aid others who attempt the challenging and arduous task of theory derivation.

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PRENATAL DIAGNOSTIC TECHNOLOGY

To the editor:

In her article, in *ANS*, 9:3 (April 1987), "The Ethical Dimensions of Policy for Prenatal Diagnostic Technologies: The Case of Maternal Serum α-Fetoprotein Screening, Sara T. Fry states that a policy of routine, mandatory prenatal screening for neural tube defects (NTDs) via serum α-fetoprotein testing can be ethically justified since a "reasonable person would agree to slight infringement of liberty now so that his or her later choices could be fully informed and voluntary." She also states that neither further diagnostic work nor abortion could be mandated ethically. If we do not make abortion of fetuses with NTDs mandatory, then I see no justification for mandatory screening. If the ultimate choice lies with the mother, should not the choice to be tested be hers as well?

There is no precedent for this type of interference in the choices of women regarding their pregnancies. We have handled the genetic testing of amniotic fluid α-fetoprotein on a voluntary basis and have stressed the importance of advising pregnant clients of their relative risk of problems and of the risks and benefits of the test. It seems more important to stress the education of health care providers regarding the availability of serum testing and its appropriate use.

The policy issue that I would like to see addressed is not whether this testing should be made mandatory, but whether it should be made accessible. At the least expensive local laboratory, the price of a serum test is about $50. The follow-up ultrasonography and other examinations add hundreds of dollars to the cost of a woman's prenatal care. The result is that only women with financial resources have access to these tests and thus to the choice of whether to bear a child with an NTD. This issue is far more ethically compelling.

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Author's response:

I appreciate Ms. Chickadonz's response to my article. She apparently disagrees with mandatory maternal serum α-fetoprotein (MSAFP) screening at the initial level because it is not justified. Her reasons for this judgment seem to be that since abortion of fetuses with neural tube defects (NTDs) is not mandatory, MSAFP screening should not be mandatory, and since ultimate choice about whether to bear an NTD-affected fetus always resides with the pregnant woman, then she should be allowed to choose whether to have the test. Neither reason supports the judgment that mandatory MSAFP screening is not justified.

First, the degree of bodily invasion in an abortion is much greater than the degree of bodily invasion in obtaining a sample of maternal blood serum. The degree of bodily invasion is directly correlative to infringement of individual freedom and privacy. I demonstrated that the initial MSAFP test could be justifiably mandatory for all pregnant women through an interpretation of the moral principle of weak paternalism and through the argument that a minor limitation of freedom for the MSAFP screening would be acceptable to