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HIV-positive mothers:

: Case for unborn child

A University of Nairobi pediatrician recently suggested that HIV

positive mothers be routinely aborted to save the children the agony of

being born HIV-positive. In today’s edition, DOROTHY MUNY

YAKHO likens this proposal to the eugenics programme, which had so

many German children exterminated just because they did not conform to that day’s standards of perfection.

At a recent medics’ workshop on

the management of HIV/Aids, a

University of Nairobi pediatrician recommended routine testing and aborting of mothers who

turn out to be carriers of the

human immunodeficiency virus

(HIV) that causes the killer Acquired Immuno-Deficiency Syndrome (Aids) disease.

The argument given for routine

testing and abortion of HIV-positive mothers is that the mothers

would die, and the orphaned baby

would suffer possible abandonment arising from the stigma of

Aids. And if indeed the baby does

turn out to be HIV-positive, he

would, of course progress to full-

blown Aids and die, so, why not

opt for abortion and shorten the

agony for both the mother and

the baby?

There is a 25 to 50 per cent

chance that a child born to an

HIV-positive mother will be

HIV-positive. Although the majority of babies born to HIV-positive mothers test positive at

birth, a good percentage of them

convert to negative between

18 and 24 months of are. The

explanation is that their

positive status is a result of maternal anti-bodies floating in

their bloodstream, These eventually die off resulting in the child

converting to HIV-negative

status.

The implication of this is that

the pediatrician’s recommendation to abort HIV-positive mothers is fraught with the danger of

condemning innocent and perfectly normal babies to death just

because they happen to be in the

wombs of HIV-positive mothers.

Today’s article is not an argument in favour of those children,

who though born testing positive

for Aids may de-convert at a later

stage; it is a look at the whole

abortion mentality and its relationship to euthanasia, which has

recently featured quite prominently in the local press.

Abortion and euthanasia have

one thing in common: Both practices infringe upon the human

rights to life, and introduce into

modern day law the principle of

directly killing the innocent as a

solution to problems.

According to Dr Peter Doherty

in Euthanasia, License to

genuinely voluntary euthanasia is

impossible for those living in

family circumstances. “Through

the family, human love is ex

pressed in terms of life in that

the parents’ love is expressed

both for each other and to their

children. It is on the basis of se

cure love that family bonds and

loyalty are nurtured and mutual

devotion is developed between

members of the family. When

misfortune strikes, as indeed it

eventually does, there is a rallying of forces for mutual support.

By their support towards each

other, the family bonds are

strengthened” he says.

Kenyans have a long tradition

of extended family, and a mother

who is dying from Aida, should

find among her sisters or other

members of the family one who

will be willing to look after the

child that the deceased leaves

behind.

But then we are talking of a

new era of convenience, an era of

situational ethics, when there are

no absolute evils like thou shalt

not kill, but rather, you may kill

if the tile involved is not of equal

worth to what human Life should

be.

Joseph Fletcher, the father of

situational ethics once said in the

American Journal of Nursing

that it was “ridiculous” to give

ethical approval to the ending of

a “subhuman life” by abortion

while refusing to give approval to

ending of a ’subhuman’ life by

positive euthanasia.

“If we are morally obliged to

put an end to a pregnancy when

amniocentesis reveals a terribly

defective foetus, we are equally

obliged to put an end to a patient’s hopeless misery, when a

brain scan reveals that a patient

with cancer has advanced brain

metastases,” he said.

A fortnight ago in this column,

we carried an article on the

Nairobi Terminal Care Centre,

whose very existence is a challenge to the euthanasia mentality

that is slowly creeping Into Kenyans’ way of thinking. A society

is measured by the care and attention it gives to its most helpless members. Only the society

which bases a man’s worth on his

usefulness will prefer to give him

a cheap death instead of

support in living out his L.

genuine dignity.

Most abortion is practised

suit the mother’s convenience

since advances in modern medicine have relegated abortion

save the mother’s life to

archives.

Where abortion is carried

“for the sake of the child” ai

the Aids example under

it is also known as pre

euthanasia. The thinking li

this form of euthanasia is L...

are asking whether this child

an intact enough mind and L..

to justify his continued life.

As Dr Jack and Mrs Barbara

Wilike, experts in human sexuality say in their book Handbook

on Abortion, “the price tag on

the life of this unborn child, the

justification for allowing him to

live and to be born, is whether or

not he will prove independent,

enough, intelligent enough, and

useful enough to society to allow

him to live.”

A opposed to maternal cautions for abortion, this ju rit

says that a human life should n

be permitted to continue to live

it does not measure up to a certain degree of physical and mental perfection and/or is not independent and useful to those

around him, including the state

The ideology is frightening

so far it calls to mind Hitler’

eugenics programme. Contrary

common belief that the

doctors only did what

wanted them to do, the euthanasia prograRmme to “purify” the

German race was a creation of

physicians, who implemented it

voluntarily. .