

オーストラリア・モナッシュ大学 Catherine Mills 博士および Molly Johnston 博士を招いた国際セミナー：「オーストラリアおよび日本における中絶と出生前検査の制度・現状・課題」

Tohoku University Medical Ethics International Seminar

International Seminar on Prenatal Testing in Australia and Japan: Systems, Situations and Ethical Issues

- 日時：2024 年 8 月 26 日（月）13 時 30 分～15 時 30 分（延長の可能性あり）
- 場所：東北大学星陵キャンパス医学部 5 号館 10 階 医療倫理学分野セミナー室
東北大学星陵キャンパスへのアクセス
<https://www.med.tohoku.ac.jp/access/>
医療倫理学分野へのアクセス
<https://www.tohoku.ac.jp/japanese/profile/campus/01/seiryō/areab.html>

■プログラム

TALK 1 Molly Johnston (Monash University) 13:30-13:50

「オーストラリアにおける NIPT（非侵襲的出生前検査）の 10 年：アクセスの公平性に向けた継続的課題」

A decade of non-invasive prenatal testing in Australia: Ongoing challenges for equity of access.

TALK 2 Catherine Mills (Monash University) 13:50-14:10

「NIPT への公的助成を求める論拠」

The case for public funding of non-invasive prenatal testing

DISCUSSION 14:10-14:40

TALK 3 Aya ENZO (Tohoku University) 14:50-15:10

「日本の出生前検査の文脈における関係依存的自律」

What does relational autonomy demand in the Context of Prenatal Screening of Japanese Culture?

DISCUSSION 15:10-15:30

■要事前申込み

参加をご希望の方は 8 月 21 日（水）までに下記よりお申し込みください。ただし定員に達した場合には期日より前に申し込みを締め切ります。

参加申込みフォーム：

<https://forms.gle/BCdLJYsJfWFgRXow5>

■使用言語：英語

■連絡先：圓増文（東北大学）aya.enzo.e5@tohoku.ac.jp

科学研究費補助金（国際共同研究加速基金(国際共同研究強化(A))「義務概念に依拠した出生前診断のための理論枠組みの構築：自律概念の再検討を通じて」（研究代表者：圓増文）

TALK1: Molly Johnston

Biography: Dr Molly Johnston is an early career researcher with multi-disciplinary expertise across social science, bioethics, and health policy analysis. Molly has a background in reproductive science but her current research falls within the intersection between social science, bioethics, and regulation.

Molly is currently working on projects that address the ethical, social, and regulatory aspects of technology innovation in human reproduction, including non-invasive prenatal testing (NIPT); egg freezing, disposition and donation; the use of machine learning for embryo assessment in assisted reproduction; and mitoHOPE, the clinical trial for mitochondrial donation in Australia.

Title: A decade of non-invasive prenatal testing in Australia: Ongoing challenges for equity of access.

Abstract: Non-invasive prenatal testing (NIPT) has been clinically available in Australia on a user-pays basis since 2012. There are numerous providers, with available tests ranging from targeted NIPT (only trisomies 21, 18, and 13 +/- sex chromosome aneuploidy) to genome-wide NIPT. While NIPT has been implemented in the public health care systems of other countries, in Australia, NIPT is predominantly provided by commercial laboratories, under the banner of consumer choice. To understand the implications of this, including the barriers or challenges to the consistent delivery of care, we conducted an online survey of 475 healthcare professionals (HCPs) involved in the provision of NIPT in Australia. We found that NIPT was most commonly offered as a first-tier test, with most HCPs ($n = 279$; 60.3%) offering it to patients as a choice between NIPT and combined first-trimester screening. Fifty-three percent ($n = 245$) of respondents always offered patients a choice between targeted NIPT and expanded (including genome-wide) NIPT. This choice was understood as supporting patient autonomy and promoting informed consent. However, others either did not or infrequently offered a choice, raising concerns regarding patient and provider comprehension of the options, variable test performance, and financial or consultation time constraints. Equitable access, increasing time demands on HCPs, and staying up to date with advances were frequently reported as major challenges in delivering NIPT. Taken together, our findings demonstrate substantial variation in the clinical implementation of NIPT in Australia. While many HCPs see NIPT as a positive advancement, ongoing challenges in clinical provision and equitable access still persist 10 years after its local inception

TALK2: Catherine Mills

Biography: Professor Catherine Mills is a Maureen Brunt Professorial Fellow in the Monash Bioethics Centre, and a Fellow of the Australian Academy of the Humanities. In the Monash Bioethics Centre, she leads the Reproduction in Society research group. Her research addresses ethical, social and regulatory issues that emerge around biomedical and technology innovation in human reproduction, particularly from the point of view of gender and social inequality. Current research projects focus on expanded non-invasive prenatal testing, uterine transplant, machine learning in assisted reproduction, epigenetics and mitochondrial donation. She leads the social research and community engagement stream of the mitoHOPE pilot program, which is undertaking the first clinical trial of mitochondrial donation in Australia. She is the author of

three single author books, numerous articles and book chapters, and co-editor of the Routledge Handbook of Feminist Bioethics.

Title: The case for public funding of non-invasive prenatal testing

Abstract: Non-invasive prenatal testing (NIPT) is increasingly being integrated into public healthcare systems globally. However, in Australia, NIPT is only accessible through a private user-pays system. In this paper, I report on an anonymous national survey we undertook in 2022-3 that investigated the views of healthcare professionals' (HCPs) and pregnant people on public funding for NIPT. We found that most HCPs (401/475, 84.4%) and most pregnant people (542/677, 80.1%) support some form of public funding on NIPT in Australia. Building on this, I also consider some ethical issues that arise around public funding of prenatal screening programs. These include equity and justice concerns, disability discrimination and the link between prenatal screening and pregnancy termination. We outline these issues and their significance within the Australian context in particular. Considering both widespread empirical support for public funding and ethical arguments in its favour, we conclude that, from an ethical point of view, NIPT should be publicly funded in Australia.

TALK 3: Aya ENZO

Profile:

Senior Assistant Professor, Department of Medical Ethics, Tohoku University, Graduate School of Medicine. Her specialty is ethics and biomedical ethics

Title: What does relational autonomy demand in the Context of Prenatal Screening of Japanese Culture?

Abstract: Title: What does relational autonomy demand in the context of prenatal screening in Japanese culture?

Abstract: In recent years, the concept of relational autonomy has gained attention as a promising alternative to the individualistic conception of autonomy. According to this conception, individuals are (or should be) understood as “socially embedded” and interdependent rather than completely independent, and their identities are regarded as “formed within the context of social relationships and shaped by a complex of intersecting social determinants, such as race, class, gender, and ethnicity” (Mackenzie and Stoljar 2000, p. 4). Particularly in some non-Western cultures characterised as family-centred societies, including China and Japan, some literatures draw on this conception of relational autonomy to argue that the involvement of families and/or health professionals in patients’ decision-making tends to enhance their autonomy (Lin, Cheng, and Chen 2018; Lee 2020; Asagumo 2021; Miyashita et al. 2022; Miyashita and Kishino 2023). While much of this literature, particularly from East Asian cultures, has focused on the context of end-of-life care, some have sought to apply this conception to women's reproductive decision-making, particularly in the context of prenatal testing (van den Heuvel et al. 2009; Mozersky et al. 2017; Ahmed et al. 2018; Katada et al. 2023). However, does the concept of relational autonomy actually require such decision-making in the context of prenatal testing and abortion? In this paper, by revisiting and further developing some feminist arguments that first proposed a relational conception of autonomy, I explore what the conception of relational autonomy actually means and demands in the context of prenatal testing and elective abortion in Japan.