

ethics

prenatal testing debate pt2.



rev kevin mcgovern - director, caroline chisholm centre for health ethics

If the Australian bishops were to release a statement about prenatal screening and testing, should that statement instruct Catholic couples, Catholic obstetricians and Catholic hospitals not to do nuchal translucency screening (NTS), chorionic villus sampling (CVS) and amniocentesis?

This is the topic that Fr Gerry Gleeson and I debated at the seventh annual Colloquium of the Australian Association of Catholic Bioethicists in January this year.

The concern at the heart of this debate is abortion. NTS might reveal an increased chance of Down syndrome or other conditions. If CVS or amniocentesis confirms this diagnosis, we know that over 90% of people terminate the pregnancy. The debate therefore is whether we could reduce the number of abortions by forbidding these procedures.

Another concern is the small risk of miscarriage with amniocentesis and the slightly greater risk with CVS. Should these procedures be forbidden because of these risks? There are at least four reasons why NTS, CVS and amniocentesis should not be forbidden.

Firstly, these procedures are nowadays part of the normal process of antenatal care to safeguard the life and health of the mother and baby. Because we cannot observe a child in the womb directly, throughout the pregnancy a variety of tests and procedures are used to gain as much information as we can. None of these tests are perfect, but what is missed in one procedure might be found in another. All this information is needed to provide the best possible antenatal care. Should a paediatric cardiologist or another specialist be present during one of the ultrasound scans to

assess the unborn child? Should there be consideration of surgery in utero before the child is born? Should the mother be counselled to seek immediate medical help if certain symptoms develop? Should the birth be brought forward a few weeks for medical reasons? In some cases where the unborn child has a life-limiting condition, should perinatal palliative care be offered to the child and family? Should the birth be at the local hospital or a major tertiary facility? Should specialist surgeons be on stand-by during the birth?

These and other decisions are informed by the information gathered through the various tests and procedures throughout the pregnancy. The best possible antenatal care could not be provided if NTS, CVS and amniocentesis were forbidden. The relatively small risks in some of these procedures are in many cases well and truly justified by this improved antenatal care which safeguards the life and health of the mother and child.

The second reason why these procedures should not be forbidden is related to the first. If an obstetrician or hospital did not perform these procedures, they might in many cases have provided substandard care. They could face litigation—they might even be forbidden to practice.

If the Church imposed such a ban, Catholic obstetricians and Catholic hospitals could continue to offer birthing services, but they could no longer provide comprehensive antenatal care. This would be a great loss. Because of our commitment to life, healthcare professionals at Catholic hospitals often continue to care for pregnancies which might be terminated elsewhere. Many children in Australian are alive today because of Catholic hospitals, and many

McGovern, Kevin. "Prenatal Testing Debate, Part 2." *Health Matters* 57 (Autumn 2011): 34-35. *Health Matters* is published by Catholic Health Australia.

“There are at least four reasons why (prenatal testing) should not be forbidden.”

families are deeply grateful to Catholic hospitals and their dedicated staff for the care that they and their children received during a difficult pregnancy. All this could be lost if the Church imposed a ban on NTS, CVS and amniocentesis.

A third reason why these procedures should not be forbidden is that this is not the official teaching of the Catholic Church. The Church considers prenatal testing in at least three official documents.

The first is Section 1.2 of the Congregation for the Doctrine of the Faith's 1987 *Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation (Donum Vitae)*. The second is #59-61 of the Pontifical Council for Health Pastoral Care's 1995 *Charter for Health Care Workers*. The third is #14 & 63 of Pope John Paul II's 1995 encyclical *The Gospel of Life (Evangelium Vitae)*.

These documents insist that prenatal testing would be morally wrong if it were done for the purpose of aborting a child with disabilities. They caution that such testing must not involve disproportionate risk. However, they accept prenatal testing as part of antenatal care—or even to help parents prepare for a child with disability. Thus, John Paul stated, “*When they do not involve disproportionate risks for the child and the mother, and are meant to make possible early therapy or even to favour a serene and informed acceptance of the child not yet born, these techniques are morally licit.*”

Or again, the Pontifical Council for Health Pastoral Care stated, “*The objectives of prenatal diagnosis warranting their request and practice should always be of benefit to*

the child and the mother; their purpose is to make possible therapeutic interventions, to bring assurance and peace to pregnant women who are anxious lest the fetus be deformed and are tempted to have an abortion, to prepare, if the prognosis is an unhappy one, for the welcome of a handicapped child.”

A final reason why NTS, CVS and amniocentesis should not be banned is that the real issue is not these procedures but all-too-common attitudes in Australia towards disability and people with disability. Too many people wrongly assume that the lives of people with disability are not worth living. Too many people wrongly fear that their own lives will be destroyed if they have to care for a disabled child.

The Church should indeed be concerned about the termination of so many lives yet unborn simply because of disability. However, an adequate response involves at least two things. Firstly, we must continue to challenge common prejudices and fears about people with disability. We must help all people to recognise that people with disability can truly be both a gift and a blessing. And secondly, we must continue to support services for people with disability and their families and carers. Much is already done by the Church, community groups and governments, but much still remains to be done.

Rather than a ban on NTS, CVS and amniocentesis, a much better way forward is to focus on issues around disability. The real problem is not prenatal testing but rather common and harmful attitudes towards disability and towards people with disability.