

Editorial

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 In response to many expressions of concern, the bill was withdrawn.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 Peoples' 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 sterility" (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 not 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