

THE ETHICAL COLLATERAL DAMAGE OF QUASI-EUGENICS – PART TWO

Abstract: *The definition of “Eugenics” is “a science that deals with the improvement (as by control of human mating) of hereditary qualities of a race or breed.” This definition is not entirely suitable for the new advanced techniques in genetically engineering human beings, purposely amending the human race and its perspectives for the future (i.e., designer babies, Three Parent In Vitro Fertilization babies). The author feels it is necessary to implement better terminology, by investigating previously used terms describing these never before used quite-eugenic techniques. A large literature-review was done, and attention was given to the articles with controversial ideas and innovative terms. The author expresses his concerns and opinions over the ideas expressed on both sides of the aisle. Finally he suggests the term “quasi-eugenics”, which he considers as the most adequate, when compared to previously coined terms for such technologies and actions. PGD - pre-implantation genetic diagnosis, and PGS - pre-implantation genetic selection may be very well described by the new term quasi eugenics, because to a certain extent it maintains the old spirit of positive-eugenics, however being extremely costly and thus accessible for a few select people.*

Key-words: *PGS - pre-implantation genetic selection, Three Parent In Vitro Fertilization babies, eugenics, quasi-eugenics, principles of biomedical ethics*

I was familiar with the works of George Annas, whose books and articles I studied for my Ph.D. dissertation (1995), and whom I extensively quoted in my thesis **“The judicial medical responsibility in Romania”**. I definitely enjoyed finding out that he and some other authors were not comfortable endorsing the implementation of all the new genetic technologies, as soon as they were “out from the barrel of the gun”. In his 2005 monograph **“American Bioethics: Crossing Human Rights and Health Law Boundaries”**, Annas states that *“genetic technology is intrinsically wrong, since it threatens something intrinsically valuable. Human nature thus requires protection.”* He urges the establishment of a *“human species protection”* treaty, calling such technologies *“crimes against humanity.”* (20)

Despite his use of strong words, I feel relieved that some hard-core ethicists, to whom I feel a spiritual rapport, are opposing the libertarianism in Biomedical Ethics.

Nevertheless, Annas was abrasively criticized for what he stood for by Elisabeth Fenton in a pretty famous article published in the reputed Hastings Center Report – **“Liberal eugenics and human nature. Against Habermas”** (21) *“In the course of developing his arguments against making genetic enhancements to one's children, Habermas assumes that a clear line can be drawn between the natural and the manufactured. But given the current state of medical science, this is precisely what we can no longer take for granted. The human nature objection also assumes that a clear line can be drawn between what is natural and what is unnatural, and that this line marks a moral difference: whatever is unnatural is wrong, or at least morally suspect, and whatever is natural is morally valuable, perhaps intrinsically valuable. From this assumption comes the claim that human nature is fixed, to the extent that it should not be improved upon. But human nature is not vulnerable to such threats. While “slippery slope” arguments against liberal eugenics are powerful and important, attempts to couch such arguments in terms of the protection of an intrinsically valuable human nature are misguided. Habermas and Annas, in particular, are guilty of begging the question that science forces us to ask, namely, **whether there are aspects of being human that are or that ought to be unchangeable. Both assume that there are such essential aspects and rebuke science for attempting to change what ought not to be changed. But to answer the challenge from science, it is necessary to bracket this assumption, for whether there are such aspects is precisely the question at issue.**”* (21)

In my opinion, it is obvious that there should be human traits that should stay unchanged, just because these very traits define a human being. The idea of enhancing features like physical strength, endurance, cruelty, and complete lack of mercy for building “the ultimate soldier” is wrong in anybody's mind - because of the multitude of sci-fi movies dealing with the idea - maybe

with the exception of some sociopaths. Also, the idea of building a “disease free, immortal or quasi-immortal” human may be appealing just to teenagers and maniacal personalities, but not to a decent serious grown-up person. Having designer-babies would mean that people may choose not only the “disease-free” pathway, but also having alternative choices of the most desirable physical appearance (e.g., skin color, height, body-fat, eye color, bust measures, and even IQ scores).

Still for some minds it may sound fantastic, isn't it? Maybe so, but Habermas (21a) who is quoted in detail by Fenton, specifically warned about branding children: *“When parents interfere with the genome of their offspring-to-be, they brand that child with an identity or a developmental trajectory that the child can never escape or alter. Because genetic alterations are for life, a child whose genome is to some extent the result of parental selection and preference will never fully be capable of achieving authorship of his or her own life. (...) The children that result from the use of such genetic technology will see their parents as designers and producers with undue control over their avenues of possible development, preventing them from relating to their parents as moral equals.”* (21a)

Fenton does not concede that liberal eugenics fundamentally alters the nature of human relationships, and argues: *“The parent-child relationship is inherently one of inequality; even without explicitly choosing a child's characteristics or traits, a parent has considerable control over the development of that child and the range of options open to her for future development. Moreover, such inequalities or asymmetries in relationships abound within the human moral community. It is precisely the point of human rights doctrine that the notion of human dignity embodied in human rights transcends these asymmetries even though the symmetries are never eliminated.”* (21)

It seems to me like watching another “battle over terminology”, and that unveiling the truth is hampered because authors use the same terms differently (i.e., use of the term “inequality” means that the parents and the offspring have different importance and value, but does not precisely say on whose side the advantage is). In my opinion, any designer baby may have a personality-turn during his/her rearing and may become an egoistic human, totally deprived of gratitude toward his/her parents, and eventually despise their “regular / non-special /genetically-unaltered” status, which makes them unequal with his/her “designed / faultless” condition.

For me, trying to improve human traits in future babies resembles genetically-engineered animals, created to obtain the best desirable economical traits, otherwise unobtainable just through regular breeding. The essential difference is that the designer-babies may **personally profit from their enhanced qualities and performances**, while the animals will be sacrificed for human consume.

During the time I was concocting such parallel, I found an article from 2007 containing sociological-philosophical tribulations about “eugenics”, which brings into the discussion two new concepts - “**human self-domestication**” and “**sedentism**”. Martin Brüne in “***On human self-domestication, psychiatry, and eugenics***” (22) says: *“The hypothesis that anatomically modern Homo sapiens could have undergone changes akin to those observed in domesticated animals has been contemplated in the biological sciences for at least 150 years. Human “self-domestication” appealed to psychiatry, because it served as a causal explanation for the alleged degeneration of the “erbgut” (genetic material) of entire populations and the presumed increase of mental disorders. Consequently, Social Darwinists emphasized preventing procreation by people of “lower genetic value” and positively selecting favorable traits in others. Both tendencies culminated in euthanasia and breeding programs (“Lebensborn”) during the Nazi regime in*

Germany. The example of human self-domestication may illustrate that **scientific ideas, especially when dealing with human biology, are prone to misuse, particularly if "is" is confused with "ought"**, i.e., if moral principles are deduced from biological facts. Although such naturalistic fallacies appear to be banned, modern genetics may, at least in theory, pose similar ethical problems to medicine, including psychiatry. In times during which studies into the genetics of psychiatric disorders are scientifically more valued than studies into environmental causation of disorders (which is currently the case), **the prospects of genetic therapy may be tempting to alter the human genome in patients, probably at costs that no-one can foresee.** In the case of "self-domestication", it is proposed that human characteristics resembling domesticated traits in animals should be labeled "domestication-like", or better, objectively described as genuine adaptations to sedentism (term applied to the transition from nomadic lifestyle to a society which remains in one place permanently; essentially, sedentism means living permanently in one place)." (22)

Personally, I commend his suggestion for a **prudent and rational approach in the genetics of psychiatric disorders**, but I don't feel that adopting his new terminology will help to better understand **the collateral damage of altering the human genome in patients.**

At the time that the Human Genome Project ended, the medical and scientific journals were still publishing articles issuing warnings to the scientific and medical world, and raising general public awareness about the **increased tendency to accept without worries several new human genome-altering techniques, pragmatically labelled by some groups of interest as "much-needed", "safe" and "OK to go".**

In 2007, another rebuttal to Savulescu's ideas was published under the title of: **"The best possible child"** (23). Michael Parker is very combative, trying to reject the principle as follows: *"Julian Savulescu argues for two principles of reproductive ethics: reproductive autonomy and procreative beneficence (a duty to have the child, of the possible children that could be had, who will have the best opportunity of the best life). Were it to be accepted, this principle would have significant implications for the ethics of reproductive choice and, in particular, for the use of prenatal testing and other reproductive technologies for the avoidance of disability, and for enhancement. I argue that this principle should be rejected; while potential parents do have important obligations in relation to the foreseeable lives of their future children, these obligations are not best captured in terms of a duty to have the child with the best opportunity of the best life."* (23)

Also in 2007, in a different article **"The physician-scientist, the state, and the oath: thoughts for our times"** (24), the author B. S. Coller observes: *"I offer thoughts on the extraordinary powers physician-scientists have to enhance or degrade human dignity. Biomedical science lacks intrinsic morality, but attains moral status by virtue of its purpose and the ethical framework that controls its conduct, both of which derive from the principles of medical humanism codified in the physician's oath. Physician-scientists have responsibilities to humankind that transcend the state. Careful analysis of historical examples of abuses of human rights committed in the name of medical science or the state is an important mechanism to safeguard current and future human participants."* (24)

In addition I retrieved a 2008 article from Scitable by Nature Education, entitled **"Human testing, the eugenics movement, and IRBs,"** (25) The author K. Norrgard, in the paragraph **"Eugenic Philosophies Remain,"** comes with a morbid description of present day's reality: *"Despite the events of the past, there are still many individuals yet today who support eugenic arguments against the decision to knowingly give birth to a child with a genetic disorder, cognitive*

*impairment, or physical disability. Society, however, must accept that **one person's definition of "disabled" or "impaired" may be drastically different from another person's.** Deafness, for example, is seen by some as a disability and by others as merely a different way of living. Consider the case of a deaf lesbian couple in the U.S. who, in 2002, revealed that they had specifically sought out a hearing-impaired sperm donor to conceive their two children, who were indeed born deaf (Spriggs, 2002). Now, **consider those parents who are either affected by or carriers of a genetic disorder who turn to modern techniques such as preimplantation genetic diagnosis to select for embryos that will be born without the genetic condition in question. Stories such as these have refueled the ethical debate over "designer babies" and whether society has a right to choose what types of children are born.**" (25)*

Norrgard goes beyond terminology-disputes and makes reference to different socio-moral perceptions due to cultural differences, bringing-on the concept of nondirective counseling. In the paragraph entitled "**Respecting Differences in Thought and Opinion**", he explains: "*Western geneticists and genetic counselors now make great efforts to avoid projecting their opinions and philosophies onto their patients, and they instead strive to educate their patients so that these individuals can make their own decisions regarding their genetic health. Although this **concept of nondirective counseling is widely accepted in the West, it may never become standard in other parts of the world.** In China, for example, moral values are strongly influenced by the Buddhist and Taoist religions and by Marxism. There is a **strong ideology that regards each person as a small component of society, as well as widespread sentiment that an individual's interests should be subordinate to the interests of the nation.** Therefore, it is not surprising that many Chinese geneticists strive to improve population quality and further eugenic principles, a goal clearly at odds with Western ideology (Mao, 1997). Indeed, it is examples such as this that highlight the importance of remembering the eugenic mistakes of the past so that they do not occur again in the future.*"

Well-said, I have to admit! How the World would look-like if the thoughts of some part of the World population would be forcibly implemented all over the Earth?! It may look similar to the situation described in the **2006 American futuristic-satirical movie "Idiocracy"**, directed by Mike Judge. The film tells the story of two people who take part in a top-secret military hibernation experiment, only to awaken 500 years later in a **dystopian society wherein advertising, commercialism, and cultural anti-intellectualism have run rampant and dysgenic pressure has resulted in a uniformly unthinking society devoid of intellectual curiosity, social responsibility, and coherent notions of justice and human rights.** (see Wikipedia)

The spectrum of eugenics is brought again by the 2008 article of Darrin P. Dixon, called "**Informed consent or institutionalized eugenics? How the medical profession encourages abortion of fetuses with Down syndrome,**" in which he addresses the contributing factors and causes that ultimately lead to a lack of informed consent and a very high abortion rate for fetuses diagnosed with Down syndrome. (26) He is adamantly blaming "*the societal pressures to have "normal" children, a negative view of persons with disabilities by many in society, a fear of legal liability by those in the medical community, the lack of genuine informed consent before undergoing genetic testing and abortion, and the failure of non-directive pre-abortion counseling in the medical community.*" (26) Also he adds: "*Medical professionals fail to communicate correct and unbiased information before and during the genetic screening, diagnostic testing, and abortion decision-making process.*"(26)

As a defender of the principle of Autonomy, I could not be more content when I discovered the following article by S. Wilkinson in 2008: **“Eugenics talk” and the language of bioethics**”. (27)

Wilkinson’s statement should be read twice for a better understanding of the notion of **“Principlism”, the use of the principles of bioethics**, which I so often make reference to. (see again Tom L. Beauchamp and James F. Childress. Principles of Biomedical Ethics, 6th Edition: Oxford University Press, 2008. p. 417): *“In bioethical discussions of pre-implantation genetic diagnosis and prenatal screening, accusations of eugenics are commonplace, as are counter-claims that talk of eugenics is misleading and unhelpful. I am asking whether “eugenics talk”, in this context, is legitimate and useful or something to be avoided. It also looks at the extent to which this linguistic question can be answered without first answering relevant substantive moral questions. My main conclusion is that the best and most non-partisan argument for avoiding eugenics talk is the Autonomy Argument. According to this, eugenics talk per se is not wrong, but there is something wrong with using its emotive power as a means of circumventing people’s critical-rational faculties. The Autonomy Argument does not, however, tell against eugenics talk when such language is used to shock people into critical-rational thought. These conclusions do not depend on unique features of eugenics: similar considerations apply to emotive language throughout bioethics.”* (27)

Off, again about language and terminology, what a complicated field this field of Bioethics appears to be! If Anglo-Saxon bioethics is still controversial for its followers, what about the views from other parts of the World?

In 2009, Laurens Landeweerd, has made a tough statement about the ethical debates, in an article entitled: **“Prenatal diagnosis and the trouble with eugenics”**. (28) His words are: *„In the past few years we have witnessed huge steps forwards in reproductive technology. Specifically genetic diagnosis has created a range of possibilities. This carries along benefits for prenatal care as well as carrying along unprecedented ethical dilemmas that demonstrate some more problematic sides of several basic notions in medical ethics. These new technologies also led to a widespread public ethical debate on the desirability of these technologies. Concerns are felt specifically with the potential eugenic application of these technologies. To have a correct overview of the possibilities to a new eugenics, one needs to explore the actual developments in the field of human genetics in recent years. This is important to avoid deviating from what is actually occurring into the realm of science fiction.”* (28)

In an article published in Spanish in 2009 entitled **“Neuro-cosmetics, transhumanism and eliminative materialism: toward new ways of eugenics”** (29), Echarte Alonso L.E. is expressing an even more abrasive thought about today’s ethical and moral controversies. Using quite-unusual epistemological new-invented by himself terms, he preaches: *“I present similarities and connections between Transhumanism and Eliminative Materialism... I denounce that such influences as medicalization of human condition and, especially, cosmetic psychopharmacology are caused by illegitimate transference of authority between philosophical and scientific forums... These new postmodern fashions of chemical sentimentalism (related with radical changes on personal identity and human nature) drive to new eugenic forms what I name auto-eugenics ... I call attention to the important role of utopian speeches about the science of tomorrow and super-human civilization in a Carpe Diem society... I claim that historical reasoning or warnings about what is coming are not efficient strategies to control neither new psychopharmacological habits nor passivity generated by them. The best way to rehabilitate a more and more devalued human action is returning to confidence in the power of reason to achieve reality.”* (29)

Atta ‘boy, wow, Echarte Alonso L.E. concocted the term “auto-eugenics”, which unfortunately, **doesn’t makes too much sense**, since **eugenics is a concept and a policy elaborated by societal powers and enforced on the individual!**

Notwithstanding, he looks to me like **the new version of Mikhail Bakunin**, the Russian revolutionary anarchist, and founder of collectivist anarchism, who used to say in 1882, in his work “God and the State”: **“The liberty of man consists solely in this, that he obeys the laws of nature because he has himself recognized them as such, and not because they have been imposed upon him externally by any foreign will whatsoever, human or divine, collective or individual.”** (see Wikipedia)

Ooh, how much fun one can have doing a literature review! I would enjoy right-now a more down-to-earth opinion. So let’s take a look at the article entitled: **“Eugenics, genetics, and the minority group model of disabilities: implications for social work advocacy”**, published in 2011 by Gerald V. O’Brien.(30) He states as follows: **“In the United States, genetic research, as well as policy and practice innovations based on this research, has expanded greatly over the past few decades. This expansion is indicated, for example, by the mapping of the human genome, an expansion of genetic counseling, and other biogenetic research. Also, a disability rights movement that in many ways parallels other “minority” rights campaigns has expanded. The coexistence of these developments poses intriguing challenges for social work that the profession has yet to address in a meaningful way. These issues are especially pertinent for social work professionals in the crucial role as advocates for marginalized populations.”** (30)

It was mentioned above that not everyone has the same understanding of the word “disability”, therefore the attitudes of people sharing a specific “condition” may vary from those of the contemplative people who see the previous group as ‘disabled people’.

Bringing-in the topic of “understanding concepts”, I must mention an exceptional article published in 2011, in the renowned Hastings Center Report, written by Robert Sparrow. He makes a very ample and deep analysis of some ethical and philosophical concepts expressed and reiterated in 55 references, including his previously published opinions. Sparrow brings to the debate the concept discussed by John Harris and Jules Savulescu, under the title **“A Not-So-New Eugenics: Harris and Savulescu on Human Enhancement”**. (31) Apparently he cannot agree with any of the mentioned philosophers: **“The convergence of parental obligations on a “best” embryo is a function of the maximizing nature of consequentialism. It would be possible to avoid this implication by adopting some sort of “satisficing” consequentialism (that is, a consequentialism according to which actions are justified only if they bring about a state of affairs that is “good enough”). As a number of other writers have observed[he quotes himself here], it seems ludicrous to suggest that we are obligated to give our children the best chances in life; hardly any parents attempt that, let alone accomplish it. However, the problem with limiting the obligations of parents to an obligation to have a child that is “good enough” is that we then need some plausible way of deciding what “good enough” is and explaining why parental obligations stop at this point. The notion of “normal human capacities” is one plausible place to draw this line; it is difficult to see that there are any others. Once we set off on the project of human enhancement, it is hard to see where we could--or why we should--stop. The ends of a consequentialist program of human enhancement are therefore likely to be much more radical than Harris and Savulescu allow.”** (31)

Robert Sparrow deals extensively in this debate with the concept of ‘Consequentialism’. Consequentialism is a normative ethical theory, distinguished from deontological ethics or from virtue ethics, holding that the consequences of one's conduct are the ultimate basis for any

judgment about the rightness or wrongness of that conduct. Thus, from a consequentialist standpoint, a morally right act (or omission from acting) is one that will produce a good outcome, or consequence. In an extreme form, the idea of consequentialism is commonly encapsulated in the English saying, "**The ends justify the means**", meaning that if a goal is morally important enough, any method of achieving it is acceptable. (see Wikipedia)

In my opinion, we always must stick to Biomedical Ethics, and not to wander towards the more permissive moral theories. Enjoying the obtained good outcome may be satisfactory for many, but nevertheless people contemplating from outside the action may consider the means used as unacceptable, in spite of the good outcome.

Once again, I observed that some editors of medical-scientific journals were purposely publishing antagonistic ideas in sequential articles of the same issue. It was conspicuous that the two authors defending opposite opinions were given to read each-others articles before the journal was published.

This was the case of the journal entitled: *Genetics In Medicine: Official Journal Of The American College Of Medical Genetics Aug 2011,13(8)*. (32) & (33).

At pages 708–710, one can find the article of McCabe, Linda L; McCabe, Edward R B. - *Down syndrome: coercion and eugenics* (32), and at the next pages 711-713, the rebuttal to it, authored by Flessel, Monica C; Lorey, Fred W. - *The California Prenatal Screening Program: "options and choices" not "coercion and eugenics"*. (33)

Evidently both groups of authors are debating on the same topic, but their interpretations of the described facts and the attitudes toward those facts are at odds.

The McCabe's article discusses the "*discrimination against families of children with Down syndrome who chose not to have prenatal testing or chose to continue a pregnancy after a prenatal diagnosis. They argue that this discrimination represents economic and social coercion to limit reproductive choice, and they present examples of governmental rhetoric and policies condoning eugenics and commercial policies meeting criteria established by experts for eugenics.*" They are also "*concerned that if eugenic policies and practices targeting individuals with Down syndrome and their families are tolerated by clinical geneticists and the broader citizenry, then the probability of eugenics directed toward other individuals and communities is increased.*" (32)

The authors of the rebuttal article use a defensive, dry, and self-righteous tone stating: "*The California Prenatal Screening Program offers prenatal diagnostic services to women, whose screening tests indicate an increased risk for birth defects, including Down syndrome. **Women can decline any or all of these follow-up services. Genetic counseling, diagnostic services, and the presentation of diagnostic results are performed by medical professionals (not State staff) who follow established guidelines for nondirective counseling. The important and necessary communication among organizations and stakeholders involved in prenatal screening and diagnosis, and in related care for pregnant women and for people with Down syndrome is not served by misrepresentation and inflammatory rhetoric.***" (33)

Any rebuttal may use a tougher style, but such a stigmatizing attitude seems curious to me, since I was barely trying to digest the inoculated idea of the doubt from the first article.

DUBITO, ERGO GOGITO! So, while I was ruminating about one's worries, someone-else with a stiff attitude starts yelling in my face: "It is misrepresentation!" Bam, here we go, the thoughts of concerned thinkers are immediately and drastically labelled "inflammatory rhetoric".

Well, let's make reference to the notorious example of a glass half-filled with water. Whether the optimist says it is half-full, the pessimist will object that is half-empty, but I, what am I going

to say as a realist? Would be appropriate to use the Talmudic approach and admit that both may be right!?

Not quite so, because no matter how the guidelines for nondirective counseling are redacted, there would always be peer-pressure between pregnant mothers. This may actually mean that a certain pregnant mother will feel the need to follow the example of another pregnant mother she appreciates as a person, no pressure exercised. Is following a model good, or bad!? One may not be sure, and even someone may be afraid to express his/her personal opinion, just to avoid to being labelled as promoting inflammatory rhetoric. Yeah, I am sarcastic, if you have any doubt!

Well, I am never afraid to make statements describing what my conscience tells me. Certainly I don't find this article the right place for a pro-life vs. pro-choice debate, but I am aware that several Southern States in the USA adopted some un-humanistic and preposterous attitudes towards the practice of legal abortions, extremely reducing the opportunities for a woman to have one. All kind of motivations issued by the sick-minded religious legislators - without any medical knowledge or any medical ethics background -forced numerous women with unwanted pregnancies to opt for back-alley abortions, putting their lives at risk.

Yeah, my conscience dictates that since so many bad-laws have been enacted already, it is not only permissible, but ethically required to doubt and double-check the content of a bill (a project of law to be voted), in order to assess if it is morally-defensible. And so did the McCabe (32) authors, and I am commending their ability to throw doubt about the already introduced practices in the State of California.

As you may have observed reading through this article, I was constantly looking for articles debating the terminology related to "eugenics". Thus, you will understand my joy, when I found an article entitled: "***Toward an ethical eugenics: the case for mandatory pre-implantation genetic selection***" (34) It is from 2012, and it makes reference to the newest and most debated techniques **PGD** - pre-implantation genetic diagnosis, and **PGS** - pre-implantation genetic selection. After remembering the "*tarnished legacy of eugenics*", the author Jacob M. Appel, M.D., J.D. (Ooh My Gosh, he shares the same credentials as I do!), expresses clearly his views: "*Pre-implantation genetic diagnosis (PGD) offers the possibility of screening and terminating embryos with severe and life-threatening disabilities. The use of this technology is not merely desirable as a means to reduce human suffering but also an ethically required duty of a parent to a potential child.*" (34)

In a paragraph entitled "**PGS and Human Suffering**" he describes the critical attitudes towards the technique, which obviously he does not share: "*The most obvious benefit of screening out defective embryos is the potential reduction of unhappiness in the offspring who are eventually conceived. Critics of this proposition tend to fall into 2 camps: (1) those who question the empirical claim that the use of PGS could prevent widespread suffering and (2) those who acknowledge this suffering but argue that the alternative, namely, nonexistence, is a greater moral evil.*" (34)

Certainly, I am not a member of the second group. In my secular way of understanding the Nature and Human Society, the concept of NON-EXISTENCE IS SURELY NOT A MORAL EVIL AT ALL. So, let's forget about fighting about such a concept that neither is pertinently nor pervasively accepted!

Regarding the debate between the positive versus negative attitudes toward PGS, Jacob M. Appel reiterates some classical accepted moral slogans, some less accepted ones, but also tries to make several genuine innovative points, as follows: "***Needless to say, all conduct that is morally desirable should not necessarily be legally required. However, in this instance, the moral harm is considerable and it is inflicted by one individual upon another (e.g., parents upon children).***"

Moreover, because IVF requires trained professionals and high-cost equipment, such a rule could likely be enforced effectively at little cost. Some will argue that there are many other means of preventing birth defects to prevent suffering and to save the state money... One step toward increasing the welfare of children does not preclude other measures in the future. Unfortunately, the international debate over genetic screening and genetic selection has focused largely on **whether techniques such as PGD and PGS should be permitted, not whether they should be required.**

Germany, still saddled with its legacy of Nazi-era racial codes and eugenics legislation, bans all such screening and selection under its poorly named Embryo Protection Act of 1991. In the United States, physicians remain shackled by their own disturbing history of racism and involuntary sterilization.

To mention the words genetic selection and mandatory in the same sentence has become politically taboo. In short, eugenics may be the dirtiest word in modern science.

Some critics fear that, **if the floodgates are opened, mandatory PGD might be abused once again to promote racist ideologies or to justify invasive controls of the reproductive process.** In light of our unfortunate eugenic heritage, heightened vigilance is certainly merited to prevent such abuses.

However, the theoretical **possibility of future abuse should not impede society from acting to prevent unnecessary disease and disability in the present.**

We should all be proud to declare ourselves eugenicists. At least under certain circumstances, if doing so can keep little children from suffering.” (34)

Ooh My Gosh, do I smell Savulescu’s ideas in the atmosphere!? Or it is maybe just the smell of his distilled ideas!? Anyway, Appel more clearly expresses his opinions, and he does not seem repentant at all.

As a consequence, I will try to dissect his views a little, to see why he would be so ostentatiously willing to declare himself as a eugenicist to the Medical World.

Like in Savulescu’s case, Appel is cool whether someone is calling him by the name “eugenicist”, and he has something to say in his defense. Additionally, besides coining himself an eugenicist, Appel pompously makes an overt appeal to the rest of the MDs / JDs - that is the meaning of the word “ourselves” to me - to bombastically call themselves eugenicists. He just mentioned above that “*eugenics may be the dirtiest word in modern science*”, and then he is ready to egotistically accept the challenge in the name of everyone else sharing his credentials! Did he jump the horse? Did he go too far?

As a MD and JD myself, I may think twice before deciding to join his flabbergasting slogan. I do not want to be called a eugenicist myself, because I know that eugenics has had its bad-legacy, and the use of modern technologies, such as PGD and PGS have still debatable collateral damages.

Appel’s appeal will make for sure a very limited echo, because he is eliciting a response to an oxymoronic construction. “Ethical-eugenics” sounds as bad as possible, and undoubtedly its use should be banned, just because it creates confusion. If ever-accepted, there would be the need of the dichotomy between Unethical Eugenics and Ethical Eugenics, which makes no sense. Appel is surely a physician and a lawyer, but certainly not a philosopher. He did not foresee the mere implications of the use of the terminology he had so proudly suggested.

Nevertheless, if a more general term must come to designate such complex and expensive techniques as PGD and PGS, I Almos Bela Trif, M.D., J.D. propose the use of the term QUASI-EUGENICS.

The word “quasi” comes directly from Latin, and means the same in most of the European languages - “almost”, “near” or “to a certain extent”. Thus, for me, **PDS as described above is actually a form of quasi-eugenics, and not at all ethical-eugenics.**

I pay all my respects for that terminology used and understood in a specific population, which lives in a territory with specific traditions and needs – *yousheng*: eugenics or healthy-birth, and *youyu*: good-upbringing. (18) It appears that there is a strong need for their use, and I am never going to challenge these terms.

Notwithstanding this consensus, I am overtly disappointed by the use of some previously suggested terms in the respective mentioned literature in this article [e.g., 'soft' eugenics, euphenics, and isogenics (12); and liberal eugenics (21)], which, in my opinion, are also poorly coined.

Despite its previous use, the term “liberal eugenics” (21) would suggest that there is also a “conservative eugenics” besides the “liberal” one. Some of the human sterilization practices are old, but still in use, so are we going to call these “conservative eugenics”?

Robert Sparrow already demonized the term “new eugenics” when he wrote about “A not-so-new eugenics” (31), despite the fact that the term “new” may seem acceptable to one. However, I see a drastic difference between the too well-known spirit of “old eugenics” and the meaning of what “new eugenics” is actually doing.

That’s why I prefer to use the word “quasi-eugenics”, because to a certain extent it still keeps the spirit of positive-eugenics (and still not-good eugenics), as it was once intended. This way, when we talk about quasi-eugenics, we never deny the tremendous shady legacy of what “authentic” eugenics did, as opposed to what “quasi-eugenics” does, and may do in the future for humanity.

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