

It is better to beget healthy children

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Many years ago, Aristotle wrote: “It is requisite that those should be joined together whose species cannot exist without each other, as the male and the female, for the business of propagation; and this not through choice, but by that natural impulse [...] for the purpose of their *leaving behind them others like themselves*”¹. We naturally tend to have children, beings like us, and even if it were not a matter of choice, they do arouse expectations. The first and most obvious is that they be in good health, at least in the minimal sense that they be not deformed. Aristotle even thought that the State should be empowered to avoid such situations as he adds: “Let it be a law, that nothing imperfect or maimed shall be brought up”², thus justifying infanticide in such cases. Fortunately, infanticide is not legal in our societies and yet our desire to have healthy children remains. Changes in legal practices do not inhibit the fact that nature is not a good mother and was not so in Aristotle’s day. Deformed children remain a biological possibility. Medicine is the human answer to this situation and, among other things, it helps us to beget healthy children. In order to reach such a goal, it offers two solutions: an eliminative process and a therapeutic one. The eliminative way consists of discarding embryos and fetuses suffering from serious conditions. With the help of preimplantation and prenatal diagnoses (PGD and PND), physicians are able to detect such conditions. Consequently, *in vitro* embryos are not implanted and fetuses are aborted. Considering these tests, Guillaume Durand has examined the extent of our moral duties towards our children. We generally think that we have a duty of beneficence towards them: we have to do them good and possibly to do the best. However, if we apply this duty in the procreative field, it seems that we should perform PGD in order to choose not only an embryo free of harmful conditions, but the best possible one. Julian Savulescu argues in favour of such a principle of procreative beneficence. Many bioethicists do not follow him and agree with Durand who considers that in medical questions, there is a more fundamental principle, that of non-maleficence. The consequence of the latter principle is that parents have the moral duty not to harm an unborn child. It implies that PGD and PND should be used more extensively in order to detect possible deformations but not in order to select the best embryo, without forgetting nevertheless that other principles should also be respected, especially the procreative autonomy of the future mother.

Miriam Tyebally Fang and Nikola Biller-Andorno insist on the fact that the aim of guaranteeing “the best life” for our children is fraught with difficulties and entails undesirable side effects, particularly if we try to go beyond the eliminative solution towards what has often been named “liberal eugenics” – a rather unfortunate expression in my opinion.

The therapeutic solution includes a series of possible interventions. When a baby is born, classical medicine treats any diseases from which he may suffer by means of drugs or surgery. For genetic conditions, research progresses slowly, but CRISPR-Cas9, a new and very efficient technique of genetic modification gives the parents some hope. At the same time, CRISPR-Cas9 re-opens the debate concerning germ-line therapy, as Pierre Jouannet has remarked. Nowadays, such a therapy is generally forbidden, because it is too risky: the modified gene will pass on to future generations with possible negative side effects. With the new technique, things could change. Moreover, germ-line therapy is perhaps already under way, not at the level of nucleus genes, but of mitochondrial genes. Andrea Büchler and Karène Parizer have examined this situation from a legal point of view and question if it really would be an infringement against the prohibition of germ-line modification.

The desire to beget healthy children is focused on the child but also on medicine as it pleads in favour of an improvement of Assisted Reproductive Technology (ART). Artificial procreation may now be more efficient than it was a few decades ago, but it can still improve. In order to succeed, embryo experimentation should be liberalized because we need to test medical procedures before making them available to future parents.

Medicine and genetics contribute and will continue to contribute to our desire to beget healthy children and help them remain in good health. However, it would be short-sighted to think that only medicine and genetics are useful here. As Jackie Leach Scully reminds us in her presentation of the situation in the United Kingdom, public health measures are even more important and, ethically, we have to undertake more work on concepts we spontaneously use in this context, such as health and its relation to a flourishing life. Behind the question of healthy babies lurks an old query: what is a good society? Or what kind of society do we want to live in?

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¹ Politics, I, 2, 1252a 27–29 (italics mine).

² Politics, VII, 16, 1335b 20.