Image and Ethics in Biomedical Enhancement
by Ben Howard

“In fact,” said the Controller, “you’re claiming the right to be unhappy.”
“All right then,” said the Savage defiantly, “I’m claiming the right to be unhappy.”

-Brave New World (Huxley, 230-240)

Perched at the pinnacle of technological advancement and biomedical prowess, Western medicine finds itself reaching further and further beyond the traditional role of healing and into new realms of human enhancement. Closely associated with recently developed technologies for disease treatment are unheralded powers in the improvement of otherwise “healthy” human beings. From the already widespread use and promotion of cosmetic surgery to the selective potential of pre-implantation genetic diagnosis, medicine is faced with the power to enhance human life at its most fundamental biological level. Pharmacological substances, so effective in the treatment of destructive neurological disorders, have the potential to pacify human behavior, sharpen mental acuity, and reverse the processes of aging. As healing gives way to enhancing, the very definitions of health and disease become problematic, as do the questions of medicine’s goal. With no clear philosophical understanding of the human being to ground a guiding ethics, our science leads us on into an age in which the very biological image of the Homo sapiens is open to increasing manipulation.

To be sure, the drive toward enhancement should not be viewed as some terrible modern aberration brought about by technologically driven capitalist society; the human practice of self-transformation transcends boundaries of class, culture, and history. From the cosmetic skin dyes of ancient Egyptian royalty to the surgical (and potentially genetic) alterations of today’s image-driven elite, human beings seem universally characterized by a predilection for enhancing their outward appearance. Furless and inventive, we could even be described as evolutionarily adapted to such freedom of expression. Yet despite the wide range and variability of culture and ritual across human groups, the practice of enhancement in nearly every case is inherently guided by an ideal, an image of the flourishing, beautiful, “healthy” human. For many cultures, that ideal integrates biology and being, infusing meaning into the lived experience of the human organism.

So what image of health serves as our guide? This fundamental question grounds any ethical undertaking of the problems of biomedical enhancement, and of medicine as a whole. Part of our image comes from the practice of modern biology, with theoretical roots tracing back to Descartes’ separation of body from soul and extending through to the evolutionary psychology of today, in which the organism is best understood in terms of reduced and impassionate mechanism, a complex aggregate of biological parts to be explained in functional terms. While this image is key to our medical approach to understanding the human organism, our concept of health draws on broader standards than pure mechanism. Whole specialties of medicine are devoted to correcting problems that are not inherently physiological malfunctions; the cosmetic correction of cleft palates illustrates this larger social conception of health. Thus, it seems difficult to ascertain what ideal, what image, guides such a conception. Is it one of human freedom, of an autonomous agent acting in a pluralistic democracy, or is it, as many cosmetic surgeons would argue, one of human “happiness?”

Huxley’s Brave New World reminds us that our humanness goes much deeper than mere happiness. It seems that by raising these fundamental human questions, issues of enhancement become problematic; to differentiate between healing and what is beyond healing, we must reexamine our foundational understanding of health and the human being.

Any such reexamination should not only consider the facts of evolved biological human nature but also integrate a rational interpretation of the lived human experience. As the philosopher Hans Jonas articulates, the uniqueness of animal (and human) life lies in its mediacy (99-107). Unlike plants, we are not in constant and immediate contact with our source of nourishment. Instead, we are distinctly separated from our environmental context, directed outward toward our objects of desire, separated from them both spatially and temporally. We know the sharp distinction between subject and object and the sharper pain of unfulfilled desire; we know suffering. And while mediate distension thrusts us out into the world, it simultaneously increases our relational dependence and emphasizes our inescapable mortality, a concept fully grasped by human sensibility.

In expanding the biological account of the human being to include a phenomenological and existential hermeneutic, the beginnings of a more integrated image of the human be-
ing can be approached. As Jonas’ teacher Martin Heidegger shows, we find ourselves characterized by a constant immersion and encounter in which we carry out our synthetical interpretation. Seeing, interpreting, naming, understanding, and giving meaning to the world in which we live, we mediate our existence into an ordered and coherent structure. Such gathering, or *logos*, implies that our nature is to be thrust into the possibility of that world, continually living ahead of ourselves in our meaning-giving planning and projection. By such “thrownness” we are opened up to our inherent possibility, and in such openness, such mediacy, we construct our significance.

Perhaps the most striking aspect of such mediacy is that we do not experience it alone. From the moment of conception to our last dying breath, we are immersed in a web of relational interdependence. One cannot truly understand a person without realizing where they come from, how they relate to their family, who their friends are, who their enemies are, whom they love, how they love, whom they make love to. Such mediate relationality resonates with a biological interpretation of human life; from upright posture and vision-guided movement to language capacity and intentional symbolic brains, our biological anatomy itself forms a delicately balanced embodiment that directs us into relation. Biology and evolution have resulted in a fully relational species, and an ethical understanding of our species should take this into account.

What might an ethics guided by such relational mediacy look like? One could argue that it would take upon itself the task of discerning the way of life in which that deeply relational mediacy could flourish. Such an ethics could strive for “health” in terms of fulfilled relation, in which the dignity and integrity of each individual is understood in the context of that person’s multifaceted relational being—not in terms of satisfying an immediate desire for individual “happiness.” And given the inherent embodiment of such relationality, the essentially biological and relational practice of medicine would be the archetypal field in which to carry out and develop such an ethics.

Returning to the original and pressing question of biomedical enhancement, we can begin to construct a provisional framework to guide our practices. With the biological, rational, and experiential image of the human being as mediative and relational, we would see enhancement techniques as affecting human beings in the most profound manner. Practices that hold true to the integrated and mediative image of human being as a relational whole, and that perhaps even encourage further depth of meaningful interaction, could resonate with the grounding of such a provisional ethics and with the age-old human drive toward health and enhancement. Conversely, procedures and technologies that go beyond such an image of health to radically alter human performance, behavior, and biology, could arouse suspicion and warrant greater caution. By breaking down our relational and mediative dynamics, they might threaten our most profound sources of meaning, thereby endangering the foundation of our very humanness.

To be sure, the understanding of health and the human being offered here is but a provisional one. The fundamental questions raised require considerable attention and rigor, and they approach their fullest potential when addressed by multiple disciplines. In developing any compelling image of the human being with which to guide our biomedical practice, we must consider scientific, sociological, psychological, philosophical, and religious perspectives. To better approach the complex issues of health and biomedical enhancement, the difficult and profound ethical questions of human image and human meaning must be reopened in a new light.

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References