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Philosophy and Theology: Notes on Procreative Beneficence

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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 purposes¹ 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

¹I 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.”² 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.”³ Other researchers found that “8.6 percent of children born by IVF had greater defects at birth, double that of the control group.”⁴ 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.⁵ 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

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

³M. 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.

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

⁵Miranda 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.⁶

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

⁶W. 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.⁷ 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."⁸ 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,⁹ 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

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

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

⁹Peter 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.”¹⁰

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

¹⁰C. 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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