

Child Right to Life versus Parents' Right to Eugenics in a Child with Bilateral Anophthalmia

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Abstract: Every human being has the right to life. Eugenics is to be performed if the fetus bears lethal defects strongly documented. Care should be taken to balance the rights of the mother with those of the fetus.

Keywords: Child, rights, life, anophthalmia, eugenics.

INTRODUCTION

The development of the eyeball begins in the fourth week of gestation when optic grooves appear at the cranial end of the embryo [1].

Clinically anophthalmia represents the absence of eyeballs. Its associated neurological anomalies can result in mental retardation or developmental delay. In general, birth prevalence of anophthalmia and microphthalmia has been estimated to be 3 and 14 per 100000 populations [2].

CASE REPORT

A two-month-old female child presented with bilateral absence of eyeballs. There was no history of congenital infections; also no teratogenic drug intake during pregnancy was noted. The prenatal follow up was done by an obstetrician who performed two Ultrasounds; however the anophthalmia was not diagnosed. When the parents noticed that their child had no visible eyeball, they were upset and blamed the Doctor for his failure to diagnose the abnormality. In their opinion, they would have opted for abortion if the abnormality was diagnosed during pregnancy.

DISCUSSION

Anophthalmia is an ocular malformation with permanent blindness. So, from birth up to death, people suffering from this abnormality remain a burden for their family.

The prenatal diagnosis permits the early diagnosis of these diseases and the awareness to other malformations or signs that may preview the prognosis that must be carefully explained to parents. The sonography plays a vital role in "in utero diagnosis", complemented by magnetic resonance [3].



Fig. 1: photograph of a child with bilateral anophthalmia

Ultrasound is most commonly used to determine the length of the globe in microphthalmic eyes. CT (Computed tomography) and MR (Magnetic resonance) scans help in the diagnosis of anophthalmia [4].

In developing countries where the health system is not very sophisticated, the diagnosis may be overlooked; since there are many Doctors who use

Ultrasound, but few are qualified. CT and MR scans are very expensive and are not available in many countries.

Antenatal diagnosis of a severe congenital malformation is associated with profound grief, sadness and anger [5].

Once the parents know that their fetus bears some malformations, they are likely to be disappointed since either they let the pregnancy evolve or they decide to terminate it; both options are not enthusiastic. When the abnormality is compatible with an almost normal life, some doctors leave the parents in ignorance because any attempt of abortion will be illegal, particularly in countries like Mali where the law is very restrictive about abortion. The criminal code of Mali in its article 211 [6] forbids any abortion except the therapeutic one. By saying therapeutic abortion, the criminal code of Mali is unclear, since it can mean an abortion recommended by the caring Doctor.

Prenatally diagnosed abnormalities associated with death in the newborn period are often referred to as 'lethal' but there is no agreed definition of a 'lethal fetal or congenital malformation' [7]. It has been argued that the availability of antenatal screening and diagnostic testing has changed the experience of pregnancy. Before the development of antenatal testing for fetal abnormality, the fetus was assumed to be healthy, unless there was evidence to the contrary. The presence of antenatal testing and monitoring shifts the balance towards having to prove the health or normality of a fetus [8]. In low income countries, many congenital defects are overlooked during pregnancy for many reasons: there is a lack of health centers, so many women give birth at home; sometimes the health personnel are not qualified and do not have the required equipment. Legally pregnancies with a diagnosis of genetic or anatomic defect that are compatible with postnatal life can be terminated until 24th week of gestation on the request of the couple in some countries [9]. If the defects are incompatible with postnatal life, pregnancy may be terminated at any time in many countries.

Verhagen and Sauer, Dutch physicians, advocates of compassion-motivated infanticide of neonates with congenital malformations, deformations, and chromosomal abnormalities define three categories in this population of patients. The first category includes those neonates who will die shortly despite the use of continued invasive medical technology, such as children born with severe lung hypoplasia. The second category comprises the neonates who may potentially survive, but expected quality of life after the intensive care period is very grim, such as children with holoprosencephaly. The third category represents the neonates that do not depend on medical technology for physiological stability, but whose suffering is severe,

sustained and cannot be alleviated, without any hope of improvement [8].

CONCLUSION

Anophthalmia is a congenital malformation with incurable blindness. But it should not lead to eugenics, since it is compatible with life.

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