## EDITORIAL

## ABORTION FOR BLINDNESS

The paper by Evans *et al.* in this issue, reporting that prenatal diagnosis using genetic testing is now possible for the detection of retinal dystrophies, raises important ethical and legal questions.

A major ethical question is: Is it ethical to offer and carry out prenatal diagnosis for blindness and, if so, to offer and perform an abortion should the test prove positive? A major legal question is: Is it lawful to do so?

Those answering the first question in the affirmative could point to the possible benefits of testing. Prenatal diagnosis can, they could argue, reveal that the fetus is blind and enable the parents to seek abortion if they wish or, if they reject that course, to prepare themselves for the birth of their handicapped child. And, should the testing reveal no abnormality, then it has at least served to reassure the parents that their child is unaffected.

Those arguing against could maintain that abortion is unethical because it involves the intentional killing of an unborn human being, and that testing which paves the way for abortion is, therefore, also unethical. They could add that abortion for handicap devalues those with disabilities as it proclaims that, rather than being born disabled, it is better not to be born at all.

A supplementary argument is that prenatal diagnosis may involve a significant risk of miscarriage and that, in view of the ever-present possibility of error, the reassurance it may offer could prove seriously misleading. And, even if the reassurance is accurate, is it worth risking a miscarriage, and using valuable resources, simply to reassure parents? Would resources not be better spent helping those children who *are* affected?

The prevailing opinion among both the public and the profession is, however, that abortion for serious fetal handicap is justifiable, and this opinion is reflected in the current law. The Abortion Act 1967 (as amended by the Human Fertilisation and Embryology Act 1990) provides that no offence is committed when a pregnancy is terminated by a registered medical practitioner if two registered medical practitioners are of the opinion, formed in good faith, that, *inter alia*, there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped. If tests indicated that there was a substantial risk (which would clearly exist were the probability of error as low as the 2% in the study by Evans *et al.*) of total blindness, there can be little doubt that it would be lawful to abort for this reason. The less serious the blindness the less likely it would count as a serious handicap. Further, were the blindness expected to develop *after* birth, it is doubtful whether the termination would be lawful.

In short, a new scientific test provides the opportunity to reflect anew upon a number of profound ethical and legal questions.

JOHN KEOWN Lecturer in the Law and Ethics of Medicine University of Cambridge