

**We  
need  
to  
talk  
about  
this**

**About the new eugenics. Third edition.**

**Angelina Souren**

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We need to talk about this  
Third edition  
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Essay, non-fiction.  
Publisher: SmarterScience, Portsmouth, England, U.K.  
Simultaneously published as e-book.  
Amazon paperback edition, 5.5" x 8.5", glossy cover.  
Printed on white paper in ChunkFive Roman, Britannic Bold and Bookman Old Style.  
ISBN: 9781692436414

Version date: 28 June 2020

Keywords: bioethics, eugenics, assisted human reproduction, diversity, discrimination, equality, disabilities, inclusion, health, future societies

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by

**ANGELINA SOUREN**

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*“The only way of cutting off the constant stream of idiots and imbeciles and feeble-minded persons who help to fill our prisons and workhouses, reformatories, and asylums is to prevent those who are known to be mentally defective from producing offspring. Undoubtedly the best way of doing this is to place these defectives under control. Even if this were a hardship to the individual it would be necessary for the sake of protecting the race.”*

– The Spectator, 25 May 1912

*“My life would be rather simple if people would consider me as a person rather than a thing to eradicate.”*

– Nicolas Joncour, 2016

### **3. Eugenics, old and new**

Eugenics is the deliberate process of “improving” the human species. It isn’t a new invention, of course. Most people probably associate the term “eugenics” with the excesses that happened in Germany barely a lifetime ago during the Second World War. Old-style eugenics began in Britain, however, not in Germany. The Victorian-era ideas of Francis Galton were adopted by the United States, from where they provided the inspiration for Nazi Germany’s practices. Old-style eugenics is still taking place in the world today, now reinforced by the new eugenics (consumer eugenics). Chapter 11 contains illustrative examples gleaned mostly from the internet.

The old and the new eugenics overlap, of course. The new eugenics – the selection and de-selection of embryos and fetuses on the basis of properties, and the addition, alteration or elimination of genes or gene combinations in embryos and fetuses – more or less began with chorionic villus sampling (CVS) and amniocentesis. It enabled us to abort certain fetuses if they were diagnosed with certain conditions.

Then we started buying and selecting donor eggs and donor sperm, ticking off boxes with properties that we were looking for. How much freedom you have in these matters still depends on in which country you

shop for these services, though.

Since 1989, we've been carrying out pre-implantation genetic diagnosis (PGD), also known as pre-implantation genetic screening (PGS), on the pre-embryos created during in-vitro fertilization (IVF). IVF is a rapidly growing market.

Old-style eugenics was conducted by nations and states.

In the new-style eugenics, parents are supposedly free to choose and not exposed to undue influence. In practice, this does not hold up. Some governments prescribe for us, in legislation, which children we should prefer if we use IVF. This is, for instance, the case in the U.K. There are also situations, in which medical professionals put pressure on people, for example, to either undergo sterilization or terminate a pregnancy. Some professionals are very good at making people feel that they are stupid if they don't (want to) go along with the given advice.

The technological advances that have made it all possible are now moving much faster than most of us realize. In theory, we will soon be able to order our children according to our own detailed specifications, pick their properties from a catalog. To some degree, this is already the case but not all of it will be possible because genes often are not binary either/or switches.

The new eugenics goes by various other names, such as personal eugenics, private eugenics, liberal eugenics, and consumer eugenics. Other terms that are associated with the new eugenics are PGD, PGS, genetic screening, egg (donor) selection, procreative beneficence, sperm (donor) selection, pre-embryo (de)selection, embryo (de)selection, positive or negative selection, IVF, (ex ante) human enhancement, (ex ante) bioenhancement, (ex ante) cognitive enhancement, (ex ante) moral enhancement and a few more.

There is also, of course, the phrase "designer babies", which most people do not define when they use it. Some people use it in an exaggerated way with the apparent intention to ridicule anyone who has the guts to dare ask questions or voice doubts. I define designer baby as any baby that is chosen over another baby that is or would be viable and would live into adulthood.

IVF once started out as a way of helping couples who couldn't get pregnant, but now is increasingly used to postpone pregnancy to allow women to have careers. While IVF still has a low success rate, it is a

flourishing commercial practice nevertheless. In their 2015 publication “Infertility around the globe: new thinking on gender, reproductive technologies and global movements in the 21st century”, Inhorn and Patrizo reported that while only 45 of the 191 World Health Organization’s member states had IVF services in the year 2000, the number had risen to 59 five years later and to 105 another five years later. More than half of these clinics were located in Japan and India. Nine Middle Eastern countries were among the 48 countries carrying out the highest number of IVF cycles per million inhabitants.

So if you thought, as I once did, that the use of such assisted reproductive technologies (ART) is greatest in the United States, you were wrong. Europe was leading the list at 56% of conducted aspirations (egg harvesting), but this was not exclusively concentrated in its richest countries. (The order from lowest to highest was Moldova Poland Hungary Montenegro Macedonia Portugal Lithuania Albania Austria Ireland Ukraine Germany United Kingdom Croatia Italy Cyprus France Switzerland The Netherlands Serbia Spain Estonia Czech Republic Finland Norway Slovenia Sweden Iceland Denmark Belgium.) It was followed by Asia at 23%, with North America including Canada in third place at 15%. (See the 2015 publication by Präg and Mills.) The only geographical areas that had no or very limited IVF or other ART services available were sub-Saharan Africa and most of Central Asia. These were also areas with high secondary infertility – after the first child – partly due to botched (illegal) abortions.

There is some speculation that the use of ART is sometimes promoted to boost low fertility numbers to ensure that a country’s population continues to grow, even though IVF does not have much effect on a country’s fertility at the moment. In view of the burden that population growth places on our habitat, you could question how responsible such a practice would be.

In Britain, about 100 women per day ask for IVF (36,500 women) and roughly 50,000 women per year undergo IVF treatment (2017). Britons also go abroad for IVF. Depending on where in the U.K. you live, IVF is publicly financed in the U.K. for those who are eligible. In 2017, only 35% of the IVF treatments in England were paid for by the National Health Service whereas 62% were paid for in Scotland, according to the U.K.’s Human Fertilisation and Embryology Authority (HFEA).

People in the U.S. and other countries may be quick to assume that funded healthcare provision is the same throughout the U.K. and that just about anything is paid for. In reality, your postcode within one of the four nations of the United Kingdom can even determine what medication you will get, the newest or an older, less effective one.

Many couples in the U.K. spend £15,000 to £50,000 on IVF. IVF is also expensive in the United States (around \$10,000 per cycle, excluding the medications, which will set you back \$2,000 to \$4,000) and only possible through private insurance. In some other countries, IVF and similar forms of ART are much less expensive. A Belgian-led non-profit organization recently invented an IVF method that costs only €200 per cycle.

IVF is currently actually still relatively unsuccessful, but this is bound to change with technological progress and the experience that is being gained worldwide. Particularly in China, the use of PGD to de-select certain embryos has been sky-rocketing. Eventually, the effects on society of selecting the properties of offspring will kick in, and to some degree, they already have. (Deselection of female fetuses and of fetuses with Down syndrome is changing some countries' populations.)

In addition, we now have techniques for editing genomes. This can be done in a way that affects only one individual (somatic), but can also be applied in a way that theoretically results in changes in all offspring (germline). (Watch Renée Wegrzyn's talk if you want to learn more about possible safeguards and ways to correct mistakes; see Videos in Sources of information).

So far, CRISPR is mainly being looked at in a way that does not "edit out" people but protects them against developing serious physical conditions as adults. In the west, we have not allowed this to lead to actual babies yet because there are still too many questions to be answered to expose non-consenting humans to the risks.

In 2019, however, many bioethics experts as well as many scientists and legal scholars were shocked to hear the news from China that two human babies (Lulu and Nana) had been experimented on with CRISPR and had been allowed to be born, illegally. The babies' genomes had been tweaked in such a way that the babies are now supposedly immune to HIV. This also affects other properties, however, and it's not clear yet how this is going to pan out in practice.

It called global attention to the fact that there is an urgent need for a global guideline for these new techniques. Among other things, the news from China resulted in leading scientists calling for a global moratorium. So did leading bioethicists, founders of companies like CRISPR Therapeutics and many other people. In November 2019, the director of the National Institutes of Health (NIH) in the U.S. also spoke out in favor of such a global moratorium. By then, the U.S. House of Representatives

had reinstated such a ban for the U.S., after briefly having lifted it, which in itself indicates how complicated the decision-making in this area is and how conflicted the decision-makers are. The scientist in question, He Jankui, was sentenced to three years in prison. In the meantime, a third CRISPR baby appears to have been born in China, also created by He.

So we really do need to talk about this, sooner rather than later.