In his surprisingly prescient book entitled *Fabricated Man: The Ethics of Genetic Control*, the U.S. bioethicist Paul Ramsey demonstrates in 1970 an exceptional premonition of things to come. This includes developments in new reproductive procedures, such as human cloning, and other proposals such as those promoting a post-human future. On the topic of eugenics,[1] furthermore, Ramsey advances his views of possible developments though some of them may be more than a bit controversial. Indeed, he indicates that not all forms of eugenics should be seen as ethically problematic. Some may even be considered as acceptable. This is especially the case with preconceptive eugenics whereby an action takes place before an embryo is created in order to only have a healthy child.[2] Ramsey indicates that

If the fact-situation disclosed by the science of genetics can prove that a given person
cannot be the progenitor of healthy individuals (or at least not unduly defective individuals) in the next generations, then such a person’s right to have children becomes his duty not to do so, or to have fewer children than he might want.[3]

For Ramsey, therefore, if a couple or a person cannot have a child free of any serious genetic disorder, then they should not even conceive such a child. Ramsey continues: ‘it ought never to be believed that everyone has an unqualified right to have children . . . . Instead, pro-creation is the service of human beings to come, and the ordinary right to have children could readily become in given instances the duty not to do so.’[4]

But should a preconceptive decision not to have a certain kind of child be seen as an acceptable form of eugenics?

The British philosopher Derek Parfit gives the example of a woman who is told that if she stops taking the pill and conceives immediately, her child would have a serious disorder. On the other hand, if she waits another three months to conceive, the causes for the disorder in the child would have receded and she could have a healthy child. Parfit then concludes, ‘it seems clear that it would be wrong for this . . . woman, by not waiting, to deliberately have a handicapped rather than a normal child.’

However, he then develops his statement by noting that, in fact, a different child would be born after the period of three months. The first child would have been born with a disability and the second one, who would be a completely different child from the first, would have been born healthy. In this regard, is it not a case of making a child healthier but making a eugenic decision between two different possible children with different biological characteristics?

So can the decision of the woman be considered as an ethical one? Would this not also be a form of eugenics? Would the couple not be saying that they only want a certain kind of child? This is a question that has divided members of the Scottish Council on Human Bioethics (SCHB) for a number of years (and still divides them). On one side, there are those who believe that if an embryo is not destroyed and a possibility exists of having a healthy child, then having a child by preconceptive eugenics cannot be considered as ethically problematic. After all, most couples want to have a healthy child and any preconceptive action avoiding the birth of a disabled child can only be seen as positive.

On the other side, however, are those who believe that the dignity and value of persons are completely independent of their biological status. In short, this second group from the SCHB questions whether the woman should even make a choice between the two children if she has already made a decision to have a child. This is because both children have the same inherent dignity, worth, and value whether they are healthy or not. This second view in the SCHB is less common in bioethical literature and the following discussion will, therefore, concentrate on its development.

To begin with, it recognizes, of course, that in some circumstances, the decision by a couple not to have a child may be unrelated to eugenic considerations. For example, a couple might believe that they would be inadequate parents, for reasons such as age, finances, or societal support. In this case, the decision is not based on selection between children or possible future children.
Had the parents decided to have a child, they would have been prepared to have any child without a choice being made concerning the child’s biological characteristics.

In contrast, if prospective parents decide to have a child but subsequently change their minds solely out of concern for the likely biological quality of the child, then a significantly different situation arises that may be considered as eugenic. This kind of about-turn could happen in several ways, and the following examples may clarify the similarities between the different decision stages:

1. Prospective parents may decide to bring a child into existence but then relinquish a child into adoption because of the child’s disability.
2. Prospective adoptive parents may decide to adopt a child but then reject the one being proposed by the adoption agency because he or she has a disability.
3. Prospective parents may decide to have their own child but then change their minds because they were informed of the perceived risk that he or she would have a disorder.

In each of these three cases the ethical components are similar in that an initial decision was taken each time by the parents, but was eventually retracted because of eugenic considerations related to the biological quality of their prospective child.

A similar case would exist if parents first decide to create a child and then choose (in a subsequent decision) to take specific drugs (or undertake any other measures) to influence the biological quality of their child (before he or she is conceived). Indeed, this second decision can also be considered as having eugenic aspects. It would be about making a choice between what kind of child the parents prefer since the children who would be born with or without the use of drugs (or any other specific actions) would be different.

Parents, of course, have a responsibility to be healthy for their own sake and this may mean behaving in a certain way such as taking certain medicinal drugs or dietary supplements. Because of this, parents who seek to live in a healthy and responsible manner may have a positive direct influence on the health of the prospective child. A woman who stops smoking before becoming pregnant is doing so as much for herself as for the possible future child. It is a kind of double-effect. However, if a woman behaves in a specific manner before conception with the sole purpose of having a certain kind of child then the situation may be seen as eugenic.

Of course in all these previous examples, the eugenic decision is perfectly understandable and defensible if the basis of all ethical evaluation in society is reduced to the avoidance or diminution of suffering. But where there is a deeper meaning to life, even in the face of suffering, then such decisions may become questionable. This happens when all human life is recognized as having an inherent and equal dignity or worth no matter how much happiness or suffering is experienced.
Obviously, in certain cases, it may be difficult for the couple, once they have decided to have a child, to subsequently find ways of having a child without having to make a choice among different possible future children based on biological quality. Indeed, if parents want to bypass eugenic considerations relating to the kinds of children they believe should exist they should not seek to prefer the possible future disabled child over another possible future healthy child or the reverse. This means that parents may need to seriously examine the basis of their value systems before even deciding to have a child.

For the perspective of this second SCHB position, no human life should ever be considered as a life unworthy of life, a life that should not exist or a less longed-for life. Every human life should, ideally, be equally welcomed and positively anticipated. From this viewpoint, Ramsey’s proposal to prevent parents having the most disabled children may portray a valuation between human lives that is difficult to accept.

**Editor’s Note:** As highlighted in the Fall 2011 issue of Dignitas, CBHD’s Spring 2011 Consultation of the Academy of Fellows dedicated part of the program to reflecting on Paul Ramsey’s Fabricated Man. Dr. MacKellar’s essay is a further development of comments he circulated at the Consultation.

## References

[1] The concept of eugenics may be defined as strategies or decisions aimed at effecting, in a manner which is considered to be positive, the genetic heritage of a child, a community or humanity in general. See Calum MacKellar and Christopher Bechtel, The New Eugenics, Berghahn Books, forthcoming.


[4] Ibid. 97. This eugenic proposal is repeated, again and again, throughout Paul Ramsey’s book on pages 57, 59, 97, and 118.

[5] D. Parfit, Rights, Interests and Possible People, in Moral Problems in Medicine, ed. S.


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