New medical technologies are increasingly transforming the meaning patterns of our everyday life. The new diagnostic and therapeutic possibilities that medicine offers transform and question borders between life and death, normality and abnormality, and health and illness, in direct and indirect ways. Technologies of assisted reproduction (IVF, PGD) are reshaping the forms of the beginning of life and the ability to choose what will happen in its course. Organ transplant techniques and life supporting technologies are making it possible to postpone death and be “born again” with new organs or mechanic devices. Genetics and stem cell research play major roles at both ends of life in promising the (future) knowledge and techniques of starting, predicting and prolonging life in various ways. Neurophysiology and psychiatry offer us ways of understanding and changing the self by aid of brain imaging techniques and pharmaceuticals already today.

Within the discipline of bioethics, philosophers are presently examining the ethical challenges which the new technologies will bring. This is important work: our ability to handle new technologies—and not let the technologies handle us—will be decisive for the society to come. However, in these epistemological and ethical analyses, life world issues are too rarely brought into play in any substantive way as new medical technologies are changing the patterns of our everyday lives in direct ways, and also reshaping our images of life, health, personality and the good life in a more indirect manner.

The contributions of this thematic block originate from a symposium held at Södertörn University in Sweden, November 2007. Out of the many papers presented at the symposium some were chosen to be elaborated and presented in this form after having been scrutinized in the customary peer review manner. The authors of these papers all work within the field of bioethics, but they do so with a considerable existential bend, which is inspired by the traditions of phenomenology and hermeneutics. They all address a question which you all too seldom find focused in contemporary bioethics: how do medical technologies intervene in the processes and possibilities, not only of self-enhancement, but also of self-formation. To be constituted as a self (person) is not only a matter of the physical and psychological capabilities you happen to be provided with or which you choose to promote or alter by way of medical technologies. It is basically a matter of choosing and editing your own identity within the meaning patterns of the life world. If these patterns are changed in fundamental ways—concerning borders between life and death, normality and abnormality, health and illness—it will have not only ethical, but also existential consequences for us.

This need not be a question of actually bringing about changes in, for instance, the human genome. It might just as much be a question of how new knowledge established by way of medical science alters our self-understanding. In the first contribution of this thematic section Hub Zwart (2009) analyses how genomics will change (and is already changing) the patterns of identity formation. Bioinformatics will be the principal pattern out of which future identity is shaped on an individual, as well as on a collective and genealogical, level. The information gathered by sequencing and analysing the DNA of each person, matching it for disease risks, behavioural tendencies, etc., will create possibilities not only in the domains of
collective surveillance and public health, but also in the
domains of individual life style choices and self un-
derstanding. To have “your self” stored on a memory stick is a
powerful image for self narratives which raises many moral
questions. Zwart compares the perspectives of two seem-
ingly incompatible philosophers who have addressed the
ethics of the genomic revolution: the “humanist” Francis
Fukuyama, and the “post-humanist” Peter Sloterdijk.
Diagnosing the flaws of genetic determinism, Zwart sides
with Sloterdijk in emphasising that technology has been a
major part of our “hominisation” ever since the start.
Consequently there is no human essence to be lost by
changing our unique human genome; what should be
pointed out is that the effects of the new bioinformatics will
be mostly indirect. We will not change our genes to the
extent that “trans-humanists” (such as Nick Bostrom)
believe and hope for, rather we will change our un-
derstanding of ourselves influenced by the new genetic
information. This process contains many risks of misun-
derstandings and misuses of genetic information, on a
societal as well as on an individual level, which we should
analyse and deal with directly rather than making up stories
of the new trans-humans to come.

The brain death criteria was adopted all over the world
during the 1980s mainly as a consequence of the new
possibilities of life supporting technologies and organ
transplantation developed during the 1960s and 1970s. This
is an extreme example of how medical technologies
influence and redefine, not only matters of identity and
normality, but actually the border between life and death.
Had there not been an increasing demand for human organs
kept fresh in human bodies while waiting to be transplanted
to save the lives of others, death would probably still have
been proclaimed the old way—not until the heart of the
person ceased beating.

The heart death criteria did not fit with the new tech-
nologies of organ transplantation and life support and
therefore it had to be changed. To not do so would, indeed,
in the opinion of most people have been unethical. But how
do we treat the persons who and groups which do not
accept the brain death criteria? Does every individual and
group have a right to not only their own death, but also
their own death concept? Kristin Zeiler (2009) addresses
this question in her contribution on global bioethics and
proposes a critical, hermeneutical framework to incorpo-
rate the other as both the same and different from myself in
solving ethical conflicts. Her examples are the New Jersey
Death Definition Law and the Japanese Transplantation
Law which both open the door to more than one concept of
death within one and the same legal system.

If one were to mention influential books in the bioethical
debate on new genetic technologies Jürgen Habermas’
tervention Die Zukunft der menschlichen Natur—auf dem
Weg zu einer liberalen Eugenik? (2001) would probably
end up somewhere close to the top of the list. Habermas’
far from conclusive views have fuelled several attacks from
philosophers and sociologists who have attempted to place
Habermas in the conservative camp together with Leon
Kass, Michael Sandel and others (e. g. Harris 2007; Rose
2007). The issue has mainly been with Habermas’ claim
that the child genetically designed by his own parents
would be robbed of his autonomy and that this future
scenario is fundamentally different from the way parents
are presently shaping their child by way of environmental
means. (For an excellent analysis of the moral concerns
raised by the new possibilities of genetic enhancement of
children to be, discussed by Habermas and others, see Erik
Malmqvist: Good Parents, Better Babies: An Argument
About Reproductive Technologies, Enhancement and Eth-
ics (2008).)

Karin Christiansen highlights a theme in Habermas’
book which has generally been overlooked; namely his use
of Kierkegaard’s reflections on the existential conditions
for becoming oneself in works such as Either/Or and The
Sickness unto Death (Christiansen 2009). This existential
concern of Habermas in fleshing out the distinction
between (naturally) grown human traits and traits made (by
way of genetic technologies) has been overshadowed in the
bioethical debate by the focus on the issue if Habermas’
diagnosis is empirically informed. Christiansen claims that
the fault is really Habermas’, since he fails to explain how
the existential analysis at the beginning of his book is
related to his succeeding reflections on the sociological and
psychological impacts of genetic enhancement in the realm
of communicative action.

Andrew Edgar (2009) also starts out within the frame-
work of Habermas’ book and contrasts Habermas’ views to
the ones of the “transhumanists” (a theme closely related
to the approach of Hub Zwart in the contribution men-
tioned above). The existential theme is brought out in the
contrasting stands Habermas and the transhumanists take
on science and technology. Transhumanists, such as Nick
Bostrom (2005), typically see the potential in genetic
technologies for positively expanding and changing human
nature. Habermas is a representative of those who are
sceptical to genetic technologies, since they see the risk
that the technologies will have deleterious effects on the
found ing meaning patterns of the life world by expanding
the technological control and manipulation of humanity.
The transhumanists remain confident that the life world has
within it the resources necessary to find meaning and
purpose in a society deeply infused by genetic technology.
From the Habermasian position one would criticise such a
view as being naïve and a representative of a Baconian
faith in science as a project for the domination of nature
(within ourselves)—a domination which will have fatal
consequences for human self understanding and the possibilities of what Habermas calls a “species ethics”.

The last contribution of this thematic section deals with the ethics of self-change from the perspective of the new antidepressants (Prozac). Fredrik Svenaeus (2009) argues that the massive rise in consumption of antidepressants in the last 20 years challenges basic assumptions of authentic self-change that are deeply ingrained in our Western culture: that changes in self should be brought about by laborious ‘self-work’ (psychotherapy) in which one explores the deep layers of the self (the unconscious) and comes to realise who one really is and should become. To become oneself has been held to presuppose such a psychic journey. He shows that while the assumed importance of self-work appears to be badly founded on closer inspection, the notions of exploring and knowing oneself appear to be more promising in fleshing out an ethical distinction between psychopharmacological and psychotherapeutic practice with the help of the concept of authenticity.

Looping, collective effects of psychopharmacological self-change in a cultural context are also considered by Svenaeus and this brings us right back to the life world. Temperament (mood) changes by way of medication have a looping structure that makes its outcomes even more dramatic. When certain aspects of our personalities are relabelled pathologies, the pressure to change these kinds of temperament styles increases. It will be even harder to feel at home with being melancholic or shy if the general message is that you should fix it by way of pills the way your neighbour or colleague at work has already done. Such medicalisation of life world issues—for good and for evil—is a permanent effect brought about by new medical technologies as they are incorporated in our culture and society. It has been the attempt of the authors of this thematic section to bring more light to this process by focusing directly upon the place and importance of the life world patterns in the medicalisation process. The hermeneutical challenges raised by new medical technologies in the areas of self-formation, ethics and politics are hopefully better addressed and answered through such a focus.

References


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