Liberalizing prenatal screening for congenital malformations notwithstanding the restrictive Lebanese Law on termination of pregnancy: is it ethical to give the option?

By Sarah Assaf

Prenatal screening and antenatal diagnostic procedures are widely available and accessible services in the OB-GYN practice in Lebanon. They include blood screening tests, chorionic villous sampling and amniocentesis. These tests aim to detect chromosomal aberrations and congenital malformations in the fetus. The Lebanese Law of Medical Ethics stipulates that abortion is only allowed in case the pregnancy endangers the life of the mother. Indeed, nothing is mentioned about prenatal screening practice and whether selective abortion, in case of fetal congenital malformations, is allowed.

Therefore, ethical dilemmas arise in the background of the provision of a means to detect congenital malformations yet obviating the right to a legal selective abortion in case of a deformed fetus. According to Ballatyne at al., the aforementioned scenario “raises serious questions about the moral, social and psychological consequences for women who are informed of a serious congenital abnormality, but who have no legal mechanism to procure a termination”. One can question the rationale behind allowing screening for fetal abnormalities deemed incompatible with life or severely affecting the subsequent quality of life yet denying a legal, safe abortion. This carries along a psychological burden on the couple afflicted by the news of having to decidedly bring to life a child who will suffer, or who has a priori few years to live if any. In the context of this ethical issue, one might elect to safely terminate this pregnancy in a country where selective abortion for fetal indications doesn’t constitute a medico-legal issue. This can widen the gap of the equity principle between affluent members of the society and poorer members who are left with either of the following choices. In fact, they might choose to unsafely and illegally terminate the pregnancy with the subsequent risk this practice carries on the mother’s health or to continue with the pregnancy and bear the financial strain of raising a child with a congenital malformation. The latter choices defy the principle of justice in terms of disproportionately inflicting the burden of unsafe terminations of pregnancy on poor mothers and in terms of the already scarce resources available to support congenitally malformed children.

Indeed, this imposes psychological distress, socio-economic strains and inequity on the stakeholders, namely the mother, the fetus, the health care professionals, the legal system and the society as a whole.

Therefore, what is the point behind making the use of prenatal screening liberal when the law on TOP remains restrictive. Having a means that gives the couple an option to elucidate an ‘abnormal’ fetus without procuring them the right to a safe, legal abortion binds this option with ethical implications to the point of rendering it a futile option. As Alex Campbell states: “We must carefully examine change so that we are able to discard those aspects of change which would be detrimental to our way of life, and, at the same time, take advantage of those aspects of change which will enhance and improve our quality of life.” The Lebanese Law on Medical Ethics can’t lag behind this change, and can’t be oblivious about the practice of unsafe abortions. Therefore, a change in the policy is needed to allow a legal, safe termination of pregnancy in case of a medically proven severe congenital abnormality/handicap. Where to draw the line
regarding the severity of the fetal condition can be left to the discretion of a specialized committee composed of bioethicists and physicians who will decide on the moral justification vis-à-vis each case.