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Emily Nygard
University of Puget Sound

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Emily Nygard
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Does one need to understand why health is valuable in order to find enhancement permissible?

In order to understand whether or not enhancement is ethically permissible through a feminist lens, one must first understand why health is valuable; otherwise, the point of would be to flee from disease, rather than pursue a specific, attainable goal. If there were an attainable goal in mind, enhancement could be permissible. However, if enhancement is simply a means to avoid amorphous, evolving Illness, then enhancement will never be permissible.

In her book "An Invitation to Feminist Ethics", Hilde Lindemann outlines the problems with traditional, nonfeminist bioethics and explains how feminist bioethics is a more comprehensive means of solving bioethical problems. The non-feminist, or dominant, mode of bioethics has four main characteristics: these are a) abstract rules and principles, b) liberal individualism, c) an elite and socially powerful clientele, and d) inattention to most forms of oppression (Lindemann 2004, 109). In contrast, feminist bioethics is "a bioethics that examines how power in the guise of gender, race, and other forms of oppression plays itself out in health care practice and the theory that surrounds that practice," (Lindemann 2004, 117). As such, feminist bioethics tracks the responsibilities of all those involved as they correspond to the patient, and draws attention to the three types of stories present in any given case – stories of identity, relationship, and values (Lindemann 2004, 113). In this way, feminist bioethics emphasizes, "that bioethics is something we do *together*," (Lindemann 2004, 114). By situating people within webs of relationships, feminist bioethics rejects the traditional bioethics assumptions, "that people are essentially self-reliant, self-interested, unconnected to others, and in a position to advocate for what they want," (Lindemann 2004, 114). In these ways, feminist bioethics allows for an understanding of how social groups can oppress each other, (Lindemann 2004, 116).

In his essay "Genetic Interventions and the Ethics of Enhancement on Human Beings" Julian Savulescu proposes an answer to the question, "Should we use science and medical technology not just to prevent or treat disease, but to intervene at the most basic biological levels to improve biology and enhance people's lives," (Savulescu 2007, 604)? In answering this question, Savulescu argues that enhancement is both permissible and obligatory, (Savulescu 2007, 604).

The first argument in favor of genetic enhancement is that choosing not to enhance is wrong, (Savulescu 2007, 605). While, "some argue that it is not wrong to fail to bring about the best state of affairs," (Savulescu 2007, 605) in the case of genetic enhancement, where, "there are no other relevant moral considerations," (Savulescu 2007, 605), then such a failure is wrong. The second argument in favor of enhancement, consistency, argues that there is little to no relevant difference between environmental manipulations and genetic enhancement, as both can and do permanently affect one's genetics, (Savulescu 2007, 605). Thirdly, there is no difference between treating disease and genetic enhancement: it is the obligation to preserve good health that creates a moral obligation to treat disease, and this obligation still applies as a reason to promote genetic enhancement, (Savulescu 2007, 606). Additionally, one does not need to question why health is valuable – and engage in the corresponding philosophical arguments - to understand that disease is bad, (Savulescu 2007, 606). In summary, since biology affects one's ability to live well, "biological manipulation to increase opportunity is ethical," (Savulescu 2007, 608).

A counterargument to genetic enhancement is eugenics. Savulescu rejects this comparison, as eugenics is the imposition of a State vision of health, and is enforced through coercion, for the benefit of society and not for the benefit of the individual, (Savulescu 2007, 608). The cornerstone of genetic enhancement should always be autonomy; for this reason, for non-autonomous individuals such as children, genetic intervention should be delayed if at all possible, (Savulescu 2007, 608-609). In cases where delay is not possible, the decision to enhance should be left to parents, (Savulescu 2007, 609). Additionally, when contemplating whether or not to enhance one's child, the parents need to make the decision for the benefit of the child, to protect the child's right to an open future, and to increase all possible futures, not restrict them, (Savulescu 2007, 609-610).

Savulescu addresses five counterarguments to his claim: 'Playing God or Against Nature', 'Genetic Discrimination', 'The Perfect Child, Sterility and Loss of the Mystery of Life', 'Against Human Nature', and 'Enhancements as Self-Defeating,' (Savulescu 2007, 610-612). In contrast to 'Playing God or Against Nature', Savulescu argues waiting until the technology of advancement has been perfected is akin to being responsible for all of the diseases that happen between now and whenever the technology is finally perfected, (Savulescu 2007, 610). In addition, medicine – or rational evolution – has already changed the process of evolution, and as such, enhancement is a necessity, not a luxury, (Savulescu 2007, 611). As a counterpoint to 'Genetic Discrimination', Savulescu argues that, "There is no necessary connection between enhancement and discrimination, just as there is no necessary connection between curing disability and discrimination against people with disability," (Savulescu 2007, 611). 'Enhancements are Self-Defeating' argues that enhancements are only valuable if there is relative gain in comparison to everyone else, (Savulescu 2007, 612). Savulescu argues that there will be many relative and non-relative qualities to enhancements, (Savulescu 2007, 612). Additionally, questions about distributive justice are already a problem for things like education and healthcare, and so such questions should not be a barrier to the implementation of enhancements, as they are not barriers to people receiving education or healthcare, (Savulescu 2007, 612).

A feminist bioethicist would have a plethora of issues with Savulescu's argument; I address four issues. The cornerstone of a feminist analysis of Savulescu's argument focuses on how Savulescu understands enhancement in the web of relationships that he is a part of, and contrasting that to how genetic enhancement would affect those that are not in Savulescu's same social group.

Savulescu argues that there is an obligation to preserve good health that drives the moral obligation that people have to try and heal one another. This observation is faulty, as there is no moral obligation to *preserve* health, but to *pursue* health. If the true aim of medicine were to preserve health, ten every doctor that has ever had a patient become more ill, or die, would have failed their moral obligation; this is clearly faulty. To assume that medicine and healing is so black and white is to assume that people have a level of agency and independent functioning both within and over illness that is simply not present. To assume such a premise is to begin to construct a hierarchy within the practice of medicine: those who get better are more morally permissible than those who cannot recover. Savulescu assumes a place of privilege when he assumes that the goal of medicine is perfectly healthy bodies: rather the goal of medicine should be to collaborate on patient care in order to achieve the best outcome for all involved.

In addition to assuming an incorrect stance on the goal of medicine, Savulescu also assumes that one does not need to comprehend what level of health they wish to attain before attempting to enhance; he argues that disease is bad, and the avoidance of this end is enough to justify genetic enhancement. However, in assuming that all diseases – and that all 'negative' traits – are bad, Savulescu employs an abstract principle to justify removing individuals from their present webs of identity in order to 'cure' them. By blacklisting everything negative, Savulescu ensures that the definition of 'negative' will continue to evolve. It also superimposes a hierarchy onto all social groups, ensuring that the character traits that the dominant social group believes to be important will endure, while traits of the 'lower' socioeconomic classes will be eliminated from the population. This would result in the eventual elimination of certain types of stories of value, as those traits or genes deemed 'undesirable' would have been engineered out of the population. On the other hand, a defined goal of 'health' – such as the elimination of Huntington's, Alzheimer's, or AIDS – would be a more attainable, egalitarian goal and does not allow for the evolution of the meaning of 'negative'. Additionally, such a goal would allow for individuals to remain in their current webs of identity, values and relationship while also allowing them freedom from debilitating and terminal diseases. Savulescu's use of the word 'opportunity' is telling: yes, enhancements would increase opportunity (notably he does not use the word 'health' here), but opportunity for whom? His arguments completely fail to address this problem.

Thirdly, Savulescu attempts to address a potential counterargument by arguing that enhancement and eugenics are different concepts; he does this by stating that enhancement is individually-motivated and voluntary, while eugenics is driven by the state and citizens are coerced into participating. However, such an argument is based on the idea, "that people are essentially self-reliant, self-interested, unconnected to others, and in a position to advocate for what they want," (Lindemann 2004, 114). Such a conclusion assumes that the State does not oppress particular classes of people, whether intentionally or unintentionally, and that everyone in society has Savulescu's same level of privilege. Savulescu's assumption that enhancement would be applied in a societal vacuum ignores the reality of existing systemic inequality. [Such ignorance does not create eugenics, but rather provides a foundation on which eugenics may be actualized.

Finally, Savulescu argues that, "there is no necessary connection between enhancement and discrimination, just as there is no necessary connection between curing disability and discrimination against people with disability," (Savulescu 2007, 611). He is right in that there is no *necessary* connection between these phenomenon; however, to then claim that, just because a connection is not necessary, that such a connection is not there is the epitome of privilege. Savulescu completely ignores the existence of, "an elite and socially powerful clientele," (Lindemann 2004) and chooses instead to argue that ‘just because social classes do not have to oppress one another, means that oppression does not happen’. In doing so, Savulescu completely ignores the concept that individuals have contextual factors in their lives that either prevent then from attaining agency, or prevent them from acting on the agency that they already have. Furthermore, his argument about preexisting distributive injustice not being a barrier to implementing genetic enhancement is false: just because unjust systems already exist is insufficient justification for the creation of additional unjust systems.

Some potential counterarguments to the feminist analysis presented are first, the presence of privilege should not be a sufficient reason to justify withholding technology. Second, that the implementation and use of genetic enhancement technology by a few will pave the way for greater use by a larger population. Third, enhancement is a necessity, in order to maximize human evolutionary potential and maximize benefits for individuals.

The rebuttals are as follows:

First, the presence of privilege should not be a sufficient reason to justify withholding technology, so long as the technology used is implemented in such a way that it combats existing oppressive power structures and respects the networked, collaborative nature of bioethics. Technology is an amoral tool: it is how that tool is implemented that makes it ethical or unethical, and under Savulescu’s implementation design genetic enhancement would serve to empower oppressive structures, rather than dismantle them.

Second, the implementation and use of genetic enhancement technology by a few will pave the way for greater use by a larger population in an uneven way. Technological advances beget technological advances, and the use of technology by a few will ensure that by the time the technology becomes disseminated there will be a new technology with the same distributive justice problems as genetic enhancement. Such a design merely upholds existing oppressive structures amongst social groups, while gradually and disproportionately improving the lives of those in other populations.

Thirdly, human evolution and healthcare occur at a systematic or group level, not an individual level. The implementation of genetic enhancement on an individual level would not serve human evolution; rather it would serve elite groups in such a way that would allow them to remain elite.

If enhancement is to be implemented in the way that Julian Savulescu intends, in order to flee from disease, preserve health, and promote opportunity, then such medical technology cannot be ethically implemented when investigated through a feminist theory lens. Counterarguments regarding individual gain and technological and evolutionary advancement are equally problematic, because they would also support existing oppressive power structures. In the existing system, genetic enhancement would not serve to reform the world as much as it would reinforce all of the ethical issues currently plaguing healthcare systems. In conclusion, one needs to understand the definition of health being proposed by the prevailing power structure, in order to understand whether or not the technology proposed is going to uphold the injustice in the existing power structure, or reform it.

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