

## OVERVIEW OF GLOVER'S BOOK

Progress in genetics and reproductive technologies has made it possible for us to greatly reduce the incidence of disabilities and disorders. Is this all good, or should we be fearful of its implications?

*It is all good*

Disabilities and disorders imply less good lives, involving more pain or more obstacles to doing what one wants to do. More than that, it may be that other genetic choices give children a better start, by promoting beneficial traits. That's why the progress in question is all good.

*We should fear it's implications*

Preventing the birth of people with disabilities of disorders leads down the path of Nazi eugenics. Moreover, what are the implications of such practices for people living with disabilities or disorders? What are we telling them about their worth?

Glover's book has three chapters, focusing on the following topics:

**Chapter 1:** *Genetic choices linked to disabilities*

- Is it justifiable to use pre-implantation diagnosis with the aim of having children that can hear or see rather than being deaf or blind, or does that send unacceptable signals to people suffering from these disabilities?
- Is it right to choose a particular semen donor, as some have done, with the aim of having a child who is deaf? And what is a disability anyway?

**Chapter 2:** *Parental choices versus the interests of the child*

- Should parents be free to choose the genetic make-up of their children, or do the interests of the child set limits to this?

**Chapter 3:** *Genetic enhancement*

- Is it right to choose genes not on medical grounds but for the mere purpose of giving someone a leg up?
- Are there parts of human nature that should be protected from the consequences of genetic choices?

## WHAT'S A DISABILITY?

In 2002, a deaf lesbian couple used sperm donated by a friend with hereditary deafness to have a deaf child. They defended their action by claiming that deafness is a difference, not a disability. Are they right? Let's investigate what makes something a disability.

*Social and Medical Contributions*

One very intuitive notion of a disability is a *medical* notion of a physical malfunction. A malfunctioning visual system results in blindness. A malfunctioning auditory system results in deafness. And so on.

This seems largely right, but it also leaves out the large *social* contribution to a disability. For example, in the late nineteenth and early twentieth century, one in every 155 was born deaf in Martha's Vineyard because of hereditary deafness. Pretty soon, most people had picked up sign language, which removed the usual communications barrier faced by deaf people.

This complexity of the notion of a disability is acknowledged by the International Classification of Functioning, Disability and Health (ICF), produced by the World Health Organization in 2001, that distinguishes between:

- *functional* limitations (such as a heart condition),
- *activity* limitations (such as problems walking upstairs), and
- *participation* limitations (which may depend on whether lifts are provided or the meeting is moved downstairs).

How do these limitations relate to one another? It seems clear that a disability must involve functional limitations. They can't be *purely* social. If they were, we would have to say that being of color or of an ethnic minority that is discrimi-

nated against would constitute a disability, and we don't want to do that. Hence, Glover suggests the following:

A **disability** is a *functional* limitation that, on its own or in combination with certain (social) *activity* and *participation* limitations, impairs capacity for *human flourishing*.

On this definition, being of color or of an ethnic minority that is discriminated against does not amount to a disability, since there is no functional limitation.

A couple of questions remain:

1. *How are we to understand what makes something a functional limitation? We're all unable to fly, and we can't see X-rays with the naked eye. Does this mean that we are functionally limited?*

Glover: No, it doesn't. We have to understand what it is to be functionally limited with reference to what's the case for *normal* human beings. That's why it's not a functional limitation to lack the ability to fly or see X-rays.

2. *At the same time, it can't be the case that the relevant notion of 'normal' is purely statistical. What if everyone in the world were infected with AIDS. Would the impaired capacities caused by AIDS cease to be disabilities?*

Glover: No, it doesn't seem that they would. So, the relevant notion of 'normal' doesn't seem to be *completely* statistical, but also have a normative component.

3. *What's this "normative component"?*

Glover: This brings us back to the notion of 'human flourishing,' and what conditions impair our capacity for such flourishing.

## HUMAN FLOURISHING

What makes a human life flourish? Most likely, different things for different people, so one thing that might be worth doing is to ask people. However, we need to keep in mind that disadvantages may shape people's preferences, either by way of "*sour grapes*" (since you can't have it, you decide that you don't want it) or *adaptation* (since you're not getting it, you've gotten used to not wanting it).

### *Blindness*

Judging by first-person accounts, does blindness seem to constitute an obstacle to human flourishing? Yes, it does. As (blind) philosopher Martin Milligan points out, the contribution of sight to human flourishing goes beyond safe navigation, and it is hard to deny the central role of sight in aesthetic experiences or human relationships.

### *Deafness*

Does deafness seem to constitute an obstacle to human flourishing? Similar things said about blindness can probably be said for deafness. There are not only problems about navigation, but also a loss of a whole dimension of enriching experiences.

But does this imply that a deaf or blind person brought into the world is being *harmed*? It does not seem that it does. The options for the blind or deaf person in question is a life as a deaf or a blind person or *nothing* (i.e., non-existence). And given that being blind and deaf does not amount to a life not worth living, it does not seem that it can be wrong to bring a deaf or blind person into the world.

One thing that might lead one to believe differently is a mistaken analogy with *adoption*. In cases of adoption, we might want to look out for the child (i.e., the same child) in choosing its parents. However, in cases of conception, the options are not good or bad parents, but existence or non-existence.

But here's another question: Say that we bring a deaf child into the world. If cochlear implant—sometimes enabling deaf people to hear—is possible, should the parents choose it for the child? At present, the success of cochlear implants are somewhat patchy. But assume that we have perfect cochlear technology. In that case, parents still can't harm the child by bringing it into existence, but can they harm them by choosing a deaf life over a cochlear life for the child? It seems that they can.

## EUGENICS

A far more common choice that parents face is that of using antenatal and pre-implantation screening to have a child without disabilities. Is this something that we should welcome or fear?

*The Eugenics Objection:* Think back at the eugenic movements in countries like Germany, the U.S., the U.K., and Sweden. Worried that modern medicine was off-setting the Darwinian process of selection, these countries encouraged people with undesirable traits, such as people with handicaps, or (in the worst scenarios) people who didn't accord with the Aryan ideals of Nazi Germany, to not procreate. If we engage in antenatal and pre-implantation screenings to prevent the birth of disabled people, we're walking down the same route that these countries once did.

To answer this objection, we need to keep in mind that there are two kinds of eugenics that we can engage in:

1. Social policies, enforced by the government.
2. Individual, parental choices.

What people defending screening is arguing for is the latter; what people raising worries about eugenics is arguing against is something of the former kind. More than that, it is important to note that the kind of values guiding parent choices regarding screening are very different from those guiding aforementioned eugenic programs. Rather than wishing to cleanse the gene pool of undesirable characteristics, parents opting for screening are trying to make decisions expressing a compassion for the potential child.

## THE EXPRESSIVIST OBJECTION

But here's another, perhaps more subtle worry:

*The Expressivist Objection:* General choices—even if taken by individuals, and not due to a Government mandate—to choose against the creation of people with certain disabilities may express ugly attitudes towards those people, and, by extension, fostering or giving rise to a social climate that is unfriendly towards them.

Glover feels the force of this objection. He wants to say that, other things being equal, it is good if the incidence of disabilities is reduced by parental choices to opt for potentially more flourishing children. However, potentially ugly attitudes must be taken into account, and there are two ways to do this:

1. **Make comparisons.** We want to defeat cancer, not because we lack respect for people with cancer and want to rid the world of them, but because of what cancer does to people.
2. **Be consistent.** We want parents to have the option of screening because disabilities reduce the chances of flourishing. But disability is only one way in which flourishing is impaired. Poverty, bad housing, or child abuse are other ways. Consequently, anyone concerned about disabilities, should be concerned with these factors too—although the best strategy, in these cases, of course is not abortion for the poor, but social welfare, or the like.