

CONSERVATIVE BIOETHICS & THE SEARCH FOR WISDOM

by ERIC COHEN

“Conservative” bioethics is informed by a rich view of human personhood, a decent respect for the well-considered views of people across the political spectrum, and a philosophy of the state carefully calibrated to ensure that imperfect people can live together in community. The deepest disagreements between conservatives and liberals are rooted in different ways of understanding the moral ideal of equality.

Outside the conference room at the American Enterprise Institute, the nation’s preeminent conservative think tank, two books were recently on display. The first, written by David L. Kaserman and A.H. Barnett, made the economic case for permitting free markets in human organs.¹ The book treats dead bodies as natural resources and organs as commodities, and it argues that organ markets would boost supply, save lives, and free individuals to decide for themselves when selling their own organs makes personal sense. The second book, written by former chairman of the President’s Council on Bioethics Leon Kass, describes organ transplantation as a “noble form of cannibalism,” and argues that the

morality of organ procurement depends in part on whether it involves giving instead of selling.² Both books ask about the “price” of progress, but in radically different ways: the first by detailing the price system that would maximize organ supply; the second by asking about the cultural price we are willing to pay to promote medical progress, and whether some values—like respect for the dignity of the body—require setting limits on private commerce in the name of public morality.

The two books nicely capture some of the deepest divides that exist within American conservatism—between libertarians and traditionalists, free-market conservatives and social conservatives, partisans of virtue and partisans of choice. Of course, it is easy to treat these two conservative types as a single caricature—seeing all conservatives as heartless capitalists who care only about embryos. Perhaps such hybrids

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exist, although I suspect they are a rare breed. In reality, those conservatives who care most about civic morality are often piercing critics of the deficiencies of modern capitalism.³ Those who care deeply about defending developing human life usually care just as deeply about the plight of the poor, the disabled, and the uninsured.⁴ And those who care most about personal freedom and economic growth are often the most passionate advocates of embryo research, organ markets, and the burgeoning business of reproductive medicine.

So what, if anything, holds modern conservatism together, in bioethics and beyond? This is a large question with no single answer. To some degree, modern conservatism is a creature of historical circumstance,

and “liberal” dislike being labeled for at least two reasons. First, both conservatives and liberals believe that their understanding of the good life and good society is not only right for them but right for everybody. Liberals believe that everybody should support embryo research with public funds; conservatives believe that nobody should abort a fetus because of a genetic disability; liberals believe that everybody has a right to health insurance; conservatives believe that nobody should assist in the suicide of a loved one. Both liberals and conservatives are universalistic in their respective philosophies of the person and the state, and they fear that being labeled reduces them to partisan members of a team—like the Red Sox vs. the Yankees—rather than fair-minded defenders of the public good.

if there are better and worse ways of acting, and even if there are activities that the state should prohibit or promote.

Yet despite the grave limitations and internal contradictions of the terms “conservative” and “liberal,” they still offer us an introductory (if imperfect) understanding of distinct approaches to the major issue of bioethics, which is the focus of what follows. Liberals tend to believe that many abortions are morally justified; that embryo research is morally good; that hastening death is sometimes the best way to end suffering; and that the government has a moral responsibility to ensure that every citizen has access to quality health care. Conservatives tend to believe that abortion is morally justified only when the life or physical health of the mother is in

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with libertarians, foreign policy hawks, and religious conservatives united during the Cold War in opposition to communism. Yet despite steady predictions of a “conservative crack-up,” this fracture has not really happened, and there is little indication that it will happen anytime soon. For now, modern conservatism lives mostly with a philosophical division of labor: When it comes to abortion, bioethics, and the culture in general, social conservatism is the guiding philosophical force. When it comes to economic policy, health care policy, and biotechnologies unconnected to human origins, libertarian conservatism is the guiding philosophical force—the many billions in Republican pork-barrel spending notwithstanding.⁵

The most reflective conservatives and liberals are well aware of the tensions that exist within their own governing ideologies. And even those who accept the terms “conservative”

Second, the best liberals and conservatives understand the complexity of most bioethics issues and the angst that comes with living in accordance with their own ideals. The most reflective conservatives wonder whether bringing a baby with Tay-Sachs to term is not heroic but heartless, or whether keeping someone alive in a persistent vegetative state is not love but torture, or whether opposing the use of frozen embryos that are “going to die anyway” is morally misguided. The most reflective liberals wonder whether aborting a fetus with Down syndrome is not compassion but eugenics, or whether assisted suicide is not “death with dignity” but an act of betrayal, or whether creating human embryos solely for research does not cross a moral boundary. To be labeled a conservative or a liberal sometimes makes it seem like everything is easy, that nothing makes us shudder, that ideology settles everything. But existentially, bioethics is never easy, even

danger; that embryo research exploits some lives to help others; that caregiving means never seeking death as an aim; and that universalizing the role of government in health care has the potential to make medicine worse for nearly everyone.

These political divides are often rooted in differing understandings of certain shared ideals—like human equality—and different understandings of fundamental human experiences—like birth and death. In this essay, I attempt to explore the moral anthropology and governing philosophy that inform conservative bioethics, and perhaps to make the sharpest conservative-liberal divisions seem more like disagreements among friends: that is, disagreements about the meaning of principles we all hold dear, or about the most prudent way to advance shared ideals in an imperfect world filled with imperfect people.

The Person and the State

Let us begin with a crucial distinction between the “philosophy of the person” and the “philosophy of the state.” The philosophy of the person deals with existential questions—“what shall we do and how shall we live?” as Tolstoy once put it—that all individuals face at various points in their lives.⁶ I suspect every professor of bioethics has had students or colleagues come to their office seeking advice: the freshman deciding whether to have an abortion; the research scientist deciding whether to destroy human embryos for research; the young woman deciding whether to get tested for mutations that would elevate her risk of breast cancer; the doctor deciding whether to prescribe beta blockers to numb the sharp edges of a rape victim’s memory; the two sons deciding whether to treat their mother’s pneumonia in a case of advanced Alzheimer’s.

These life decisions are always complex and often puzzling. Defending the individual’s “right to choose” without government interference offers little guidance about which choices are better or worse. And saying that individuals should “rely upon their own values” ignores the responsibility of wise elders to help shape those values. The autonomous individual, after all, never starts from moral scratch. He evaluates moral alternatives that previous generations set before him, and stands as a moral alternative to the generations that follow. Bioethics as a vocation has a responsibility to offer normative guidance on normative choices, and to search for wisdom in those puzzling human situations where wisdom is most needed.⁷ Of course, different cultures and traditions often have different values, and there is much to learn universally by understanding why particular groups live the way they do. But it is also possible—and sometimes necessary—to judge cultures from the outside, and to make arguments against deeply ingrained cultural practices (like the forced cir-

cumcision of women) that violate the dignity of all human beings.

Liberals sometimes assume that the conservative idea of human dignity is entirely biblically grounded, and thus unavailable to those who are not already religious. As a sociological matter, it is surely the case that most citizens who hold conservative views on bioethics are traditional Christians, Jews, and Muslims. But as a philosophical matter, the idea of the human person (or ethical animal) that informs conservative bioethics does not require any particular faith in any particular God, even if living in accordance with its ideals is often bolstered by faith. Personally, I hope God exists, but I am hardly certain. And while I have great reverence for the teachings of Judaism—my own religious tradition—there are cases when I believe that deferring to prevailing rabbinical opinion is morally wrong, including on the issue of embryonic stem cell research. But what is most unfortunate in bioethics today is that defining a position as “religious” is sometimes used as a tactic by nonreligious intellectuals to avoid confronting the rational arguments of people who happen to believe in God. It is a secular form of philosophical laziness, no less commendable than believing something simply “because Jesus says so.”

While moral philosophy or moral anthropology is the essential grounding for thinking about the good life, it is hardly sufficient. We also need a serious “philosophy of the state” that grapples with how imperfect human beings live together in community and with the proper relationship among the many layers of authority (the federal government, state governments, private institutions, free individuals) where moral decisions are made and moral obligations are met. Not everything worth doing should be done by the state; not everything immoral should be unlawful; and not everything that is legally permissible is ethically sound. The philosophical challenge is discerning when the state should remain neutral and unin-

involved and when the state should set certain boundaries or promote certain goods—from health insurance for the poor to federal funding of embryo research to regulations on the use of psychotropic drugs in children. Taken together, the philosophy of the person and the philosophy of the state provide the ground for both private and public bioethics, beginning with an account of what makes us dignified animals, and moving to an account of what this dignity requires both existentially and politically.

Since 2001, the President’s Council on Bioethics has been engaged in just this kind of philosophical inquiry. The council has been attacked simultaneously by critics for being an academic seminar far removed from the practical concerns of public policy, a narrow political servant of the White House, and an ideological clone of the ideologically conservative chairman.⁸ But these criticisms seem misguided: First, the council’s willingness to ask fundamental questions about “being human”—questions about birth and death, equality and community, happiness and excellence—shows that it takes the discipline of bioethics seriously; it recognizes that bioethics properly begins with an account of the human person as an ethical animal, and that without a moral anthropology it has little useful to say.⁹ Second, the council has offered detailed practical advice on a range of public policy issues, including human cloning, embryonic stem cells, and the regulation of reproductive biotechnology. And finally, the council is arguably the most ideologically diverse body of its kind ever to exist. On the one issue most often used by critics as a litmus test—the embryo question—the National Bioethics Advisory Commission did not have a single moral opponent of embryo research.¹⁰ On the President’s Council on Bioethics, by contrast, at least nine of eighteen members publicly support at least some form of embryo-destructive research.¹¹ And while the embryo question is fundamentally important, the council’s in-

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tellektual diversity is much deeper—with people from a wide range of disciplines, with very different habits of mind, who are willing to ask the hardest human questions (and not only the embryo questions).

This approach—combining anthropological reflection, public policy analysis, and a decent respect for the well-considered views of people across the political spectrum—is a model for doing bioethics well. It is a model that I will seek to build upon in what follows—devoting most of my attention to the “moral anthropology” at the core of conservative bioethics, and then moving to the practical concerns of public bioethics. In doing so, I build heavily upon the work of two generations of bioethicists—Hans Jonas and Paul Ramsey, Leon Kass and Gilbert Meilaender, William F. May and Daniel Callahan—who have all reflected deeply on these matters, always attempting to see the novel challenges of bioethics in light of the more permanent puzzles of the human condition.¹²

Toward a Moral Anthropology

The conservative idea of the person might be explored in five parts: (1) an understanding of human beings as ethical animals; (2) an understanding of human equality from conception to natural death; (3) a sensibility about the meaning of mortality; (4) an account of the nature of marriage, family, and procreation; and (5) an understanding of the character of human experience and human flourishing. Without question, many of the ideas and insights that follow are not uniquely conservative; they seek to address what is universally human. Nor do these ideas

have uniquely conservative origins, which would give our current political categories far more credit than they deserve. Indeed, it is my hope that much here could be embraced by those who see themselves as liberals, independents, or just nonideological human beings seeking wisdom about the good life and good society.

The human animal. *Bioethics* begins with biology and specifically human biology: What does it mean to have a biological *life*, and what does it mean to have a distinctly *human* biological life?¹³ As biological beings, we are not alone in the world but animals among animals. We are conceived and born; we depend on food and water to live; we move about and feel pain; we perpetuate ourselves sexually; we are vulnerable and resilient; we live with death as a possibility at any moment and an inevitability in due time. This continuity with other biological animals partially defines who and what we are; it defines what it means to have a *life*.

But equally significant is our radical discontinuity with other animals—our distinctly *human* life. We are the only beings with complex language; the only beings who marry; the only beings with courts of law; the only beings who keep Kosher or observe the Sabbath; the only beings with theories of our own evolution. We are special animals, separated by our distinct powers of reason and by our moral aspirations and moral failures. The other animals live outside good and evil—we would never say that a bear that attacks a hiker in the woods is immoral. Human beings live within good and evil—the hiker who tortures a bear acts immorally.

Taken together, these two dimensions of our humanity define what it

means to have a human life and to be a human person: We have a life the way all animals have life—as living organisms with mortal beginnings and mortal endings; as beings who are conceived, develop, ripen, and die. And we have a human life by being members of the human family and human species. To be sure, infants do not yet manifest all the characteristics that are distinctly human, adults with dementia have lost some of them, and the severely disabled may never manifest them at all.¹⁴ But all members of the human family—all living human bodies—have a human life, and therefore deserve the respect that such membership commands. This is the egalitarian definition of human dignity—the dignity that all human beings possess regardless of size, age, wealth, stage of development, cognitive powers, or level of dependence upon others. This dignity is not merely *experiential*—contingent, for example, on the capacity to feel pain or pleasure. It is *ontological*, dependent merely on being here as a human being.

Equality at the edges of life. This egalitarian understanding of human dignity shapes how conservatives understand the many ethical issues “at the edges of life,”¹⁵ such as embryo research, prenatal screening and abortion, and caregiving for persons with dementia. It shapes how conservatives understand the moral standing of human beings at the embryonic stage, when the neurological capacity and human form are unfolding in unison; and how they understand the moral standing of human beings at the geriatric stage, when the mind and body are winding down, often not in unison until the very moment of death.

The embryo question is obviously central to the public bioethics debate,

and perhaps paradigmatic of the broader philosophical divides within bioethics about the worth of human life. To discern that embryos are equal, in the minimal sense of not being available for our use, runs against the grain of our moral feelings. Most people looking under a microscope could not tell the difference between a human embryo, a monkey embryo, and a clump of adult human cells. We feel no special emotional attachment to human embryos simply by virtue of sight; we experience no visceral repugnance if we do not know in advance that a human embryo is being destroyed, and even then our moral feelings may slumber.¹⁶ But feelings are often poor guides to moral action, and to understand what we owe embryonic human life, we must engage in the hard work of ethical reason in light of the newly discovered facts of modern embryology.

From the moment of conception, a human embryo is a new human life in process.¹⁷ The very first cellular divisions are purposeful and orderly, involving the unfolding of an inner-directed plan of development.¹⁸ If we trace an individual human life backwards biologically—from the adult stage to the infant stage to the fetal stage to the embryonic stage—the ontological line that separates being from nonbeing is fertilization. Before fertilization, we have an egg and many sperm; we have many possibilities and no organism. After fertilization, we have an individual life unfolding. Every reader of this essay was once a zygote, but never a sperm or an egg, since the gametes that produced them could have supplied the genetic material for a never-existing sibling.

To be sure, there are other key moments in embryological development, moments that some people believe are more significant than fertilization for conferring human worth. For example, there is the moment when certain powers—like primordial neurological activity or the capacity to feel pain—first become manifest. There is the

moment when the discernible human form first becomes visible. But these moments do not mark the arrival of a *new* person; they mark the arrival of certain attributes in an *existing* person. To believe that crossing these hurdles is the prerequisite for human dignity contradicts the first principle of modern democracy that all human individuals are created equal. It makes our equality conditional on the judgment of others rather than intrinsic to who we are. Moreover, if dignity requires possessing the very powers that embryos lack—like physical independence or the capacity for language—then many nonembryonic human beings will surely not pass muster. This includes those with advanced dementia whom we seek to help with embryonic stem cell research, those who need the caring hand of the strong in their final moments of weakness, those who lack permanently the very powers that embryos are in the process of developing.

Of course, we can never prove rationally that all human beings possess equal dignity or that human beings possess any dignity at all. Equality is an ideal we uphold, not an obvious fact about the human condition. But if we abandon this democratic ideal, then the moral foundations of all caregiving will be eroded. We will undermine, in principle, not only the dignity of embryos in the laboratory or disabled fetuses in the womb, but the dignity of the uninsured child or disabled parent—two classes of persons that modern liberals rightly seek to protect. And if we seek to live by the principle of equality for all, we must reason carefully about what that means in practice, and not succumb to moral feelings based on the small size of an embryo or the cognitive incapacities of an aging parent.

In the end, equality is never free, especially when it requires loving those who cannot love us back or accepting death if the therapeutic alternative is using some (weaker) lives as tools to extend our own. Equality often requires heroism—the heroic sacrifice of the caregiver and the hero-

ic courage of the patient, who see the other as equal to themselves, even when the equality of the other is hardly obvious and the suffering of the self is very great.

The meaning of mortality. While equality is not an obvious dimension of being human, death and dying surely are. To be human is to be mortal, and living well with mortality is central to many of the dilemmas of bioethics.¹⁹ This surely does not mean accepting death without a fight, and part of living well with mortality is using human ingenuity to resist and conquer discrete causes of death, especially those that rob the young of a full and flourishing life. Technology—especially medical technology—is one of the distinguishing marks of our humanity, and surely a great blessing for everyone fortunate enough to live in the modern age. But there is also a danger that the morally sound project of defeating particular causes of death will deform into the desire to conquer death itself by human will—with both the hubris and discontent that comes with embracing the illusion of man-made immortality. Already, a group of technologically sophisticated “transhumanists” speak of downloading the cognitive self into machines so they can outlive their bodies, and leaders in the biotechnology industry speak about conquering death through regenerative medicine.²⁰ At the same time, the revolt against mortality takes a different turn: the final assertion of autonomy through suicide, the only way to die a fully autonomous death.

Conservative bioethics rejects these two extremes—the quest for immortality and the embrace of suicide—and seeks a moral framework to live well with what Hans Jonas called the “burdens and blessings of mortality.”²¹ The burden is that death may strike at any moment, and that death often strikes with little rhyme or reason—killing the young, killing the virtuous before their time, killing the parent before he reconciles with his child. But mortality, rightly un-

derstood, can also lead us to live more urgently and to savor the sweet things of life that will not last forever, sweeter still because they are always for us brief moments in time.²²

While death is a permanent dimension of being human, how we die changes at the hands of new technologies and new cultures. In his essay on the meaning of mortality, Jonas quotes the following passage from the Psalms: “Teach us to number our days, that we may get a heart of wisdom.”²³ In the age of genetic testing, the instruction to “number our days” takes on new meaning, since these tests might allow us to number them with increasing precision.²⁴ In those situations like Huntington’s, where the diagnosis is clear and there is no cure, genetic self-knowledge seems like both a blessing

betraying our neighbors, our family, or our nation. But the “good death” remains—and always will remain—a puzzling concept.²⁵ Death is never good in itself, even if it provides a welcome end to great physical suffering. And there seems to be no single best way to make our final exit. To some, lucidity until the end is most important, and a rapid decline from perfect health to sudden death is preferable to withering away over many months or years in a demented state. For others, the good death might come in service to a just cause, in one last act of devotion to something worthwhile, in heroism worthy of public remembrance. For still others, the good death might involve enough physical decline to make us tired of life,²⁶ or perhaps the total loss of self-awareness in dementia, so that

gy alone.²⁷ It is indeed ironic that many of the most technologically advanced regions of the world—especially Europe and Japan—have stopped having children at a rate sufficient to sustain themselves.²⁸ For all their sophistication, both scientific and cultural, they seem to lack a compelling answer to the most fundamental human question: Why have children at all?

Many people have children because they believe that they have something essential to pass down or something vital to preserve—like a particular culture, tradition, or family name. In this way, the future depends in part on reverence for the past, on the belief that what was given to us must be perpetuated by those who replace us, in the bris and in the baptism. This means seeing ourselves as

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and a curse. It is a blessing because it might lead us to an uncommon wisdom about the preciousness of life, or move us to live without wasting time because we know every day how short time really is. And yet such foreknowledge must also seem like a curse: the permanent presence of looming death might make living seem worthless, with too many projects we can never finish and too many ambitions we can never fulfill. Our genetic death sentence may come to feel like a living death, with no escape except pharmacology or suicide.

In the end, conservatives embrace the “culture of life” as a limit on the willful negation of life entailed in abortion or euthanasia; and they accept the human reality of mortality, knowing that resisting death is not the highest human good—since accepting death is always preferable to

we cannot ever know when the self finally expires. But however we die, mortality will always remain something of a mystery, something beyond the living person’s comprehension, something we cannot finally master. And death will always be a burden we must accept if we are to live courageously and morally with life’s many uncertainties.

The nature of the family. While death looms large within human life, we are not impotent in the face of our mortality, and we need not see the future as a period of oblivion after our own personal death. As Hans Jonas, Leon Kass, and Yuval Levin have all argued—each of them drawing heavily on Jewish sources of wisdom—children are one human answer to mortality; procreation is a way of believing in and securing a human future that is more reliable than life-extending and life-improving technolo-

more than free individuals pursuing our own happiness—children, after all, are a great limit on personal freedom—and seeing procreation as not only a choice but also a duty. It requires an acceptance of one’s own limited but essential place in the nexus of generations, and a willingness to see oneself replaced by those who follow.

Children, of course, are typically born and reared in families, and the conservative idea of the family attempts to connect the sexual character of human procreation with the moral activity of raising the young. Children have always been the fruit of one biological father and one biological mother, connected to them as flesh of their flesh but independent of them with a biological identity of their own. This is also true of other sexual animals. But human sexuality is clearly different: We marry and di-

voice; we use birth control and make pornography; we pass laws against prostitution; we circumcise our young. In various ways, human beings seek to transcend the merely animalistic character of sex and embrace its deeply moral character.²⁹ And so far in human history, the family seems like the best institution to serve this moral purpose. It binds biological parents together in ties of fidelity to one another and to their children, and it grants husbands and wives the exclusive right to have children with and through one another.³⁰ (Adoption, of course, is the great exception, but the model for loving and raising an adoptive child is to love her and raise her *as if* she were a biological child. Biological love becomes the standard for forming an adoptive love that transcends the biological.) Within families—if not only within families—human beings learn what it means to keep a covenant: as spouses, as parents, and as children who eventually care for the parents who once cared for them, and who come to understand the sacrifices of their mothers and fathers as they rear young children of their own.

This idea of the family shapes the conservative approach to certain bioethical dilemmas, especially about the responsible uses of technological intervention in human reproduction. Because being a parent means accepting offspring unconditionally—certainly when the offspring themselves are morally innocent—conservatives reject the practice of aborting fetuses *because* they are genetically disabled. Of course, every parent hopes for a healthy child, and no one should belittle the misery that often accompanies being disabled or the sacrifice that is required to raise a disabled child. But selective abortion is a form of eugenics antithetical to the spirit of parenthood and the ideal of human equality, even if performed for supposedly compassionate reasons or in the name of pursuing equality by eliminating the unfit.

Conservatives also reject various technological possibilities—like

human cloning, gamete engineering, and the creation of man-animal hybrids—that would exert novel parental control over the genetic makeup of new life; that would confound the relations between the generations by making our twins into our children; that would produce orphans by design by procuring gametes from aborted fetuses or embryonic stem cells; or that would blur the line between human and non-human procreation by seeking to produce humans with animal traits or animals with human traits (both unlikely possibilities).

To be sure, many conservatives disagree about the moral meaning of certain reproductive biotechnologies, such as in vitro fertilization (IVF). Some conservatives defend IVF as a proper use of human ingenuity, a proper answer to the pathos of infertility, and a moral way to procreate within marriage. Other conservatives oppose IVF because it separates the “unitive” and “procreative” purposes of human sexuality, because it turns the mysterious birth of new life into a technological project, because it paves the way for the age of human cloning and genetic engineering, and because it destroys thousands of embryos as “byproducts” and abandons thousands more as “spares.”³¹ But in the end, such differences over particular technologies exist within a shared conservative understanding of the dignity of marriage, family, and procreation—as activities that reveal the truth of being human, and as institutions central to a decent society that believes in the future. This sentiment was captured powerfully by Jonas decades ago: “Youth is our hope, the eternal promise of life’s retaining its spontaneity. With their ever new beginning, with all their foolishness and fumbling, it is the young that ever renew and thus keep alive the sense of wonder, of relevance, of the unconditional, of ultimate commitment, which (let us be frank) goes to sleep in us as we grow older and tired. . . . With young life pressing after us, we can grow old

and, sated with days, resign ourselves to death—giving youth and therewith life a new chance.”³²

Human experience and human flourishing. And this leaves one final set of questions: What is the meaning of human flourishing for the new life that follows us? What does it mean to live better and do better, to pursue happiness and be happy? One of the central concerns of contemporary bioethics is the so-called problem of “enhancement”—the worry that novel ways of biologically engineering our offspring or reengineering ourselves might be unjust, unwise, or unethical. For decades, there has been endless speculation about genetic engineering. But in reality, the prospect of picking and choosing the attributes of our children *de novo* is very unlikely.³³ The powers of biological enhancement seem limited by the complexity of human biology, and by the fact that aiming to improve one set of human attributes risks undermining the human whole that makes us function well in the first place. At most, we may discover certain genetic patterns that correlate with certain desirable traits—like high levels of intelligence, athletic ability, or musical talent—and use this knowledge to pick and choose the “best” embryos that nature herself has created. But the traits we most care about are usually the most biologically complex and thus the least prone to mastery.³⁴

That said, it is also clear that we have developed significant new ways to alter the functioning of the human body and human psyche—such as interventions that radically expand the human capacity to develop physical strength or interventions that remake our emotional life by altering the levels of serotonin in the brain. These forms of human intervention—“enhancement” seems like the wrong term, since it is not clear that these interventions are genuine enhancements at all—have many advocates, many opponents, and many who worry about the challenge of using them wisely. At stake is the very meaning and nature of human excel-

lence and human happiness—the meaning of what we do at our best, and the connection between our real experiences and our inner understanding of the world.

In its report *Beyond Therapy*, the President's Council on Bioethics explored the meaning of human excellence through a discussion of performance-enhancing drugs in sport.³⁵ The Olympic athlete on steroids will certainly run more quickly. He will perform better in every quantifiable category of measurement. But is he truly a better human *athlete*, who runs in a fittingly *human* way? Even if steroids were safe and legal, would the Olympian want to be seen shooting up in public before the race—showing the world his *dependence* on chemicals right before demonstrating his supposed *excellence* on the race-track?³⁶ At what point does he become more like a thoroughbred passively bred for the race than a man who actively prepares for it—that is, not *superhuman* but *subhuman*?

There is obviously a spectrum of physiological interventions—from eating a well-balanced diet to taking daily vitamins to using steroids to engaging in “gene doping.” And even the most sophisticated techniques of

inequities of nature? Why are nature's endowments more praiseworthy than those of the biological engineer?

These are legitimate questions with no easy answers. Unlike embryo research or selective abortion—which involve the mistreatment of weak, disabled, or dependent forms of human life—the perils of “enhancement” are more ambiguous. Athletic bodies and musical minds are never simply the creation of those who possess them, but these cultivated bodies and cultivated minds must remain enough “our doing” if they are to be worthy of genuine admiration. Otherwise, we reduce every human activity to a form of mass production, making our greatest exemplars too common to revere and too similar to machines designed from scratch to work every time.

The possible interventions in the human psyche are even more ethically puzzling. In many cases, such interventions are medically necessary. They aim to restore the connection between lived experience and emotional effect, to correct chemical imbalances that lead to chronic misery and self-destructive behavior, or to give individuals the raw neurological ingredients necessary to feel happy in

real love).³⁷ Mind- and mood-altering drugs might make us apathetic in a world where apathy is hardly a fitting response.

In *Beyond Therapy*, the President's Council on Bioethics studied a class of drugs with the potential to numb the sharp edges of bad memories: from the horrible recollection of being raped to the death and destruction of war, from the terrible things that we would prevent if we could only turn back the clock to the reprehensible things we are about to do but desire not to remember too strongly or too well.³⁸ It is perhaps an irony of human life that many of the things most worth remembering are things we wish never happened at all. But wishes cannot change realities, and the moral dilemma we face is whether we possess a duty to remember painful events as they really were when we possess the biotechnical capacity to alter our perception of the past. Beta-blockers—or the more advanced memory-numbing drugs that might follow—do not erase bad memories altogether. But they potentially allow those who take them to remember falsely, if more comfortably, by making flat what is jagged and bland what is momentous.

To see the genuine equality of human beings sometimes requires seeing beyond their genuine inequality. This means seeing both the possibility of change (equality as an aspiration) and seeing the dignity of all regardless of circumstances (equality as a commandment). Conservatives emphasize equality as a commandment, while liberals emphasize equality as an aspiration. This difference lies at the root of many of our deepest political divisions.

enhancement still require the activity of the willing self in the form of training; no one becomes excellent just by popping a pill. Moreover, many average people might use performance-enhancing drugs just to compete with those whose bodies are naturally more predisposed to athleticism. Why not permit steroids (or some safe equivalent) to make competition more just by correcting the

response to genuinely happy things. But these interventions in the human psyche can also sever our inner life from our lived experience—by making people feel happy for no good reason, by allowing people to live through miserable experiences without feeling miserable, or by replacing real experience with a neurological simulation (such as the bliss of being on Ecstasy rather than the feelings of

When we remember the planes crashing into the World Trade Center towers, or see people flinging themselves to their deaths out of skyscraper windows, we should shudder. We should ache. We should hunger for justice, spurred by the enraging memory of being attacked. If we sought to ease our psychic pain with memory-anesthetizing drugs, we might make the shudder go away,

and with it the insight that only bad memories, deeply felt, can truly provide. We might feel better, but we would not necessarily behave better in the future. We might still remember the past, but without the emotional power that provokes us not to repeat it. We might still mourn the dead, but without the heartache that our lost loved ones deserve.

Of course, we should not belittle the great difficulty of living well with bad memories or living with the psychic despair that is often due mostly or entirely to chemical imbalances in the brain. Some situations are so desperate—some people are so sick with the diseases of the brain—that psychotropic interventions are a blessing. But we must also ensure that we do not make a trouble-free life the moral aim of biotechnology. Life without troubles, after all, lacks the hatred of injustice, the honest regrets, and the misery of loss that are defining marks of our humanity. A well-balanced brain should not mean an untroubled soul—since there is much in the world to be troubled about.

Bioethics in the Public Square

The troubles of the world lead us from the realm of anthropology to the realm of politics. The controversies of bioethics often present themselves as public questions: questions not only for individuals, but for citizens. This is certainly the case for questions at the beginning and ending of human life, and most recently the case in the congressional debate over the use of performance-enhancing drugs in sports. I surely cannot do justice here to the many complex issues that arise at the intersection of bioethics and public policy, so I will limit my analysis to three core subjects: (1) the limits of moral neutrality in the public square, with the embryo research debate as a prime example; (2) the need for certain minimum ethical boundaries to govern decisions at the beginning and end of human life; and (3) the politics of equality and especially the different

ways conservatives and liberals pursue this common ideal.

The limits of neutrality. While often erroneously portrayed as a “ban” on stem cell research, the Bush policy on federal funding is in fact a policy of state neutrality: It does not ban ongoing embryo research; it does not fund ongoing embryo research. And in the end, the policy satisfies almost no one, leaving both sides bitter and depressed. Political liberals lament the fact that the federal government is not funding embryo research more aggressively, and they often treat the limit on NIH funding as the political equivalent of a “ban.”³⁹ More deeply, some leaders in the scientific community question the idea that legislators have the prerogative to set moral limits on science, and believe that the only legitimate grounds for regulation are promoting public safety, guaranteeing the informed consent of all research participants, and ensuring that the benefits of publicly funded research are distributed fairly. At the same time, political conservatives lament the fact that there are no legal limits on embryo destruction in most states, and that certain key states—most notably California—have invested large public sums in research that involves the creation and destruction of embryos solely for experimentation. While they are pleased that the federal government does not now fund embryo research directly, many conservatives see the defense of the Bush funding policy as a Pyrrhic victory—it may not fund embryo destruction, but it does not stop embryo destruction, and it promotes a field of science that requires the ongoing destruction of embryos.

In other words, while neutrality often prevails in public policy, it rarely satisfies the moral aspirations of most citizens. On the stem cell question, liberals believe that advancing medicine and promoting scientific freedom are such important values that public silence is irresponsible. And conservatives believe that defending innocent human life from

willful destruction is such an important value that state neutrality is irresponsible. On this particular issue, I believe conservatives are the truer friends of democratic justice. If America never made a single new medical discovery, we could still be a moral nation; if we spent the NIH budget on providing existing therapies to those who do not now have them, we might even be a more just nation. Of course, I am not advocating replacing the National Institutes of Health with the National Agency for Medical Access: scientific research is a civic good worthy of our national support, and new scientific discoveries often make existing therapies more available for more people. But scientific progress is not nearly as essential for civic morality as defending and as promoting human equality; medical progress is less crucial for democracy than securing the bedrock principle that even the most vulnerable human lives are more than mere things for our use, even when our aim is compassionate and our motives are pure.

The need for moral boundaries. In general, both conservatives and liberals believe that the state is ill-equipped to make hard existential decisions, and that those moral issues that involve prudential trade-offs between competing goods—such as using or not using an experimental therapy—are best made by individuals and families with minimum government interference. But prudence must operate within certain shared legal protections—such as laws that ensure informed consent of research subjects—and within certain shared moral boundaries—such as laws that prevent harvesting organs from minimally conscious patients before they die.

Of course, not everything that raises moral concerns should be illegal, just as not everything legal is morally sound. But there are certain moral limits that many conservatives believe should be enacted in law, and that many nonconservatives might be willing to support.⁴⁰ Advancing this

public policy agenda was the purpose of a series of meetings I helped organize at the Ethics and Public Policy Center in late 2004 and early 2005 to discuss the conservative bioethics agenda for the next several years.⁴¹ This agenda deals mostly with the beginning and the end of human life—not because these are the only important issues in bioethics, but because they are the issues where certain inviolable boundaries are most needed.

The agenda discussed at these meetings comprised six key areas. First, the federal government should ban the creation of human embryos solely for research. Second, the federal government should prohibit certain radical new ways of making babies—including (1) human cloning, (2) the production of children using eggs procured from aborted fetuses or gametes produced using embryonic stem cells, and (3) the production of children by fusing the blastomeres from two or more human embryos. Third, the federal government should prohibit certain experiments that blur the line between human being and animal—including the implantation of a human embryo into a nonhuman uterus, or the fusion of animal sperm and human egg or human sperm and animal egg in the effort to produce a hybrid embryo. Fourth, the federal government should maintain the existing prohibition on the buying and selling of human organs and pass an additional prohibition on the buying and selling of human embryos. Fifth, it should be unlawful to initiate a pregnancy solely to conduct research on the developing fetus or to harvest fetal organs for transplant. Finally, individual states should pass laws prohibiting assisted suicide, euthanasia, or other practices that in-

volve doctors and caregivers in the morally misguided project of deliberately hastening a loved one's death.

Such policies, if enacted, would leave most bioethics decisions in the hands of individuals, families, scientists, and doctors. And they would leave many areas of grave bioethical concern untouched—such as the use of preimplantation genetic diagnosis for sex selection, the abortion of fetuses with Down syndrome, the buying and selling of gametes, the deliberate omission of medical care so that patients will die, or the use of embryos left over in fertility clinics for research purposes. But conservatives recognize that public policy must always begin with those areas where there is the broadest moral consensus, and in those areas (unlike abortion in the post-*Roe v. Wade* era) where self-governing citizens still have the freedom to govern themselves.

The politics of equality. Building such a consensus is not only a political challenge but an intellectual one, and perhaps the most promising avenue for finding consensus is for conservatives and liberals to reexamine the ideal of equality that they mutually hold dear. Surely, there are some on the political fringes who deny that the vulnerable have any special claim on our care: libertarians who believe that the downtrodden deserve their misery or that an excessive obsession with the weak weighs down the strong; utilitarians who believe that people with disabilities or dementia are burdens on the rest of society with no moral claim on our protection. But equality is the founding faith of modern democratic societies, rooted in our common sense of vulnerability to experiential and biological misfortune. We are always poten-

tially dependent persons. We are always progressing toward the loss of independence that comes with growing old, and toward the final loss of autonomy that comes with being mortal. This recognition of universal neediness awakens us to the universal reality of human equality.

While equality is our democratic faith, however, it is not the only or most obvious way to understand the human condition. As the conservative political theorist Harvey Mansfield once quipped, the idea that “all men are created equal” is the “self-evident half-truth” of the American Founding.⁴² Some men and women are better than others—better mothers and fathers, better athletes and musicians, more generous to the needy, more productive in their work. And some types of human excellence are made possible or impossible by our biological predispositions—by how we are created in the first place. At the same time, some individuals are born with disabilities or diseases that threaten the equal pursuit of happiness, or born into such impoverished economic or cultural circumstances that rising above them requires real heroism. To see the genuine equality of human beings sometimes requires seeing beyond the genuine inequality of human beings. This means seeing both the possibility of change (equality as an aspiration) and seeing the dignity of all human beings regardless of their circumstances (equality as a commandment). Conservatives tend to emphasize equality as a commandment; liberals tend to emphasize equality as an aspiration. This difference lies at the root of many of our deepest political divisions.

My great hope—perhaps futile—is that a renewed appreciation of human equality and what it demands, among both conservatives and liberals, will serve as the basis for renewed conversation and even political common ground—including providing increased public assistance for uninsured persons who need it and increased protection for human embryos who also need it.

Equality as an aspiration is both inspiring and dangerous. It inspires us to try to make things better for those who suffer—by curing terrible diseases, by providing drugs for people in poor countries, by passing laws that protect people with disabilities. It challenges the self-satisfied to remember those less fortunate, and challenges the cynical to believe in the possibility of progress. But the prophecy of equality, like all political prophecies, is also dangerous. As Paul Ramsey once put it, “any person, or any society or age, expecting ultimate success where ultimate success is not to be reached, is peculiarly apt to devise extreme and morally illegitimate means for getting there.”⁴³ This is why equality as a commandment is both less utopian and more fundamental: it obliges us to treat everyone with at least a minimum level of respect, rather than making equality contingent on some hoped for improvement. It provides a floor of dignity for all persons in a world where perfect equality is impossible, both because the human body is frail and the human character is imperfect.⁴⁴

Of course, it would be wrong to see these two ideas of equality as simply in tension. For it is precisely the belief in equality as a commandment—the belief that all human beings are created equal, deserving of equal protection and equal rights—that often moves people to devote their lives to equality as an aspiration. In America, this unity of commandment and aspiration was best displayed in the civil rights movement—a movement heroically led by many liberals in the 1950s and 1960s, but whose principles and achievements are now rightly embraced by the vast majority of Americans. But the tension between equality as a commandment and equality as an aspiration persists in those dimensions of human life where equality cannot be achieved—that is, when the problem is not society’s sins but the mysteries, frailties, and imperfections of human nature.

Today, modern liberalism seeks to combine equality as an aspiration and equality as a commandment in the call for universal health insurance. While I believe many liberal proposals for universal health care are problematic in their details, the moral goal that animates these proposals is compelling. Conservatives have a moral duty to seek prudent ways to ensure that poor citizens have adequate health care, and they fail morally when they remain politically silent on this crucial moral challenge. To be sure, there are various prudential concerns to keep in mind: There is the danger that America’s insatiable desire for medical progress combined with universal health care will swallow up every other civic good; the danger of an inhumane system of government rationing (one that seeks equality as an end by using inequality as a means); the danger of long waiting lists that worsen care for the majority of middle-class Americans; the danger that individuals will not be allowed to choose their own doctors; the danger that government-provided health care will make people too dependent on the state; the question of whether it is morally right to require citizens who make healthy life choices to subsidize citizens who make unhealthy life choices; the danger that expanding government’s role in providing health care will crowd out community-based or free-market institutions that sometimes provide better care more efficiently. But in the end, these prudential questions do not alter the moral goal that every decent citizen should embrace: to provide basic health care for every needy American, by some combination of public subsidies and private charity.

While there are surely many conservatives who believe that government is not responsible for ensuring that vulnerable persons are cared for, there are also many conservatives who believe that no decent society stands idle while poor people die of treatable ailments, and that continued or increased government action in this area is urgently needed. The

challenge, of course, is deciding how to allocate scarce resources and set responsible limits. And the disagreements should center on the *means* of achieving better access for the vulnerable, not the *end* itself, and on the relationship of universal health insurance with the many other civic goods that urgently demand our attention.

By contrast, most liberals seem to reject the very ideal of human equality when it comes to certain classes of human beings; the disagreement is not one of prudence but one of principle. In pursuit of equality for the sick who suffer the inequities of disease, many liberals seem willing to destroy human life at its earliest stages. In an effort to remedy the inequities of disability, many liberals seem willing to screen and abort the “genetically unfit” using amniocentesis, or to transform reproduction into a process of division and exclusion using preimplantation genetic diagnosis. No one should doubt the laudable motives of those who defend embryo research or eugenic abortion; they seek cures for terrible diseases and respite from the genuine burdens of living with disability. But, as Ramsey feared, they also “devise extreme and morally illegitimate means for getting there.” They deny life to the developing fetus *because* she has Down syndrome; they deny food and water to the person in a persistent vegetative state *because* she is cognitively disabled. Disability becomes the basis for lethal discrimination. Those who engage in such discrimination are often moved by the egalitarian desire to give everyone the best “genetic equipment,” or by the desire to divert scarce resources from “futile cases” to those who can still be helped. But lethal discrimination is a dangerous ethical game, one that undermines the equality project by eroding its foundations.

My great hope—perhaps futile—is that a renewed appreciation of human equality and what it demands, among both conservatives and liberals, will serve as the basis for renewed conversation and even polit-

ical common ground—including providing increased public assistance for uninsured persons who need it, and increased protection for human embryos who always need it. This is not to say that everything good about being human is egalitarian—surely it is not. But equality is America’s defining ideal and the best foundation for a decent society. It is also an ideal that both conservatives and liberals can enthusiastically endorse, even as we continue to disagree about the details.

Disclaimer

I have served part-time on the Council staff as a senior research consultant since March 2002, and before that as a senior research analyst. All views expressed here are entirely my own; in no way do I speak for the Council as a body.

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1. D. Kaserman and A.H. Barnett, *The U.S. Organ Procurement System* (Washington, D.C.: AEI Press, 2002).
2. L. Kass, *Life, Liberty, and the Defense of Dignity* (San Francisco, Calif.: Encounter Books, 2002), 177-98.
3. See, for example, B. Anderson, “Capitalism and the Suicide of Culture,” *First Things*, no. 100 (February 2000), 23-30; D. Bosworth, “The Spirit of Capitalism, 2000,” *The Public Interest*, no. 138 (Winter 2000), 3-28; “‘When Virtue Loses All Her Loveliness’—Some Reflections on Capitalism and the ‘Free Society,’” reprinted in Irving Kristol, *Two Cheers for Capitalism* (New York: Basic Books, 1978), 255-70.
4. This is surely the case for many American Catholics, for example, who follow the social teachings of the Church regarding both the moral obligation to defend developing human life and the moral duty to serve the neediest among us.
5. Social conservatives and economic conservatives sometimes support the same policies, but often for very different reasons. For example, low taxes appeal to social conservatives as a way to free private resources for religious education of children or for donations to faith-based charities, and to economic conservatives as a way to free investment in the private market, including investments in companies selling products that social conservatives abhor. But on many of the deepest matters—including the central issues of bioethics—the two faces of American conservatism often dis-

agree. And while social conservatives tend to dominate politically on the right on cultural issues like abortion, they sometimes lack a sophisticated economic or health care policy agenda of their own. “Compassionate conservatism” is a recent effort to correct this deficiency—by using the state to promote morally based social programs or by selling free market policies in moralistic terms—but so far with mixed results and limited policy scope.

6. Tolstoy’s question is famously quoted in Max Weber’s essay on “Science as a Vocation,” where Weber discusses the limits of modern science to answer questions of human meaning and value. M. Weber, “*Wissenschaft als Beruf* [Science as a Vocation],” *Gesammelte Aufsätze zur Wissenschaftslehre* (Tubingen, 1922), 524-55. Originally a speech at Munich University, 1918, published in 1919 by Duncker & Humblot, Munich. Available at www2.pfeiffer.edu/~lridener/DSS/Weber/scivoc.html.

7. This moral purpose and moral framework are the starting point for all bioethics—left, right, center, and otherwise. If good and evil are an illusion, then the plight of the uninsured is a matter of indifference. It is no more ethical to help them than it is to ignore them. If nothing is morally sacred, then the health of the environment is a matter of indifference. It is no more ethical to protect nature’s treasures than it is to destroy them. If all cultures are morally equal, then the political equality of women is a matter of indifference. It is no more ethical to extend voting rights in patriarchal societies than it is to deny them. Both liberals and conservatives believe in right and wrong, justice and injustice, and both believe that the state has a role in promoting good and restraining evil—whether the issue is health care for the poor or embryo research. Almost no one seeks neutrality alone. And inasmuch as bioethics as a vocation has some obligation to guide those who face hard bioethical dilemmas in their own lives, neutrality is not an option.

8. There are so many attacks, accounts, and critiques that one cannot list them all, but here is a representative sample: R. Mishra, “President Bush’s Bioethics Panel Has Little Influence,” *Boston Globe* (August 31, 2004); R. Ponnuru, “Kass Blunders, Again,” *TechCentralStation* (March 2, 2004), available at www.techcentralstation.com/030204I.html; A. Caplan, “A Council of Clones,” MSNBC (January 17, 2002), available at www.bioethics.net/articles.php?viewCat=2&articleId=35; G. Annas and S. Elias, “Politics, Morals, and Embryos,” *Nature* 431 (2004): 19-20; J. Merz et. al., “Open Letter to Pres. Bush on Bioethics Appointments,” March 3, 2004, available at <http://www.irbforum.com/forum/read/2/51/51>; E. Blackburn,

“Bioethics and the Political Distortion of Biomedical Science,” *New England Journal of Medicine* 350, no. 14 (2004): 1379-80.

9. This philosophical spirit is present in all the Council reports, all of which are available at www.bioethics.gov/reports.

10. National Bioethics Advisory Commission, *Ethical Issues in Human Stem Cell Research*, volume 1 (Rockville, Md.: National Bioethics Advisory Commission, 1999). Available at www.bioethics.gov/reports/past_commissions/nbac_stem-cell1.pdf.

11. These figures are based on the Council’s second term, which ended on September 30, 2005. The nine members are Rebecca Dresser, Daniel Foster, Francis Fukuyama, Michael Gazzaniga, Charles Krauthammer, Paul McHugh, Janet Rowley, Michael Sandel, and James Q. Wilson. See, for example, the personal statements of Dresser, Foster, Gazzaniga, Krauthammer, Rowley, Sandel, and Wilson in *Human Cloning and Human Dignity: An Ethical Inquiry* (Washington, D.C.: President’s Council on Bioethics, 2002). See Fukuyama’s testimony at <http://www.bioethics.gov/transcripts/dec04/session4.html>. Paul McHugh endorses the use of cloned embryos for research but not IVF embryos, arguing that cloned embryos are not really embryos at all. The distinction is belied by the title of his own article, which speaks of “embryonic” stem cells, presumably taken from embryos: P. McHugh, “Zygote and ‘Clonote’: The Ethical Use of Embryonic Stem Cells,” *New England Journal of Medicine* 351, no. 3 (2004): 209-211.

12. My debt to these different thinkers is too great to acknowledge here, as is their voluminous body of work. Key texts include: H. Jonas, *Philosophical Essays* (Englewood Cliffs, N.J.: Prentice-Hall, 1974); P. Ramsey, *Fabricated Man* (New Haven, Conn.: Yale University Press, 1970); L. Kass, *Toward a More Natural Science* (New York: Free Press, 1985); G. Meilaender, *Body, Soul, and Bioethics* (Notre Dame, Ind.: University of Notre Dame Press, 1995); W. May, *The Physician’s Covenant*, 2nd ed. (Philadelphia, Penn.: Westminster John Knox Press, 2000); and D. Callahan, *The Troubled Dream of Life*, 2nd ed. (Washington, D.C.: Georgetown University Press, 2000).

13. This section is influenced heavily by G. Meilaender, “*Terra es Animata: On Having a Life*,” *Hastings Center Report* 23, no. 4 (1993), 25-32, and by Kass, *Toward a More Natural Science*, 249-345.

14. The issue of human equality and human worth is explored in some detail in *Taking Care: Ethical Caregiving in Our Aging Society* (Washington, D.C.: President’s Council on Bioethics, 2005), which I

had the privilege to help draft in my role as senior consultant. See especially 103-107.

15. The phrase "at the edges of life" is taken from P. Ramsey, *Ethics at the Edges of Life* (New Haven, Conn.: Yale University Press, 1980).

16. For a fuller discussion of the meaning of sight as it relates to the embryo question, see E. Cohen, "Of Embryos and Empire," *The New Atlantis*, no. 2 (Summer 2003), 10-13.

17. The literature on the moral standing of human embryos is vast, including discussions of the ethical significance and biological nature of continuous embryological development from fertilization forward. Of special importance are the personal statements by William Hurlbut and Robert George/Alfonso Gomez-Lobo in President's Council on Bioethics, *Human Cloning and Human Dignity*; chapter 6 of *Human Cloning and Human Dignity* (especially 152-59); and R. George and P. Lee, "Acorns and Embryos," *The New Atlantis*, no. 7 (Fall 2004/Winter 2005), 90-100. Both Hurlbut's personal statement and chapter 6 in *Human Cloning and Human Dignity* address the issue of twinning, and how this biological possibility does not undermine the biological fact that the embryo is, from conception, an individual life in process. The discussion here also draws heavily upon my own essay, E. Cohen, "The Tragedy of Equality," *The New Atlantis*, no. 7 (Fall 2004/Winter 2005): 101-109.

18. See, for example, the important work in mammalian embryology being conducted by the Zernicka-Goetz Group at the University of Cambridge: K. Piotrowska-Nitsche et al., "Four-Cell Stage Mouse Blastomeres Have Different Developmental Properties," *Development* 132(3): 479-91; B. Plusa et al., "The First Cleavage of the Mouse Zygote Predicts the Blastocyst Axis," *Nature* 434: 391-95.

19. This section is influenced heavily by L. Kass, "L'Chaim and Its Limits: Why Not Immortality?" *First Things* 113 (May 2001), 17-24; H. Jonas, "The Burden and Blessing of Mortality," *Hastings Center Report* 22, no. 1 (1992), 34-40; *Beyond Therapy: Biotechnology and the Pursuit of Happiness* (Washington, D.C.: President's Council on Bioethics, 2003), 159-204.

20. For a critical review and survey of transhumanist thinking, see C. Rubin, "Artificial Intelligence and Human Nature," *The New Atlantis*, no. 1 (Spring 2003), 88-100; see also the quote from William Haseltine on making death "a series of preventable diseases" in L.M. Fisher, "The Race to Cash in on the Genetic Code," *The New York Times*, August 29, 1999, sec. 3, p. 1.

21. Jonas, "The Burden and Blessing of Mortality."

22. Kass, "L'Chaim and Its Limits."

23. Jonas, "The Burden and Blessing of Mortality."

24. These themes are developed further in E. Cohen, "The Real Meaning of Genetics," *The New Atlantis*, no. 9 (Summer 2005): 29-41.

25. For an extended discussion of "the good death," see President's Council on Bioethics, *Taking Care*, 108-113.

26. See, for example, M. Montaigne, "That to Philosophize Is To Learn To Die," *The Complete Essays of Michel Montaigne*, tr. D.M. Frame (Stanford, Calif.: Stanford University Press, 1965), 63.

27. H. Jonas, *Philosophical Essays*, 182; Kass, "L'Chaim and Its Limits," 23-24; Y. Levin, "Imagining the Future," *The New Atlantis*, no. 4 (Winter 2004): 55-58.

28. For a detailed discussion of the demographic issues facing Europe and Japan, see P. Longman, *The Empty Cradle* (New York: Basic Books, 2004), 47-67.

29. For a discussion of the character and significance of human procreation, see *Reproduction and Responsibility: The Regulation of New Biotechnologies* (Washington, D.C.: President's Council on Bioethics, 2004), 13-19, and L. Kass, *The Beginning of Wisdom* (New York: Free Press, 2003), 111-22.

30. I am indebted to Father Tad Pacholczyk for this account of the exclusive right retained by husband and wife to have children only through one another.

31. For a fuller discussion of disagreements about IVF, especially among traditional Catholics and traditional Jews, see E. Cohen, "A Jewish-Catholic Bioethics?" *First Things* 154 (2005), 7-10.

32. Jonas, *Philosophical Essays*, 182.

33. President's Council on Bioethics, *Beyond Therapy*, 37-40.

34. Cohen, "The Real Meaning of Genetics," 32-33, 34-37.

35. President's Council on Bioethics, *Beyond Therapy*, 101-157. In my role as a senior consultant to the Council, I had the privilege of helping draft the chapter on "superior performance." The discussion that follows in this section on human excellence and human performance draws heavily on the themes and examples contained in that chapter. See also L. Kass and E. Cohen, "The Price of Winning at Any Cost," *The Washington Post*, February 1, 2004.

36. This example is taken from President's Council on Bioethics, *Beyond Therapy*, 128.

37. *Ibid.*, 252-55.

38. *Ibid.*, 214-34. In my role as a senior consultant to the Council, I had the privilege of helping draft the section on "memory and happiness." The discussion that follows draws heavily on the themes and ex-

amples contained in that section. It also draws upon my own previously published essay, E. Cohen, "Our Psychotropic Memory," *SEED*, no. 8, Fall 2003, 42; see also G. Meilaender, "Why Remember?" *First Things* 135 (2003), 20-24.

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40. Many of the items in the agenda described below were recommended unanimously by the President's Council on Bioethics in *Reproduction and Responsibility*, 220-27.

41. These meetings were reported in R. Weiss, "Conservatives Draft a 'Bioethics Agenda' for President," *The Washington Post*, March 8, 2005. See also E. Cohen, "The Bioethics Agenda and the Bush Second Term," *The New Atlantis*, no. 7 (Fall 2004/Winter 2005), 11-18.

42. H. Mansfield, "Returning to the Founders," *The New Criterion*, September 1993.

43. P. Ramsey, *Fabricated Man*, 30-31.

44. This issue is explored in some detail in President's Council on Bioethics, *Taking Care*, especially 106-107.