Eugenic states envisaged by Plato and Aristotle, but the latter were repugnant enough, as Professor Galton makes clear. The ancient Greek versions were intended to achieve their eugenic objectives by laws and regulations, fines and deception.

Thus in Plato's republic reproduction by the ruling guardian class would be organised by the "philosopher king" to ensure optimal numbers and characteristics of offspring, along similar lines to those used by animal breeders. To achieve these objectives there would be no ordinary marriages for members of the guardian class who would instead be allowed to mate, if at all, only at special marriage festivals. The numbers and particulars of such matings would be at the discretion of the ruler, who would pair off those he considered most likely to produce the best offspring, and in numbers that would keep the population of the guardian class stable. To achieve these objectives partners would be selected officially by random ballot though in fact these "ballots" would be rigged to produce the ruler's predetermined selections. Members of the guardian class who were considered inferior would be prevented from mating, again by means of the rigged lottery.

While Aristotle thought these ideas of Plato to be impractical, at least for the guardian class, he proposed stringent compulsory birth control, including compulsory abortion, for the lower classes in order to control their numbers. In addition he was an early proponent of what might be regarded as compulsory antenatal care.

If we assume without further argument that compulsion, by the state or others is morally unacceptable, are either voluntary birth control or voluntary antenatal care (a) properly to be regarded as eugenics and (b) whether or not they are eugenics, are they morally undesirable? Recalling and rejecting Francis Galton's own definition of eugenics as "the science of improving the inherited stock, not only by judicious matings, but by all other influences", Professor Galton offers as an alternative definition: "the use of science applied to the quantitative and qualitative
improvement of the human genome”. Now while antenatal advice about relaxation and exercise and sensible diet might well help to protect the fetus and thus the genome from damage or destruction, it is difficult to see it as improving the genome - for the genome is unlikely to be changed at all as a result of such advice, and something can hardly be improved if it is unchanged. So antenatal care is not properly regarded as eugenics - and if it is voluntarily accepted without coercion it seems morally desirable for its beneficial results.

Birth control, however, can clearly fall within the definition of eugenics in those cases where the intention is “improvement of the human genome”, or in Francis Galton’s words, “improving the inherited stock” (elsewhere he writes of improving “the inborn qualities of a race”). Perhaps the first point to note is that most voluntary birth control is carried out because the users do not at that time wish to have a baby. Such intentions are likely to have nothing to do with improving the genome, stock or race, and so should not properly be called eugenics. Religious considerations apart it is difficult to see how voluntary birth control with such intentions can be regarded as morally objectionable.

Is voluntary uncoerced birth control with the intention of preventing the birth of a child because of its likelihood of having a genetically transmitted disorder to be interpreted as eugenics under Professor Galton’s definition? And again, whether or not it is eugenics, is it morally acceptable? For example, if a couple with a family history of Tay Sachs disease, who are opposed to abortion (and thus to post-conception genetic diagnosis followed by abortion of an affected fetus or embryo), use contraception in order not to have a child afflicted by Tay Sachs disease, are they pursuing eugenics, and is their action morally objectionable? Despite the notorious problem of discovering and then understanding what people’s intentions are it is quite possible to imagine people making such a decision with no intention whatsoever of improving the human stock, race or genome - they may simply not want to risk bringing into the world a child with a particular disorder. None the less such a couple may well fall within Professor Galton’s definition of eugenics for they will be using the products of science (contraceptives) “applied to the quantitative and qualitative improvement of the human genome” - ie to reduce by however many affected children they would otherwise have had (quantitative) a particular type (qualitative) of deleterious genome, notably that of Tay Sachs disease.

Contemporary opponents of such abortion for genetic defect - even when voluntary and uncoerced - offer a variety of moral arguments to justify their opposition. Some are of course opposed to any abortion on moral grounds, seeing it as murder of innocent children. But in addition to, and often independently of, any fundamental rejection of abortion, critiques from feminist and from disability perspectives are also offered against such “eugenic” abortions. Thus from certain feminist perspectives screening of pregnant women for genetic defects such as Down’s syndrome or neural tube defects often amounts in practice if not in theory to the socially coercive variant of eugenics by virtue of the pressure that is brought on pregnant women both to be screened and then to have abortions if they test positive.

Disability groups add to the moral criticism by arguing that selective abortion on the grounds of genetic condition not only amounts to eugenics in socially sanctioning and often encouraging attempts to reduce or eliminate the incidence of particular genetic disorders in a society, but also is morally unacceptable because it is based on and encourages negative discrimination against born people affected by the conditions for which such abortion is available.

Opposing such views, defenders of voluntary and uncoerced abortion for genetic defects argue that for many women the option of aborting a fetus with Down’s syndrome or neural tube defect, far from being oppressive to women, actually empowers them, giving them more choice. To disability groups they will respond by arguing that abortion of fetuses with genetic defects such as Down’s syndrome or neural tube defects in no way devalues people with these defects (such defenders will usually be clear in their own minds that fetuses are not people). Instead, it is a measure carried out in the belief that such people - equally valuable with all other people - none the less have undesirable disabilities that result from their genetic condition. Those who choose to abort fetuses with such genetic conditions do so because they do not wish to create new people with similarly undesirable disabilities.

Given the word’s negative connotations, to call voluntary uncoerced abortion for genetic defect “eugenic” makes clear the speaker’s moral stance. It does not help settle the issue of whether or not such abortion is morally acceptable.

References

Eugenics, contraception, abortion and ethics.

R Gillon

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