Redrafted Chinese law remains eugenic

Ten years ago, when Peter Harper became editor of the 
Journal of Medical Genetics, 
discussion in the coffee rooms 
of Departments of Human and Medical Genetics centred 
on human genome mapping. There was excitement, and 
a little apprehension, that it would indeed one day be 
possible to have mapped all human genes and to have 
cloned some. The problems looked enormous, but there 
seemed to be ways through. Even at that early stage, 
geneticists and others appreciated that advancing genetic 
technology would raise social and ethical issues, and in the 
following few years most national and international Human 
Genome Projects built into their strategies provision for 
the study of these areas.

Now, the human gene map is reality. Mapping and 
cloning human genes has passed into the realm of technical 
predictability. The genome still has surprises in store for 
the over-optimistic explorer: witness the current problems 
of the groups involved in disentangling the part of 5q that 
contains the gene causing spinal muscular atrophy. The 
questions today, however, are not whether, but when, the 
region will be cloned and the genetic basis of the disease 
understood. More efficient mapping and cloning techniques 
will come along, but even if they do not, the tools currently 
to hand are reasonably adequate to do the job.

One of the great strengths of modern genetics is that it is 
quite "low tech"; only modest levels of equipment and 
skill are required for many medical applications. Genetic 
technologies and knowledge can be transported across 
international borders, even into places which do not have 
a strong technological base.

Progress on ethical and social issues has been rather less 
dramatic. The early commonplace observation that human 
genetic advances pose virtually no qualitatively new ethical 
questions, but display old questions in a particularly stark 
light, remains true. There is increasing temptation for 
scientists, who are naturally inclined to identify problems 
and then solve them, to conclude that if there are no 
immediate problems then these areas can now be safely 
ignored. Ethical problems, however, can be gone today 
but here tomorrow.

About 18 months ago, press reports appeared concerning 
a draft eugenics law in China. In response to many 
expressions of concern, the bill was withdrawn. With rather 
less international attention, the redrafted "Law of the 
People's Republic of China on Maternal and Infant Health 
Care" was passed in late 1994, and comes into effect on 
1 June 1995. As promised, the word "eugenics" does not 
appear anywhere in the new law. Prenatal sex identification 
is forbidden, except where medically indicated.

However, a premarital medical examination is made 
compulsory, and where this shows "genetic disease of a 
serious nature which is considered to be inappropriate for 
child bearing from a medical point of view, the two may 
be married only if both sides agree to take long term 
contraceptive precautions or to take ligation operation for 
stereility" (Article 10). Reference is also made (Clause 8) 
to "relevant mental diseases" such as schizophrenia or 
manic depressive psychosis. Where a pregnant woman is 
found to be carrying a fetus with a "defect of a serious 
nature" or "genetic disease of a serious nature", termination 
of pregnancy shall be advised. Patient consent is covered 
in Article 19: "Any termination of pregnancy or application 
of ligation operation shall be agreed and signed by the 
person concerned."

Although not racially motivated, this law is clearly eugenic 
in intent, and pays scant heed to the niceties of 
informed consent so important to most medical geneticists. 
It is unthinkable to most of us that such legislation should 
be enacted in our own countries. China, however, has a 
very different tradition and ethos, with a long history 
of state intervention in reproductive behaviour. Can we, 
therefore, ignore this development as simply one more step 
by an already interfering government? Before dismissing 
this development as distant, irrelevant, or a quirk of a 
very unusual governmental system, we must recognise the 
following:

(1) The knowledge and techniques which will be used, 
now and perhaps increasingly in the future to 
implement this law, are the product of our communal 
research efforts. We are providing the tools and we 
cannot claim ignorance of the use to which they will 
be put.

(2) China is not the only country concerned to economise 
on its health care budget, and once an example has 
been set others may be tempted to follow. They will 
necessarily want to see whether any, or all, parts 
of the programme are actually effective, or at what 
social and economic cost.

(3) There are many critics who are still not persuaded that 
man can obtain genetic knowledge without inviting 
serious social abuse and a real life extant example will 
strengthen their cause.

It behoves all those concerned with scientific or medical 
aspects of human genetics to protest vigorously, by any 
legitimate means at their disposal, including making strong 
representations through governmental and international 
agencies, to attempt to modify the way in which China 
puts its eugenics law into practice. The problems faced by 
Chinese health care are real and urgent, but this law could 
be a socially costly and relatively ineffective remedy.

MARTIN BOBROW
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M Bobrow

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