

Who wants to live forever? Three arguments against extending the human lifespan

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The wish to extend the human lifespan has a long tradition in many cultures. Optimistic views of the possibility of achieving this goal through the latest developments in medicine feature increasingly in serious scientific and philosophical discussion. The authors of this paper argue that research with the explicit aim of extending the human lifespan is both undesirable and morally unacceptable. They present three serious objections, relating to justice, the community and the meaning of life.

World and the Third World and between rich and poor within Western welfare societies, is the main ethical obstacle. How can we justify trying to extend the lives of those who have more already?⁸

The figures speak for themselves: in a number of African countries south of the Sahara, life expectancy is less than 40 years. The average lifespan in rich and developed countries is 70–80 years. The causes of this inequality exceed the strictly medical realm. It is mainly the combination of AIDS with poverty that is responsible for this mortality.^{9–10} No fewer than 60% of all people on earth with HIV live in subSaharan Africa¹¹—25–26 million people. Twelve million children have lost at least one parent, and in Zimbabwe 20.1% of all adults are infected.¹¹

The wish to extend the human lifespan has a long tradition in many cultures.¹ Optimistic views of the possibility of achieving this goal through the latest developments in medicine feature increasingly in serious scientific and philosophical discussion.^{1–5} Focusing on interventions in biological ageing, one can distinguish between research that is first and foremost aimed at prolonging life by slowing or even arresting ageing processes and research that is directed at combating the diseases that seem to be intrinsically connected with biological ageing.⁶ We are not opposed to the latter interventions but focus on the former, increasing human life expectancy beyond the average as a primary goal, merely because there exists, as Glannon puts it, “the deeper conviction that there is intrinsic value in living much longer than we presently do, given that being alive is intrinsically valuable”.³

Although we agree that being alive is intrinsically valuable, we think that there is a fundamental difference between the desirability of being alive within the limits of the average life expectancy and the desirability of being alive beyond those limits. In the first case, we deal with the possession and continuation of something we have a right to maintain. In the second case, we are dealing with a kind of enhancement⁷ to which the concept of a “right to” is ill-suited, and that raises a series of philosophical and ethical questions. Reflecting on the desirability of research that is explicitly aimed at life extension, we shall present three serious objections, relating to justice, to the community and to the meaning of life. They differ as regards their nature and cogency. We begin with the most compelling argument—justice.

THE THREE ARGUMENTS Justice

The most obvious moral problem is the already existing “unequal death”. As Mauron argues, this inequality, which obtains both between the First

One possible objection to our argument could be that the existence of this global inequality simply does not present a problem for bioethics. These disparities may be acknowledged as scandalously unfair but are the responsibility of politicians, governments and non-governmental organisations, not of bioethicists. This way of fending off bioethical responsibility, however, is based on a concept of bioethics that closes its eyes to the morally relevant complex interrelation between the health of populations and international justice. It reduces bioethics to the type of applied ethics that became dominant starting in the 1970s. This period gave birth to a highly sophisticated, politically harmless and typically Western bioethics, which mainly dealt with problems of developed and wealthy countries. In recent years, ethicists such as Solomon Benatar,¹² James Dwyer¹³ and Paul Farmer¹⁴ have rightly tried to broaden the bioethical agenda. In a globalizing world, problems of ill health in the undeveloped nations are related to how the developed and wealthy nations use their political, financial and scientific powers. Contemporary bioethics, therefore, cannot limit itself to how and under what conditions new scientific developments may be applied but must also confront the question whether these developments contribute to a more just world.

A second possible objection to our argument refers to the principle of distributive justice and is formulated along utilitarian lines by Harris, among others. The fact that we have no means to treat all patients is no argument to qualify it unjust to treat some of them: “If immortality or increased life expectancy is a good, it is doubtful ethics to deny palpable goods to some people because we cannot provide them for all” (p529).² Davis defends the same conclusion, using slightly different reasoning.

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To deny the Haves a treatment that they can afford because the Have-nots cannot afford it “is justified only if doing so makes the Have-nots more than marginally better off” (PW7).¹⁵ The burden for the Have-nots of the availability of life-extending treatments for the Haves has much less weight in comparison with the number of additional life years that the Haves would lose if life extension were prevented from becoming available.

Both utilitarian arguments are problematic in two respects. In the first place, they make no distinction between the right of (a minority of) Haves to maintain what they already have, such as certain medical treatments for age-related diseases, and the right to become Have-mores by research and development to enhance the total lifespan. This fundamental difference between the real and the potential has moral repercussions in the light of justice. Treatments that exist in reality but are not available to all rightly raise questions of distributive justice. Potential treatments, however, require prior questions: for what goals are they developed? are they worthwhile at all, and for whom? who will profit? who will be harmed? In the second place, by calculating only benefits and burdens, or burdens of different weights, they neglect the moral quality of certain states of affairs that can be considered wrong and unjust *in se* and that should be prevented from becoming even more wrong or unjust. They bypass important moral principles of equity and integrity. By focusing on how to justify the distribution of means that are not available to all, we sideline the whole issue of inequality in chances. The original problem of why some can be treated and others cannot is no longer considered. This moral blindness reminds us of the story of the French queen Marie Antoinette, who in 1789 was confronted with a furious crowd. Asking what was going on, she was told that these people were starving, because there was no bread. She replied, amazed, “Well, why don’t they eat cake then?” With regard to extending the lifespan, we are not dealing with treatments (yet), but with the question of the desirability of research and development, and, consequently, of financial investments that will not diminish these global inequalities in life expectancy, or, even worse, may increase them.

Our efforts to prolong life, therefore, ought not to be separated from the more fundamental questions relating to integrity: given the problem of unequal death, can we morally afford to invest in research to extend life? The contemporary agenda of bioethics happens to be largely defined by dilemmas and problems raised by Western medicine and biomedical research. Recently, Lucke and Hall pleaded for more social research on public opinion regarding life extension.¹⁶ As a variation on their proposal, we suggest that it is relevant to know the opinions on life-extension technology of all those people whose risk of dying before the age of 40 could be diminished by rather simple, low-technology means.

Relational dimension

Life is always life with others, even when it is extended. Crucial, however, seems to be how this relatedness to others is interpreted. A liberal anthropology perceives human beings as primarily individuals, who relate to each other by contract and negotiations, motivated by self-interest. The other person has an instrumental value, and can appear as a friend, a competitor or even an enemy. Also, the sum of all others, incorporated in the community or society, fulfils a merely instrumental value: the community or society is judged by the extent to which it facilitates its members to realise their individual life plan. In a liberal view, the good life is the good life *for me*, defined and measured by myself. Autonomy and authenticity are central values. Arguments in favour of life extension are often based on the presuppositions of liberalism.

In communitarian anthropology, human beings are viewed as social beings: relations with others belong to the essentials of

what it is to live a human life. As Aristotle said (1097b12), a man is by his nature a political being, in the sense of belonging to a *polis*, or a community.¹⁷ Contrary to the liberal anthropology, the social context is not just an instrumental means to realize individual life plans, but the precondition for living a human life. Human beings cannot live without meaningful relations with others. Goods that are essential for a good life, such as friendship, are essentially goods that are bound to the social dimensions of life.

With respect to biological ageing, the two anthropological views can be combined. In the still-hypothetical situation that extending biological age becomes a medical-technical option, it is primarily a matter of autonomy whether a subject wants to choose it. This freedom of choice fits with the liberal view. The communitarian view, however, stresses the importance of the social network as a condition *sine qua non* for a truly human life. This is not a mere psychological condition, in the sense that I feel better with others, but an ethical one: in order to realize a morally good life, I have to realize myself as a community being. Being with others as such is considered intrinsically valuable, not the fact that the other is “useful” for my purposes. This excludes the option that an extension of biological age is intrinsically valuable. It is valuable only if it also extends our life as communal beings. Living longer is valuable only if it results in living longer in meaningful relations. Quality of time outweighs quantity of time. The real ethical challenge for ageing societies, therefore, should be how to improve the conditions for life as a life in community, and not how to stop ageing as such.

The meaning of life

Our final argument is that life extension as an explicit aim is contrary to the wisdom of ages as contained in various religious and non-religious spiritual traditions. Although all traditions agree that life is worthy and should not be taken (without good reason, or at all), there is always a notion that human beings miss the essence of life by focusing on the preservation of their self or “ego”.

Many spiritual and religious traditions make this point in the notion of truly human life by the decentering of the self. In the Christian tradition, as expressed by Thomas Aquinas, for example, the notion of eternal life does not refer primarily to a prolongation of earthly life based on the conception of an immortal soul; rather, it refers to the fullness of a human life that can be reached to the extent that one’s goal in life is no longer the preservation of the self, but the communion with and service to God and one’s neighbour.¹⁸ The same thought is expressed in other monotheistic religions, such as Judaism and Islam. Turning to the Eastern world, we see that Hinduism, Buddhism and explicitly non-religious spiritual approaches such as that of the Indian thinker Jiddu Krishnamurti all point to the importance of letting go of the ego.¹⁹

Traditions such as these converge in the observation that the more one’s self is decentered, the more one loses interest in self-preservation or extension of the biological lifespan. Modesty and the ability to give priority to seeking self-flourishing by seeking the flourishing of other people seems to be a sign both of happiness and of a meaningful life.

We think that the world’s spiritual traditions are worth listening to, because they are a rich and often ancient source of experience with the living of a meaningful life in various cultural contexts. When the wisdom of these different contexts converges, it seems likely that something of importance may appear. At least they make us aware that quality of life is not simply in the length of lifetime.

Could the wisdom of the spiritual traditions be inspired by the fact that human beings have to cope with their mortality, and seek an escape in transcendence? Although it may be true

that this motivation is present among the followers of diverse spiritual traditions, we think that the traditions themselves are too sophisticated and well thought through to be accused of escapism. Moreover, there is a secular parallel to the experience of the decentring of the self as related to the experience of life's meaning.

As we reflect on the relation between time and experience, for instance, there is an interesting and important paradox to be observed: the more life is experienced as meaningful, the less we are aware of time. The activities that give us the most satisfaction and happiness are those in which we are totally absorbed. Performing music, doing sports, reading good books, making love, writing texts: there are many examples of activities that demand all our attention. In those activities that constitute human happiness there seem to be no time and space, no subject and object. From this one may infer that what we basically seek as human beings is not more time to live, but meaningful experiences. These are found by decentring activities, through which the quality of life is expanded and the desire for self-preservation and life extension vanishes.

COGENCY

We realize that these three arguments differ in cogency. The argument of justice is the strongest, because it has a common-sense argumentative force that is recognised in most ethical theories. The second argument, regarding the social nature of human beings, derives its cogency from the willingness to critically consider and complete the presuppositions of one's moral theory. The third argument, introducing the meaning of life, is the most controversial: it is strongest for those who adhere to one of those traditions but weakest for those who do not.

If the three arguments are read in reverse order, we think that they can endorse one another, in the sense that those who search for a meaningful life in the decentring of the self will acknowledge the importance of the community and of global justice. Because we address this article to a wider audience, however, we prefer to begin with the argument of justice.

CONCLUSIONS

Is it possible, after what has been said so far, to argue that no individual should have the option for life extension if science progresses enough to offer it? We don't think so. Life is an intrinsic good, and individuals who are ready to accept all ethical objections presented so far are not different from those who choose to live in luxury without feeling the moral obligation of justice. In this paper, however, we focus on the ethical problems of investing in research aimed at further life extension. Since such research has an institutional aspect related to public funding, we think that this aspect requires thorough reflection and dialogue by biogerontologists and their scientific organizations, by ethicists and philosophers, and by society at large. Juengst *et al*^{6,7} repeatedly formulate a similar plea. Among others, the question must be discussed to what extent life extension contributes to the public good. The concept of "public good", however, is slightly ambiguous. It comes close to "public interest", which Jennings *et al*²⁰ frame as the aggregate of individual private interests of individuals. As

opposed to this, the concept of the common good entails a society where individuals inextricably bind up their own good with the good of the whole. It forces reflection on the question of whether living longer is good for me as a human being, and whether a society whose members have a much longer life than is the case at present would be a better society. With regard to the benefits for me as a human being, we presented two objections, centred on the meaningful life and on life as a communal being. A reply to both objections could be that issues of meaning and of communities are highly personal matters: in both domains, people have to find their own position and possess the right of free choice. But it is also true that personal answers and choices can be enriched by being embedded in traditions of wisdom with regard to how to live a human life. It is this embedding that we intend to add to the discussion on life-extending research. With regard to a better society, in a globalizing world as ours is, there is a moral challenge to expand our view of the common good to encompass good for all, worldwide. This expansion inevitably raises the urgent question of whether we can morally afford, as a question of moral integrity, to invest time and money in trying to extend our lives while sidelining the whole issue of unequal death.

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