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## A World of Difference: The Fundamental Opposition between Transhumanist “Welfarism” and Disability Advocacy

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# A world of difference: The fundamental opposition between transhumanist “welfarism” and disability advocacy

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## Abstract

From the standpoint of disability advocacy, further exploration of the concept of well-being stands to be availing. The notion that “welfarism” about disability, which Julian Savulescu and Guy Kahane debuted, qualifies as helpful is encouraged by their claim that welfarism shares important commitments with that advocacy. As becomes clear when they apply their welfarist frame to procreative decisions, endorsing welfarism would, in fact, sharply undermine it. Savulescu and Kahane's Principle of Procreative Beneficence—which reflects transhumanism, or advocacy of radical bioenhancement—morally requires parents to choose the child who will, in all probability, have “the best life.” Assuming the emergence of potent biotechnologies, procreative decision-making would be highly standardized, for prospective parents would be morally obliged to maximize select capacities, including intelligence, self-control, and hedonic set-point, in their children. Welfarism, applied to reproduction, is staunchly objectivist about what course is incumbent on decision-makers, giving no credence to first-personal values, aspirations, and experiences. Though this dismissal of individual perspectives applies to everyone, its implications for disability advocacy are especially severe. With that advocacy in view, greater attention to “well-being” should, therefore, be severed from the welfarism of Savulescu and Kahane.

## KEYWORDS

disability, human enhancement, procreation, transhumanism, welfarism, well-being

## 1 | INTRODUCTION

The implications for procreative decision-making of potent biotechnologies, if and when they become available, are much discussed, especially within the debate over human enhancement and in accounts of disability. Enhancement and disability come together in Julian Savulescu and Guy Kahane's “welfarist account” of disability and its mapping onto procreative decisions, namely, those about the composition of future generations.

Welfarism approaches disability through the lens of well-being, seen as the sole intrinsic good. In “The Welfarist Account of

Disability” (2009) and “Disability: A Welfarist Approach” (2011),<sup>1</sup> Savulescu and Kahane present welfarism about disability, which they debuted, as sharing important commitments with disability advocacy: welfarism eschews the biomedical model's occupation with “normality/normal functioning” and gives a salient role to context in determinations of whether a condition counts as a disability; as well, it

<sup>1</sup>Kahane, G., & Savulescu, J. (2009). The welfarist account of disability. In K. Brownlee & A. Cureton (Eds.), *Disability and disadvantage* (pp. 14–53). Oxford University Press; Savulescu, J., & Kahane, G. (2011). Disability: A welfarist approach. *Clinical Ethics*, 6(1), 45–51.

fosters destigmatization by acknowledging that all humans have disabilities.<sup>2</sup>

A compelling defense of substantive ties between welfarism and disability advocacy should delineate their existence in the sphere of procreative decision-making. The above defenses of a welfarist framing of disability per se are silent on its application to this arena. Instead, Savulescu and Kahane refer interested readers to their discrete handling of procreation in "The Moral Obligation to Create Children with the Best Chance of the Best Life" (2009).<sup>3</sup>

The Principle of Procreative Beneficence (PB) promulgated there reflects transhumanism, or advocacy of radical bioenhancement.<sup>4</sup> PB "instructs" prospective parents to choose the child "with the best chance of the best life,"<sup>5</sup> or simply "the best child."<sup>6</sup> What drives flourishing is maximal bioenhancement of featured capacities, including intelligence and hedonic set-point. Though, today, parents are allowed some discretion, as "our ability to use [biotechnologies] to select non-disease characteristics increases...PB will require most reproducers to select the most advantaged child unless doing so is predicted to lead to a very significant loss of well-being to existing people."<sup>7</sup>

PB has received a great deal of focused attention from critics of transhumanism. This paper concentrates on PB's role in the illustration and unpacking of welfarism, and the light this sheds on the question of whether welfarism and disability advocacy are or could be congenial. From this standpoint, what matters is that "The Moral Obligation to Create Children with the Best Chance of the Best Life" illuminates how welfarism maps onto procreative decisions. Once this mapping is fully probed, welfarism's incompatibility with disability advocacy is unmistakable.

When considering the following argument, it is important to bear in mind several major commitments that are widely shared among disability advocates:

1. an abandonment of the biomedical model of disability, which features internal properties of persons with disabilities, not social factors, as the sources of their limitations;
2. rejection of a binary between "abled" and "disabled," with the former pole valorized and the latter disvalued;
3. a shunning of "unnecessary prescription" involving what constitutes well-being, central to which is "ability-centrism"<sup>8</sup>; and

4. dismissal of a tendency to discredit views of persons with disabilities about the caliber of their own lives.

These commitments challenge widespread views that restrict the availability of flourishing to possessors of certain capacities; those judged to lack these, based on internal features, are classified as "disabled." Since holders of this view deem their picture to be objectively correct, they discount claims by persons with disabilities that their quality of life is much higher than "abled" persons gauge it to be and would improve substantially beyond that if societal institutions and practices were suitably adjusted. Once we have unpacked Savulescu and Kahane's welfarism, it will be evident that it excludes all four of the above claims.

As to the structure of what follows, having articulated key features of their welfarism—its rejection of normality, normality's supplanting with well-being, a pointed exclusion of prejudice, and an insistence that disabilities are internal conditions—I investigate them all, underscoring major divisions between welfarism and disability advocacy. PB's role in illustrating and elucidating welfarism is integrated throughout. Combining the fruits of this investigation with reflections on well-being by disability advocates themselves, I conclude that while greater attention to well-being vis-à-vis disability would be availing, this inquiry should be severed from the construction of "well-being" by welfarism's originators.<sup>9</sup>

## 2 | WELFARISM

To set the stage for what follows, we must foreground several features of welfarism. First, contra "the traditional medical model" of disability, welfarism "makes no reference to biological or statistical normality: whether or not a condition is normal or deviates from normality is *not* an intrinsic property of a person."<sup>10</sup> Second, well-being supplants normality:

Although our definition does not use explicit evaluative and normative terms, we do refer to the concept of well-being, which has inherent normative significance. If something leads to a reduction in someone's well-being, then that thing is bad for that person. This means that if something is a disability in our sense, then it is also by definition a condition that makes life worse, and gives *prima facie* reasons to address it.

<sup>2</sup>Kahane & Savulescu, op. cit. note 1, pp. 30, 43.

<sup>3</sup>Savulescu & Kahane, op. cit. note 1, pp. 50n3, 51n20; Savulescu, J., & Kahane, G. (2009). The moral obligation to create children with the best chance of the best life. *Bioethics*, 23(5), 274–290.

<sup>4</sup>"Enhancement/bioenhancement" is a technical or semi-technical term for augmenting capacity or functioning where no prior deficiency exists. Transhumanists urge maximal bioenhancement of their featured capacities. For extensive analysis and critique of transhumanism, see Levin, S. B. (2021). *Posthuman bliss? The failed promise of transhumanism*. Oxford University Press.

<sup>5</sup>Savulescu & Kahane, op. cit. note 3.

<sup>6</sup>Savulescu, J. (2001). Procreative beneficence: Why we should select the best children. *Bioethics*, 15(5–6), 413–426.

<sup>7</sup>Savulescu & Kahane, op. cit. note 3, p. 281.

<sup>8</sup>Hutcheon, E., & Wolbring, G. (2013). "Crippling" resilience: Contributions from disability studies to resilience theory. *M/C Journal*, 16(5). <https://doi.org/10.5204/mcj.697>

<sup>9</sup>Some maintain that the availability of powerful enhancement technologies could be liberatory for individuals with disabilities. Wasserman, D. (2012). *Ethics of human enhancement and its relevance to disability rights*. John Wiley and Sons. <https://doi.org/10.1002/9780470015902.a0024135>. Transhumanism, as defended by prominent figures including Savulescu and Kahane, Nick Bostrom, and John Harris, is staunchly objectivist. This puts it at odds with the emphasis on first-personal considerations associated with the aforementioned liberation. See also Wasserman, *ibid*: p. 5.

<sup>10</sup>Quotations in this paragraph are from Savulescu & Kahane, op. cit. note 1, p. 46.

Third, Savulescu and Kahane are adamant that any ill effects on well-being stemming from social prejudice be barred from the sphere of disability: anything properly called a “disability” must capture constrictions of well-being once “we subtract the effect on [well-being] due to discrimination against a trait of whatever kind.”<sup>11</sup> The fourth commitment, which follows from the prior three, is that the term “disability” should be reserved for

any stable physical or psychological property of subject S that leads to a significant reduction of S's level of well-being in circumstances C, *excluding* the effect that this condition has on well-being that is due to prejudice against S by members of S's society.<sup>12</sup>

My elucidation of these features of welfarism in close connection with PB will, at the same time, make clear that and why welfarism excludes all the above-mentioned, major commitments of disability advocates.

### 3 | WHY SAVULESCU AND KAHANE REJECT NORMALITY AND WHAT THEY WOULD REPLACE IT WITH

Per the biomedical model, health is the absence of disease, tied closely to objective measures of functionality. The major, shared commitment of welfarism and the social model of disability is that both reject biomedicine's anchoring concept of “normality/normal functioning”—the bifurcation of individuals into normal and abnormal—which construes far too narrowly what living well can encompass. What makes it major is not that it reflects substantive common ground but that a focus on normality is deemed woefully restrictive compared with each party's alternative.

Disability scholars and activists have extensively critiqued reliance on the concept of normality as a yardstick for determinations of harmful states and of what measures are viable options for their amelioration.<sup>13</sup> With a flourish, Savulescu and Kahane exclude normality from their accounts of disability,<sup>14</sup> as though this very move signified welfarism's role as a constructive player in current discussions of how best to further the aims of disability advocates. As we will see, however, the parties diverge both in their reasons for excluding the concept of normality from their accounts and in what they aspire to shift us toward. Far from buttressing disability advocacy, linking welfarism and disability advocacy on this basis could undercut the latter by making welfarism seem nonthreatening

or less threatening than it actually is to disability advocates' own guiding values and aims.

Savulescu and Kahane's answer to the question, “Why does welfarism jettison normality as too restrictive?” is fully evident only when we consider their rejection of normality in relation to procreative decisions. When PB is unpacked, welfarism is seamlessly coopted to serve Savulescu and Kahane's advocacy of radical bioenhancement. Of available perspectives on procreative decision-making, only welfarism morally requires parents to select any and all “welfare enhancing traits,” prominent among them “high intelligence” and “positive hedonic tone.”<sup>15</sup> When defending PB, Savulescu and Kahane exclude the concept of normality from their welfarist account of disability because it mislocates the evaluative bar, setting our aspirations in relation to levels of favored features and abilities *far too low*. Not coincidentally, this commitment is a fixture of transhumanist thought.<sup>16</sup>

In sharp contrast, disability advocates reject a crisp “hierarchy of value and well-being among lives on the basis of capabilities.”<sup>17</sup> Even more anathema is Savulescu's claim that “to enhance is to increase the value of a person's life.”<sup>18</sup> This view equates augmenting featured goods, or capacities, with elevating the worth of persons' *lives*. This conflation, which Adrienne Asch and David Wasserman term “synecdoche,” represents “the characteristic response to a stigmatized trait, in which the part obscures or effaces the whole.”<sup>19</sup>

Procedural autonomy is deeply unsatisfactory to Savulescu and Kahane because it allows parents far too much latitude to reach decisions that are objectively sub-par.<sup>20</sup> Savulescu and Kahane try to soften the blow somewhat: “We present PB as a moral obligation. This claim can be misunderstood,” as stipulating that

if there is a moral obligation to do X then...we absolutely *must* do X....If reproducers have decided to have a child, and selection is possible, then they have an *absolute moral obligation* to select the child, of the possible children they could have, whose life can be expected to go best.<sup>21</sup>

That PB may be *misconstrued* as unduly rigid implies that attentive, reasonable readers—as opposed to careless, unreasonable ones—will appreciate that it offers decision-makers a measure of flexibility. However, as Savulescu and Kahane acknowledge, the

<sup>11</sup>Kahane & Savulescu, op. cit. note 1, p. 35.

<sup>12</sup>Savulescu & Kahane, op. cit. note 1, p. 45.

<sup>13</sup>See, for example, Davis, N. A. (2005). Invisible disability. *Ethics*, 116(1), 153–213; Goering, S. (2008). “You say you're happy, but...”: Contested quality of life judgments in bioethics and disability studies. *Bioethical Inquiry*, 5(2–3), 125–135; Hall, M. C. (2019). Second thoughts on enhancement and disability. In A. Cureton & D. T. Wasserman (Eds.), *The Oxford handbook of philosophy and disability* (pp. 1–19). Oxford University Press.

<sup>14</sup>Savulescu & Kahane, op. cit. note 1, p. 46.

<sup>15</sup>Savulescu & Kahane, op. cit. note 3, p. 289.

<sup>16</sup>Although direct consideration of transhumanism falls outside my focus here, I mention ideas of Savulescu and Kahane's that reflect it.

<sup>17</sup>Hall, M. C. (2017). *The bioethics of enhancement: Transhumanism, disability, and biopolitics* (p. 24). Lexington Books.

<sup>18</sup>Savulescu, J. (2006). Justice, fairness, and enhancement. *Annals of the New York Academy of Sciences*, 1093(1), 325.

<sup>19</sup>Asch, A., & Wasserman, D. (2005). Where is the sin in synecdoche? Prenatal testing and the parent-child relationship. In D. Wasserman, J. Bickenbach, & R. Wachbroit (Eds.), *Quality of life and human difference: Genetic testing, health care, and disability* (p. 173). Cambridge University Press.

<sup>20</sup>Levin, op. cit. note 4, p. 158.

<sup>21</sup>Savulescu & Kahane, op. cit. note 3, pp. 277–278.

proviso typically applies to major moral “reasons,” which term they deem synonymous with “obligations.”<sup>22</sup> Like moral obligations comparable to it in heft, PB is presumptively binding, meaning that countervailing reasons would have to be very powerful to override its dictates.

Unsurprisingly, PB-centered “deliberation” comes across as standardized, impersonal, and affectless. This is clear, as well, when Savulescu and Kahane channel decision theory, with an objectivist modification:

The expected value of an outcome is the value of that outcome multiplied by the probability of it occurring. When we make decisions, the option we should choose is the one which maximizes expected value. In the case of selection and reproductive decision-making, the outcome of interest should be how well a new person's whole life goes, that is, well-being.<sup>23</sup>

In terms of decision theory, their focus is normative, not descriptive. Within a decision-theoretic frame, although individuals' procedure can be assessed for its rationality (e.g., logical soundness), rational decisions—on the plane of content—are irreducibly first-personal.<sup>24</sup> Per PB, however, *all* proceeding rationally would reach uniform conclusions about what promoted the greatest well-being, namely, the maximization of Savulescu and Kahane's featured capacities. Avowedly, PB is “a maximizing principle”<sup>25</sup>: it “tells prospective parents to aim to have the child who, given her genetic endowment, can be expected to enjoy most well-being in her life.”<sup>26</sup> Decisions about what child parents “ought to select” would be based on information about “genetic potential.”<sup>27</sup> A child's being “the most intelligent” is tied closely to “genetic selection.”<sup>28</sup> More generally, the child “expected to enjoy most well-being in her life” is one with “extraordinary talents,” as bestowed by her “genetic endowment.”<sup>29</sup> Maximized versions of favored capacities, encapsulated in genetic profiles, are, thus, seen to promote the greatest well-being, and PB obliges prospective parents to choose children whose genetic endowments transmit these abilities.

PB's invocation of normative decision theory, with its objectivist modification, encapsulates the pro forma way in which—as enhancement biotechnologies became available and their potency increased—prospective parents would be morally required to “choose” children whose lives would in all probability go “best.” Parents of the future would identify “primary-/all-purpose goods;”<sup>30</sup> find out what

technologies were available to augment them at the point of decision; and then employ those that would maximize prized features and abilities in their children. This focus on standardized gathering and use of information contrasts starkly with the emphasis on procreative liberty that is widely accepted in bioethics due to its role in self-determination.<sup>31</sup> *Mutatis mutandis*, Savulescu and Kahane are far more stringent than disability advocates who prefer, all things equal, that people not use assisted reproductive technologies and selective abortion to avoid having a child with a disability but pointedly decline to issue a moral mandate.<sup>32</sup>

It is clear that, for Savulescu and Kahane, the role of “context” is much less flexible and pluralistic than it may sound when ensconced strictly within their advocacy of welfarism. The narrowness of their construction of context is reinforced in the following section, which foregrounds their investment of genes with a strong causal role in relation to complex phenotypic traits, including intelligence and self-control.

#### 4 | WELFARISM, PB, AND THE CAUSAL PRIMACY OF GENES

Our discussion of welfarism, PB, and genes launches from a revealing passage in Savulescu and Kahane's “Disability: A Welfarist Approach”:

People sometimes associate disability with visible and overt features of people's bodies, or with very severe mental limitations. But genetics, biology and psychology will identify many other internal features of people to be impediments to well-being. It may turn out, for example, that having poor impulse control is, in many contexts, a far greater obstacle to a good life than being deaf or missing an arm. That is, having poor impulse control may adversely affect well-being, and thus be a *far greater* disability than losing an arm, even if the intuitions of many will militate against this claim. The fact that certain properties of people are more salient than others may distort our understanding of the weight they have in shaping people's lives....Our welfarist account tries to correct this distortion by defining disability in a broader and more inclusive way.<sup>33</sup>

As support for their claim about self-control, Savulescu and Kahane cite an article by psychologist Walter Mischel, whose conclusion they treat as established fact.<sup>34</sup> In Mischel's studies of impulse control in nursery-school children during the late 1960s and

<sup>22</sup>Ibid: 278.

<sup>23</sup>Ibid.

<sup>24</sup>Elliott, E. (2019). Normative decision theory. *Analysis*, 79(4), 755.

<sup>25</sup>Savulescu & Kahane, op. cit. note 3, p. 280.

<sup>26</sup>Ibid: 275.

<sup>27</sup>Ibid: 281.

<sup>28</sup>Ibid: 284.

<sup>29</sup>Ibid: 275, 283, and 275, respectively.

<sup>30</sup>Savulescu & Kahane, op. cit. note 3; Dunlop, M., & Savulescu, J. (2014). Distributive justice and cognitive enhancement in lower, normal intelligence. *Monash Bioethics Review*, 32(3–4), 189–204.

<sup>31</sup>Robertson, J. A. (1994). *Children of choice: Freedom and the new reproductive technologies* (p. 4). Princeton University Press.

<sup>32</sup>Parens, E., & Asch, A. (1999). The disability rights critique of prenatal genetic testing: Reflections and recommendations. *Hastings Center Report*, 29(5), spec. suppl., S20; Baily, M. A. (2000). Why I had amniocentesis. In E. Parens & A. Asch (Eds.), *Prenatal testing and disability rights* (pp. 64–71). Georgetown University Press.

<sup>33</sup>Savulescu & Kahane, op. cit. note 1, p. 47.

<sup>34</sup>Ibid: 50n13. The following discussion of Mischel draws on Levin, op. cit. note 4, pp. 20, 267n15.

early 1970s, children would receive one or two marshmallows, respectively, depending on whether they submitted immediately to their desire for this tempting snack or deferred gratification. Following study subjects into adolescence and adulthood, Mischel maintained that preschoolers in the two-marshmallow group had become more self-disciplined people, doing better socially and academically than those who had received only one.<sup>35</sup> His conclusion: these distinctions in outcome were governed largely by children's varying natural capacities for self-control, which were themselves linked to intelligence.<sup>36</sup> In other words, according to Mischel, people's standing in relation to self-control—and, clearly, intelligence as well—is, in essence, innate. Mischel's conclusion has been rejected and his approach rightly critiqued for its relative neglect of children's environment.<sup>37</sup>

My main point here does not concern Mischel himself but, rather, the fact that both his conclusion and Savulescu and Kahane's position reflect the problematic assignment of a massive causal role to genes in creating complex phenotypic traits. For there is now ample evidence that, unlike what obtains with physical features such as eye color, the relationship of genes to complex phenotypic traits is “nuanced and indirect.”<sup>38</sup>

Savulescu and Kahane's perspective on self-control—stated in their general defense of welfarism—is fleshed out in their defense of PB. The following list of claims by Savulescu and Kahane, which ties together prior points and further unpacks PB, foregrounds their dependence on genetic manipulation to deliver maximal augmentation of it and other prioritized capacities:<sup>39</sup>

1. PB “is a maximizing principle.”
2. What would be maximized is a child's genetic profile in relation to “disease” and “non-disease” features, where the latter include self-control, “high intelligence,” and “positive hedonic tone.”
3. PB “instructs [prospective parents] to choose, out of [their] possible future children, the one who is likely to be the most advantaged.”
4. This is none other than “the child who, given her genetic endowment, can be expected to enjoy most well-being in her life.”
5. Since, today, the non-disease traits that interest Savulescu and Kahane cannot be ratcheted up technologically, the use of IVF toward that end cannot yet be mandated.

<sup>35</sup>See, for example, Mischel, W., Shoda, Y., & Peake, P. K. (1988). The nature of adolescent competencies predicted by preschool delay of gratification. *Journal of Personality and Social Psychology*, 54(4), 687–696; Casey, B. J., Somerville, L. H., Gotlib, I. H., Ayduk, O., Franklin, N. T., Askren, M. K., Jonides, J., Berman, M. G., Wilson, N. L., Teslovich, T., Glover, G., Zayas, V., Mischel, W., & Shoda, Y. (2011). Behavioral and neural correlates of delay of gratification 40 years later. *Proceedings of the National Academy of Sciences of the United States of America*, 108(36), 14998–15003.

<sup>36</sup>Mischel, W., et al., op. cit. note 35; Casey, B. J., et al., op. cit. note 35; Mischel, W., Ayduk, O., Berman, M. G., Casey, B. J., Gotlib, I. H., Jonides, J., Kross, E., Teslovich, T., Wilson, N. L., Zayas, V., & Shoda, Y. (2011). “Willpower” over the life span: Decomposing self-regulation. *Social Cognitive and Affective Neuroscience*, 6(2), 252–256.

<sup>37</sup>Kidd, C., Palmeri, H., & Aslin, R. N. (2013). Rational snacking: Young children's decision-making on the marshmallow task is moderated by beliefs about environmental reliability. *Cognition*, 126(1), 109–114.

<sup>38</sup>Levin, op. cit. note 4, p. 100.

<sup>39</sup>Quotations in the ensuing list are drawn from Savulescu & Kahane, op. cit. note 3, pp. 280, 289, 286, 275, and 281.

6. Savulescu and Kahane combine a presumption of genes' tremendous causal heft in relation to complex phenotypic traits with confidence that “there is no reason in principle why embryos in the future could not be selected on any genetic basis.”
7. Therefore, “As means of selection become safer and our ability to use them to select non-disease characteristics increases...PB will require most reproducers to select the most advantaged child unless doing so is predicted to lead to a very significant loss of well-being to existing people.”

We can distill three main convictions from this list. First, genes have unidirectional, governing causality in relation to featured traits. The second conviction, PB's mandate to maximize, is tied closely to the first: requiring maximization would be nonsensical unless one deemed genetic contributions to be huge and generally reliable. Third, Savulescu and Kahane firmly endorse an objectivist view of well-being, according to which genetic profiles are proxies for persons' probable levels of well-being and even the value of lives themselves.<sup>40</sup>

## 5 | SAVULESCU AND KAHANE'S DENIAL THAT THEIR CONSTRUCTION OF WELL-BEING IS CONTENTIOUS

In light of all that precedes, it is surprising to read that welfarism

does not rely on some special and controversial conception of well-being. All it asks us is to apply the same concepts we already employ in everyday situations. And every day we make implicit judgments about what is good and better for people when we form social policies, develop priorities for research, educate our children and prioritize social institutions and practices.<sup>41</sup>

Of course, from the fact that usage of certain terms (e.g., “autonomy,” “justice,” “beauty”) is widespread, it in no way follows that the concepts employed are identical. More to the point, once PB is unpacked, it is clear that Savulescu and Kahane's welfarism does, in fact, commit procreative decision-makers to stringent and unusual parameters. In tandem with ongoing boosts to the strength of enhancement biotechnologies, PB's stringency would push prospective parents increasingly toward IVF as the right path by which to meet their moral obligation to have the child whose well-being would be greatest. The implications of the mandate to maximize would be momentous for humans generally. But they would be greatest and most damaging for

<sup>40</sup>Since the view of genetic causation reflected in the first of these three convictions is increasingly passé (see Levin, op. cit. note 4), the heavy dependence of the latter two on it is unfortunate for Savulescu and Kahane.

<sup>41</sup>Savulescu & Kahane, op. cit. note 1, p. 48.

existing persons with disabilities and to procreative decision-making involving disability.

Savulescu and Kahane's consummate project is the same for everyone: maximization of "objectively" featured traits; what fits the bill, quantitatively, would be set by what biotechnologies made possible at a given time. Savulescu and Kahane proceed as though they could legitimately be charged with violating value pluralism only if they listed the various endeavors that the "best" life would include.<sup>42</sup> Brief consideration of their stress on augmenting intelligence/rationality suggests why this assumption is incorrect. Those with heightened intellects might not wish to devote themselves to the scientific and technological professions that transhumanists, Savulescu and Kahane included, valued most. But they might well experience pressure to select them and might often capitulate. Meanwhile, those who shook off this duress would be seen as leading inferior lives because they had "settled for" pursuits, such as architecture, theater, and farming, on which their upgraded intellects were largely "wasted."<sup>43</sup>

Moreover, dedication to intellectual fields that did not subserve a technically focused agenda, such as history and philosophy, might also be discouraged—unless they could be repurposed to do so. We already witness this line of thought, as when transhumanist Nick Bostrom presses philosophers to suspend their traditional dedication to grappling with "big," human questions—in metaphysics, epistemology, or ethics—that have no final answers and to apply their honed intellects instead to specific, technical challenges, like addressing "the value-loading problem" concerning artificial "superintelligence."<sup>44</sup> As he sees it, far from being quaint and innocuous, a continuation of this dedication would be harmful.<sup>45</sup>

This brief discussion of intelligence/rationality suggests how Savulescu and Kahane's welfarism might be implemented in a fashion that, far from being compatible with value pluralism, greatly constricted the scope of paths seen as highly worthwhile.

## 6 | COMPARING SAVULESCU AND KAHANE'S REJECTION OF NORMALITY WITH THAT OF DISABILITY ADVOCATES

Savulescu and Kahane's dismissal of normality, touted as substantive common ground with disability advocates, turns out to be a rejection only of *biological* normality, which "is allied with the contrast between

function and malfunction" and "need not reflect any statistical norm."<sup>46</sup> They actually endorse statistical normality, which is "defined as an average—as the mean, median, or mode."<sup>47</sup> As a result, "What is statistically normal," in relation to features from height to IQ, shifts "with changes in the population."<sup>48</sup>

When defending welfarism and PB, Savulescu and Kahane typically either frame the normality they reject in biological terms or stress that their account of welfarism does not itself rely on biological or statistical normality. However, in an article entitled "The Concept of Harm and the Significance of Normality," they both reject biological normality and argue that "statistical normality, while lacking inherent moral significance, can nevertheless matter *derivatively*."<sup>49</sup> Statistical normality enables one to identify and explain harms and disadvantages, construed as such because they "adversely" impact "[w]hat really matters": well-being.<sup>50</sup> Moreover, what emerges from this recourse to statistical normality should influence priorities in resource allocation and moral attitudes.<sup>51</sup>

Kahane and Savulescu's defense of the value of statistical normality in "The Concept of Harm and the Significance of Normality" rests on ideas that call to mind their explication and defenses of welfarism and PB. Assuming that both curing blindness and the bioenhancement of IQ are live options, they have the same rationale and aim: removing "obstacles to greater wellbeing."<sup>52</sup> Harm and disadvantage are "context-relative,"<sup>53</sup> in a way that meshes with welfarism and PB; for instance, an already-brilliant mathematician would be disadvantaged (i.e., his well-being would be less than what was possible for him) if bioenhancement of his IQ was available but not employed.<sup>54</sup> This example anticipates Kahane and Savulescu's claim, later in the article, that "biomedical advances" will "transform human capacities," including intelligence and lifespan, resulting in upward shifts in statistical norms.<sup>55</sup> Such "developments are likely to change the way we understand harm....When societies empower large numbers of people with new powers through technology, it can become harmful and unjust to lack the abilities provided by technology."<sup>56</sup>

As Stephen M. Campbell and Joseph A. Stramondo point out, here, "[J]udgments of comparative badness" are at issue, and these "stem from a comparison between one's actual well-being and one's well-being in a counterfactual scenario."<sup>57</sup> Per Kahane and Savulescu

<sup>42</sup>Savulescu & Kahane, op. cit. note 3, pp. 279, 282.

<sup>43</sup>It is worth remarking, too, that even if people concurred on the objective worth of elevating "all-purpose goods," such as intelligence, felt well-being might not rise in sync with increasingly powerful boosts to these. Hauskeller, M. (2013). *Better humans? Understanding the enhancement project* (p. 20). Acumen. Notably, greater success of perfectionists and "maximizers" by "objective" measures has been found to correlate with reduced "subjective" well-being. Schwartz, B., Ward, A., Monterosso, J., Lyubomirsky, S., White, K., & Lehman, D. R. (2002). Maximizing versus satisficing: Happiness is a matter of choice. *Journal of Personality and Social Psychology*, 83(5), 1178–1197; Curran, T., & Hill, A. P. (2019). Perfectionism is increasing over time: A meta-analysis of birth cohort differences from 1989 to 2016. *Psychological Bulletin*, 145(4), 410–429.

<sup>44</sup>Bostrom, N. (2014). *Superintelligence: Paths, dangers, strategies* (pp. 58–59, 256, 208). Oxford University Press.

<sup>45</sup>Ibid: 58–59, 256.

<sup>46</sup>Wachbroit, R. (1994). Normality as a biological concept. *Philosophy of Science*, 61(4), 587, 581.

<sup>47</sup>Ibid: 580.

<sup>48</sup>Ibid.

<sup>49</sup>Kahane, G., & Savulescu, J. (2012). The concept of harm and the significance of normality. *Journal of Applied Philosophy*, 29(4), 320, 321.

<sup>50</sup>Ibid: 328.

<sup>51</sup>Ibid: 324–327.

<sup>52</sup>Ibid: 324.

<sup>53</sup>Ibid. Because what they discuss "makes no reference at all to biological normality or biological or evolutionary function...[i]f most humans became blind, or lived to 100, this would be the relevant statistical reference point" (Ibid: 331n21).

<sup>54</sup>Ibid: 324.

<sup>55</sup>Ibid: 328, 327.

<sup>56</sup>Ibid: 328.

<sup>57</sup>Campbell, S. M., & Stramondo, J. A. (2017). The complicated relationship of disability and well-being. *Kennedy Institute of Ethics Journal*, 27(2), 155.

in "The Concept of Harm and the Significance of Normality," having versus lacking a particular capacity (such as sight) or having more versus less of a valued capacity (such as IQ) increases well-being, while lacking the capacity or having a lesser amount reduces it.<sup>58</sup> Moreover,

[W]hen we can remove some obstacle to greater wellbeing...in many cases it would be morally wrong to fail to remove that obstacle....If blindness reduces wellbeing, and we can cure it, we should. If higher IQ increases wellbeing, and we can raise it, we should, other things being equal....If we can choose, we should choose to create seeing, highly intelligent children rather than ones who are blind or of lower intelligence.<sup>59</sup>

Blindness and IQ that is not as high as available biotechnology allows are alike in being "obstacles to greater wellbeing"<sup>60</sup>; as such, "[T]hey potentially generate the same kind of reasons for action."<sup>61</sup>

Given the above commitments, it is unnecessary to quibble over whether statistical normality has a major role in their welfarism or, instead, as they insist, a subsidiary one. What matters is that their evaluative construction of statistical normality not only fits with, but could be used to reinforce, the restrictive normativity of welfarism and PB by contributing to an impression that this normativity is objective. For, via appeals to statistical normality, assessments of well-being and what reduces it, thereby constituting harm, are tethered to quantitative measures of capacities in a population, including IQ as a measure of intelligence.

Moreover, Kahane and Savulescu eagerly await the arrival of biotechnologies that would dramatically upgrade favored capacities, raising, thereby, levels of these abilities whose possession would represent harm and disadvantage. They project, for instance, that "to have less than an IQ of 160, to lack great artistic talent, or to live less than 130 years" will come to be characterized as a source of major harm and disadvantage, like "to be severely intellectually impaired, paraplegic, blind, or to die in one's 20s" is today.<sup>62</sup> The former "could quickly move closer to being of a kind with" the latter.<sup>63</sup> As noted by Natalie Ball and Gregor Wolbring, critics of reliance on statistical normality, since "conditions for cognition and disability are constantly changing...those who do not use [cognitive bioenhancement] would fall behind and could be considered disabled, even though their abilities would have been categorized as normal

in the past."<sup>64</sup> This is greatly concerning, especially for persons already deemed to have disabilities, as their perceived standing in relation to harm and prejudice would presumably worsen.

The above makes clear why, from the standpoint of disability advocacy, rejecting biological normality is not enough. Whatever its construction, "'Normal' is such a benign word when things are normal."<sup>65</sup> But when it is "used against an individual who fails to meet that norm, the word can feel like a bludgeon, an excuse to accuse, condemn, exclude, or denigrate."<sup>66</sup> A central reason that the concept of normality must be rejected is that—whether the norms are fixed, as in biological normality, or movable, per the statistical variety—it anchors a false binary between "abled" and "disabled." Moreover, this binary wrongly assimilates "abled" to "healthy" and "disabled" to "unhealthy."<sup>67</sup> Positing a sharp divide between the abled and disabled vastly oversimplifies the terrain where human health and flourishing are concerned. Much of what restricts opportunity, hopes, and dreams for persons with disabilities is tied to this conceptual strait-jacketing of complex human terrain. Both biological and statistical normality must, therefore, be rejected. Let us briefly consider these, in turn.

The concept of biological normality is integral to the biomedical model of disability, which sees disabilities as internal to the individual. Those who diverge from biological norms, or "species-typical" abilities, are viewed as defective and in need of "fixing," should that be possible.<sup>68</sup> An influential example is bioethicist Norman Daniels's view that "disease and disability...are...adverse departures from or impairments of species-typical normal functional organization or 'normal functioning,' for short."<sup>69</sup> Thus defined, disease and disability (aka abnormality) generally make lives worse, by reducing opportunity.<sup>70</sup> Per Ron Amundson, who critiques this view, because normality "is determined by objective science, judgments based on it carry a high authority....All *normal* humans can see and walk. Those whose opportunities are diminished by their inability to see and walk have their own abnormality to blame."<sup>71</sup>

What Daniels interprets as "the relatively objective and nonevaluative context provided by the biomedical sciences"<sup>72</sup> is seen by disability advocates as both biologically inaccurate and highly normative. Biologically speaking, "The partitioning of human variation into the normal versus the abnormal has no firmer...footing than the partitioning into races. Diversity of function is a fact

<sup>58</sup>Kahane & Savulescu, op. cit. note 49.

<sup>59</sup>Ibid: 324.

<sup>60</sup>Ibid.

<sup>61</sup>Ibid.

<sup>62</sup>Ibid: 319, 318.

<sup>63</sup>Reynolds, J. M. (2016). Toward a critical theory of harm: Ableism, normativity, and transability (BIID). *Philosophy & Medicine*, newsletter of The American Philosophical Association, 16(1), 44n42. Per Reynolds, statistical normality "is not sufficient for predictions of happiness and, *a fortiori*, sufficient as a ground for normative judgment, even if only in reference to questions of distributive justice...[A] better route to ground such judgments is through a critical synthesis of empirical and reflective evidence about lives attested to be or not be worth living" (42).

<sup>64</sup>Ball, N., & Wolbring, G. (2014). Cognitive enhancement: Perceptions among parents of children with disabilities. *Neuroethics*, 7(3), 360.

<sup>65</sup>Kittay, E. F. (2019). *Learning from my daughter: The value and care of disabled minds* (p. 25). Oxford University Press.

<sup>66</sup>Ibid.

<sup>67</sup>Hall, op. cit. note 17, pp. 102, 117; Wendell, S. (2017). Unhealthy disabled: Treating chronic illnesses as disabilities. In L. J. Davis (Ed.), *The disability studies reader* (pp. 160–172). Routledge; Shakespeare, T. (1998). Choices and rights: Eugenics, genetics and disability equality. *Disability and Society*, 13(5), 668–681.

<sup>68</sup>Wolbring, G. (2008). The politics of ableism. *Development*, 51(2), 253.

<sup>69</sup>Daniels, N. (2000). Normal functioning and the treatment-enhancement distinction. *Cambridge Quarterly of Healthcare Ethics*, 9(3), 314.

<sup>70</sup>Ibid: 315.

<sup>71</sup>Amundson, R. (2000). Against normal function. *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences*, 31(1), 46.

<sup>72</sup>Daniels, op. cit. note 69, p. 315.



of biology.<sup>73</sup> This biological misconception is tied to a misunderstanding of genetic contributions to complex phenotypic traits—one evident in Savulescu and Kahane's defenses of welfarism and PB—whereby the genome is “a set of blueprints or instructions.”<sup>74</sup> In fact, as noted in Section 4, there is abundant evidence today that, unlike what obtains for genetic contributions to straightforward physical features (e.g., eye color), those to complex phenotypic traits are subtle and indirect. Normatively, the commitment is that departures from “normal functioning” make lives worse. For their part, disability advocates answer a resounding “yes” to the question, “Is a good life compatible with a life that is ‘not normal?’”<sup>75</sup>

As indicated by Eva Feder Kittay, the normative character of statistical normality is especially clear when this type of normality is represented by an ogive curve, which displays “cumulative frequency.”<sup>76</sup> While, in a bell curve, the norm “is represented by a statistical frequency which is a midpoint between extremes,” in an ogive curve,

the left side of the bell curve is represented as the bottom half, while the right side is represented as the top half....Whatever is below the midpoint is considered “abnormal,” and whatever is above is normal. The closer the IQ [or whatever other capacity is being measured] is to the top of the curve, the closer it comes to the ideal. The distribution curve thus morphs from an objective representation of statistical frequencies to a value-laden representation.<sup>77</sup>

A potent indicator that divergent valuations are involved, to the detriment of persons with disabilities, is that, unlike worse-than-average function, function that is better than average “is not usually labeled as abnormal even though it is statistically atypical.”<sup>78</sup> The preceding critique of Kahane and Savulescu on statistical normality—including its tight relationship to welfarism and PB—supports the claim of Joel Michael Reynolds, in his own critique of their handling of statistical normality, that “while biological normativity is little more than dogmatic prejudice, statistical normativity is little more than such prejudice held in the sway of an ethics of comparativity.”<sup>79</sup>

## 7 | WELFARISM'S EXCLUSION OF PREJUDICE FROM THE DEFINITION OF “DISABILITY”

Savulescu and Kahane's cut-and-dried exclusion of prejudice from their welfarist account of disability reflects a problematic methodological assumption, that disadvantages and impediments stemming

from prejudice and discrimination can be disentangled from those that are, instead, internal to individuals.<sup>80</sup> More importantly for present purposes, far from improving prospects for persons with disabilities, its exclusion from their so-called revisionist account of disability<sup>81</sup> helps to create an account that is regressive.

Savulescu and Kahane soft-pedal the impact of their barring of prejudice from the purview of disability, claiming simply to reject the view that the entirety of what restricts the prospects of those with disabilities stems from it.<sup>82</sup> This attempt at minimization is implausible, as prejudice is integral to what the social model has brought to the fore as problematic about the status quo.

So vehemently do Savulescu and Kahane wish to cordon off social prejudice from the arena of “disability” that its severance is prominent in their definition. According to Hazem Zohny, they “imply” that framing “dark skin colour in a racist society” as a disability is “problematic for the welfarist account” because it suggests that liabilities due to prejudice, here, on the basis of race, are properly seen as disabilities.<sup>83</sup> Savulescu and Kahane present their excision of prejudice from the sphere of disability as though that *has to follow* once one recognizes the worry illustrated by race and denies that adjustable, societal factors explain everything that constricts expectations and opportunities for persons with disabilities. But prejudice can be powerful, even the most salient constraint, without being the only prospect-narrowing factor. In other words, Savulescu and Kahane's own conclusion that social prejudice must be excluded from the very definition of “disability” is underdetermined by the reasons they offer.

One need not endorse the view that social arrangements are the sole cause of barriers faced by those with disabilities to support the model's key insight: that tremendous constriction stems from the purportedly objective bifurcation of humanity into abled and disabled, clung to and enacted absent a receptivity to countervailing reasons and regardless of harms that these views inflict on those deemed to fall under the disparaged prong of the binary. Indeed, the views of many disability advocates embed this insight while not eschewing the concept of impairment.<sup>84</sup> Importantly, acknowledgment of the existence of impairments is combined with pointed rejections of the notion that their presence is a tragedy.<sup>85</sup> This is immeasurably different from medicalizing impairment and making it the crux of what disability is, as does welfarism.

At the launch of “Disability: A Welfarist Approach,” Savulescu and Kahane voice a stance with which, taken in isolation, disability advocates who do not jettison the concept of impairment could

<sup>73</sup>Amundson, op. cit. note 71, p. 34.

<sup>74</sup>Ibid: 38.

<sup>75</sup>Kittay, op. cit. note 65, p. 26.

<sup>76</sup>Ibid: 35.

<sup>77</sup>Ibid.

<sup>78</sup>Amundson, op. cit. note 71, p. 35.

<sup>79</sup>Reynolds, op. cit. note 63, p. 44n42.

<sup>80</sup>Kittay, op. cit. note 65, p. 116n18.

<sup>81</sup>Savulescu & Kahane, op. cit. note 1, p. 45.

<sup>82</sup>Ibid: 46.

<sup>83</sup>Zohny, H. (2016). Enhancement, disability and the riddle of the relevant circumstances. *Journal of Medical Ethics*, 42(9), 605; Kahane & Savulescu, op. cit. note 1, p. 35.

<sup>84</sup>Shakespeare, T. (2017). The social model of disability. In L. J. Davis (Ed.), *The disability studies reader* (p. 199). Routledge; Hall, op. cit. note 17, pp. 38–44; Meekosha, H., & Shuttleworth, R. (2017). What's so “critical” about critical disability studies? In L. J. Davis (Ed.), *The disability studies reader* (pp. 177–178). Routledge.

<sup>85</sup>Cameron, C. (2009). Tragic but brave or just crips with chips? Songs and their lyrics in the disability arts movement in Britain. *Popular Music*, 28(3), 381–396; Swain, J., & French, S. (2000). Towards an affirmation model of disability. *Disability & Society*, 15(4), 569–582.

certainly agree: “Unlike the social model, [welfarism] denies that the harm associated with disability is entirely due to social prejudice or injustice.”<sup>86</sup> But any suggestion of moderate intent is belied straightaway by the fact that their definition of “disability” expressly shuns social prejudice.<sup>87</sup> What endures once prejudice is “extracted” is precisely the “stable” features—presumed to be causally rooted in our biology—that Savulescu and Kahane, and transhumanists generally, would have us a target for indefinite augmentation.

Their stable conditions are ones “inherent” in “our nature.”<sup>88</sup> The referent of “our” here is “each and every individual,” that is to say, all members of the species *Homo sapiens*. Ultimately, disabilities are biological shortcomings, or “impairments,” of humanity per se. Indeed, if radical biotechnologies became available, then being human would be classified as a disability.<sup>89</sup> In a sense, this puts everyone in the same boat. But humans already viewed as having disabilities would likely face intensified devaluation.

The transhumanist idea that humanity itself is disabled differs profoundly from superficially similar statements of disability advocates. When philosophers of disability Nicholas Greig Evans, Joel Michael Reynolds, and Kaylee R. Johnson claim that disability is “a ubiquitous characteristic of the human species,”<sup>90</sup> they hope to foster fellow-feeling and active solidarity among human beings across the board, with human flourishing squarely in view. Unless one unites Savulescu and Kahane’s overarching defense of welfarism with welfarism’s mapping onto procreation, their statement, “All of us can be said to suffer from disabilities,”<sup>91</sup> might seem to have a similar meaning and, thus, reflect a shared, direct concern with destigmatization.

To be clear, my point in this section is not that we should refuse Savulescu and Kahane’s pointed exclusion of prejudice from the welfarist account of disability simply because that exclusion puts welfarism at dramatic odds with the social model. The point, rather, is that welfarism diverges from the key insight of that model, which, on the merits, should be retained. In other words, Savulescu and Kahane’s excision of prejudice, far from contributing to an improved account of disability, is regressive.

## 8 | WHERE TO FROM HERE?

According to Savulescu and Kahane, their rejection of normality equates to a disavowal of the biomedical model of disability. But the latter need not follow from the former and does not do so in their case. The features that welfarism incorporates are exclusively “stable” and “intrinsic.” Though the welfarist definition expressly

excludes liabilities due to social prejudice, the pairing of “a ‘stable physical or psychological property’ of a person” with “any intrinsic property of the agent”<sup>92</sup> already reflects welfarism’s lack of concern for social factors. Once we contextualize such formulations in relation to PB, Savulescu and Kahane’s staunch commitment to maximization, biological explanations of traits and human challenges, and biotechnology as the route to addressing “disabilities” comes starkly to the fore.

The same applies to many claims that Savulescu and Kahane make in support of welfarism about disability that are not directly represented in the definition. For example, their defense of welfarism discounts the perspectives of those with disabilities on the caliber of their own lives:

Proponents of the social model often point out the important finding that many disabled people report levels of subjective well-being that are similar to those reported by non-disabled people. Even if these reports were accurate, this would show that these disabilities do not reduce well-being significantly only if we accept a purely hedonic conception of well-being.<sup>93</sup>

While subjective impressions of well-being need not, of course, be framed in hedonic terms, they take this form in Savulescu and Kahane’s depreciation of them. Note, first, the counterfactual, “Even if these reports were accurate...” Beyond that, welfarism and PB are squarely objectivist, hence must eschew a hedonic frame, whoever’s first-personal perspective it represented.

Although this objectivism would result in Savulescu and Kahane’s rejection of any view of living well that differed from theirs, the focus here is disability. Their position has strong implications for the existing controversy over the credibility of assessments by persons with disabilities of the caliber of their own lives, which often dramatically surpass ratings assigned to those lives by the self-conceived able, who include many healthcare professionals. This is termed the “disability paradox.”<sup>94</sup> Blanket dismissals of the credibility of these ratings, on the grounds, for instance, that they reflect self-deception, or “false consciousness,” are unwarranted and disrespectful.<sup>95</sup> By giving further ammunition to ableist deniers of credibility to these self-reports, Savulescu and Kahane’s position stands to reinforce stigmatization in relation to persons with disabilities. One can reject the social model, strictly construed, while giving credence to these reports. But Savulescu and Kahane wrongly take their eschewal of the social model—which they simply equate with its strict formulation—to countenance a rejection of its core contribution.

<sup>86</sup>Savulescu & Kahane, op. cit. note 1, p. 45 (Abstract).

<sup>87</sup>Ibid: 45.

<sup>88</sup>Savulescu & Kahane, op. cit. note 3, pp. 286, 290.

<sup>89</sup>Hauskeller, M. (2016). *Mythologies of transhumanism* (pp. 125, 145). Palgrave Macmillan/Springer Nature.

<sup>90</sup>Evans, N. G., Reynolds, J. M., & Johnson, K. R. (2021). Moving through capacity space: Mapping disability and enhancement. *Journal of Medical Ethics*, 47(11), 748.

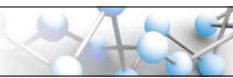
<sup>91</sup>Kahane & Savulescu, op. cit. note 1, p. 47.

<sup>92</sup>Ibid: 46.

<sup>93</sup>Ibid: 50n10.

<sup>94</sup>Albrecht, G. L., & Devlieger, P. J. (1999). The disability paradox: High quality of life against all odds. *Social Science and Medicine*, 48(8), 977–988.

<sup>95</sup>Amundson, R. (2010). Quality of life, disability, and hedonic psychology. *Journal for the Theory of Social Behaviour*, 40(4), 374–392; Parens, E. (2017). Choosing flourishing: Toward a more “binocular” way of thinking about disability. *Kennedy Institute of Ethics Journal*, 27(2), 135–150.



Conceptualized in relation to the social model, Savulescu and Kahane's "disabilities"—which term, for them, designates biological features—constitute "impairments." Welfarism does not merely affiliate with the biomedical template, itself the locus of the idea that disability is a personal tragedy,<sup>96</sup> but extends its scope and strength. Savulescu and Kahane vastly enlarge the range of human disability, as their reference point for the identification of the existence and extent of disability is whatever levels of featured capacities represent the pinnacle of what is technologically possible at a given time. Successive generations of biotechnologies would provide ever-rising, morally required targets of procreative decision-making. Declining to elevate traits as far as technologically possible in one's progeny is interpreted as imposing a disability—aka an impairment from the standpoint of well-being, objectively construed.

Unlike well-known competitors, welfarism directly addresses "how disabled and enhanced states relate to well-being."<sup>97</sup> In principle, this is a boon, insofar as greater attentiveness to the concept of well-being stands to enrich accounts of disability.<sup>98</sup> For this deepening to occur in practice, however, exploration of well-being should be severed from the welfarism of Savulescu and Kahane.

This severance, along with further exploration of the connection between well-being and disability, is important because, as Wasserman and Asch observe, the relationship is

important both theoretically and practically. How philosophers, social scientists, and policy makers understand this relationship matters for the theories of welfare and flourishing we construct, the judgments we make about our lives on a regular basis, and the social and health policies we adopt.<sup>99</sup>

To conclude, I briefly consider questions and commitments that are salient to the framing and conduct of this exploration.

As we have seen, Savulescu and Kahane trumpet the fact that, in welfarism about disability, well-being supplants normality. At first blush, their rejection of biological normality, coupled with an emphasis on well-being, sounds salutary. But—within and beyond welfarism—disability remains medicalized, and statistical normality is retained. As a result, welfarism about disability is not revisionist. Far from it: because the quantitative reference points for assessments of the capacities (e.g., IQ) by which well-being is gauged would continue to rise, prejudice and discrimination against persons with disabilities would likely increase.

It is not self-evident that well-being alone has inherent worth, as Savulescu and Kahane take it to be, let alone that it should be gauged

quantitatively, with maximization given pride of place. Far from it. Indeed, what human well-being is and how to conceive of it remain open questions. Examples of significant, more specific queries are:

1. Is well-being better construed more directly and phenomenologically than in terms of capacities—based, say, on "valuable experiences and activities...characterized very broadly"?<sup>100</sup>
2. What kind of human good is well-being?
3. If well-being is inherently worthwhile, is it the sole human good of this stature, all others being instrumental?
4. What is the relationship between well-being and human flourishing, or the idea of a life well lived?
5. Can well-being include factors beyond the purely subjective, without those factors achieving dominance?

Such questions warrant further inquiry, within and across philosophy, bioethics, and public health.<sup>101</sup> This inquiry can and should be detached from welfarism.

How an account of human well-being applies to disability is one important test of its epistemological and ethical tenability. A reasonable and ethically supportable view should not dehumanize a large group of human beings. An account of well-being does so when it puts a large group of human beings at a categorical disadvantage, through no fault of their own and on grounds set by those who are decidedly advantaged by the very same measures. In addition to showing that group profound disrespect and doing it a great disservice, such an account reflects self-deception: because vastly more people have disabilities than meets the eye, many of those who insist on the categorical devaluing and subordination of persons with disabilities are or always risk dehumanizing themselves.

A point of emphasis within disability advocacy is that the scope of human beings with disabilities far surpasses a widespread, public perception of what disabilities encompass; this view singles out those with "visible" impediments, above all, persons who are blind or navigate the world in wheelchairs. But the scope of human beings with disabilities is vastly larger than this, for it includes a plethora of disabilities that are usually "invisible," meaning that their presence "cannot generally be ascertained by someone who is merely looking at the disabled person or engaging in limited and nonstrenuous interactions with him or her."<sup>102</sup> This category spans a range of conditions, among them clinical depression, posttraumatic stress disorder, fibromyalgia, serious hypertension, diabetes, and Crohn's disease.<sup>103</sup> Beyond this, each of us is potentially disabled, due to accidents and diseases that become more common as people age but

<sup>96</sup>Peña-Guzmán, D. M., & Reynolds, J. M. (2019). The harm of ableism: Medical error and epistemic injustice. *Kennedy Institute of Ethics Journal*, 29(3), 215–216.

<sup>97</sup>Zohny, op. cit. note 83, p. 606.

<sup>98</sup>Campbell & Stramondo, op. cit. note 57, pp. 151–184.

<sup>99</sup>Wasserman, D., & Asch, A. (2013). Understanding the relationship between disability and well-being. In J. E. Bickenbach, F. Felder, and B. Schmitz (Eds.), *Disability and the good human life* (p. 139). Cambridge University Press.

<sup>100</sup>*Ibid.*: 151.

<sup>101</sup>The role of moral emotions, directed by the "abled" to the "disabled," also warrants further consideration. For instance, "[I]f enough people believe that having a disability is likely to make an individual worse off, this will lead them to pity disabled people, which will in turn diminish disabled people's well-being and thereby help to make it the case that having a disability is likely to make people worse off" (Campbell & Stramondo, op. cit. note 57, p. 172).

<sup>102</sup>Davis, op. cit. note 13, p. 202.

<sup>103</sup>*Ibid.*

also occur earlier in life.<sup>104</sup> Since vulnerability to all this and more is “ontological,”<sup>105</sup> mutual respect, sympathy, and empathy ought to be stronger than they often are.<sup>106</sup>

Crucially, accounts of human well-being that put persons with disabilities at a categorical disadvantage are formulated based on “the life and capacities of an abstract nondisabled person.”<sup>107</sup> Credence is denied to the very voices that most need to be heard and heeded, as spurs to a revisiting of such accounts that is genuinely revisionary. This brings us to a key source of evidence, routinely neglected or subordinated: ratings of the caliber of life with disabilities, by persons with disabilities themselves, that often dramatically surpass ratings levied on these lives by those who, as things stand, do not conduct them. This evidence, which is readily available and increasingly plentiful today, belies the validity of criteria for human well-being by which the lives of persons with disabilities are deemed categorically inferior.<sup>108</sup>

Sadly, where such ratings are referenced, they may be discounted as insincere: seen as “deliberately overstated to take account of their expected discounting by nondisabled people” or viewed “less as self-reports than as directives against pity or sympathy.”<sup>109</sup> Further, when self-reports that belie prevailing views of human well-being, as applied to life with disabilities, are

accepted as sincere...they are seen as distorted by adaptation...by habituation to aversive experiences or a shift to more modest objectives or comparison classes. They are not regarded as having much to tell nondisabled people about the prospects for living well with absent, lost, or reduced functions.<sup>110</sup>

As Kittay remarks, “[T]o refuse to accept the self-reports of people with disabilities leaves them without a voice.”<sup>111</sup> In addition to problematizing conceptions of human well-being that support the discrediting of these self-reports—among which Savulescu and

Kahane's welfarism figures prominently—a refusal to grant them credence is immensely dehumanizing. On the merits, the epistemologically and morally problematic character of this refusal,<sup>112</sup> together with the fact that all of us are at least potentially disabled, should help to motivate what is needed: a genuine expansiveness in conceptions of well-being and of good human lives. For this to occur, the enterprise must be seen as a conversation, one for and among all voices.

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#### CONFLICT OF INTEREST STATEMENT

The author declares no conflict of interest.

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<sup>105</sup>Scully, J. L. (2014). Disability and vulnerability: On bodies, dependence, and power. In C. Mackenzie, W. Rogers, & S. Dodds (Eds.), *Vulnerability: New essays in ethics and feminist philosophy* (pp. 204–221). Oxford University Press.

<sup>106</sup>Nussbaum, M. C. (2006). *Hiding from humanity: Disgust, shame, and the law* (pp. 1–14). Princeton University Press (accessed through ProQuest Ebook Central).

<sup>107</sup>Kittay, op. cit. note 65, p. 122.

<sup>108</sup>Amundson, op. cit. note 71, p. 46.

<sup>109</sup>Wasserman & Asch, op. cit. note 99, p. 148.

<sup>110</sup>Ibid.

<sup>111</sup>Kittay, op. cit. note 65, p. 115.

<sup>112</sup>Ibid: 114–115.