Choosing Disability
Stephen Wilkinson and Eve Garrard
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In 2002, an American lesbian couple, Sharon Duchesneau and Candy McCullough, both of whom were deaf, deliberately chose to have a deaf baby.\(^1\) They attracted fierce criticism.\(^2\) So did Tomato Lichy and his partner Paula Garfield in the UK in 2008 when they publicly expressed their desire to do something similar via IVF.\(^3\) Duchesneau and McCullough didn’t have to use any advanced biomedical techniques to ensure that they had a deaf child; they had as a sperm donor a friend with five generations of deafness in his family. But there are now embryo selection techniques which could (in principle) be used by parents wanting to create a child with a disability. UK law specifically prohibits (in principle) be used by parents wanting to create a child with a disability; they had as a sperm donor a friend with five generations of deafness in his family. But there are now embryo selection techniques which could (in principle) be used by parents wanting to create a child with a disability. UK law specifically prohibits

**Harm to the child (Part I) - existence vs. non-existence**

Why, we might ask, would anyone want to do this? What reasons could parents have for choosing to have a child with a disability, in the face of one very obvious objection: that this choice harms the child?

There is an answer to this question. Certainly it would be profoundly wrong deliberately to mutilate a healthy child, or to make it deaf, and that’s because it would harm the child, make that child worse off. But where it’s a matter of choosing which embryo to implant, which embryo will develop into a child, there’s a difficulty in saying that implanting an embryo which will eventually become a child with a disability actually harms that self-same child. Why? Because the only alternative to implanting that embryo – the embryo which will become Baby Alice, let’s say, who will be deaf – is not to implant that embryo, and to choose another embryo instead. But if a different embryo were implanted instead of the one that would become Baby Alice, then the child that it develops into may not be deaf, that’s true; but neither will it be Baby Alice at all. It will be another, different, child – Baby Barbara, let’s say.

There are only two alternatives for the embryo which could become Baby Alice: either it’s implanted, or it isn’t. If it’s implanted, then (if all goes to plan) it will grow into Baby Alice, who will be deaf; her genetic makeup will cause that to happen. Alternatively if it isn’t implanted, Baby Alice will never come into existence – instead another, different, embryo will get implanted, which will grow into Baby Barbara, who won’t be deaf. There is no way in which Baby Alice can come into existence without being deaf, since that’s what her genetic makeup guarantees. This is quite unlike the case of a hearing child who has been deafened: he could perfectly well have continued to live as a hearing child, and so he is truly harmed – made worse off – by the choice to make him deaf. But Baby Alice, if she gets born, won’t have been harmed by being implanted, since it won’t have made her worse off. For the only alternative for her is, in effect, never to have been born. So when the choice is between deafness and non-existence, we can’t say that the deaf child has been harmed by being chosen for existence: she hasn’t been harmed because she hasn’t been made worse off. And that’s because existence as a deaf child isn’t usually worse than never having been born at all.

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2. See Jeanette Winterson, ‘How would we feel if blind women claimed the right to a blind baby?’, The Guardian, 9th April 2002.
4. The Human Fertilisation and Embryology Act 2008 (Part 1, s.14, 4.9) introduced a prohibition on deliberately ‘selecting in’ disease or disorder. Specifically, what it says is that: “Persons or embryos that are known to have a gene, chromosome or mitochondrial abnormality involving a significant risk that a person with the abnormality will have or develop – (a) a serious physical or mental disability, (b) a serious illness, or (c) any other serious medical condition, must not be preferred to those that are not known to have such an abnormality.”

Given this wording, while the HFE Act forbids ‘selecting in’ disease or disorder in cases of choosing between affected and unaffected embryos, there seems to be no parallel restriction where no unaffected viable embryo is available for implantation. Thus, people with genetic-based disabilities could perhaps lawfully use IVF and embryo testing to help them deliberately create a child with their disability, but only in the absence of unaffected viable embryos.
But if a different child who had been deliberately deafened during its lifetime – Baby Andrew, let’s say – were to ask his parents why they allowed this to happen, no such answer could be given. For whereas Andrew could perfectly well have existed (and continued to exist) as a hearing person, Alice could not. So it doesn’t seem as if preferring to create a child with a disability to one without, and then using IVF and embryo selection to bring about that preference, would actually harm the child created. The reason for this is that (as in the case of Alice) the only alternative to being selected (for the child in question) is of course not being selected and hence never being born – and in very few cases of disability, if any, are the effects so bad that not existing would be preferable.5

Harm to the child (Part II) - is deafness really a disability?

Other attempts have been made to fend off the claim that selecting for disability harms the child.

Some people have argued that deafness, for example, isn’t a disability at all: deaf people have a perfectly good language of their own (Sign language) and a rich and satisfying culture of which that language is a part.

Indeed, some people claim that deafness is entirely socially constructed – that it has no intrinsically negative features in itself, with any disadvantage stemming from social attitudes and discriminatory practices. They compare deafness with being black in a predominantly white country. In such countries, black people are less well off than whites, but this is purely a matter of social discrimination: no-one (except the most extreme racists) would think that being black is in itself an impairment, nor would anyone object to a black couple preferring to have a black child. Duchesneau and McCullough, for example, state:

“ Our view ... is that being deaf is a positive thing, with many wonderful aspects. We don't view being deaf along the same lines as being blind or mentally retarded; we see it as paralleling being Jewish or black. We don’t see members of those minority groups wanting to eliminate themselves."5

Therefore, so the argument goes, people shouldn’t object to, or try to prevent, parents who are members of the Deaf community7 choosing to have a child just like them, one who can participate fully in the rich culture which Deaf people have created. Thinking along these lines, the idea of ‘audism’ has been developed by some Deaf people, to express the view that a preference for hearing/speaking people is a form of discrimination, structurally comparable to racism or sexism.

Lichy and Garfield, whose case we mentioned earlier, argue that if the State or doctors insist that embryos which carry ‘deafness genes’ must be discarded in favour of unaffected embryos, then this discriminates against deaf parents, who only want the same amount of choice as hearing parents – that is, to have a child like themselves. They have also suggested that insisting on choosing the non-deaf child over the deaf one is actually a form of eugenics.8 On standard accounts of eugenics, which define ‘eugenics’ as attempts to improve the human gene pool, this may well be correct and, what’s more, if this policy is forced upon unwilling members of the Deaf community by either law or health professionals then it looks like authoritarian eugenics. However, as noted elsewhere, this may not settle the ethical issues and we would need further argument to show that all cases of eugenics are wrong.9

In some circumstances, aspects of this argument may be legitimate. Deafness does involve a physical limitation, an inability to hear; but that will only amount to an actual disability if it reduces the person’s capacity to flourish, to have a high level of wellbeing. The disadvantages of being unable to hear won’t reduce the individual’s overall wellbeing so long as they’re outweighed with their own distinctive culture’. Jackie Leach Scully, “Choosing Disability”, Symbolic Law, and the Media”, Medical Law International, 2011, 11(3), 197-212: 197.

8 See: BBC interview with Tomato Lichy and Paula Garfield, http://www.youtube.com/watch?v=O7aFeE9kPD14

9 See our discussion of eugenics earlier in this volume.


7 Members of the Deaf community are ‘people with audiological deafness who use sign language as their major means of communication and who identify as a sociolinguistic group...
by the social and cultural advantages of being a member of the Deaf community. But in other circumstances a deaf child may not be extensively exposed to Deaf culture, and with nothing to outweigh the physical limitation of deafness she may truly be disabled by her inability to hear. Furthermore, a person needn’t be deaf in order to participate in Deaf culture: many people learn two languages and can move smoothly from one to the other; so a hearing child of Deaf parents may be able to learn Sign, and participate in Deaf culture, without herself being deaf. So Deaf parents needn’t always necessarily have a deaf child in order to have a child who shares their language and culture.

What we can infer from all this, specifically thinking for now about the case of deafness which gets discussed the most, is that

the effects of deafness on the welfare of the child created are likely to vary considerably from case to case and from context to context. Certainly, it seems plausible to suppose that in some cases its effects are neutral or even positive (bearing in mind the social and cultural effects mentioned above). But there will be others in which its effects are negative, all things considered.

Is all disability ‘socially constructed’?

Some people want to go further and argue that all disability (not just deafness) is primarily a matter of social discrimination, and that if society were to treat people fairly then what we would have is not disability but merely impairment. For example, UPIAS states:

“In our view it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society.”

But is this view a plausible one?

If we ask whether the disadvantage associated with disability is the result of social discrimination, or whether it stems from the nature of the disability itself, surely the answer is that it’s “a bit of both”.

For something to count as a disability at all (rather than mere difference) it must involve some limitation or incapacity which, potentially at least, reduces the individual’s flourishing, even though this potential isn’t always realised. Of course social discrimination such as mockery or assault, or the refusal to alter the built environment to enable people with disabilities to make use of it more easily, can greatly add to disadvantage. However, although social arrangements can make an enormous difference to how much the physical limitation actually affects a person’s welfare, some impairments at least are independent of social arrangements: even on a desert island where there are no social pressures at all, someone who’s had a stroke (for example) will still be limited by its effects.

So this argument in defence of selection for disability doesn’t seem to be very successful, but the principal argument against choosing disability – the claim that it harms the child – is also problematic. In order to understand more fully why, we need to look closely at the concept of harm itself.

Harm to the child (Part III) - what is harm?

What does it take to harm someone, to make them worse off? One way in which a person can be harmed is by being made worse off than she was before. If someone accidentally runs over your bicycle, leaving it a total write-off, they’ve harmed you, because they’ve made you worse off than you were before the accident – you no longer have a bike to ride. If someone assaults you, beating you so badly that your eyesight is damaged for life, they’ve harmed you, because you’re worse off than you were before. Prior to the attack you could see; now you can’t.

But being made worse off than they were before isn’t the only way in which people can be harmed: they can also be harmed by being made worse off than they would otherwise have been. If you’re waiting for some money, which you really need, to be sent to you, but it doesn’t arrive because the sender forgot to put it in the post, then this may


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indeed harm you, even though it doesn’t make you any worse off than you were before. What it does do is make you worse off than you would otherwise have been, if the sender had put the money in the post on time. That’s another way of harming people, by making them worse off than they would otherwise have been. Suppose you win a million pounds on the lottery, but before you even hear about it another person steals your ticket and claims the money. He hasn’t made you worse off than you were before, since you didn’t have a million pounds before the theft and you certainly don’t have it now; but he’s harmed you, because he’s made you worse off than you’d otherwise have been, if the theft hadn’t taken place.

Has a child deliberately created or selected for its disability been harmed in either of these ways? Has she been made worse off than she was before? Has she been made worse off than she would otherwise have been?

She certainly doesn’t seem to have been made worse off than she was before, since she didn’t exist at all before the decision to implant the embryo which she eventually developed out of. So she hasn’t been harmed in that way, at any rate. To decide whether she’s been made worse off than she would otherwise have been, we have to consider what the ‘otherwise’ amounts to – what the alternative to implantation would have been for the child who developed from that embryo. And the alternative is clear: if that embryo hadn’t been implanted, that child would never have come into existence. Another embryo would have been chosen instead for implantation, developing into a different child; the child who was selected for disability wouldn’t have existed at all. So she hasn’t been harmed in that way, either – we can’t say that she’s been made worse off than she would otherwise have been. Either way, the child selected for disability doesn’t seem to have been harmed by it.

There is however one further argument focussing on harm to the selected child, that has sometimes been made against selecting for disability. What happens if we consider the complete life-span of disabled individuals – if we look across their whole lifetime? Surely then we can understand that they have indeed been harmed: we can just see how being disabled has made them worse off when we look at all the negative experiences they have which stem from their disability (either directly or because of social discrimination, which - wrong though it may be – is a fact of life). The child who has to use a wheelchair all her life, due perhaps to spinal abnormalities, will not be able to join in her non-disabled peers’ physical activities, and may suffer considerably more pain than a child who has no disability, for example from pressure ulcers, or urinary tract infections. These are indeed genuinely negative experiences. But forceful though this argument may seem it still won’t do the work we want it to: it won’t show that the selected child has been harmed by being selected for disability. The argument focuses on the fact that people with disabilities undergo many negative experiences, and nobody would want to deny that; however it overlooks the fact that all lives contain negative experiences, and most of the time this certainly doesn’t make the life in question not worth living. Negative experiences aren’t usually enough to justify saying that the person who undergoes them has been harmed by being brought into existence – some far more radical argument would be needed to show any such thing. Most disabled people have lives which contain many positive experiences as well as many negative ones, and they’re emphatically well worth living.

Our closer look at the idea of harm simply doesn’t show that children selected for disability have been harmed thereby. This is perhaps an unexpected and counter-intuitive result. Many people who object to selecting for disability feel quite strongly that it involves some harm to the child concerned; but it just doesn’t seem possible to show that this is really what’s happening.

Whatever (if anything) is wrong with selecting for disability, it doesn’t seem to be that it harms the selected child, whose only chance of existence is to be born with a disability.

A different argument about harm: general levels of wellbeing

However there is another, quite different, kind of argument about quality of life which may carry more weight against selecting for disability. This is a much more impersonal argument than the ones we’ve looked at so far, which have all been about harm specifically to the child created. This new argument isn’t directly about harm to that child, but about the overall amounts of wellbeing in a society. Here we might generally feel that we should try to increase the overall amount of wellbeing in the world, where we can. Selecting for disability seems to involve bringing into existence people who will have more suffering and less happiness in their lives than alternative choices which we could make.

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If we bring Baby Sandra, who will spend her life in a wheelchair, into the world, the chances are that she’ll have more suffering in her life than Baby Thomas, who won’t have a disability. As we have seen, this doesn’t mean that Baby Sandra would be harmed by being selected. But it does mean that choosing Baby Sandra entails choosing to have a lower overall level of wellbeing in the world than choosing Baby Thomas.

But, so this argument goes, we should surely choose, where we can, to bring into existence more wellbeing rather than less; higher quality of life rather than lower.\(^1\)

This is a welfare argument, though it’s a very impersonal one, since it doesn’t make the claim that there are any individuals who would be harmed by selecting for disability – a claim which, as we have seen, can’t be justified. All this argument claims is that more wellbeing in the world is better than less wellbeing; and when we can choose, that’s what we should aim for. Hence, on this view, we shouldn’t select for disability.\(^1\)

This argument sounds quite convincing, until we look at it a little more closely. For a start, is it really true that selecting for disability involves selecting for lower rather than higher quality of life? If the implication is that all disabled people have a lower quality of life than any non-disabled person, then that’s clearly untrue. When we looked at the triumphant faces of some of the great paralympian athletes who had just won medals in London 2012, for example, we weren’t looking at people who were living thin impoverished lives. Some disabled people lead fuller, richer and happier lives than some non-disabled people. So being disabled clearly doesn’t inevitably mean having a lower quality of life.

Perhaps the argument means that on average, disabled people have worse lives than non-disabled people? There are reasons why there may be some truth in this: the very idea of disability contains an implication of reduced capacity to flourish, since a feature of a person won’t even count as a disability unless it in some way undermines a person’s capacity to have a high quality of life.\(^1\)

So people who are disabled don’t always have lower levels of welfare than those who are not disabled, and in those cases where individuals do have a poorer quality of life on account of their disability, much of this differential can be reduced by appropriate physical and social arrangements (such as the provision of Sign interpreters for films and television programmes, or Braille versions of documents, or wheelchair-accessible toilets).

So even this more impersonal objection to selecting for disability based on overall levels of wellbeing will only apply to some cases of choosing for disability. And furthermore, there is a serious problem with the impersonal welfare argument: it may have an impersonal one, since it doesn’t make the claim that there are any individuals who would be harmed by selecting for disability – a claim which, as we have seen, can’t be justified. All this argument claims is that more wellbeing in the world is better than less wellbeing; and when we can choose, that’s what we should aim for. Hence, on this view, we shouldn’t select for disability.\(^1\)

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\(^1\) The underlying idea here is what Derek Parfit calls the Same Number Quality Claim. According to this principle, for same-number choices (choices between creating Population A and Population B, where A and B are the same size), it would be worse (and therefore wrong) to choose to create B if choosing A would result in higher quality of life overall. Crucially, this would be the case (according to the Same Number Quality Claim) even if choosing B did not harm any individual (e.g. in cases where A and B have no members in common). Individual reproductive decisions may be thought of as choices between different ‘populations’, each with one member, for these purposes. See: Derek Parfit, Reasons and Persons (Oxford: Oxford University Press, 1984): 360.

\(^1\) It is important to mention (or reiterate) two important qualifications here. First, if it could be shown that, in certain circumstances (e.g. some cases of deafness), selecting in favour of disability was unlikely to have any deleterious effects on quality of life, then even this impersonal argument would not apply. Second, disability (and even health generally) are not the only potential targets of these ‘impersonal’ arguments and they could, for example, be used to defend funding fertility treatment selectively only for the prospective parents who are most able to provide an environment conducive to high child welfare (perhaps those that have better parenting skills or more money).


Implication that many people find morally very objectionable.

Higher welfare and ‘designer babies’

If we really think that having more wellbeing in the world is better than having less; and that when we can choose, that’s what we should aim for; then it seems that we must accept that when we can choose to create children with higher abilities and capacities, then that’s what we should do. If we ought always to select in favour of higher quality of life, it seems as if we ought always to choose the embryos with the greatest chance of a high quality of life. And if we discover how to enhance these chances, so much the better, according to this argument. So if a woman is choosing between several embryos, most of which are ‘average’, but one of which is much ‘better than average’, such that it will develop into a person with exceptional sporting or intellectual abilities, or perhaps with an exceptionally effective immune system – all features which might be thought to improve a person’s chances of having a high quality of life – then that’s what the woman ought to choose. It would, according to this argument, simply be wrong to choose to implant a normal rather than an exceptional embryo whose chances of high welfare levels are much better than average; and if we can learn how to enhance embryos to make more of them exceptional in this way, then we should go right ahead and do it.

But there are considerable problems with this view. Even where the enhancement is relatively minor and cosmetic, such as the choice of hair or eye colour, some people are concerned about the possibility of, as it’s sometimes put, sliding down a slippery slope to alarming brave new worlds in which ‘designer babies’ will be created, disability will be stigmatised, and the normal and the natural are devalued and disrespected:

“...The concern is that we'll be creating a society with new sorts of discrimination. Now it's hair and eye colour. What happens if it's height and intelligence? Some parents may have qualms, but still feel under pressure.”

Many people would find this prospect a morally obnoxious one – normal is quite good enough, they say, and the idea that we might coerce parents into having the ‘best possible’ child in all cases is really abhorrent. But this is indeed an implication of the impersonal welfare argument: it says we ought always to choose to produce higher welfare rather than lower welfare, where we can; and if that rules out choosing in favour of disability, it may also rule in choosing in favour of enhancement. The argument in both cases is the same: we ought always to choose to produce higher welfare rather than lower welfare, where we can.

Embryo enhancement is morally very contentious, to say the least. If we want to preserve a blanket prohibition on selecting for disability we need to look for an argument or principle capable of justifying the view that selecting for disability is especially morally bad, so bad that it should be prohibited, without requiring us to support embryo enhancement to produce extraordinarily gifted children – something which many people would find morally repugnant. Arguments to do with wellbeing, either that of the specific child selected for disability, or more impersonal considerations to do with overall levels of welfare, have not so far provided us with what we want. So far, unless we’re prepared to endorse embryo enhancement, we don’t seem to have a good argument against selecting for disability.

16 It should be noted that these are hypothetical examples, not choices that are presently available.


Some people have questioned whether wishing to avoid creating people with disabilities, for impersonal welfare reasons, really does commit one logically to the maximisation of welfare, or to human enhancement. Some such arguments are discussed in Stephen Wilkinson, Choosing Tomorrow’s Children (Oxford: Oxford University Press, 2010): chapter 3.

See also the following for information on the philosophical background.


Further reasons against banning selecting for disability

Furthermore, we need also to consider whether there are good reasons for not outlawing selecting for disability; whether, that is, there’s any serious moral objection to preventing parents from choosing to have, say, a child who is deaf like themselves. One obvious general reason is that we should be reluctant to stop people from doing what they want to do if it doesn’t cause significant harm – and as we have seen, it’s very hard to show that selecting for disability actually harms the children involved.

Another reason against having laws banning selecting for disability is the possible effect of the mere existence of such laws on people who already have disabilities, and on the attitudes towards disability of the whole population.

Law, whether or not it is fully enforced, sometimes has a powerful symbolic effect: it sends out a message to the members of a society about what the moral norms and values of that society are, or are hoped to be.

Laws against hate speech are like this: even where they aren’t strictly enforced, they communicate a message to everyone about what kind of behaviour towards members of our diverse society is to be considered thoroughly undesirable and unacceptable. Similarly, prohibiting by law the selection of an embryo because it will develop into a deaf child may send out the message that deafness is a seriously undesirable condition which leads to so intolerably low a quality of life that it’s morally wrong to prefer to have a deaf child rather than a hearing one. But many Deaf people would deny this, and would regard the symbolic force of the law in expressing this message about deafness as itself harmful to Deaf people.19

Admittedly deafness may be a special case, since it’s possible to argue that it isn’t a disability (or isn’t harmful) in some circumstances. If that’s right, then perhaps we don’t have a strong argument for preventing parents from selecting in favour of deafness. Another such condition may be achondroplasia (a type of dwarfism), where again it may be argued that this needn’t always be a disability, and that parents should be able to choose to have a baby like themselves if they so wish.20 But there are many other conditions that can be detected using PGD and which could therefore (if the law allowed it) be positively selected for, and a lot of these clearly are disabilities or disorders. The list includes early onset Alzheimer’s disease, BRCA1 (which causes increased susceptibility to breast cancer), cystic fibrosis, haemophilia, Huntington’s disease (Huntington’s chorea), and sickle cell anaemia.21 Why are these things (arguably unlike some cases of deafness or achondroplasia) clearly disabilities or disorders? Because of their likely negative effects on quality of life, on health, and on length of life. People with these conditions generally have lives very well worth living, of course. So we can’t argue that they have been harmed by being created. So if we feel, as many do, that we should not allow parents to select for these disabilities in future children (and if the reason is to do with levels of wellbeing) then it looks as if the impersonal welfare argument is doing the work. This says that we should choose to bring about higher levels of wellbeing rather than lower ones, where we can. But we’ve seen that it doesn’t apply at all convincingly to some cases of disability, and especially not to characteristics such as deafness.

Conclusions

Many people’s first reaction is that seeking deliberately to create a child with a disability is morally repugnant and obviously wrong. This reaction is more often than not driven by a very proper concern with the welfare of the child created, the thought being that ‘choosing disability’ through embryo selection is akin to injuring an existing child. As we have seen however this view, on deeper reflection, is hard to maintain, for two key reasons.

Firstly and most fundamentally this is because normally the only alternative for the child would be non-existence and so (except perhaps in a small number of cases involving intolerable suffering) it is hard to maintain that the child has been harmed by being created. Most people with disabilities are glad to be alive and would prefer to exist than never to have been born. So, in the light of this, it seems perverse to attempt to prevent such people from existing in the future for their own good, or in order to avoid harming them.22


Secondly, there are some disabilities (including arguably some cases of deafness) which do not always have a significant adverse effect on overall quality of life; indeed, it has been argued that some members of the Deaf community are better off deaf. Hence, again, the harm-based rationale for preventing such people from existing in the future seems flawed.

Having said that, parents do have some reason morally to create children with more rather than less wellbeing, which is hardly surprising given the importance we attach to raising children in ways that will enable them to flourish. And this may sometimes (though by no means always) be a good reason to prefer to create a child without to a child with a disability – depending of course on the nature of the disability and the circumstances into which the child will be born.

And this lack of justification is amplified by concerns over the symbolic harm caused by enshrining such a restriction in legislation, about what this might seem to say about people with disabilities. The Human Fertilisation and Embryology Act 1990 (as amended) places on clinicians a general obligation to take account of “the welfare of any child who may be born as a result of the treatment (including the need of that child for supportive parenting), and of any other child who may be affected by the birth”. This may be sufficient to filter out the most extreme cases of selecting for disability (if indeed there are any such cases) including those in which the child’s life would be so awful that it would be ‘harmed by being created’.

As regards the question of whether the law should prevent prospective parents from ‘choosing disability’, it seems that – given the absence of harm to the child in most cases – a specific ban on this, such as has existed in the UK since 2008, is unjustified.

Consider, for example, the following comment by Ed Smith (who has himself been quadriplegic since 1998): “I know several people with quadriplegia who swear up and down that they are really happy. Some of them have even said they’re glad they had the accident because it changed their lives for the better. A friend who is also quadriplegic assured me not long ago that he didn’t have a complaint in the world.” ‘Death, Not Disability is the End of the World’, Sunday 6th December 2009, http://asonginthisworld.blogspot.co.uk/2009/12/death-not-disability-is-end-of-world.html.


The Human Fertilisation and Embryology Act 1990 (as amended) s.13(5) states: “A woman shall not be provided with treatment services unless account has been taken of the welfare of any child who may be born as a result of the treatment (including the need of that child for supportive parenting), and of any other child who may be affected by the birth”.
