Prenatal Diagnosis and Counseling

Prenatal Diagnosis and the counseling that goes with it are fraught with ethical challenges. It is one of the areas of medicine where the Catholic and pro-life perspectives sharply contrast with the approach of many secular institutions and health workers. A lack of good ethical practice in this area is evidenced by the extraordinarily high rates of abortion when preborn children test positive for Trisomy 21 or Down Syndrome.

Directive 50 of the Ethical and Religious Directives for Catholic Health Care Services (ERDs) makes it quite clear that it is not acceptable to do prenatal diagnosis with the intention of aborting children discovered to have health problems. It can be ethical, however, to do these tests under certain conditions. ERD 50 points out that the diagnostic procedure should not threaten the life or physical integrity of the unborn child or mother and be done with the purpose of seeking "information to guide preventative care for the mother or pre- or postnatal care for the child." Free and informed consent, the fundamental basis for any ethical medical intervention, is necessary before any such tests are done.

Unfortunately, problems with free and informed consent surround prenatal testing. Some have been subjected to prenatal testing without giving explicit permission or even realizing it was going to be done. Recently implemented non-invasive screening tests that are performed on the mother's blood have very high percentages of false positives for fetal genetic conditions. Many parents, devastated by the news their child has a genetic problem, are not even aware of the likelihood of inaccurate results from the screening tests. This leads to tremendous unnecessary anguish and even the aborting of healthy children. It is essential that

accurate scientific information, from much more reliable diagnostic tests for example, as well as compassionate counseling be a part of the prenatal diagnosis process.

Providing emotional and spiritual support for parents who receive a diagnosis that their preborn babies have health problems is something that Be Not Afraid does very well. The National Catholic Bioethics Center (NCBC) has collaborated with them in this important work that includes, at times, being present at births. I have cousins who had the joy, mixed with great sorrow, of delivering a child they knew would not live long. They were able to baptize and hold that precious baby for a short time, but they had to fight persistent attempts to pressure them into having an abortion from the moment their child's health condition was discovered. Compassionate care following a miscarriage or the death of a child after birth and training health professionals in this kind of care is also the work of Life Perspectives. Our NCBC ethicist, Dr. DiAnn Ecret, assists both Be Not Afraid and Life Perspectives.

What makes the ethical challenges of prenatal diagnosis so terrible in many instances is the inadequate counseling people receive before and afterwards, and the tendency of doctors to propose abortion as the solution when fetal anomalies are detected. I remember from my doctoral studies seeing good counseling that provided all the scientific facts involved in a poor prenatal diagnosis but emphasized what could be done medically for the child. It also included an introduction to the caring groups available to help parents carrying a heavy burden of fear and sorrow after they learn their child is sick or may die. There are many tragic stories, on the other hand, of health care workers proposing abortion immediately after telling a mother the shocking news that her baby had a genetic anomaly. Placing any kind of pressure to kill a sick

preborn baby shows a horrendous lack of respect for vulnerable persons, both the parents and the child.

Some take the view that prenatal testing is never a good choice. There is certainly no moral obligation to do it, and mothers should not be coerced into undergoing prenatal diagnosis against their wishes. On the other hand, worried parents who want peace of mind or to prepare medical help if their child is sick, can certainly ethically choose to do it if they utterly reject abortion. With the modern rapid development of medical technology and new procedures, there are a growing number of therapies and treatments for health conditions affecting preborn children. It is understandable, however, given the close link in practice between a bad prenatal diagnosis and abortion, that many people see the two as connected when they do not need to be.

Science and medicine have been used by the culture of death in appalling ways in some approaches to prenatal diagnosis. The "identify and eliminate" attitude of many who advocate testing for birth defects is the opposite of the Christian approach of trying to find out what is wrong and then striving to heal and to care. It should be the mission of ethicists and health care professionals to witness to a distinctive vision of the dignity of the human person. Christ-centered care refuses to see a human being with handicaps or even a fatal condition as worthless or a problem to be eliminated.

One of my most vivid memories from attending procedures in Rome's Gemelli teaching hospital was watching Professor Pino Noia do an ultrasound-guided blood transfusion into the umbilical cord of a preborn child. The baby had been diagnosed *in utero* with anemia that almost certainly would have proven fatal without medical intervention. There was a risk of

miscarriage from inserting a needle into the womb, but this danger was outweighed by the threat to the child's life if his medical condition went untreated during the pregnancy. Here was a case of prenatal diagnosis and an effective medical response at the service of life, one that rightfully treated the baby as a patient.