

# **Transposing the right to health and boosting eugenesis**

(Comments to the resolution of the  
Legal Protection Revision 1388/2015)

# **Trastocando el derecho a la salud e impulsando la eugenesis**

(Comentarios a la resolución  
del Amparo en Revisión 1388/2015)

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## **Abstract**

There are cases, in which institutions and institution's objectives are transformed and transposed by resolutions and jurisprudence of the courts, a situation which came up during the analysis of a sentence of May 15, 2019, by the 1st Chamber of the Justice Supreme Court of the Nation (Mexico), derived from the legal protection revision 1388/2015, due to the refusal of a hospital to perform the interruption of pregnancy, for health reasons, even if the child would have had a normal life, disrupting the right to health, the social conscience and the ethical value of the therapy and of the human dignity of all people, discriminating against the fetus under an eugenic paradigm.

*Key words:* Abortion, right to health, sentence, human rights, eugenics.

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## 1. Introduction

On May 15, 2019, the first chamber of the Supreme Court of Justice of the Nation (SCJN) of Mexico, resolved the legal protection revision 1388/2015, for the refusal of a hospital to terminate the pregnancy of the complainant, for health reasons. This was decided by a hospital that is governed by the General Health Law and the Federal Criminal Code, where the latter, the complainant intends to enact an implicit discrimination in articles 333 and 334 of the Federal Criminal Code, which tacitly prohibit the legal interruption of pregnancy for health reasons.

Article 333. - Abortion is not punishable when it is caused only by imprudence of the pregnant woman, or when the pregnancy is the result of a rape.

Article 334.- No sanction shall be applied upon: when the abortion is not provoked by the pregnant woman, or when the woman herself or the product are in risk of death, in the opinion of the attending physician, listening this one to the opinion of another physician, whenever this is possible and not the delay is dangerous. Emphasizing that such legislation is an act of concretization of a historic process of discrimination against women. Situation that resulted in a sentence, where the interruption of pregnancy is justified concurring with the eugenics of a fetus with a disability, and updates it as a right to health from a liberal setting.

Out of respect for the complainant, no allusion will be mentioned and only an exclusively academic analysis of the case in question will be established.

## 2. Background

1. In 2013, the complainant, (hereinafter Q), was informed by the staff of the hospital that she was pregnant: «(...) physicians who

treated her informed her that her pregnancy was considered high risk because, months before, she had undergone a gastric bypass surgery, she was 41 years old and had a problem of overweight. For these reasons, Q remained in the hospital for 4 days, since at the time presented a threat of abortion.

2. Consecutively, when she was 15.5 weeks pregnant, Q underwent a genetic<sup>1</sup> amniocentesis test in order to know if the fetus had a hereditary problem, with the risks inherent in the technique.<sup>2</sup>

3. Subsequently, she presented discomfort, bleeding and contractions. For this reason, she was hospitalized again, when she presented another threat of abortion. The next day she was discharged from hospital.

4. Later, Q received the results of the genetic amniocentesis, which showed that the male fetus had Klinefelter syndrome. This would cause that the fetus would not be able to develop its genitals at puberty, but would not prevent him from being a self-sufficient person.

5. Given all these complications «that cause a risk to their physical and emotional health», Q verbally and repeatedly requested hospital doctors to terminate the pregnancy.

6. Given the repeated refusals of the hospital staff, she requested in writing the interruption of her pregnancy, exercising her right to health and attending to the high-risk characteristics of her pregnancy, which put her health and life at risk because of her age and overweight. In this regard –among other documents– (...) she annexed the technical opinion of the doctor, a surgeon with a specialty in gynecology and obstetrics. In such opinion, the doctor explained that she was in a high-risk pregnancy due to obesity grade III, which caused a greater maternal risk of diabetes, thromboembolism and preeclampsia. In turn, due to gastric bypass surgery, he specified that she faced the risk of suffering from malnutrition and obstruction of the small intestine due to internal hernia. The issuer of this medical opinion recommended the termination of pregnancy.

7. Subsequently, they performed the abortion in a private clinic at 19.4 weeks of gestation.

Finally, by mail, the answer of the responsible authorities was the refusal of their request because the fetus could be self-sufficient, even if it had Klinefelter syndrome. In addition, it was indicated that the hospital is an institution of health within the federal field, which is governed by the General Health Law, which does not contemplate the legal interruption of pregnancy.

*Considerations of the complainant:*

- a) The denial, on the part of the responsible authorities, of the interruption of the pregnancy that kept the health of Q at risk, and
- b) Discrimination due to her gender, as she was not attended because of her health risk by not interrupting the pregnancy.

*Positioning in the sentence by the first Chamber of the SCJN:*

1. The case should be viewed in light of the constitutional regularity parameter of the right to health and its protection, and then decide its application in the case of a pregnancy interruption motivated by health risks.

2. It is the obligation of the State, to provide preventive, curative and palliative health services, and to refrain from imposing discriminatory practices in relation to the state of health and the needs of women.

3. The refusal has a direct effect on Q's right to health, preventing her from achieving a state of integral physical, psychological and social health.

4. The responsible authority failed to fulfill its obligation to guarantee the right to health. It ignored the conditions in which the pregnancy developed, consisting of the multiple threats of abortion, the age of the complainant, her condition of overweight and of morbid obesity, the condition of primigesta, as well as the fact

of knowing that the fetus had Klinefelter syndrome. Such syndrome implies life-long submission to medical treatments and the supply of hormones and drugs, which definitely reduces the quality of life of any human being. The interruption of pregnancy was an alternative to face these risks.

5. The health authorities of the hospital had to adjust their actions to a broad interpretation of the right to health. For this, it should have taken into account what is established both in the Constitution and in international treaties. The responsible authorities belonging to a federal regime must apply an interpretive criterion of the right to health that provides greater protection to the human rights of women. This right cannot be restricted by virtue of the place of residence or in response to the local or federal regime of the institution.

### **3. General analysis**

From the facts exposed, it is clear that due to her age, obesity and recent surgical intervention, pregnant women would be exposed to a high-risk pregnancy. The situation that, according to the *lex artis ad hoc*<sup>3</sup> of medicine and medical ethics, should have informed her and point out all the consequences and situations that could occur due to their particular situation of vulnerability. As a result, if it was not performed, a medical malpractice is present, a situation that gives every person a adequate information on their health situation, respecting their autonomy, freedom and in particular their human dignity.

On the other hand, although Q had already had a spontaneous first miscarriage difficulty, she subsequently requested a genetic amniocentesis test in order to know if the fetus had a congenital problem, a situation that increased the risk to her health and the possibility of having an abortion, so that later she presented discomfort and bleeding. The foregone should have taken an infor-

med consent according to her situation, likewise, it should have provided all counseling and psychosocial support, for the care it required.

Subsequently, with the result of amniocentesis, and diagnosis of Klinefelter syndrome, she requested that the pregnancy be interrupted, a situation that implies a eugenic act.

It can be deduced that there was probably a lack of ethics and professionalism, if the health professionals, did not provide adequate and correct information on the consequences and alternatives and support that can be provided for proper follow-up and care of your child.

However, the social security institution did not agree to the request for an abortion, following the strict legality of the rules that govern it, as well as the lack of conditions to do so, since what existed was a high-risk pregnancy.

However, since the amniocentesis itself could have caused an abortion, it can be considered a medical malpractice.

#### **4. In depth analysis**

1. The legal declaration of the Judgment bases its structure on the control parameter of constitutional regularity, recognizing only and exclusively the request of the complainant.

2. It is established that the right to health was violated in its approach to the right to reproductive health and that it was discriminated against because of her status as a woman, and that it must provide abortion for its violation of sexual and reproductive health, and

3. The right to her well-being and life project was emphasized, pointing out the importance of the expectations that each person has for their life according to their conditions and context, having as a basis the self-determination of how each woman wants to live her life.

## 5. Worrisome paragraphs of the sentence

a) «It is not enough to have the freedom to adopt autonomously, decisions about one's own health, it is fundamental to be able to execute them properly. That is, the decision about one's health, how to end a pregnancy».

b) «The complainant is right when she states that the responsible authorities did not evaluate their health in integral terms and that they concentrated on highlighting that the Klinefelter syndrome detected in the fetus was not incompatible with an independent life, ignoring the importance of the lady's physical, emotional and social health».

c) «The complainant's argument is shared that the refusal and the subsequent delay of the authorities designated as responsible constituted forms of cruel, inhuman and degrading treatment».

d) «Women are placed in a situation of dependency and vulnerability, which means that their health objectives can only be achieved if this system provides them with these services. Therefore, health service providers have the final decision on the personal integrity of women; especially in the case of therapeutic abortion where forcing her to continue a pregnancy, it generates per se damage to the woman's health, regardless of when it is interrupted».

e) «It was incorrect for the responsible authority to argue that the syndrome detected in the fetus was not incompatible with a healthy life, because such a manifestation is not consistent with the request that was made. In that sense, the authority had to pronounce on the right to health of women, which is a right explicitly protected by the Constitution and international human rights treaties. Above all, because Mrs. Q had a high-risk pregnancy because she was 40 years old, had previously undergone a «gastric bypass» and had previously experienced a threatened abortion. Thus, the authorities had to consider these effects on health, since it is constitutionally unacceptable that the health of women is put at risk by the continuity of a pregnancy at an advanced age and with a clini-

cal history of that nature. The decision to interrupt a pregnancy belongs solely and exclusively to the woman who attends it, (...)».

f) «She was repeatedly victim of psychological abuse by the authorities that attended her in the health center. Thus in the several occasions in which she expressed her concern and anguish about the implications that the continuation of a pregnancy of a fetus with the diagnosed syndrome would have in its health and quality of life, the doctors responded with arguments that disqualified what she referred to and even questioned the exercise of her sexual freedom. As well as the refusal to perform the termination of pregnancy».

## 6. Comments

i) The relativism that is exposed about human life, based on the condition of the fetus with respect to a disability, is worrisome, that is, when Q, upon learning of the condition of her child (Klinefelter's syndrome), requests to end her pregnancy, which, unfortunately, is justified in the sentence.

ii) Klinefelter syndrome<sup>4</sup>. Alternative Names: Syndrome 47 X-X-Y; Syndrome XXY; Trisomy XXY; 47, XXY / 46, XY; Mosaic syndrome; Syndrome Poli x Klinefelter.<sup>5</sup>

A genetic condition happens in men when they have an extra X chromosome. This occurs in about 1 in 500 to 1,000 male babies. Women, who become pregnant after the age of 35, are slightly more likely to have a child with this syndrome than younger women.

The symptoms they present are:

1. Infertility;
2. Abnormal body proportions (long legs, short trunk, and shoulder equal to the size of the hip);
3. Abnormal breast enlargement (gynecomastia);



4. Sexual problems;
5. Pubic, axillary and facial hair less than the normal amount;
6. Small and firm testicals;
7. Tall stature, and
8. Reduced size of the penis;

These people can be prescribed testosterone therapy and this can help:

- a) Promote the growth of body hair;
- b) Improve the appearance of the muscles;
- c) Improve concentration;
- d) Improve self-esteem and mood;
- e) Improve energy and sexual impulse, and
- f) Improve strength.

Most men with this syndrome are not able to get a woman pregnant. Nevertheless, an infertility specialist can help them. Visiting an endocrinologist can also be useful. These people should always be sent to support groups.<sup>6</sup>

Possible complications: enlargement of the teeth with a thinning of the surface is very common in the Klinefelter syndrome. This is known as taurodontism. It can be seen in dental x-rays.

This syndrome also increases the risk of:

- i. Hyperactivity disorder and attention deficit disorder (ADHD).
- ii. Autoimmune disorders such as lupus, rheumatoid arthritis and Sjögren's syndrome.
- iii. Breast cancer in men.
- iv. Depression.
- v. Learning difficulties, including dyslexia, which affects reading.
- vi. A rare type of tumor called extragonadal germ cells.
- vii. Lung disease.

- viii. Osteoporosis.
- ix. Varicose veins.

People with such a disability can live with support and good human treatment; it is not possible to exterminate them, validating an act of discrimination and positive eugenics. In addition, the fallacious argument of provoking eugenics to have a decent life. Moreover, to avoid the suffering or pain of women to reach a full-term pregnancy, or not allowing people with disabilities to be born, because they do not have a choice of dignified life, in addition to being a mechanism of psychological defense of those who adduce it, have a false premise. People with disabilities, per se, are not born unhappy, nor are they unhappy about their disability, especially if it is genetic. It is the adult psychological predisposition that the sentence of unhappiness is met. If you unconsciously split from being unhappy, you end up doing things that will make that person unhappy. This fact is well established in the whole psychology of child development.<sup>7</sup>

Instead, the attitude of unconditional acceptance, that is, loving, part where everything is done to be happy and thus, significantly supports the development of a strong and mature personality of these people. For example, the one that is eliminated or discriminated because of having a disability such as Down syndrome (Trisomy 21), with Turner syndrome (Monosomy X), or Klinefelter (Trisomy XXY), where most people lead a normal and productive life. Moreover, the great humanists Nicholas James Vujic and Hirota Ototake, with the Tetra-Amelia syndrome, were born without legs and arms, and according to the ideology of perfection, they would be suitable candidates for abortion; however, and a contrario sensu, following the *lex artis ad hoc*, the treatments and supports necessary for its inclusion must be provided.

To want to base the death of these people in the first stage of their existence, is to grant a false right, they are mere exercise of the law of the strongest, which may well be a majority of consen-

sus, of experts, democratically elected parliamentarian or a jurisdictional decision one or a few-as is the case. It is at pure discretion of those who hold power: they sanction their supposed right to trample on the weakest, who in this case lacks any possibility of defense. Representatives who cannot be the ultimate source of good and evil.

The current social model, considers that the problem is not in the person with disability, but in the social factors that generate their exclusion. To the extent that the barriers that prevent people with disabilities from leading an autonomous life and having the same opportunities as other citizens disappear, disability ceases to be a factor of exclusion. In this way, disability is understood as a disgrace and is seen as another manifestation of human frailty that should not prevent, as long as possible, a full life. Accepting abortion due to the risk of a future disability implies regression to an anachronistic disability and, above all, discriminatory.

On this criterion, in 2011 five United Nations agencies<sup>8</sup> jointly prepared a report to denounce the practice of selecting the sex of people who are going to be born through selective abortions, widespread in many countries of the world. In the same year, the Committee on the Rights of Persons with Disability made public some considerations on the report presented by Spain about the degree of compliance with the Convention on the Rights of Persons with Disabilities, where it condemns Spain for its treatment of disability in the current regulation on abortion. It argues that each State is free to establish its own regulation on abortion, but rejects that a reason to consider abortion as lawful is disability.<sup>9</sup> In this regard, the undersigned states that at the time of signing the Convention on the Rights of Persons with Disabilities and in accordance with Article 10 «Right to Life,» the member States reaffirm the inherent right to the life of all human beings. Therefore will take all necessary measures to ensure the effective enjoyment of this right by persons with disabilities on equal terms with others.<sup>10</sup>

On the right to health under the control parameter of constitutional regularity,<sup>11</sup> it is worth highlighting:

As can be seen in the concept of the «**highest possible level of health**», referred to in paragraph 1 of article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), biological conditions are taken into account and socioeconomic essentials of the person as the resources available to the State. There exist several aspects that cannot be addressed solely from the point of view of the relationship between the State and individuals in particular, **a State cannot guarantee good health nor can it provide protection against all possible causes of human ill health. Thus, genetic factors, the individual tendency to a condition and the adoption of unhealthy or risky lifestyles often play an important role about the health of the person.** Therefore, the right to health should be understood as a right to enjoy a range of facilities, goods, services and conditions necessary to achieve the highest possible level of health.

What has been specified by the World Health Organization (WHO), in the sense that health is a state of complete physical, mental and social wellbeing, and not only the absence of diseases or illnesses. Thus, the enjoyment of the maximum degree of health that can be achieved is **one of the fundamental rights of every human being without distinction of race, religion, political ideology or economic or social condition.**<sup>12</sup> From this definition, **well-being**<sup>13</sup> becomes the broadest concept of health; changes in the state of the environment can result in environmental impacts, capable of positively or negatively influence the environmental services that determine **human well-being**. For example, the health effects associated with the degradation or loss of ecosystem services include **avoidable mortality**;<sup>14</sup> morbidity<sup>15</sup> burden of disease;<sup>16</sup> discomfort / psychological suffering<sup>17</sup> and violence (physical or symbolic).<sup>18</sup>

Thus, health involves prevention, promotion and protection activities and implies a comprehensive approach in which physical

and social environments are included, as well as other factors related to existence. Under a similar approach and very interestingly, this right is defined by the last part of the last thesis of the Supreme Court cited in the bill: «[...] **the right to health must be understood as a right to enjoy a wide range of facilities, goods, services and the necessary conditions to reach the highest possible level of health.** “The same body also points out”: **the right to health, which implies obtaining a certain general well-being and that, is necessarily integrated by the physical, mental, emotional and social status of the subject, including then the right to physical-psychological integrity**».<sup>19</sup>

As noted, the issue of well-being and health is very different to how they expose both the complainant and the sentence. For its part, the Committee on Economic, Social and Cultural Rights (General Comment 14, paragraph 36) states: there is an obligation to ensure that the infrastructure of public health provide sexual and reproductive health services, including safe motherhood, mainly in rural areas.

In that intelligence, General Comment 15 of the rights of the child to enjoy the highest possible level of health (Article 24), paragraph 18 states: «Among the main determinants of health, nutrition and child development, the realization of the mother’s right to health and the role of parents and other caregivers should be mentioned [...]».

Therefore, the right to health, at no time promotes abortion or misnamed interruption of pregnancy.

Based on the right to health and women, a high-risk pregnancy is one that has associated factors that can negatively affect the health of the mother or the fetus. **Good control of pregnancy is key to avoid major problems, as it should be with a health approach.**

To which a high-risk pregnancy is one that has more possibilities of complications, both from the point of view of the mother and the baby and, therefore, the previous control during pregnan-

cy, delivery and puerperium, must be more complete, avoiding any possible risk.

The term refers to medical, social, gynecological or obstetric circumstances that may put at risk the health of the mother, the baby, or of both, with a higher probability than the one of general population during pregnancy, delivery or puerperium.

The causes of high-risk pregnancy are very varied, but there are a number of factors associated with it, some of which are present before the woman becomes pregnant, while others develop during pregnancy. It is important to identify them early (ideally before conception occurs) in order to estimate their importance and thus reduce the adverse consequences of them, since they increase both the incidence of complications during pregnancy, such as the risk that the situation may recur in later pregnancies, for the case at hand:

- Social background: women over 40 years of age; overweight (BMI greater than 35);
- Medical history: chronic diseases such as high blood pressure, heart problems, metabolic disorders (obesity), gastric bypas, and
- Pathology in the current pregnancy.

The fact of identifying a **pregnancy as high risk, before or during its course, ensures that the woman has to follow a more complete and a series of special care**, not an abortion as a solution.

In the case at hand, and in the subsequent cases, from a bioethical and bio-legal perspective and, under human rights standards, respecting all persons for their ontological dignity, and without discrimination based on sex, health, age or any other distinction that exclude him/her as another one of our species and common humanity. The foregone should provide, as a preventive measure and in the context of the right to health, the preconception consultation, recommended before planning a pregnancy, in order to iden-

tify social and medical conditions, both maternal and paternal, that can be optimized before gestation, in order to increase the chances of a favorable perinatal result.

In the first consultation a complete clinical history, request for basic tests and others that help us to control the pathology of each patient, and a gynecological and mammary exploration with cervical cytology according to the population-screening program will be carried out.

Likewise, a more individualized follow-up protocol must be followed, with a greater number of visits with the obstetrician, to control the evolution and to make an early diagnosis of the complications. The frequency of each visit and explorations will be determined by the type and severity of the disease, interspersed with visits to the midwife.

Weight, blood pressure, edema or varicose veins, Leopold maneuvers (presentation and fitting in of the baby), measurement of uterine height, fetal heart auscultation (from the second trimester), detection of uterine dynamics (contractions from the third trimester), cervical exploration (in the second-third trimester and according to background), and ultrasound scans (ultrasound and fetal Doppler by a Prenatal Diagnostic Unit) will have to be controlled in every case.

In some cases, it is necessary to stay a time in the hospital to treat possible complications that arise after giving birth. Sometimes it is necessary for other medical specialists to assess the state of the mother. It is also recommended that the pregnant woman should be treated before, during, and after delivery, in an III Level Hospital or specialized in Maternal-Fetal Medicine with Neonatal Intensive Care Unit and adult, in case of complications.

An important fact in the control of pregnancy of high obstetric risk is to keep the patient always informed of the prognosis of her pregnancy. In addition, she has to monitor the influence of pregnancy on her illness, the possible complications and their prevention, the frequency of visits, the warning signs before whom you

must go to the hospital, and the way and time of termination of pregnancy. This situation is in no case whatsoever cruel or inhuman treatment or degrading, rather it is an informed consent and follow-up care and support according to her particular situation.

If the pregnancy is well controlled and the doctor's recommendations are followed, no complications should arise. When a woman has a high-risk pregnancy, it is convenient to adopt a series of measures to prevent complications as far as possible, not to encourage abortion, which is the case, if a right to her sexual and reproductive health is fulfilled, with human perspective and according to the *lex artis ad hoc* of medicine.

## 7. Conclusion

Therefore, what is seen is the exclusion of the fetus, denying its human dignity, which is a fundamental and inherent value of every human being, ignoring its value as a person, and consequently any right recognized by the constitution and treaty on human rights.

By performing the genetic amniocentesis test which determines the Klinefelter syndrome, a liberal eugenics is updated, violating the principle of *synderesis*, the core of ethics and law «do good and avoid evil», and violating the relational coexistence of all people, by an unfair and discriminatory resolution against the fetus due to their disability, denying their humanity by excluding it from the human race. Moreover, it stigmatizes it as undesirable and giving its mother the right to eliminate it from its existence, lowering it to object of law, a situation that the SCJN supports and justifies, violating the principles of completeness and impartiality, promoting and generating a jurisdictional antecedent aimed at eugenics. This situation goes against ethics, bioethics and biolaw, by establishing criteria that reify and they begin to establish references that discriminate against human beings at the beginning of their exis-



tence, increasing their vulnerability and making invisible embryos and fetuses.

The foregone is a risk, for the relativism that invades us and even more in the dawn of the trans and post humanism that threaten to discriminate against human beings that do not meet the standards of quality and well-being of life.

The good and proper care and therapeutic follow-up that all people must have at any time of their existence, under the ethical, totality, therapeutic and subsidiarity principles, that all health professionals must follow, when corrupted must recognize the courts for the benefit of life, personal integrity and health of all people at any time of their existence without any distinction.

Now, the health professionals should follow all the protocols for an adequate and informed maternal and childcare and their statement would be constructive and cooperative for all people, without discrimination of any kind. Thus they should not only establish the sole option of abortion, under fallacies and euphemisms outside of good medical practice and even more under criteria based on evidence and with ethical and bioethical principles, the path is clear to safeguard the life and health of all people related to the case.

Finally, a constitutional court must analyze the case above all the people involved and even more in a situation of vulnerability. Likewise, if the constitutional regularity parameter of the right to health is the reference to be applied, it must be looked after all the patients and for the correct medical attention. Thus according to the *lex artis ad hoc*, that all the procedures endorsed and standardized by professional instances and according to the science based on evidence and ethical principles are carried out, without any type of discrimination and under the legal values that must respect the ontology of the human being, the basis of bio-legal.

## Bibliographic notes

<sup>1</sup> You may have an abortion risk.

<sup>2</sup> Cytogenetic, prenatal study.

<sup>3</sup> «That assessment criterion of the correction of the concrete medical act executed by the professional of medicine-science or medical art that takes into account the special characteristics of its author, of the profession, of the complexity and vital transcendence of the patient and, in its case, of the influence on other endogenous factors –state and intervention of the patient, of their relatives, or of the same health organization–, to rate this act of conformity or not with the normal technique required (deriving from it both the stock of demands or legitimacy requirements or lawful action, of the corresponding efficacy of the services rendered and, in particular, of the possible responsibility of its author / doctor for the result of his intervention or executed medical act). «T.A. (10th) Collegiate Courts, I.4o.A.92 A, Book XXV, October 2013, Volume 3.

<sup>4</sup> Allan CA, McLachlan RI. Androgen deficiency disorders. In: Jameson JL, De Groot LJ, by Kretser DM, et al, eds. *Endocrinology: Adult and Pediatric*. 7th ed. Philadelphia, PA: Elsevier Saunders; 2016: chap 139; Matsumoto AM, Bremner WJ. Testicular disorders. In: Melmed S, Polonsky KS, Larsen PR, Kronenberg HM, eds. *Williams Textbook of Endocrinology*. 13th ed. Philadelphia, PA: Elsevier; 2016: chap 19; Nussbaum RL, McInnes RR, Willard HF. The chromosomal and genomic basis of disease. In: Nussbaum RL, McInnes RR, Willard HF, eds. *Thompson & Thompson Genetics in Medicine*. 8th ed. Philadelphia, PA: Elsevier; 2016: chap 6.

<sup>5</sup> It is an autoimmune disorder in which the glands that produce tears and saliva are destroyed, causing dryness in the mouth and eyes. This disorder can affect other parts of the body, including the kidneys and lungs.

<sup>6</sup> In E.U.: American Association for Klinefelter Syndrome Information and Support (AAKSIS) - [www.aaksis.org](http://www.aaksis.org).

<sup>7</sup> Craig Grace. *Psychological development*. Prentice Hall. Mexico. Seventh edition 2000, p. 175.

<sup>8</sup> OHCHR, UNFPA, UNICEF, UN Women and WHO, Preventing gender-biased sex selection. An interagency statement, Geneva, 2011.

<sup>9</sup> «17. The Committee takes note of Act 2/2010 of 3 March 2010 on sexual and reproductive health, which decriminalizes voluntary termination of pregnancy, allows pregnancy to be terminated up to 14 weeks and includes two specific cases in which the time limits for abortion are extended if the foetus has a disability: until 22 weeks of gestation, provided there is “a risk of serious anomalies in the fetus”, and beyond week 22 when, inter alia, “an extremely serious and incurable illness is detected in the fetus”. The Committee also notes the explanations provided by the State party for maintaining this distinction. 18. The Committee recommends that the State party abolish the distinction made in Act 2/2010 in the period allo-

wed under the law within which a pregnancy can be terminated based solely on disability».

<sup>10</sup> UN Convention on the rights of all persons with disabilities, 2006, art. 10

<sup>11</sup> The first paragraph of article 1. The Constitution recognizes a set of human rights whose sources are the Constitution and international treaties of which the Mexican State is a party.

<sup>12</sup> Basic principles of the Constitution of the World Health Organization. The Constitution was adopted by the International Sanitary Conference, held in New York from June 19 to July 22, 1946, and signed on July 22, 1946 by the representatives of 61 States.

<sup>13</sup> The Millennium Ecosystem Assessment has updated the concept of «well-being», relating it to ecosystem services. In this perspective, human well-being is composed of five main interrelated components: the material bases for a good life, health, good social relations, security and freedom of choice and action. The components of human well-being are particularly determined by the integrity of ecosystems to provide environmental services. They also depend on education and guarantees of access to quality human services (WHO, 2005).

<sup>14</sup> Avoidable mortality is an effect on health that must be differentiated from mortality as a demographic phenomenon. The causes of avoidable mortality associated with environmental impacts mainly affect childhood.

<sup>15</sup> Morbidity refers to the incidence of defined pathologies and can be assessed in various ways (*number of registered cases, number of hospitalizations or medical consultations*).

<sup>16</sup> The burden of illness includes years of life lost due to premature death and years of life lived with disability.

<sup>17</sup> Discomfort and psychological suffering are subjective phenomena that can be determined by environmental impacts, such as aesthetic or material losses (*landscape, environment*) and roots (*forced migration*).

<sup>18</sup> Violence (*physical or symbolic*) is associated with the loss of good relationships. (*Social cohesion, mutual respect, social justice*).

<sup>19</sup> Direct civil protection 6/2008 of January 6, 2009.