

## Procreation and Genetic Risk

**1. Genetic Risk:** Is it morally wrong to have children? Perhaps not usually, but what if one or both of the parents carry a genetically inheritable disease? If it is likely that any child conceived will suffer from this disease, is it morally wrong to bring that child into existence? Let us use Huntington's Disease as an example:

- Huntington's Disease is a degenerative neurological disease, which does not begin to show symptoms until about the age of 30 or 40 (and the carrier will have likely had children by this age; so, a parent who has not been tested may unknowingly pass on this disease to their child). If a parent carries the gene for this disease, there is a 50% chance that their child will also have it. Symptoms include a slow, 15 year process of physical and mental degeneration. Within 15 years of onset, the disease is fatal.

Is it morally permissible for someone with HD to conceive a child?

*Side Note on Pre-Natal Screening: Purdy notes that, as we gain the ability to screen fetuses for diseases before they are born, those who maintain that abortion is morally permissible could just abort any diseased or debilitated fetuses (alternatively, one might fertilize several eggs in a laboratory, and only implant those which are healthy). But, let us approach the issue from the perspective of someone who believes that abortion is morally wrong; or else, let us restrict our discussion to those sorts of diseases that we do not yet have the technology to detect in fetuses (though, note that we ARE presently able to test a fetus for Huntington's Disease).*

Now, we generally think that it is morally wrong to risk harm to others—though, SOME amount of risk is surely acceptable. For instance, it seems permissible to drive a car, though there is still a VERY SMALL chance that you will harm someone (assuming that you are a responsible driver). On the other hand, driving drunk is morally unacceptable, because then there is a much HIGHER chance that you will harm someone.

So, an argument against someone with HD conceiving a child may go as follows:

1. It is morally wrong to impose a significant risk of harm on another person without their consent.
2. When someone with HD procreates, they impose a 50% chance of harm on a child without their consent.
3. Therefore, it is morally wrong for someone with HD to procreate.

**2. The Non-Identity Problem:** One response to this argument is to reject premise 2. Bringing a child with HD into existence is simply NOT a harm, because the two options for that child are these:

- (a) Exist for 40 years and die of HD.
- (b) Never exist at all.

But, assuming that a life with Huntington's Disease is on-the-whole GOOD to have, it follows that it is better for the child to be brought into existence. In that case, being born is a BENEFIT and not a harm.

**3. The Minimally Satisfying Life:** Purdy responds to this criticism by shifting her focus to the rights of the unborn child. Proponents of the objection above seem to be suggesting that it is morally permissible to conceive a child so long as it is likely that the child will at least have a life that is barely worth living—i.e., some life above the zero threshold of well-being. Purdy instead places this threshold far above zero. All children, she says, have a right to some "minimally satisfying life." Her argument, then, is this:

1. It is morally wrong to fail (or impose a significant risk of failing) to provide one's child with a minimally satisfying life.
2. When someone with HD procreates, there is a 50% chance that their child will fail to have a minimally satisfying life.
3. Therefore, it is morally wrong for someone with HD to procreate.

Failing to fulfill this duty generates unnecessary unhappiness, and unnecessary disadvantages. And this is morally wrong.

*Note also that NOT bringing a child into existence does NOT harm the (unborn) child. In other words, NOT being brought into existence is not a harm. For, one cannot be harmed if one never exists.*

Objection: What counts as a "minimally satisfying life"? Surely this is a subjective label, and varies from culture to culture, or family to family. The very privileged, for instance, might say, "Oh my! You didn't send your child to a prestigious private school and give them private music lessons, trips to Disney World, and a sports car on their 16<sup>th</sup> birthday!?" How dreadful!" But, surely those who do not provide these things for their child have not acted immorally.

Reply: Purdy replies that by "minimally satisfying life", she at least means something like "minimal degree of health", and that having HD surely falls below this minimum.

Objection: But, surely we all have a fundamental right to our bodies, and therefore also a right to reproduce. It simply cannot be immoral, therefore, to procreate, for then this would be in violation of our right to reproduce.

Reply: Purdy responds by asking what one would have to give up by not procreating. People choose to procreate for many reasons: They want to experience family life, parental love, the satisfaction of raising children, and "living on" through them, etc.

But, then, someone with HD does not really have to forfeit anything at all. For there are alternative choices available, e.g., adoption, artificial insemination or egg donation, and the use of surrogate mothers (and perhaps one day, we might even be able to clone the non-diseased parent).

Objection: If your parent shows symptoms or dies of HD, then you know that you only have a 50% chance of carrying the gene yourself. On Purdy's view, it seems that you would then have a moral obligation to be tested for the gene, so that you can know whether it is permissible to procreate or not. But, what if I do not want to know? If a doctor confirms that I have a fatal disease, I now have to live out my life with anxiety and dread, waiting for the moment that I start to show symptoms. Surely, I have a "right not to know."

Reply: Purdy replies that you have a right to remain ignorant about your own future only so long as this ignorance does not put anyone else at risk. So, if you are not planning on having children, it is permissible to not be tested. But, if you ARE considering it, then you DO in fact have a duty to be tested for HD before conceiving a child. She says,

"There is, after all, something inconsistent about the claim that one has a right to be shielded from the truth, even if the price is to risk inflicting one's children the same dread disease one cannot even face in oneself."

*On Parent Licensing: What are the implications for parent licensing if Purdy is right? If parents who are deemed likely to ABUSE their children should be denied licenses and forbidden from procreating, should parents with Huntington's Disease ALSO be denied licenses? If so, then where should we draw the line? What if a parent has diabetes? Or some other lesser but inheritable illness? Alternatively, what if a parent is very poor? Would they be deemed unlikely to give their child a "minimally satisfying life"? And if so, should they too be forbidden from procreating? This seems morally unacceptable, and any proponent of parent licensing will have to deal with these potential worries.*