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Review Article

Ethical and Religious Considerations of Selective Abortion for Down Syndrome in Qatar

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Abstract

Selective abortion following a prenatal diagnosis of Down syndrome presents complex ethical and religious challenges, particularly within the context of Qatar. Advances in prenatal screening enable early detection of chromosomal conditions, prompting debates grounded in the principles of autonomy and non-maleficence. While autonomy emphasizes the pregnant individual's right to make informed reproductive choices, it does not provide sufficient moral justification for terminating a fetus granted moral personhood. Arguments based on anticipated familial burden or altered expectations fail to demonstrate that lives affected by Down syndrome lack value. From the perspective of non-maleficence, abortion constitutes significant harm by depriving the fetus of a "future like ours," and claims of psychological harm rely on speculative judgments shaped by societal discrimination rather than intrinsic suffering. Islamic bioethics and Qatari law further restrict abortion, permitting it only under specific conditions, such as severe fetal anomalies before ensoulment or maternal health risks. These frameworks affirm the sanctity of life and reject disability-based termination. Ultimately, ethical responses should prioritize inclusion, reduce stigma, and strengthen support systems for families, aligning medical practice with principles of justice and the equal dignity of all human lives.

Keywords: Moral Personhood, Future Like Ours (FLO), Non-maleficence, Reproductive Autonomy, Genetic Essentialism.

INTRODUCTION

Pregnancy may be a source of profound joy for some individuals, while for others it can be accompanied by significant anxiety and fear. Questions concerning fetal health, normality, disability, and the moral implications of potential outcomes are common during the prenatal period. Although definitive answers regarding fetal health are often only available after birth, advances in prenatal screening now allow for the early detection of certain genetic and chromosomal conditions, including Down syndrome. These developments raise complex ethical questions, particularly when prenatal diagnosis leads to consideration of selective abortion.

In Qatar, prenatal screening is widely available and forms part of routine antenatal care, especially for individuals considered at increased risk of fetal anomalies. Common tests include maternal serum screening, chorionic villus sampling, amniocentesis, and ultrasonography [1,2].These tests can detect conditions such as Tay–Sachs disease, spina bifida, fragile X syndrome, and most commonly, Down syndrome. Given that Down syndrome is the most prevalent chromosomal cause of intellectual disability, screening for this condition is routinely offered to pregnant individuals [3].

Down syndrome, also known as trisomy 21, is a chromosomal condition caused by the presence of a third copy of chromosome 21, either in full or through chromosomal translocation [4]. It is associated with mild to severe intellectual disability and an increased prevalence of certain medical conditions, including congenital heart defects, gastrointestinal abnormalities, thyroid dysfunction, visual impairment, and hearing loss [5]. However, many associated medical conditions are treatable, and individuals with Down syndrome increasingly live long, meaningful, and socially integrated lives. The likelihood of Down syndrome

increases with advancing maternal age and may be higher in populations where consanguineous marriage is common, a factor relevant in Qatar and other Gulf countries [6].

Importantly, concepts such as health, normality, and disability are neither objective nor universal. Definitions of disability are culturally contingent and historically variable. Some theorists define disability as a condition incompatible with a satisfactory quality of life, while others understand it as a limitation of normal species functioning that restricts opportunity [7]. Within dominant medical frameworks, Down syndrome is often classified as a disease because it deviates from socially constructed norms of health and functioning. This framing strongly influences prenatal decision-making.

In Qatar, ethical considerations surrounding selective abortion are deeply intertwined with Islamic bioethics and national law. Abortion is generally prohibited under Sharia-based legislation except under specific circumstances, such as when the mother's life is at risk or severe fetal anomalies are detected before ensoulment [approximately 120 days of gestation]. Religious scholars emphasize the sanctity of life and caution against terminating pregnancies solely on the basis of disability, arguing that all human lives possess inherent dignity regardless of impairment. These cultural and religious norms significantly shape attitudes toward prenatal screening and selective abortion in Qatar. Thus, this paper examines the ethical permissibility of aborting fetuses diagnosed with Down syndrome through the principles of autonomy and non-maleficence, while considering Islamic ethical perspectives. For the purposes of this analysis, it will be assumed that the fetus possesses moral personhood from the moment of conception [8].

DISCUSSION

Autonomy

Autonomy is a foundational principle in moral philosophy and bioethics, commonly defined as the capacity for self-determination and informed decision-making [9]. Respect for autonomy requires acknowledging individuals as agents with values, interests, and preferences. Arguments in favor of abortion following a diagnosis of Down syndrome often appeal to the pregnant individual's autonomy to control their own body and make reproductive choices in accordance with personal interests. These arguments prioritize maternal or familial interests rather than the interests of the fetus.

The Right to Control One's Body

A prominent defense of abortion grounded in bodily autonomy is offered by Judith Jarvis Thomson, who argues that abortion may be morally permissible even if the fetus is granted full moral personhood [10]. Thomson introduces the famous violinist analogy, in which an individual is involuntarily connected to a dependent violinist whose survival relies on their bodily support for nine months. Thomson argues that while unplugging oneself results in the violinist's death, it is not morally obligatory to remain connected, as the violinist has no right to use another person's body without consent. Applied to pregnancy, this analogy suggests that even if the fetus has a right to life, this right does not entail a right to use the pregnant individual's body for sustenance. Accordingly, abortion is characterized as an act of bodily disengagement rather than an act that violates the fetus's right to life.

However, this analogy has notable limitations. Abortion is not merely a passive act of withdrawal but involves direct intervention in the body of the fetus, resulting in intentional fetal death. Unlike the violinist scenario, abortion does not simply remove bodily support but actively terminates fetal life. Consequently, critics argue that Thomson's analogy fails to capture the moral gravity of abortion when understood as a deliberate act against another human body.

Furthermore, pregnancy involves two distinct bodies connected through a shared biological relationship. If both the pregnant individual and the fetus are granted equal moral status, then both possess competing rights. Under this assumption, the fetus's right to life cannot be overridden solely on the basis of maternal bodily autonomy. The presence or absence of Down syndrome is morally irrelevant in this context, as all human lives possess equal moral worth regardless of disability.

Abortion for Maternal and Familial Interests

Another justification for abortion following a diagnosis of Down syndrome appeals to anticipated emotional, financial, and social burdens. Parents often experience grief, fear, and uncertainty upon learning that their child has a disability, accompanied by concerns about long-term caregiving responsibilities and family disruption [11]. Empirical literature suggests that families raising children with disabilities may encounter increased stress, financial strain, and limited access to adequate support services [12].

However, claims that raising a child with Down syndrome necessarily imposes greater burdens than raising a non-disabled child are contestable. Families raising gifted children, for example, may experience comparable levels of stress due to the demands of specialized training, financial sacrifice, and disproportionate allocation of family resources [13]. The presence of additional demands alone does not justify moral distinctions between lives worth living and lives not worth living.

Moreover, evidence indicates that many families report high levels of satisfaction, meaning, and emotional enrichment when raising children with Down syndrome [11]. Individuals with Down syndrome are

capable of forming meaningful relationships, participating in education and employment, and contributing positively to family and community life. Thus, parental disappointment or altered expectations cannot ethically justify the intentional ending of fetal life.

Non-Maleficence: "Do No Harm"

The principle of non-maleficence, commonly expressed as "first, do no harm," obligates healthcare professionals to avoid actions that cause unnecessary harm to patients [9]. In the context of abortion following a diagnosis of Down syndrome, two forms of harm must be considered: physical harm resulting from fetal death and psychological harm associated with living with disability.

Physical Harm and the Future Like Ours Argument

Philosopher Don Marquis argues that killing is morally wrong because it deprives an individual of a "future like ours" [FLO] a future containing experiences, relationships, and activities that make life valuable [14]. On this account, abortion is morally impermissible because it deprives the fetus of a valuable future, regardless of disability status. If killing an infant with Down syndrome is morally wrong because it deprives that infant of a future, then consistency requires that killing a fetus with the same condition is equally wrong, provided the fetus is granted moral personhood [15]. Down syndrome does not eliminate the possibility of a meaningful future, and therefore abortion on the basis of this diagnosis constitutes serious harm. Exceptions may exist in cases where a condition is incompatible with survival or entails unavoidable and extreme suffering. However, Down syndrome does not meet this criterion, as individuals with the condition can and do live lives of value.

Psychological Harm and Social Discrimination

Some argue that abortion may be justified to spare the future child psychological harm arising from social discrimination, limited opportunities, and stigma. Individuals with Down syndrome face barriers in education, employment, and social participation, often due to discriminatory attitudes rather than inherent limitations [16]. Disability rights legislation, such as the Americans with Disabilities Act, seeks to address these inequities by affirming the equal dignity and worth of individuals with disabilities [17].

However, judging a life as not worth living based on societal prejudice reflects a failure of social justice rather than a justification for ending life. Predicting that an individual would prefer non-existence over a life with disability is speculative and ethically problematic. Many individuals with Down syndrome report positive self-concept, life satisfaction, and a strong sense of belonging [8].

CONCLUSION

Selective abortion following a prenatal diagnosis of Down syndrome raises profound ethical concerns when examined through the principles of autonomy and non-maleficence. While respect for maternal autonomy is a central value in bioethics, it does not provide sufficient moral justification for intentionally ending fetal life when the fetus is granted moral personhood. Appeals to familial burden and altered expectations fail to demonstrate that lives affected by Down syndrome lack value or meaning.

From the perspective of non-maleficence, abortion constitutes a significant physical harm by depriving the fetus of a "future like ours" a future containing experiences, relationships, and opportunities for flourishing. Arguments based on anticipated psychological harm rely on speculative assessments of quality of life and reflect societal discrimination rather than intrinsic suffering. Ethical consistency requires that the moral protections afforded to infants and adults with Down syndrome extend to fetuses diagnosed with the same condition. Down syndrome does not preclude a meaningful life; many individuals report positive self-concept, life satisfaction, and a strong sense of belonging.

In Qatar, these ethical considerations are further shaped by Islamic bioethics and national law. Abortion is generally prohibited except under specific conditions, such as when the mother's life is at risk or severe fetal anomalies are detected before ensoulment [approximately 120 days of gestation]. Islamic scholars emphasize the sanctity of life and caution against terminating pregnancies solely on the basis of disability, arguing that all human beings possess inherent dignity regardless of impairment. These principles align with disability rights frameworks that reject discriminatory assumptions about quality of life.

Ultimately, the ethical response to Down syndrome should focus not on elimination through selective abortion but on fostering social inclusion, reducing discrimination, and providing adequate support for individuals with disabilities and their families. Such an approach affirms the equal dignity of all human lives and aligns medical practice with the core ethical commitment to do no harm.

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