

Maternal Decisions Regarding Prenatal Diagnosis: Rational Choices or Sensible Decisions?

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Abstract

The premise underlying prenatal testing is that knowing the health status of the fetus will enable expectant parents to make rational reproductive decisions. Accordingly, rational-choice perspectives have informed both counselling protocols and the majority of investigations into the psychological processes involved in making decisions about testing and selective abortion. However, because conditions inherent in the testing situation may not adhere to the basic assumptions of rational choice models, the use of these models may be inappropriate. The individualistic focus of rational choice models may be too narrow to encompass the social and psychological factors relevant to making a decision about testing. In light of these limitations, we make a case for adopting a contextual framework for conceptualizing decisions regarding the use of prenatal testing.

Résumé

L'hypothèse qui sous-tend le recours au dépistage prénatal est la suivante : le fait de connaître l'état de santé du fœtus permettra aux futurs parents de prendre des décisions rationnelles sur le plan génésique. Par conséquent, les perspectives de choix rationnel ont été à la base tant des protocoles de counseling que de la plupart des recherches portant sur les processus psychologiques mis en jeu dans la prise de décisions au sujet du dépistage et de l'avortement sélectif. Cependant, puisqu'il est possible que les conditions inhérentes à la situation du dépistage ne respectent pas les postulats de base des modèles de choix rationnel, l'utilisation de ces derniers peut s'avérer inappropriée. Le pôle individualiste des modèles de choix rationnel peut s'avérer trop restreint pour tenir compte des facteurs sociaux et psychologiques associés à la prise de décisions en matière de dépistage. Compte tenu de ces limites, nous plaidons pour l'adoption d'un cadre contextuel pour la conceptualisation des décisions en matière de recours au dépistage prénatal.

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INTRODUCTION

Prenatal diagnostic techniques have rendered decision making about procreation more complicated today than

in any preceding era. Prenatal testing (PT), including both diagnostic and screening procedures, has a clear effect on the experience of pregnancy for many women. PT offers expectant parents the potential for more control over the birth of a child with a disability by providing information about the genetic and health status of the fetus during pregnancy. However, because there are no therapeutic interventions for most conditions detected by PT, the options available to women if fetal disease or disability is detected are limited to preparing to parent a child with a disability or terminating the pregnancy.^{1,2}

Most research to date has been directed towards the medical and, to a lesser degree, the psychological implications of PT for pregnant women. Investigations regarding decision making have been largely guided by rational-choice models, which view the decision maker as an autonomous, rational, individualistic actor.^{3,4} Few studies have examined the reciprocal relations of individual, interpersonal, and societal factors in decisions regarding selective abortion (the termination of pregnancy following a PT diagnosis of fetal anomaly), even though the experience of most prenatal care practitioners is that a range of factors are important to women making these complex decisions.⁵

To address this discrepancy, this article examines the process of PT decision making from a social-psychological perspective. We illustrate that this specific complex situation is itself embedded within a series of complex individual, interpersonal, and societal systems. The reality of prenatal counselling protocols is that contextual factors may override the traditionally assumed autonomous model of decision making. Thus, we argue that the use of a contextual or systems approach as a framework for investigating selective reproductive decisions may be more appropriate than individualistic rational-choice models. Our goal is to provide clinicians with a comprehensive range of information that they will find useful in counselling pregnant women on these issues. Examining PT decision making with a model that

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encompasses the effect of social influences may encourage research into the possibility that women make sensible choices within the context of their personal and social lives, rather than make decisions that are strictly “rational” in the formal sense.

Data Sources

This article was developed as the result of discussions about recent research regarding contextual influences on PT decision making. This research has uncovered unexpected patterns of miscommunication regarding information needs between physicians and pregnant women contemplating prenatal testing use.⁶ To develop a better understanding of these findings and to ground them within relevant past literature, we searched two electronic databases (PsycInfo and PubMed), using the following search terms: prenatal diagnosis, prenatal testing, amniocentesis, maternal serum screening, decision making, and rational choice. Materials not available online (journals and books) were hand-searched, and attempts were made to locate unpublished work.

The Rationality of Using Prenatal Testing

The premise underlying PT is that providing expectant parents with information about the health of the fetus will enhance reproductive autonomy by enabling them to make informed and rational decisions.⁷ Rational-choice perspectives have, therefore, informed most studies of decision making about prenatal testing and selective abortion.^{3,8,9} Rational-choice models, such as the health belief model¹⁰ and the theory of reasoned action,¹¹ assume that people are logical decision makers who will weigh the various options and choose a course of action they believe will maximize benefits and minimize risks. The process by which individuals arrive at a rational choice is a series of cost-benefit calculations in which the possible outcomes of each alternative are evaluated against one another in terms of their likelihood of occurrence and their importance to the decision maker.¹² The optimal (or most rational) choice is the one that promises to provide the decision maker with the greatest benefits, and therefore the greatest level of post-decision satisfaction.

Rational-choice decision making models are based on the fundamental assumptions that individuals are able to perform mental calculations in a logical manner and that they are able to function autonomously.¹² However, women do not make reproductive decisions in a vacuum. Rather, their decisions are made within social contexts that may constrain the choices they make. Personal beliefs and experiences, family circumstances, medical norms, and the contemporary sociopolitical climate all affect the use of PT and may limit the extent to which women make fully informed and autonomous decisions. Given that women may not engage in a rational-choice process in the strictest sense, it is doubtful

whether investigations based on rational-choice models can adequately examine the way women approach decisions regarding PT use. Although the decisions reached by women who are contemplating PT may not always appear rational when judged according to criteria stipulated by these frameworks,^{3,4} they may in fact be quite sensible when judged in the context of each woman's life circumstances. An alternative model of decision making, encompassing both the autonomous and rational decision-making efforts of the individual and the wide range of systemic factors that may affect PT use, is needed. A contextual or systems perspective is a promising candidate.

Proponents of systems perspectives incorporate within these frameworks the contention that individuals develop and act against a backdrop of interconnected contextual systems.^{13,14} According to such proponents, the individual is situated within an evolving family unit, which in turn is embedded within larger societal contexts that also change over time. According to such systems theories, reproductive decisions cannot be understood by focusing simply on the level of the individual. Rather, these decisions are seen to occur within boundaries set by external relationships. Therefore, investigations of PT use and medical counselling protocols intended to aid decision making must attend to all the systems that affect, and are in turn affected by, an individual's decision. The following sections examine decision making within each of the contextual spheres salient to systems frameworks in order to highlight the benefits of adopting a contextual or systems framework for examining the issue of PT use and selective abortion.

Immediate/Individual Level

The individual occupies a central position in contextual models such as the ecological systems theory,¹³ and individual factors such as attitudes, beliefs, and values, and personal goals, preferences, and abilities all affect decisions and subsequent actions. Considering the emphasis given to PT as a means of increasing personal reproductive autonomy, it is not surprising that most research regarding PT use and selective pregnancy termination has focused upon individual differences or personal variables that affect the decision-making process. For example, PT is most likely to be used by women of European/Caucasian background^{15,16} with higher socioeconomic status and education levels.^{15,17} Contradictory relationships have been found between religious practice and intention to use PT. In a general community sample, individuals who endorse stronger religious beliefs are less likely to state a desire to undergo PT, but religious beliefs have been found not to correlate with acceptance of PT and selective abortion among couples raising a child with a disability.¹⁷

Rational-choice investigations also focus upon the individual in attempts to delineate the factors salient in the decision-

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