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## Author's Response Re: Findings of Nonparentage: A Case for Autonomy

We thank both Dr Chandler and Drs Michie and Allyse for their thoughtful and challenging responses to our article, "Incidental Findings of Nonparentage." The subtle arguments that the authors provide is precisely the kind of debate we hoped to spark in writing this article.

We have several responses. The first is directed to Dr Chandler, who makes a principle-based argument regarding truth-telling. Dr Chandler is concerned that our recommendation might undermine the clinician's obligation of truth-telling, which he holds to be an absolute ethical duty. However, an explicit policy of universal nondisclosure removes both the clinician's ethical obligation of truth-telling and the parental expectation that information of nonparentage be shared. Consider an analogous case of nondisclosure: if I take my minor child to a physician for

a suspected sexually transmitted disease, the physician will tell me that she or he will not disclose to me the truth of what is found because children are treated as emancipated minors in the context of sexual health. Against the backdrop of an explicit nondisclosure policy, I can have no expectation of receiving information about my child's diagnosis, and the clinician has no grounds for any ethical qualms about withholding the information from me. Policies of nondisclosure remove the obligation of truth-telling.

Our second response is directed to the concerns raised by Drs Michie and Allyse that our policy of universal nondisclosure undermines parental autonomy. There are 2 comments to make in response to this worry. First, our proposal includes the recommendation that parents be told that paternity or maternity testing is available to them if they intentionally seek it out. In that case, there would be a separate informed consent process that would ensure that they had considered the risks and benefits of such a test and the consequences of the results. Our proposal merely stipulates that an incidental finding of nonparentage (IFNP) will not be disclosed. Such a policy does not erode autonomy but enables parents to have the most robust form of autonomy possible because they have the ability both to obtain any information they desire and also the ability to avoid being saddled with information that they do not want.

Our second comment anticipates an obvious rejoinder that Drs Michie and

Allyse might make: why shouldn't parents be allowed to choose whether to receive information of IFNP discovered in the current test? The answer is that such a choice only looks like autonomy; it is actually coercion. Consider the following example: imagine that Mr and Mrs Smith are being consented for a genetic test for their child, and the clinician asks them if they want to know about any IFNP. Mr Smith immediately says that he wants to know (either because he suspects that he might not be the biological father of his child or because he has no concerns at all that the baby is someone else's child). Mr Smith has made an autonomous choice. However, Mrs. Smith knows that there is a chance that her husband is not the baby's father. If she says she doesn't want the information, or even hesitates in answering the question, she has already revealed to her husband that there is cause for concern. So Mrs. Smith will be forced to agree to receive the information. She will not be able to make a noncoerced choice; therefore, her choice does not qualify as autonomous. Allowing the possibility of disclosure of IFNP prioritizes the protection of autonomy of some parents over the harm of coercion of others.

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### Conflict of Interest:

None declared

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## Author's Response: Re: Findings of Nonparentage: A Case for Autonomy

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