Genetic Testing and Traditional Values

There seems to be a minor blindspot in Strong's article, published in the November 1993 issue of the ARCHIVES, discussing the ethics of whether or not to do prenatal testing for and/or abort fetuses because they have minor medical problems, are of the wrong sex, or have the wrong body habitus.

His problem is that the entire discussion assumes that all of our patients and society as a whole accept the basic assumptions of modern medical ethics, i.e., a utilitarian ethic in which there is no ultimate meaning of life except what we, as individuals, make as the meaning.

Utilitarianism uses as its highest "value" or "good" material criteria, for example, as measured by health, wealth, and independence. There is, however, no assumption that life has an intrinsic good in itself, nor does utilitarianism claim that any deed can be intrinsically right or wrong.

As a result, some ethicists argue that since suffering is a worse form of evil than death or nonexistence, then it is ethical to euthanize, abort, or allow one to die rather than to allow suffering; indeed, most of Strong's discussion is about where we, as a society, should draw the line for our unborn offspring. Such a philosophy is politically correct in academic circles, but not everyone agrees with this basic assumption.

For example, the majority of Americans think that abortion is not a value-free choice to be made for any reason, but see it as a form of killing that should be done for only the most serious circumstances. A significant minority of the population thinks that life begins at conception and should never be destroyed.

I guess it comes down to the primary question: What is the meaning of life? Are we completely in charge of our own lives, permitted to "do our own thing," or are we responsible to a higher power? Is imperfect human life, our own or that of others, something to be destroyed out of compassion, for convenience, or because society wants to balance the budget, or is every life sacred from conception to natural death, because every person is loved by a deity who knows the number of hairs on our heads and who calls us by our names?

Some have stated that religious discussions have no place in secular societal decisions. Others ridicule any attempt to include such discussions as being a product of the "fundamentalist religious right."

Such narrowness might be justified in academia. However, it does a disservice to those of us who treat patients who make ethical judgments based on a more conservative and/or traditional religious ethic.

Nancy K. O'Connor, MD
Private Practice
Nanty Glo, Pa


In reply

Although O'Connor raises an important issue, her description of contemporary medical ethics is inaccurate. She points out some of the problems of utilitarianism, but it has many other difficulties that have been widely recognized for years. Some die-hard utilitarian ethicists remain, but they are a small minority, and O'Connor misinforms us when she says that utilitarianism is "politically correct." Medical ethics today is more accurately described as pluralistic in that there are many conflicting nonreligious and religious viewpoints. I have explained elsewhere why I oppose utilitarianism, and I do not make the implausible assumption, as O'Connor states, that most people are utilitarians.

O'Connor implies that I, and ethicists generally, hold that there is no place for religious discussions in medical ethics, and I wish to make it clear that this innuendo is false. Even more disturbing, the tone of O'Connor's letter implies that to discuss the abortion issue from a secular perspective, as I do, is somehow inappropriate. However, there are several reasons why secular discussions should be part of the dialogue. First, many disagreements exist both within and among various theological traditions, and therefore they have been unable to agree on a single perspective for settling the abortion issue. Second, given the plurality of views, we need to seek approaches that are "secular" in the sense of taking into account and accommodating the variety of personal views that are held. This is one of the things that contemporary medical ethics attempts to do.

Approaches that are secular in this sense are not antireligious; rather, they seek consensual norms that can be accepted by all, regardless of faith. One way to seek con-