interview
“Ethical Minefields” and the Voice of Common Sense: A Discussion with Julian Savulescu

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Evangelos Protopapadakis: Professor Savulescu, thank you for accepting my invitation; having the chance to discuss with you is a pleasure and an honor. As a Professor of Practical Ethics, you probably often have to explain why there is a need to distinguish between theoretical and practical ethics. I sometimes think that ethics would either tend to be practical, or be pure metaphysics. Please tell me what you think.

Julian Savulescu: Theoretical ethics includes both metaethics (the meaning of moral terms) and normative ethics (ethical theories and principles). Practical ethics involves making decisions about every day real ethical problems, like decisions about euthanasia, what we should eat, climate change, treatment of animals, and how we should live. It utilizes ethical theories, like utilitarianism and Kantianism, and principles, but more broadly a process of reflective equilibrium and consistency to decide how to act and be.
Evangelos Protopapadakis: You have famously claimed that our species’ moral progress is trivial when compared with scientific and technical advances, and that this makes man unfit for the future. Your views have been severely criticized by ethicists who base their arguments on the dramatic improvements in the human condition, the dominance of human rights, increased respect for autonomy, personhood and individuality, etc. How would you respond to the challenge?

Julian Savulescu: There has undoubtedly been progress. I have two responses. Firstly, the real progress has not been as great as proponents purport. There has been a veneer of progress. Inequality increases, vast tracts of the human population still live in poverty, people are increasingly exploited by capitalism, and nonhuman animals still live in appalling conditions that will be seen in the future as the slavery of our time. Animal rights is a great example: we espouse equality and better conditions for animals, but most domesticated animals under our control still live in grotesque factory farms. It is moral hypocrisy. The beacon of moral progress and advance, the US, is bursting at the seams with obesity, racism, inequality, exploitation, while waging expensive, illegal and immoral wars around the globe that compromise progress, security and fester terrorism. I don’t see as much progress as the progressives.

Secondly, even if there were the grand achievements progressives purport, it still would not be enough. So extensive are our cognitive achievements that our technology is super powerful, for good and evil. Given the stakes, we need to be much more moral and wise in our use of it. To give just one example, human beings have now been gene edited. He Jiankui has edited at least three babies. But the arguments given by him, and even by some respected leaders of the science, are superficial and at times child-like. I am a supporter of human enhancement, but it needs to be stepwise, informed by sound ethics. As I argued, the first in human trials should have been on catastrophic, lethal genetic conditions. Such humans have little to lose when the technology is still raw and could have serious side effects. Even this basic point about

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reasonable risk has not been grasped. We need better secular ethics education to be sure. But we also need to be prepared to act more ethically and that is a limited human capacity, like any of our capacities.

**Evangelos Protopapadakis:** You have advocated extreme measures in the pursuit of moral enhancement, including external control by a so-called "god machine." Wouldn’t such a development totally annihilate free will and autonomy, making thus morality totally redundant or obsolete?

**Julian Savulescu:** I didn’t advocate the “god machine.” It was a thought experiment that will unlikely ever become a reality. It was designed to help us think about the value and place of freedom amongst other values, like well-being and security. It is meant to show that freedom is just one value and some sacrifice of freedom can be justified for well-being. In the example, people lose one freedom; the freedom to desire to kill innocent people. That is a freedom that might, under certain circumstances, be worth giving up. The point is that freedom and autonomy are not trump values, or absolute values. They are very, very important. But it is manifestly true that they are just values that must be balanced against others. That is why we have laws against speeding and murder.

But I also argued that many moral bioenhancements of the kind we were considering (like increasing empathy or altruism) would not undermine freedom. Many would enhance autonomy. For example, I argued that Ritalin improves impulse control. It reduces spontaneous aggression in people with ADHD. But it also increases autonomy and well-being by allowing people to defer gratification and go for larger long term rewards. It is a moral bioenhancer, which is also a cognitive enhancer, which improves well-being and increases autonomy.

**Evangelos Protopapadakis:** Many philosophers consider certain situations in life, ones we tend to think of as untoward or unwanted – like injustice, suffering, struggle, envy etc. – either as opportunities for moving forward, or even as a blessing for the sufferer. Famously Nietzsche argues that the discipline of great suffering has produced all the elevations of human nature. Would the kind of life you envision, one (in part or fully) devoid of man-inflicted evil, be an equally rich life for humans? Does this perception take into consideration the right to an open future?

**Julian Savulescu:** It is my view, not this view which takes into account the right to an open future. I think it should be up to people to decide how much

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suffering they experience. If you choose to go on a grueling marathon full of pain and suffering, hats off to you. That is entirely different to being put on a treadmill and forced to run, or finding yourself on a treadmill causing enormous pain and suffering and not being able to get off if you want to.

Life will for the foreseeable future inevitably have suffering. We will die, have accidents and get some diseases. Eventually, our technology and bodies will have limits and they will pack it in. Suffering is unavoidable. Giving people some control over the kinds and extent of suffering is a good thing.

As I have argued in a paper with Hannah Maslen and Carin Hunt on motivational enhancement, what really matters is not suffering, but commitment to worthwhile values. Suffering is a good proxy for commitment, as is the cost to a person (as Wittgenstein recognized), but we argue that what really matters is commitment to objectively worthwhile goals. Suffering can help you realize that, and it can be required to attain what is worthwhile, but in itself it is a bad thing. There is no extra value in playing top ping pong with one hand tied behind your back.

Evangelos Protopapadakis: You have argued in favor of procreative beneficence, a principle you consider superior to competing ones, especially procreative autonomy. You discuss PB as a moral choice one is expected or justified to opt for, since doing so obviously is to the benefit of everybody. Could PB also stand for a perfect duty in the Kantian sense, a morally – and legally – binding one? Or this would be a form of moral coercion?

Julian Savulescu: I have argued that procreative beneficence (the moral obligation to select the child with the best prospect of the best life) is a superior moral principle to procreative autonomy. That is, people ought to select the embryo that will be happier and have an objectively better life rather than one which they happen to desire more, say because the embryo will have blond hair and blue eyes. But I also argued that in law, people ought to be free to select the embryos they wish, even if they are acting to choose less than the best. I have also argued that when the public interest is sufficiently at stake, freedom could be curtailed. Coercion in reproduction could be justified when the public interest consideration is sufficient. Say for example many people wished to select a trait which had significant costs to society: these could be through the social costs such as health care, or through those individuals

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causing direct harm to others. It might be legitimate to restrict freedom to some degree to protect society. This is what the Church did in Cyprus to deal with the massive public health problem of Thalassemia. It required couples to have carrier testing before getting married. It did not require prenatal testing, or termination of pregnancy, but this was enough to cause a massive reduction in the incidence of Thalassemia, which was bankrupting their health system. It was coercion, but justified.

Could coercion be justified for the sake of the well-being of the child selected? Sure. If parents wanted to select an embryo with a life which was not worth living (say a life with unrelievable pain and suffering), then this would be grounds for coercive intervention.

I don’t think in terms of Kantian perfect duties. There are values: autonomy, well-being, public interest; these give rise to reasons which can conflict. The reasons need to weighed, like vectors in physics, to see what we have most reason to do.

**Evangelos Protopapadakis:** Autonomy-related concerns are all-pervasive in Bioethics and Medical Ethics. Do you believe that autonomy in general is a bit overestimated? Should it be a lesser concern whenever it conflicts with beneficence, at least as Bioethics and Medical Ethics are concerned?

**Julian Savulescu:** No, I think autonomy is more important than well-being generally. But I have a very high bar for what constitutes an autonomous decision; it should be rational (fully informed, logical and based on vivid imagination of all relevant alternatives) and based on reasons. People can and should die for causes, giving up all prospect of well-being. But it is important that those choices are fully autonomous, in a Kantian or Millian sense.

**Evangelos Protopapadakis:** Perfectly healthy offspring is most of the times and to most parents preferable to handicapped or impaired ones. However, is it a good (or, better) thing to have a healthy child, while it is a bad (or, worse) thing to have one with not so good prospects in life?

**Julian Savulescu:** The reason that medicine is developed to prevent or treat impairments is that it is better not to have those things. The reason folate is put in cereals is prevent spina bifida in pregnancy because it is bad to be paralyzed and have cognitive impairment. If a child develops a condition that without treatment will leave her blind, deaf, paralyzed or intellectually disabled, we should treat that condition because those states are worse, just as my asthma is worse for me.

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Of course, when it comes to persons, rather than states of a person, like asthma or paralysis, everyone should have the best chance of the best life, or be treated equally, or given equal respect. People who are deaf (or have asthma, like me) should have equality of opportunity to participate in society and have their best chance to the best life for them. Saying a condition is bad is not the same as saying a person is bad, or has less moral value. We are not identical with the states of our bodies. We are persons with minds.

**Evangelos Protopapadakis:** Discussing moral decisions on a better-and-worse basis seems to presuppose selecting angles and views; nevertheless, doing so sometimes (or, always to some) is a bit arbitrary, and this is the most common criticism against utilitarianism: in whose point of view is the outcome of any moral choice preferable to the one of any other? Is there an answer to the riddle?

**Julian Savulescu:** Questions about value are difficult and unresolved. But I think the move to ethical relativism is not justified. Even if we can’t cardinally rank all states from 1-100 does not mean that some states are not better than others. We have to give arguments, and I have introduced the welfarist concept of disability to try to argue for a new way of thinking about disabilities and their value or disvalue.⁹

If one subscribes to ethical relativism, there is nothing to be said about the Nazi’s values: they just had different values to us. Ethical relativism is, for practical purposes, equivalent to ethical nihilism.

The great challenge today is to agree on what values we stand for, both as individuals and societies. Freedom, well-being, justice are all defensible values. Some conceptions of these will be justifiable, others not. We need reflective equilibrium to narrow down the candidates.

It is important not to confuse ethical relativism with supervenience, or the context dependency of moral judgements. I gave the example of Cyprus appropriately restricting reproductive freedom because Thalassemia was so common. That condition does not obtain in the UK and so that restriction of freedom is not appropriate. Moral judgements should be sensitive to the facts, but that does not mean there are not universal moral reasons. Reasons are like vectors in physics. They have a direction and strength. The strength varies according to facts, but they continue to point in the same direction. These vectors should be weighed.

**Evangelos Protopapadakis:** Talking about criticism against utilitarianism – and consequentialism in general – many thinkers, mostly those into the

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Kantian tradition in ethics, argue that utilitarianism is based on some instrumental conception of reason. Arendt, for example, claims that utilitarians fail to distinguish between “in order to” and “for the sake of.” Should we, eventually, face moral dilemmas on the basis of worth or value?

**Julian Savulescu:** I don’t really understand that distinction. Utilitarians do base their judgements on worth or value: either people’s happiness, or preferences (autonomy), or some objective conception of their well-being. And it treats every person equally by considering their well-being equal to anyone else’s. One unit of your happiness is equal to one unit of mine. Your happiness does not matter more just because it is yours. Utilitarianism is radically impartial and egalitarian. I am not utilitarian – I don’t believe I ought to give one of my kidney’s to someone who needs one. But it is a theory based on reasons and value and a very credible moral theory. I think very often people give silly and superficial objections to it. It is essential prudence at an impartial global level.

**Evangelos Protopapadakis:** Being able to tell right from wrong, virtue from vice, utility from harm, doesn’t seem to be a sufficient reason for selecting one over the other; most people, exactly like Euripides’ Medea, seem eager to surrender to what they know to be evil. If the human nature is just like this, how effective may moral education be?

**Julian Savulescu:** That is why I believe we should consider, explore, research moral bioenhancement to increase moral motivation. Unless one is an internalist who believes knowing what is right involves being motivated to pursue it, we need to buttress moral motivation. I am externalist about moral reason.

**Evangelos Protopapadakis:** You have advocated organ-donation euthanasia with the purpose of making more organs available for transplant. I am a strong advocate of organ- and body-donation myself; in my view all major traditions in ethics would either justify or even prescribe organ donation, especially when it comes to donation-after-circulatory-death donors, even if the diseased has left no advance directives. What do you think about this? Would implementing wide-range presumed consent organ donation regulations be a morally justifiable answer?

**Julian Savulescu:** Yes. One uncontroversial moral duty is a duty of easy rescue. If you can bring about great good (or prevent great harm) at little cost to yourself by some action, you should perform that action. Organ donation after death (or unconsciousness, or during dying) is a zero cost

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rescue. If morality requires anything, it requires that. We should: 1. adopt presumed consent, 2. deprioritize those who opt out, 3. remove family vetoes, 4. embrace donation after circulatory death (DCD) and organ donation euthanasia, and 5. allow organ retrieval from people who are permanently unconscious.

References


