence. Section 10 develops developmental weight and eliminates the equal-burden rule as a separate exception, folding the hard late-stage case back into the keystone. Section 11 states the One Seam and One Firewall. Section 12 replies to objections, including act/omission, intending/foreseeing, and the charge that meaningful refusal reimports thick autonomy.

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2. Position in the Literature

Agency First belongs near several established conversations, but it should not be reduced to any one of them.

First, it is closest to body-use arguments in abortion ethics. Thomson's defense of abortion remains the obvious reference point because it separates fetal personhood from a right to use another person's body.[1] McDonagh's consent model similarly shifts attention from abstract choice to consent to pregnancy, and Little's work on gestation emphasizes that pregnancy is a bodily and intimate relation rather than an ordinary external duty.[2][3] Agency First works in this neighborhood, but it narrows the claim around non-transferable internal

[1] Judith Jarvis Thomson, "A Defense of Abortion," *Philosophy & Public Affairs* 1, no. 1 (1971): 47–66.

[2] Eileen L. McDonagh, *Breaking the Abortion Deadlock: From Choice to Consent* (New York: Oxford University Press, 1996).

[3] Margaret Olivia Little, "Abortion, Intimacy, and the Duty to Gestate," *Ethical Theory and Moral Practice* 2, no. 3 (1999): 295–312, doi:10.1023/A:1009955129773.

physiological use and asks what institutions may compel under conditions of refusal.

Second, Agency First converges with Reproductive Justice. SisterSong defines Reproductive Justice around bodily autonomy, the right to have children, the right not to have children, and the right to parent children in safe and sustainable communities.[4] Ross and Solinger's account of Reproductive Justice likewise shifts reproductive freedom beyond a thin legal right to abortion and toward the social conditions under which reproductive agency is real.[5] Agency First's thick form inherits this pressure: support matters because formal choice can be hollow under poverty, violence, medical neglect, disability exclusion, racism, immigration vulnerability, family pressure, or institutional obstruction.

Third, Agency First is compatible with relational-autonomy approaches, which reject the fiction that agency occurs in isolation from social relations, power, dependency, identity, and material conditions.[6] Agency First's point is not that the pregnant person is an abstract chooser without obligations. Its point is that relation and responsibility do not erase the bodily boundary.

Fourth, Agency First draws on the political grammar of non-domination. Republican accounts of freedom as non-domination focus on subjection to uncontrolled or arbitrary power rather than only on overt interference.[7] Agency First adapts that concern to pregnancy and public power: a law or institution may dominate not only by direct physical force, but also by threats, delays, surveillance, liability, family veto, medical fear, or practical foreclosure.

The paper's distinctive contribution is architectural. It brings these neighboring concerns into one structure: temporal recognition, bodily non-conscription, responsibility without bodily title, decisional/bodily thread separation, developmental weight without domination, and one firewall between moral residue and institutional authority. The claim is not that Agency First invents reproductive ethics, bodily integrity theory, or anti-domination theory from nothing. The claim is that it joins them around a specific threshold question:

> When does moral seriousness become authority over a living body?

Agency First's answer is that moral seriousness may guide support, care, provision, and preference, but it may not become institutional authority to compel non-transferable internal physiological use against meaningful refusal.

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[4] SisterSong, "Reproductive Justice," accessed June 8, 2026.

[5] Loretta J. Ross and Rickie Solinger, *Reproductive Justice: An Introduction* (Oakland: University of California Press, 2017).

[6] Catriona Mackenzie and Natalie Stoljar, eds., *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self* (New York: Oxford University Press, 2000).

[7] Philip Pettit, *Republicanism: A Theory of Freedom and Government* (Oxford: Oxford University Press, 1997).

3. Domain-Lock: Abortion, Anatomy, and Public Power

Abortion arguments often move too quickly into metaphysics, rights, religion, or political identity while leaving the domain itself underdescribed. Agency First begins with a domain-locking move.

Abortion concerns pregnancy. Pregnancy is anatomical and physiological. Abortion care is medical. Abortion law uses public power. Therefore anatomy, medical risk, institutional authority, coercion, and domination are not side issues. They are inside the subject matter.

This does not mean that science alone decides the moral question. It means science disciplines the description. A philosophical argument about abortion must not speak as if pregnancy were an abstract relation between "mother" and "child" while ignoring the body in which gestation occurs. Nor may law present itself as mere moral expression when it operates through criminal penalty, civil liability, licensing threat, reporting obligation, delay, surveillance, or denial of care.

The Domain-Lock rule is simple:

> If the argument is about abortion, anatomy and public power are already on the table.

This rule blocks two evasions. The first evasion moralizes pregnancy while refusing anatomy. It treats pregnancy as symbolic obligation or relational status without accounting for the internal physiological burden imposed on a particular living person. The second evasion legislates abortion while refusing public power. It speaks in the language of value while hiding the mechanisms by which law acts: threat, penalty, delay, institutional fear, and coercive administration.

Agency First does not reduce abortion to medicine. It insists that medicine is part of the domain. Nor does it reduce abortion law to violence. It insists that law must disclose its force. A law that prevents, punishes, delays, or conditions abortion access must name who is burdened, how refusal is treated, what happens to physicians and helpers, what alternatives remain, and how errors are corrected. A law is not only a statement of values. It is an apparatus of public power.

This is especially important because abortion law often works indirectly. It may not physically drag a person into labor or surgery. Instead, it may threaten physicians, close clinics, delay care, impose reporting duties, create civil liability, criminalize assistance, or make the only safe path legally unavailable. Agency First treats these mechanisms as relevant because domination need not appear as physical restraint. It can appear as a structured field in which refusal formally remains possible while every workable path of refusal is destroyed.

The question is therefore not only "what matters?" It is:

> Who may force what, on whom, by what means, and with what

correction?

This question keeps the ethical dispute answerable to anatomy and institutional power.

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4. Temporal Recognition: Developing, Living, Dead

Agency First distinguishes three forms of human existence: developing, living, and dead. The distinction is not meant to erase continuity. It is meant to prevent false equivalence.

Developing human existence is agency in formation. It is not nothing. It may carry increasing moral seriousness as pregnancy advances. It can be mourned, protected, hoped for, named, and valued. But it is not yet a living agent exercising refusal, bearing public burdens, or standing as the embodied subject of medical risk.

Living human existence is agency in exercise. The living person is the bearer of bodily risk, medical exposure, social burden, legal consequence, and meaningful refusal. The living body is not merely the location where moral conflict happens. It is the person whose internal physiological processes are being claimed, burdened, or protected.

Dead human existence is agency completed and remembered. The dead may matter through grief, lineage, kinship, ancestry, promise, and memory. But memory does not rule the living. A tradition, ancestor, religious inheritance, or family memory may orient obligation. It does not automatically create authority over another living person's body.

The shorthand is:

> The developing are not nothing. The living are not vessels. The dead are not rulers.

The dead category earns its place because many reproductive claims are not made only in the name of the fetus. They are also made in the name of ancestors, bloodline, family continuity, divine command, communal memory, inherited promise, and the meaning of the unborn to the already-dead. Agency First does not dismiss these claims as unreal. It places them correctly. Memory and inheritance can orient conscience and voluntary obligation, but they cannot become title over a living body. This is why Temporal Recognition needs all three terms: developing life, living agency, and remembered life can all matter, but they do not matter in the same mode.

This threefold distinction prevents several errors. It prevents fetal erasure, which treats developing life as morally empty. It prevents fetal equivalence, which treats developing life as having direct authority over another person's body. It prevents presentist reduction, which treats the living person as an isolated

chooser outside medicine, dependency, poverty, family, risk, and pressure. It prevents ancestral capture, which allows memory, tradition, or religious inheritance to become domination over the living. And it prevents moral lying: the pressure to make a hard conflict seem easy by erasing one side of it.

Temporal Recognition is therefore not a ranking system by itself. It is a discipline of description. It says that developing, living, and dead forms of human existence matter differently, and that ethical and legal analysis must not collapse those differences.

This distinction also explains why Agency First is not a simple autonomy theory. The framework does not begin with an isolated chooser and treat everything else as interference. It begins with a temporally structured moral field: developing life, living agency, and inherited meaning all matter. The point is not that only the living matter. The point is that the living body is the site at which public power would operate. That gives living bodily agency a distinctive anti-domination priority.

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5. Bodily Non-Conscription

The central principle of Agency First is Bodily Non-Conscription:

> No institution may compel the non-transferable internal physiological use of one living person's body as life-sustaining infrastructure for another against meaningful refusal.

The principle has several terms that matter.

First, it concerns **institutions**. These include states, courts, hospitals, families, partners, religious authorities, employers, insurers, agencies, and other authority-bearing structures. The point is not only what one private person morally hopes another will do. The point is what organized power may require.

Second, it concerns **compulsion**. Compulsion may be direct, as in forced medical treatment, detention, or court order. It may also be indirect, as in criminal threat, civil liability, licensing discipline, institutional delay, surveillance, or punishment after the fact. A regime can compel bodily use without ever saying "you must continue the pregnancy" if the only safe path left is continuation.

Third, it concerns **non-transferable internal physiological use**. This is the distinctive feature. Many duties are external and transferable. A duty to pay money, provide food, call an ambulance, shelter a child, or support a dependent can be distributed among multiple persons or institutions. Pregnancy is different. The demanded support is internal, embodied, continuous, and non-transferable in real time.

Fourth, the principle concerns the body being used as **life-sustaining infrastructure**. The wrong is not that another life matters. The wrong is that

one person is made into the physiological means by which another is sustained against refusal.

Fifth, the principle is triggered by **meaningful refusal**. It does not deny that consent, prior wishes, capacity, coercion, and practical availability matter.

Meaningful refusal

A refusal is meaningful when it is issued by a person with decisional capacity, concerns the bodily use at issue, and is not hollowed out by coercion, deception, threat, or practical foreclosure. Meaningful refusal does not require ideal conditions. Few reproductive decisions occur under ideal conditions. But the refusal must remain the person's own refusal rather than the product of a structure that has made all real alternatives unavailable.

This standard must operate in both directions. A refusal to continue pregnancy can be hollowed out by criminal threat, medical delay, surveillance, family veto, physician fear, or the closure of every workable path to care. A refusal to terminate can be hollowed out by partner coercion, family coercion, poverty, abandonment, disability discrimination, medical pressure, trafficking, or threats to housing, safety, or support. In either direction, the question is not only whether the person spoke words of consent or refusal. The question is whether the surrounding field left the person with a real path that did not require surrendering bodily agency to another's objective.

Practical hardship does not automatically erase meaning. A person may make a meaningful decision under poverty, fear, grief, illness, or pressure. But when an institution, law, family, partner, or authority structure makes one path unavailable and then treats the remaining path as consent, the decision has been captured. Agency First therefore treats meaningful refusal as both a decisional condition and an anti-domination safeguard.

This makes meaningful refusal theory-laden, but not viciously circular. Agency First does not pretend that refusal can be evaluated from nowhere; it asks whether the decision remains the person's own under conditions that even critics of the framework can recognize as capture, such as threat, deception, trafficking, partner coercion, institutional pressure, abandonment, or the foreclosure of every workable alternative. The test is therefore not theoretical neutrality, but non-triviality: meaningful refusal must be capable of failing in both directions, including when a person is coerced into termination and when a person is coerced into continuation.

For purposes of Bodily Non-Conscription, meaningful refusal is presumed where a capable person refuses non-transferable internal physiological use. The burden falls on the party seeking to disregard that refusal to show that the refusal is not meaningful, and the content of the refusal - unpopular, religious, secular, conflicted, or morally contested - is not by itself evidence of incapacity or coercion.

This means meaningful refusal is not a neutral procedural checkbox. It carries normative weight. That weight is not ad hoc, because the same condition applies symmetrically: a choice to terminate and a choice to continue can both be captured by coercion, practical foreclosure, or institutional pressure. The concept is therefore not a device for favoring one reproductive outcome. It is the framework's way of asking whether the body is being directed by the person whose body it is, or by a coercive field that has made one path compulsory while calling the result a choice.

The load-bearing premise is that **substitutability** separates a duty to aid from a license to use a specific body. A duty to aid can often be discharged by many possible helpers or pooled resources. A license to use a body exists only where the needed support must come from that body and no other. In that case, the person is no longer one participant in a shared field of obligation. The person is the required instrument.

This premise does real work, but it must not be asked to do all the work. Non-transferability has a dual role. First, it explains why gestation is not ordinary aid: the support demanded is not a transferable service that can be reassigned to another helper. Second, it explains why public power must be more constrained, not less, when the body is irreplaceable. The same fact therefore raises the stakes on both sides. A dependent life may matter more urgently because only this body can sustain it; but that same irreplaceability is what makes coercion more dangerous, because the institution is no longer distributing an external duty but selecting a body for compulsory use. Non-transferability does not automatically favor the body-holder by itself. It identifies the structure of the conflict. Bodily Non-Conscription and the Responsibility Ceiling then answer the institutional question: even morally serious, responsibility-inflected dependency does not become authority to compel non-transferable internal physiological use.

Non-transferability also explains why the killing/letting-die objection requires special handling. Agency First should not pretend that every abortion is simply a refusal of aid in the same way as declining to write a check or declining to donate marrow. Some methods involve positive medical intervention, and critics may press act/omission or intending/foreseeing distinctions. The framework's narrower claim is that those distinctions do not by themselves create authority to compel continued internal physiological use. They may affect how one evaluates the manner of ending pregnancy; they do not settle whether public power may make the living body compulsory infrastructure.

Two familiar reference points help clarify the bodily-use claim. First, *McFall v. Shimp*, a Pennsylvania trial-court decision with limited precedential force, refused to compel a bone-marrow procedure even where the plaintiff's life was at stake and the defendant was the only available compatible donor. The case is not controlling national abortion doctrine, but it is a useful illustration: even life-saving, non-transferable bodily use is not automatically compellable.[8] Sec-

[8] *McFall v. Shimp*, 10 Pa. D. & C.3d 90 (Pa. Ct. Com. Pl. Allegheny Cnty. 1978).

ond, Judith Jarvis Thomson's defense of abortion grants fetal personhood for argument and challenges the move from a right to life to a right to use another's body.[9] Agency First adopts this structural distinction and narrows it around non-transferable internal physiological use.

Both analogues have limits. *McFall* does not involve the defendant causing the dependency. Thomson's violinist case is vulnerable to the objection that pregnancy is not stranger-dependency. Agency First should not hide those limits. Their proper role is not to settle the entire abortion question. Their role is to show that a life-or-death need does not automatically create authority over another person's body.

The legal cases used in this paper function as analogues and boundary markers. They do not supply controlling abortion doctrine and are not treated as dispositive legal authority for Agency First. The framework is philosophical and legal-theoretical; the cases clarify how law has sometimes distinguished support, refusal, substituted judgment, and compelled bodily invasion.

Agency First is therefore not a denial of dependency. It is a limit on what dependency authorizes. Dependency can generate claims for support, care, provision, protection, and moral seriousness. It does not automatically authorize conscription.

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6. Responsibility Without Bodily Title

The strongest objection to Agency First is not personhood. It is responsibility.

The objection is that pregnancy is not merely a case of one life needing aid from another. In many pregnancies, the pregnant person participated in an act that foreseeably created the dependent being. Unlike the stranger in Thomson's violinist case, or the defendant in *McFall v. Shimp*, the pregnant person may be said to stand in a causal and relational position to the dependency itself. The challenge is therefore not only that the fetus needs non-transferable bodily support. It is that the pregnant person may have helped bring about the very condition in which that support is needed.

Agency First should take this objection seriously. Substitutability alone does not answer it. Substitutability explains why the demanded support is uniquely burdensome and why the pregnant person is being made into non-transferable life-sustaining infrastructure. But it does not by itself answer the further question: whether causal responsibility for the dependency changes what may be demanded.

The answer is that responsibility can generate serious duties without generating bodily title.

[9] Judith Jarvis Thomson, "A Defense of Abortion," *Philosophy & Public Affairs* 1, no. 1 (1971): 47–66.

Responsibility is not morally empty. It may generate duties of deliberation, truthfulness, care, support, preparation, compensation, repair, and non-abandonment. It may make a pregnancy morally different from a case of accidental attachment to a stranger. It may also explain why abortion can be morally grave even when it remains legally protected. Agency First does not deny these points.

What Agency First denies is the conversion of responsibility into enforceable ownership of internal physiological processes. Causal contribution to another's dependency does not by itself create a public or institutional right to use the responsible person's body as life-sustaining infrastructure. Responsibility may thicken obligation, but it does not erase the bodily boundary.

This is the **Responsibility Ceiling**:

> Responsibility may create serious external duties. It does not create enforceable title to another person's non-transferable internal physiological use.

The distinction matters because many obligations created by responsibility are externalizable. They can be shared, transferred, supported, funded, delegated, or institutionally provided. A person may be required to provide support, arrange care, avoid abandonment, or repair harm. But these duties do not ordinarily entail compelled blood use, organ use, marrow extraction, surgical invasion, or forced occupation of internal physiological systems. The body remains a limit on what responsibility may be made to do.

The responsibility objection therefore succeeds against a weak version of Agency First. It shows that pregnancy cannot be treated simply as a stranger-aid case. But it does not defeat the stronger version. The stronger version concedes that pregnancy can involve special responsibility and still denies that special responsibility becomes bodily title.

This also clarifies the role of consent. Consent to sex may involve consent to risk. It does not automatically become consent to continued gestational use. To say otherwise is to treat risk-taking as advance transfer of bodily authority. Agency First rejects that transfer unless the consent to bodily use is clear, specific, continuing, and not coerced. Consent to an act that may create dependency is not identical to consent to every bodily demand that dependency later imposes.

The opponent may still insist that pregnancy is exceptional: because the pregnant person helped create the dependent life, and because no substitute body is available, continued gestation is owed. Agency First's reply is not that non-transferability magically favors the body-holder in every moral comparison. The reply is that non-transferability changes the type of institutional act at issue. Where an obligation can be externalized, public power may distribute or support it without selecting one body as the means of performance. Where the obligation can be satisfied only through one person's internal physiology, enforcement becomes bodily conscription. The irreplaceability of the body therefore raises

the dependency's seriousness and the domination risk at the same time. Responsibility may thicken the obligation, but it does not convert irreplaceability into public title over the body.

This point also prevents responsibility from becoming an all-purpose permission structure. If causal responsibility alone could create enforceable access to internal physiology, then bodily boundaries would become contingent on histories of fault, risk, sex, carelessness, or relation. The living body would become something public authority could audit for sufficient responsibility and then commandeer. Agency First rejects that transformation. Responsibility may matter deeply to moral judgment. It may not become a legal or institutional switch that converts a person into compelled infrastructure.

The framework therefore separates three claims:

1. **Causal responsibility matters.**
2. **Causal responsibility can create serious obligations.**
3. **Causal responsibility does not create enforceable bodily title.**

This is not a denial of the moral remainder. A person may still experience pregnancy, abortion, miscarriage, birth, or refusal as morally grave because of relationship and responsibility. A community may still support pregnancy and child-rearing. A family may still grieve. A religious tradition may still counsel against abortion. Agency First does not flatten those meanings. It only denies that they authorize public or institutional seizure of the non-transferable living body.

Responsibility changes the moral field, but not the bodily floor. It can increase moral seriousness. It can ground support duties. It can make refusal tragic, contested, or morally burdened. But it cannot authorize institutions to compel one living person's body to function as life-sustaining infrastructure for another against meaningful refusal.

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7. Personhood, Future Value, and Moral Seriousness

A common objection says that if the fetus is a person, abortion should be prohibited. Agency First responds by separating moral status from bodily title.

Personhood, if granted, may intensify moral seriousness. It may change how one speaks about the developing life. It may affect grief, deliberation, support, and social meaning. But personhood alone does not establish a right to use another person's body. A person may have a right not to be unjustly killed without having a right to another person's blood, organs, marrow, uterus, labor, surgery, or internal physiological processes.

The same response applies to future-value arguments. Don Marquis's future-

like-ours argument is powerful because it resists fetal erasure.[10] It says, in effect, that abortion deprives a being of a valuable future. Agency First does not dismiss this as trivial. Future value may be morally serious. It may explain why abortion can be tragic, why later pregnancy can carry greater weight, and why support for continuing pregnancy can matter.

But future value does not by itself create bodily title. If future value alone authorized compelled bodily use, then the body of one person could become enforceable infrastructure whenever another person's valuable future depended on it. Agency First rejects that conversion. The question is not whether the beneficiary matters. The question is whether the beneficiary's value creates authority over the body of another.

Thus Agency First can say two things at once:

1. The developing life matters.
2. Its value does not authorize bodily conscription.

This is the heart of the framework. It refuses fetal erasure without accepting fetal ownership.

The separation between moral status and bodily title also helps clarify the role of public power. A law may recognize moral status in many ways: through support, healthcare, perinatal care, parental leave, childcare, poverty reduction, adoption support, grief care, and protection from coercion. But recognition becomes domination when it authorizes the state or another institution to command one living body as the physical means by which another life is sustained.

A line of constitutional case law marks this difference in a related register. In *Maher v. Roe* and *Harris v. McRae*, the Supreme Court distinguished refusal to subsidize abortion from direct state interference with the abortion decision.[11] Agency First does not endorse the normative adequacy of those outcomes, and the framework's thick form (Section 9) argues against the abandonment such denials can produce. The cases are useful here only for a structural distinction: declining to fund, failing to support, and affirmatively commandeering a body are different exercises of public power. Agency First's claim is about the last of these. Non-abandonment may condemn the first two in some circumstances, but Bodily Non-Conscription targets compelled bodily use.

Agency First therefore does not need to prove that fetal personhood is false in order to protect abortion access. It can grant strong fetal-status claims for argument and still deny the disputed inference: that personhood creates authority over a non-transferable living body. This is why the framework is not simply a personhood theory. It is a bodily-authority theory under conditions of morally serious dependency.

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[10] Don Marquis, "Why Abortion Is Immoral," *The Journal of Philosophy* 86, no. 4 (1989): 183–202, doi:10.2307/2026961.

[11] *Maher v. Roe*, 432 U.S. 464, 474 (1977); *Harris v. McRae*, 448 U.S. 297, 315–318 (1980).

8. The Two-Thread Principle

Agency First distinguishes two threads that are often confused.

The **decisional thread** asks: who decides?

The **bodily thread** asks: what may be done to the body?

For a capable adult, these threads usually fuse. The person decides, and the body is theirs. Respecting refusal honors both decisional authority and bodily protection.

But the threads can separate. They separate in cases involving minors, wards, guardianship, incapacity, proxy decision-making, brain death, medical emergency, or disputed capacity. In such cases, someone else may claim decisional authority: a parent, guardian, court, physician, hospital, or state. Agency First's claim is that decisional authority does not automatically carry bodily authority.

A proxy may decide care. A proxy may not conscript the body into service for another.

This principle is especially important in abortion because many arguments move too quickly from "the pregnant person cannot decide" to "someone else may decide that her body will be used." Agency First denies that transition. The authority to conscript the non-consenting body as life-sustaining infrastructure for another does not exist to be assigned. It is not transferred to a parent, judge, guardian, husband, family, hospital, religion, or state.

Even where the law does assign a decisional role over a minor, it has not treated that role as plenary control over the minor's body. In *Bellotti v. Baird*, the Court held that a parental-consent requirement for a minor's abortion must be accompanied by an alternative judicial-bypass procedure, so that a sufficiently mature minor, or one whose best interests so required, could obtain authorization without a parental veto.[12] The doctrine is not Agency First's, and the framework neither adopts the bypass mechanism nor treats the capacity of minors as settled by it. The narrow point the case illustrates is structural: assigning decisional authority to a parent does not automatically hand that parent unconditional authority over the minor's body. The two threads can come apart even within the parent-child relation that most strongly fuses them.

The Two-Thread Principle also clarifies meaningful refusal. Capacity matters for the decisional thread. But the bodily thread is protected against conscription wherever there is a refusal to honor: current refusal, current bodily resistance, prior expressed wish, advance directive, or known conviction. Where there is no capacity, no resistance, and no prior expressed wish either way, silence is not consent. Agency First defaults to non-conscription.

The short rule is:

[12] *Bellotti v. Baird*, 443 U.S. 622, 643–644 (1979).

Prior consent may authorize. Silence may not.

This rule matters in hard cases involving pregnancy and irreversible incapacity. A person may, while capable, direct future treatment. A clear prior wish to continue gestational support after brain death or permanent incapacity may be honored as that person's own agency, not as institutional conscription. But silence cannot be converted into authorization. A proxy may interpret agency; it may not manufacture it.

This is a morally grave area. Agency First does not pretend otherwise. Prior consent can change the structure from compulsion to authorized use, but it does not make posthumous gestation simple. The prior wish must be clear, applicable, non-coerced, medically feasible, bounded, and corrigible.

This structure has a legal echo. In *Cruzan v. Director, Missouri Department of Health*, the Supreme Court recognized that a competent person has a liberty interest in refusing unwanted medical treatment, while permitting a state to require clear and convincing evidence of an incapacitated person's prior wishes before life-sustaining treatment is withdrawn on their behalf.[13] Agency First takes no position on the evidentiary standard *Cruzan* allowed, and the analogy is partial: *Cruzan* concerns withdrawal of treatment from the patient's own body, not the use of a body to sustain another. But it models the move the framework needs. The patient's own prior direction governs; a surrogate interprets that direction rather than supplying authority the patient never gave. That is the difference between honoring agency and manufacturing it.

The Two-Thread Principle also has implications for capacity law and medical ethics. It does not deny that some people lack decisional capacity. Nor does it deny that others may sometimes make medical decisions on their behalf. It denies that incapacity creates a free-standing institutional power to convert a body into life-support infrastructure for another. When capacity is absent, the question is not "who may use the body?" The question is "what evidence of this person's agency, refusal, prior wish, or bodily protection remains?"

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9. Forced Termination and Reproductive Domination

Agency First rejects forced continuation. It also rejects forced termination.

The symmetry is real, but it should be stated carefully. Forced continuation and forced termination are not always wrong in the same mechanical way. Forced continuation often takes the form of bodily conscription: the person is made to continue non-transferable internal physiological support against refusal. Forced termination may involve bodily invasion, consent violation, coercive medical intervention, partner or family coercion, disability discrimination, eugenic pressure, economic abandonment, trafficking, or state population policy. Some

[13] *Cruzan v. Director, Missouri Department of Health*, 497 U.S. 261, 278–280 (1990).

of those wrongs are narrower bodily-conscription wrongs; others are broader reproductive-domination wrongs.

The common wrong is not that both cases fit the same doctrinal subcategory. The common wrong is that another agent or institution commandeers reproductive agency toward an outcome selected by someone else.

A person can be coerced into continuing a pregnancy by law, family, partner, religion, poverty, institutional delay, or criminal threat. A person can also be coerced into terminating a pregnancy by partner pressure, family pressure, employer threat, disability discrimination, eugenic assumption, trafficking, medical pressure, state population policy, or economic abandonment.

Agency First therefore has a narrow keystone and a broader anti-domination frame. The narrow keystone is Bodily Non-Conscription: institutions may not compel non-transferable internal physiological use against meaningful refusal. The broader frame is reproductive non-domination: institutions and private power may not make continuation or termination the product of coercion, foreclosure, abandonment, or imposed reproductive purpose.

This distinction prevents the framework from quietly reimporting a broad autonomy theory while claiming to be narrower. Not every forced-termination case is bodily conscription in the precise sense. But every forced-termination case violates Agency First when it captures the person's reproductive agency and directs the body toward another's objective.

This is why support must be non-coercive in both directions. It is not enough to say "choice" if one of the available paths is made unreal by poverty, pressure, threat, or abandonment. Nor is it enough to say "life" if life is pursued by seizure of a living body. Agency First requires support without coercion.

Support may include truthful information, medical care, safety, transport, privacy, childcare, material resources, perinatal care, grief care, protection from partner or family coercion, and non-punitive alternatives. But support becomes coercion when it is used to delay care, shame refusal, force disclosure, require ideological counseling, impose surveillance, or transfer authority to family, clergy, courts, or institutions.

Support may surround the decision. It may not seize the body.

This is why Agency First has both thin and thick forms. **Thin Agency First** bars bodily conscription. **Thick Agency First** asks what social and institutional supports are necessary for agency to be real rather than merely formal. A person who is legally free to continue a pregnancy but practically forced to terminate by poverty, violence, abandonment, or coercion is not being protected by a thin freedom alone. Likewise, a person legally barred from abortion is not being supported by being forced. Anti-domination requires more than permission and less than command: it requires real conditions under which refusal and continuation are both protected from coercive capture.

10. Developmental Weight and the Late-Stage Firewall

Agency First takes later pregnancy seriously. As pregnancy advances, developmental weight increases. Later pregnancy may create stronger duties of deliberation, medical review, truthful information, delivery planning, perinatal hospice, adoption planning, grief care, and non-coercive support. Viability matters because it changes what may be medically possible for the fetus.

But viability changes possibility, not bodily authority.

A viable fetus may be capable of surviving outside the body under some conditions. That fact can make delivery morally and medically significant where delivery is possible, medically appropriate, and aligned with the pregnant person's aim of ending pregnancy without continued gestation. But it does not make labor, induction, or cesarean neutral. These remain embodied medical events. They are not detachable abstractions.

The Late-Stage Firewall is:

> Developmental weight may guide support, provision, preference, and care. It may not authorize compelled labor, compelled surgery, detention, criminal threat, or forced continuation.

Delivery may be strongly preferred where medically possible and non-coercive. Duty-bearers may provide, facilitate, and resource life-preserving options. But they may not detain the pregnant person, force surgery, impose labor, threaten prosecution, or delay care in order to extract compliance.

The firewall has a close legal analogue. In *In re A.C.*, a trial court authorized a cesarean section on a dying, late-term pregnant woman amid contested evidence about her wishes; the surgery was performed and both she and the fetus died. On en banc review, the District of Columbia Court of Appeals vacated the order and treated the patient's own informed decision, or a substituted judgment grounded in her wishes, as controlling in nearly all cases.[14] The court also relied on bodily-integrity reasoning and cited *McFall v. Shimp* as an example of law's reluctance to compel bodily invasion for another's benefit. *In re A.C.* is not controlling outside its jurisdiction, and Agency First does not rest on it. Its force here is illustrative: it shows how a court confronting a near-maximal forced-treatment case - late pregnancy, fetal viability, life-or-death stakes, and proposed surgery - still treated bodily authority as the limiting concern. The philosophy should survive even if the case is treated only as an analogue.

The hardest case is a late-stage or viable pregnancy where ending pregnancy now and a life-preserving method are said to impose the same bodily burden, while the aim is specifically that the fetus not survive. Earlier versions of the argument treated this as a special equal-burden provision rule. That presentation should

[14] *In re A.C.*, 573 A.2d 1235, 1247–1249, 1252 (D.C. 1990) (en banc).

be rejected. Equal burden is not an exception to the firewall, and it should not be given to institutions as a doctrinal hook for comparing bodies.

The cleaner rule is this:

> There is no separate equal-burden exception. Where no additional bodily burden is imposed and no refusal is overridden, Bodily Non-Conscription is not triggered. Where refusal is overridden or additional bodily burden is imposed, the firewall is violated.

This eliminates the institutional audit. An institution need not and may not inspect the pregnant person's body, rank burdens, and announce that the burdens are close enough to justify proceeding. If the person accepts a life-preserving method that imposes no additional bodily burden, the case does not require an exception. If the person refuses the method, or if the method imposes additional pain, risk, duration, recovery, anesthesia, surgical exposure, future-fertility risk, psychological burden, timing burden, or medical uncertainty, the case is no longer a non-conscription case. It is a proposed override.

This is not evasive. It states the consequence of the keystone. Agency First may permit institutions to offer, resource, recommend, and provide life-preserving options. It does not permit them to manufacture burden-equivalence in order to compel the body.

The sharper hard-case handler is not equal burden but preservability. Where fetal life can be preserved without additional bodily imposition and without overriding refusal, institutions may preserve it. Where no fetal life can actually be preserved, the life-preserving preference is void. A preference that preserves no life is not a preference but compulsion.

Medical facts matter here. Viability and periviability are clinically complex and context-sensitive. Agency First uses medical sources to discipline description, not to hand moral authority to medicine.[15] Medical possibility changes what can be offered. It does not decide what may be forced.

The Late-Stage Firewall also clarifies how Agency First handles moral escalation. The fact that later pregnancy matters more does not mean coercion becomes available. It means the surrounding duties become thicker. The moral task becomes harder, not the body less protected.

11. One Seam and One Firewall

Agency First is not a complete theory of fetal moral status in the abstract. It does not claim to settle every metaphysical question about when personhood begins, what moral status attaches to developing life apart from bodily use, or how fetal existence should be ranked independently of pregnancy.

[15] American College of Obstetricians and Gynecologists and Society for Maternal–Fetal Medicine, "Obstetric Care Consensus No. 6: Periviable Birth," *Obstetrics & Gynecology* 130, no. 4 (October 2017): e187–e199, doi:10.1097/AOG.0000000000002352.

This limitation is not an evasion. It is a boundary.

Agency First says enough to reject fetal erasure: developing life is not nothing. It also says enough to reject bodily conscription: developing life does not own the living body. What it deliberately does not settle is the bare moral weight of developing life once the bodily-use question is set aside.

That is the one seam:

> What does developing life weigh in itself once the question of bodily use is set aside?

Agnosticism on that seam is compatible with confidence on non-conscription. Agency First does not need to decide the final independent weight of developing life in order to decide that such weight, whatever it is, cannot by itself become authority to compel non-transferable internal physiological use. The unresolved metaphysical question remains morally serious; it does not become a warrant for seizure.

The seam appears most sharply in two areas. First, responsibility: does causing a dependent life into existence generate a bodily obligation? Second, aim: when bodily burden is neutral, what weight does fetal existence have against the bare aim that it not survive?

Agency First does not pretend these questions disappear. But it also does not leave the institutional question unresolved. Its answer is the firewall:

> Moral residue may guide support, provision, preference, and care. It may not become institutional authority to override meaningful refusal.

This firewall is the framework's governing rule. It allows developing life to matter without turning moral seriousness into bodily authority. It allows grief, conscience, family, religion, and tradition to matter without letting them rule the living body. It allows policy to support life-preserving options without authorizing forced labor, detention, surgery, criminal threat, or punishment-after.

The framework therefore refuses both forms of false clarity. It refuses the clarity of erasure: "there is nothing here." It also refuses the clarity of domination: "because something matters, the body may be seized." Where Agency First decides, it decides against conscription. Where it cannot honestly decide the remaining metaphysical question, it preserves the tension rather than resolving it by force.

This is not skepticism. It is discipline. A moral remainder is not a warrant for coercion. The existence of unresolved moral residue is exactly why public power must be constrained. When disagreement is deep, embodiment is non-transferable, and error is irreversible, institutions need a limiting principle. Agency First supplies that limit through Bodily Non-Conscription, Responsi-

bility Without Bodily Title, and the firewall between moral seriousness and institutional authority.

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12. Objections and Replies

Objection 1: Agency First ignores the fetus.

It does not. Agency First is built to avoid fetal erasure. It distinguishes developing life from living agency precisely because developing life matters. It accepts that developing life can generate grief, responsibility, support duties, developmental weight, and moral seriousness. What it denies is that moral seriousness becomes title to another person's body.

Objection 2: If the fetus is a person, abortion should be prohibited.

Agency First grants the force of the premise for argument and denies the inference. A right to life is not automatically a right to use another person's internal physiological processes. Personhood may matter profoundly. But personhood does not by itself create enforceable access to another person's body.

This reply is not a trick. Many rights have limits where they would require direct use of another person's body. Even if a person has a claim to rescue, the means of rescue matter. A right to life can justify duties of aid, institutional support, emergency care, and protection from violence. It does not by itself justify compelled organ use, marrow use, blood use, gestational use, or surgical invasion. The personhood objection therefore must add another premise: that fetal personhood, unlike other personhood, includes enforceable access to the pregnant person's body. Agency First denies that added premise.

Objection 3: Pregnancy is different because the pregnant person caused the dependency.

This is the strongest challenge and has been treated directly above. Agency First accepts that responsibility can thicken obligation. It denies that responsibility creates bodily title. The disagreement is not over whether causation matters, but over whether causation authorizes public power to compel non-transferable internal physiological use.

The critic may argue that Agency First treats sex as morally irrelevant. It does not. Voluntary participation in an act that can create dependency may matter to moral evaluation. It may generate duties that would not exist between strangers. It may create obligations to deliberate, disclose, support, prepare, and avoid reckless abandonment. But moral relevance is not the same as enforceable bodily authority.

The critic may also argue that pregnancy is unique because only the pregnant person can provide the necessary support. Agency First accepts the uniqueness

and draws the opposite conclusion. Non-transferability increases the danger of domination. The fact that no substitute exists is not a reason public power may seize the body. It is a reason to be more careful before authorizing coercion.

Objection 4: Consent to sex is consent to pregnancy.

Agency First rejects that equation. Consent has scope. Consent to one act is not consent to every later bodily use associated with a possible consequence of that act. Consent to risk is not the same as consent to continued bodily occupation, medical burden, labor, surgery, or state-enforced gestation.

This does not mean consent to sex is morally irrelevant. It means that consent must be specific enough to authorize the bodily use being claimed. The more internal, continuous, risky, and non-transferable the demanded use is, the stronger the requirement that consent be clear, specific, and continuing. If consent is used to justify compelled gestation, the consent must be to gestational bodily use, not merely to a prior act that made pregnancy possible.

The opponent may reject this and claim that risk-taking carries the consequence. Agency First can acknowledge the disagreement. But the disagreement is not settled by saying "you consented to sex." That statement describes one act. It does not, without further argument, transfer authority over the body through pregnancy.

Objection 5: Abortion is killing, not merely refusing aid.

Agency First should not deny the force of this objection. Some abortions are not easily described as mere omissions. Some methods involve positive medical intervention. A critic may therefore say that even if continued gestational use cannot be compelled, abortion can still be wrong because it intentionally kills rather than merely permits death.

The reply has three parts.

First, the baseline matters. The killing/letting-die objection often pictures the dependent life as already standing independently, after which another agent intervenes to destroy it. Pregnancy is different. Before independent survival is medically possible, fetal existence is not a freestanding condition merely adjacent to the pregnant body. It is a condition continuously sustained by the pregnant person's internal physiology. The relevant baseline is therefore not an independent life plus outside interference. It is ongoing non-transferable bodily use. Ending that use cannot be analyzed as if the body were not already being used.

Second, the act/omission distinction does not by itself answer the institutional question. Even if a particular abortion method is described as an act rather than an omission, it does not follow that public power may require continued gestation. To reach that conclusion, the critic needs an additional premise: that

concern about the manner of fetal death authorizes compelling another person's body as life-sustaining infrastructure. Agency First denies that premise.

Third, Agency First can acknowledge manner-of-death concerns without converting them into bodily authority. After viability, if separation and survival are possible without additional bodily imposition and without overriding refusal, life-preserving separation may be offered, supported, and provided. But if preserving fetal life requires forced labor, forced surgery, detention, criminal threat, medical delay, or imposing a method the person refuses, the manner-concern has crossed the firewall. It has become bodily conscription.

The intending/foreseeing distinction should be handled the same way. A person's bare aim that fetal life not continue may leave moral residue. It may be criticized, grieved, counseled against, or met with life-preserving offers where those offers do not impose the body. But intention to end fetal life does not by itself create institutional title to the body. The state may not answer a wrongful aim, or an aim it judges wrongful, by making the living body compulsory infrastructure.

Thus Agency First does not have to prove that every abortion is merely letting die. Its claim is narrower and stronger: whatever remains of the killing/letting-die dispute, that dispute cannot be solved by forcing continued non-transferable internal physiological use against meaningful refusal.

A critic might say that this does not require the state to compel continued gestation; it only permits the state to restrict methods aimed at fetal death. Agency First can accept the distinction in principle while denying that it settles the case. When a method restriction leaves a person with a real, timely, and bodily available path to end gestational use, the bodily-conscription objection is not triggered in the same way. But when the restriction forecloses the only available path, requires continued gestational use, or forces labor, surgery, delay, or additional bodily risk against refusal, the restriction has crossed the firewall. It has become conscription by method-control rather than by direct command.

Objection 6: Late pregnancy is different.

Yes. Agency First agrees. Later pregnancy carries increased developmental weight and may justify stronger duties of support, review, provision, truthful information, delivery planning, and care. What it does not justify is compelled labor, compelled surgery, detention, criminal threat, or seizure of the body. Viability changes what may be possible. It does not change what may be forced.

A critic may say that this is too permissive. If the fetus is viable, why should the pregnant person's refusal control? Agency First's answer is that viability does not remove the body from the event. Ending pregnancy late may involve induction, labor, surgery, medical risk, pain, recovery, and long-term consequences. If life-preserving separation can occur without additional bodily burden and without overriding refusal, institutions may provide it. If preserving fetal life

requires additional bodily burden or override of refusal, the body remains protected.

This is not a separate equal-burden exception. It is the keystone applied to late pregnancy. Where no bodily conflict exists, no exception is needed. Where bodily conflict exists, developmental weight may thicken duties of support and care, but it does not authorize forced labor, forced surgery, detention, criminal threat, or punishment-after.

Objection 7: The framework is just bodily autonomy under another name.

Agency First is related to bodily autonomy, but it is not simply autonomy renamed.

It is narrower in one respect. It does not claim that every bodily preference defeats every law. It targets a specific structure: non-transferable internal physiological use as life-sustaining infrastructure for another against meaningful refusal. Its distinctive focus is bodily conscription, not autonomy in every possible sense.

It is broader in another respect. It is not only about individual choice. It is about domination, public power, support, capacity, coercion, and the conditions under which choices are made real. Agency First does not stop at "let the individual decide." It asks whether the surrounding system makes agency meaningful or hollow.

The worry is that this broader part simply imports a thick autonomy theory through the phrase "meaningful refusal." That worry is fair. Meaningful refusal does carry normative load. It is not a neutral box-checking device. But the load is principled rather than ad hoc because the same standard operates in both directions. A refusal to continue can be hollowed out by criminal threat, delay, surveillance, or institutional closure of care. A refusal to terminate can be hollowed out by partner coercion, family coercion, poverty, disability discrimination, abandonment, trafficking, or medical pressure. The framework does not ask whether the person chose the outcome Agency First prefers. It asks whether either path has been made compulsory while being described as choice.

That is why Agency First is best understood as an anti-domination theory with a narrow bodily keystone. Thin Agency First bars compelled non-transferable internal physiological use. Thick Agency First asks whether the social field makes refusal and continuation real rather than captured. The thick form is compatible with relational autonomy, but its governing concern is not self-authorship in general. It is whether public or private power has turned reproductive agency into compliance with another's objective.

Objection 8: The framework is anti-family or anti-religion.

No. Family, religion, conscience, tradition, memory, and grief may matter deeply. They may guide voluntary practice, moral teaching, community care, and support. They do not automatically authorize public or institutional control over another living person's body.

Agency First distinguishes moral orientation from institutional authority. A person may choose to carry a pregnancy because of religion, family, ancestry, duty, or love. A community may support that choice. What cannot follow is that those meanings become power to compel another person's body.

Objection 9: The framework would permit abandonment.

No. Agency First has a thick form. Thin Agency First bars bodily coercion. Thick Agency First requires the material and institutional conditions that make agency real: access, safety, truthful information, medical care, privacy, transport, childcare, and protection from coercion. What it rejects is not support but coercive support: help used as leverage, surveillance, delay, or permission-gating.

The charge of abandonment is important because some autonomy arguments stop too early. Agency First should not. If the only protected thing is formal refusal, then many people remain dominated by poverty, violence, institutional neglect, and lack of care. A thick anti-domination framework must oppose both forced continuation and coerced termination.

Objection 10: The framework cannot handle incapacity.

The Two-Thread Principle is designed for incapacity. Decisional authority and bodily authority are distinct. A proxy may interpret care, but may not create authority to conscript the body. Prior consent may authorize future bodily use where clear and applicable. Prior refusal must be honored. Silence does not become consent.

Incapacity does not make a body ownerless. It may require others to interpret the person's medical interests, prior wishes, and welfare. But interpretation is not manufacture. Where there is no clear prior authorization, the default is non-conscription.

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13. Conclusion

Agency First offers a framework for moral seriousness without bodily domination. It recognizes developing life without treating it as nothing. It protects living bodily agency without pretending every case is simple. It requires support without turning support into control. It allows grief, conscience, family,

religion, tradition, and public concern to matter without allowing them to rule the body.

The central contribution is Bodily Non-Conscription, strengthened by Responsibility Without Bodily Title. Pregnancy involves a distinctive form of non-transferable internal physiological dependency. That dependency may generate moral seriousness and duties of support. Causal responsibility may deepen those duties. Future value may intensify them. Later development may change their weight. But none of these converts the living body into public infrastructure.

The framework therefore holds two truths together: developing life matters, and the living person is not a vessel. Moral residue may guide support, provision, preference, and care. It may not become institutional authority to override meaningful refusal.

Agency First does not end moral disagreement. It disciplines public power under conditions of disagreement. Where dependency is morally serious, embodiment is non-transferable, and coercion would be irreversible, the burden is not to make the body available. The burden is to support life, care, and agency without conscription.

References

Mackenzie, Catriona, and Natalie Stoljar, eds. *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*. New York: Oxford University Press, 2000.

McDonagh, Eileen L. *Breaking the Abortion Deadlock: From Choice to Consent*. New York: Oxford University Press, 1996.

Little, Margaret Olivia. "Abortion, Intimacy, and the Duty to Gestate." *Ethical Theory and Moral Practice* 2, no. 3 (1999): 295–312. doi:10.1023/A:1009955129773.

Pettit, Philip. *Republicanism: A Theory of Freedom and Government*. Oxford: Oxford University Press, 1997.

Ross, Loretta J., and Rickie Solinger. *Reproductive Justice: An Introduction*. Oakland: University of California Press, 2017.

SisterSong. "Reproductive Justice." Accessed June 8, 2026.

American College of Obstetricians and Gynecologists and Society for Maternal–Fetal Medicine. "Obstetric Care Consensus No. 6: Periviable Birth." *Obstetrics & Gynecology* 130, no. 4 (October 2017): e187–e199. doi:10.1097/AOG.0000000000002352.

Bellotti v. Baird, 443 U.S. 622 (1979).

Cruzan v. Director, Missouri Department of Health, 497 U.S. 261 (1990).

Harris v. McRae, 448 U.S. 297 (1980).

In re A.C., 573 A.2d 1235 (D.C. 1990).

Maher v. Roe, 432 U.S. 464 (1977).

Marquis, Don. "Why Abortion Is Immoral." *The Journal of Philosophy* 86, no. 4 (1989): 183–202. doi:10.2307/2026961.

McFall v. Shimp, 10 Pa. D. & C.3d 90 (Pa. Ct. Com. Pl. Allegheny Cnty. 1978).

Thomson, Judith Jarvis. "A Defense of Abortion." *Philosophy & Public Affairs* 1, no. 1 (1971): 47–66.