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ARCHBISHOP'S HOUSE,
WESTMINSTER, LONDON, SW1P 1QJ

: 27 March 1987

Rt Hon Norman Fowler
Secretary of State for Health and Social Services
Alexander Fleming House
Elephant and Castle
London SE1

Dear Secretary of State

Screening of Pregnant Women

I am writing to you on behalf of the Standing Committee of the Catholic Bishops' Conference of England and Wales (this Committee comprises the Archbishops and those Bishops who are heads of our Departments). The Committee is most concerned about the suggestion which your advisory group is recommending you to consider, namely, that pregnant women should be screened to find out whether they are AIDS carriers. We question the consequences of such a policy, and what it is supposed to achieve. We see two principal problems.

Firstly, we are concerned about the increase in the number of abortions which are likely to occur. For those mothers who are found to be positive the pressure to have an abortion (and presumably, thereafter, to forego any claim to bear children) will be very great. It seems to weak to say that it is a contradiction that we should think it right to avert death by killing. It is rather a sign of moral bankruptcy. In any case, I am told, it is not yet certain that a continued pregnancy offers a greater risk than an abortion of causing the carrier mother to develop full blown AIDS or one of the related conditions. Additionally, as is known, 'positive' mothers do not always bear 'positive' babies.

Secondly, we are concerned about the question of free and informed consent. There are two possibilities. Women will be offered the test with a full explanation of the possible consequences. In this situation, inevitably, there will be pressure on all pregnant women to undergo such screening, and they will be made to feel guilty and irresponsible if they decline the option with its linked willingness to consent to abortion.

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Alternatively, the test will be carried out as part of 'normal' procedures without specific explanation. This means that in most cases women will not have had a chance to consider properly a decision involving serious consequences for their future health and for that of their babies.

Under the first alternative consent would hardly be free; in the second it would hardly be informed. The impact of this policy, then, would amount to a virtually compulsory screening of a fairly low risk group, as far as AIDS is concerned.

In terms of the need to monitor the spread of the virus, it can be asked whether the mere availability of the group for testing justifies the coercive element involved. It can also be asked whether the monitoring of this particular group would provide adequately early information about the spread in the general population.

In terms of the ethics of treatment, such a policy would require the setting up of a counselling and care service fully adequate to the needs of those women diagnosed as anti-body positive. Such a service would have to be adequate in size and availability; it would need to be more than a referring service relying on existing AIDS agencies or on agencies with an orientation towards abortion as the obvious solution. Therefore a conflict arises between the best use of resources in the interests of maternal health in general and the diversion of resources so that this low risk group can itself be made use of in the presumed interests of the general population.

We believe that these two principal concerns which we have characterised as contradictions make it important for society to be reminded that there is a better way of preventing further spread of the disease: the way of chastity in marriage. To invite the Government to give public recognition to this is not to suggest that it should indulge in inappropriate 'preaching' but that it should give due attention to the common good. This emphasis in policy making will not solve the individual agony of those who have already become anti-body positive, but nor will abortion or coercion. The legitimate need to gain information about the spread of a disease cannot be used to justify coercion and pressure in the direction of abortion. Only if it is demonstrated that testing such a low risk group is the sole means of monitoring the spread of the virus, and if such testing is practically, as well as theoretically, detached from pressure to consent to abortion, should such a policy be countenanced.

Yours devotedly

GRO-C

Archbishop of Westminster
President of the Bishops' Conference of England and Wales