

# Liberal eugenics, coercion and social pressure

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## Abstract

When discussing genetic prenatal enhancement, we often encounter objections related to “eugenics.” Those who want to defend prenatal enhancement either try to avoid using the term “eugenics” or talk about “liberal eugenics”, implying that what was wrong with the old eugenics was its coercive character, and claiming that while old eugenics went against reproductive freedom, the new liberal eugenics promotes freedom. In this paper we first explore the objection that genetic enhancement is a form of eugenics that limits parental freedom. We then show how the same objection appears in other bioethical debates. Finally, we answer the objection, showing that genetic enhancement does not limit reproductive freedom in any important sense.

**Keywords:** prenatal enhancement; procreative freedom; autonomy; preferences (change of)

## Resum. *Eugenèsia liberal, coerció i pressió social*

La discussió de la millora prenatal ha estat sovint criticada comparant-la amb l'eugenèsia. Els qui la defensen a vegades intenten evitar el terme i d'altres hi afegeixen el terme «liberal». En parlar d'eugenèsia liberal s'afirma que el que era problemàtic en l'antiga eugenèsia era, fonamentalment, el seu caràcter coercitiu. S'estableix un contrast entre l'antiga eugenèsia, que anava en contra de la llibertat reproductiva, i la nova eugenèsia liberal, que, per contra, la promou oferint noves possibilitats d'elecció als individus. Aquesta és la raó per la qual una de les objeccions més insidioses contra la millora prenatal és la que afirma que, si permetem que els individus triïn les característiques dels seus fills, les seves eleccions no seran lliures. En aquest article tractarem d'aclarir aquesta objecció, que ja havia aparegut en altres debats bioètics, i oferirem una resposta.

**Paraules clau:** millora prenatal; llibertat procreativa; autonomia; preferències (canvi de)

## Summary

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One of the presumptions of liberal democracies is that the freedom of citizens should not be interfered with unless good and sufficient justification can be produced for so doing [...] Only serious real and present danger either to other citizens or to society is sufficient to rebut this presumption. (John Harris, *Enhancing evolution*, 2007)

## 1. Introduction

Nowadays people who want to have children have many options, thanks to reproductive technologies that did not exist previously. One of these options is In Vitro Fertilisation (IVF), a technique that helps people with fertility problems. The combination of reproductive technologies with genetic methods has given rise to what is known as reprogenetics. The use of Preimplantation Genetics Testing (PGT), prenatal diagnosis (PND) and carrier screening are routine procedures aimed at satisfying one of the oldest and deepest-rooted wishes of future parents: the birth of a healthy child.

When it comes to preventing the birth of children with very serious diseases of genetic origin, such as cystic fibrosis or Tay-Sachs, the use of these techniques is not controversial and is generally accepted. In other situations, its use is more controversial, such as when it comes to preventing the birth of children with late-onset diseases such as Huntington's disease, children with a genetic predisposition to diseases such as some types of cancer, or with conditions such as Down's syndrome. It is more controversial but still generally accepted.

Science is discovering more and more traits influenced by genetics, not only physical diseases but also psychiatric ones, and of varying severity. Genes also influence many other traits, from height and eye colour to intelligence and character. The use of reprogenetic techniques to modify these traits is even more controversial, and for many is morally impermissible. Many of these traits can already be detected through such reprogenetic techniques and many more will be detected in the future. We might even be able to perform genetic interventions on fetuses or embryos (DeGrazia, 2012; Kiani et al., 2020). All things considered, it is clear that our chances of influencing the genetics of future generations are increasing.

Reprogenetics helps us achieve good births. But... wait a minute. Isn't that eugenics? After all, eugenics is "the science that deals with all influences that improve the inborn quality of the human race, particularly through the control of hereditary factors" (Garver & Garver, 1991: 1109). Nowadays, some defenders of genetic selection use the term 'liberal eugenics', a term coined by Nicholas Agar in 1998. Proponents of liberal eugenics, such as John Harris, often defend it by arguing that it increases parental freedom. But there are many objections to liberal eugenics. One of these is the claim that reproductive choice actually reduces freedom. In this paper, we will analyse this particular objection. Does the option of making prenatal choices according to the tenets

of “liberal eugenics” undermine the freedom and autonomy of (some) prospective parents?<sup>1</sup> Does liberal eugenics pass the test of “serious, real and present danger”?

This paper is structured in five sections. In the first, the shadow that eugenics casts on pre- and perinatal genetic choices is established, as well as the characteristics that distinguish the new liberal eugenics from the old eugenics. The second is devoted to formulating the objection referred to above. In the third section we analyse and clarify the objection, which we term the *pressure objection*, by classifying the agents that can exert this pressure. The fourth section is dedicated to analysing how the concepts of freedom, coercion, autonomy and voluntary choice are related. In the fifth and final section we confront the objection, reduced to a suitable reformulation, and ask whether it can be sustained and whether it is strong enough to endanger liberal eugenics.

## 2. Prenatal choices and the shadow of eugenics

Much of the literature devoted to genetic intervention has dealt with the distinction between therapy and enhancement (Daniels, 2000; Erler, 2017; Resnik, 2000; Rodríguez López, 2012). Many have questioned the usefulness of the distinction between therapy and enhancement (Resnik, 2000). Some of the examples mentioned above are clearly diseases (such as cystic fibrosis) and some are clearly not (think of eye colour), so some of the genetic interventions would fall on the side of treatment and others on the side of enhancement. The important point about this distinction is that for many authors it marks the limit between the morally permissible and the morally impermissible (Sandel, 2007). As we note above, as we move along the line between the two concepts, the controversial nature of these interventions increases and their acceptability decreases. Probably for this reason, when it comes to interventions to prevent the birth of children with undoubtedly terrible diseases, the term ‘eugenics’ does not usually appear in the discourse. Another very different thing happens when it comes to not-so-terrible conditions or traits not directly related to health. Here the term “eugenics” appears frequently, although in all cases it would be equally appropriate. In fact, when discussing prenatal enhancement, one problem, and a source of objections, is the reference to eugenics. The shadow of eugenics makes some defenders of prenatal genetic interventions avoid the use of the term, though some of them try to put on a brave face and embrace it. By and large, the most common way to face this shadow is to qualify the term by adding the adjective “liberal”.

1. Habermas (2003) opposes prenatal genetic enhancements, arguing that they undermine the autonomy and freedom of the children. Though much attention has been given to this argument, we will ignore it here. Our focus is on the parents.

### 2.1. *Liberal eugenics*

As early as 1998, Agar was aware of the problem faced by genetics, writing, “Recent advances in the understanding of human heredity offered by the new genetics have prompted a revival in eugenics” (Agar, 1998: 137). He immediately set about decoupling the possibilities opened up by the new technologies from the old eugenics. He developed his approach further in 2004, marking the three fundamental differences that have since been accepted to differentiate the old eugenics from the new, which he described as “liberal” (Agar, 2004). Liberal eugenics is characterised by contrast with the old eugenics. In general, liberal eugenics focuses on the individual, while the old eugenics focused on the state.<sup>2</sup>

To begin with, the old eugenic choices were made by the state. The state decided which characteristics were desirable and which were not, often in a highly debatable way, imposing what today we call a unique model of the good life. In contrast, liberal eugenics leaves these decisions in the hands of parents, which is seen as an extension of the reproductive and parental freedoms guaranteed in liberal societies. Naturally, there is an agreement that these genetic choices are not absolute, nor are the aforementioned freedoms. To the extent that choices are being made the consequences of which will fall mainly on a third party (the child), there is an agreement not to allow choices that harm children.<sup>3</sup> With this caveat, Agar claims that “access to information about the full range of genetic therapies will allow prospective parents to look to their own values in selecting improvements for future children” (Agar, 1998: 137). Liberal eugenics requires value neutrality from the state.

From this fundamental difference derive the other two fundamental differences. Individual parents will make these genetic choices with the best interests of their children, their families and themselves in mind, just as they do with their non-genetic decisions around parenting and procreation. In contrast, the decisions of the old genetics were made with the good in mind of some higher, abstract entity such as the race, the nation or the gene pool. Last but not least, the old eugenics was involuntary. The state used all the coercive means at its disposal to achieve eugenic objectives, from laws to forced sterilisations. Liberal eugenics, on the other hand, is deemed to be voluntary.

To sum up, old eugenics was involuntary, according to the state’s view of a valuable life and for the sake of a collective entity (race, country, etc.).<sup>4</sup> The

2. This is an overly simplistic vision, and far from reality, of the very diverse eugenics movements that occurred in different countries in the first half of the 20th century (Rodríguez López, 2014). However, we can use it here because it fits well with the model developed by the Nazis, who were mainly responsible for the bad connotations of the term.
3. Needless to say, the deal falls apart when we try to pinpoint what counts as damage. There are clear cases and controversial cases, such as the now famous deaf couple who asked to select a child with congenital deafness.
4. This is not historically accurate, since many early defenders of eugenics, including Francis Galton, rejected almost any role of the state and emphasised voluntary choice. But as this

new, liberal eugenics is voluntary and individualistic, made by individual reproducers, according to their own values, for their own sake and/or for the sake of their children. These characteristics of liberal eugenics resonate with our liberal societies. Political liberalism, especially in our current societies characterised by a great heterogeneity in the population, is strongly linked with value pluralism. Without a single conception of human perfection, we find a plurality of ideals. We value individualism instead of collectivism and, above all, we value the voluntary and reject the compulsory.<sup>5</sup>

While old eugenics went against reproductive freedom, liberal eugenics promotes it. Liberal eugenics gives choices to individuals. We think that more choices are preferable to fewer: they increase freedom, increase the capacity to live according to our own values and, because of this, make us better off. We assume that if asked, a (rational) person would prefer to have more choices. Some authors have challenged this claim, pointing out that having more choices is not a pure benefit without costs (Dworkin, 1982; Schwartz, 2004; Suter, 2018). Indeed, making choices has costs. Among the most frequently mentioned is the cost of obtaining information to be able to make our choices properly; and certain psychological costs such as an increased probability of regretting the decisions taken and the moral cost of being responsible for our choices. But even considering these costs we can reasonably assume that the overall balance is positive, especially in those areas that we consider will have a big impact on our lives, such as where to live or whom we marry. The children we have, or do not have, are probably in this category for almost everybody.

### 3. The objection

Probably the most insidious objection to liberal eugenics attacks its heart, questioning precisely its liberal character. According to this objection, the absence of direct, even indirect, state coercion does not guarantee that the prenatal genetic choices made by the parents are free.<sup>6</sup>

A similar objection has previously appeared in other bioethical discussions, including the debate about euthanasia. In May 1994, the New York State Task Force on Life and the Law published a 217-page report titled *When Death Is Sought: Assisted Suicide and Euthanasia in the Medical Context*, which was later analysed and contested by Dworkin (1998). Similar arguments were previously made by Velleman (1992). As this topic is older and better known, I think it could be useful to say some words about it in order to frame the objection more clearly.

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is an historical fact unknown for the vast majority, by “old eugenics” I mean the one that is in the mind of most people.

5. Of course, some people sometimes challenge these principles, but in doing so they implicitly acknowledge that they are the fundamental principles of our societies.
6. This concern was expressed as early as 1995 (Testart & Sèle, 1995).

In the context of euthanasia, the objection was framed as a kind of slippery slope argument with the following structure: Even if we admit that individuals have a moral claim to make a choice (about their own death/their own children); and it is morally permissible for other individuals (physicians, geneticists) to provide them with the information or the means to exercise their choices and therefore: (A) there is nothing wrong with allowing them to make these choices; at the same time, we have good reasons not to legalise these practices (not to offer or allow these choices), because if we take step (A) we will inevitably end up with the situation that: (B) some people will be coerced in their choices. This is morally inadmissible, so we should not take step (A). The mechanism by which we will move from (A) to (B) is that we will not be able to tell free choices from unfree ones.<sup>7</sup>

In the euthanasia debate, the core of the objection can be formulated in the following way: The mere possibility of asking for euthanasia (or assisted suicide) makes some people worse off. Once the possibility exists, the rational option can be to choose euthanasia, but you would have been better off if the possibility had never existed (you would have preferred it not to exist): now you feel responsible and subject to pressure exerted by different actors, from physicians to family. Due to these pressures the choices will not be free, or at least we would not be able to tell the free ones from the coerced ones.

### *3.1. Understanding the objection*

The objection is not that taking into account the cost of making decisions (acquiring information etc.), some people will be worse off. Nor is this the case if you include psychological costs (you feel responsible and anticipate feelings of regret, self-recrimination or anxiety when making decisions). It is not even the new responsibilities people acquire. Understandably, if you can make a choice, and other people know that you have a choice, they will hold you responsible for your choices and the subsequent states of affairs. If 50 years ago you had had a child with a serious condition, people around would have thought that it was bad luck. If nowadays you have a child with a condition that could have been prevented via reprogenetics, people are probably going to think that you are responsible. And you are. Having more responsibilities can be something more or less welcome, but we do not renounce responsibility just because it can be tiring. Above all, there is nothing morally wrong with this. You may feel the need to justify your choices, but this is not problematic either.

The crux of the matter relates to the possibility of the situation being such that your choices are not free. Although it is generally assumed that commitment to civil liberties in Western countries makes it highly unlikely that the old eugenics will be reborn (Kevles, 2011), many have pointed out that the absence

7. Please notice that, for this argument to work, you have to assume that the status quo is better than (B). We will need this later.

of direct state coercion does not guarantee that the choices made by parents are free (King, 1999; Sparrow, 2011). Some have pointed out that although today there is a generalised consensus that rejects coercion, the biggest problem is that there is no agreement on what exactly coercion means (Paul, 1992).

#### 4. Disentangling the pressure objection

To clarify this issue without deciding in advance what is coercion and what is not, here we propose to analyse the threats to the freedom of parents in terms of “pressure” and to classify the agents that can exert such pressure.

##### 4.1. *The agents of pressure*

The first agent that we must mention as capable of exerting pressure on individuals is undoubtedly the state. The state has numerous means at its disposal to exert this pressure. Some of these means exert direct pressure on individuals through legislation and the use of force to enforce the law. This is exactly what we find in the best known examples of the old eugenics, especially in Nazi Germany. The use of this type of means exercises what we can call *direct coercion* or coercion tout court. Its use would make the genetic choices of the parents clearly involuntary and not at all free. Insofar as this type of coercive action by the state is expressly ruled out by liberal eugenics, it is of no interest to us in this paper.

Apart from these direct means, the state undoubtedly has other indirect means. Some parental choices can be encouraged by imposing penalties on certain choices or by granting advantages to others. For example, the state can exclude from public health services the treatment of children born with genetic diseases that their parents could have avoided through alternative reproductive choices. Since medical treatment for these conditions is often quite expensive, although some parents could afford to go to private medicine many others probably could not. These economically disadvantaged people would find themselves in what we can classify as *coercive situations*: although formally free to make the reproductive decisions they deem appropriate, in practice they would lack the real possibility of acting according to their own criteria. This type of indirect coercion would probably be easier to assume in today's societies, especially if reprogenetic technologies were accessible to the entire population and social spending were perceived as excessive and/or economic conditions were problematic. Parents who rejected reprogenetic techniques would clearly be seen as responsible for their children's illnesses and the subsequent public expense. For this reason, the possibility of indirect state coercion is concerning, especially in countries where public health is not very strong or is not particularly appreciated by the population.<sup>8</sup>

8. In other countries, such as Spain, where public health is strong and highly valued by the population, the danger is less acute.

However, at a theoretical level and for the purposes of this paper, this indirect coercion is not excessively important or worrying. In the first place, if we consider monogenic disorders, for which medical treatment is especially expensive (Johnson et al., 2023), these are generally so terrible that it is very likely that parents would want to avoid giving birth to children suffering from these conditions, especially if the means to do so are economically accessible. Secondly, the seriousness of these conditions makes it plausible to argue that the liberal state has reasons to intervene in parental decisions and to try to influence them because, as we argue above, liberal societies do not consider parental decisions to be totally free if they involve harm for the children. More importantly, considering less severe conditions (such as Down's syndrome) or multifactorial disorders with genetic influence (such as most cancers), proponents of liberal eugenics can argue that the state neutrality required by their principles also rules out indirect state coercion, to the extent that this indirect coercion eliminates the desired state neutrality.

In addition to the state, there are other agents that may try to interfere in genetic procreative decisions. We can classify these agents into three groups: experts, private institutions, and a more diffuse agent that for the moment we can call "society". These agents lack the means available to the state to exert their influence, but they have other means at their disposal.

Let's start with the experts. In the case of genetic procreative decisions, the relevant experts are geneticists and medical professionals who can exercise their power through genetic counselling and medical opinion. Genetic counselling is available in many health services and is especially recommended when people are at risk of having children with genetic problems, due to either family history or age. Its goal is to provide parents-to-be with the necessary tools to make well-informed procreative decisions. Ideally, genetic counselling should be neutral and non-directive, leaving parents free to make their reproductive decisions, both regarding whether they wish to use any prenatal genetic diagnostic methods and what to do if they decide to use those methods and are made aware of any genetic defect that affects or may affect their offspring. However, there is widespread concern that genetic counselling strays from this ideal and becomes directive. It even seems that some parents have regretted having received strongly directive genetic advice (McCabe & McCabe, 2011). The experts themselves who offer genetic advice have expressed their concern about this aspect and have developed models designed to move away from this risk (Birch et al., 2019).

The private institutions that can exercise some kind of control over procreative genetic choices are very diverse, and range from private schools to children's sports institutions, social clubs and religious institutions. Although belonging to these private institutions is not necessary to lead a satisfactory life – at least if there are minimal public institutions, as is the case in our societies – there is no doubt that on many occasions our lives are enriched by contact with these institutions, and many parents want to integrate their children into one of them. These institutions can exercise their power by the



simple expedient of requesting certain entry requirements from the children who wish to join them, excluding those who do not meet such requirements.

Finally, society, which can also exercise control over the genetic reproductive decisions of parents. We can call this *social pressure*. Social pressure can have two sources. First, society in general can impose penalties on some choices (racism, homophobia) that discriminate against the child. Of course, we already have laws against discrimination, but social pressure is mainly exercised via informal, diffuse sanctions that are very difficult to avoid. Second, society, usually family, friends or some kind of reference group, can press the prospective parent to make certain choices to conform with the group's values.

The problem we are facing is this: without the state's intervention, can we say that prenatal genetic choices would be voluntary? Can we say they would be free? Is the influence exercised by experts, private institutions or society enough to affirm that prenatal genetic choices would not be free? Would it be enough to claim that liberal eugenics would not be so different from the old eugenics after all?

## 5. Freedom, autonomy, coercion and voluntary choice

The philosophical discussion about the scope and meaning of these terms is almost as old as philosophy itself, and we can find it, for example, in Aristotle, who devoted a good part of Book III of the *Nicomachean Ethics* to these issues. The involuntary action is the one that is carried out by compulsion or ignorance, and an action is carried out by compulsion when the "motor principle" is external to the agent and he "contributes nothing". The example that Aristotle provides is that of a person blown by the wind. This way of understanding involuntary action is undoubtedly too restrictive, since we probably would not even consider that a person blown by the wind is performing an action at all. More interesting is Aristotle's affirmation that actions performed out of fear of some greater evil happening are a mixture of the voluntary and the involuntary. They are voluntary to the extent that the agent makes a choice. We can adopt this definition of *voluntary action* as one that the agent chooses with knowledge of the expected consequences. This makes it possible to clearly distinguish between the actions carried out by the parents in our context and forced sterilisations.

In liberal eugenics, parent's actions are voluntary, though this is clearly not enough. Just because an action is voluntary doesn't mean it's free. Freedom is also connected to coercion and autonomy.

### 5.1. Freedom and coercion

Freedom has traditionally been defined as the absence of coercion. However, the term "coercion" is interpreted in various ways. In the tradition that goes from Hobbes to Kant, coercion has been associated with the use of force and the ability of the state to compel certain choices through the use of law. In this

sense, *coercion* requires the existence of legal barriers. It is what we have called in the previous section *coercion tout court*. For many, this is not enough. For a choice to be free (not coerced) you have to have the practical ability to agree or refuse to do something. Usually, “practical ability” means economic capacity. To eliminate coercion in this sense you have to rule out some indirect pressure by the state: penalties, if they exist, should not be so strong, and advantages not so essential as to leave no reasonable option. In the terminology of the previous section, a choice is free if the agent is not in a *coercive situation*. Following the example by Paul in the former sense, “the potential parents of a Down-syndrome child are free to abort the foetus or bring it to term. In the latter, they are not [free], since the “downstream” costs of caring for a severely handicapped child are enormous” (Paul, 1992: 670). To the extent that public health is responsible for these expenses, as is the case in Spain and in many other countries, the prenatal genetic choices of the parents are neither coerced nor are they carried out in coercive situations and the requirement of state neutrality is maintained.

Although there is general agreement that the absence of coercion is a necessary condition for choices to be free, there is no agreement that it is also a sufficient condition. Nineteenth century philosopher J.S. Mill, for example, maintained a more expansive concept of freedom that makes it possible for not only the state but also other agents to restrict it. This broad sense of freedom made him fear public opinion and the “tyranny of custom.” The only freedom that deserves that name is, according to Mill, that of pursuing our own good in our own way. Freedom in this sense takes us to the next subsection.

## 5.2. Freedom and autonomy

According to this view, for a choice to be free it has to be autonomous. Autonomy is defined as the ability to govern oneself, but, apart from this central characteristic, there does not seem to be much agreement as to its meaning. For our purposes, we can distinguish between a broad and a narrow concept of autonomy.

According to the broad definition, an autonomous choice is the choice of a competent individual, informed and uncoerced. This is the concept usually accepted in biomedical contexts, where it has played an important role since the publication of the Belmont report in 1978. The Belmont report articulates guidelines for experimentation on human subjects and states that experimental subjects must be treated with respect. Being treated with respect means being treated as autonomous beings. Individuals with capacities that prevent their full autonomy, such as children or people with disabilities or cognitive illnesses, require special external protection. Autonomous choices are expressed in the informed consent. This broad concept was later adopted in other biomedical and non-biomedical contexts and is a fundamental piece in applied ethics.

The narrow concept has different versions among which we can highlight two. Kantian versions identify autonomy with self-legislation according to a

rational universal law. For Millian accounts, a person is autonomous if her actions are in accordance with her own values, desires and conception of the good life. The Millian approach to autonomy has been developed in contemporary ethics and has influenced important and influential contemporary accounts such as Harry Frankfurt's (Frankfurt, 1971).

The broad sense of autonomy is guaranteed in liberal societies and therefore does not represent a problem for liberal eugenics. Informed consent is requested for the use of reprogenetic techniques as for any other biomedical procedure. But we have good reasons to take into account the narrow sense as well. To begin with, this is the concept that appears in the defence of reproductive and parental freedom (Cavaliere, 2020). And, above all, because probably most of us would subscribe to Velleman's words: "The whole purpose of giving people choices, surely, is to allow those choices to be determined by their reasons and preferences rather than ours" (Velleman, 1992: 670). Finally, because this is part of what makes liberal eugenics different from old eugenics: individual parents make choices for their own good and the good of their children according to their own understanding of the good life.

This being so, we have to ask two important questions: When can we say a choice is not free in the sense of not autonomous (in the narrow sense of autonomy)? When social pressure or the pressure exercised by private institutions, threatens autonomy?

### *5.3. Autonomous choices*

An autonomous choice is not an uninfluenced one. We are not born with a set of values and preferences all of our own making. We develop our values and preferences depending on our cultural and social context, as well as our particular biographical experiences. Individual values and preferences also change over time for many reasons, among them because we share them with other people and find ourselves in different situations with different options. Imagine that a parent has to make a decision about whether to vaccinate her child. In principle, she is against vaccinations, but she wants to take her son to a private school that requires vaccination. Her desire to take the child to that school is greater than her desire not to vaccinate him, so she finally decides to ask the paediatrician to vaccinate the child. Or imagine that she talks to her family and friends about her desire not to vaccinate your child, and they argue in favour of vaccinations until they finally manage to convince her. This is a child-rearing choice, but it is not difficult to imagine similar situations involving genetic prenatal choices, such as selecting an embryo with genetic resistance to infectious diseases. If someone changes her preferences because of social pressure or because a private institution offers her a new choice, and acts on her new preferences, her choice meets the criteria for autonomy: she acts on her own preferences.

A choice is not autonomous if the agent acts on someone else's preferences without making them her own. "Acting on someone else's preferences" sounds

clear enough. We may think that the meaning of this expression is clear and that we can find everyday examples, but clarity dissolves as we closely analyse this expression and wonder why someone acts on someone else's preferences.

Strictly speaking, there can be two kinds of reasons for acting on the preferences of others. The first reason is that other agents can impose penalties on some choices. Private institutions can do this if we understand that imposing admission conditions, as in our previous example, is imposing a penalty. However, this way of speaking is confusing to say the least. What they are doing is posing a reason for someone to change their preferences. This reason may be insufficient and the agent may maintain his original preferences, but to the extent that he has real options, there are no sufficient reasons to affirm that the penalty of not being able to integrate or make use of the private institution is impossible to avoid. In our previous example, to the extent that there are public schools to which parents can take their child without vaccination, there is no reason to think that they have reason to act according to the preferences of the private school. It is even less likely that social pressure will be enough or can impose such harsh penalties that the only solution is to act on social preferences against one's own. People may not invite your child to birthday parties if he's not vaccinated, and they may mutter that you're a bad mother, but considering these to be excessive penalties doesn't seem tenable.

The second possible reason is that the agent is psychologically unable to resist the pressure. This does not seem very likely. If an adult really cannot resist the pressure exerted by a private institution or by social pressure, to the point of agreeing to act on preferences that are not her own, and we take this seriously, this is tantamount to a pathology that renders the agent not autonomous in the broad sense.

There is a third possibility that we should consider. This possibility arises when, even if someone rationally chooses to act against her values and on the values of someone else because now that the pressure exists she is in some sense better off making this choice (she wants to please someone, does not want to be "different", does not want to be criticised, wants to take her child to a particular private school), she would have preferred not to have had this choice. This reason to act on someone else's preferences and values against one's own makes much more sense than the previous ones.<sup>9</sup>

If this argument holds, we will have to admit that if (prenatal) enhancement is allowed and the choice is offered to parents, this will cause some people to make not autonomous choices. The option of making prenatal choices, according to the tenets of "liberal eugenics" would undermine the autonomy of (some) prospective parents.

9. In the euthanasia debate, to which we refer in the second section, this possibility appears mixed with the pressure objection proper.

## 6. Facing the objection

Does the objection hold? And if so, is it compelling? Is it a fatal objection against liberal eugenics? Let us recapitulate the objection. Prospective parents, when offered the possibility of performing genetic interventions to select for certain traits (or avoid certain traits) in their future children, will have to face new choices. This will mean ceasing to have some possibilities and having others. For some of these parents, the situation is worse than it was before because they preferred the previous possibility to the new one. Despite this, it is possible that they decide to perform some genetic intervention because in the new situation this is the best option. But the one that existed before, which no longer exists, was even better.

To say that these parents are acting according to the preferences of others, and therefore not autonomously, is confusing to say the least. To say that a new preference, in a new choice situation, is not autonomous would take us too far, because this happens with every change of any kind. Going back to our previous example, when the possibility of vaccinating children is introduced, parents may be faced with having to choose whether to take their child to the private school that requires vaccination of children or to take them to the public school that does not. Before, the choice was between the private school and the public one. This situation has disappeared because the private school option without a vaccine simply no longer exists. The examples can be multiplied to infinity. Every change that happens alters the situations in which choices are made. And preferences are set among existing options at a given time, not among those that no longer exist. There is no reason to say that the preferences established among the new options are less autonomous than those established among the old ones. An autonomous choice cannot be defined as one that the subject prefers to the alternatives because he likes it very much. It is one that the subject prefers to the alternatives because it is the one he likes best.

It is inaccurate to say that after vaccines are introduced, some parents are acting on the preferences of others. The preference belongs to the parents, not the private school. What the private school does is change the previous choice situation, but it does not have any preference regarding whether a parent sends their vaccinated child to that school, or decides not to and goes to the public school.

To say that an individual's decision in a new choice situation is autonomous is compatible with affirming that in the new situation that individual is worse off than he was in the previous one because he likes the old options more than the new ones. But this is a different objection. It is not that some people have to make non-autonomous choices, but that they are worse than they were before.

Framing the objection in terms of being better or worse off has two main consequences. The first one is that it is not an objection against liberal eugenics for not being liberal. Choices are made by parents in accordance with their own understanding of what is best for them and their children. Eugenic choic-

es are made according to their values. Parents can have conflicting values or preferences, as we all do on many occasions. For instance, they can value letting nature run its course and being considered a good and well integrated member of their community. If you are an Ashkenazi Jew and the carrier test for Tay Sachs has become almost a coming-of-age ritual in your community, you have to choose between these two values, but whatever your decision might be it will be free, voluntary and autonomous.

The second is to avoid the possibility of formulating the objection in terms of a slippery slope. If some parents could be coerced into performing prenatal or perinatal genetic interventions and it were impossible, even if only difficult, to distinguish coerced from free choices, and this is morally inadmissible, we would have a good, though perhaps not decisive, argument for not allowing such interventions. This argument, though good, would not be decisive against liberal eugenics for the reasons discussed above. Even if some parents would be coerced to perform these interventions if they were allowed, we have to acknowledge that many parents are coerced now precisely because they are not allowed, and not because of the workings of some subtle, soft and vague social pressure but by the direct coercion exerted by the state through laws and legal penalties. The absurdity of a slippery slope argument is more obvious when the objection is framed in terms of parents being better or worse off. Of course, some parents would be worse off, but some others would be better off. This can be affirmed of any new possibility that alters the previously existing options. There are few if any new possibilities that will make everyone worse or better off. It is difficult to defend that this is a reason to affirm that this situation is morally inadmissible and to pretend to maintain the status quo by not taking the first step on a supposedly slippery slope.

## 7. Conclusion

In this paper, the permissibility of liberal eugenics has been defended against a particularly insidious objection. According to the pressure objection, prenatal and perinatal genetic choices would not be free even if we guarantee state neutrality. This objection affirms, therefore, that the conditions by which liberal eugenics tries to differentiate itself from the eugenics journey cannot be fulfilled, or at least we cannot guarantee that they will be fulfilled. These parental choices would be voluntary and made by individual parents, but not according to their own values, for their own sake, and/or the sake of their children.

We have shown that the pressure objection does not hold. What can happen is that the parents' values and preferences change once genetic choices are allowed. Sometimes the change will be welcomed and the change of values and preferences fully assumed. Perhaps other times the change is not welcome because although parents adapt their values and preferences to the new alternatives, they would prefer not to have had these new alternatives. But even if

this happens on occasion, which we cannot rule out, it hardly raises an objection to liberal eugenics on their own terms.

All change shares this characteristic. Some people embrace it wholeheartedly because they are better off in the new situation. For others the change is not welcome, as they preferred the old situation, and may be reluctant, but this is hardly a good reason not to introduce the change. If we still believe that it is a good reason, we can formulate an objection against the change, but this objection will no longer be the pressure objection. Reluctant as they may be, the choices of these parents would be made according to their own values and preferences and for their own sake. There is nothing contradictory or impossible in liberal eugenics.

I very much doubt that the new hypothetical objection that could be formulated is strong enough to prevent parents from making genetic choices as they are proposed in the liberal eugenics. According to the liberal view of the state, only a real and present danger to other citizens can justify curtailing freedom. And the fact that some people would prefer that the possibility be offered hardly qualifies as real and present danger.

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