Expanded prenatal genomic testing: reproductive autonomy can go in more than one way

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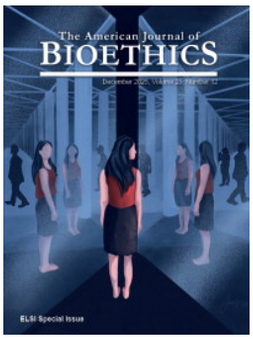
Angaben zur Veröffentlichung / Publication details:

Nov-Klaiman, Tamar, Aviad Raz, and Ruth Horn. 2025. "Expanded prenatal genomic testing: reproductive autonomy can go in more than one way." The American Journal of Bioethics 25 (12): 75–76.
https://doi.org/10.1080/15265161.2025.2570671.



The American Journal of Bioethics

ISSN: 1526-5161 (Print) 1536-0075 (Online) Journal homepage: www.tandfonline.com/journals/uajb20

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To cite this article: Tamar Nov-Klaiman, Aviad Raz & Ruth Horn (2025) Expanded Prenatal Genomic Testing: Reproductive Autonomy Can Go in More than One Way, The American Journal of Bioethics, 25:12, 75-76, DOI: 10.1080/15265161.2025.2570671

To link to this article: https://doi.org/10.1080/15265161.2025.2570671

THE AMERICAN JOURNAL OF BIOETHICS
2025, VOL. 25, NO. 12, 75–76
https://doi.org/10.1080/15265161.2025.2570671

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Expanded Prenatal Genomic Testing: Reproductive Autonomy Can Go in More than One Way

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The article by Holmes et al. (2025) delineates core considerations to the understanding and conceptualization of reproductive autonomy in the context of an expanding offer of prenatal genomic testing that provides an ever-increasing volume of data. Against this background, they argue that reproductive autonomy goes beyond its typical clinical understanding which centers around informed consent and patient choice. They conclude that the vast amount of genomic data generated by new tests does not necessarily translate into "knowledge" that serves meaningful action and thus is not sufficient to support genuine reproductive autonomy.

While we agree with the emphasis the authors put on the attributes which form a desired account of reproductive autonomy, we would like to emphasize additional angles of some of these attributes. This commentary aims to further highlight the complexity surrounding genomic testing, and the variety of perspectives that should be taken into account with regard to reproductive autonomy.

The authors highlight the role social norms and pressures play in the decision-making process of pregnant agents and argue that nowadays these usually take the form of pressure to use elaborate prenatal tests under the premise of responsible parenthood. While this is often true, we would like to stress the importance of recognizing the existence of opposite social norms that also hinder reproductive autonomy. In Germany, for example, institutional and social caution around genetic/genomic testing, due to history, implies restricted availability of and access to such tests, particularly in the prenatal context (Bowman-Smart et al. 2023). In a climate that strongly moralizes prenatal genetic/genomic screening and potential termination of pregnancy, and where such actions are interpreted as making discriminatory judgements about the worth of a life with disability or failing to fulfill the expected role of a parent that accepts any child however it may be, pregnant people are not genuinely free to choose in line with their own values, preferences, and life circumstances (Nov-Klaiman et al. 2025a, 2025b).

Another pillar of reproductive autonomy the authors discuss is "quality options" that should be offered to pregnant agents when deciding whether to pursue prenatal genomic testing. They distinguish between quality and quantity, with the latter manifested in expanded prenatal testing detecting an increasing number of conditions. We offer cystic fibrosis (CF) as a test case to examine this point of quality options. The treatment of CF has witnessed a dramatic change in recent years with the advent of modulator therapy providing patients with certain CF-causing variants unprecedented health improvement. They are available for use in infancy, and novel studies suggest promising effects on fetuses when used in utero (Bonnel et al. 2025). Such use could prevent the formation of congenital malformations associated with the disease. In order for such treatment to take place, prenatal testing is necessary to detect affected fetuses. The offer of prenatal testing in the context of available treatment is clearly a quality option, rather than quantity, which—according to the authors—means to detect another condition in a long list of conditions, i.e., more of the same. With the advancement in research, it seems plausible that additional conditions in the future would benefit from treatments that could be provided already prenatally, thus potentially becoming a game-changer in the decision to test and the decision to terminate an affected pregnancy. These new opportunities to treat in utero raise new questions regarding the offer of "a range of quality options" including the choice of which conditions to test for or not to test at all.

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Where a condition becomes treatable, one may ask whether one option should be favored—the option to test and treat—in the best interest of the child. The question of such a duty must be explored carefully and goes beyond the scope of this commentary.

Generally, the authors are concerned about the generation of uncertain findings and insufficient deliberation around it. We highly agree on the necessity to ensure that a test uptake relies on an understanding of its potentially inconclusive nature. However, we also wish to emphasize that the decision to test or even to terminate a pregnancy based on inconclusive data does not necessarily reflect harm to reproductive autonomy. Following careful counseling, pregnant agents may well be able to acknowledge the uncertain meaning of a finding, weigh the potential risk of harm in each scenario they are facing and decide—given the inherently flawed nature of the data—what can be tolerated in their individual life circumstances (Perrot et al. [forthcoming]). When done consciously and in an informed manner, this can be an exercise of reproductive autonomy.

DISCLOSURE STATEMENT

No potential conflict of interest was reported by the author(s).

FUNDING

All three authors are funded by the German Research Foundation (DFG), projet-number 529272624. Previously TNK and RH were funded by the UK Economic and Social Research Council (ESRC), grant number: ES/T00908X/1.

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THE AMERICAN JOURNAL OF BIOETHICS
2025, VOL. 25, NO. 12, 76–79
https://doi.org/10.1080/15265161.2025.2570657

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Reproductive Autonomy in Prenatal Genomics: Embedding Legal Safeguards for Life-Affirming Choices and the Value of Prenatal Life

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Holmes et al. (2025) present a sophisticated relational model of reproductive autonomy in the context of expanded prenatal genomic testing. Their central claim, that autonomy must be understood not simply as the exercise of unconstrained choice but as embedded in social, relational, and institutional contexts, is compelling. This shift away from the "thin" model of autonomy, which equates respect for persons with maximal information provision, is welcome. Thin autonomy can mask how systemic inequalities, medical norms, and routinized practices subtly narrow the real options available to pregnant agents.

However, while Holmes et al. are attentive to many contextual influences on reproductive decision-making,

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