

## **D. GARETH JONES**

### **Guest Editorial**

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#### **A Christian Perspective on Human Enhancement**

The enhancement debate bears all the hallmarks of future-oriented ethics debates. The excessive speculation, with its vision of a new humanity moulded and created by human beings and biomedical technology, is countered by an equally apocalyptic vision of spiritual disaster as humanity with its marks of God's creation is defiled and torn asunder.

The excesses of transhumanism with its picture of a new world order, in which medicine will be devoted to conquering mortality, overcoming ageing, vanquishing neurodegenerative diseases and enabling people to live to 600 or so years of age as healthy and fulfilled individuals, rightly repel Christians. The conclusion reached by the Conference of European Churches<sup>1</sup> will strike a chord with many Christians: 'The internal logic of enhancement is its own undoing, because one would have no reason to be satisfied whatever enhancements one made to oneself.' Physical immortality can be as devoid of hope and meaning as a life lived in abject poverty for forty years.

These extreme vistas represent a rerun of the science-as-saviour mentality. While they can quite rightly be rejected on theological grounds, their scientific implausibility also needs to be challenged. Their faith in the regenerative powers of biomedical science is astounding, as they casually ignore the inherent complexity of the human body – most notably the brain, the limited effectiveness of most available (and soon-to-be-available) procedures, the continuing problem of side-effects, the costs involved and their moral ambivalence.

And yet the possibility of enhancing the lives of ordinary people through biomedical technology is present reality. Examples abound as drugs originally designed to treat a medical condition are employed by healthy individuals to improve their performance. For instance, students studying for exams are reputed to be taking non-prescription Ritalin (methylphenidate) to stay awake and alert for longer. Another drug, Provigil (modafinil), of value in treating individuals with narcolepsy, also appears to be useful in aiding concentration, alertness, focus, short-term memory and wakefulness.

These secondary uses of psychoactive drugs take them out of the traditional realm of therapy into a realm that is 'beyond therapy'. The question is: does this matter, either ethically or theologically? This, in turn, forces us to ask how we distinguish between normality and abnormality, health and illness, therapy and enhancement. These distinctions lack the clear-cut certainty once bestowed

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1 Working Group of Bioethics and Biotechnology, Conference of European Churches, *Human enhancement – A discussion document*, [http://csc.ceceurope.org/fileadmin/filer/csc/Ethics\\_Biotechnology/Human\\_enhancement\\_final\\_March\\_10.pdf](http://csc.ceceurope.org/fileadmin/filer/csc/Ethics_Biotechnology/Human_enhancement_final_March_10.pdf); (2010) accessed 23 June 2010.

upon them. Their arbitrariness is disconcerting. If neurocognitive enhancers like these can be used to improve normal mental functioning, such as problem-solving abilities, why not employ them? We regularly have recourse to the best educational facilities for our children, the best nutrition for them and ourselves and the best preventive medical care. All these enshrine enhancement elements, some social and educational in character, others medical.

Of course, some biomedical enhancements go further, with neuroimplants to replace lost sight or hearing, brain stimulation devices to alleviate suffering or control mood, plastic and cosmetic surgery to rectify the appalling consequences of major burns but also to improve an uninjured individual's appearance, and highly sophisticated prosthetic devices to provide specialised sensory input and mechanical output. The border between therapy and enhancement can be exceedingly difficult to determine.

Take the case of drugs like propranolol, a beta-blocker, to block the formation of traumatic memories, or to even erase them once established. Such non-conscious pathological memories can arise from trauma such as combat, rape and natural disasters and can lead to post-traumatic stress disorder (PTSD). The emotional intensity of the memory is debilitating, with effects that may include anxiety, nightmares, detachment and suicide. Potentially, propranolol could be given either before or after a traumatic event to help individuals in the military or emergency services deal with its psychological repercussions. But there may be side effects, including concurrent erasure of beneficial emotional memories, blunting of the normal, desirable fear response and alteration of moral judgement. More speculatively, the use of drugs to influence memory could theoretically be taken beyond the bounds of accepted therapeutic regimes to erase the unpleasant memories generally considered an integral part of human life. Perhaps drugs could even be developed to remove all traces of guilt, shame or grief.

Here we have the slide from undoubted therapy to dubious enhancement, although the move from the one to the other is gradual. This is because we are being enhanced all the time in subtle ways. While enhancement is frequently considered to represent an improvement in human functioning beyond what is necessary for good health, it is increasingly becoming evident that it is integral to what we now take for granted as good health.

Theological assessment of enhancement has to be carried out against the backdrop of this continuum. At a very general level, Christian commentators often stress a precautionary stance, with its cautious emphasis and bias towards a negative assessment of unknown technologies. However, this fails to grapple with the issues theologically and is unable to critique the nuances of the debate.

How then might theological assessments assist us? McKenny<sup>2</sup> describes three possible levels on which to focus such assessments: the specific proce-

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2 McKenny, G. 'Theology, ethics and the enhancement of human traits', *Theology Today* (2002) 59(1), 90-103.

dures; changes to social practices and cultural understandings; the way in which the world is viewed.

Theological approaches tend to home in on the third level – the general one of world-view. Theological questions emerge because the possibilities ‘require us to consider the appropriate warrants for, and limits to, changing ourselves in ways not previously imaginable’.<sup>3</sup> However, this level focuses on enhancement in its most extreme, highly speculative form. Its vagueness militates against bringing theological insights to bear on many of the daily challenges posed by emerging technologies.

As we turn to an analysis of enhancements at the first level of specific procedures, what stands out are ethical considerations. These include the balance between harms and benefits, curing and caring, respect for persons and human dignity, justice and concern for the poor, fairness and neighbourly love. While some of these benefit immensely from theological input, a consideration of them in the context of the enhancement debate is limited. This is because each procedure is to be assessed as acceptable or unacceptable, regardless of whether it is defined as an enhancement.

This leaves the second level, the manner in which biomedical technology is changing our conception of what constitutes the good life – or in Christian terms the life of faith. This is not the world of transhumanism, but of the day-to-day medical expectations experienced by all of us. Enhancement began many years ago, as medicine and allied technologies came into their own with vastly improved public health measures, vaccination, antibiotics, antipsychotics and antidepressants, sophisticated surgical procedures, and revolutions in obstetric care leading to enormous decreases in maternal, prenatal and neonatal mortality rates. Even if one wishes to class some of these as therapies, the theological repercussions are the same. Individuals and whole communities now expect diseases to be conquered and even vanquished, illnesses to be cured and life expectancy to be increased. The Christian community is as much affected by these transformed expectations as anyone else.

What place then for God’s purposes and human responsibility? We are embedded in a world of enhancement, a world that arises from the human creativity bestowed upon us by God. We are his images who live in community; finite and also tarnished. The spiritual challenge is to recognise our limitations and particularly to distinguish ‘forms of suffering that should be remedied from those forms of suffering caused by a failure to accept our finitude’.<sup>4</sup> This challenge exists regardless of precise definitions of enhancement.

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<sup>3</sup> Lustig, A. ‘Enhancement technologies and the person: Christian perspectives’, *Journal of Law, Medicine and Ethics* (2008) 36(1), 41-50.

<sup>4</sup> *ibid.*