

I pledge that I have neither received nor given unauthorized assistance during the completion of this work. CES

This paper will argue that medical and public health professionals should advocate prenatal testing, though not as a means of preventing disability and will not advocate selective abortion at all. First, I will argue that health professionals should advocate for prenatal testing to reduce the severity of a detected disability, support reproductive choice, and provide medical interventions, along with “... accurate information about disabilities and their effects” as Asch prescribes (Boxer 2018). Next, I will argue that a disabled child can have a quality life worth living with societal arrangements that eliminate discrimination and support inclusion. I will also emphasize that parents have a moral obligation to act in the best interest of the child.

Furthermore, I will refute that medical and health professionals advocate prenatal testing and selective abortion as a means of preventing disability to avoid giving birth to a disabled child, whose life would not be worth living. I will also challenge the consideration that health professionals should advocate for prenatal testing and selective abortion to avoid birth of a disabled child as their characteristics are not desirable. Health professionals should advocate for prenatal testing to prepare and aid prospective parents when conceiving a child with a disability. Disabled children can have a quality life when social constraints are changed to give them equal status. Parents have a moral obligation to nurture a child to term. I believe medical and public health professionals should not advocate selective abortion, but should advocate prenatal testing, not as a means for preventing disability, but to support and counsel parents of the birth of their disabled child.

My viewpoint is that medical and public health professionals should advocate prenatal testing to reduce severity of a disability, support reproductive choice despite disabilities, and provide medical intervention. As discussed in *The Burden of Knowledge*, health professionals should advocate for prenatal testing for: “prevention, preparation, and reassurance” (The

Fanlight Collection 1994). To prevent individuals from becoming disabled medical professionals often prescribe medicine and bed rest to pregnant women. “Iodine in salt is known to avert mental retardation ... and folic acid supplements are given to pregnant women” to avoid ... birth defects (Steinbock 2000, 690). “Practitioners and policymakers can increase women’s and couples’ reproductive choice through testing ... and they can expend energy and resources on changing society in which families consider raising disabled children” (Asch 1999, 1655). Prospective parents need information on prenatal testing, along with disability-specific information to make an informed reproductive choice regarding a disabled child’s birth. Families need resources on: “types of impairments, laws governing disabled education, entitlements to family support services, access to buildings and transportation, financial assistance, and ... disability literature” (ibid). Asch prescribes that “prospective parents who receive a diagnosis of disability with information about available services, [along with an] opportunity to meet a child with the disability, their family, and an adult with the disability” is critical (Boxer 2018). This ensures families are fully informed of their options and obtain a realistic picture of the expectations of parenting a disabled child. Advocating for prenatal testing as a means to accommodate a disability will promote genuine reproductive choice and help families flourish, giving them knowledge and medical interventions to reduce the incidents of disability.

I further support that health professionals should advocate for prenatal testing, but not selective abortion, to fully inform, communicate, and demonstrate to parents that a child with a disability can have a quality life worth living, when social constraints are changed. Society needs to obliterate centuries of discrimination to remove biases against the disabled. Asch contends that “people with disabilities ... contribute to family, to friends, to the economy. They contribute ... with other characteristics of personality, talent, and humanity that render

people with disabilities full members of the human and moral community” and thrive in society (Asch 1999, 1652). According to a Louis Harris Poll in 1998, “fewer disabled than non-disabled people were “extremely satisfied” with their lives and ... dissatisfaction stemmed from disparities in attainments and activities that are not inevitable in a society that takes into account the needs of one sixth of its members” (1653). Social norms marginalize and label people with disabilities as less-valued which “reinforces public perceptions that the disabled should not exist, making intolerance and discrimination toward them more likely” (Steinbock 2000, 693).

Inclusion of people with disabilities is important as a diverse population creates tolerance, leading to a richer community, where all voices are heard. “In order to making testing and selecting for or against disability consonant with improving life for those who will inevitably be born with or acquire disabilities, [the] clinical and policy establishments must communicate that it is acceptable to live with a disability ... and appreciate everyone with the inevitable variety of traits” (Asch 1999, 1656). Society stigmatizes individuals with Down syndrome believing they encounter obstacles that severely prevent any reasonable satisfactory life. However, “Down syndrome is not a fatal disease ... and it is compatible with a good quality of life, with appropriate medical treatment and educational opportunities” (Steinbock 2000, 691). Disabled individuals are simply a variation of normalcy and can be happily assimilated into community life, where diversity is valued. This is akin to the “deaf island residents of Martha’s Vineyard, whereby the hearing residents ... learn sign language. Vineyarders ... were expected to work, marry, hold public office, vote, and participate in all social events in exactly the same manner as did their hearing family...” (Steinbock 2000, 689). In addition, deaf people are a growing group of “parents with certain disabilities who seek help in trying to assure that they will have a child who shares their disability” (Davis 1997, 7). This cultural solidarity exists in deaf communities

with “a rich cultural heritage built around the various residential schools, and [they] are happy with who [they] are, ... and don’t want to be fixed” (12). Disabled individuals can have a quality life worth living; when removing social constraints and discrimination of disabled individuals, they can thrive in their community. Advocating for prenatal testing as a means for detecting and accepting a child with a disability will provide him or her with an inclusive upbringing, allowing disabled individuals to live in a society that welcomes them as equal to the non-disabled.

I will continue to argue that if prospective parents are committed to their child at the time of conception, they have a moral duty to provide them with the best care possible. Medical and public health professionals should advocate for prenatal testing to detect disabilities to nurture a fetus and the born child, but selective abortion should not be viewed as a means to prevent a fetus from developing to full term. Assume a fetus has the same humanitarian rights as a child and the parents terminate the pregnancy, thus commit homicide to the future human. The parent of the future child would be reported to the Division of Child Protection and Permanency for committing a crime. Hack raises the question, “Does a decision to carry a child to term create an obligation to act in the best interest of the child and sacrificially care for and nurture the child?” (Boxer 2018). Parents have a moral obligation to provide the best care available to their unborn child. And according to a pregnant woman’s autonomy, it is not compulsory for her to take medicine to produce a healthy child, but she is morally responsible to have the fetus born as healthy as possible. Furthermore, it is the duty of a pregnant woman to agree to undergo a Cesarean section or fetal surgery to provide essential care to the unborn baby. Even if a fetus does not have the same rights as people, they are potential people. And while selective abortion is viewed as an option, this should not be exercised because the child is disabled. Ash’s view [is] “that while abortion is morally acceptable to prevent the birth of any child, it is morally

unacceptable to prevent the birth of a particular child, because of some characteristic the child will have, such as sex or disability” (Steinbock 2000, 687). This embodies prejudice as aborting the child is due to an undesirable trait. Parents have a moral obligation to support the pregnancy of an unborn child after learning of an impairment, to welcome the opportunity to nurture a disabled child to term, not opt for selective abortion to terminate a future disabled child.

Furthermore, I will refute that medical and health professionals advocate prenatal testing and selective abortion as a means of preventing a disabled child from coming into existence, as their life would not be worth living. It is believed that a severe defect implies there is no benefit to living. “A child is morally wronged when he/she is ... brought into being with a health status likely to result in significantly greater disability or suffering, or significantly reduced life options relative to other children” (Asch 1999, 1652). This reveals that prenatal testing “increases the intolerance of imperfection, and thus increases discriminatory attitudes toward disability” implying that disabled children are better off unborn (Steinbock 2000, 691). This is an erroneous misnomer as I have proved that there are many disabled individuals that have “less severe disabled conditions compatible with having a life well worth living” (Buchanan 2000, 590). How can society even consider prenatal testing and selective abortion as a means of eliminating a child with a disability? Is society that intolerant of indifferences? Prenatal testing should be used to inform and support parents to advocate for their future disabled child, not to seek selective abortion to prevent disabled individuals from being born. Medical and public health officials should advocate prenatal testing as a means to detect diseases to prepare parents to nurture a quality life of a disabled child, and not advocate selective abortion.

I will also disprove that health professionals should advocate for prenatal testing and selective abortion as a means for preventing disability, as this represents a narrow view of

eugenics, bringing into the world children that only have positive traits and eliminate those with undesirable characteristics. Selective abortion discriminates against those children that have characteristics that may be different or imperfect and gives rise to selective breeding. Having a selective abortion “embodies the view that there is something undesirable about being a person with a disability; so undesirable that it is better that such people do not get born” (Steinbock 2000, 691). “This technique allows decisions about who will live to be made ... on the basis of genetic characteristics” (Glover 2006, 22). Does society truly want to eliminate those with “forms of variations” which ought to be affirmed the same way that most liberals want to affirm any other form of variation (such as being female or black),” or being born into poverty? (Steinbock 2000, 686). Should society eliminate and marginalize those with high blood pressure? Prenatal testing allows prospective parents to prepare for the arrival of a child with special needs. Society needs to accept children of all traits as they are simply different, not less of a human.

My foregoing arguments demonstrate significant evidence that medical and public health professionals should advocate and endorse prenatal testing, and not advocate selective abortion. Prenatal testing should be used not as a means to prevent a disability, but to fully inform and prepare parents for the arrival of their disabled child. Prenatal testing gives prospective parents information about their future child’s disabled status to enable them to reduce the severity of a disability, support their reproductive options, and provide medical remediation. A disabled child can have a worthwhile life; with social constraints removed, a disabled child can be accepted in society. At the time of conception, parents have a moral obligation to act in the best interests of their unborn child. Prenatal testing detects disabilities of an unborn child, giving prospective parents disability-specific knowledge, to enable the disabled to be welcomed by an inclusive, diverse society, as equals.