

Published in final edited form as:

Camb Q Healthc Ethics. 2011 July ; 20(3): 468–483.

Rationality and the Genetic Challenge Revisited

MATTI HÄYRY

My recently published book *Rationality and the Genetic Challenge: Making People Better?* analyzes different philosophical responses to developments in genetics.¹ In the last two issues of the *Cambridge Quarterly of Healthcare Ethics*, 14 scholars have presented critical comments on my work, and this article is my response to them.

Philosophers: What Are They Good For?

What are philosophical ethicists good for when real-life moral problems need to be solved? Two views present themselves. The first is that with their superior wisdom they can tell decisionmakers what to do. The second is that with their analytical skills they can explicate alternative views for decisionmakers to choose from. (The decisionmakers in question can include individuals, groups, societies, governments, ministries, voluntary organizations, pressure groups, labor unions, business executives, and so on.)

The first view is prevalent among philosophical bioethicists, who almost invariably think that they have a rational method by which they can tell right from wrong. Nonphilosophers often disagree with this and say that they themselves have alternative and better methods of arriving at good moral and political judgments. Despite the disagreement, both philosophical and nonphilosophical bioethicists seem to agree that the purpose of their work is to change the world for the better, not just to describe people's opinions and arguments.

The second view is defended in my book. I claim that philosophical bioethicists can explicate moral notions and ethical arguments and convey their knowledge concerning these to decisionmakers. I also claim that philosophical bioethicists cannot, in their professional capacity as philosophers, assert that they know what decisionmakers ought to do in contested situations. They can present the arguments in their strongest possible forms, but they cannot harness the authority of philosophy, or reason, to prove that one internally coherent theory or doctrine is, in a universal sense, to be preferred to all others.²

How can the second view be defended? In the book, I have presented a limited number of normative creeds and described some of their standard applications to genetic and reproductive technologies. In doing so, I have shown that normative disagreement in this field is rife and deeply rooted in differences of opinion concerning ethics, politics, epistemology, and ontology. The parties can quite confidently demonstrate that their conclusions are right to those who share their background assumptions. They cannot, however, prove the rightness of their results to those who subscribe to different sets of ideas.

Where do these observations leave decisionmakers? The answer is twofold. If they want to know what alternative solutions there are to real-life moral problems and then make, in the light of this knowledge, informed choices of their own, they should be happy with my model. The decisions, and the responsibility for them, would be theirs. On the other hand, if agents want to be told what to do when faced with moral conflicts, they can seek refuge in the more popular model. They can choose philosophers who share their normative views or background beliefs and follow the advice of these select academics. The decisions would then, they can argue, have independent validity, and this will allow them to escape any

personal responsibility. The appointment of presidential bioethics taskforces in the United States, for instance, has followed the latter logic.

Should philosophers, then, accommodate decisionmakers who want to be told what choices are right in difficult moral situations? This depends on the chosen angle. Philosophers who think that the point is to change the world for the better, in the way they have themselves identified, have good ideological grounds to say “yes,” seek decisionmakers who are persuaded by their views, and join forces with them to effect changes. Philosophers who want to make a living in a world where academic work is expected to be directly relevant to contemporary issues also have strong prudential grounds to say “yes” and to follow a similar path. This leaves, however, philosophers who believe that it would not be entirely honest to insist on the rightness of one view when other views have reasonable but conflicting claims. They have solid professional grounds to say “no,” volunteer to tell decisionmakers about the variety, and resist attempts to claim special validity for their views. This is the angle introduced and recommended in the book.

How to Demonstrate Variety

The primary aim of the book, then, is to demonstrate variety in legitimate moral views. To achieve this, I studied ethical doctrines both as static theoretical entities and as dynamic practical procedures. The first aspect involved the description of five reasonably different views on ethics by six authors: Jonathan Glover and John Harris (whom I more or less managed to conflate in the end—explanation to follow below), Ronald Green, Jürgen Habermas, Michael Sandel, and Leon Kass. The second aspect involved a study of the application of these views, and in many instances other complementary notions, to the moral and political problems arising from seven interrelated scientific and medical developments: prenatal genetic tests, embryo selection for deafness, savior siblings, cloning, stem cell research, gene therapies, and considerable life extension.

Some of the commentators on my book suggest that I should have included, or concentrated on, other thinkers or approaches to ethics: the proposals include Plato, Aristotle, Immanuel Kant, John Stuart Mill, Max Weber, Norman Daniels, and Onora O’Neill;³ Eva Kittay, Amartya Sen, and Martha Nussbaum;⁴ and Michel Foucault, Giorgio Agamben, scholars from outside the Western world, female philosophers in general, development ethics, and feminist bioethics.⁵ While I have no doubt that these additions would have increased diversity, and presented intriguing perspectives, I also believe that, for the demonstration of my point, none of them was necessary and some of them could have been distracting.

None of the additional outlooks was necessary because my more limited range of theories already demonstrates the variety that I was looking for. Some of the authors say that parents have a strong moral duty to make use of prenatal genetic testing, whereas others say that they have a strong moral duty not to do so. Similar normative clashes occur with regard to all the practices examined in the book, and most of these are reflected in collisions between the background assumptions of the views explored.⁶

The risk of distraction, in its turn, is linked with the possibility of false dichotomies. A reported confrontation between, say, feminist and masculinist bioethics⁷ might lure people into thinking that because one of these approaches is known to be mistaken, the other one can escape my criticism altogether and produce normative conclusions that must be accepted by all on purely philosophical grounds. But my feeling is that there is legitimate variety within both approaches and that this variety regularly leads to conflicting results in moral issues. I am sure that not all masculinist (by definition, liberal humanist)⁸ ethicists agree with each other, and the same goes, I am convinced, for feminist ethicists. I also believe that this pervasiveness of diversity spreads across all the divisions hinted at by my commentators

—between and among classics and moderns, theoretical sociologists and philosophers, disability scholars and nondisability scholars, continentals and analytics, Westerners and non-Westerners, development ethicists and nondevelopment ethicists. If anyone disagrees, my book is an open invitation to show harmony and accord within any one of these views and approaches. Such harmony and accord being established, the discussion could then move on to the alleged universal acceptability of the defined stance.

Some of my commentators have also questioned my choice of topics, proposing that I should have studied eugenics in general⁹ or social rather than technological solutions to the world's problems.¹⁰ Had my aim been to make the world a better place by telling what is right and what is wrong, perhaps I should have looked at these issues in more detail. As things stand, the variety I was looking for was found within my seven topics just as easily as by extending the scrutiny to other areas.¹¹

Bearing in mind the needs of my endeavor, I started by selecting the seven topics that appear in the book, based on my own perception that they form a relatively natural (nonartificial) sample of developments in the field of genetic and medical science and technology. I then went on to search for scholars who fulfilled two criteria. They had to represent sufficiently¹² but not excessively¹³ diverse views that I was reasonably familiar with.¹⁴ And they had to have published analyses on all or most of my chosen topics. This latter requirement is, I think, important, because it reduces errors of interpretation. I know that many people find claims like “Kant would have accepted cloning had he understood the true nature of his own theory” informative, but I find them confusing. I want to keep the connection between theories and their applications intact, and I do not want to claim that people “would” or “should” have accepted practices that they do not. Hence the need to know what my chosen scholars themselves recommend in each case. In the end, the selection process resulted in the choice of Glover, Harris, Green, Habermas, Sandel, and Kass; no one else seemed to fulfill both criteria to a similar degree.¹⁵

Is Variety Enough? Social Objections

Many of my commentators admit the variety in ethical outlooks, but argue that some views can, and must, be better than others. The suggestions for finer stances include social theorizing committed to antitechnology conclusions,¹⁶ political thought aimed at overcoming moral pluralism,¹⁷ and philosophical standpoints discussed in the book but not, their proponents feel, in sufficient depth.¹⁸ Let me start by responding to the social challengers.

The line taken by two of my nonphilosophical critics, Tom Koch and Nicky Priaulx, surprises me slightly.¹⁹ Their main contention seems to be that philosophers emphasizing the role of technologies should not be allowed to dominate ethical discussions or to dictate political choices and legislative actions. Because this is perfectly compatible with my main point—that philosophers should not insist on the unique aptness of their views—it seems odd that both Koch and Priaulx appear to direct their remarks against the book and its contents.

The reason for the discrepancy in Koch's case can be easily detected by reading his article in its entirety. In more than a dozen passages he claims or insinuates that I defend the same normative views as Glover and Harris, and in several places he states or intimates that my concept of “nonconfrontational rationality” coincides with their theories (which are, according to Koch, mistaken and dangerous to humanity). I find it difficult to believe that anyone could, after reading the whole book,²⁰ believe that I seriously prefer any of the conflicting views presented to any others.²¹

In Prialux's case the discrepancy can be explained away by the fact that her contribution does not really engage with the book.²² Prialux observes that our current problems often have social roots, and that problems with social roots cannot, as a rule, be solved by introducing new fit-to-purpose technologies. Technologies are not sufficiently advanced and precise to fit the purposes imagined for them, and social background factors make problems more amenable to social and political solutions. When, for instance, people who physically deviate from norms set by society argue that their difficulties have a basis in the biomedical definition of disabilities, bioethicists would be unwise to see these definitions, and their adjacent technologies, as the only way to approach the existing problems.

Because I have discussed all these themes in the book, I have nothing against the general ethos expressed here. I have my doubts, however, when it comes to making distinctions between bioethicists and other scholars in the field, and to judgments about the unique superiority of the social approach. Prialux seems to assume that all bioethicists are technocrats who can only understand and use medical terms. This is not true. Unless bioethicists are defined in a very peculiar way, they come in all ideological and theoretical shapes and sizes, some more and some less technology friendly, medicine enthusiastic, and socially minded. I have given examples of most major categories and their members in the book. As regards the superior power of the social approach, I am not encouraged by Prialux's own use of this against a philosopher colleague. In a recent contribution, Tuija Takala argues for the use of extogenesis on grounds of gender equality.²³ Prialux rejects the argument, because Takala, according to her, "assumes that [gender] inequality emerges *from* biological difference," thereby making "the same mistake that bioethicists so typically make in relation to disability; the naturalist fantasy²⁴ that *biology* limits the individual ... when ... society is playing a significant role in constructing those limitations."²⁵ As Takala actually argues in the paper, rightly or wrongly, that inequality stems from women's socially constructed wish to define themselves as mothers rather than human beings, Prialux clearly barks up the wrong tree here.

None of these *ad hominem* responses to Koch and Prialux are directed against the social approach, which may well provide good perspectives on ethical issues. Two points have to be added, though. The first is that nonphilosophical social approaches have little to do with the thesis of my book, which primarily concentrates on the role of philosophers in bioethics. The second is that a closer examination of the social approaches would probably reveal normative variety within this cluster of views, as well. Despite the shared commitment to certain premises, scholars could arrive at different conclusions in real-life situations, some allowing and others disallowing the use of technologies. The study of these variations could show serious political and ontological disagreements, which again would mark the boundaries of yet new "rationalities."²⁶

Is Variety Enough? Political Objections

The majority of my commentators would like philosophical bioethics to tell which real-life solutions are better than others, even if they agree that variety in moral views is a reality. Silvia Camporesi and Paolo Maugeri, Ronald Green, and John Coggon insist that the moral pluralism that I describe can and must be overcome by political thinking or imaginary negotiations between competing parties.

Camporesi and Maugeri begin by conceding that there are a number of ethical views, although for them this is not a sign of the existence of many rationalities but of many moralities that can be rationally supported.²⁷ In the context of the book, I prefer my own terminology, for the following reasons. According to my argument, philosophical bioethicists cannot claim that their views are conclusively supported by universal reason and

rationality. They can claim that their views are supported by their own versions of reason and rationality, with their specific ontic, epistemic, and ideological assumptions. But because different views have different, and often conflicting, assumptions, all we can say is that internally coherent views are valid in their own contexts (locally), not that any of them are more valid than others in all contexts (universally).

Camporesi and Maugeri go on to ask what my views on objective moral truth are.²⁸ The question is not directly discussed in the book because it is not particularly important for my purposes. “Objective” can mean “independent of human interaction” (implying that God or nature are the authors of morality) or “independent of subjective elements” (making morals a matter of custom and negotiation),²⁹ but in both cases claims of objectivity have to be intersubjectively discussed before they can be undisputedly used to justify practical decisionmaking. And although people may agree on some very simple ethical truths like “Do not kill a fellow human without a good reason,” they do not agree how these should be applied in real-life situations: some say that embryos are fellow humans whereas others say that they are not, some say that medical research is not a good reason for killing embryos whereas others say that it is, and so on. My focus in the book is on this last type of case: I do not ask what morality is or what we can know about it, but whether or not we can universally agree about its practical implications on purely philosophical grounds.

Camporesi and Maugeri suggest that because a “reasonable consensus, even if provisional or revisable,” is needed in society, it is necessary to find a philosophical method of forging this agreement.³⁰ Their own proposal is a meta-ethical device called deliberative democracy, which involves engaging “the different ethical perspectives in a process of public reason giving.”³¹ This sounds nice, and variations of the idea are entertained by many of my commentators. I am not quite sure, however, why the method should be considered philosophical. When Camporesi and Maugeri apply it to Kass and Sandel’s views on enhancements in sports, all they do is to use their own ethical assumptions to attack Kass and Sandel’s arguments.³² This is certainly philosophical, but it does not move the discussion toward any mutually agreed consensus. And even if, with different rules of engagement, it did, where would the process end? People are unlikely to give up their deep moral convictions, so political compromise is the best that can be expected.

Green presents an alternative method for settling moral and political disputes. He thinks that a decision is right when rational people who take everybody’s interests into account could create a public rule that justifies the choice.³³ The view is carefully explained in the article, and it is very useful to have this explication published. My comment on the approach, though, is that it still seems to allow the kind of variety that I depict. Green concedes that not everybody’s interests and opinions can always be taken into account, and suggests that the scope of “omnipartiality” has to be gradually restricted when decisionmaking proceeds. People’s actual interests will in the process be replaced with rules by which they should agree to continue the negotiations. Green cites John Rawls and defends his views concerning the universal value of increased income and the superior applicability of “maximin” decisionmaking in situations that involve risks.³⁴ All this can, as far as I know, lead to good political arrangements. But it can also produce public rules that ignore my relatively coherent ideas of risk aversion and assume someone else’s relatively coherent views of risk taking instead. When this happens, I still think that the residual tension is between two rationalities, not between a right official rationality and my irrational opinion.

Whereas others are concerned about my neutrality in moral and political matters, Coggon argues that my idea of “nonconfrontational rationality” is not, in fact, neutral or nonconfrontational at all. It is, he claims, based on the values of political liberalism, and the

sooner I admit the fact the better, as I can then turn my attention from ethics to politics—a move that Coggon believes is needed in the field anyway.³⁵

Because Coggon is not the only one to associate my thinking with political liberalism, two comments need to be made. First, my description of moral pluralism is not intended to have any substantive normative implications for legislation or public policymaking. I have, I understand, given the impression that I prefer a “nondirective compromise” in the case of choosing or not choosing deaf offspring.³⁶ But that is only because the obvious “middle position” was missing from the debate, and I thought that it could be added without misleading my readers. So let me state for the record that what can be construed as my voice in that chapter is just a view among others, possibly with its own internal logic but definitely not above the more straightforward “medical” and “social” views. Second, moving the discussion to the political sphere would not, I think, change the situation that prevails in morals. Political views (liberalism included) would still be varied and based on clashing metaphysical and ideological premises. If decisions have to be made, they can be made for a range of reasons, but this process falls squarely outside the scope of my book. My point is that we should continue studying the justifications given for moral and political practices by scholars, knowing that none of them can, in the end, claim universal validity.

Persons and Consequences

John Harris has many objections to what he thinks I say about him.³⁷ I agree with the spirit, if not the content, of most of his points—as I hope I have already made clear in the book.

To start with, Harris seems to believe that I first dub him a consequentialist and then castigate him for not living up to the epithet.³⁸ Fortunately, this is not the case. I try in the book not to label anyone, for two reasons. Scholars can be sensitive about it, and it would not promote my aim: the examination of what people actually say when they apply ethical theories to practical situations.³⁹ A closer reading of the passages he cites in his article reveals that I first say that many people think that he is a consequentialist and then go on to point out an element in his theory that casts doubt on this reading.⁴⁰

This nonconsequentialist element is another point of contention for Harris.⁴¹ I claim that in assessing the impacts of our actions on living beings, he postulates that human lives can be more, less, or not worth living. I am not sure what the problem here is, as he himself evokes these categories almost every time he discusses genetic testing and disabilities. For instance, in his paper “Is There a Coherent Social Conception of Disability?” he says, among other things, that “most disabilities fall far short of the high standard of awfulness required to judge a life to be not worth living,”⁴² clearly implying that some disabilities would make lives not worth living. In the same paper, he also opines that although deafness does not make a life not worth living, it is still a condition that a “person has a strong rational preference not to be in”; a condition that in preimplantation genetic diagnosis (PGD) would give potential parents a moral reason to choose another, “hearing” embryo instead.⁴³ It is difficult to avoid the impression that the life of the “deaf” embryo is here seen as somehow less worth living or having than a life with hearing.⁴⁴

On life’s worth, Harris also objects to my description of his reasons against taking lives or denying them by not having children.⁴⁵ I observe that the worthwhile future existence of individuals is one of his reasons for not killing people and for wishing that there will be people after us. Harris says that he has not said these things in his *Wonderwoman and Superman* and that he does not advocate “future of value” arguments. Again, I am not sure what the problem is. I deal with future-of-value arguments elsewhere in the book and dissociate Harris clearly from them.⁴⁶ The things that I say about valuable existence that should not be interrupted come from Harris’s *Value of Life* (as I indicate in the passage

preceding the one that he quotes),⁴⁷ and in the paragraph he himself cites from *Wonderwoman and Superman* he confirms my reading about the preference to have people in the future.⁴⁸

The underlying difficulty is that Harris uses two different strategies in assessing medical, scientific, and healthcare practices. The first, well explicated in his works, is to evade all existing categories in moral philosophy and to proceed solely by assessing arguments, justifications, and reasons for and against attempted solutions to real-life issues.⁴⁹ In genetic and reproductive matters, this is often combined with constant reference to his view of personhood as the basis of the value of life.⁵⁰ The second strategy, often present in his works as a safety mechanism, is to appeal to the outcomes of action alternatives, sometimes in terms that are reminiscent of classical utilitarian thinking.⁵¹ Let me illustrate the interplay of these two tactics in the examples of voluntary extinction and prenatal selection.

In a passage that Harris cites from his own work, he ponders the wrongness of voluntary extinction, “of all presently existing individuals ... deciding not to reproduce.”⁵² One of the two reasons given by him for the wrongness of such a decision is that “it would be to prefer a universe with less happiness and less satisfaction of desires than the alternative in which persons did continue to exist.”⁵³ Harris may not be a utilitarian, if that is what he says, but the attempt to have more rather than less happiness and satisfaction of desires in the world is undoubtedly a utilitarian endeavor.

And it does not stop here. In the discussion on worthwhile lives, Harris begins by noting that his “theory of the value of life does not require either abortion or embryo selection to be justified on any grounds other than the moral status of the embryo or fetus,” and that for him “disability or ‘ailment’ do not add one jot to the justification for embryo selection or abortion.”⁵⁴ Because unborn human beings do not have any moral status in his model, one would expect this to mean that all choices to end early human lives are equally right or wrong. Not so, however, in the case of some parental decisions. If parents have to choose between “deaf” and “hearing” embryos, they have, Harris argues, moral reasons to go for the latter. In his words, to “make a reproductive choice knowing that the resulting child will be significantly disabled is morally problematic, and often morally wrong.”⁵⁵ But because neither embryo has moral status, something else is needed to justify this selective judgment. Utilitarian ideas concerning more happiness and preference satisfaction come easily to mind reading Harris’s own account of deafness as a disability: “The harm of deafness is not exhausted by the possible social exclusion. Its harm is the deprivation of worthwhile experience.”⁵⁶

The slide toward utilitarian justifications made me group, in my book, Harris with Glover in the class of outcome-oriented ethicists. If he does have a different normative view, one that does not need occasional consequentialist support, I was unable to find it, and I was therefore required (by the principle of charity) to use the best version of his theory that I could think of. When I thought that he might not be comfortable with the result, I indicated this for the benefit of the readers.⁵⁷

Is Variety Enough? Philosophical Objections

My philosophical commentators Tom Buller and Stephanie Bauer, Peter Herissone-Kelly, Vilhjálmur Árnason, and Darryl Gunson offer interesting specifications, designed to show that, despite the recognized variety, some views can still be better than others.

Buller and Bauer state that in prenatal genetic selection it would be wiser to adopt what they call the “minimum threshold” view than to assume the “principle of proactive beneficence” suggested by Julian Savulescu.⁵⁸ According to Savulescu, parents should

always try to have the best children they can, and this means that they should not normally choose offspring with any known genetic weaknesses. Buller and Bauer challenge this by observing that some genetic weaknesses (such as an inborn tendency to develop asthma) do not necessarily have severe welfare impacts and can actually translate into advantages in real life (many talented and famous people have been asthmatic). They therefore argue that parents can be obligated to discard genetically defective embryos only if the defect would make the ensuing lives so bad that they would not be worth living at all. In all other cases, parents should be left free to decide whether they want to have “suboptimal” (in Savulescu’s sense)⁵⁹ children or not.

Buller and Bauer go on to say that their solution would be more “permissive” than Savulescu’s, because it would allow more parental autonomy. The principle of procreative beneficence morally requires reproducers not to have genetically suboptimal children of any kind, whereas the minimum threshold view offers more choice by only requiring them not to create individuals whose lives would not be worth living.⁶⁰ While Buller and Bauer are, in their own sense, right, moral and legal terminologies work slightly differently in this context, making room for other interpretations, too.⁶¹ On the scale from “restrictive” (ban all selection) through “moderate” (ban some and permit some) to “permissive” (permit all), Savulescu’s view still requires the most lenient laws (no bans so that parents can always choose selection) and Buller and Bauer can more readily settle for the more modest middle option (when people have no moral duty to select in most cases, bans on non-welfare-related choices might be easier to accept).

Herissone-Kelly also offers an alternative to the principle of procreative beneficence and maintains that his differences with Savulescu go deeper than I realize, yet leave room for continued rational debate between them on equal terms.⁶² His view is that parents, unlike other decisionmakers, should assume an “internal” and not an “external” outlook when they assess the future lives of their potential offspring.⁶³ In the book, I suggest that Herissone-Kelly’s external outlook, which centers on maximizing well-being, has a natural counterpart in procreative beneficence, whereas his internal outlook, which demands parents to imaginatively inhabit the life worlds of all their possible children, yields normative results similar to those that Savulescu reaches on the level of liberal legislation.⁶⁴

Herissone-Kelly disagrees with this interpretation. Evoking Jonathan Dancy’s “holism of reasons,”⁶⁵ he argues that valid moral reasons for action can operate in some contexts but fail to operate in others and notes that this is what his division between the external and internal outlooks is all about. The maximization of human well-being is a good moral reason for action for many agents in many situations, but it does not operate in parental decisionmaking. Savulescu balances, in his legal view, the principles of procreative beneficence and parental autonomy, but for Herissone-Kelly no balancing is necessary, because only one set of reasons (the internal) is applicable to the case. He proposes, therefore, that his rational reason-giving exchange with Savulescu can and should continue on a new level, the level of including or excluding grounds that may and may not be used in discussions on prenatal selection and the responsibilities of potential parents.⁶⁶

These comments by my philosopher critics are valuable and add important elements to the debate on ethics and genetics. If parental autonomy is important in reproduction, Buller and Bauer are right in saying that the “minimal threshold” model compares favorably with the “procreative beneficence” approach. And if scholars can actually agree on the applicability of different moral reasons in different contexts, Herissone-Kelly is right in saying that he can continue a meaningful dialogue with Savulescu on the proper stance of parents in having children. On the other hand, not everyone agrees on the significance of parental autonomy,

and reason holism can merely shift the variety in ethics from normative principles to disagreements over suspending and silencing reasons.

Is Variety Enough? More Philosophical Objections

Árnason, in his turn, thinks that in my account of Habermas and emerging technologies I should have used his earlier views on “communicative rationality” instead of his later thoughts on the “ethical self-understanding of the human species.”⁶⁷ Had I done this, I would have realized that Habermas is not primarily interested in rules or principles as I say, but in the protection of “generalizable interests that will be agreed upon in an unconstrained dialogue.”⁶⁸ This, again, would have enabled me to see that the rationality formulated by Habermas is of a different order from the instrumental rationalizations of Glover and Harris and the traditional morality of Kass and Sandel and eventually to understand how bioethicists can and must continue their often confrontational conversations about ethics and regulation without accusing each other of being unreasonable or silencing “the disagreement by reducing it to a mere difference of ‘rationalities’.”⁶⁹

Gunson also believes that “Habermasian rationality takes precedence” among the six views that I have presented in the book, “because it can accommodate the other views whereas the reverse is not the case.”⁷⁰ He agrees with Árnason that Habermas is at his theoretical best in the works that do not directly address genetic advances. In those works Habermas argues that morality centers on principles that should be accepted in rational dialogue by all affected by them. The point is methodological, not normative: it does not commit Habermas to any specific ethical rules, not even to the ones that he himself produces in examining prenatal selection, gene therapies, and cloning.

In his contribution, Gunson shows how the views oriented toward outcomes and traditions can be reinterpreted in terms of principles. Kass and Sandel could uphold the rule “what matters most are communities and their traditions”; Glover and Harris could advocate a general norm committed to the “primary value of persons.”⁷¹ But substantive principles such as these are subsumed under Habermas’s more general one, which simply requires us to agree on our moral rules through rational discussion and argumentation.

Gunson applies the idea of reasoned dialogue to what Habermas says about cloning and gene therapies and observes that the restrictive norms supported by the idea of ethical self-understanding are not necessarily what “all affected” would rationally accept. The views presented in Habermas’s work on genetics are, like Kass and Sandel’s communitarian warnings and Glover and Harris’s individualistic promptings, open to further discussion. And this discussion, Gunson submits, is the seat of the one (minimal but potentially effective) rationality that underlies all the lesser ones discussed in my book.

These are important theoretical observations, and Árnason and Gunson are certainly right in saying that a Habermasian discourse ethics provides a good formal basis for moral negotiations. I am not so sure, however, that other people can provide better insights into Habermas’s thinking on genetics than he has himself offered in his recent work. The minimal commitment to talking things over in a civilized manner does not seem to lead to agreement on a practical level, as evidenced by the clash between Habermas and Gunson. And although Gunson may be the better Habermasian, I remain convinced that Habermas is the better Habermas.

Is Variety Recommendable? Classifications and Cynicism

Søren Holm offers a different perspective, presenting my division of “rationalities” as a classification of bioethical approaches and comparing it to four other similar schemes.⁷² The

first of these is W. D. Ross's idea that some philosophers see "The Good" as the primary consideration in moral thinking, whereas others (those whom Ross believes are right) consider "The Right" to be the more fundamental category.⁷³ The second is the "bioethical triangle" introduced by Roger Brownsword, suggesting that bioethical thinking can be utilitarian, rights led, or dignitarian.⁷⁴ The third is the "standard bioethics teaching scheme" that emphasizes classical and contemporary doctrines such as consequentialism, deontology, communitarianism, virtue ethics, and feminist ethics.⁷⁵ The fourth categorizes moral theories according to their stress on actions, outcomes, or actors.

My own proposal in the book is to classify normative views and their theoretical foundations according to their requirements of coherence, their ontological commitments, epistemological and ideological allegiances, fundamental values, and moral metaphysics. Using these criteria, I define five distinct ways of thinking that I call rationalities and allege that numerous others exist.⁷⁶

Holm evaluates the models according to five criteria. Do they make important implicit features in normative views explicit? Do they spot similarities and differences in ways that reveal hidden premises? Do they help in explaining why certain arguments seem impossible to resolve? Do they make visible underlying commitments in conflicting stances? And do they cover, as economically as possible, the most important bioethical views?⁷⁷

My model fares well in Holm's analysis. It makes visible metaphysical and ontological commitments that are often hidden in bioethical arguments, and it provides an opportunity to assess the process of theory building as well as the end results of this activity. But it is not particularly economical, nor is it readily useful to decisionmakers who wish to see a clear and conclusive list of views to be considered in legislative or policymaking exercises. By using my model and its variations, it would be possible to tease out dozens, even hundreds, of different stances.⁷⁸

Holm is undoubtedly right about the limitation of my grid as a classification of bioethical approaches. Decisionmakers would probably not be too keen to use a model that requires them to be acquainted with an array of internally coherent yet conflicting moral outlooks. For me, however, the possibility of copious categories is attractive, because I am approaching the matter from a scientific rather than a political angle. We may or may not be able to give politicians accurate and easy-to-use divisions in the end, but the accuracy of any divisions offered depends on the descriptive and conceptual work done by philosophical bioethicists. We could assume a nonconfrontational outlook, stop quarrelling with each other over the superiority of logically viable views on practical matters, and continue clarifying old and developing new theoretical solutions to bioethical problems in general. That is my claim in the book, anyway.

This is where the rest of my critics irrevocably part company with me (if they have not done so already). Their horror at the thought of not being able to take sides in important issues is well encapsulated by Árnason, who says: "Häyry reveals his latent postmodern cynicism in a few places, most radically perhaps when he writes: 'According to a traditional European view, the intentional killing of innocent human beings is always wrong.' In the context of his argument, this is more than a provocative wording; it is an inherent part of a position that regards all 'rationalities' as equally justifiable, making internal sense and not being strictly comparable."⁷⁹ Árnason's logic here seems to be the following. The intentional killing of innocent human beings is always wrong, regardless of ideological context and cultural variety. Therefore, to add the words "traditional European" to the sentence claims two kinds of relativity (traditional versus modern and European versus universal) in something that should be seen as an absolute. Because this is symptomatic of my approach in the whole

book, I can be dubbed a “latent postmodern cynic.” Let me respond to this on three different levels.

First, the quotation is incomplete and, as such, misrepresents what I am saying in the cited passage. I am discussing views on the destruction of embryos and write: “According to a traditional European view, the intentional killing of innocent human beings is always wrong, regardless of the age of the human being in question.”⁸⁰ The last part of the sentence is important. Whatever one’s views on the ban on killing people in general are, it is indisputable that seemingly rational thinkers disagree on the extension of the ban to embryos on a Petri dish. I take it that saying this aloud is not provocative enough to earn me the title given by Árnason.

Second, even without the age qualification, the view expressed by my formulation is rather specific, and it can be contested by apparently reasonable people. Many Europeans (as well as many Africans, Americans, Asians, and Australians) believe that killing enemy combatants in what is considered a just war is permissible, although the killing is intentional and the people killed personally innocent of any wrongdoing. It is possible to bypass the “intentionality” in this particular example by theoretical maneuvers such as the involvement of the principle of double effect,⁸¹ but the fact remains that some applications of the ban on killing human beings are more open to debate than Árnason seems to believe.

Third, the label assigned to me by Árnason could actually go some way toward characterizing the stage that I have reached in my investigations. In the mid-’90s, when I still thought that I could find a philosophical cure for the world’s ills,⁸² I attracted the description “liberal with a social and environmental conscience.” My gut feelings on morality and politics have not changed much since then; I still think, personally, that restrictions of individual freedom are wrong and that it is silly and inconsiderate not to take seriously the plight of the vulnerable, both in human societies and in the natural environment. Ten years later, commenting on my views on rationality and reproduction,⁸³ Richard Ashcroft noted that I had moved from this (“positive” type of consequentialist) moral theory to something that he calls “Schopenhauerian utilitarianism,” where my only reason against annihilating the entire human race is that someone might be hurt in the process.⁸⁴ Although Ashcroft reads this alleged change of heart into a technical attempt to study the limits of reproductive precaution, his observation may mark a genuine step toward the attitude that I methodologically assumed in *Rationality and the Genetic Challenge*.

I am not so sure about “latent” or “postmodern,” and I would definitely not like to be seen as a disappointed idealist (one contemporary understanding of a cynic), but cynicism in its classical form does not seem like a bad place to start philosophical studies into bioethics. Classical cynics thought that empty social values and conventions cause great suffering and proposed that these should be abandoned in the name of truth and virtue. I could suggest a similar, albeit much more modest, starting point for our examination of the ethics of genetic and medical advances. Surely empty values and conventions, whatever their source, can be discarded, and how can we learn which ones are empty unless we approach them all with an open mind, admitting that they can all have their own internal logic and rationality? This admission is what I advocate in my book.

Acknowledgments

My thanks are due to John Coggon for guest editing the *Cambridge Quarterly of Healthcare Ethics* special issue on my *Rationality and the Genetic Challenge: Making People Better?* (CQ20(2)), to Tuija Takala for overseeing the editorial process for the journal, to Peter Herissone-Kelly for checking my English, and for the colleagues who took the time to read the book and to offer comments on it. The research for this paper was conducted as a part of *Improving Humanity? The Role of Rationality and Morality in the Regulation of Genetic and Medical Advances*,

my personal project at the Helsinki Collegium for Advanced Studies during 2009-2011, and *The Human Body, Its Scope, Limits and Future*, a Wellcome Strategic Programme at the Institute for Science, Ethics and Innovation (iSEI), University of Manchester. My thanks are due to these institutions for supporting my work.

Notes

1. Häyry, M. *Rationality and the Genetic Challenge: Making People Better?*. Cambridge University Press; Cambridge: 2010.
2. By “in a universal sense, to be preferred to all others” I mean that the theory or doctrine in question, or its specific application, would have to be accepted by all rational or reasonable decisionmakers in the specified, and relevantly similar, circumstances.
3. Árnason V. Nonconfrontational rationality and critical reasoning: On Rationality and the Genetic Challenge by Matti Häyry. *Cambridge Quarterly of Healthcare Ethics*. 2011; 20:228–37. [PubMed: 21435297]
4. Koch T. Eugenics and the “genetic challenge,” again: All dressed up and just everywhere to go. *Cambridge Quarterly of Healthcare Ethics*. 2011; 20:191–203. [PubMed: 21435294]
5. Solbakk JH. Bays, beaches, and bioethical barkings. *Cambridge Quarterly of Healthcare Ethics*. 2011; 20:185–90. [PubMed: 21435293]
6. Vilhjálmur Árnason (see note 3, Árnason 2011) thinks that he has identified a (bad) reason for my lackadaisical attitude concerning conflicting views: I have not, according to him, considered views that are extreme enough, and I have not, therefore, been forced to take sides. My problem with this comment is that some of the outlooks studied in the book are, seen from other angles, as extreme as they can be. To cite two examples, sanctity-of-life theorists argue that liberals defending destructive embryonic stem cell research are murderers, and liberals accuse, in this same context, sanctity-of-life theorists of deliberately allowing the deaths of people who could have been saved by future stem cell treatments. If murder and murderous negligence are not extreme, then I do not know what is.
7. The term “masculinist bioethics” is borrowed from Shildrick M. The critical turn in feminist bioethics: The case of heart transplantation. *International Journal of Feminist Approaches to Bioethics*. 2008; 1:29–47.
8. See note 7, Shildrick 2008:30.
9. See note 4, Koch 2011.
10. Prialux N. *Vorsprung durch Technik*: On biotechnology, bioethics, and its beneficiaries. *Cambridge Quarterly of Healthcare Ethics*. 2011; 20:174–84. [PubMed: 21435292]
11. In my preliminary studies, I did consider alternatives, including the impact of social factors and the history of eugenics, which were then left out of the book for presentational reasons; see, for example, Häyry M. If you must make babies, then at least make the best babies you can? *Human Fertility*. 2004; 7:105–12. [PubMed: 15223759] ; Häyry, M. *Studies in Ethics, Law, and Technology*. 2008. The historical idea of a better race; p. 2:Article 11; available at <http://www.bepress.com/selt/vol2/iss1/art11>
12. That is, enough to show variety, which was the point of the exercise.
13. Once variety had been shown to prevail, there was no need to go further.
14. Learning about even more diverse views would have been interesting, but it would also have been time-consuming and unnecessary for the purposes of the book.
15. Jan Helge Solbakk (see note 4, Solbakk 2011) is worried about my cast being all white and all male. I have to confess that I did not consider the color of my authors’ skins at all. For all I knew, Green, Sandel, and Kass (whom I did not know beforehand) could have fallen into any category. As for the male dominance, I actively tried to seek female authors, and my short list included Onora O’Neill and Jennifer Jackson, representing the Kantian and Aristotelian angles, respectively (explicitly consequentialist women in the field are notably hard to find). In the end, I had to abandon these candidates, because I could not find enough information about their normative views on genetics, selection, cloning, and my other topics and because assuming their agendas would have meant starting both my research and my search for other authors from scratch.
16. See note 4, Koch 2011; see note 10, Prialux 2011.

17. Camporesi S, Maugeri P. Gene enhancement in sports: The role of reason and private rationality in the public arena. *Cambridge Quarterly of Healthcare Ethics*. 2011; 20:248–57. [PubMed: 21435299] Similar ideas are expressed in Coggon J. Confrontations in “genethics”: Rationalities, challenges, and methodological responses. *Cambridge Quarterly of Healthcare Ethics*. 2011; 20:46–55. [PubMed: 21223609]
18. See note 3, Árnason 2011; Buller T, Bauer S. Balancing procreative autonomy and parental responsibility. *Cambridge Quarterly of Healthcare Ethics*. 2011; 20:268–76. [PubMed: 21435301]; Green RM. Confronting rationality. *Cambridge Quarterly of Healthcare Ethics*. 2011; 20:216–27. [PubMed: 21435296]; Gunson D. Are all rational moralities equivalent? *Cambridge Quarterly of Healthcare Ethics*. 2011; 20:238–47. [PubMed: 21435298]; Harris J. The challenge of nonconfrontational ethics. *Cambridge Quarterly of Healthcare Ethics*. 2011; 20:204–15. [PubMed: 21435295]; Herissone-Kelly P. Reasons, rationalities, and procreative beneficence: Need Häyry stand politely by while Savulescu and Herissone-Kelly disagree? *Cambridge Quarterly of Healthcare Ethics*. 2011; 20:258–67. [PubMed: 21435300]
19. See note 4, Koch 2011; see note 10, Prialux 2011.
20. His article seems to indicate that he browsed through the first 40 pages, throwing intermittently the book across the room. The binding, reportedly, bent on the page 40 throw. See note 4, Koch 2011:195.
21. It is, for instance, hard to reconcile such a view with the following words: “To claim that any of the six scholars whom I have introduced is wrong in any absolute sense forms no part of my philosophical conclusions.” If none of the six scholars (including Habermas, Sandel, and Kass) is wrong, then none of them (including Glover and Harris) can be right, either, as the views are mutually exclusive and require, for their validity, the wrongness of their competitors. See note 1, Häyry 2010:40.
22. She refers to the book twice, on both occasions to page 3, and not in the most illuminating manner. See note 10, Prialux 2011.
23. Takala, T. Human before sex? Ectogenesis as a way to equality. In: Simonstein, F., editor. *Reprogen-Ethics and the Future of Gender*. Springer; Dordrecht: 2009. p. 187-95.
24. “Naturalistic fallacy” may (or may not) be intended.
25. See note 10, Prialux 2011:181.
26. “Rationality” is the term that I use in the book to describe different (philosophical) ways of approaching ethical issues.
27. See note 17, Camporesi, Maugeri 2011.
28. See note 17, Camporesi, Maugeri 2011.
29. I have expressed my views on these in Häyry M. A defense of ethical relativism. *Cambridge Quarterly of Healthcare Ethics*. 2005; 14:7–12. [PubMed: 15747478]
30. See note 17, Camporesi, Maugeri 2011: 254.
31. See note 17, Camporesi, Maugeri 2011:255. They cite Gutman, A.; Thompson, D. *Why Deliberative Democracy?*. Princeton University Press; Princeton, NJ: 2004.
32. See note 17, Camporesi, Maugeri 2011.
33. See note 18, Green 2011.
34. See note 18, Green 2011.
35. See note 17, Coggon 2010.
36. See note 1, Häyry 2010:78-98.
37. See note 18, Harris 2011.
38. See note 18, Harris 2011.
39. Just for the record, though, he sometimes publicly calls himself a consequentialist. I remember one occasion during academic year 2004–2005 in our departmental seminar in Manchester when, responding to someone’s comments, Harris said: “I am not a utilitarian. I am a consequentialist.” Asked if he can be quoted saying this, he answered: “Of course.” Also, he has never complained about my description of him as a utilitarian of sorts in Häyry, M. What the fox would have said, had he been a hedgehog: On the methodology and normative approach of John Harris’s

- Wonderwoman and Superman. In: Launis, V.; Pietarinen, J.; Raikkä, J., editors. *Genes and Morality: New Essays*. Vol. 1999. Rodopi; Amsterdam and Atlanta: p. 11-9. Go figure.
40. See note 1, Häyry 2010:30-1.
 41. See note 18, Harris 2011.
 42. Harris J. Is there a coherent social conception of disability? *Journal of Medical Ethics*. 2000; 26:95–100. at p. 100. [PubMed: 10786318]
 43. See note 42, Harris 2000:97.
 44. See, however, below for the discussion on Harris's "other view."
 45. See note 18, Harris 2011.
 46. See note 1, Häyry 2010:166-8.
 47. Harris, J. *The Value of Life: An Introduction to Medical Ethics*. Routledge & Kegan Paul; London and New York: 1985. p. 15-9.
 48. Harris, J. *Wonderwoman and Superman: The Ethics of Human Biotechnology*. Oxford University Press; Oxford: 1992. p. 177
 49. See, for example, note 48, Harris 1992:5.
 50. See note 18, Harris 2011.
 51. For my understanding of classical (and other types of) utilitarianism, see Häyry, M. *Liberal Utilitarianism and Applied Ethics*. Routledge; London and New York: 1994.
 52. See note 18, Harris 2011; see note 48, Harris 1992:177.
 53. See note 18, Harris 2011; see note 48, Harris 1992:177.
 54. See note 18, Harris 2011:212.
 55. See note 42, Harris 2000:96.
 56. See note 42, Harris 2000:98.
 57. As in the case he refers to in his commentary; see note 18, Harris 2011:207; cf. note 1, Häyry 2010:157 n. 36.
 58. See note 18, Buller, Bauer 2011; Savulescu J. Procreative beneficence: Why we should select the best children. *Bioethics*. 2001; 15:413–26. [PubMed: 12058767]
 59. I have challenged Savulescu's view earlier; see note 11, Häyry 2004.
 60. See note 18, Buller, Bauer, 2011.
 61. The division into "restrictive," "moderate," and "permissive" introduced below is the one that I use in the book; see note 1, Häyry 2011:75.
 62. See note 18, Herissone-Kelly 2011.
 63. Herissone-Kelly P. Procreative beneficence and the prospective parent. *Journal of Medical Ethics*. 2006; 32:166–9. [PubMed: 16507665]
 64. See note 1, Häyry 2010:70.
 65. Dancy, J. *Moral Reasons*. Blackwell; Oxford: 1993.
 66. See note 18, Herissone-Kelly 2011.
 67. See note 3, Árnason 2011; Habermas, J. *Justification and Application: Remarks on Discourse Ethics*. Cronin, C., translator. Polity Press; Cambridge: 1993. ; Habermas, J. *The Future of Human Nature*. Regh, W.; Pensky, M.; Beister, H., editors. Polity Press; Cambridge: 2003.
 68. See note 3, Árnason 2011:231.
 69. See note 3, Árnason 2011:233.
 70. See note 18, Gunson 2011:240.
 71. See note 18, Gunson 2011.
 72. Holm S. Classification and normativity: Some thoughts on different ways of carving up the field of bioethics. *Cambridge Quarterly of Healthcare Ethics*. 2011; 20:165–73. [PubMed: 21435291]
 73. Ross, WD.; Stratton-Lake, P. *The Right and the Good*. Oxford University Press; Oxford: 2002. (orig. 1930).
 74. Brownsword R. Nanoethics: Old wine, new bottles? *Journal of Consumer Policy*. 2009; 32:355–79.
 75. Holm (see note 72, Holm 2011) cites here Ashcroft, RE.; Dawson, A.; Draper, H.; McMillan, JR., editors. *Principles of Health Care Ethics*. 2nd ed.. John Wiley & Sons; Chichester, UK: 2007.

76. See note 1, Häyry 2010:43-8.
77. See note 72, Holm 2011.
78. See note 72, Holm 2011.
79. See note 3, Árnason 2011:232.
80. See note 1, Häyry 2011:164.
81. McIntyre, A. Stanford Encyclopedia of Philosophy. 2004. Doctrine of double effect. [substantial revision 2009]; available at plato.stanford.edu/entries/double-effect/
82. See note 51, Häyry 1994.
83. Häyry M. A rational cure for prereproductive stress syndrome. *Journal of Medical Ethics*. 2004; 30:377–8. [PubMed: 15289525] ; Häyry M. A rational cure for prereproductive stress syndrome revisited. *Journal of Medical Ethics*. 2005; 31:606–7. [PubMed: 16199605] ; Häyry, M. An analysis of some arguments for and against human reproduction. In: Häyry, M.; Takala, T.; Herissone-Kelly, P.; Árnason, G., editors. *Arguments and Analysis in Bioethics*. Rodopi; Amsterdam and New York: 2009. p. 147-54.
84. The exact formulation is: “In retrospect, [Häyry’s] admirably liberal and humane, dare I say Enlightenment, version of utilitarianism of 1994 has now been fully driven out by a Schopenhauerian version of utilitarianism, in which the only reason not to annihilate the human race (and other sentient creatures) is that doing so *coercively* would create even more anguish, through the violation of autonomy and the frustration of certain basic, if irrational, needs.” Ashcroft, R. Is it irrational to have children?. In: Takala, T.; Herissone-Kelly, P.; Holm, S., editors. *Cutting Through the Surface: Philosophical Approaches to Bioethics*. Rodopi; Amsterdam and New York: 2009. p. 183-95.at p. 186.