EDITORIALS

Abortion for 'serious handicap'

An important case to win


Photo: PA

On 1 December 2003 Joanna Jepson (right) was granted permission to launch a judicial review concerning a case of late abortion of a fetus diagnosed with cleft lip and palate. Miss Jepson originally approached the West Mercia police in October 2002, who declined to investigate the termination after obtaining a letter from the vice president of the RCOG in support of this decision.

Miss Jepson, a recently ordained Anglican curate, was herself born with a congenital jaw defect that was repaired in her late teens. Having endured the inevitable taunts of other adolescents, she has emerged – after three operations over two years – as the 'ugly duckling turned prom queen' and will stand in court to challenge the vacuity of a culture that worships physical perfection.

Ardent supporters of abortion see the case as a women's rights issue. Ann Furedi, Chief Executive of the British Pregnancy Advice Service (BPAS) claims that the law was, '…deliberately left…vague for the decision to be made between the woman and her doctors… what some people regard as extremely serious, and a condition they really feel they could not live with in a child, others would feel differently about.'[1] She has argued elsewhere that the choice to abort should be open to a woman at *any stage of pregnancy for any reason*.[2]

Others, like Jepson, see the case as challenging societal attitudes towards disability: 'I hope we shall succeed… and recognise once again the value and dignity of our common humanity, disabled or able-bodies, no matter what we look like.'[3] Her view of disability is informed by her own experience and that of her brother Alastair, who has Down's Syndrome – currently the most common fetal abnormality cited as grounds for abortion.

Questions about how 'serious handicap' should be defined were asked in the abortion debates of 1966, but left unanswered. They were asked again when the Abortion Act was amended in 1990 by the HFE Act to allow abortion up until birth on these grounds. Predictions that hare lip or a cleft palate might be included were described as 'a gross calumny on the medical profession' by Sir David Steel, and 'pure scaremongering' by others.[4] The on-the-record intentions of legislators are always to provide for extreme situations. I wonder whether, off-the-record, they are pleased or dismayed at the practical outworking of their regulations - are they surprised or had they expected it all along?

Regardless, this case provides a real opportunity to gain back some of the ground lost in the protection of the unborn since 1967. We must pray that it succeeds.

Jacky Engel is CMF Researcher in Bioethics

1. Templeton S. Law Review after abortion for harelip. *Scottish Sunday Herald* 2003; 2 November
2. Biggs H and Lee E (ed). *Abortion, Ethics and the Law - One day conference at Kent Law School*. November 1998. Transcript available in CMF office.
3. Bird S. Curate initiates review of abortion decision. *The Times* 2003; 2 December
4. Joanna fights for us all. *www.telegraph.co.uk* 2003; 30 November.

HFEA ban on sex selection

The right decision for the wrong reason

The Human Fertilisation and Embryology Authority (HFEA) has advised the government to ban fertility clinics from using sex selection for non-medical reasons.[1]

More than 80% of respondents to the HFEA consultation document *Sex Selection: choice and responsibility in human reproduction* were opposed to using sex selection techniques for anything other than preventing the birth of a baby with a sex linked genetic disorder such as haemophilia.

The HFEA last held a consultation on sex selection in 1993, and in 1994 licensed sex selective PGD (pre-implantation genetic diagnosis) so that embryos affected with serious sex-linked disorders could be identified and destroyed. 'Social' sex selection was not permitted at that time, but since then techniques for sperm sorting, by gradient or flow cytometry methods, have improved.

Many CMF members will feel that sex selection, even for the prevention of severe disability, stigmatises, devalues and discriminates against vulnerable people who have as much right to care and protection as any of us.[2] But we can be thankful at least that the HFEA has advised a ban on sex selection procedures for 'family balancing' or 'personal preference'. Children are gifts not commodities. They are not designed to meet our preferences but given into our care as unique people with dignity and status who are worthy of the utmost respect. Sex selection offends that dignity and runs counter to the unconditional acceptance that each child deserves. Had social sex selection been approved, it would have led to some parents demanding the 'right' to choose 'designer babies' on the basis of biological characteristics other than sex.

Sex selection is a global issue. In some regions of India the ratio between the sexes is as low as 800 girls to every 1,000 boys.[3] Sex selection practices in China have resulted in a large number of men without wives, and a black market in women has resulted. The UK is a multi-cultural society, and some of our citizens live with cultural pressures that prefer children of a specific sex - we are not immune to the population effects that are witnessed elsewhere. But even if we were, our opposition to practices in China and India that favour male children would be hypocritical if we legitimised social sex selection here.

But, having said that, in apparently basing its ruling on public opinion rather than moral principle, the HFEA has made the right decision but for the wrong reason; and risks becoming future hostage to the shifting sands of consensus.

Peter Saunders is CMF General Secretary

1. Sex Selection: options for regulation. *HFEA* 2003; 12 November
2. Wyatt J. Sex Selection. *CMF Files* 2003; 21
3. Sen A. Missing women – revisited. *BMJ* 2003; 327:1297 (6 December)