*579 words —*

Breimer LH

Reply to ALEKSA OWEN, SATENDRA SINGH, KRISTI L KIRSCHNER

All couples want a healthy baby. No sane person sets out to have a sick or handicapped child. It is the duty and joy of healthcare to help to increase the chances of a happy event. Until delivery, healthcare must do its utmost to decrease the risk of a sick or handicapped child being born.

If that was not clear from my article, then it was a shortcoming and a pity.

NIPT should be viewed as an additional tool to increase the chance of a healthy outcome. This test is part of the armamentarium of modern antenatal care. Actions to help increase the chances of a child being born without handicap and in full vigour cannot be seen as a harm. To claim that to prevent a disability before birth should cause harm would be a perversion of language.

NIPT is evolving. Like all new technologies, we have to learn to use it optimally, but it is with us whatever we chose. Nevertheless, in principle, NIPT is no different from other technologies used to maximise the chances of having a healthy baby. All the pregnant should have the right to the best technology.

In most countries NIPT is not part of the standard antenatal service. The pregnant must turn to the private sector, where the price is usually much higher than the real cost. Nevertheless, it is clear that even people with limited means chose NIPT. In The Netherlands, where NIPT is provided at the same price as FTC, NIPT has wiped out FTC. Belgium is the only country that I know of which provides NIPT at a token cost ($9, same as any blood test).

The studies I quoted show that when the burden of caring for a handicapped child falls on family members people vote with their feet and wallets. In a stressed system, health insurers and public providers might take the step of giving the option of a free NIPT with the proviso that if this is declined or persons do not act on the results, the cost of care of any handicapped offspring will not be covered but rather fall on the parents.

The authors have not declared any conflicts of interest. The authors´ 3rd reference is to an article of mine, where I with my coauthors Nilsson and Breimer, point out that declarations of conflicts of interests are still inadequate. The authors have done an enormous amount of work to improve conditions for persons with disabilities. It seems therefore surprising that they seem not to support reducing the number of persons born with handicaps. One senses a possible hidden, undeclared agenda here. To avoid a handicap ought to be preferable to coping with it. Also, the less persons with handicaps the more money is available for each in a financially constrained system.

Most if not all religions and life philosophies warn those in authority — religious and official — not to put heavy burdens on the backs of others, burdens that the officials themselves would not lift a finger to help bear and which they certainly would not accept for themselves.

All couples hope for a healthy baby, and the purpose of antenatal care, which now includes NIPT, is to maximise the chances of this. If that was not clear enough from my article, that is a pity. Or do the three authors have any other stance on this point that is the cause of their opposition to my paper (even if they never explain why)?

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