Fetal Sex Test Used as Step To Abortion

By GINA KOLATA, Special to the New York Times
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Correction Appended

In a major change in medical attitudes and practice, many doctors are providing prenatal diagnoses to pregnant women who want to abort a fetus on the basis of sex alone.

Even doctors who will not provide this service themselves will often tell women where to go to get it.

In typical cases, women from ethnic groups in which males are particularly prized will want to abort a female fetus and try again for a male. Or a woman who always wanted a daughter will want to abort a male fetus. Doctors say only very rarely is there a medical reason to determine a fetus's sex.

Although most medical geneticists, the doctors who do prenatal testing, do not advertise their policy on sex selection, national surveys in 1973 and 1988 by social scientists and medical and ethics researchers indicate that the percentage of geneticists who approve of prenatal diagnosis for sex selection rose from 1 percent in 1973 to nearly 20 percent in 1988.

Geneticists say that the reasons for this change in attitude are an increased availablilty of diagnostic technologies, a growing disinclination of doctors to be paternalistic, deciding for patients what is best, and an increasing tendency for patients to ask for the tests. Many geneticists and ethicists say they are disturbed by the trend.

"What we are talking about is a collision course which pits a patient's autonomy and the right to do what she wants with her own body against the broader issue of social responsibility," said Dr. Sherman Elias, a geneticist at the University of Tennessee.

"This is not only an intellectual concern - it's a real one," said Dr. Lawrence D. Platt, a geneticist at the University of Southern California in Los Angeles, and a member of the group that conducted the most recent survey of doctors' attitudes. "How far will we take technology?" Dr. Platt asked. "How far will we let it go?" There are no national data on the number of prenatal diagnoses done for sex selection, nor on the number of women who terminate pregnancies because of the sex of the fetus. But every one of more than a dozen geneticists interviewed said they regularly receive requests for prenatal diagnosis for sex selection. Some Offer False Motives

Some doctors are quite open about their willingness to assist in sex selection. Dr. Michael A. Roth, an obstetrician in Detroit, said he sees no reason to object to sex selection. He will do prenatal diagnosis or refer patients elsewhere for it, and then do abortions if the women request them. "I have no ethical problems with it, absolutely not," he said. "I think that abortion should be available on demand."

Doctors who decline to do abortions for sex selection but perform abortions for other reasons "are selectively picking out who they want to do them on and who not," Dr. Roth said. "I haven't turned anybody down."

Other doctors hide their roles in sex selection because they fear adverse publicity. One

geneticist, who runs a large prenatal diagnosis clinic, said he will do the diagnosis for sex selection if a woman requests it, but asked that his name not be used because his group wants to maintain its "pro-life image."

Even doctors who refuse to assist in sex selection say they have been misled by women who give a false reason for wanting prenatal diagnosis and then terminate a pregnancy because the fetus was not of the sex they wanted.

"We've been burned," said Dr. Robin Dawn Clark of Harbor-U.C.L.A. Medical Center in Torrance, Calif., referring to patients to mislead doctors, "and we've even been burned by people who burned us before and said they wouldn't burn us again and then they did." She and others suspect women who mention a strong preference for a baby of a particular sex before having prenatal diagnosis and then abort a normal fetus that is of the other sex.

"We've even been pressured by doctors," said Dr. Eugene Pergament, a geneticist at the Illinois Masonic Medical Center in Chicago. "A doctor will call and say, are you doing prenatal diagnosis for fetal sexing?," "When we say no, some doctors simply don't understand why." Surveys on Attitudes

The first survey of geneticists' attitudes toward sex selectionwas conducted by James R. Sorenson a social scientist at the University of North Carolina in 1973. Dr. Sorenson mailed questionnaires to a national sample of 661 geneticists, asking whether they approved of the practice. Of the 496 who responded, only 1 percent said they approved.

At that time prenatal diagnosis was a scarce commodity and the only method available was amniocentesis, which is performed in the second trimester of pregnancy.

In amniocentesis, a doctor inserts a catheter into the amniotic fluid that surrounds a fetus and withdraws fluid for analysis. Fetal cells float in the fluid and can be grown in the laboratory and analyzed for evidence of genetic defects and fetal sex.

More recently, geneticists have begun offering a second method of prenatal diagnosis, chorionic villus sampling, or C.V.S., which is performed in the first trimester of pregnancy. Doctors use a catheter to pull cells from the developing placenta, which nourishes the fetus. They then grow and analyze these cells. A woman who comes in for C.V.S., at about 10 weeks into the pregnancy, has usually told few people of her pregnancy, genetic counselors say, so the abortion decision is private.

The most recent survey of geneticists' attitudes was conducted this year by John C. Fletcher, an ethicist at the University of Virginia, and Dr. Mark I. Evans, a geneticist at Wayne State University in Detroit, and Dr. Platt. In mailed questionnaires filled by 212 geneticists, they found that nearly 20 percent considered prenatal diagnosis for sex selection morally acceptable. Medical Reasons Are Rare

Geneticists are deeply divided on the question of prenatal sex selection, and their views range from refusing all requests for sex-selection assistance to referring women elsewhere for the tests to performing the diagnostic procedures and the abortions.

Most geneticists and ethicists interviewed for this article said they think that women should have the right to an abortion on demand, but feel that, somehow, sex selection is different.

Only in very rare instances is there a valid medical reason for sex selection, said Dr. Evans. He said in certain diseases, like hemophilia or muscular dystrophy, the male fetuses of a woman who carries the gene for the disease are at risk. Usually, doctors can use sophisticated new molecular tests to establish if a male fetus is affected. But sometimes they cannot, and the woman is told that a male fetus has a 50 percent chance of having the disease but that a female fetus will not have the disease. "In my opinion, in those very limited situations, sex selection is ethically appropriate," Dr. Evans said.

"What I've been doing in my own thinking is to try to find the limits, to draw the line," in

using medical technology, said Dr. Fletcher, the ethicist. "I'm close to saying absolutely no to sex selection," he added. 'Profession Should Set Limits'

"Once you accept abortion, as I do, are there any limits?", asked George Annas, a professor of health law at Boston University School of Medicine. "I think the profession should set limits and I think most people would be outraged and properly so at the notion that you would have an abortion because you don't want a boy or don't want a girl. If you're worried about a woman's right to an abortion, the easiest way to lose it is not to set any limits on this technology."

More than a dozen doctors interviewed volunteered that women from India or Asia are most likely to ask openly for sex selection. These women almost always want to have a boy, the doctors said. Women of other ethnic backgrounds may be less open about their reasons for prenatal diagnosis.

Dr. Laird Jackson, a medical geneticist at Jefferson Medical College in Philadelphia, said that virtually all of the babies ultimately born to his Indian patients are males. For other patients, the ratio of males to females is about 50-50, he said. Risk in Diagnosis

There is a risk in fetal diagnosis. According to Dr. Platt, three to four fetuses of a thousand are lost in amniocentesis and 2 to 4 percent of the women who have a C.V.S. will suffer a miscarriage. Most doctors will not routinely offer prenatal diagnosis to women under the age of 35, unless they are at particular risk of having a child with a birth defect. After 35, the risk of having a child with Down's syndrome, a genetic defect that leads to mental retardation, rises substantially. But some doctors consider "maternal anxiety" sufficient reason to offer the diagnosis to younger women. Some younger women have also invented stories of previous children with birth defects to put themselves in the high risk category and make themselves eligible for prenatal diagnosis.

Dr. Jackson said he had a young woman ask for C.V.S. because, she said, she had previously had a baby with muscular dystrophy, who died. The woman had a miscarriage before a test could be performed. The next year she came returned but this time, Dr. Jackson said, "she had a different story" of why she was at high risk. Dr. Jackson said he stalled in complying with the woman's request, and she had another miscarriage before he had to make a decision.

Other women who want sex selection may be much more difficult to spot. A 42-year-old woman may find herself unexpectedly pregnant and ambivalent about continuing with the pregnancy. She has three teen-age sons at home and has always wanted a daughter. She comes in for C.V.S., a generally accepted test for women of her age. Her fetus, a male, is normal, she learns, and she decides to abort. "We have all seen cases like that," said Dr. Clark of Harbor-U.C.L.A Medical Center.

Yet, said Dr. Mitchell Golbus of the University of California in San Francisco, "it is very hard to make a moral argument about terminations for sex when you can have abortions for any reason." Dr. Golbus said that he will not do prenatal diagnosis for sex selection, "but I am willing to tell people that there are other centers in California that will." 'It's Going to Get Done'

Dr. Joe Leigh Simpson at medical center at the University of Tennessee said that he finds sex selection objectionable, but will do it when asked. "I also find it completely realistic that it's going to get done," he said."If I throw you out the door because you want sex selection, you'll go to the next medical center and have an excuse for the prenatal diagnosis."

Dr. Clark said that, for her, the decision not to do prenatal diagnosis for sex selection was perfectly consistent with her support of abortion on demand. "I think that women should be able to have an abortion because they don't want to have a baby," she said. "But I think there are certain things in life that are better not tampered with, and the distribution of the sexes is one of them."

A few of the geneticists who disapprove of fetal sex selection favor witholding information about fetal sex, at least in cases when they suspect that the woman wants to know because she will abort a fetus of the wrong sex.

"If I catch a whiff of sex selection, then I tell them they can go elsewhere for prenatal diagnosis, but if I do it I won't tell them the sex," Dr. Clark said.

Photos of Dr. Robin Dawn Clark of Harbor-U.C.L.A. Medical Center (NYT); Dr. Joe Leigh Simpson of University of Tennessee (NYT/Paul Dagys) (pg. 38)

Correction: *January 8, 1989, Sunday, Late City Final Edition Because of an editing error, an article in some copies on Dec. 25 about abortions performed solely because of the sex of the fetus attributed remarks by Dr. Michael A. Roth to Dr. Lawrence D. Platt. Dr. Platt does not perform abortions. It was Dr. Roth who said that doctors who decline to perform abortions for sex selection but perform abortions for other reasons "are selectively picking out who they want to do them on and who not," and added, "I haven't turned anybody down."*