

# **FOETAL ALCOHOL SPECTRUM DISORDER AND MORAL RESPONSIBILITY**

**WHY VULNERABILITY MATTERS**

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# AIMS

- Evaluate two positions in the debate on moral responsibility and in-utero harm (specifically foetal alcohol spectrum disorder)
- Offer a novel theoretical approach to moral responsibility in this context

## FOETAL ALCOHOL SPECTRUM DISORDER (FASD)

Neurodevelopmental, behavioural, and social disorders and phenotypic features

- Learning difficulties, memory problems, slow cognitive processing

Sole necessary cause prenatal alcohol use

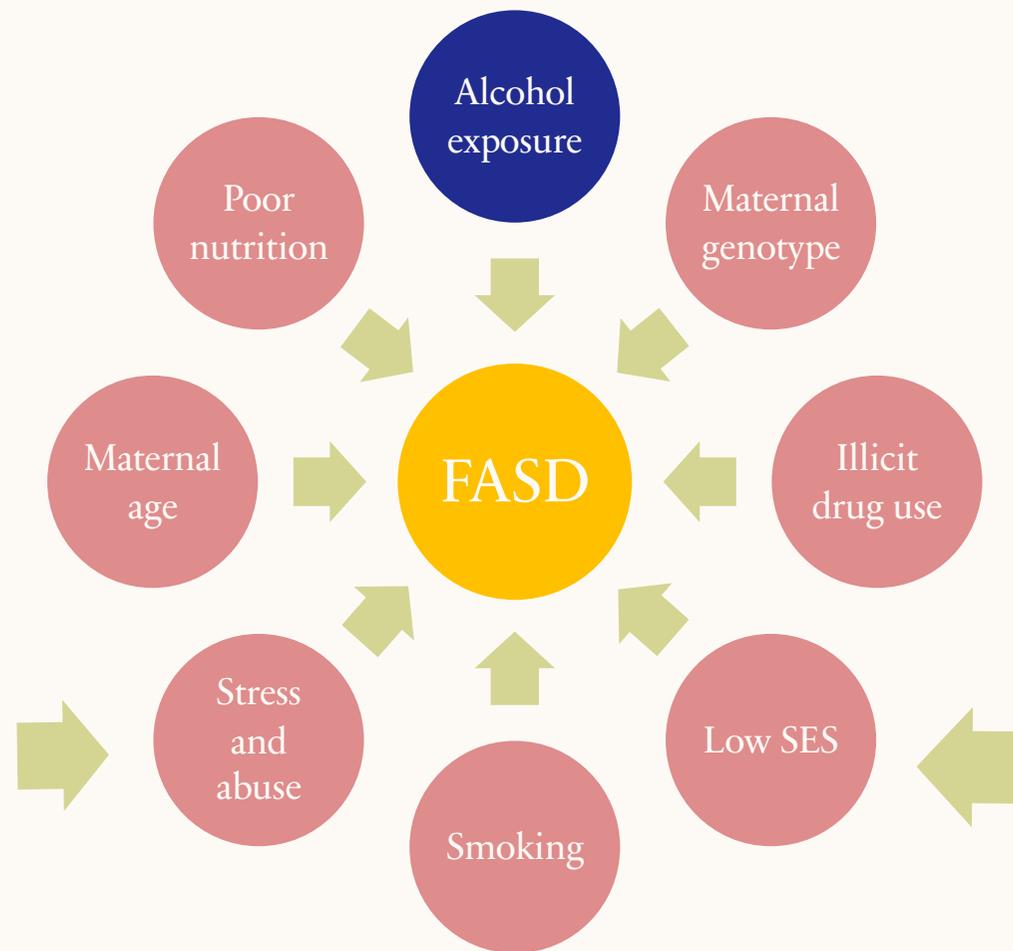
- Uncertainty about whether alcohol at low or moderate levels is safe
- Public health guidelines tend to recommend abstinence
- Rates of FASD vary significantly according to the country and social context
  - 2.27% of children worldwide
  - 11.3% of children in South Africa (Roozen et al., 2016)



# THE 'CAUSAL WEB' OF FASD

McQuire et al., 2020

- Contribute to FASD aetiology
- Contribute to drinking behaviours

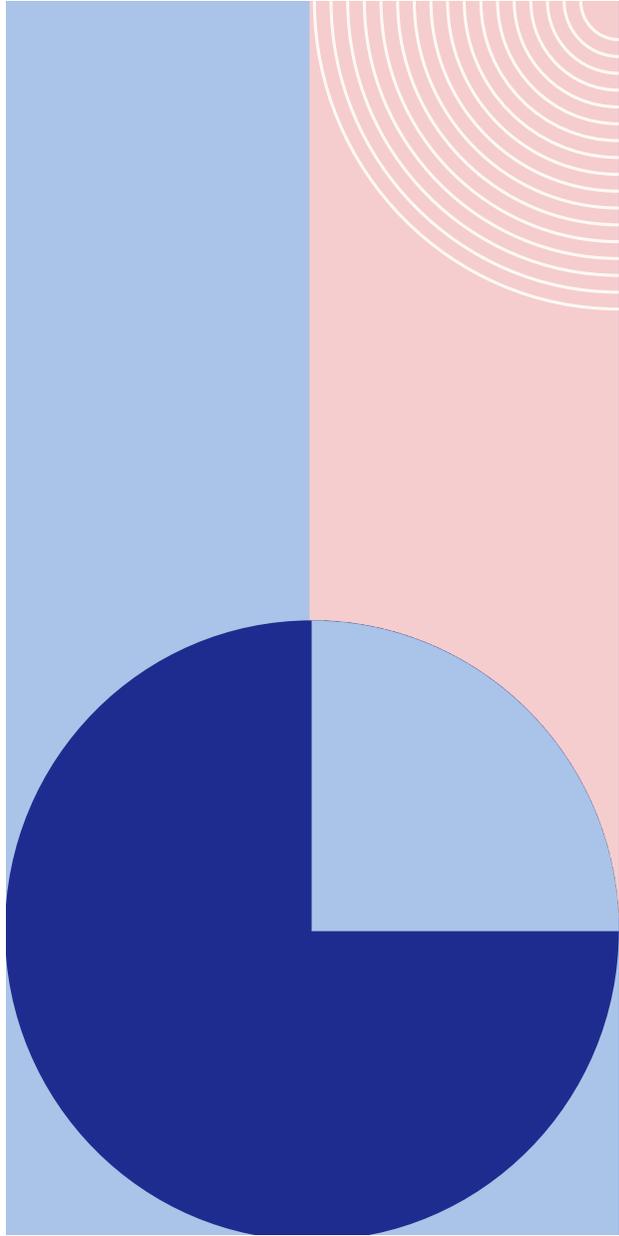


- Poor nutrition
- Insufficient access to healthcare and other support services
- Different patterns of alcohol use

# THE 'CAUSAL WEB' OF FASD

- FASD risk is determined by a range of lifestyle, sociodemographic, maternal, social, gestational, and genetic factors (McQuire et al., 2020)
- Many of these are *causal factors*
  - E.g. low SES contributes to FASD via e.g. poor nutrition, lack of access to medical care
- Children of gestators from more privileged backgrounds tend to be better protected against the effects of alcohol due to differences in social support, stress, and nutrition

# **FASD AND MORAL RESPONSIBILITY**



# INDIVIDUAL RESPONSIBILITY

Wilkinson et al. (2016): individual gestators can rightfully be seen as culpable for harms to their future children arising from their actions during pregnancy

- “A pregnant woman is an autonomous person who is entitled to make her own decisions.” By contrast, “a fetus in-utero has no legal right to protection.” Yet, “the actions of pregnant women can cause harm to their future children” (425)

Some exceptions for culpability:

- Some gestators may only find out they are pregnant after they have already consumed alcohol
- Alcohol addiction (429)

# ANTI-INDIVIDUAL RESPONSIBILITY

Hedlund (2012), Moormann (2024)

- Structural inequality undermines individual autonomy, including the ability to manage risks to the foetus
  - E.g. low SES – limited financial resources
- Furthermore, structural inequality contributes directly to gestational harms
  - E.g. poor nutrition, stress
- Therefore, individuals do not possess control over their lifestyle factors *or* the outcomes
- Individual gestators not responsible; rather, collective agents (e.g. the State) should address structural inequality

### Problems with the argument *for* individual responsibility:

- Ignores broader causal picture of FASD (e.g. nutrition, stress)
- Ignores how social factors and structural inequality undermine individual autonomy (e.g. social patterning of alcohol use, limited financial capacity, stress)
- Effectively individualises responsibility onto gestators for behaviours and outcomes they cannot fully control, and that they do not solely cause
- Overlooks need to address unequal social structures that contribute to FASD in the first place
- Agree with recent literature on gestational harm: move towards emphasizing social context of gestation (e.g. Mills 2023) in line with feminist and social justice principles

### Problems with the argument *against* individual responsibility:

1) Does not account for individual autonomy under circumstances of structural inequality

- Individuals affected by structural inequality do not lack autonomy altogether

2) Not all individuals impacted by structural inequality are impacted in the same way

- E.g. a gestator of high SES with decent support networks experiencing abuse will be better able to escape their situation, compared to a gestator of low SES with little support to fall back on
- Social context of gestational harm varies: whereas in the UK low SES predicts binge drinking, this is not true in all countries

∴ Arguing against individual responsibility *in principle* overlooks degrees of autonomy and differences between social contexts

# AN ALTERNATIVE APPROACH: VULNERABILITY

Popular in feminist bioethics and moral and political philosophy

- Unjust social and political conditions make some people more vulnerable than others (Butler 2004; Goodin 1985; Mackenzie 2014)

**Relational autonomy:** emphasises people's dependency on the environment, interpersonal relations, and social structures (Mackenzie 2014)

- Opposed to an individualistic conception of autonomy which understands persons as fully agential, self-sufficient, and rational
- Autonomy and vulnerability not oppositional: relational autonomy emphasises people's dependence on others (and hence their vulnerability) to achieve autonomy

# AN ALTERNATIVE APPROACH: VULNERABILITY

What does this mean for moral responsibility?

- Demonstrates how structural inequality undermines gestators' capacity to prevent harm, while still acknowledging their moral agency
- Furthermore, demonstrates different “layers” or strata of vulnerability

Example:

- A gestator of high-SES who consumes alcohol to cope with stress in their relationship
  - A layer of vulnerability: stress in their relationship competes with the (presumed) intention to prevent harm to their future child
- A gestator of low-SES who drinks to cope with stress in their relationship
  - Several layers of vulnerability: not only stress, but also limitations of SES that make it harder to protect their own and their future child's health

# AN ALTERNATIVE APPROACH: VULNERABILITY

Implications for responsibility:

- Categories like moral blame and culpability unlikely to be appropriate in many circumstances, due to how structural inequality makes gestators *more vulnerable* and hence *more likely* to have a child with FASD
  - Important implications for bioethics and law: unjust and harmful to hold gestators blameworthy for FASD
- Avoid stereotyping/pejorative approach
  - “Layers” not “labels”: avoid assigning vulnerability as a blanket concept to entire social groups (Luna 2019)

## KEY TAKEAWAYS

- Not an exhaustive account of moral gestational responsibility
- However, demonstrates need to be sensitive to vulnerability in conceptualising moral responsibility for FASD
- Categories like moral blame and culpability unlikely to be appropriate in many circumstances, due to how structural inequality makes gestators *more vulnerable* and hence *more likely* to have a child with FASD
- Future discussions could further tease out these vulnerabilities, including how identifying them could be useful for addressing structural inequality and improving the health of gestators *and* offspring

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