

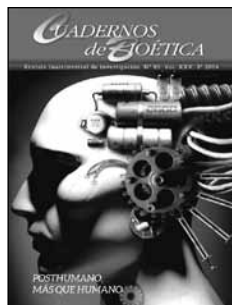
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The question of disability in the post-human debate [La cuestión de la discapacidad en el debate post-humano]

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THE QUESTION OF DISABILITY IN THE POST-HUMAN DEBATE. CRITICAL REMARKS

LA CUESTIÓN DE LA DISCAPACIDAD EN EL DEBATE POST-HUMANO. OBSERVACIONES CRÍTICAS

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ABSTRACT:

Keywords:

Disability,
transhumanism,
posthumanism,
bioethics,
enhancement.

The issue of disability represents a test case for the sustainability – practical and theoretical – of transhumanist theories that lead to the advent of a post-human era. In fact, dealing with mankind implies also the possibility that man has a disability. So, seeing whether, in the post-human debate, persons with disability are respected, will show us if every man is respected. In this paper we start by analyzing the definition of disability given by the post-human theorists. As we will see, this definition is deficient because it is strictly linked with the transhumanists' refusal of the distinction between therapeutic treatment and enhancement.

The field of enhancement is very wide, and the moral judgment on it cannot be generalized. Nowadays, many developments made possible by human enhancement theories remain only speculated upon. However, those theories are already influential in the field of studying the beginning of life. Indeed, the possibility "to choose children" is real: here the issue of disability is decisive and the risk of discrimination is very high.

So, looking at the issue of disability will allow us to explore the ethical weight of the post-human project. In the background, it will be possible to glimpse the question of what is the essence of man, an issue not considered enough in the post-human debate. On the contrary, it is a fundamental question which should be answered before proceeding to a substantial alteration of humanity.

RESUMEN:

Palabras clave:

Discapacidad,
transhumanismo,
posthumanismo,
bioética,
potenciación.

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El tema de la discapacidad representa una prueba para la sustentabilidad - práctica y teórica - de las teorías transhumanistas que conducen a la llegada de una era post-humana. De hecho, al tratar la humanidad, hay que tener en cuenta la posibilidad de que el hombre tenga una discapacidad. Por esta razón, averiguar si en el debate sobre el post-humano se respetan a las personas con discapacidad, nos puede mostrar si se respeta a cada hombre. En este trabajo analizaremos la definición de discapacidad dada por los teóricos post humanistas. Se ilustrará como esta definición es deficitaria porque está vinculada estrictamente con el rechazo, por parte de los transhumanistas, de la distinción entre el tratamiento terapéutico y la potenciación. El campo de la potenciación es muy extenso y, por lo tanto, no se puede generalizar el juicio moral. Hoy en día, muchas de las posibilidades proyectadas por el "human enhancement" siguen siendo solamente especulación. Sin embargo, esas teorías ya son influyentes en el campo del principio de

la vida. En efecto, la posibilidad “de elegir a los hijos” es real: aquí la cuestión de la discapacidad es determinante y el riesgo de discriminación es muy alto. Por estas razones, observar el tema de la discapacidad nos permitirá explorar el peso ético del proyecto post humanista. Al final, se podrá vislumbrar la cuestión de la esencia del hombre, una pregunta que queda puesta entre paréntesis en el debate post-humanista. Por el contrario, se trata de una cuestión fundamental que tiene que ser contestada antes de proceder a una alteración sustancial de la humanidad.

1. Introduction

The issue of disability¹ represents a test case for the sustainability - practical and theoretical - of transhumanist theories that lead to the advent of a post-human era. Even if the heart of the debate is focused on the fields in which there could be an expansion of human capabilities, inevitably, in the background, the reference to disability is constant. This happens because the authors² that emphasize the future possibilities opened up by new technologies applied to medicine, directly or indirectly, concerning human beings, have to do with the human condition in itself that includes the possibility of having a disability, as Pessina has written: “the loss of features is inscribed in the human condition as in every living being”³. Moreover, the question of disability is decisive in the controversy about the possibility of drawing a definite line of demarcation between therapy and enhancement, as it will be shown later. In the course of this essay, we will see how, from a wrong definition of disability, the enhancement advocates suggest that there is a duty to enhance ourselves and others through technology. Saying that, we will see how *de*

facto the enhancement tools available are applied in the field of the beginning of life, having some discriminatory effects. Thus it is important to understand to what extent the theorists of human enhancement take into consideration people with disability and, through that, whether their theorization is respectful of the dignity of every man.

Before going to the central aspects of this essay, some terms of the question have to be clarified. Approaching the texts of authors who support human enhancement, continuously the words “enhancement”, “trans-human”, “post-human” recur without a specific definition of what is properly “human”. As Tom Koch has asked “Enhancing who? Enhancing what?”⁴: what is lacking is a deep reflection about who is the subject of such enhancement. Broadly, it could be said that for “human enhancement” it is meant a qualitative or quantitative improvement of the human capabilities because transhumanists hold, as Bostrom wrote, “that current human nature is improvable through the use of applied science and other rational methods”⁵. Again Bostrom asserts that a “posthuman” is “a being that has at least one posthuman capacity”⁶ and by a “posthuman capacity” he means “a general central capacity greatly exceeding the maximum attainable by any current human being without recourse to new technological means”⁷.

However, those explanations are not enough for

1 You can find a thorough reflection on the subject of disability and human condition in: Pessina A. (ed.), *Paradoxa. Etica della condizione umana*, Vita e Pensiero, Milano, 2010.

2 Among others, the leading voices of transhumanist debate are: N. Agar, N. Bostrom, A. Buchanan, N. Daniels, F. Fukuyama, J. Harris, L. Kass, T. Koch, E. Parens, J. Savulescu, G. Stock. With regard to the Italian bibliography on the debate see: Terrosi R., *La filosofia del postumano*, Costa & Nolan, 1997; Marchesini R., *Post-Human. Verso nuovi modelli di esistenza*, Bollati Boringhieri, 2002; Fimiani M.P., *Umano, post-umano. Potere, sapere, etica nell'età globale*, Editori Riuniti, 2004; Granieri G., *Umanità Accresciuta*, Laterza, 2008; Campa R., *Mutare o perire. La sfida del trans umanesimo*, Sestante Edizioni, 2010; Vatinno G., *Il transumanesimo. Una nuova filosofia per l'uomo del XXI secolo*, Armando Editore, 2010.

3 Pessina A., “Barriere della mente e barriere del corpo. Annotazioni per un'etica della soggettività empirica” in Pessina A., *op. cit.*, (2010), p. 222, (English translation of the writer).

4 Koch T., “Enhancing Who? Enhancing What? Ethics, Bioethics, and Transhumanism”, *Journal of Medicine and Philosophy*, 35: 685-699, 2010.

5 Bostrom N., “In defense of posthuman dignity”, *Bioethics*, Vol. 19, N. 3, (2005), pp. 202-214, p. 202.

6 Bostrom N., “Why I want to be a Posthuman When I Grow up”, *Medical Enhancement and Posthumanity*, Springer, 2008, pp. 107-137, p. 1.

7 Ibid.

an important issue like this: deciding to improve or to strengthen something - in this case someone - implies knowing who is the being that has to be improved, in what direction and, over all, why this being needs to be enhanced. This is especially crucial if it is considered that in the post-human program the aim is to radically change the human features. However, it is not clear why these features ought to be modified. Using a word from classical tradition, it is necessary to understand what "human nature" is, if its change is shown as desirable, and to know in which direction it is being modifying. Indeed, there is a misleading interpretation of this matter. Bostrom writes that "transhumanists counter that nature's gifts are sometimes poisoned and should not always be accepted. Cancer, malaria, dementia, aging, starvation [...]. Our own species-specified natures are a rich source of much of the thoroughly unrespectable and unacceptable"⁸. In these propositions of Bostrom it is possible to view only a biological or physiological consideration of human nature: it is reductive of the concept of nature as essence. On the contrary, when Kass writes that "we need a particular regard and respect for the special gift that is our own given nature"⁹ there is implied a reference to a different concept of nature that implies an intrinsic normativity. Certainly, there are many aspects of human condition that could be improved: in fact, the aim of medicine is to alleviate suffering and the effects of illness. However, there is a fundamental difference between enhancing human features through treatments against illness and trying to reach a new man, a post-human man. Yet, this difference is not accepted by enhancers' advocates and it makes necessary dealing with the issue of disability, as they semantise it, because it is strictly correlated with this point. As a premise, we want to clarify that holding this distinction does not represent a simplistic shorthand for distinguishing between the acceptable or unacceptable applications, but we want to emphasize that the distinction is real.

⁸ Bostrom N., *op. cit.*, (2005), p. 205.

⁹ Kass L., "Ageless Bodies, Happy Souls: Biotechnology and the Pursuit of Perfection", *The New Atlantis*, Spring 2003; pp. 9-28, p. 20.

2. Disability and enhancement: some definitions

Before considering how the transhumanist theories deal with the issue of disability and what consequences they have in the lives of people with disabilities, it is important to understand how disability is defined by those who want to improve human nature. For this purpose it is helpful to take into consideration the text of Quigley and Harris entitled "To Fail to Enhance is to Disable" in which they give the definition that we are looking for. So we can read that disability is "a physical or mental condition that someone has a strong rational preference not to be in and one that is, in some sense, also a harmed condition"¹⁰. It is clear that the two authors focus their attention on a "preference", that is something a person can feel. Surely the condition of disability is not a condition in which a person can desire to be in, however this definition is deficient. Although "rational", a preference has not an objective reference to a given situation that can characterize the status of a person defined "with disability". As a consequence this definition is much too weak because it is linked with something of aleatory that prevents us from understanding with precision what kind of situations represent a condition of disability. Linking the definition of disability to a preference that is less better expressed gives a too wide definition: an individual may consider as a harmed condition some situations that have nothing to do with the themes of health. To understand better this point, we can imagine that a person could "prefer" to be taller, since it makes him more capable to play basketball, and consequently thinks that not to be taller could be thought as an harmed situation. However we cannot label this as a case of disability because even though not to be tall represents a privation in relation with the sport of basketball, objectively this condition is not a situation of lacking from the healthcare point of view: briefly, it is not a pathological¹¹ condition. The

¹⁰ Quigley M, Harris J., "To fail to Enhance is to Disable", in Ralston D.C., Ho J. (eds.), *Philosophical Reflections on Disability*, Springer, 2010, pp. 123-131, p. 124.

¹¹ The question of what is properly "pathological" and of what is "normal" deserves a deeper reflection because the strong influences of society, culture and historical and geographic circumstances affects the possibility to offer an objective definition of these concepts. For further reading see: Canguilhem G., *Le Normal*

preference alone is not enough: not all our possible unsatisfied preferences fall within the scope of what can lead to a condition of disability. Glover, for example, although arriving to conclusions very similar to those of Harris, criticizes his conception of disability underlining that: "it seems sweeping to say that anyone dissatisfied with his or her ranking counts as disabled"¹².

There are many ways in which disability can be defined: according to ICF¹³ – International Classification of Functioning, disability and health - adopted by World Health Organization (WHO), it is possible to distinguish three paradigms. First of all, there is the medical paradigm: it defines disability as "a problem of a person, directly caused by disease, trauma, or other health condition which requires medical care provided in the form of individual treatment by professionals"¹⁴. Secondly there is the paradigm that moves the attention from the person to society, in fact "the social model of disability [...] sees the issue mainly as a socially created problem, and basically as a matter of the full integration of individuals into society"¹⁵. ICF offers an integration between these opposing paradigms through the bio-psycho-social model that takes into account the objective condition of the person and the barriers and facilitators that the environment can offer to her. So, this paradigm configures disability as "the outcome or the result of a complex relationship between an individual's health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives"¹⁶. According to this definition, having a disability is not an evanescent concept: disability is rooted in a health

condition, that is to say, as a matter of fact it is not only a subjective preference or a feeling, that, in particular circumstances, becomes disadvantageous for the individual. It is interesting to read the definition of persons with disabilities given by United Nations because, again, the reference is to an objectively identifiable condition. In the Convention on the Rights of Persons with Disabilities it is written: "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others"¹⁷. Although in this definition there is a reference to "long-term impairments", we must not forget that every human being can experience a decrement in health that, in interaction with the environment, may make him experience some degree of disability, even if for a short period of time.

The definition of enhancement that is given by its advocates is strictly specular to the concept of disability that they sustain. Again in Quigley and Harris we can find a definition of what enhancement is and, in fact, they define it in relation with the preferences that a person has: "an enhanced condition is a physical or mental condition which one would rationally prefer [...]. This account is about individuals being better off than they otherwise could have been"¹⁸. Instead, we think that a better way of arguing is to identify an enhancement in those practices that strengthen human physical and mental capacities over the potentialities that human beings can have naturally or through practice. However, their insistence on rational preferences, both in defining disability and enhancement, is due to the intention of eliminating any distinction between treatment and enhancement based on the rejection of the concept of the natural state in which humans live normally without medical or technological interventions. In fact, as Bostrom and Roache write, "transhumanists hold that we should seek to develop and make available human enhancement options in the same way and for the same reasons that we try to develop and make available op-

et le pathologique, 1943 - English Translation: *The Normal and the Pathological*, Zone Book, 1989.

¹² Glover J., *Choosing Children. Genes, Disability, and Design*, Clarendon Press, Oxford, 2006, p. 13.

¹³ World Health Organization (WHO), *ICF - International Classification of Functioning, disability and health*, 2001. The ICF is WHO's framework for measuring health and disability at both individual and population levels. ICF, is a classification of health and health-related domains. These domains are classified from body, individual and societal perspectives by means of two lists: a list of body functions and structure, and a list of domains of activity and participation. Since an individual's functioning and disability occurs in a context, the ICF also includes a list of environmental factors.

¹⁴ World Health Organization (WHO), *International Classification of Functioning, disability and health. ICF short version*, WHO Library Cataloguing-in-Publication Data, 2001, p. 28.

¹⁵ Ibid.

¹⁶ Ibid, p. 23.

¹⁷ United Nations, *Convention on the Rights of Persons with Disabilities*, 2006, art. 1, par. 2.

¹⁸ Quigley M, Harris J., *op. cit.*, (2010), p. 126.

tions for therapeutic medical treatments: in order to protect and expand life, health, cognition, emotional well-being, and other states or attributes that individuals may desire in order to improve their lives": in this statement it is clear that they do not see any differences, either in method or in aim, between treatments and enhancement. However, things are not as they appear: medicine's aim is curing and caring for people because health is good for their lives. Instead, enhancement aims to improve human capabilities and it is good only if it realizes these authentic goals. Aiming for a post-human future is in fact problematic exactly to the extent in which it could undermine authentic human goods.

Both Bostrom and Harris, for example, do not accept the concept of a normal healthy state in order to reject the existence of "some clear-cut dividing line between that which is a treatment and that which is an enhancement"¹⁹. Harris and Quigley argue that a same drug, for example Epo (erythropoietin), may be used as treatment for patients in Chronic Renal Failure or as doping without a substantial difference because the person with renal disease that "receives Epo [also] has their function enhanced relative to the alternative, the alternative being not receiving it"²⁰. This proposition is a perfect example of the confusion that often resides in the debates regarding, on the one hand, the aim of medicine and of treatments and, on the other hand, on what enhancement strictly is. Although in the case of renal disease the patient cured with Epo reaches a benefit and with it an enhanced renal function, it is not to forget that this "enhancement" is towards a pathological condition and the Epo helps to restore the normal functioning. On the contrary, the case of doping is different: through it the person reaches a level that goes over the natural capabilities of the human functions. It is possible to understand if a drug is a treatment or an enhancement not judging the drug in itself, but looking to the aim for which it is used and if there is a pathologi-

cal condition on which the drug intervenes. Interesting, in this sense, is the proposal of Kass who affirms that a line of demarcation can be drawn between enhancement and medicine because the latter is not "a form of mastery of nature": "when it functions to restore from deviation or deficiency some natural wholeness of the patient, medicine acts as servant and aid to nature's own powers of self-healing"²¹.

Affirming that this difference is subsistent we don't want to assume, as Harris and Quigley concur, that "this dividing line [...] acts as some kind of moral partition, and that being assigned to one side or the other is all it takes to affect the morality of the intervention"²². Every kind of enhancement needs to be judged in itself: to claim that there is a distinction between treatment and enhancement does not mean that the former is good and the latter is always blameworthy. Nevertheless, that distinction is useful, for example, to discriminate what an individual can expect of society and what he cannot. In other words: treatments are the kind of things that a subject can expect from medicine in order to safeguard his life, so enhancement may sometimes be a good thing, because it expands human boundaries, but it remains a not necessary thing. To understand this point better, we can make an analogy comparing individuals and society and comparing enhancement and progress through the words that Jonas uses when he deals with "society and the reason of the progress". In *Technique, Medicine and Ethics* we can read: "except the case where the present state is unbearable, the goal of improvement is not necessary: it is optional [...]. Our descendants have the right to inherit from us a planet not sacked, but have no right to new miracle cures"²³. This analogy helps us to understand that society must provide treatments to cure diseases and that, on the contrary, it has no obligation to enhance a normal state of health. Firstly, because economic resources are not unlimited and, hence, they have

19 Ibid. For the position of Bostrom regarding the problematic nature of such distinction see: Bostrom N., Roache R., "Ethical Issues in Human Enhancement", in Ryberg J., Petersen T., Wolf C. (eds.), *New Waves in Applied Ethics*, Pelgrave Macmillan, 2008, pp. 120-152.

20 Quigley M, Harris J., *op. cit.*, (2010), p. 127.

21 Kass L., "Ageless Bodies, Happy Souls: Biotechnology and the pursuit of perfection", *The New Atlantis. A Journal of Technology & Society*, Spring 2003, N. 1, pp. 9-28, p. 19-20.

22 Quigley M, Harris J., *op. cit.*, (2010), p. 127.

23 Jonas H., *Tecnica, medicina ed etica. Prassi del principio responsabilità*, trad. it. Einaudi, Torino, 1997, p. 94-95 (English translation of the writer).

to be used to address the most pressing needs, secondly because the health may be considered a primary good and enhancement a secondary one, and thirdly because not all of the possible enhancements are desirable for humanity. In contrast, Harris and Quigley end up saying that: "to fail to enhance is to disable"²⁴. Having eliminated the distinction between treatments and enhancements, coherently they think that if you can improve a function and you will not do it, this damages the person in question because she would have had an enhanced power, but she does not have it. When they say that there exists a duty not only of curing, but also of enhancing, they refer in particular to the enhancement of offspring. It is difficult to understand how authors, like Harris, can speak of a duty when they have previously eliminated any reference to a normativity of reality, in particular of that of human being. On the contrary, they would have to talk about enhancement as a possibility, also because speaking of duty, from their point of view, goes against the autonomy that represents the principle in which these theses find their roots. However, as we will see, the interventions on children - who cannot exert fully their autonomy yet - is properly the point at which post-human theories meet those concerned with disability. It is useful to note that these kinds of interventions go against self-determination because the individual who undergoes a change did not have the possibility to choose it. But before entering in the heart of that important issue, we have to take a step back and think about the types of enhancement and see which of them are currently available: it is important to point out some distinctions that allow us to better understand the moral weight of the different kinds of enhancement, even if in broad terms. This digression will gradually bring us to realize how the issue of disability is intertwined with the theme of the post-human to which enhancement try to bring man.

Included among enhancements may be the attempt to extend the human lifespan by slowing down the aging process; physical enhancement for improving the performances in various fields, for example, in those

of sport through doping; mood and personality enhancement for making relationships better; cognitive enhancement for making efficiency higher in study and job²⁵. It is impossible to give a overall moral judgment of these practices and hypothetical interventions because the types are so different between themselves that the judgment varies case by case and this is not the place to specifically address this issue.

However, it is interesting to discuss some distinctions that give us the idea of the complexity of the enhancement subject. First of all it is possible to distinguish between reversible and irreversible interventions. There are in fact some kinds of enhancement that give the individual a temporary advantage, and so we could think of those drugs that make attention active or of those that obliterate fatigue and thus strengthen performance. Those drugs, once finished their effects, do not leave to the person any enhanced functions. These kinds of enhancement are clearly reversible because they are temporary. In those cases the judgment depends on the aims for which they are used and also by the effect on the psychophysical equilibrium of the person.

On the contrary, there are some kinds of interventions that persist over time: we are thinking, for example, of the possibility of erasing a part of memory in order to eliminate a trauma, or the improvement of the capacities of the mind to remember and to solve difficult problems. Here the criteria of judgment expressed before for temporary enhancements remain valid, and to those are added some concerns related to their irreversibility. If they are irreversible and if for testing them it is necessary to apply them, the individual could be subject to real damage. Moreover, the effects are known only after the experiment and the long-term impact is often unforeseeable. In reality, this is not only a question of safety, but what raises concern is the theory that is implied at the base of the post-human project:

25 For more detailed analysis of the various types of enhancements see: Parens E., *Enhancing Human Traits. Ethical and social implications*, Georgetown University Press, 1998; Bostrom N., Roache R., "Ethical Issues in Human Enhancement", in Ryberg J., Petersen T., Wolf C. (eds.), *New Waves in Applied Ethics*, Pelgrave Macmillan, 2008, pp. 120-152; Savulescu J., Bostrom N., *Human Enhancement*, Oxford University Press, 2011; Savulescu J., Meulen R., Kahane G. (eds.), *Enhancing Human Capacities*, Wiley-Blackwell, Oxford, 2011.

24 Quigley M., Harris J., *op. cit.*, (2010), p. 129.

without particular scientific evidence, by virtue of a metaphysical theory, enhancer advocates enjoy “playing God”²⁶ and “breaking evolution’s chains”²⁷ since “understanding how evolution works is enabling us to modify the course of our evolution”²⁸. In the background of the post-human theories there is in fact the idea that humanity must take in her hands her evolutionary future since, simply, now she has the instruments to do it. This raises concerns because, in this way, the human condition would be upset without any justification about the desirability of such a change and without saying why the human condition, as it is, is not enough. Emblematic of this kind of intervention is genetic engineering, in particular that made on the germinal line. The effects of such interventions are uncontrollable since they are casually multiplied through reproduction. Here the ameliorative *hubris* is clear and bring us to the threshold of another important distinction between enhancing means: between technologies applied to themselves and between those involved in reproductive field applied on offspring. Here the problems are even more numerous because there is a transition from those interventions that may find their justification in the self-determination of individuals, to those interventions on other people that are without respect for their self-determination and pose a lot of questions.

3. Choosing children

In this way we have arrived at the focus of this essay in which the theme of enhancement directly meets the problem of disability. In the above brief description, we have seen the various types of self-enhancement: some of them remain only futurible, and those that are available do not raise difficult moral problems. In current practice, the field in which the pursuit of a post-human future begins to become decisive is that of procreative

choices²⁹. Here the attempt to remove disability and that of reaching enhanced functions go hand in hand. Beyond any futuristic possibility, choosing who can be born is already an established practice. We are thinking of the widespread use of diagnoses prior to implantation and prenatal diagnoses that aim to discover the presence of abnormality in embryos or fetuses in order to prevent their birth through abortion or elimination before implanting.

The post-human project raises some ethical questions relating to disability because the peril of discrimination against people with disability is not remote. In fact, authors³⁰ like Harris, who argue that disability must be eradicated, recognize this peril and, at the beginning of their essays, use a lot of words to show how their theories do not have a discriminatory effect. In order to understand that issue better, we will take into consideration the text written by Harris *Enhancing Evolution: The Ethical Case for Making Better People*³¹ that is particularly representative of enhancement’s theories. Harris starts his reasoning affirming strongly the “principle of equality” as follows: “all persons are equal and none are less equal than others. No enhancement however dramatic, no disability slight, or however severe, implies lesser (or greater) moral, political, or ethical status, or value”³². However, beyond those statements of principle, we must see whether he manages to remain faithful to such assertions or whether his conclusions are contradictory.

The argumentation of Harris starts with a distinction: he agrees that preferring a “nondisabled person to a disabled one”³³ is a form of discrimination; on the contrary for him it is licit preferring “to produce [...] a non-disabled individual rather than a disabled one”³⁴. We

26 See Evans J.H., *Playing God: Human Engineering and the Rationalization of Public Bioethical Debate*, The University of Chicago Press, Chicago, 2002.

27 See Powell R., Buchanan A., “Breaking Evolution’s Chains: The Promise of Enhancement by Design”, in Savulescu J., Meulen R., Kahane G. (eds.), *op. cit.*, (2011), pp. 49-67.

28 Powell R., Buchanan A., *op. cit.*, (2011), p. 49.

29 For further readings about the possibility to make choices in the field of the beginning of life see: J. Glover, *Choosing children: genes, disability, and design*, Clarendon Press, Oxford, 2006.

30 See also Bostrom N., “In Defense of Posthuman Dignity”, *Bioethics*, Vol. 19, n. 3, 2005, in which the author tries to put forth the notion that the existence of a post-human man does not undermine the dignity of “simply-human” beings.

31 Harris J., *Enhancing Evolution. The Ethical Case for Making Better People*, Princeton University Press, 2007.

32 Harris J., *op. cit.*, (2007), p. 86.

33 Ibid, p. 89.

34 Ibid.

can agree with the first sentence because it is coherent with the principle of equality, but the second sentence hides at least two problems. First of all, using the concept of “produce” for speaking about the generation of a new man is questionable. In fact, it is not respectful of his dignity, implicitly expressed in the principle of equality: human beings are not mere products and their generation has to be thought through others categories, like those, for example, of acceptance, novelty and possibility³⁵. Secondly, there is more than one way to “produce” a child with the aim to avoid that he is born with a disability: it is necessary to evaluate the various types of means because not all the means may justify the purpose. The argumentative strategy used by Harris consists in putting on the same floor different practices. As we can see, Harris lists the means by which someone may attempt to achieve to produce a nondisabled child and asks if it is wrong trying to reach this aim: “by wishing and hoping? by behavior modification? by postponement of conception? by interventions, therapeutic or enhancing (including gene therapy)? by selecting between preimplantation embryos? by abortion?”³⁶. The practices in this list are very different among themselves and hence the judgment differs case by case. There is a substantial difference between the first three means and the other three: the first group consists by actions carried out by an individual, maybe the mother, on herself, the second group of actions is performed on the child and goes to change his body, his identity and even includes the possibility to kill him, although in an initial phase of his existence. Consequently, the moral judgment on these means is different. For the first group we can say that these practices are licit because are not forms of discrimination against people with disability since there are no people on whom these practices have effects and since are choices made by people on themselves in order to prevent diseases in their offspring. Conversely, for the second group the judgment is more subtle because, within certain limits, therapeutic or en-

hancing interventions may be licit – if they do not distort the psychophysical identity of the individual – but selection prior to implantation and abortion are morally wrong because, in an eugenic manner, they put an end to the life of a human being and are actions against the respect due to the acceptance of the sons, implicit also in the principle of equality. In addition, the ban to carry out such practices has been recognized, for example, by the European Council that, in the Convention on Human Rights and Biomedicine, prohibits “any form of discrimination against a person on grounds of his or her genetic heritage”³⁷, exactly what that human enhancement’s theories consider dutiful to do.

Moreover, Harris discusses the issue of the possible discriminatory effect felt by people with disability since they see that medicine, society and individuals do everything to fight disability. Harris reports, without agreement, that: “it is often said by those with disability or by their supporters [...] that abortion for disability, or failure to keep disabled infants alive as long as possible, constitutes discrimination against the disabled as a group, that is tantamount to devaluing them as persons, to devaluing them in some existential sense”³⁸. Speaking of discrimination, Harris implicitly confuses: preventing disability, curing disability and eliminating disability - there are important differences between these kinds of actions. *Preventing* disability is a good thing, from a moral point of view, if it means trying to prevent a person from being born with a disability, to acquire a disability or if it means trying to remove the environmental barriers that bring a man or a woman into a situation of disability. *Curing* disability is always right because the aim of medicine is to restore people from having disease. Protection of health could not be seen as discrimination because it is the premise to achieve authentic human goods. *Eliminating* disability may be understood in two different ways. On the one hand, it could mean preventing and curing disability and therefore the incidence of disability would tend to decrease,

35 For further readings on the concept of birth as “novelty” under which rethinking the human generation see: Papa A., *Nati per incominciare. Vita e politica in Hannah Arendt*, Vita e Pensiero, Milano, 2011.

36 Harris J., *op. cit.*, (2007), p. 89.

37 Council of Europe, *Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine*, Oviedo, 4.IV.1997, Chapter IV, Art. 11.

38 Harris J., *op. cit.*, (2007), p. 95.

and this would represent a remarkable result. On the other hand, “eliminating disability” may suggest elimination of the human being who has a disability, and this cannot be morally acceptable since contradicts the principle of equality. Furthermore, we have to recognize that “disability” in itself doesn’t exist; what exists are human beings with disability and hence eliminating or removing disability, through the means that we have now, most of the time means eliminating the individual affected by some disabling illness. This remark brings us to the other misplaced issue represented by the reference that, in the above citation, Harris makes to “disabled as a group”. What Harris does not approach is that when abortion is chosen in case of disability, the theoretical and practical discrimination is not against people with disability in a generic sense, but against this concrete human being who is prevented from coming into the world.

In addition, to dismiss the charge of discrimination Harris uses an analogy whose results are not valid for reasons very similar to those expressed above about the solution of “eliminating disability”. Harris argues that: “to set badly broken legs does not constitute an attack on those confined to wheelchairs. [...] To prefer to remove disability where we can is not to prefer non-disabled individuals as persons; to treat illness where we can is not to exhibit a preference for the healthy as persons”³⁹. Analogies are insidious because they tend to highlight what is similar in a given situation, but carefully hide what is different. So, removing disability through cure and care is as good as setting badly broken legs and does not represent discrimination. However, once again, there is a fundamental difference between the two cases shown in analogy: broken legs are repaired and human beings with disability in the embryonic or fetal state are destroyed. The analogy would have been correct if people with disabilities had been restored or cured and not killed, similarly to how people with broken legs are treated, but it did not happen. Consequently, curing people with disabilities is not a form of discrimination towards them, but selecting embryos,

the abortion of fetuses and the insistence on the duty of removing disability through these means represent a form of discrimination against the people who are directly involved and against the other persons with disability. It is undeniable that a sense of discrimination may be perceived by the people who are in a condition of disability if the public health discourse is not focused on the treatment to be accorded to them, but on the costs of such care, or on disquisitions about who is or is not worthy to live: in this sense the environment may become a discriminant barrier, as the bio-psycho-social model has taught.

Saying – as we have done – that the decision to abort for disability is discriminative, presupposes that embryos and fetuses have the same moral status of the (other) human beings. In fact Harris, on the contrary, holds that: “the moral status of the fetus [is] the same of that of embryo and the gametes and not the same as human individuals”⁴⁰. Certainly the question of the moral status of human beings before they are born is too long to be properly treated here, but we have to touch briefly the fundamental points of this issue, as also Harris has done. Harris maintains that it is licit to destroy zygotes/fetuses/embryos and even neonates because they are not persons yet. He distinguishes the concept of “human being” from that of “person properly so-called” that he defines: “individuals capable of valuing their own existence”⁴¹. Also in this case, as for the definition of disability and for that of enhancement, in his reasoning results more determinant a subjective consideration than an objective judgment. For him, species membership is not morally relevant: he argues, as Singer⁴² has argued many times, that “species preference is, like race or gender preference, simply a prejudice”⁴³. He specifies these premises of his thinking in order to separate the presence of disability from the reasons that make selection before implantation or abortion licit. He wants to suggest that zygotes/embryos/fetuses are eliminable because they are not persons, not because they have

39 Ibid, p. 95-96.

40 Ibid, p. 96.

41 Ibid, p. 97.

42 Singer P., *Practical Ethics*, Cambridge Un. Press, 1979.

43 Harris J., *op. cit.*, (2007), p. 97.

some disease. But these premises have to be rejected. Zygotes/embryos/fetuses share the same moral status of the other human beings since they are simply human beings at a particular stage of their development. The distinction between human beings and persons does not correspond to reality: every human being is a human person because being a person is not a question of capabilities but a question of intrinsic - ontological - characteristics. As Pessina has written: "the being person of man is his constant ontological, what makes a man, at all stages of its existence, a subject, even before he is able to express his personality, even if he will never be able to do it"⁴⁴. We cannot forget that speaking of the person does not mean giving value only to her subjectivity, but taking into consideration also his corporeality because, as Tommaso D'Aquino has written, "the person [...] in human nature means this flesh, these bones, this soul, which are the principle of individuation for man"⁴⁵. Consequently the species membership is morally relevant because permits understanding what kind of beings deserve to be protected: people with severe disability are properly that kind of beings that in some cases need the help of other people to see respected their lives and rights, precisely because they are not able alone to protect their existence.

Surely the question of the moral status of human beings before birth would to be dealt longer, however for our aims it was important to show that at least zygotes/embryos/fetuses are not "*res nullius*". The aim of reaching a future in which people can design their offspring, for having enhanced children - esteemed dutiful by the post-human project - on closer inspection, is questionable. The free access by parents to "the genetic supermarket"⁴⁶, as Nozick has called it, raises some concerns. Not only the destruction of zygotes/embryos/fetuses can be said to be wrong, but also the modification

of our own children: this practice, to which the post-human theories arrive, reveals what is regrettable in the project of enhancing humanity for reaching a new man. Precisely, what is wrong is the fact that we think that we can design other people: although this practice is not inserted in an eugenic project imposed by "the power", it represents an affront to the respect due to every man in itself and it damages his self-determination, even if the designer had given him some enhancements. In this regard, we agree with the objections that Habermas moves to these future scenarios that undermine "the ethical freedom because they fix the stakeholder to intentions of third persons (intentions that remain irreversible even if rejected) and prevent him to conceive himself as the undivided author of his life"⁴⁷. Touching this issue we have to stop because it does not represent the central subject of this essay: however, it was dutiful to mention this aspect because it represents one of the peaks to which human enhancement theory arrives and shows us to what extent it could undermine the respect due to all human beings.

4. Conclusions

Coming to the end of this reasoning, we can summarize the results reached. We have started this essay with the supposition that looking up to what point post-human theories take care of people with disability would have helped us to verify whether the human being is respected through the process that carries to a future lived in by post-humans. In this way people with disability represent a litmus test because if they are respected, then all persons are respected. This is true because the condition of disability is emblematic of that of human beings in general, characterized by vulnerability and fragility. Consequently, if a theory fosters the taking care of those people, then it implies a taking care of every person. We have seen that this doesn't happen because, beyond all good intentions to ameliorate the human condition through enhancers, the enhancement theo-

44 Pessina A. "Venire al mondo. Riflessione filosofica sull'uomo come figlio e come persona" in Cariboni C., Oliva G., Pessina A., *Il mio amore fragile. Storia di Francesco*, Editore XY.IT, Arona, 2011, p. 85, (English translation of the writer).

45 Tommaso D'Aquino, *Summa Theologiae*, I, q. 29, a. 4: «persona [...] in humana natura significat has carne haec ossa et hanc animam, quae sunt principia individuante hominem», (English translation of the writer).

46 Nozick R., *Anarchy, State and Utopia*, Blackwell, Oxford, 1974, p. 315.

47 Habermas J., *Il futuro della natura umana. I rischi di una genetica liberale*, Einaudi, Torino, 2002, p. 64, (English translation of the writer).

ries end up discriminating directly (because people with disability, once individuated through prenatal test, are eliminated) and indirectly (because aiming to reach the perfect man does not respect the value of the human condition as it is, and this behavior negatively affects the self-comprehension of people with disability) those individuals that are more defenseless. This happens because in the debate on human enhancement is given a wrong definition of what is "disability" and there is an inadequate consideration of the value of man in his concrete situation. Indeed, man is often respected only if he is able to positively evaluate his life.

Moreover, we have seen how the movement that promotes the coming of a post-human age, as the flourishing of the human, poses other much deeper questions because, on the background, there is a complex theory of what human beings have to be in the future. Why does mankind need to be improved? What is the unsatisfied desire that induces people to overcome the features of their condition? Who is man? These questions lose their answers in the mists of time because man has always tried to exceed himself. The attempt to improve mind and body has always characterized the aims of culture, education and, in a certain sense, medicine. Today, the existing difference is shown by the fact that formerly it was clear what was properly a man; on the contrary, nowadays it is taken for granted that what properly constitutes the human being remains unspeakable. Nevertheless, the promoters of the overcoming of man wish to arrive at a better one. The problem is that if you do not know what a thing is, it is impossible indicate how to enhance it, because the term with which to make the comparison is lacking: consequently proposing his enhancement as a duty, in this way, is without foundation. Surely it is possible to speak of duty in a less strong way, but it would not be commensurate to what is at stake: the future of human nature. If the promoters of enhancement want to speak seriously of a different future of man, first of all they should question precisely what human nature is and what of it deserves to be safeguarded and enhanced. Otherwise their theories, that from the theoretical point of view are those of the super-man

of Nietzschean memory, risk to have catastrophic practical effects, since technology allows us to realize what before remained only a speculative hypothesis.

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