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Prenatal Diagnosis, Personal Identity, and Disability

ABSTRACT. A fascinating criticism of abortion occasioned by prenatal diagnosis of potentially disabling traits is that the complex of test-and-abortion sends a morally disparaging message to people living with disabilities. I have argued that available versions of this “expressivist” argument are inadequate on two grounds. The most fundamental is that, considered as a practice, abortions prompted by prenatal testing are not semantically well-behaved enough to send any particular message; they do not function as signs in a rule-governed symbol system. Further, even granting, for the sake of argument, the expressive power of testing and aborting, it would not be possible, contra the argument’s proponents, to distinguish between abortions undertaken because of beliefs about the disabling conditions the fetus might face as a child and abortions undertaken for many other possible reasons—e.g., because of the poverty the fetus would face or the increase in family size that the birth of a new child would occasion. Here, I respond to criticisms of those arguments, and propose and defend another: the expressivist argument cannot, in general, distinguish successfully between abortion and therapy as modalities for responding to disabilities.

UNLIKE ANGLICANS, BIOETHICISTS do not share Thirty-Nine Articles of Faith—or even, perhaps, 3.9 articles. However, there are some convictions that bind the field, and, surely, one is that deepened understanding of the human genome will be a fertile source of moral puzzlement and policy difficulties as the new century wears on; the orthodox view, after all, is that scientific development is the *fons et origo* of the field’s problems, and current and projected developments in genetics in particular raise a host of issues.

Shifts in social and moral understandings, on the other hand, have been less touted as origins of the concerns characteristic of bioethics.

Changes in how people think about such matters as the nature of personal identity and human agency are largely unexamined, except insofar as there are concerns that new technologies themselves will tend to alter the way we understand the concepts that help structure social practices. Perhaps a good example here is the protracted discussion about the relationship between respiratory and other “life-support” technologies and the concept of death.

Consider also, for example, genetically mediated (and other forms of) preconceptual and prenatal diagnosis for various potentially disabling abnormalities in gametes or fetuses. The relevant experts confidently expect rapid and enormous progress in the ability easily to detect literally hundreds of biological conditions correlated with disabilities, and bioethicists have been keen to discuss a number of moral issues that seem to come hard on the heels of these advances. Who will have access to this kind of testing? Who will pay for it? What conditions will be considered grave enough to test for? What might widespread testing and termination mean for those fetuses that “slip through” this net? If they become children, and then perhaps adults, who face what may be prolonged, expensive courses of medical therapy and social support, who will shoulder those costs? Will we develop a “quality control” model about children, subtly scorning parents who knowingly accept disabled children into their families and the world?

These questions concern how medical innovation might contribute to morally problematic shifts in thought, value, and practice. Yet they still do not count as examples of bioethical challenges that take off from social innovation—i.e., changes in how people think of themselves and their society. But patterns of influence between our tools and our thoughts can move in that direction just as well.

THE ‘EXPRESSIVIST ARGUMENT’ AND DISABILITY AS IDENTITY

People who may be dubious about the morality of “abortion on demand,” not infrequently think that serious “fetal abnormalities” present a woman with a “good reason” to terminate her pregnancy if she so chooses; my own suspicion is that this kind of reason ranks only behind “to save the life and health of the mother,” and right up there with “rape or incest” as a consideration that seems plausible to many people. However, in recent years, some scholars and activists who operate from a perspective that sees disabilities in political and social, rather than solely medical, terms have tried to set this view of “abortion for fetal indica-

tions” on its head. Rather than seeing the possibility of serious abnormalities as a fairly widely accepted justification in a hotly contested area, they argue that there are good and distinctive moral reasons *not* to abort fetuses on the grounds that they are believed to have disabling conditions, even if abortion in general is morally unproblematic. A line of thought advanced and developed by such “disabilities rights” scholars as Adrienne Asch (1988), Susan Wendell (1996), Laura Hershey (1994), and Marsha Saxton (1997), *inter alia*, sometimes called the “expressivist argument,” aims to show that aborting fetuses on the basis of prenatal tests that disclose potentially disabling conditions is morally troubling in a way that other abortions are not, since abortions so motivated send disparaging messages to people presently living with the traits tested for. As Wendell (1996, p. 153) has written, “the widespread use of selective abortion to reduce the number of people born with disabilities . . . sends a message to children and adults with disabilities, especially people who have genetic or prenatal disabilities, that ‘we do not want any more like you.’” And, in Saxton’s words (1997, p. 391), “The message at the heart of widespread selective abortion on the basis of prenatal diagnosis is the greatest insult: some of us are “too flawed” in our very DNA to exist; we are unworthy of being born.”

The expressivist argument is, in my view, morally important and theoretically challenging, albeit ultimately flawed. In “The Disability Rights Critique of Prenatal Testing,” published as a special supplement to the September-October 1999 *Hastings Center Report*, three criticisms of the argument are canvassed (Parens and Asch 1999). I have argued previously in support of the first two (Nelson 1998); here I will consider some of the rejoinders inspired by these criticisms before moving on to develop the third criticism more fully.

The first critical response mentioned in the *Report* turns on semantic issues, implicitly relying on general philosophical considerations concerning what has to be the case for an action to express a message at all, and concluding that prenatal diagnosis leading to pregnancy termination does not necessarily, nor even typically, satisfy those conditions. People’s reasons for seeking prenatal testing and ending pregnancies are varied—they may doubt their own ability to deal with what they anticipate to be the extra, or the particular, challenges of nurturing a child with disabilities. They may simply be disinclined to undertake those challenges, having cherished a very different set of hopes for their families and their own futures. For similar reasons, some people choose to have no children at

all, and their decisions are not generally seen as sending misanthropic messages to anyone.

This criticism is similar to an argument offered by Allen Buchanan (1996). As he sees it, the claim that an action conveys a meaning is correct only when the actors involved meet two conditions. The first condition concerns the *content* of their beliefs. For an action to convey a certain meaning, the actor must hold the beliefs purportedly expressed by that action. The second condition is that those beliefs must play a certain *role* in a person's decision making. In the case of a person who avoids having children who she expects might have disabilities, this condition requires that her decision either must be *motivated* by beliefs that disparage people with disabilities, or cannot be a *rational* decision absent her accepting such convictions. Consequently, the expressivist argument would work only if a person who decides to avoid the birth of a baby with disabilities believes that anyone with those disabilities is unworthy of being born, or that only "perfect individuals"—i.e., those without disabilities—should be born, or something along these lines, and those beliefs motivate the decision to abort. Buchanan reasonably thinks that many people who seek testing do not entertain such beliefs, or do not act on the basis them. Surely, testing and termination can be considered rational without attributing such beliefs to an agent.

But Buchanan's account seems to rest on a conception of meaning that is too closely tied to beliefs that people hold as they act. Settled social conventions seem capable of making actions semantically significant, even if the agent lacks the beliefs expressed by her actions. I am inclined to say, for example, that flying the Confederate Battle Flag over the South Carolina State House expressed something like contempt for black people; those who felt insulted by it were right to do so. But I do not think that the insult depends upon the fact that the people who ran the flag up the pole in the morning harbored specifically contemptuous beliefs about African-Americans, nor even that those legislators who struggled to keep the Stars and Bars flying necessarily acted out of bigotry. One can, I think, rationally understand their behavior in the terms they offer—as affirming a state's rich heritage—while credibly maintaining that displaying the flag over the state capital is a contemptuous communicative act.

How, then, can I argue that testing and aborting fetuses do not, as practices, send a disparaging message to disabled people? The difference, I think, lies not so much in the intentions of agents as in the fact that, as social institutions, testing and aborting are not governed by the kinds of

rules that would be required to assign them a role in a symbol system. In *Philosophical Investigations*, Wittgenstein (1973, p. 18) says, “It is only in a language that I can mean something by something.” I take him to mean that for some piece of behavior to have semantic significance, it must have a rule-governed role in a publicly sharable system of symbols. A state flag clearly qualifies as a symbol within such a system, whose standard job is not merely to denote the state (as if it were no more than a sign saying “South Carolina”) but to express messages concerning a polity’s history and values. When you fly one over your state capitol, you are using the symbol to do that standard job. (Hanging it in a museum, on the other hand, seems analogous to what philosophers of language call *mentioning*, as distinguished from *using*, a symbol—displaying it in inverted commas, as it were.) The dispute dividing those who wanted the Stars and Bars to set permanently and those who wanted it to wave on is not a dispute over whether the flag means anything, but rather over just what it does mean. The same cannot be said for testing and abortion.

The second criticism discussed in the *Report* considers questions of scope. The expressivist argument purports to have isolated a feature of abortion following prenatal diagnosis that distinguishes it from other abortions. But this claim is dubious: even granting, for sake of argument, that abortion to prevent disability sends a disrespectful message to disabled people, why would abortion on the basis of family size, or poverty, or for any other reason, not send similarly disparaging messages to children of large families, or the poor, or to those who share with the fetus whatever properties that were the basis of the abortion decision?

Adrienne Asch (1988) has argued that abortion on the basis of disability represents a rejection of a *particular* fetus, as opposed to the rejection of *any* fetus that characterizes other decisions to terminate pregnancies. I have not been able to persuade myself that this distinction does the work she hopes. Allowing, *arguendo*, that abortion after prenatal diagnosis sends disparaging messages to people who live with disabilities, I see no successful way of denying that abortions otherwise motivated also are at risk for sending objectionable messages. If a pregnant woman decides her family is already large enough, a particular fetus is being rejected for having the property of being the “n+1 fetus” where “n” is the largest number of children the woman currently wants; if she aborts due to poverty, the fetus is rejected on the grounds that it would be an indigent child.

Asch (forthcoming) has recently emphasized that if a woman chooses to terminate her pregnancy as a result of a test disclosing the likelihood of

a disabling trait, then she has changed her mind about welcoming the baby-to-be into her life on the basis of a single trait—the pregnancy has shifted from welcome to unwelcome on the sole ground of the disability. When women abort for reasons of family size or income or their own health, Asch avers, there is no similar change of mind involved—they never wanted that fetus to become a child in the first place.

Quite apart from whether this distinction would bear the moral weight she assigns to it if it did indeed characterize the situation of pregnant women making decisions about whether to continue pregnancies, Asch's quite general claims about women's psychology seem seriously overstated, to say no more. Surely many women who accept prenatal testing are at least somewhat ambiguous about continuing their pregnancies right from the start;¹ surely, not every woman who seeks abortion for any other reason is dead set against giving birth from the moment she suspects she might be pregnant. A pregnancy that a woman looked forward to continuing might well take on a decidedly different aspect when she suddenly finds herself deserted by her partner, or downsized from her job. One might describe the change in the woman's epistemic situation much as Asch does in her discussion of prenatal testing: the woman now knows one thing about the fetus that she did not know before—that it will be, say, an indigent child, or a single-parent child. If she aborts the pregnancy as a result of this new knowledge, does she thereby offend indigent people or people parented only by their mothers?

Nancy Press has offered another consideration designed to distinguish these cases. Discussing a case in which a woman aborts a child because she already has three children, and does not want to raise a fourth, she writes:

Although one's place in the family birth order may come to leave a mark on a child, it is not an intrinsic attribute of that child, but rather of that pregnancy. Put up for adoption and raised in another family, the fourth-born, biological child may become the first-born adopted child. But a disability is intrinsic to the child. A fetus definitively diagnosed with a disability will have that disability, whatever family raises it. (Press, forthcoming)

Press leaves unexplained why this intrinsic/nonintrinsic distinction is supposed to vindicate the expressivist argument. On its face, it does not seem relevant. A person is fourth-born only via her relationship to others, as a person is poor only via her relationship to a particular economic system. The relational character of a property does not, however, prevent

it from being the basis of disparaging attitudes aimed at the person who possesses it; just consider the way indigent people are treated in the contemporary U.S. The expressivist argument takes what plausibility it has not from the supposed intrinsic character of disability, but from the social reception of disabled people; that reception has been disgraceful, but it is not disabled people alone who have suffered disgraceful treatment. What strikes me as most curious about Press's claim, however, is not its apparent irrelevance, but that it runs counter to one of the most important lessons that the disabilities movement has to teach—namely, that disabilities are, in very important measure, socially constructed. While perhaps “having three copies of one's twenty-first chromosome” counts as an intrinsic property, “having Down's Syndrome” does not—at least, if “intrinsic” means that a property makes whatever impacts it does independently of its social context.

Ironically, one can see the same reliance on the intrinsic/nonintrinsic distinction in Asch's defense of the argument. She plausibly points out that being fourth-born does not generally subject a child to invidious treatment, at least here and now. Asch apparently holds, then, that the expressivist argument works only when the group putatively disparaged by the abortion is already a subject of pervasive discrimination. This part of her position could stand more argument—someone might claim, after all, that if people started aborting fetuses due to their possession of genetic traits that lead to male pattern baldness, doing so would disparage men with this condition, irrespective of the fact that, as men, they are hardly subject to pervasive inequities. It is sufficient, however, to note that Asch neglects to discuss poverty as a motive for abortion. Unless Asch is willing to say that pregnancy termination on the basis of poverty sends a morally objectionable message to poor people, she needs to distinguish between being poor and being disabled, but, in attempting to do so, she succumbs to the same temptation as Press—saying that the fetus's “disabilities” inhere in it in a different way than the properties of being poor or being late in birth order. This temptation should be resisted, however. The distinction is impertinent, the claims on which it rests very likely are false in any event, and they certainly are out of keeping with a significant message that many scholars operating from a disabilities-sensitive perspective have made a central part of their analyses—that “being disabled” is not a property of human bodies considered in isolation, but of human selves considered in their social settings.

CHARACTERIZATION, REIDENTIFICATION, AND CONSTRUCTION

The third criticism of the expressivist argument noted in the *Hastings Center Report* supplement is also a matter of scope, albeit along different lines. The expressivist argument wants to show that it is *abortion* as a response to beliefs about possible disabilities befalling a fetus that is objectionable. The third counter-argument claims that, if expressivistic considerations pertain to abortion, they must also pertain to efforts to avoid the conception of a fetus facing such probabilities, or to therapeutic responses that might eliminate the conditions that may result in the disability.

A defender of the expressivist argument against this critique would have to show that destroying a fetus to prevent the existence of someone with a disability is morally worse, all things being equal, than preventing the occurrence of disabling traits that someone would otherwise have had. As Asch puts it in an article written with Gail Geller (1996), “what differentiates preventing disability by abortion from preventing it by immunization is that the abortion indicates that the disability makes the child unacceptable”—presumably because the abortion eliminates the child (or child-precursor) while the immunization does not.

Again, Asch and Geller do not base this argument on a conviction that aborting fetuses is morally problematic as such, but rather on their view that the elimination of a fetus who would face disability if born expresses a message that disparages disabled people, while eliminating the disability the child would face does not. But it seems to me that this position in fact requires the view that the termination of fetal life is morally fraught. Without attributing some particular disvalue to abortion, it is hard to understand the difference on expressivist grounds between eliminating the dysfunction and eliminating the dysfunctional individual. If abortion on the basis of prenatal diagnosis sends a “we don’t want your kind here” message, why would therapeutic interventions not do so as well—and the more successful the therapies are, the more effective the message? If abortion to avoid parenting a child with disabling conditions involves making a decision based on a single trait, would not efforts to cure or prevent disability also involve value assessments based on a single trait? If testing and abortion militate against social acceptance of disabilities as examples of human variation, why would testing and treating not do so as well?

There is a particular reason why the suggestion that abortion and therapy may be expressively equivalent is a key challenge to the “pro-choice” proponent of the expressivist argument. Press (forthcoming) has argued that critics of the argument mistake who it is who sends the disparaging

message. The sender is not the individual woman making her individual decision; it is instead the society that mobilizes its resources to provide prenatal testing, confidently assumed to lead to abortion in the majority of cases in which testing detects anomalies. But this social version of the expressivist argument becomes implausible if it cannot be distinguished from the claim that mobilizing social resources to support research and therapy aimed at eliminating the impact of disabling fetal traits also disparages disabled people.

I now want to argue that at least some imaginable in-utero interventions, aimed at prevention or therapy, might actually change the numerical identity of the fetus, so that it is no longer the same individual who would have been born without those interventions—i.e., the potentially disabled individual is eliminated by therapy just as s/he would have been by abortion. If this argument succeeds, Asch and Geller’s distinction between responding to fetal anomalies via abortion and responding to such anomalies via prevention or therapy will be shown to be inapt, in at least some cases, with serious consequences for the theory.

Prevention

That avoiding or repairing fetal anomalies may actually change the identity of the fetus (and/or the person it may become) might seem a startling claim, but it is supported by several lines of thought. Call the first line of thought “prevention.” Prevention rests on the idea, often associated with Saul Kripke’s work (1980), but anticipated by the eighteenth century novelist Lawrence Sterne (1755) in *Tristram Shandy*, that the identity of a particular person is necessarily a function of the joining of precisely those gametes that did in fact join in that particular person’s case, along with the observation that even extremely small changes in the course of events can alter which sperm unites with the ovum in question.

Consider Barbara, a woman interested in becoming pregnant. We can imagine Barbara adopting different courses of action in the light of her interest. She might be unimpressed by what she sees as the hype surrounding pregnancy and, hence, gives no thought to her folic acid intake, or any special exercise program, or eating in any particular way.

But we can also imagine Barbara acting differently. In this alternative possible world, she is very careful to be sure that she eats according to a prescribed regimen, takes the recommended supplements, and so forth. It is quite possible that these differences in her routine from world to world will slightly change the incidence, the timing, or even the position of in-

tercourse with her partner, with the result that different sperm inseminate the same ova, with the further result that different children are born to her depending on whether or not she takes the kinds of precautions against disability just described. Taking those precautions does not merely mean that she has improved the chances that her child will escape, say, a neural tube problem; taking the precautions means that she very likely may have a different child than she otherwise would have had. Prevention, then, can preclude the existence of the child-who-would-have-been-disabled, and not just of the disability-the-child-would-have-had, just as effectively as does abortion.

It might be rejoined that whether disparaging messages are sent is not a matter of arcane metaphysics, but of what people actually believe they are doing. Generally when women, at least those who are nonphilosophers, take folic acid and so forth, either they are aiming directly at fostering the health of the child they will have, or, at most, the content of their belief cannot be easily parsed between “taking care that their child be healthy” and “taking care that they have a healthy child.” This ambiguity derails the disparaging message. In contrast, when women follow testing with abortions, matters are much plainer. Whatever their motivations, they know they are terminating their pregnancies due, at least in part, to the high probability that the fetuses would face disabilities were they to become children.

One difficulty with this objection is that it hinges on the assumption that metaphysical ignorance is invincible—that no one ever reads *Tristram Shandy*, or Saul Kripke, or takes to heart what she learns in Introduction to Philosophy. Would advocates of the expressivist argument have to oppose preconceptual prevention strategies for those who happen to believe that such strategies may result in an entirely different child than the one who otherwise would have been born?

But there is a more important problem with this objection. Suppose it were brought to the attention of women considering becoming pregnant that various preconception activities designed to reduce the chances of disabilities might actually change which child they ended up conceiving, not merely how healthy that child was likely to be. Providing this information would dispel the ambiguity about the implication of preventative measures that the defenders of the prevention/abortion distinction claim will deflect the disparaging message. Someone still inclined to use, say, a folic acid supplement would have to allow that she was willing to take steps to prevent bringing into the world a child who might otherwise

have been born with spina bifida, and not just willing to help a given child avoid this condition.

Setting this scenario allows a crucial question to be asked: Is it likely that most women, on getting this information and considering these alternatives, would decide to forgo using the supplements? If not, then the attitudes and actions of women using preventive measures should be as objectionable to these critics as the attitudes and actions of those using abortion, because those women would be just as willing to avoid the birth of a disabled child as to reduce the chance that their child will have disabilities—they would be, in effect, indifferent between two possibilities.

In my view, this indifference would not be morally problematic, but it is hard to see how proponents of the expressivist argument could share this position. If those convinced by the argument see the actual use of prevention as innocent, they must think that women using preventive strategies are not indifferent about these possible implications of their choice, but rather just confused about the whole matter, and if women really knew what they might be doing in taking folic acid, they would stop doing so. This strikes me as implausible.

Therapy

The second line of thought, call it “therapy,” imagines that genetic therapies are available for in-utero treatment of fetuses with diagnosable genetic anomalies. In therapy, the concern is that altering the genetic structure of a fetus, at least if done early enough, may itself be enough to change the numerical identity of the being. This is allied to the intuition supporting prevention. If one does generally accept that each of us must necessarily be the result of precisely those gametes that we did in fact result from, then that belief may rest, at least in part, on the view that the causal sequences that begin at conception are so basic that any alteration in them will ramify repeatedly through development, inducing so many changes that beings who do not share the same gametes cannot be identical across possible worlds. If a genetic therapy applied early in fetal development were to generate a similarly cascading train of differences, then therapy is in no better position than prevention to identify the person born subsequent to the treatment with the person who otherwise would have been born.

It might be responded that the most therapy shows is that *some*, but not all, imaginable interventions threaten identity. If a pregnant woman were to agree to have a shunt installed in her fetus to relieve hydroceph-

ally, for example, her action would seem to raise none of these metaphysical issues. I think this must be granted. But even allowing that many therapeutic interventions might not raise questions about numerical identity, therapy still puts the proponent of the expressivist argument in the awkward position of having to object to at least some possible genetic therapies, and almost all preconceptual prevention strategies, as vociferously as she or he does to abortion following prenatal testing.

Social Construction

There is yet a third line of thought, which harkens back to my earlier discussion of disability as a relational property: call it “social construction.” Suppose that a condition reliably leading to severe disabilities could be detected and amended through in-utero surgical intervention. It does not seem plausible in such cases to imagine that the numerical identity of the object in question—the living human fetus, later baby—has altered. However, if the condition repaired would have been serious and pervasive enough, it might well have structured so much of the person’s life that, in the absence of those conditions, there is an important sense in which the resulting person would not be the same.

This line of thought draws on the notion that in addition to questions about what makes a being the same over time—the “reidentification question”—the personal identity issue also contains questions about what makes me the person I in fact am—the “characterization question,” to use terms of art supplied by Marya Schechtman (1996) in her *The Constitution of Selves*. Answers to the characterization question are given by noting features of the narratives in which a person is embedded, narratives that must surely involve in significant ways how different people are configured by the societies in which they find themselves (Nelson, H., forthcoming).

If human identities are, in this sense, socially constructed, then, from the perspective of the characterization question, numerically the same individual could be different persons in different social worlds. If a person were ensconced in sufficiently different social narratives, due to her having or failing to have a sufficiently severe disabling condition, she might well be a different person as socially constructed with a disabled identity from the person she would be if she were socially constructed as someone whose abilities were considered normal. Even if it were false that, for example, removing the extra genetic material at chromosome 21 resulted in a change in numerical identity of the fetus in question, losing a

future as a child with Down's Syndrome seems a very plausible candidate for a change in personal identity in Schechtman's sense.

To help solidify these ideas, suppose that parents can select the sex of their children via hormonal interventions early in pregnancy. At least if one supposes that the process affects only phenotypic characteristics, a fetus would survive the procedure with its numerical identity intact. One might say of a couple contemplating such an intervention that they are contrasting a possible future in which their fetus is born a girl, and grows to be a woman, with another future, in which one and the same fetus is born a boy, and grows to be a man. But there seems to be a different sense of personal identity in which one would want to say that the person who was subjected to the intervention is so different from what she or he otherwise would have been as not to be the same person at all.

This example exploits the point that gender, despite its close relation to conceptions of personal identity in the lives of many people, is in significant measure socially constructed—as are disabilities. It is possible to imagine the significance of gender otherwise. In some possible worlds, a difference in shape of genitalia, or endocrinological differences, or differences in reproductive role, might have no implications for one's sense of identity—these things might be human variations on much the same order as hair or eye color. But in this world, we order things differently.

In some possible worlds, similarly, differences in physical traits other than gender might have little or no salience with respect to personal identity—the significance of an inability to hear is likely going to be much different for a deaf child born into present-day middle America than for a deaf child born into a world like the nineteenth century Martha's Vineyard described in Nora Ellen Groce's *Everyone Here Spoke Sign Language* (1985). As things stand, however, at least some disabilities—perhaps most plausibly those that are pervasive, visible, and involve cognitive or affective impairment—can structure so much of the way a person experiences the world, and so much about how the world experiences the person, that the presence or absence of those conditions may well be relevant to matters of personal identity, in the characterization sense. Again, the proponent of expressivism seems uncomfortably placed to distinguish between preventing or treating a disability and aborting a potentially disabled fetus following prenatal testing.

CONCLUSION

The expressivist argument is not a very promising way of showing that prenatal testing and subsequent abortions are especially morally prob-

lematic. It is unlikely that a given person's or couple's decision to use prenatal testing and to terminate a pregnancy on the receipt of a diagnosis of likely disabling conditions, as such, sends morally objectionable messages to people living with disabilities, and it is unlikely as well that those social institutions devoted to extending reproductive choices by making prenatal diagnosis available send such messages either. Someone could, of course, harbor disrespectful thoughts about people with disabilities and be motivated to seek out testing and termination on the basis of those thoughts; legislators might vote to fund genetic counseling for the same kind of reason. Similarly, a person might take folic acid, or consent to prenatal surgery, out of contempt for disabled people; the NIH might allocate funds for research designed to eliminate the impact of disabilities because key policy makers have the same view. But even if one could identify people with such attitudes, restricting women's access to prevention or testing, to therapy or termination, would not be the right response, just as curtailing research or therapy would be wrong. Nor would these be good ways to perform the very important social task of educating less unusual people about what life with disabilities can, and might, be.

For these reasons, I think the expressivist argument has become a distraction to sophisticated disabilities theorists and activists; they have more important work to do. Still the expressivist argument is sufficiently serious to command the attention of bioethicists who have not reflected carefully on ethical issues raised by social and medical responses to disability, both on its own behalf, and as a way of alerting us to the complexities and dynamisms of human and social, as well as of technological changes. It forces those of us in the field to mobilize argumentative and reflective resources not often employed in bioethics, resources that suggest that thinking well about puzzling issues in contemporary health care may be as much a semantic, epistemological, or metaphysical task as it is an ethical task. It leads us to note the moral significance of shifting ways in which people understand who they are.

The expressivist argument emerges out of just such a shift—a different way in which some people have come to think about what it is to be disabled. It might nudge us to think in different ways about what it is to be a bioethicist. In particular, it might make us more alert to the way in which medical technologies, and the social practices in which they are placed, not only influence the shape of our culture, but may be influenced by its shape, and more keen to seek out other hitherto neglected forms of

understanding and valuing. If we do so, we may be better placed to see what medicine looks like from the world's many different vantages, and what it means according to its many different articles of faith.

Versions of this article were given as talks at the second annual meeting of the American Society for Bioethics and Humanities, Philadelphia, PA; the summer bioethics conference sponsored by the Center for Bioethics at the University of Otago, Dunedin, New Zealand; and the Department of Philosophy at Michigan State University. I am grateful for the invitations to present this material at these venues and for the insights of my interlocutors. Several of the participants in my NEH Summer Seminar, "Bioethics in Particular," also participated in a discussion of this paper, and I very much appreciate the thoughts they shared with me, as well as the support of the NEH in bringing us together for opportunities of this kind. Hilde Lindemann Nelson, the co-director of the seminar, was both generous and challenging in helping me think through these issues. Finally, I also am indebted to Erik Parens, Adrienne Asch, and all the members of The Hastings Center's working group on Prenatal Testing for Genetic Disabilities and to the ELSI Division of the National Human Genome Research Institute for its support (grant 5R01HG01168-02).

NOTE

1. See, for instance, Nancy Press's (forthcoming) discussion of the 42-year-old woman who is willing to attempt pregnancy only because she knows she has the choice of amniocentesis and abortion. When this woman elects to abort on the basis of the test, her understanding of her pregnancy surely did not shift from unambiguous acceptance of a baby to rejection of a fetus.

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