

Imagine this scenario in the very near future:

You are a couple presenting to the doctor's office for your first visit to discuss the results on your prenatal testing. The white coated doctor steps into the examining room with his hand held device displaying your results. No congratulations are given because both he and you know that the pregnancy is tentative at this point.

He plainly states, "I have some good news and some not so good news. The conceptus does not have Cystic Fibrosis despite you being a carrier. But as discussed, we ordered the other standard tests to assess the health of the conceptus. Unfortunately it has an increased risk of a variety of conditions. It has a 55% chance of developing type 1 diabetes in childhood, a 65% chance of developing premature coronary artery disease, and a most unfortunate 80% chance of developing colon cancer before the age of 50.

"As you discussed with the genetics counselor, you can choose to carry this pregnancy to term. You must be aware that these risks are real though, and you will be required to sign a consent form, agreeing to continue with this pregnancy. If you choose this course, you will assume the costs of all potential expenses from these conditions. The other alternative would be to terminate this pregnancy, and then return for a trial of IVF and PGD (pre-implantation genetic diagnosis)."

You are fully aware of this option, since the majority of your friends have already taken this less risky path. You had simply hoped to play the dice and have a healthy child naturally. After a bit of discussion you elect to go home with the medicine to induce the abortion, and to return in a month to begin the process of creating a healthier child.

If our medical community and culture at large continue in its current direction, this scenario will be hypothetical for only a brief period in time. The genetic tests to assess just such risks will be available in the near future. Once the tests are developed, it is doubtful that there will be any political will to prevent such tests to being applied in the setting of pregnancy. No line in the sand can be drawn between the testing of CF, Down Syndrome, or any other genetic or chromosomal disease. In the end, most diseases have a genetic basis.

Greetings are exchanged between the doctor and the couple

Dr: [He plainly states in a matter of fact manner]

“I have some good news and some not so good news. The conceptus does not have cystic fibrosis despite you both being carriers. But as discussed, we ordered the other standard tests to assess the health of the conceptus. Unfortunately it has an increased risk of a variety of conditions. It has a 55% chance of developing type 1 diabetes in childhood, a 65% chance of developing premature coronary artery disease, and a most unfortunate 80% chance of developing colon cancer before the age of 50.

“As you discussed with the genetics counselor, you can choose to carry this pregnancy to term. You must be aware that these risks are real though, and you will be required to sign a consent form, agreeing to continue with this pregnancy. If you choose this course, you will assume the costs of all potential expenses from these conditions. The other alternative would be to terminate this pregnancy, and then return for a trial of IVF and pre-implantation genetic diagnosis – PGD.”

Husband and wife discuss amongst themselves:

Husband:

“That’s too bad honey. I know we wanted to try and have a child naturally. What do you think we should do now?”

Wife:

“I don’t know. I’m not sure if I want to accept those risks for diabetes. And to think our child would most likely get colon cancer. I don’t think I can live with that.

Husband:

“I don’t think I could either. Why don’t we go ahead and terminate and do what the doctor suggested. I really want a healthy child.”

Wife:

“So do I. You know Nancy and Steve our neighbors? They did PGD, and there son is sure a cutey, and he’s very healthy.

Doctor:

[He’s been listening to the conversation]

“So that’s your decision? All right then.

[He puts in some information on his Palm]

“Your script for RU 486 is in the computer. You can pick it up in the pharmacy. Be sure to read the instructions included with medicine. Stop by the front desk to make your follow-up appointment. We’ll get off on the right foot next time, and get you both on your way of having a healthy baby.

The three stand and shake hands then exit.