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Philosophy and Theology: Life-Limiting Fetal Anomaly

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Philosophy and Theology

There are hard cases of abortion, and then there are really hard cases. In her article "Abortion for Life-Limiting Foetal Anomaly," Helen Watt tackles a most challenging case. She writes, "The wrenching choice to abort an often much-wanted pregnancy for life-limiting or life-threatening foetal anomaly is one that many will recoil from judging, feeling perhaps that the only possible response is not only profound sympathy for the traumatised parents of the born and unborn child but also unqualified support for the abortion choice itself."[1] Nevertheless, Watt notes that ethical judgment still cannot be abdicated. As St. Thomas Aquinas pointed out, all human actions, as knowingly and willingly done, bring us closer to our final end or further away from it, helping us or hindering us in loving God and neighbor. "Bitterly painful as they may be," writes Watt, "these choices are, however, no more exempt from moral scrutiny than any other deeply painful life and death choices."[2] So Watt considers the ethics of abortion in cases in which the human being in utero may not live long after birth. Of course, doctors often make mistakes, and newborn patients sometimes live much longer than anticipated. But let us posit, for the sake of our ethical considerations here, that the diagnosis is accurate and that in fact the prenatal human being will die soon after birth.

One defense of abortion in these cases is that it is a kind of euthanasia. According to this perspective, it is in the child's best interests to die so as to avoid any pain even of the briefest kind. The killing, on this view, is an altruistic action for the child's own benefit. Watt notes that defenses of this kind often presuppose a strongly dualistic view in which the human self is one thing, and the human body is another. In one version of this view, death liberates the soul from the prison of the body. Watt has, in other works, addressed this mistaken view of human anthropology, sometimes

1. Helen Watt, "Abortion for Life-Limiting Foetal Anomaly: Beneficial When and for Whom?," *Clinical Ethics* 12.1 (March 2017): 1, doi: 10.1177/1477750916661979.

2. Ibid.

called body–self dualism.[3] We are neither souls trapped in bodies nor minds making use of bodies. To lethally attack someone's body is to attack the human being in question, not to liberate the soul from a prison.

Moreover, Watt asks, "Is there any reason on the face of it to think that being a good parent involves refusing to permit 'one second's' suffering for one's child—particularly where the means adopted is in fact bringing about the child's death?"[4] It is hard to believe we are justified in killing a human being so that he or she might avoid all suffering whatsoever. "Life, with or without some degree of consciousness or some degree of suffering, can indeed be reasonably seen as having objective worth: the value of life or functionality is arguably part of the very definition of a human or, mutatis mutandis, any other kind of living being."[5] While critics of abortion typically agree with the view that all human beings have intrinsic worth, it seems unlikely that advocates of abortion in such cases would. So the question of whether abortion is defensible as fetal euthanasia cannot be answered without (at least implicitly) adopting a view on whether human beings have intrinsic worth. This is unsurprising in as much as one's general view of the ethics of euthanasia often hinges on a view of what makes a human being valuable. [6]

Watt is also skeptical of this defense of abortion in life-limiting cases: "When we look at other motives or supporting motives given for abortion for 'severe' or 'lethal' foetal anomaly, we are still further from postnatal euthanasia as it is standardly defended. Again, born children and adults are not normally euthanised without their consent . . . with the overt aim of benefiting . . . other family members."[7] Watt is correct that fetal euthanasia is not like other cases of euthanasia. Advocates of euthanasia do not typically recommend it in order to help the family of the person who is dying.

Moreover, at least in voluntary euthanasia, only someone who is able to give informed consent may licitly receive it, according to advocates of "the right to die." But obviously, in no case can prenatal human beings give informed consent to authorize their own deaths.

Another way to defend abortion when the human being in utero may die soon after birth is to liken abortion to the removal of life support. Watt rejects this defense, in part because in abortion the human being in utero dies from the intentional death-dealing action of the abortionist. In removing life support, the patient dies from his or her underlying illness. Watt writes, "Pregnancy is, after all, a natural bodily function and indeed, a manifestation of 'reproductive health' at least to some degree. It does not become life support, at least if by this we mean some 'external', high-tech,

3. See Helen Watt, *The Ethics of Pregnancy, Abortion and Childbirth: Exploring Moral Choices in Childbearing* (New York: Routledge, 2016), 9–17.

4. Watt, "Abortion for Life-Limiting Foetal Anomaly," 3.

5. Ibid.

6. See John Keown, *Euthanasia, Ethics and Public Policy: An Argument against Legalisation*, 2nd ed. (Cambridge, UK: Cambridge University Press, 2019), 35–49.

7. Watt, "Abortion for Life-Limiting Foetal Anomaly," 3.

intensive-care-type measure, just because the baby has a severe anomaly and may not long survive birth."[8] Moreover, the mother is not properly likened to a kind of medical equipment keeping the prenatal human being alive.

Even if we were to consider pregnancy as life support, Watt points out that the ethics of withdrawing of life support depends in part on the motive for removing it. If a ventilator is turned off simply as a means intended to kill a patient, then doing so is a form of euthanasia. If, on the other hand, a ventilator is turned off because the burdens of the ventilator treatment outweigh its benefits, then the intention to kill is not present, and no euthanasia has occurred. But in the case of abortion, the intention of the abortionist is precisely to end the life of the prenatal human being. If the child survives the procedure, it is considered a "botched abortion." Indeed, in some cases, the abortionist must first prevent live birth so as to ensure the death of the prenatal human being. So abortion in the case of a life-limiting fetal condition cannot be considered akin to a legitimate removal of life support.

Yet another way to defend abortion when the human being in utero may die soon after birth is for the sake of others, that is, to avoid suffering for the family and especially the mother. This is not mercy killing to "save" the one killed, but killing one human being in order to potentially relieve other human beings of suffering. According to this justification, it is not the prenatal human being, but the mother, who receives the benefit. In this view, "it may be claimed that the choice of abortion may help to spare the woman a more acute grief reaction and perhaps even a pathological grief reaction caused by carrying the baby further and then experiencing her child's death."[9] If the baby will die within months or sooner, why not perform an abortion to spare the mother the grief of having to continue a pregnancy and give birth? If expectant mothers do not choose abortion after lethal fetal diagnosis, so the argument goes, they will regret their decision.

This defense of abortion presupposes a problematic and counterintuitive assumption: it is right to intentionally kill innocent human beings so that other human beings might receive a benefit. Such a consequentialist analysis is incompatible with fundamental human rights and the inherent value of the human person.[10]

Moreover, this defense of abortion also depends on an empirical claim about the likely consequences of continuing a pregnancy when they baby has a life-limiting diagnosis. In fact, the empirical evidence suggests that almost all women do not regret giving birth, even if their baby dies soon after birth, and that abortion in such cases leads to less positive outcomes.[11] For example, a study from the *Journal of Clinical Ethics* titled "I Would Do It All over Again" examines these cases. The authors write, "Some—or perhaps many—people assume that ending a pregnancy shortly after a

8. Ibid.

9. Ibid., 5.

10. John Paul II, *Veritatis splendor* (August 6, 1993), nn. 80–83.

11. This argument draws on Christopher Kaczor, "Do Women Regret Giving Birth When the Baby Is Doomed to Die?," *Public Discourse*, January 23, 2019, https://www.thepublicdiscourse.com/2019/01/47802/.

diagnosis of [a life-limiting fetal condition] would subsequently relieve regret and lessen the grief parents anticipate from carrying a baby with severe problems." In fact, however, data "from this study and others suggest that more profound regret comes from failure to spend as much time with their children as they would like, even during pregnancy."[12]

When asked whether they had "any regrets about continuing the pregnancy," parents responded with an overwhelming and emphatic lack of regret: "Absence of regret was articulated in 97.5 percent of participants. Parents valued the baby as a part of their family and had opportunities to love, hold, meet, and cherish their child. Participants treasured the time together before and after the birth. Although emotionally difficult, parents articulated an empowering, transformative experience that lingers over time."[13]

Mothers described multiple factors leading to a strong lack of regret. The first was an experience of love. In the words of one mother, "All my son knew was love." Another wrote, "We are rich in love because of her." A second dimension was the cherished time parents spent with the short-lived son or daughter: "We would not trade those six hours for anything in the world." Another mother said, "I will always cherish the time I had with her." A third dimension involves meeting the child: "My family was able to be present when she was born and everyone got to meet her and hold her while she was alive." And finally, mothers spoke of the joy of holding their child: "I got to hold my baby for an hour … no regrets." Another mother said, "I got the chance to see her, hold her and honor her sweet life." Parents reported self-transformation and growth. In the words of one parent, "This became perhaps the most profoundly positive experience our family has ever had. I think nothing else has ever strengthened our faith or drawn us closer together."[14]

Another study, from the *Journal of Prenatal and Perinatal Psychology and Health*, found similar results for parents who chose to continue a pregnancy after a lethal fetal diagnosis. The authors found that "after the birth, and at the time of the baby's death, parents expressed thankfulness that they were able to spend as much time with their baby as possible." They describe one case as follows:

> During pregnancy Melissa was not ready to plan his birth/death, she just wanted to enjoy the pregnancy and feeling Caleb alive inside. Even after birth of her stillborn son this mother enjoyed being with her baby, "It was wonderful. We had him all wrapped in a special blanket and I held him. We had some family come in and our priest came in. I got to like show him off. I was kind of like introducing people to him and everybody has said to me that like they were kind of in shock. I promise you. I was gloriously happy."[15]

12. Charlotte Wool, Rana Limbo, and Erin M. Denney-Koelsch, "'I Would Do It All over Again': Cherishing Time and the Absence of Regret in Continuing a Pregnancy after a Life-Limiting Diagnosis," *Journal of Clinical Ethics* 29.3 (Fall 2018): 228.

13. Ibid., 227.

14. Ibid., 231.

15. Denise Côté-Arsenault et al., "We Want What's Best for Our Baby: Prenatal Parenting of Babies with Lethal Conditions," *Journal of Prenatal and Perinatal Psychology and Health* 29.3 (Spring 2015): 170.

Another study, this one in the *Journal of Palliative Medicine*, came to this conclusion: "One surprising finding was that many couples felt that their baby's birth was joyful, even if the baby was stillborn or died shortly after birth. One mother: 'I promise you, I was gloriously happy. I felt his angel glow or something.' Several participants in this study described their baby as 'perfect,' and enjoyed looking at all of the baby's features for family resemblance." Researchers were "surprised to find that the majority of parents were so happy to meet their baby, even joyful and at peace, even if he/she was stillborn or died within a few hours. No obvious pattern of parent characteristics, such as their religiosity, were associated with this response. In fact, only 12 of the 30 parents spoke specifically about their religious faith as impacting their pregnancy experience and decisions directly."[16] Although incredibly difficult, women who continued their pregnancies despite a lethal fetal diagnosis did not regret giving birth but found joy and peace.

In stark contrast, the consequences of abortion in cases of fetal incompatibility with life and other fetal anomalies do not show positive results. A meta-analysis appearing in the *Journal of Obstetric, Gynecologic and Neonatal Nursing* titled "The Travesty of Choosing after Positive Prenatal Diagnosis" summarized numerous findings on the effects of abortion following prenatal diagnosis of fatal as well as nonfatal impairments. This study found that "couples experienced selective termination as traumatic, regardless of the prenatal test revealing the fetal impairment or stage in pregnancy in which the termination occurred." Moreover, the researchers found that "women who terminated pregnancies following positive prenatal diagnosis, especially by [chorionic villus sampling], wanted to mourn but felt they did not deserve to mourn."[17]

In contrast to the feelings of peace, joy, and love felt by those who continued pregnancies despite fetal life-limiting diagnosis, many women who chose abortion felt conflicted by inner disharmony: "The strategies women used to reconcile conflicts engendered by selective termination—denying the personhood of the baby, limiting the information they sought about the baby, transferring agency for choice to others, adopting a stance of moral relativity, avoiding disclosing or selectively disclosing the event to others—worked briefly but the women ultimately felt as if they were betraying themselves and their babies." The meta-study found that "couples, health care providers, family, and friends underestimated the intensity and duration of feelings of loss following selective termination."[18]

More evidence that abortion does not help maternal psychological well-being was found in a study from Duke University: "Women who terminated reported significantly more despair ($p = 0.02$), avoidance ($p = 0.008$) and depression ($p = 0.04$)

16. Denise Côté-Arsenault and Erin Denney-Koelsch, "'Have No Regrets': Parents' Experiences and Developmental Tasks in Pregnancy with a Lethal Fetal Diagnosis," *Social Science and Medicine* 154 (April 2016): 106, 108, doi: 10.1016/j.socscimed.2016.02.033.

17. Margarete Sandelowski and Julie Barroso, "The Travesty of Choosing after Positive Prenatal Diagnosis," *Journal of Obstetric, Gynecologic and Neonatal Nursing* 34.3 (May 2005): 312, 313, doi: 10.1177/0884217505276291.

18. Ibid., 313.

than women who continued the pregnancy. Organizational religious activity was associated with a reduction in grief (Perinatal Grief Scale subscales) in both women ($p = 0.02$, $p = 0.04$ and $p = 0.03$) and men ($p = 0.047$). There appears to be a psychological benefit to women to continue the pregnancy following a lethal fetal diagnosis."[19]

In her essay, Watt cites other powerful evidence that abortion is not likely to help mothers avoid negative outcomes:

> One study found that among women who had terminated because of foetal anomaly, "67% screened positive for post-traumatic stress at 6 weeks, 50% at 6 months and 41% at 12 months. Emotional distress was experienced by 53% at 6 weeks, 46% at 6 months, and 43% at 12 months, and grief by 47% at 6 weeks, 31% at 6 month and 27% at 12 months. Depression was diagnosed in 30% at 6 weeks, 39% at 6 months and 32% at 12 months." Another study found that "termination of pregnancy due to foetal malformation is an emotionally traumatic major life event which leads to severe post-traumatic stress response and intense grief reactions which are still evident 2–7 years after the procedure." Yet another study found that "among 196 women aborting for foetal abnormality, grief and post-traumatic symptoms did not decrease between 2 and 7 years after the event … pathological post-traumatic scores were found in 17.3% of participants."[20]

The empirical evidence suggests that abortion in cases of a fetal life-limiting condition does not typically benefit the mother, but that giving birth does benefit the mother.

Women who receive a lethal fetal diagnosis deserve our compassion and help. Fortunately, organizations such as Caring to Term and Perinatal Hospice and Palliative Care provide information and support in these tremendously difficult situations.[21] Watt emphasizes the alternatives to abortion provided by such groups. "As with adult palliative care, the aim of neonatal palliative care is holistic: responding to all forms of suffering—physical, psychological, relational and spiritual—of the baby and family. Pain and symptom control are addressed, in addition to maximising the experience of the baby, by giving opportunities for cuddles, bathing, dressing in special clothes, religious ceremonies and meeting relatives and friends. There are many opportunities for taking photographs, foot and handprints and other mementos."[22] Unfortunately, doctors sometimes pressure women into getting abortions and do not share with them the information that is necessary to make an informed choice. Those who receive a lethal diagnosis deserve to know the truth that 97.5 percent of women who continue pregnancies when the baby will have a short

19. Heidi Cope et al., "Pregnancy Continuation and Organizational Religious Activity following Prenatal Diagnosis of a Lethal Fetal Defect Are Associated with Improved Psychological Outcome," *Prenatal Diagnosis* 35.8 (August 2015): 761, doi: 10.1002/pd.4603.

20. K. McGovern, "Continuing the Pregnancy When the Unborn Child Has a Life-Limiting Condition," *Chisholm Health Bulletin* 17 (2012): 7, cited in Watt, "Abortion for Life-Limiting Foetal Anomaly," 5–6.

21. Carry to Term, accessed June 7, 2019, http://carryingtoterm.org/; Perinatal Hospice and Palliative Care, accessed June 7, 2019, https://www.perinatalhospice.org/.

22. Watt, "Abortion for Life-Limiting Foetal Anomaly," 4.

life span have no regrets about doing so—and that abortion does not have similar outcomes. Numerous studies have come to the same conclusion: giving life rather than having an abortion is likely to lead to greater psychological benefit for women whose baby has a life-limiting condition.

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