

New breeds of humans: the moral obligation to enhance*



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Abstract

This paper argues that we have a moral obligation to enhance human beings. It is argued that if one is committed to the moral obligation to treat and prevent disease, one is also committed to genetic and other enhancement in so far as this promotes human well-being. It is argued that this is not eugenic but expresses our fundamental human nature: to make rational decisions and to try to improve ourselves. To be human is to strive to be better.

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Introduction

The genophobe claims that it is our environment, or culture, that defines us, not genetics. But a quiet walk in the park demonstrates the power of that great genetic experiment: dog breeding. It is obvious that different breeds of dog differ in temperament, intelligence, physical ability and appearance. No matter what the turf, a doberman will tear a corgi to pieces. Of course, you can debilitate a doberman through neglect and abuse. And you can make him prettier with a bow. But you will never turn a chihuahua into a doberman through grooming, training and affection. Dog breeds are all genetic – for over ten thousand years we have bred some 300–400 breeds of dog from early canids and wolves. The Saint Bernard is known for its size, the greyhound for its speed, the bloodhound for its sense of smell. There are freaks, hard workers, vicious aggressors, docile pets, and ornamental varieties. These characteristics have been developed by a crude form of genetic selection – selective mating or breeding.

Today we have powerful scientific tools in animal husbandry – genetic testing, artificial reproduction and cloning are all routinely used in the farming industry to create the best stock. Scientists are now starting to look at a wider range of complex behaviours. Changing the brain's reward centre genetically may be the key to changing behaviour.

Gene therapy has been used to turn lazy monkeys into workaholics by altering the reward centre in the brain (Liu *et al.*, 2004). In another experiment, researchers used gene therapy to introduce a gene from the monogamous male prairie vole, a rodent which forms lifelong bonds with one mate, into the brain of the closely related but polygamous meadow vole (Lim *et al.*, 2004). Genetically modified meadow voles became monogamous, behaving like prairie voles. This gene, which controls a part of the brain's reward centre different from that altered in the monkeys, is known as the vasopressin receptor gene. It may also be involved in human drug addiction.

Selective mating has been occurring in humans ever since time began. Facial asymmetry can reflect genetic disorder. Smell can tell us whether our mate will produce the child with the best resistance to disease. We compete for partners in elaborate mating games and rituals of display which sort the best matches from the worst. As products of evolution, we select our mates, both rationally and instinctively, on the basis of their genetic fitness – their ability to survive and reproduce. Our goal is the success of our offspring.

With the tools of genetics, we can select offspring in a more reliable way. The power of genetics is growing. Embryos can now be tested not only for the presence of genetic disorder

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(including some forms of bowel and breast cancer), but also for less serious genetic abnormalities, such as dental abnormalities. Sex can be tested for too. Adult athletes have been genetically tested for the presence of the angiotensin converting enzyme (ACE) gene to identify potential Olympic athletes. Research is going on in the field of behavioural genetics to understand the genetic basis of aggression and criminal behaviour, alcoholism, anxiety, antisocial personality disorder, maternal behaviour, homosexuality and neuroticism.

While at present there are no genetic tests for these complex behaviours, if the results of recent animal studies into hard work and monogamy apply to humans, it may be possible in the future to genetically change how we are predisposed to behave. This raises a new question.

Should we decide what breed of humans to create?

Some people in society believe that children are a gift, of God or of Nature, and that we should not interfere in human nature. Most people implicitly reject this view – we screen embryos and fetuses for diseases, even mild correctable diseases. We interfere in Nature or God's will when we vaccinate, provide pain relief to women in labour (despite objections of some earlier Christians that these practices thwarted God's will) and treat cancer. It is nevertheless true that we believe it is a parent's duty to unconditionally love and accept a child, even if that child is involved in an accident and is left horribly disabled.

The reason that genetic selection is not ingratitude and intolerance for the gift of life is because the life in question is not yet the life of a child. Destruction of early human embryos and fetuses is not infanticide. People in Western societies have voted with their feet about the moral status of early human life. One hundred thousand abortions per year in the UK speak to the value of early human life. If we were really serious that embryos were people, we would force couples undergoing IVF to donate spare embryos to other infertile couples, just as we force couples who do not or cannot care for their children to have them adopted by other couples. But of course, most people do not really believe embryos are children.

More importantly, no one would object to the treatment of disability in a child, if it were possible. Why, then, not treat the embryo with genetic therapy if that intervention is safe? Even though not a child, it might later be a child. And better that child without disability than with disability. This is no more thwarting God's will than giving antibiotics is.

The moral obligation to enhance our children

Many people would accept my claim that there is a moral imperative to treat and prevent disease. A parent who knowingly failed to protect his or her child from contracting HIV through a simple and safe intervention would be considered guilty of a moral crime. Many people will accept genetic selection to avoid disease. Many may even come to accept germline gene therapy, if it is safe, under the moral imperative to treat disease and promote health.

I believe the same moral obligation exists to enhance our children's lives and opportunities.

What matters: well-being

It is the goodness of health that drives a moral obligation to treat or prevent disease. Being healthy enables us to lead a good life. But health is not intrinsically valuable. It is instrumentally valuable – valuable as a resource that allows us to do what really matters, that is, lead a good life.

What constitutes a good life is a deep philosophical question. According to hedonistic theories, what is good is having pleasant experiences and being happy. According to desire fulfilment theories and economics, what matters is having our preferences satisfied. According to objective theories, certain activities are good for people – developing deep personal relationships, developing talents, understanding oneself and the world, gaining knowledge, being a part of a family, and so on. We need not decide on which of these theories is correct to understand what is bad about ill health. Disease is important because it causes pain, is not what we want and stops us engaging in those activities that give meaning to life. Sometimes people trade health for well-being – mountain climbers take on risk to achieve, smokers sometimes believe that the pleasures outweigh the risks of smoking, and so on. Life is about managing risk to promote well-being.

But if it is well-being not health that is intrinsically valuable we can see why human enhancement can become a moral obligation. Many of our biological and psychological characteristics profoundly affect how well our lives go. In the 1960s, Walter Mischel conducted impulse control experiments where four-year-old children were left in a room with one marshmallow, after being told that if they did not eat the marshmallow, they could later have two. Some children would eat it as soon as the researcher left, others would use a variety of strategies to help control their behaviour and ignore the temptation of the single marshmallow. A decade later, they re-interviewed the children and found that those who were better at delaying gratification had more friends, better academic performance and more motivation to succeed. Whether the child had grabbed for the marshmallow had a much stronger bearing on their standardized attainment test (SAT) scores than did their IQ (Mischel *et al.*, 1988).

Impulse control has also been linked to socio-economic control and avoiding conflict with the law. The problems of a hot temper can include life in prison.

Shyness too can greatly restrict a life. One newspaper story was published about a woman who blushed violet every time she went into a social situation. This led her to a hermitic, miserable existence. She eventually had the autonomic nerves to her face surgically cut. This revolutionized her life and had a greater effect on her well-being than the treatment of many diseases.

Intelligence, of many kinds: memory, temperament, patience, empathy, a sense of humour, optimism and just having a sunny temperament can profoundly affect our lives. All of these characteristics will have some biological and psychological basis capable of manipulation with technology.

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