

**We
need
to
talk
about
this**

About the new eugenics. Third edition.

Angelina Souren

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Third edition
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by

ANGELINA SOUREN

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“The roots of education are bitter, but the fruit is sweet.”

– Aristotle

10. Consequences

If we want to make the world more inclusive, then there is a lot of room for improvement in several areas, namely medical care and support (and notably financing that care and support), education (of the public at large as well as of experts) and everyday practical matters (housing, offices, shopping, travel and also medicine and policing), which is separate from medical care. The need to couple the non-discriminatory (inclusive) application of the new eugenics with euthanasia legislation should be addressed as well.

To some people, I may sound blissfully unaware of what goes into looking after children and adults who do not fall into the central portions of the population’s bell curve. The fact remains that some families are much better able to handle this than others, which could support the idea of turning parenting into a profession or a privilege requiring a license in the distant future. I would not like to see develop the way British Prime Minister Tony Blair envisaged this when he talked about taking children away from parents. The way I see it, babies (embryos) would be created in the lab and assigned randomly; the latter was suggested by Julian Savulescu.

By the time we get to that, many things will have changed in society. We will have made a lot more progress with technologies like CRISPR and there will also be merging of humans with technology that will expand the possibilities of different-bodied people (such as using their brains to operate tools and their living and working environment). If it is true that we will no longer have jobs in the distant future and that all the work and any money that we require will be provided by AI, then we will also have plenty of time to look after each other properly. These are very important development to consider because it means that many reasons that we may see today for applying the new eugenics in a highly discriminatory manner may completely drop away in the future.

At the moment, the need for sufficient time and money to be able to look after one another often translates into us failing to look after each other well. At the moment, making life more inclusive has to include more and better care, not just for the people in the long tail of the human population, but also for the people who look after them (respite care). This will also have to include support for people with temporary or

permanent brain-based conditions.

Healthcare and social care is not an area I know a lot about, other than that I can see that these systems seem to be breaking down one after another. Americans generally seem to believe that the British healthcare system is ideal. Not only does your postcode in the U.K. determine whether or not you may get a life-saving medication, but this healthcare system is also breaking down, with some areas even having waiting lists of years just to get seen by a medical specialist.

The Dutch used to have a similar system, the “ziekenfonds”, in addition to private insurance for the country’s financial elite. They had to abandon it. First, the Dutch introduced fees for medications, which went through years of back-and-forth adjustments. Self-employed people were not in this system, then became incorporated in a way that forced many to switch from that public health care system to private insurance and back all the time, as self-employed people do not have a fixed salary. So, making a business investment one year could push you into the public system the next and back into private insurance with high premiums again the year after that. As far as I know, the Dutch system currently requires that everyone pays monthly premiums, for which the Dutch can get tax credits if their income is low. Many people in the Netherlands now are in arrears, even though they can shop around for their health insurance these days.

I’ve read that France’s healthcare system is good, but such assessments are often made by people who aren’t actually using that system and I have no personal experience with it.

Another development is the digitization of healthcare and the introduction of AI. Ilona Kickbush recently pointed out that there is a dark side to the increasing digitalization of health. Among other things, she pointed to Philip Alston’s report of October 2019, which he wrote as the UN’s Special Rapporteur on extreme poverty and human rights. He observed an increasing drive “to automate, predict, identify, surveil, detect target and punish”.

If you are aware of what companies like Facebook, Amazon and Google have been up to, you likely already know that these companies want to track and record you not only via all of your equipment but also through facial recognition wherever you go, and not only want to dictate what you should think and feel, but also want to be your doctor, insurance company, bank and police officer. That’s in addition to selling us books, films, groceries, home security and anything else we may want. Will we have to wait and see how this is going to affect our health care? Or is it time to start taking much more responsibility for what happens to us?

Loss of privacy is not necessarily a bad thing, as long as it also holds for the companies who handle our data. The corporate world will have to become fully transparent in how it uses our data. Complete transparency should rule out that our personal data become excuses for raising insurance premiums because that would completely undermine the notion underlying the concept of health insurance.

I think that it will be hard to make any real improvements to how we look after each other without a major shift in our overall approach to life. That would likely be along the lines of what organizations like Extinction Rebellion and PETA are demanding. At first, this may seem out of place here. These issues are all connected, however.

Experts at an Australian think tank have said that if we don't urgently tackle the sorry state our habitat is in and slow down climate change, civilization may start to crumble thirty years from now. If that were to happen, all bets and predictions about health care and support systems will be off and I doubt that we'll ever succeed in making the world more inclusive in that case. We would probably no longer get to have a say concerning the new eugenics either.

Intuitively, such a doomsday scenario would seem to support my argument that the unbridled use of the new technologies to make our children more competitive from a western capitalist standpoint might lead to the destruction of society. Western capitalism or materialism or consumerism, without any consideration for its effects, including the effects on others, is a major cause of these problems, after all. The collapse of society as a result of climate change would also be the result of that. It would also imply a complete disregard for the one billion people who, according to that Australian report, might be displaced by the effects of climate change.

Make no mistake, however. The problems we are facing are much bigger than climate change alone. We have been forcing ourselves and all wildlife to eat plastic and consume lots of harmful chemicals. We have been displacing, torturing and killing many animals and pushed many into extinction or near-extinction.

All of these areas are connected.

Decades ago, before I went to university, I started reading about Africa and I noticed that we arrogant whites went there, telling the people living there what to do and to stop doing what they were doing as if they didn't know their own lands best and we whites seem to have set a string of problems in motion there. Fairly recently, I saw research in which Dutch scientists expressed surprise that the African farmers in their project did not select the biggest plots of land but wanted the best ones. We also have a giant modern slavery problem; modern slavery is

estimated to be the fate of 40 million people around the world. As long as we keep doing this kind of thing to each other, keep seeing some people as lesser humans, we will keep shooting ourselves in the foot as a species because you can't look after the human habitat well without caring about every creature in it.

A second area that needs a boost is education about diversity, not just education of members of the public but also of bioethics experts, medical professionals, architects, landscape and city planners, shop and furniture designers, police officers and others to help eradicate stigmas and to enable people to live their lives with fewer practical hindrances.

A major push for change in that area has to come from the healthcare professions, as they are currently still among the main propagators of health-related stigmas, along with police officers and judges. When health professionals, for example, write "refused follow-up consultations" in their patient file instead of "declined" and do not include the information that the person in question will be 200 miles away at the time of those proposed follow-ups, they are keeping mental health stigma alive by depicting a mental health patient as obstinate and refusing to cooperate.

When supermarkets still stock magazines of which the cover prominently features the suggestion that parents of autistic children might want to "fire up" their children's brains, you know that whoever wrote that headline hasn't got a clue as to what autism is.

Schools should have the topic of diversity in the curriculum. Children should get to discover how many different ways there are to communicate with others. Businesses should become familiar with the benefits of employing people who are a little bit different just like they also had to get used to the idea of employing women instead of only men. Just like all homes to be built from now on should have the lowest possible energy requirement and provide the highest possible wellbeing such as by using "passive house" techniques, all buildings should also be as inclusive as possible from the start so that they won't need to be especially adapted. Combating domestic violence and war is also recommended. These are things that we can simply decide to do. All it requires is our will and determination.

At the moment, notably different-bodied people but also different-brained people experience lots of practical hindrances when they want to shop or use public transport. People who make a train journey in a wheelchair can't always rely on being able to get onto or off a train. They are sometimes even told to stay on the train and take another train back because that second train will be better equipped for letting them

descend onto the station platform.

The education we need also demands good communication between the specialists and the public. It's definitely not the case that only the public needs to be educated. Scientists and other specialists have their biased, flaws and blind spots too. There are, for example, quite a few science writers, philosophers and bioethicists who feel that the public is often intimidated by technological progress or distrusts it. They may say that such people have an innate trust in everything "natural" and that they feel only the natural is good. I think that the opposite also applies. People who believe that the public is intimidated by science and technology may feel threatened by the natural variation among humans and fail to see that this rich diversity constitutes genuine wealth. The debate is not even about nature on one side against science and technology on the other side.

In his 2001 article "Procreative beneficence: Why we should select the best children", Julian Savulescu mentioned "desires" that according to him are "based on irrational fears (e.g., about interfering with nature or playing God)" as one reason why "couples do not want to use or obtain available information about genes which will affect well-being". He essentially argued that we should see children like products, prizes or rewards because he actually compared them to boxes on Wheel of Fortune. Although that article is now almost two decades old, Savulescu did not appear to have changed his views greatly as he has said similar things in various interviews and publications since then.

In a 2015 interview with journalist and philosopher Bas Heijne for Dutch VPRO TV, he said of Michael Sandel, Jürgen Habermas, Leon Kass and Francis Fukuyama that they are against enhancing normal human beings (as opposed to curing diseases), and called this with a snarky chuckle, a "really a pre-scientific view of nature and the evolution of human beings". I don't get why he so often seems to feel that it is necessary to add sneers and chuckles with regard to anyone who does not hold the exact same views as he does.

Similarly puzzling is his obsession with "psychopaths", a word that he uses in almost every other sentence without specifying it, and his paranoia about the backyard laboratories in which according to him, 1% of the human population might be creating biological weapons of mass destruction. Psychopathic traits are common among internet trolls and some hackers, but to my (limited) knowledge, Savulescu has never mentioned trolls or hackers, or neuroscientist James Fallon.

Is this the point at which I should accuse Savulescu of a cognitive bias?

The problem with Savulescu's brash style and nonsensical statements is that they can obscure the little gems that he sometimes produces as

well. He has suggested the handing out of embryos randomly to people, which is in line with Sandel's way of thinking. This is not only brilliant, it's already proven to be a viable concept as people have already adopted random other people's embryos to create so-called snow babies. Together with Peter Singer, Savulescu wrote an article in which he and Singer commented on the He Jiankui case. It was surprising to see that in essence, they appear to agree with the spirit of the guideline that I have proposed in this book.

A great deal of improvement is also needed in the practical realm (besides care and how we finance it). People who make a train journey in a wheelchair can't always rely on being able to get onto or off a train. They are sometimes even told to stay on the train and take another train back that is better equipped for letting them descend onto the station platform.

We need a change in the medical community, and this is linked to educating medical professionals about diversity. The limitations we have had with regard to accepting diversity also mean that traditional medicine is flawed by definition unless you're a white mainstream male. Clinical trials used to contain only white mainstream males. Even women were excluded, notably menstruating women because including them would complicate the picture too much (gendered medicine). So we now have the reality that the medications doctors prescribe may often work well for white mainstream males, but not so much if you're a woman, part of an ethnic minority, or aren't neurotypical.

Traditional medicine is also eugenic. It sees a standardized body and standardized behaviors as something to strive for. We also see this reflected in preferences for hearing aids over learning sign language and risky spine surgeries over more advanced wheelchairs. There is even a wheelchair for deep-sea diving. Normal-bodied people see wheelchairs as limitations, but the people who use them often have an opposite view of them. Do you remember when you got your first car or your driving license? Isn't driving a car also a limitation relative to a jaguar, who doesn't need a car to be able to go fast or a pigeon or pelican, who does not need a jet plane? It has not stopped us from using cars.

We need to come up with a system in which all humans can get all the care they need and want. We need to build a world in which everyone is allowed and enabled to flourish to the best of her or his abilities and wishes.