The search for perfection

John Harris: The only traits it would be morally problematic to induce are those that would be harmful to the individual or to others. It wouldn’t be morally problematic if a woman had a boy rather than a girl, or a child with a particular skin or eye colour or high intelligence. No one has a reason to bemoan the birth of such a child. Nor would the child have grounds for complaint.

On the other hand, to choose to bring a child with diseases or disabilities into being is morally problematic. A child born permanently deaf, or lame, or blind, or with short life expectancy would surely have grounds for complaint if these characteristics were deliberately chosen. Why then do some people feel that designing children to be healthy, talented or to possess some beneficial feature might be wrong? If it’s not wrong for a prospective parent to wish to have a bonny, bouncing brown-haired baby boy, how does it become wrong if we have the technology to grant our wish?

The phrase “designer children” has clear negative connotations. The implication is that parents are more concerned with pleasing themselves than with valuing children for their own sake. However, normal sexual reproduction has always had a large element of design in it. Cultures, religions and races that have encouraged their members to marry other members of the same group are all into designer children. If creating a world with less disability and disease seems preferable, then, like me, you will believe in minimising disability and disability in maximising health and good fortune.

The principle of procreative autonomy - your right to control your own role in procreation - is embedded in any genuinely democratic culture. The presumption must be in favour of access to assisted reproductive technologies unless you can show good and sufficient reasons not to do so.

Tom Shakespeare: It’s always entertaining to listen to John. Perhaps less so this time because the world he has in mind wouldn’t have me in it. Or my two kids, or my dad.

We cannot approach the dilemmas and choices John talks about as though we are merely individual free agents. We have to consider the complex patterns of other people we are involved with. The world is messy and complicated, as are many of the interventions.

Genetic screening, surgery, Prozac all have side effects and problems. They seldom do exactly what they are meant to.

One consequence of the many interventions practised at the moment is a reduced tolerance of diversity. Politicians who appeared on TV in the 1960s had bad teeth. Today you do not have any choice but to fix them, because we have no tolerance for politicians with dodgy teeth. This pressure to conform can be seen in a very toxic way in the lives of teenagers.

And because we can now screen pregnancies for certain genetic conditions there’s also a reduced tolerance of disability. In the past, when we saw a family with a Down’s syndrome baby, we might have thought, that’s sad or that’s different. Now we ask, why didn’t you have a test? Insurance companies in the US will not cover your medical costs if you have what they call “elective disability”. What sort of freedom is that?

We are entering a world where we can intervene in the genetic lottery. People like me are born with a bad hand genetically. But society can change that. It can eliminate the genes, it can give cosmetic surgery to Down’s people so they don’t have slitty eyes. Well, no it can’t, because we don’t have enough money to do what we already do, let alone enter this Utopian world of fixing, improving and perfecting.

The “eliminate at all costs” mentality is a real problem. Disability is the grit in the oyster that promotes interesting, creative ways of looking at the world. Moreover, a good society looks after its weakest members regardless of whether they produce pearls.

Embodiment is about limitation, suffering, mortality. That’s the sad truth. Nobody wants to live in the Stone Age. But there is a limit. We need to accept our glorious diversity rather than resort to ever more undignified, toxic and expensive attempts to deny reality and achieve perfection.

Kathy Phillips: Unlike Tom, you could say that coming from Vogue, I don’t live in the real world. Well, maybe not. But like it or not, cosmetic enhancement procedures are part of the real world. And from where I stand it makes no difference what any of us think, we will be able to do little to stem the demand for these procedures. We can wave pictures of Liza Minnelli’s wedding guests at people. We can show them close-ups of Michael Jackson’s nose. But they’ll still be tempted into the operating theatre.

Britons spend £180 million a year on Botox injections and laser skin resurfacing. Teeth bleaching is a new growth area as are vein treatments, mole removal and what is known as semi-permanent make-up. There are many women, and men; with tattooed eyebrows and lid
lines. I've watched a facelift, a brow lift, thigh liposuction, lips, and chin, nose jobs, eyelid enhancements, tummy tucks, breast enlargements.

In Japan, the situation is even scarier. The Japanese are being operated on to round their slanted eyes, to sculpt their cheeks, deny their Moon-round faces. They want to deny their genetic heritage via Slavic cheek bones, Scandinavian blonde hair, American height and Caucasian blue eyes.

Some will say such vain attempts are encouraged by magazines such as Vogue setting impossible aesthetic standards. Life endlessly proves to us that the pretty girl gets the job, the blonde at the checkout gets more customers and the best-looking couple gets all the attention. If people believe a nose job will transform their lives, it is not all down to the media. It’s because they are looking for self-respect and confidence in an increasingly dog-eat-dog world.

As soon as the geneticists can tweak an embryo to produce a blonde, blue-eyed, long-limbed baby, there will be a customer. But the future population of Barbie dolls won’t be necessarily content. In my experience perfection often leads to more insecurity-and ultimately more surgery.

Donald Bruce: Just over a year ago, we had the Nash family in the US using IVF to choose an embryo of the same sex and as close a match as possible to their child who was suffering from serious bone marrow disease. The same week, a family in Scotland was turned down when they asked for IVF to select a girl to replace their only daughter they had lost in a bonfire accident. They claimed it was their right to re-establish the gender balance in their family and they were taking this case to the European court.

I’m part of the European church working group on bioethics, and under Europe’s convention on human rights and biomedicine, exactly that case is proscribed. They said that the only case for using sex selection is for serious gender-related genetic disease. And I think that is right.

For all the anguish of that individual case, we are all part of a wider society. Once you have said yes to sex selection in a non-medical situation, there is no real reason to say no to other things that are down to personal preference. But there really is a difference between the non-medical and medical situation. It’s not just a continuum. You should not make your own preference a factor in the desirability of a child. We are too close to commodifying child-bearing, and we’re losing the sense of children as a gift.

Now suppose you could enhance some other characteristic. You’re not going to have this enhancement on the NHS, so what you’ve got is the rich hard-wiring their economic and social advantages using genetics.

The dream of perfection is an illusion. It’s who we are inside that matters. Is genetic engineering going to make peace between Israelis and Palestinians? I don’t think so.

Audience Question: Recently, a deaf American couple controversially attempted to increase their chance of giving birth to a deaf child by using a deaf sperm donor. Should society take a moral position on this?

Tom Shakespeare: I had two children knowing there was a 50 per cent chance they would be disabled, so the coverage of that case was saying that people like me shouldn’t have kids. If choice and parent autonomy are your watchwords, then what are you going to say when people come to you with curious choices? If I were to go with a partner for pre-implantation genetic diagnosis to ensure we had a baby impaired with achondroplasia, most doctors would say, “Oh, we’re not sure about that.” And they say they’re guided by parental choice ...

John Harris: If it’s genuinely not a bad thing to be deaf, then there couldn’t be anything wrong with deafening a hearing child. But I don’t believe anyone thinks it is a matter of moral indifference whether a child is deaf or not. We think it’s a bad thing. Because I believe in reproductive freedom, I would uphold the parents’ right to choose, but I wouldn’t protect them from criticism. I think they’re doing something wicked.

Audience Question: Why are we not also talking about the state potentially improving its population?

Donald Bruce: The problem with eugenics is that it doesn’t work. (Chair: That’s the only problem with eugenics?) The problem with the rhetoric of eugenics is that you’ll only do it to some bits of the population, and the question is always which bits and who decides.

Tom Shakespeare: I think the state does have a responsibility to improve the quality of the population, which is why I support good maternity care, an excellent NHS, well-structured and well-funded free education for all. That is the cost-effective, humane and egalitarian way to improve the population-not genetics.

John Harris: The OED defines eugenics as the attempt to have a fine healthy child. According to that description we should all be eugenicists. But I’m against the state or medical profession imposing decisions on us. We need to distinguish this from individual eugenic choices.
that are free and unfettered. These are the best guarantee of diversity.

**Audience Question:** If we take perfection as a template and try to alter our genetic make-up, aren’t we sending humanity down a disastrous biological cul-de-sac?

**John Harris:** Evolution has almost stopped (audience dissent). The only way it’s going to go on is if we take it in our own hands. That’s the reality. I’m not particularly in favour of continued evolution, but if you are then you’ve got to do it-for yourselves.

**Tom Shakespeare:** The fact that evolution has stopped is news to the TB bacterium for a start. But who would you trust to design these people? Politicians, doctors, fashion gurus? Parents? Almost everyone in this room probably has a complaint against their parents. If we’re going to give parents the chance of choosing characteristics, then you’ll not have seen anything like it – litigation for years!

**Chair:** When I appeared before the Select Committee last week, one of the MPs said that MPs would make the best judgements.

**Kathy Phillips:** The idea that politicians should decide on the aesthetics of the future population is really terrifying.

**Audience Question:** Will our desire for perfection drive us into becoming completely obsessed with physical perfection?

**Kathy Phillips:** I hate to say this but I don’t think we will stop worrying. There may be 20,000 plastic surgery operations in the UK but I think the statistics are going to rise hugely. (Chair: Leading to a sort of McDonaldisation of physical looks ... ) Yes – lots of Lara Crofts.

Tom Shakespeare: The comic book 2000AD ran a story about a future world where there’s a guy who makes his living selling designer blemishes. One day there might be a backlash against conformity...

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