

# [Core concepts of principle of procreative beneficence](https://assignbuster.com/core-concepts-of-principle-of-procreative-beneficence/)

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Through the ongoing development of In Vitro Fertilisation (IVF) and Preimplantation Genetic Diagnosis (PGD), the eugenic selection of embryos is now possible. This technology is currently employed to detect chromosomal and inherited genetic abnormalities however in the not too distant future, could also be used to test any number of both disease and non-disease related genetic traits. Julian Savulescu makes a case for the “ Principle of Procreative Beneficence” (PB) in which it’s argued that any couple contemplating procreation is morally obligated to procreate the best child, of the possible children they could have. This is the child with the best chance of the best life based on all relevant information and using whatever technology is available. In this paper I aim not to defend nor dispute the concept of PB, but rather demonstrate that there is no compelling reason to adhere to its expectations and that there is no moral obligation for parents to adopt such principles in procreation. I will deconstruct and analyse the core concepts of PB to demonstrate their untenable nature. This will occur in three main stages. Firstly, I’ll show that PB is overly dependent on how one chooses to define the ‘ best life’ and thus has limited applicability. Secondly, I’ll demonstrate that even if we take Savulescu’s holding of the ‘ best life’ as the life with the most well-being, parents are still given little reason to adopt PB. Thirdly, I’ll examine the wider implications and ramifications of adopting such principles in procreation. Through this I will highlight not whether or not PB should be considered in reproduction but rather demonstrate that there is no moral obligation to do so.

PB is based on three key premises, that some non-disease genes affect the likelihood of one leading the ‘ best life,’ that we have reason to use available information about such genes in reproductive decision making and that couples should select embryos which are most likely to have the ‘ best life’ based on genetic information. Savulescu maintains that the ‘ best life’ is the one with the most well-being 1. This understanding of what constitutes as the ‘ best life’ is in no way universal as there are countless divergent and defensible accounts of what a good life is. Consequently, implementing PB requires prospective parents to assess which of their actions will bring about the child with the best chance of the most well-being which in practice is implausible. This is because there are simply no obvious material, mental or genetic endowments beyond the minimum that could be brought about through PB that demonstrate plausible correlation with attaining the ‘ best life’. In this way, PB has very limited applicability and parents should feel no moral obligation to adhere to such principles as there cannot be an agreed upon definition of what constitutes as the ‘ best life’ let alone the exact criteria to facilitate this.

It is perhaps fortunate that parents don’t typically feel the moral obligation of PB because as I argue in this section, it is not only extremely difficult to define what the ‘ best life’ is, but also to determine what criteria would facilitate this. Alternate definitions of the ‘ best life’ often discussed with the issue of PB offer similarly implausible conclusions. Adopting a hedonistic approach for example would mean placing priority on the amount of pleasure the child will experience as a grounds for judging the quality of their life. If this was the primary concern, then the child selected would be the one with the highest base level of serotonin and relevant neurotransmitters to engineer a child that would live in permanent ecstasy. I think few parents would feel any moral obligation to pursue this for their child.

For arguments sake, let’s say that we share the understanding of the ‘ best life’ as the one with the most well-being as Savulescu suggests. As I’ll demonstrate, this in actuality makes no case for PB and instead shows the infeasibility of adhering to its principles. Savulescu identifies key traits which he believes makes it more likely to achieve the ‘ best life’ such as intelligence, memory, self-discipline and empathy. It’s of course plausible to say that increased intelligence would promote well-being however it remains quite unclear as to whether a difference of ten points on an IQ scale has any real relevance to an individual’s degree of well-being. Furthermore, the relations between these various factors of what we might call the ecology of well-being is in no way linear. If we were making a cake, increasing the sugar content doesn’t necessarily mean that the cake will only be sweeter, as it will have significant effect on the other components of the product and thus will change multiple characteristics. This is much the same when changing a particular facet of an embryo’s genetic makeup.

Furthermore, if we were to compare lives A and B and find they are both identical in all but one regard, it thus suggests that one particular criterion can be singled out and viewed as superior without consideration of its wider effects on other criteria. For example, medical doctors are shown on average to have a higher IQ score than the national mean, and yet are also reported to experience substantially higher rates of psychological distress and attempted suicide compared to other Australian professionals and the overall population. Thus, we cannot attempt to justify an increase in any one quality as PB suggests as the wider implications of this cannot be known and thus there isn’t any obligation to do so in the first place. Similarly, if we view X as good, it doesn’t then follow that increasing X is better. This however is precisely the claim that is being made through PB. If it’s good to be warm, it doesn’t imply that being warmer will be better as human cells begin to die between 41 and 45 degrees Celsius. Regardless of the chosen definition of the ‘ best life,’ to view any material, mental or genetic conditions to make such a life more likely is an inadequate grounds upon which to justify any sense of moral obligation for prospective parents to adhere to PB.

Advocates of PB argue their case in terms of a particular understanding of the ‘ best life.’ In the first section it’s been argued that PB has no applicability given the diversity of conceptualisations of what the ‘ best life’ is. Furthermore, it’s been demonstrated that even if the same viewpoint is shared, parents still have been given no moral obligation to abide by PB. I will now examine the implications and ramifications that must be considered if we were to adopt PB to reiterate a lack of moral obligation to do so. Those who oppose PB argue that such an obligation discriminates against the disabled, that it’s modern day eugenics and furthermore must be avoided as accepting such an obligation undermines reproductive autonomy. Savulescu has addressed this and even argued that we should allow the selection of non-disease genes even if it will maintain or increase social inequality.

Let’s further examine this, taking the example of World A and B. Both worlds contain the same number of people with assumedly worthwhile lives. World A however has used advanced screening technology and only what are considered to be the ‘ best’ embryos are brought to birth. World B uses less comprehensive screening and as a result impaired but worthwhile lives are brought to birth. If we leave aside the issue as to whether being born with an impairment necessarily lowers the quality of life and for arguments sake assume that World B has a lower average quality of life due impairments, adhering to PB would suggest that we have a moral reason and even obligation to prefer those in World A to World B. Few could justify this as an expectation of parents who in turn have no moral obligation to practice PB. Given the apparent fallacy of PB, focus should be shifted to real moral obligations in the moral imperative not to bring about the seemingly ‘ best lives’ but rather to maximise the welfare of actual people whatever their natural limitations. Parents have a moral obligation to care for and provide for their children a good life but have no such obligation to use technology to design children with the best chance of the best life especially given the greater moral reasons to support reproductive autonomy. Savulescu insists that PB is an obligation however this conflicts with parental autonomy and the basis that parents only need to ensure that their child will have a good enough life. To expect anything beyond this, is to expect supererogation, actions going beyond the call of duty which is in no way a moral obligation.

It’s been demonstrated that following the suggested moral obligation in adhering to PB, requires acting in a seemingly immoral way by discriminating against those with disabilities. Through a widespread use of screening technology, the number of children born with impairments such as deafness will surely decrease as these embryos wouldn’t be viewed as having the ‘ best live’ under the framework of PB. This in turn will further segregate minority groups as individuals born with impairments will have less access to social support programs and be denied the opportunity to fully participate in the wider community. If widely realised, this will inevitably lead to further discrimination against these vulnerable groups given that the life prospects of such children will be in the most part determined by existing social relations. Even today there is evidence that people with light skin may have access to more opportunities in society and thus have the potential for a better life. PB would thus imply that parents have not only reason to but a moral obligation to use any available technology to alter the genetic traits of the child and their physical appearance to give them this opportunity for the ‘ best life’.

The minimum requirement in the application of PB is that lives are able to be ranked as either better or worse. It’s been demonstrated that any attempt to specify conditions which make life the best it could be is simply arbitrary and in practice is unfeasible. It isn’t possible to specify in advance or even as life progresses what qualifies as a good life in any objective way, let alone the best possible life. There is firstly this disagreement and uncertainty as to what constitutes as a good life, but even more importantly is that the factors that influence this cannot, to a tenable degree, be brought about or prevented through genetic manipulation.

There still remains the question of what limits, if any, are set to the application of PB. The current predominant restriction to PB is that the selection of children to be considered in procreation is restricted to the possible children the parents themselves could have. This however is already under attack as medical advances suggest that the use of a third parent might be involved in providing the necessary genetic material to instil particular traits within a child. As demonstrated earlier, even if higher intelligence is held as a feasible means for facilitating the best life possible, parents are no more obligated to use this technology and to adopt a PB approach to procreation any more so than they are obligated to pay for a child’s private education. Both of these expectations are supererogatory and are equally unjustifiable as an adequate means of facilitating a ‘ good life’.

There is no compelling reason why parents should feel morally obligated to procreate children with a perceived capacity for the ‘ best life’ possible as the Principle of Procreative Beneficence suggests. PB is fundamentally flawed in that it requires a disregard for supererogation and parental autonomy and is overly dependent on one particular understanding of what a ‘ good life’ is which greatly limits its applicability and credibility. Even if we accept Savulescu’s definition of the ‘ best life,’ it has been demonstrated that parents are given little reason to adopt PB and that there are too many arbitrary notions and a general lack of clarity that prevents any meaningful let alone practical application of such principles. Any form of implementation is dangerously eugenic in its proclamation especially given Savulescu’s acceptance of potentially increasing social inequality. Based on this, parents should not feel obligated to use continually developing technology to attempt to give rise to a child with the best possibility of the ‘ best life.’ To do so is an unrealistic and impractical request of prospective parents who in turn have no moral obligation to attempt to satisfy any such principles associated with Procreative Beneficence.