As a medical student, I did Obstetrics Gynecology training in 1973. Afterward, I pursued a career in Internal Medicine and Nephrology and, other than with my wife and two sons, never entered a delivery room or cared for either of the two persons combined in a single pregnancy. The timing of my Obstetrics education, however, must have been propitious. The date should hearken back to a year that still lives in infamy—the year of Roe v. Wade. Recently, I undertook a comprehensive review of Obstetrics and paused to reflect upon the dramatic changes wrought for practice during the intervening interval. The time elapsed represents slightly more than a single generation. Nonetheless, I am left anxious for those persons who will yet inherit Down syndrome. They are indeed endangered, but still full members of humanity.

Utilization of ultrasound for dating and following a child’s progress during pregnancy was in its own infancy when I was a student. At that time, my experience also reflected the nascence of amniocentesis and chorionic villus sampling. Recent forays into standards of care for obstetric practitioners forced me to confront a less than brave new world of contemporary practice—one that targets vulnerable humanity with technology. The covering of the womb, itself made by a Divine Weaver, no longer protects those with Down syndrome as it had prescriptively in Psalm 139.

Ultrasound technology today is characterized by a non-invasive determination called nuchal translucency. An increase in nuchal translucency at as early as 10-12 weeks of gestation
identifies fetuses with an anatomically-specific increase in tissue density; one can find this increased density in fetuses that have trisomy 21. The density leads to additional tests that may include Pregnancy-associated Plasma Protein A (first trimester) or alpha-fetoprotein and others (later), or, invasive procedures like chorionic villus sampling (earlier in pregnancy) and amniocentesis (later). These screens are a concerted effort to identify children with Down syndrome as early as possible, and like the gauleiter, mark them for potential abortion.

If a diagnosis is sought by either chorionic villus sampling or amniocentesis, in the United Kingdom for example, a miscarriage incited by the procedure occurs in 1/100 women and the loss of another 300 perfectly healthy babies in addition to those with Down syndrome occurs annually. It seems as if culture has determined that there is no greater tragedy to befall pregnancy than a child with Down syndrome. So ?bad? is the scourge of trisomy 21 that society deems it worth losing an additional 300 children without any apparent abnormality in their relentless effort to eradicate those with Down syndrome.

If there is any doubt that the underlying rationale driving a widening array of pregnancy-fetal testing is an unborn population perceived as less-than-human, another recent discovery is informative. Free fetal DNA in the mother?s circulation can now be used to identify aneuploidies, or abnormal chromosome compositions in children with Down syndrome or other genetic syndromes (such as trisomy 13 or 18). The ease of diagnosis (no longer invasive like chorionic villus sampling) has led to editorials arguing whether testing should be made ?routine?? Once a free DNA test and aggressive advertising are upon us, won?t expectations be that Down syndrome children belong in a new category of ?lives not worth living?? If you answered that this notion may be a bit far-fetched, please read on.

Australia has a shortage of physicians in rural communities. A physician from Germany named Bernhard Moeller immigrated to southeastern Victoria to serve just such a community. His constituency loves him, and that love is needed, especially now that he has been put to the test. Dr. Moeller brought his family including his 13-year-old son Lukas with him to permanently settle in Australia. Lukas is a Down syndrome child. The Australian Government initially rejected Dr. Moeller?s application for residency, citing Lukas as ?a burden for the Australian community.? Thanks to these fallible and immoral pronouncements, governments and societies have followed suit and condemn what has been an innocently suffering silence. Australia, in essence, initially opted to micro-ration (based on a perceived future shortage in monies) state?s dollars based on a single diagnosis in a single 13-year-old child! Thankfully the public outcry resulted in an overturning of the official decision.

Is it outlandish to believe that Down syndrome persons of the future will be eliminated? If you say no, then why have the Obstetric community and prospective parents obsessively developed and used increasingly sensitive identifiers before birth? The American College of Obstetrics Gynecology now suggests that all pregnancies should be evaluated for Down syndrome. Why have medicine and the culture it serves allowed the holocaust of not only those inheriting trisomy 21, but also of those without aneuploidy or defect who also continue to succumb to the selfish spirit of this age? Forgive me, but upon further review and revisit, I preferred Obstetrics when I was a student.


4 Henderson, ?Should ante-natal testing for Down?s syndrome be routine??


6 American College of Obstetrics Gynecology Committee on Genetics.

Podcast Episode:
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