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Doctors, Culture and Genetic Counselling

by

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As the science of the new genetics discovers more about genetic diseases as well as our ability to prevent various genetic disorders which could eventually come about (e.g., Alzheimer's Disease), this poses many questions of conscience for Catholic Christians as well as for others who believe that abortion is per se an evil.

Our knowledge of genetics increases every day as does our ability to predict genetic disorders by examination of cells from the forming fetus while yet in the womb (Amniocentesis as well as more developed methods of determining and predicting fetal deformation).

Such knowledge, however, has outstripped our ability to cure these diseases. For many genetic diseases (i.e. Ty Sacks) the only "remedy" is abortion. This poses very difficult ethical questions both for doctors who are Catholics and for others who have moral qualms about abortion as well as for the couple themselves.

The question of the new genetics goes even further than just a determination of genetic diseases. Already, abortions are performed because the fetus is of the wrong sex or because it does not resemble the parents by not being normal (e.g. dwarf). This last is gross in that the fetus is killed because it is normal!

In other words, in a pagan American culture, there is a demand for designer babies without even the smallest blemish or defect. A child may be aborted because it has a minor deformity of Spina Bifida which requires only minimum medical intervention. We have already begun the new genetics by eliminating the defective

while it is in the womb, i.e.. via abortion. No matter how minor the defect.

These tragedies of the abortion culture in a paganized view of human life present the Catholic practitioner with particular difficulties, both legal and moral:

1) The law in many jurisdictions requires that the doctor inform the patient of the different processes for discovering genetic diseases and what medical procedures, if any, are available for these discoverable diseases. Some deformities are clearly observable by ultrasound imaging. But most prognostications are discernible only by examination of fetal cells cast off into the amniotic fluid. Even if the patient refuses to be so examined, she should be encouraged to take a genetic examination because there is a psychological preparation if the condition is known beforehand and that, in certain cases, fetal surgery is available. But the patient must be fully informed of all these possibilities if she desires to take such genetic examinations, including abortions.

2) Once taken, the doctor has a legal obligation to fully inform the patient of the availability of abortion in the case of discoverable deformities for which there is no present therapy, as well as of genetic counselling by experts. The doctor need not perform these himself but he must be able to refer his patient to a doctor who can perform such services. If this minimal information is not provided, a malpractice suit could be filed as a lack of informed consent-right to know cause of action.

3) The doctor or his/her staff may do genetic counselling which may consist in both ethical as well as medical information. But it should always be remembered that the availability of abortion must be mentioned and a reference to a doctor who can perform such services must be part of the counselling service. This is difficult for a believing doctor to do so that genetic counselling should probably be referred out. This counselling becomes particularly difficult in cases where there is sex preference, minor abnormalities, or long term future possibility of a genetic disease. This is tragic because in the interim, procedures could be developed which might alleviate or cure the disease. But this is speculation and should be presented as such, not as fact. Such counselling should include established therapies, reasonable prognosis for the future, costs, effects on

family life and the relationship between the spouses, effect on other children, particularly the possibility of deformation on future children, aid from government and volunteer organizations. The doctor or genetic counsellor should be well acquainted with all these facts, medical, psychological and economic, if genetic counselling is undertaken. Literature on all these genetic diseases should also be available and given to the couple after the explanations. The couple's questions should be answered fully and truthfully. If asked, the doctor may tell them why he does not perform abortions, sterilizations or birth control fittings, etc. But each of these areas must be explained and sources of availability given to the couple where they can go for these services. I would also recommend consultation with their clergy or rabbi, if the couple is religious. A rolodex file on such ministers expert in the area of genetics and bioethics should be available to the couple if they so request after they are made known of its availability.

If genetic counselling is undertaken by the doctor, he/she should have a check list of information to be explained to the patient and then have the patient sign it signifying that she understood the information imparted.

4) Our paganized culture has made all these options and procedures not only readily available (abortion, sterilization, forms of birth control) but simply takes it for granted that couples will use them. It is almost a matter of American common sense to use them and reluctance in this area strikes many as quaint, not to say a form of religious fanaticism. That is why the law requires full disclosure of these procedures to the patient and threatens with malpractice any doctor who does not fully disclose them. The culture and following it, the law, has become purely pagan in its view of unborn human life which gives the unborn little or no protection. In fact, the law punishes those who object through more than simple oral or written protestations. Any refusal to reveal the existence of the paganized view of unborn human life in abortion is now treated as a tort in law which can have grave consequences for the practice and professional future of the doctor. He/she must be extremely careful in this area.

Even more serious, the American College of Obstetrics has suggested that all medical schools teach doctors about abortion procedures as a mandatory course of study, even for those who are

conscientiously opposed to abortion. This seems natural to this professional organization since the whole culture has accepted abortion not only as moral ("right") but as a normal medical procedure which all doctors should be equipped to handle. Moral blindness has gone so far as to mandate death-giving procedures.

In effect, in most genetic counselling what looks like full disclosure and the patient's right to know, is a gentle way of letting her know that abortion-sterilization is available if she wants to take that course of action for the unborn child. Not always, of course, since there are available some therapies for some genetic diseases – and more will become available with new research in the field. But for the most part, genetic counselling is a dimension of our paganized view of unborn human life in soft terms. Since law (e.g. *Roe v. Wade*) really becomes morality for most Americans, most of them – including, sorrowfully, many Catholics – believe that abortion of defective fetuses is a natural and rightful practice. This statement is made even by pro-life legislators. The doctor and/or genetic counsellor can have some effect on the patient but he/she should be sanguine in his expectations and careful in abiding by his *legal* obligation of full disclosure as outlined *supra*.

All this may seem discouraging for the Catholic practitioner. Society's attitude toward unborn human life is at the core of this culture's corruption which has already begun to seep into almost every aspect of the medical profession, e.g. euthanasia. Doctors will more and more be viewed not only as healers but as heralds of death. It is therefore imperative that we have believing doctors who will act as beacons of life, hope and healing until, *perhaps*, our culture begins to realize this disaster which abortion has brought and wrought. He or she becomes the martyr or witness proclaimed in the Gospel from which no Christian is exempt and which is intricately involved with the mystery of the Cross.