



## PHILOSOPHY AND THEOLOGY

After the Second World War, eugenics earned a nearly universal bad name, but recent ethicists have sought to rehabilitate eugenics in a nonracist, nontotalitarian form. Do we have a duty to choose children that have genetic endowments that predispose them to have the best life? Julian Savulescu is perhaps the most articulate and prolific defender of an affirmative answer. With Guy Kahane, Savulescu defines the principle of procreative beneficence (PB) as follows: “If couples (or single reproducers) have decided to have a child, and selection is possible, then they have a significant moral reason to select the child, of the possible children they could have, whose life can be expected, in light of the relevant available information, to go best or at least not worse than any of the others” (“The Moral Obligation to Create Children with the Best Chance of the Best Life,” *Bioethics*, June 2009).

Although in the future, it may be possible to use sperm sorting to accomplish PB prior to conception, PB can now be accomplished in two ways, either by use of prenatal testing during pregnancy (amniocentesis, ultrasound, etc.) followed by abortion of the children deemed unacceptable, or by use of in vitro fertilization (IVF) and preimplantation genetic diagnosis (PGD). In this essay, I will not be focusing on abortion for eugenic purposes<sup>1</sup> but rather on the second form of PB, making use of IVF and PGD.

Savulescu and Kahane support PB by appeal to a more general principle that to make ethically good procreative choices, parents must consider the prospective well-being of the potential child. “When we make decisions, the option we should choose is the one which maximizes expected value. In the case of selection and reproductive decision making, the outcome of interest should be how well a new person’s whole life goes, that is, well-being. PB thus states that we have reason to select the child who is *expected* to have the most advantaged life.” On this view, we

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<sup>1</sup>I discuss such cases elsewhere. See Janet E. Smith and Christopher Kaczor, *Life Issues, Medical Choices* (Cincinnati, OH: Servant Books, 2007), 46–48.

should accept PB because of the more general obligation of parents to maximize the chances that their child will have a good life.

Do advocates for PB, including Savulescu and Kahane, accept the full implications of this general principle? Do they consistently apply it in evaluating reproductive choices? Indeed, upon consideration it turns out that this more general principle—that potential parents should procreate with the greatest expected well-being of their possible children in mind—leads to the rejection of PB.

First, there is evidence to suggest that the use of IVF itself increases the likelihood that a child will have serious birth defects. One study “suggests that children born by IVF have an increased risk of developing cerebral problems, in particular cerebral paralysis.”<sup>2</sup> Another study concludes, “Children conceived with the use of intracytoplasmic sperm injection . . . or IVF run a double risk of presenting a greater defect at birth in relation to the general population.”<sup>3</sup> Other researchers found that “8.6 percent of children born by IVF had greater defects at birth, double that of the control group.”<sup>4</sup> The Centers for Disease Control report that birth defects, including heart wall problems, may be two to four times more likely for children conceived through assisted reproductive technology than for children conceived naturally.<sup>5</sup> The long-term epigenetic risks of IVF are simply not yet known.

Of course, any given child conceived by IVF may be free from such birth defects, and thankfully most of them are. However, the general principle justifying PB is that parents should choose for their potential children the life that would *maximize* well-being, taking into account the likelihood involved. Since IVF itself does not maximize likely well-being, the general principle justifying PB leads to a rejection of IVF and therefore also a rejection of PB insofar as it involves IVF.

Even if using IVF did not increase the likelihood of disability, the principle that prospective parents should maximize the expected value for their potential children is also not consistently applied by Savulescu and Kahane, since they also hold that “if couples (*or single reproducers*) have decided to have a child . . . , then they have a significant moral reason to select the child, of the possible children they could have, whose life can be expected, in light of the relevant available information, to go best or at least not worse than any of the others” (emphasis added).

If we have a moral obligation to maximize the chances of children having a good life, procreation and child rearing should take place only within marriage. Children

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<sup>2</sup>B. Strömberg et al., “Neurological Sequelae in Children Born after In-Vitro Fertilization: A Population-Based Study,” *Lancet* 359. 9305 (February 9, 2002): 461–465.

<sup>3</sup>M. Hansen et al., “The Risk of Major Birth Defects after Intracytoplasmic Sperm Injection and In Vitro Fertilization,” *New England Journal of Medicine* 346.10 (March 7, 2002): 725–730.

<sup>4</sup>G. Koren, “Adverse Effects of Assisted Reproductive Technology and Pregnancy Outcome,” *Pediatric Research* 52.2 (August 2002): 136.

<sup>5</sup>Miranda Hitti, “CDC: IVF May Boost Birth Defect Risk,” *WebMD Health News*, November 18, 2008, <http://www.medscape.com/viewarticle/583728>.

conceived and raised by married parents—rather than single parents, cohabiting parents, or divorced parents—have lower rates of poverty, better relationships with their own parents, better physical health, greater success in school, lower rates of mental illness and psychological distress, lower rates of substance abuse, less trouble with the law, lower rates of being abused physically or sexually, lower rates of teen pregnancy, higher stability in their own intimate relationships as adults, and lower likelihood of death by accident, addiction, or suicide.<sup>6</sup>

So the general principle that parents should give their children the best chance at the best life also implies that parents have a moral obligation to conceive and raise children only within marriage. If we have a moral obligation to maximize the likely well-being of children, then this reproductive moral obligation excludes single reproducers as well as cohabiting couples from reproducing, since children reproduced and raised in these circumstances have significantly less expected well-being than those reproduced and raised by a married mother and father. If advocates of PB are not willing to endorse the moral obligation of marriage as a prerequisite for ethically acceptable procreation, then they need to find a new general principle to justify PB. If “reproductive autonomy” (itself not a morally unproblematic concept) overrides the obligation to procreate and rear children only in marriage, then “reproductive autonomy” should also override PB generally.

Ultimately, Savulescu and Kahane justify the duty to maximize the likely well-being of children on the basis of a consequentialist first principle: “When we make decisions, the option we should choose is the one which maximizes expected value.” A consistent application of this principle also leads to a rejection of PB, since the expected value of using money for PB is simply not on a par with the expected value of using those same funds to alleviate poverty.

At least three factors are relevant in a consequentialism of expected value—the relative importance of the goods one must choose between, the number of people who will benefit, and the likelihood of the benefit. On each score, consistent consequentialists ought to choose alleviation of poverty ahead of PB. First, consider the significance of the goods involved. Given a choice between, on the one hand, being deprived of the goods that procreative beneficence may deliver (such as greater intelligence) and, on the other hand, being deprived of basic necessities (such as food, shelter, and basic medical care), virtually no one would choose to be without the basic necessities. The value of not dying in pain outweighs the value of having greater intelligence. So developing and deploying procreative beneficence is simply not morally on a par with helping prevent suffering and death from lack of food, shelter, and basic medical care.

Second, the number of people who would benefit is also relevant. If the benefits are equal, benefiting more people takes precedence over benefiting fewer people. Likewise, benefiting actual people takes precedence over benefiting potential people

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<sup>6</sup>W. Bradford Wilcox et al., *Why Marriage Matters: Twenty-Six Conclusions from the Social Sciences*, 2nd ed. (New York: Institute for American Values, 2005), 12, 14, 19, 22–24, 27, 29, 31.

(Savulescu and Kahane's view of human embryos). Savulescu and Kahane endorse this principle: "As means of selection become safer and our ability to use them to select non-disease characteristics increases, we believe that PB will require most reproducers to select the most advantaged child *unless doing so is predicted to lead to a very significant loss of well-being to existing people*" (emphasis added). But this is precisely the situation in which we currently and for the foreseeable future find ourselves. The financial resources used to achieve PB to benefit only one or two children could instead be used to benefit many more people living in poverty. The costs of IVF and PGD are high, averaging from \$12,500 to \$16,000 per cycle.<sup>7</sup> If, instead of spending this money to promote the well-being of one or two babies brought to live birth by IVF and PGD, the money were used to supply safe water, mosquito nets, and healthy food for people suffering in poverty, then the well-being of a greater number of people would be enhanced.

To avoid this conclusion, one might appeal to the distinction between intentionally causing some effect and simply allowing it to occur. Parents acting in accordance with PB are not setting out to harm those in poverty which they foresee will happen as an unfortunate side-effect of their spending money on PB.

However, according to this consequentialist doctrine, the distinction between intending and foreseeing is morally irrelevant. Savulescu holds, "A parent who intentionally inflicted deafness on his or her child, or failed to treat it, would be abusing the child. . . . There is no difference morally speaking between causing a harm and deliberately and avoidably allowing it to occur."<sup>8</sup> On this view, there is also therefore no moral difference between intentionally causing people to die in poverty by destroying their food, and omitting to give money that could have prevented them from dying in poverty,<sup>9</sup> which is precisely what takes place when the \$12,500 to \$16,000 per cycle is used for PB rather than for poverty relief.

This denial of the ethical difference between intending and foreseeing some effect from one's action causes further problems for situating PB with respect to ethical and legal duties. Savulescu holds that PB is only a moral duty, and not a legal duty. Procreative autonomy, on his view, is subject to moral but not legal proscription. However, what moral grounds then would there be for child abuse laws that prohibit, for example, intentionally destroying the capacity for hearing or sight in a child but not criminalizing the act of allowing a child to be deaf or blind? If intentionally doing and deliberately allowing are equivalent, then allowing and intentionally causing a child to be deaf should both be illegal or allowing and intentionally causing a child

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<sup>7</sup>Dena Davis, "The Parental Investment Factor and the Child's Right to an Open Future," *Hastings Center Report* 39.2 (March–April 2009): 26.

<sup>8</sup>Julian Savulescu, "In Defence of Procreative Beneficence," *Journal of Medical Ethics* 33.5 (May 2007): 284–288.

<sup>9</sup>Peter Singer, "Famine, Affluence, and Morality," in *What's Wrong? Applied Ethicists and Their Critics*, ed. David Boonin and Graham Oddie (Oxford: Oxford University Press, 2005).

to be deaf should both be legal. Decriminalizing the act of intentionally depriving a child of hearing or sight is absurd, but criminalizing the act of allowing a child to be born without hearing contradicts Savulescu's view of procreative autonomy.

Finally, in using the money for famine relief in lieu of procreative beneficence, the money is much more effectively spent to make the world a better place. Resources spent on IVF and PGD usually do not bring about the desired benefit, since more than 60 percent of the time IVF fails to lead to live birth. By contrast, supplying clean water, mosquito nets, and healthy food is virtually guaranteed to promote the well-being of those who need them. Thus, if we have a duty to maximize expected well-being, we have a duty not to use IVF and PGD—at least as long as conditions of famine and poverty exist anywhere in the world.

Rebecca Bennett criticizes PB from a different perspective (“The Fallacy of the Principle of Procreative Beneficence,” *Bioethics*, June 2009). She argues that PB implicitly denies the fundamental human equality of all human beings, including those with disabilities such as deafness or blindness:

Any argument that a world without disabilities is not only preferable for many people, but is *morally* preferable, a morally better world, unavoidably rests on the assumption that a life with even moderate disabilities or impairments is a life with less moral value than other lives. We can understand that it is better for a particular person to have as good a quality of life as possible but if we insist that a world without impaired people is morally preferable to a world containing impaired people, even though we admit that no one is harmed by being born in an impaired state, then we do so because we value the impaired less than the unimpaired. If the values placed on particular lives do not simply reflect many people's preferences but something of moral significance, then they must place a lower *moral* value on those lives impaired by a lower quality of life, whether this lower quality of life is as a result of disability, poverty, racial origins, aesthetic features, gender, etc.

Bennett argues that choosing the genetically superior embryos is not a moral issue but an issue of personal preference, so that if someone were to prefer to have a blind child, it would be morally permissible.

Advocates for PB insist that the principle differs from eugenics because the focus is on producing the best child a couple could have, which is a private matter, rather than on producing the best society; however, Bennett challenges this assertion:

As we have seen, the establishment of a moral obligation to bring to birth the best child we can is not built on the private interests of the prospective parents regarding what sort of child they wish to have, or on the individual interests of the child who will be created, as their welfare will not be affected by the decision about which embryo to implant or which pregnancy to continue. What this obligation is built on is an idea of making the world a better place than it could otherwise have been, not in terms of any individual person's welfare, but in terms of creating the greatest total score for what is regarded as the goods of life. If a project is not interested in the welfare of particular people but in creating what those proposing this project believe is the best world possible, then this is exactly what eugenics is—promoting social and not personal goods.

Bennett concludes by arguing that what matters morally is maximizing the welfare of actual people, rather than choosing among what she considers to be “potential” people on the basis of what their lives might be if they were chosen. But if this is true, then as long as poverty exists in the world, PB is ethically impermissible.

In his article “The Illiberality of Perfectionist Enhancement,” Teun Dekker suggests that liberalism and many eugenic enhancements are irreconcilable (*Medicine, Health Care, and Philosophy*, February 2009). The liberal view, as described by Dekker, is that we may not impose our own conception of the good onto another person without that person’s permission. This moral requirement binds governments as well as individuals, and leads to liberal permissiveness in terms of legalizing drug use, same-sex marriage, physician-assisted suicide, and prostitution. However, insofar as procreative beneficence aims at enhancing any particular aptitude in a child—for instance, musical or athletic ability—such eugenics is illiberal, for by means of it the parents force their conception of a good life—for instance, a life of musical or athletic performance—onto the child without the child’s consent.

Dekker takes an extreme example to make his case against what he calls “perfectionist enhancement.” Imagine parents who believe that castrato opera is the highest form of human expression, and so decide to genetically engineer their son to have no testicles, so that he can hit the high notes even in adulthood. Imagine that the child decides as an adult that he deeply desires to marry and become a biological father. In this case, the parents have damaged the child’s well-being and undermined his autonomy. Dekker’s case against genetic enhancements echoes thoughts earlier articulated by C.S. Lewis, who wrote that by means of “selective breeding, [future generations] are, without their concurring voice, made to be what one generation, for its own reasons, may choose to prefer. From this point of view, what we call Man’s power over Nature turns out to be a power exercised by some men over other men with Nature as its instrument.”<sup>10</sup>

Dekker allows and indeed requires what he calls “natural primary goods enhancement,” augmentations that enhance well-being in any path in life, rather than well-being in one particular path of life chosen by the parents and imposed on the children. What exactly is the distinction between perfectionist enhancement and natural goods enhancement? Dekker explains:

If natural primary goods are genetic traits that are useful for any plan of life, the inverse correlate might be termed perfectionist natural goods. These are traits that are only useful for certain plans of life, and may very well be detrimental to many others. They might include musical ability and specific types of athletic prowess. All genetic traits that are useful for some plans of life but not for others are included in this category. Hence the distinction between natural primary goods enhancement and perfectionist enhancement is a very clear one; if we can imagine a plan of life for which the proposed enhancement is not useful, it is not a natural primary good.

But is there an authentic distinction between natural primary goods and perfectionist enhancement so described? Savulescu and Kahane express doubt. “What makes it

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<sup>10</sup>C. S. Lewis, *The Abolition of Man* (New York: MacMillan, 1955): 68–69.

harder to lead a good life in one circumstance may make it easier in another. The atopic tendency which leads to asthma in the developed world protects against worm infestations in the undeveloped world. Deafness would be a positive advantage in an environment of extremely loud and distracting noise.” Although characteristically quite useful, greater memory, impulse control, humor, and patience can also place a person at a disadvantage in certain circumstances (T. F. Murphy, “Choosing Disabilities and Enhancements in Children: A Choice Too Far?” *Reproductive Bio-Medicine Online*, supplement 1, March 2009). Even intelligence and education, so beneficial in so many situations, can put a person at a disadvantage in some contexts. Consider a highbrow professor making small talk with uncultivated relatives who communicate almost exclusively in pop-culture banalities and material fallacies. If the professor were less intelligent and educated, this familial social context would be comfortable and perhaps even invigorating, but it is, in fact, just the opposite. Natural goods enhancement turns out not to be different in kind from perfectionist enhancement. Both are illiberal.

Is choosing a child on the basis of genetic endowment intrinsically evil? Imagine parents at an orphanage who have their choice of available newborns. Would it be ethically wrong for them to choose one baby over others because they believe that the baby has a superior genetic endowment? I cannot see how it would be. But notice how this differs from the reality of PB. In the orphanage, the parents do not choose among their own biological children, nor do they consign the children they do not choose to death.

Imagine, however, that children conceived on even days had better genetic characteristics than children conceived on odd days. Would it be wrong to choose to make love on even days so as to maximize the chances of the child having a better genetic endowment? Again, I cannot see why it would. If PB did not presuppose using abortion or using IVF and PGD, if IVF did not increase the likelihood of disability, if the fundamental principle giving rise to PB were consistently applied such that only a married couple could legitimately procreate, if the vast sums of money used for PB to possibly benefit one or two people were not desperately needed elsewhere to help many people, then, in my opinion, maximizing the genetic well-being of a child carried out by morally legitimate means would be acceptable.

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**JOURNALS IN PHILOSOPHY  
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**Bioethics**

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**Selecting Potential Children and  
Unconditional Parental Love**

*J. Davis*

For now, the best way to select a child's genes is to select a potential child who has those genes, using genetic testing and either selective abortion, sperm and egg donors, or selected embryos for implantation. Some people even wish to select against genes that are only mildly undesirable or select for superior genes. The author calls this selection drift—the standard for acceptable children is creeping upward. The President's Council on Bioethics and others have raised the parental love objection: Just as we should love existing children unconditionally, so we should unconditionally accept whatever child we get in the natural course of things. If we set conditions on which child we get, we are setting conditions on our love for whatever child we get. Although this objection was prompted by selection drift, it also seems to cover selecting against genes for severe impairments. The author argues that selection drift is not inconsistent with the ideal of unconditional parental love and, moreover, that the latter actually implies that we should practice selection drift—in other words, we should try to select potential children with the best genetic endowments. The author's endowment argument for the second claim works from an analogy between arranging an endowment prior to conception to fund a future child's education, and arranging a genetic endowment by selecting a potential child who already has it, where in both cases

the child would not have existed without the endowment. He concludes with some programmatic remarks about the nonidentity problem.

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**Challenging the Rhetoric of  
Choice in Prenatal Screening**

*V. Seavilleklein*

Prenatal screening, consisting of maternal serum screening and nuchal translucency screening, is on the verge of expansion, both by being offered to more pregnant women and by screening for more conditions. The Society of Obstetricians and Gynecologists of Canada and the American College of Obstetricians and Gynecologists have each recently recommended that screening be extended to all pregnant women regardless of age, disease history, or risk status. This screening is commonly justified by appeal to the value of autonomy, or women's choice. In this paper, the author critically examines the value of autonomy in the context of prenatal screening to determine whether it justifies the routine offer of screening and the expansion of screening services. She argues that in the vast majority of cases the option of prenatal screening does not promote or protect women's autonomy. Both a narrow conception of choice as informed consent and a broad conception of choice as relational reveal difficulties in achieving adequate standards of free informed choice. While there are reasons to worry that women's autonomy is not being protected or promoted within the limited scope of current practice, we should hesitate before normalizing it as part of standard prenatal care for all.

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**The Fallacy of the Principle  
of Procreative Beneficence**

*R. Bennett*

The claim that we have a moral obligation, where a choice can be made, to bring to birth the "best" child possible has been highly

controversial for a number of decades. More recently Savulescu has labeled this claim the principle of procreative beneficence. It has been argued that this principle is problematic in both its reasoning and its implications, most notably in that it places lower moral value on the disabled. Relentless criticism of this proposed moral obligation, however, has been unable, thus far, to discredit this principle convincingly, and as a result its influence shows no sign of abating. The author argues that while criticisms of the implications and detail of the reasoning behind it are well founded, they are unlikely to produce an argument that will ultimately discredit the obligation that the principle of procreative beneficence represents. She believes that what is needed finally and convincingly to reveal the fallacy of this principle is a critique of its ultimate theoretical foundation, the notion of impersonal harm. In this paper the author argues that while the notion of impersonal harm is intuitively very appealing, its plausibility is based entirely on this intuitive appeal and not on sound moral reasoning. She shows that there is another plausible explanation for our intuitive response, and she believes that this, in conjunction with the other theoretical criticisms that she and others have leveled at this principle, shows that the principle of procreative beneficence should be rejected.

**The Moral Obligation to  
Create Children with the  
Best Chance of the Best Life**

*J. Savulescu and G. Kahane*

According to what the authors call the principle of procreative beneficence, couples who decide to have a child have a significant moral reason to select the child who, given his or her genetic endowment, can be expected to enjoy the most well-being. In the first part of this paper, the authors introduce the principle, explain its content, grounds, and implications, and defend it against various objections. In the second part, they argue that the principle of procreative beneficence is superior to competing principles of procreative selection such as that of procreative autonomy. In the

third part of the paper, they consider the relation between the principle of procreative beneficence and disability. The authors develop a revisionary account of disability, in which disability is a species of instrumental badness that is context- and person-relative. Although PB instructs us to aim to reduce disability in future children whenever possible, it does not privilege the normal. What matters is not whether future children meet certain biological or statistical norms, but what level of well-being they can be expected to have.

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**Hastings Center Report**

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**The Parental Investment Factor and  
the Child's Right to an Open Future**

*D. S. Davis*

This essay discusses the two methods of directed procreation in the United States, sperm sorting and preimplantation genetic diagnosis (PGD). Parents fixated on the importance of having a girl will find it hard to be open to the own interests of a child. The author says directed procreation has the alchemy to turn a hope into a virtual entitlement. Sperm sorting has the advantage of working before conception so there are no concerns about moral status. Meanwhile, PGD can be used in sex selection and desired genetic traits.

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**Journal of  
Applied Philosophy**

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**The Metaphysical Foundations  
of Reproductive Ethics**

*B. A. Manninen*

Many bioethicists working in reproductive ethics tacitly assume some theory of diachronic personal identity. For example,

Peter Singer argues that there is no identity relation between a fetus and a future individual because the former shares no robust mental connections with the latter. Consequently, abortion prevents the existence of an individual; it does not destroy an already existing individual. Singer's argument implicitly appeals to the psychological account of personal identity, which, although endorsed by many philosophers such as Derek Parfit, is contentious. Singer does not attempt to defend the psychological account before applying it to the moral permissibility of abortion. Indeed, with some notable exceptions, very few bioethicists attempt antecedently to defend their chosen theory of personal identity before applying it to their ethical arguments. In this paper, the author looks at the issues of abortion, embryonic stem cell research, and human reproductive cloning in order to illustrate how many of the arguments made by bioethicists on these topics are, at least partly, based on veiled metaphysical assumptions. Her objective is to illustrate that progress can be made on these topics by attending to their fundamental metaphysical claims.

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**Journal of  
Human Rights**

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**Sins of the Fathers:  
War Rape, Wrongful Procreation,  
and Children's Human Rights**

*M. Goodhart*

This essay considers the contentious and practically important question of whether children born of war rape and forced impregnation can and should be conceived as having their human rights violated by their rapist-fathers. It takes up both conceptual issues and pragmatic considerations related to this important question. The author argues that the conceptual obstacles to talking about rapist-fathers violating the human rights of their children can be overcome and that we

can usefully conceive the wrong done by them as wrongful *procreation*, a violation of a child's right to enjoy rights. Moreover, he argues that recognizing these rights and wrongs is urgently necessary and can have a positive practical effect on the lives of war-rape children.

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**Journal of  
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**Enhancement and Human Nature:  
The Case of Sandel**

*T. Lewens*

If we assume that "enhancement" names all efforts to boost human mental and physical capacities beyond the normal upper range found in our species, then enhancement covers such a broad range of interventions that it becomes implausible to think that there is any generic ethical case to be made either for or against it. Michael Sandel has recently made such a generic case, which focuses on the importance of respecting the "giftedness" of human nature. Sandel succeeds in diagnosing an important worry we may have about the use of some enhancements by some parents, but his arguments are better understood as opposing "procrustean parenting" rather than enhancement in general.

**Getting Beyond the Welfare of the  
Child in Assisted Reproduction**

*B. Solberg*

The welfare of the child is the prevailing principle and concern regarding access to assisted reproduction in Western countries today, and there is a wish to avoid harm to future children. New research fields have developed in order to provide scientific evidence on the welfare of children living with different "types" of parents. Assisted reproductive technologies (ART) seem to be heading in a responsible direction where the care and concern for future children is

vital. However, the claim of this article is that the principle of the welfare of the child confuses the ethical framing of ART. Several philosophers in the past have argued that potential people must be regarded as outside the moral domain, and therefore cannot be harmed or benefited. This message has not reached the policy makers, probably because the welfare-of-the-child principle seems to fit so elegantly with common sense. In this article a different ethical framing of ART is proposed. The author argues that “futile care” and not “the welfare of the child” should be the guiding principle for eventually rejecting access to ART. The desired goal of ART treatment should be understood to be the production of functional families. Assisted reproduction is primarily about us, actual people in an actual society, and how potential children may affect *us*.

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**Medicine, Health Care,  
and Philosophy**

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**The Illiberality of  
Perfectionist Enhancement**

*T.J. Dekker*

With the rapid advance of biogenetic technology, it will soon be possible for parents to design children who are born with certain genetic traits. This raises the question whether parents should be allowed to use this technology to engineer their children as they please. In this context it is often thought and argued that liberalism, which has a reputation for being permissive of all kinds of practices, grants parents the right to do so. However, the author will argue that, on an understanding of liberalism that is identical to the one used by the defenders of genetic design, liberals should wary of such practices. Liberalism, in its most general form, requires that any time individuals exercise power over others they justify it without relying on

any particular conception of what a good life is. When we design children to have certain traits that are only useful for realizing some conceptions of the good life, we are implicitly endorsing those conceptions. Hence this practice cannot be justified in neutral terms, and liberals should be skeptical of it. Only when we engineer our children to have traits that are useful for all conceptions of the good life can liberals allow the use of this new technology. Indeed, liberalism holds that this is morally required.

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**Neuroethics**

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**Out on a Limb:  
The Ethical Management of  
Body Integrity Identity Disorder**

*C.J. Ryan*

Body integrity identity disorder (BIID), previously called apotemnophilia, is an extremely rare condition where sufferers desire the amputation of a healthy limb because of distress associated with its presence. This paper reviews the medical and philosophical literature on BIID. It proposes an evidence-based and ethically informed approach to its management. Amputation of a healthy limb is an ethically defensible treatment option in BIID and should be offered in some circumstances, but only after clarification of the diagnosis and consideration of other treatment options.

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**New Black Friars**

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**Are We Born and Do We Die?**

*N. Lash*

The stranglehold on our imagination by the mind-body dualisms that permeate the culture is such that most people seem to

supposethat *body* and *soul* name distinct and separable entities. Resisting such dualisms in favor of an old-fashioned Aristotelean view of the soul as the form of the body, this essay considers two questions: do human parents produce human beings, and do human beings die? The doctrine of the special creation of the individual soul seems to require us to answer the first question in the negative because, according to this doctrine, parents only produce matter for the God-given soul to form. As to the second, many people seem to suppose that human beings do not die, only their bodies do. Arguing against the view that immortality is a natural property of human minds, the essay suggests (with the help of Joseph Ratzinger) that, whether we speak of *immortality* or of *resurrection*, life from death is neither nature, nor achievement, but gift.

**The Fear of Death**

*T. Chappell*

Taking a somewhat indirect route that includes some autobiographical reflection, the author addresses three questions. One is what it might mean to say, with Socrates, that philosophy is “studying for death.” The second is why Christians should fear death at all, if the good of Heaven is really what they believe is beyond it. The third is the question of what difference it makes to your philosophical view of death if you are a believer.

speaking, parents have a duty to use assisted reproductive technologies to give their children the best opportunity of the best life. This view extends beyond that which is actually required of parents, which is only that they give children reasonable opportunities to form and act on a conception of a life that is good for them. Does the selection of deaf children violate that responsibility? Morally speaking, parents should refrain from using assisted reproductive treatments or prenatal interventions in order to have children with a disability. Deafness and other disabilities represent intrinsic disadvantages that cannot be offset by other advantages that families and society can offer to people. By the same token, neither should parents seek enhancements of intelligence or physical traits that would undercut intrinsic goods of human life in similar ways. These moral arguments do not, however, sustain the judgment that the law should necessarily interfere with parents’ decisions in these matters, even if those choices are morally unwise.

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**Social Theory and Practice**

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**Disability, Diversity, and the Elimination of Human Kinds**

*S. Woodcock*

The author discusses a certain way of advancing the claim that it is morally wrong to seek the elimination of certain human kinds by preventing representative persons of these kinds from existing. He argues that a qualified interpretation of this claim ought to be taken seriously. He adds that in certain cases it is morally wrong to reduce the diversity of humans who recognize each other as agents deserving of equal respect and moral standing. The author hopes to establish that it is an obligation that ought to play a role in the debate regarding the permissibility of using medical technology to eliminate human kinds characterized by disability.

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**Choosing Disabilities and Enhancements in Children: A Choice Too Far?**

*T. F. Murphy*

Some parents have taken steps to ensure that they have deaf children, a choice that contrasts with the interest that other parents have in enhancing the traits of their children. Julian Savulescu has argued that, morally