

## GUEST EDITORIAL

### AMNIOCENTESIS: PANDORA'S BOX

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Amniocentesis is a medical marvel. It allows us to gain information about the genetic formation of the fetus and, if mongoloid, allows the parents the option of aborting the fetus. Mongolism is a terrible illness, involving severe retardation and often distortion of one or more vital organs, and the human costs in guilt, conflict, and tension to most families who have mongoloid children are hard to overstate. Moreover, the public cost for the care of mongoloids runs into more than \$1.7 billion a year. Is amniocentesis not unlike the Salk vaccine, to be used first to halve, eventually to eradicate mongolism from our society via mass testing and abortion?

We love quick fixes, and this one seems to fit the bill. However, it does also open a Pandora's box of problems which we must face – *not* to stop amniocentesis, but to help us use it wisely.

*Health risks – the test* While the procedure has been more completely evaluated than many others by a nationwide, carefully designed study, and found surprisingly safe, all interventions – especially once used on a mass basis, not just by those highly trained – involve a risk. Nor has the effect of amniocentesis on the fetus (as distinct from its effect on the pregnant woman) been studied. Jarring the fetus' environment, changing the amount of fluid in which it floats and, above all, the use of sonar beams (to place the fetus so it will not be hit by the needle used in the test) may harm the fetus. It would not be the first time a procedure first reported safe was later found to be less wisely and widely indicated. Meanwhile, one must ask: what probability of mongolism (which rises sharply with the age of the

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mother and, possibly, the father) justifies the risk of the test? 1 in 40? in 300? in 1500? Should only women over 40, then 35, then 30, be tested?

*Health risks – abortion* I join those who favor abortion “on demand”, i.e. for a woman consulting a physician to decide if she wishes to have a first- or second-trimester abortion. The state should not force on women religious concepts to which they do not adhere. However, women (and maybe physicians) should be better informed about the “side-effects” of abortion, especially second-trimester ones, which amniocentesis entails. (While a woman who has had amniocentesis and found her fetus to be abnormal does not *have* to abort it, it usually makes no sense to undergo amniocentesis unless one is willing to act on its findings. Hence, amniocentesis and abortion must be considered goals.) It is not reported often enough that infants born from pregnancies which follow such abortions tend to be premature, underweight, and illness-prone. Such abortions should not be taken lightly.

*Other detections – XYY* Amniocentesis can be used to detect not only mongolism but also several other predispositions to illness. Of these, particularly troublesome is XYY, the so-called “criminal” chromosomes. There are some data, too significant to be ignored, too weak to be relied upon, that a small proportion of XYY carriers have a predisposition toward criminal insanity. Given the controversial nature of the data, should we test for XYY? Inform the parents when the fetus is found to be an XYY? Intensely research the topic?

*Other detections – sex* While XYY readings *may* be indicative of an illness, sex is certainly not. Yet the same amniocentesis test also detects the sex of the fetus. Indeed, there is already a case on record in which a couple, told they had a normal female fetus, aborted it because they favored a boy. This is clearly a use of the test for breeding and not health purposes. Should labs and physicians “read” the sex as well (when no sex-linked illnesses are involved)? Should the information be passed on routinely to the prospective parents? (The card my wife received, following the test, stated “normal male fetus”; should it have stated merely “normal fetus”?) If withheld, on what moral and legal

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grounds? On the other hand, if such sex breeding catches on, will it open the door and set the precedent, as other genetic information becomes available, for breeding fetuses with specified qualities (height, color, energy level, etc.)? Will this turn society into a Nazi-like biologicistic and, in this sense, racist camp, focusing on people's genetic qualities instead of educational efforts and work achievements?

**Personal vs. Social Cost**

The observation that mongoloids cost the society \$1.7 billion a year is much more heavily laden with booby traps than at first meets the eye. Implicit is that the cost is high and could be cut if women above a given age were to be tested *and* obliged to abort their mongoloid fetuses. The question is how far we can go in pressuring people to do what is economical for society but may be incompatible with their values. One legislator has already suggested that all women who find they carry a mongoloid, but do not abort it, be written a letter stating, in effect, "Okay, that is your right, but don't come to us later and ask for help." Can this position be extended to people who drink excessively and are involved in accidents, overeat and suffer coronary thrombosis, smoke and contract cancer? On the other hand, does society have no right *at all*, even to encourage people to be tested, to be concerned with the public bill, which ultimately they must pay?

In short, amniocentesis raises a whole welter of difficult moral, policy, social, and personal questions. Insufficient attention has been paid to their complexity. There seems to be little awareness of them among several of amniocentesis' more activist advocates, and an even less clear view of who shall render these decisions, how they should be developed, and on what guidelines and values.