



## By pointing out the ways in which prenatal ultrasound alters our fundamental familial relationships, philosopher Peter-Paul Verbeek makes us more aware of its moral effects.

In *Moralizing Technology: Understanding and Designing the Morality of Things*, University of Twente philosopher Peter-Paul Verbeek makes many interesting and astute observations about the ways in which technology can transform our perception of things. Even when his analysis falls short on moral grounds, readers can learn much by engaging with his thought.

His treatment of obstetric ultrasound technology is particularly worthy of consideration. According to Verbeek, prenatal ultrasound “fundamentally shaped” his and his wife’s “experience of [their] unborn child.” He continues: “By establishing a very specific form of contact between the fetus and us, this technology had not simply granted us ‘a peek into the womb’; it had reorganized the relations between our unborn child and ourselves.” In other words, the specific way in which technologies such as obstetric ultrasound “represent what they ‘see’ helps to shape how . . . a fetus is perceived and interpreted, and what decisions are made.” In this way, it “fundamentally shape[s] people’s experience of . . . their unborn child.”

Verbeek says that the moral decision whether to have an abortion is still one that is made by the human person, but he denies that it’s an “autonomous” choice. Human beings, he argues, make moral decisions not by themselves but “in interaction” with their surrounding environment. As he puts it, ultrasound imaging “‘does’ something in this situation of choice; an ultrasound scanner is much more than a mute and passive object that is only used as an instrument to look into the womb.” Ultrasound is therefore not neutral, but enters into the moral decision-making process itself, largely influencing “which moral questions are relevant, and even which question can be posed at all, in practices surrounding pregnancy.” And this is true even though it was not originally designed to establish “new moral practices.”

As Verbeek sees it, obstetric ultrasound is by no means morally “noninvasive,” although it is that in a physical sense. He argues that the sonogram “actively mediates how the unborn is experienced”; it’s “never a neutral peek into the womb.” He breaks these mediations down into three ways that the unborn is *characterized* or



*constituted* by this technology: (1) the fetus as person; (2) the fetus as patient; and (3) the relationship between the unborn and their parents. I will present these and then critically comment on each of them in the same order, without getting into his corresponding argument for a “nonhumanist” ethics in order for us to understand “the moral significance of technology.”

### **The Unborn as Person**

Verbeek claims that “ultrasound isolates the unborn from his or her mother.” He doesn’t necessarily mean this in a negative sense, but simply as a description of what’s going on during the procedure. But he does say that “a new ontological status for the fetus” is generated. “Ultrasound imaging constitutes the fetus as an *individual person*; it is made present as a separate living being rather than forming a unity with its mother, in whose body it is growing.” Seeing the gender of the unborn enhances this “experience of fetal personhood,” as expectant parents can now give their child a name.

I would rather say, as closer to the reality, that the ultrasound does not so much “constitute” the unborn child as a distinct person as much as *confirm* that the unborn child is a distinct person. It should not be contradictory for us to affirm that the unborn child is both “a separate living being” and, at the same time, forms “a unity” with his or her mother *at this stage of its existence*. Thus, the sonogram, it is truer to say, *reveals* the unborn child to us, enabling us to *realize* its already-existing individual personhood. It does not bestow or assign this personhood to it.

### **The Unborn as Patient**

Verbeek notes that ultrasound also constitutes the unborn as *patient*. In his view, ultrasound “turns pregnancy into a medical condition that needs to be monitored and that requires professional health care.” In scanning for abnormalities, ultrasound “translates” these conditions into “preventable forms of suffering.”

Pregnancy is transformed into a “process of choice”: the choice of whether or not to proceed with all of the various tests for congenital defects, as well as the choice of what to do if a defect is detected—either keep the child or abort it. The very possibility of using a sonogram has radically changed the meaning of “expecting a child”: “It inevitably becomes a matter of choice now ...” Even deciding not to have this prenatal diagnostic test performed is itself a choice, and one considered irresponsible in a society that frowns on the idea of having a child with prenatally detectable anomalies (Down syndrome or spina bifida, for instance) born in spite of the suffering they will likely face.



There is much truth in what is said here. I wish, however, that Verbeek had emphasized the unborn child's intrinsic dignity apart from its particular medical condition, which cannot subtract from that dignity or be a justifiable reason for violating it. In discussions of this topic, we ought to emphasize the need for virtue—especially prudence and fortitude, but also kindness and love—on the part of parents and healthcare workers. Such virtues are absolutely crucial if they are to make morally sound judgments with respect to medical care in general, and sonograms in particular, for the unborn.

The sonogram can be used to help parents prepare for a child who they now know, thanks to the sonogram, will be born with serious medical problems, as Verbeek notes. It can also sometimes change the mind of a pregnant woman contemplating having an abortion, as many crisis-pregnancy center workers can attest. These uses of the sonogram are, of course, morally good—the complete opposite of using it to perform an abortion. They respect the unborn as the patient he or she is, as Verbeek affirms.

### **The Relationship between the Unborn and Their Parents**

Verbeek sees a paradox in the way ultrasound isolates the unborn child from his or her mother while simultaneously bringing them closer together. On the one hand, it strengthens the emotional bond between the unborn child and his or her parents. On the other, it transfers knowledge of the unborn from the mother to healthcare professionals. In this way, the mother's womb comes to be seen as something separate from the child—it is the *environment* the fetus lives in, rather than “a unity with it.”

This dynamic can lead to viewing ultrasound as a form of surveillance or monitoring of the woman, at least when there's concern that the maternal environment might pose risks to the child. Verbeek comments:

“Rather than an intimate place to grow, the womb now becomes a potentially hostile environment that needs to be guarded.”

Finally, Verbeek observes that ultrasound has enhanced the father's role; unlike the mother, he cannot feel the movement of the child within his body, but he can now see the child's image with his own eyes.

While Verbeek may overstate some of these effects of the sonogram, there's no denying he's right to note that changes have occurred—both good and bad—in the relationship between parent and unborn child because of this technology. To mitigate any of its evil effects, one must intend *before using it*, to use it with pure motives, e.g., to swear off the temptation of abortion in all circumstances; to affirm that there are two patients, not one, in pregnancy; and to view the ultrasound as a therapeutic instrument only, which is at the service of the life



and health of both mother and child. One needs, however, to develop virtue in oneself to use this technology (or any technology for that matter) wisely and for good ends.

By pointing out the ways in which ultrasound alters our fundamental familial relationships, Verbeek's discussion of its use can help make us more aware of its moral effects, which in turn can help us make better choices when it comes to the use of this important technology. For that alone, pro-lifers can be grateful.

But there is another valuable lesson they should take away from Verbeek's book: by showing us that technology is not simply a neutral instrument, it should make us more cautious in our use of technology—even that which appears to have only good uses. But all technology has an essentially ambiguous nature. This often explains our own ambivalence about it. We who uphold the sanctity of life at both its beginning and its end must at least be aware of this ambivalent character when we employ technology even for good ends—e.g., to save babies from abortion or to keep patients alive. Technology—in this case obstetric ultrasound—has other effects (some of them negative) that may not always be so evident to us. We should be willing to explore them.

**About the Author of this abstract:** Mark S. Latkovic, STD, is Professor of Moral and Systematic Theology at Sacred Heart Major Seminary in Detroit, Michigan.