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[Book Review] *Prenatal Diagnosis: Confronting the Ethical Issues*, by Angeta Sutton

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The Medical Applications of Natural Family Planning

***by Thomas W. Hilgers, M.D.,
Pope Paul VI Institute for the Study of Human Reproduction.***

Dr. Tom Hilgers is one of the most outstanding Catholic physicians in the United States. He is director of the Pope Paul VI Institute for the Study of Human Reproduction, in Omaha, Nebraska. This book is published by the Pope Paul VI Institute Press.

The Creighton Model Natural Family Planning System is described with its own specialized vocabulary and terminology. This is an innovative evaluation of the endocrinology of the menstrual cycle with a physiological understanding of the effects of stress and the premenstrual syndrome. He gives the indications and reasons for the use of progesterone support in the menstrual cycle and in pregnancy.

Dr. Hilgers treats fertility as a normal healthy process. Couples participating are trying to achieve or avoid pregnancy. Charting is based upon the fundamentals used in the ovulation method of Drs. John and Lyn Billings of Melbourne, Australia.

Every Catholic physician should be familiar with the basics of charting the menstrual cycle because he or she is likely to be chosen as medical consultant when a problem arises. The chapter on evaluation of infertility and miscarriage is particularly important for every doctor who provides care for women. The following chapter on treatment of infertility is also excellent.

Progesterone therapy presents a problem. First of all, it is controversial. Many of us send severe PMT cases to psychiatrists for help. Progesterone is not absorbed orally. It is given as vaginal suppository or capsule or by intramuscular injection. Most critical is the timing of progesterone support. Dr. Hilgers obtains microcrystalline progesterone powder from Paddocks Laboratory in Minneapolis. Local pharmacists make special capsules for vaginal insertion. Dr. Hilgers teaches husbands to give progesterone injections to their wives when they are indicated. A scientific controlled study is certainly needed.

What will the future bring? Dr. Hilgers speculates about that. Much depends upon how governments of the world recognize marriage and family as the basic unit of society. Dr. Hilgers says that the "ovulation method is the gold standard for natural family planning." His book has been written so that physicians can become more interested and involved in the treatment of patients who require their support. "Those who use NFP can fulfill their dream of an ecologically balanced procreative and sexual life."

Every Catholic physician should read this book.

— John J. Brennan, M.D.

Prenatal Diagnosis: Confronting the Ethical Issues

by Angeta Sutton

London: The Linacre Centre, 1990. 226 pp. £ 10.95.

Prenatal diagnosis has now become a routine part of obstetrical practice in most Western countries. Yet it is by no means the sort of morally neutral diagnostic tool it is sometimes made out

to be. Books like this one, which confront the ethical issues involved, are therefore to be welcomed.

Angeta Sutton correctly notes the close connection between prenatal diagnosis and abortion. For while some prenatal diagnostic techniques detect conditions which are treatable, they are very commonly used to detect fetal abnormalities with a view to aborting the fetus if it proves defective. She, therefore, devotes considerable space to abortion, and treats prenatal diagnosis against that background, condemning any tests undertaken without a genuinely therapeutic purpose. In other words, if the condition being tested for cannot be treated in utero, and if the test is not of use in determining the best time for delivery or what neonatal care will be necessary (in the case of problem pregnancies), then the test should not be performed. And in cases where the aim of testing is therapeutic, the potential benefits to the child itself of prenatal diagnosis concerning its state of health must outweigh the risks to which the child would be exposed by the diagnostic procedure in question.

The book is aimed at professional readers, such as medical practitioners, midwives, counsellors or clergy, and at philosophers or lawyers interested in the issue. It is well researched, informative, well argued, and generally written in a manner which is easy to follow, although the style is rather plodding and occasionally repetitive.

The book is divided into two sections: one largely factual and one more normative, although the two are not separated sharply. The factual part includes a description of diagnosable fetal disorders and the techniques currently used to detect them, a chapter distinguishing between treatable and non-treatable conditions, one on eugenics and one on the present state of the law relating to prenatal diagnosis, including the philosophically interesting issue of "wrongful birth" and "wrongful life" suits. The chapters on the disorders which can be diagnosed and how it is done are very informative, although a bit technical. However, the general reader could profit from a more adequate explanation of the nature and severity of each of the disorders she discusses.

The chapter entitled "Eugenics and current attitudes to prenatal diagnosis" and the following one on legal considerations are geared very much to the situation in Britain, so that non-British readers may not find them of interest. She does, however, make one very important point in her chapter on eugenics — namely that the prevalence of prenatal testing may lead to less tolerance of already born disabled persons and hostility toward parents who choose not to abort affected fetuses. Our practices regarding prenatal diagnosis cannot, I think, be separated from our attitudes toward the handicapped. Consider, for example, the (true) story of the medical school professor who, while taking his class through a medical facility, pointed to a ten-year-old girl who, although severely handicapped was perfectly capable of understanding him, and said "Nowadays a child like that would be aborted."

The second part of the book begins with an extended discussion of abortion. First she examines the Catholic Church's position on the issue, arguing that its present position has been consistently held throughout its history and refuting the arguments of those who have tried to deny this. She then discusses the issue more philosophically, treating the issue of personhood in one chapter and social or quality of life arguments for abortion in the next. She then returns to prenatal diagnostic procedures, and articulates her own position on when they are justifiable.

Her discussion of the Catholic tradition would be useful for Catholics who are confused about what the Church's position is and has been. The chapter on personhood is generally philosophically competent, although it goes rather too quickly over some hair-raisingly difficult issues like twinning and anencephaly, and brings in the term "nature" without enough explanation, mentioning in defense of it (in a footnote) some very difficult works by Kripke, Putnam, A. Rorty and Wiggins, but failing to explain how they support her use of the term "nature." Her critique of the social, eugenic and quality-of-life arguments for abortion is good, although it tends to fall back on theology too much, and her criticism of "wrongful life" suits is particularly illuminating.

Her own conclusions about prenatal testing generally flow smoothly from what went before. One might wish she would be clearer about the mother's right to equal consideration in terms of risks run, and this defect generally pervades her book. In reacting against an overly mother-centered understanding of the ethical issues involved and (rightly) bringing in the rights of the fetus, she tends to focus almost exclusively on the fetus, and I think her argument could only be strengthened by bringing in the mother's perspective more. And she goes too far, I believe, in saying that "in cases of a procedure exposing a child to non-negligible risks, the probability that the child is suffering from

the suspected condition must be very significantly higher than the probability that it is not." It is hard to specify just what the probability should be in order to justify a "non-negligible" risk (whatever that is), but if the condition is a serious one and is treatable, it does not seem necessary that the probability be even as high as 50%.

The book concludes with two chapters directed predominantly at medical personnel and counsellors. Her discussion of informed consent is excellent and shows real sensitivity to the emotional dynamics of medical counselling situations and the subtle ways women are manipulated and/or intimidated in them. Tests are routinely given (in the U.S. at least) without informing the mother of what is being tested for and what could be done should the test prove positive, and this sort of medical paternalism is highly improper. The final chapter concerns the role of mid-wives, and she argues that if they are opposed to abortion, they ought not to participate in administering any prenatal tests which are performed with the intent to abort the fetus if it is affected.

This book would be most valuable for British health professionals, counsellors, clergy, etc., who have a generally Christian orientation but are muddled about how to apply it to the issues involved in prenatal diagnosis. Most of the material would be of interest to anyone working in this area, but it is not a book which is likely to convert those without Christian, or at least strong natural law, leanings. For example, in her discussion of eugenic arguments, she says "They are at variance with the principles of natural justice and the Christian vision of man. They leave no room for the rights of others or for the virtue of charity." (p. 126) True enough, perhaps, but not likely to win over really serious opponents.

In dealing with the moral issues involved in prenatal diagnosis, it is necessary to insist both on the rights of the unborn, and on the special needs of the parents of such children. Sutton does the first admirably, but says very little about society's obligation to provide special assistance to parents. Just as the pro-life movement in general has moved beyond just talking about the rights of the fetus to trying to respond to the needs of the woman with an unwanted pregnancy, so also those concerned with abortion of the handicapped ought to be pushing for social changes to ease the heavy burden now placed on their parents as a result of the highly individualistic and competitive character of our society. Her failure to pay sufficient attention to these broader social issues sometimes causes her to be overly hard on parents who are tempted to abort their disabled children. Even those who bring wrongful birth suits, at least in the U.S. where social services are so inadequate, may well be doing so in a desperate attempt to get money to help defray their expenses under the advice of their lawyer, and not in fact regard their children as commodities.

Perhaps the British handle the problem of caring for the handicapped better than we Americans do, but I, for one, would like to see her say more about the need for more adequate social services. A good welfare system, of course, will not put an end to human selfishness or eliminate temptations, and laws protecting the unborn will still be necessary, but our public policy ought to reflect our commitment to the value of human life by providing support services for those who care for the young, the infirm, and the handicapped.

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