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Guest Editorial: March of Dimes

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Guest Editorial



March of Dimes

There is no need to tell Catholic physicians that the end never justifies the means. To have fewer babies affected by Down's syndrome is highly commendable. However, to achieve that goal by searching for and identifying such babies by amniocentesis at 16 to 18 weeks pregnancy so that they can be "salted out" four to six weeks later is reprehensible.

In a court of law, an individual or an organization is tried not for the good it has done — that is irrelevant — but only for the bad.

The question today is whether the March of Dimes should be condemned by pro-life people for funding amniocentesis in the middle three months of pregnancy.

Since there are no genetic diseases known to medical science which are treatable in the mid-trimester, the only reason for doing this is to identify the baby that may be handicapped. March of Dimes does not encourage abortion nor does it encourage the parents to keep the child. The parents are notified that their baby is not normal. It is almost inevitable that their baby will then be destroyed.

Amniocentesis is a procedure in which a doctor inserts a hollow needle into a woman's abdomen and withdraws fluid surrounding her unborn baby. More than 100 birth defects, including Down's syndrome and sickle cell anemia, can now be detected. Of course all these defects cannot be detected from one sample of fluid. The doctor must tell the laboratory what defect he is seeking.

Since 1968, March of Dimes has strongly advocated amniocentesis. According to its own brochure, in one group of 65 women who were told in 1975 that their test was positive, 63 chose abortion.

The March of Dimes is the 20th century Pontius Pilate. It washes its hands of the abortions which follow. It sponsors a program which is strictly "search and identify." It does not treat the defect, it only identifies the defective child.

No woman can ever be assured that she has a healthy baby. Congenital heart disease, cleft lip, cleft palate, limb deformities and many cases of mental retardation cannot be detected by amniocentesis. We all have six to eight lethal genes in our genetic code.

In the United States, over 20,000 women now have amniocentesis each year at an average cost of over \$500. That adds up to a \$10 million program. Down's syndrome occurs in one or two of every thousand babies who are born.

Dr. Hymie Gordon is chairman of the department of medical genetics at Mayo Clinic. He says: "The procedure must be done between the 16th and the 18th week of pregnancy. At this time, the uterus is quite small, the volume of amniotic fluid is small, and much of the space inside the uterus is occupied by the baby's head. Even with the help of ultrasound, accidents have happened. A conservative estimate is that there is a 2% risk of either damaging the baby, tearing the uterus, introducing an infection, or precipitating a miscarriage.

"Even if the procedure itself does no harm, it is not always successful. Quite often it is not possible to obtain an adequate specimen of fluid, either because the volume is insufficient or it has been contaminated with blood from the mother. There is a risk of at least 5% that an adequate specimen will not be obtained and then the procedure, with its risks, must be repeated.

"Even if an adequate specimen is obtained and sent to the laboratory, there is a substantial risk that the cells will not grow. The cells in the amniotic fluid are the decaying cells from the baby's skin which simply have washed off. They are not healthy growing cells. Accordingly, there is a substantial risk —10% at minimum — that the cells will not grow.

"Finally, errors in laboratory diagnosis are made. Because the cells are not 'healthy,' they often have secondary changes in them (such as mosaicism), making it difficult to be certain whether there truly is an abnormality in the baby. Some such errors have been reported, including mistakes even in determining the baby's sex. I have little doubt that many other errors have gone unreported.

"Thus, adding up the risk of the procedure itself, the probability of not getting an adequate fluid specimen, the failure of the cells to grow, and the possibility of a laboratory error, I estimate that there is at least a 15% probability that the procedure will be harmful or unreliable. This must be contrasted with the risks of birth defects in the

babies who are being studied. If a woman is 40 years old, there is a risk of 1% that her baby might have the Down's syndrome; in other words, there is a 99% probability that the baby will not have Down's syndrome. If a woman has had a baby with Down's syndrome (trisomy 21), there is a risk of not greater than 1% that she will have another baby with the Down's syndrome; in other words, the probability is 99% that she will not have another baby with the Down's syndrome. These are the two most frequent chromosomal indications for amniocentesis. In my experience of many dozens of such cases, the smallness of the risk is seldom explained. It is my experience — with, at most, two exceptions during the past five years — that when these indications and disadvantages of amniocentesis are explained correctly to the mother and father they elect not to have the amniocentesis."

The Right to Life viewpoint is very clear. There is no legitimate medical reason to do an amniocentesis test in the middle three months of pregnancy, as at this time there are no curable illnesses which can be discovered in the babies. The only purpose for doing amniocentesis in those middle three months is to seek out and identify babies who have handicaps. The almost inevitable result, as seen above, is the killing of those babies.

The national Right to Life Committee has repeatedly asked the March of Dimes to give to couples who have had such handicapped babies diagnosed, a book explaining the development of the baby in the womb, the good things about a child with these handicaps, and the availability of community resources to help parents who bear such children. The national March of Dimes has flatly refused to cooperate with national Right to Life in producing this book and has refused to give such information to parents whose children are so identified. It is for this reason that Right to Life several years ago announced a national boycott of the March of Dimes. It is for this reason that the boycott continues. Our generation is responsible for making life safer for human beings to survive in outer space. Unfortunately, we are also responsible for the fact that so called "scientific progress" has made it more difficult for a human being to survive in inner space.

— John J. Brennan, M.D.
