

## Welcoming a child with a serious or life-limiting medical condition

Dr Helen Watt, Anscombe Bioethics Centre

“The gift of a new child, entrusted by the Lord to a father and a mother, begins with acceptance, continues with lifelong protection and has as its final goal the joy of eternal life. By serenely contemplating the ultimate fulfilment of each human person, parents will be even more aware of the precious gift entrusted to them.”

These compelling words from Chapter 5 of *Amoris Laetitia* (166) have a unique meaning for parents who learn after prenatal tests that their unborn child has a serious, perhaps even life-limiting condition. The anguish of this discovery, which tempts many to consider abortion when this is routinely offered, can instead resolve into a loving and peaceful acceptance of the baby as the pregnancy progresses. Like any terminally ill child, the unborn baby with a life-limiting condition is a precious gift for his or her parents, to be accepted and welcomed and nurtured in the remaining weeks and days. The baby’s life has meaning, and should be lovingly supported, as should the mother and father themselves, not just by health care professionals but by parents who have personally experienced such a pregnancy and know the peace and joy, as well as the sorrow, it can bring.<sup>1</sup>

It is sometimes said that to take one’s pregnancy to term, knowing that the baby has a serious medical condition, requires one to be uniquely strong. However, women who have done this will sometimes protest that they are not saints<sup>2</sup> or uniquely equipped in any way to have their baby.<sup>3</sup> Women can be strong, they say, and pregnancy is not a disease: to present being pregnant as ‘extraordinary support’ demeans them and their children, and can increase pressures on women to end pregnancies seen as heroic in the extreme. Parents do suffer deeply after a very poor prenatal diagnosis, but then somehow find the strength to carry on – just as parents routinely find a similar strength with a sick child who is already born.

As one mother has explained,<sup>4</sup> the pregnant woman needs to grieve for the healthy child she expected, but at the same time, needs to be allowed and supported to form a relationship with the actual, living child inside her. And research has found that women who continue with their pregnancies in these situations report significantly less despair, depression and avoidance than those who undergo abortions.<sup>5</sup> There is always a better solution, including for oneself, than taking the life of one’s own child.

Would a woman be entitled to choose to abort if she somehow knew that continuing the pregnancy would make her suffer more? Or what if she is afraid that her baby will suffer, although she herself may wish to have the child? It is natural to want to protect one’s child from suffering, and doctors should be concerned to treat any suffering for the baby there may be. However, no child should have

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<sup>1</sup> For more information, including details of local support, and a medical bibliography, see [www.perinatalhospice.org](http://www.perinatalhospice.org).

<sup>2</sup> “I have been called a saint for carrying Luke. I have been told by many that they couldn’t do what I did. I am not a saint and you don’t know what you can do until you are faced with it.” <http://www.prenatalpartnersforlife.org/Stories/AnencephalyStoriesIndex.htm>

<sup>3</sup> <https://www.rte.ie/player/gb/show/prime-time-30003251/10882631/#pos=3010>

<sup>4</sup> <https://www.rte.ie/player/gb/show/prime-time-30003251/10882631/#pos=3010>

<sup>5</sup> Cope H, Garrett ME, Gregory S, Ashley-Koch A. Pregnancy continuation and organizational religious activity following prenatal diagnosis of a lethal fetal defect are associated with improved psychological outcome. *Prenatal Diagnosis* 2015; 35(8):761-8.



his or her life deliberately ended because of parents' fears that he or she will suffer, whether momentarily at birth or as a result of a lifelong medical condition. When their child will die is not for parents to say: they do not own the child who is a separate human being with his or her own dignity and rights. It is not enough to love the child in some sense: he or she must be loved with complete respect and his or her bodily presence<sup>6</sup> cherished till the end.

We sometimes hear of respect for the remains of aborted children, which may be returned to the parents for burial or cremation after the abortion. Yes, indeed the child's remains should be respected – but how much more the living child, whose sacred life is what makes sacred those remains! The offer in advance by health care professionals of photographs, handprints and footprints to be taken from the dead child after the abortion is sentimental at best (however well-meaning) and manipulative at worst. This is vividly expressed by one grieving post-abortive mother, who describes the abortion clinic in these terms:

“Everything about the clinic was deceptive. The pictures they take and the way they try so hard to make what you're doing seem like your losing your baby naturally. But there is nothing natural or normal going on behind those walls.”<sup>7</sup>

So many women grieve their babies after abortion: both babies diagnosed with a serious medical condition and far more often, healthy babies aborted for more clearly social reasons. As Ireland prepares to follow so many other countries in offering this catastrophic choice to pregnant mothers, let us all renew our commitment to support the women and men for whom that choice is a perennially painful memory. And let us support the women and men who are today facing a very distressing pregnancy, so that they may indeed see their child as a precious gift entrusted to them in this moment, but destined for eternity.

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<sup>6</sup> Watt H. Abortion for Life-Limiting Foetal Anomaly: Beneficial When and for Whom? *Clinical Ethics* 2017; 12(1): 1-10.

<sup>7</sup><http://www.prenatalpartnersforlife.org/Second%20Thoughts/SecondThoughtsMyDarkestHour.htm>