



The Moral Significance of our Biological Nature

Methodological Consequences of Hermeneutical Ethics

Hub A.E. Zwart

In the previous article the hermeneutical approach to ethics was outlined. In my presentation, I would like to illustrate further the methodological consequences of this approach by using two points in contemporary applied ethics. The question is: to what extent is the hermeneutical approach casuistically applicable. We start with the presupposition that the hermeneutical approach does not offer answers to the question of *current* applied ethics — namely, to the question of what is or is not acceptable in a particular problem situation — but rather, intends to clarify our moral, i.e. normative, response to problem situations. It tries to offer a precise articulation of the normative components of a successful moral decision, without presuming its detailed result. Hermeneutical ethics harks back to conceptual possibilities from the philosophical tradition to clarify the fundamental problem posed by current moral casuistry, and this for two reasons. The first is the idea that these traditional concepts are still at work in our experience and speech, such that, in taking up the tradition, the structure of our present experience is highlighted. The second is the idea that our present experience has moved away from this tradition on certain important points, such that a confrontation with these other possibilities can reveal the recent and relative character of what seems self-evident.

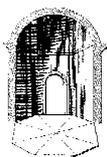
To start with, I would like to examine the recent discussions in the media on postmenopausal pregnancy, in particular the argument that a pregnancy resulting from a medical treatment of these ‘older mothers’ is *unnatural*. Appealing to nature has come into discredit in ethics and in public discussions.

Yet, I will defend the position that the notion of naturalness is still part of our moral experience. In other words, when we abandon any appeal to the moral significance of our biological nature, we are no longer able to express essential aspects of our moral experience. This, however, does not deny that the moral meaning of nature needs to be rethought and more accurately articulated; the appeal to nature is not obvious. At the end of my presentation, I will show that an appeal to nature also has a role to play in the recent discussions on cloning human embryos.

Calculating and Hermeneutical Ethics

“More attention is being paid to ‘ethics’ now than in any other period of history,” is the opening sentence from a Netherlands handbook on medical ethics.¹ This assertion appears to me to be at least one-sided. That ethics is ‘in’ has to do with a particular way of practising ethics. Although it is undeniable that much is said and written about ethical problems, modern ethics seems well described by Heidegger’s assertion that modern man is fleeing thought.² The paradoxical character of the present situation arises, according to Heidegger, because we are dealing with two different kinds of thinking: calculating thought and hermeneutical thought. In calculating thought, interests are weighed against one another, making a moral calculus that compares profit and loss. Hermeneutical thought on the other hand does not pursue the results of our activity, but its significance.

The question, however, is whether hermeneutical ethical thought still has any



relevance for modern medical practice. It seems to float somewhere above reality without making any significant contribution to the solution of concrete practical problems. It appears that, in order to be meaningful for medical practice, ethics has to become as calculating as technical medical thinking has become. The great danger that now threatens us is, according to Heidegger, that calculating thought is taken to be the only acceptable form of thought.

The current ethical approach is a form of calculating thought; its purpose is to develop a moral calculus with a few variables into which specific data related to the problem at hand can be inserted. An express choice is made for a 'method of avoidance': fundamentally meaningful questions, such as the question of the moral significance of biological nature, are by definition excluded from the agenda. Hermeneutical ethics, on the other hand, opts to focus on fundamental problems arising in concrete casuistry; its purpose is to articulate the components of an adequate moral decision without using a calculus to deduce what is and is not acceptable.

Postmenopausal Pregnancy

In 1993, in the days between Christmas and New Year, the media reported on a controversial medical-ethical press release that attracted worldwide attention. It involved two women (one English, fifty-nine years old, and one Italian, sixty-one years old), both of whom were beyond menopause, who bore, in one case, a child, and in the other, twins, after having been treated in Rome by the now well-known Dr. Antinori. These reports sparked strong and contradictory moral reactions. The fifty-nine year-old woman had recourse to Dr Antinori after a medical-ethical commission in London refused to carry out the treatment. The commission found the mother too old to cope

with the emotional burden of a pregnancy. Others were primarily concerned with the fate of the child born to such parents, who would be in their seventies when the child entered adolescence. The pregnancy of the sixty-one year-old Italian woman was sharply condemned by the Catholic Church. Treatments whose purpose is to allow women of such an age to conceive were called cruel and unnatural. Dr. Antinori, on the other hand, thought it cruel to deny a woman the maternity she desired, solely because she happens to be older. The French secretary of state for public health announced that artificially aided pregnancies beyond the age of menopause would be forbidden in France. His arguments related to the results of the treatment for mother and child. The woman would run a great risk when she became pregnant at an older age, while the child would run a greater risk of birth defects.

Comparable discussions exist on other medical ethical topics. Yet, the same two arguments are used continually. The first relates to the right of self-determination. When an older woman wants a child, and when that is technically possible, there has to be good reasons to refuse her that right. She has the right to do with her body as she sees fit. Such good reasons relate to the detrimental result of the treatment, either for herself (emotional burden of pregnancy) or for the child (what does it mean to have parents that are of an age to be your grandparents?).

Such arguments — that weigh the right of self-determination against the possibility of harm and that are familiar from other medical ethical discussions — seem inadequate to discover the more fundamental question active here. What we have is a moral calculus with two variables that can be applied to any problem situation. It is an approach that muzzles important aspects of experience instead of articulating them. It fails to represent adequately the hesitancy elicited by reports



about 'older mothers'. A hermeneutical ethic is left dissatisfied; other, more fundamental questions and considerations must be admitted to the discussion. I will limit myself to just one of them, a question that has been introduced, but which most of the participants found insignificant: to what extent does a person have a right to interfere in his or her biological nature?

As we noted, an individual's right of self-determination is an important moral variable in calculating ethics. Neither medical science, nor society, but only the individual has the right to decide what can be done with his/her body. Medical ethics sees it as its task to protect this right of self-determination against exaggerated medical pressure. Nevertheless, the idea I would like to defend in this article is that medical ethics, in its concern for the person, has lost sight of the moral dignity of the body, of the biological nature of the person. To put it differently, on this point medical ethics is thinking like the medical technical system; it has simply adopted the medical world's instrumental view of the body without question. This undermines its critical position. I suspect that the hesitation arising from reports on 'older mothers' relates to the instrumental view of the body present in such a treatment. The right of self-determination and the principle that harm should be avoided are not the only components of an adequate ethical discussion. Medicine is assumed to be a practice that strives for domination over human biological nature. Undoubtedly, Dr. Antinori's treatment expresses an impulse to dominate. Medical science wants to be able to manipulate the body, and attune it the individual's preferences. I suspect that this aspect plays a role in our moral reactions. In the next section, however, I will show that the ethical debate scarcely allows this aspect to be adequately thematized. Recourse to the moral significance of our biological nature is necessary if we are to begin with an adequate

thematization.

Nature and Medical Goals

In a response to the discussion on 'older mothers' a columnist in a Dutch newspaper raises the question whether the objections against 'late' pregnancies are based on emotional rejection or on real arguments.³ He refers to the notion that late pregnancies are unnatural and then says, "This seems an objection that leads to an endless debate on what is unnatural. A steel pin hammered into a broken bone is an unnatural procedure ... I think this way of looking at things produces a distortion. The meaning that the concept 'natural' has for ethics should be more precisely defined."

When we think about the moral value of the natural, we should distinguish between our human nature and our biological nature. People are innately free and rational beings that must self-consciously shape their biological nature, which they share with other living things. The question is, then, how far does the individual's power to shape his biological nature extend? How unnatural may medicine become? To understand properly what is involved in the distinction between the natural and the technical or artificial, we do well to return to someone who took important first steps in the philosophical attempt to determine accurately the meaning of the natural, i.e. Aristotle. Turning to Aristotle, however, is not a goal in itself. The question is not, "What did Aristotle say?" but "What can Aristotle tell us?"

To explain the difference between the natural and the technical or artificial, Aristotle uses an example from medical practice.⁴ He shows that healing has two causes, one natural and one artificial (or technical). The doctor has several medical techniques available to restore health (the technical or artificial cause of health). Nevertheless, these techniques will produce no result unless the body itself was



oriented towards (the restoration of) health (the natural cause). Technical intervention then should coordinate itself with this natural orientation; technology should serve nature.

Heidegger notes that in our time, technology appears to be replacing nature.⁵ Instead of coordinating itself with this natural orientation towards health, the restoration of health is attributed solely to technical intervention. According to Heidegger, this would only be the case when life itself could be created. But when that happens, there is no longer any question of health. When it becomes possible to create a complete human body, the 'human' will have disappeared. Nature opposes, from principle, any attempts at technical manipulation. Nature must, therefore, not be understood analogous to technology (i.e. as a comprehensive machine) but from its own unique character.

A steel pin in a broken bone is undeniably artificial, but not necessarily unnatural. Art adds itself to nature, meets nature where the natural orientation towards health proves insufficient. The purpose and meaning of this medical treatment are presaged in biological nature. A pin is inserted in such a way that the natural situation is closely approximated. Nature must be the norm for medical technology; the purpose of medicine is to restore the natural situation.

The impregnation of a fifty-nine year-old and sixty-one year-old woman, on the other hand, is a medical procedure dominated by the technical and the artificial. Art is no longer subservient to what nature presages. This has nothing to do with repair or adaptation, but with manipulation. The natural borders of biological nature are ignored. They seem to have lost their orienting meaning for medical activity.

Cloning Human Embryos

In October 1993, during an international scien-

tific meeting in Montreal, a researcher announced that he had been successfully able to multiply human embryos under experimental conditions. He saw this as a small and humble step in a large-scale project that started with in vitro fertilization. Besides scientific knowledge, the project was also motivated by a desire to reduce human suffering. Ethicists and politicians who reacted in the media to this report thought that technological development had again transgressed a significant boundary. President Mitterand declared himself shocked about the manipulation of human embryos. Ethicists speculated on the ethical aspects of future applications.

Science seemed gradually to be approaching scenes from *Brave New World* and other science-fiction literature. As for technological development, the predictions depicted in such literature seem to be proving accurate. But on one point *Brave New World* has missed the ball completely. The novel presupposes that these technological innovations will develop in a totalitarian political system, while in reality, it is democracy that produces these possibilities. Although a democratic system does have many instruments for directing and controlling public life, with respect to content it offers few obstacles to such developments. The citizen's right to self-determination is an understood moral starting point. Since not all citizens consider recourse to nature meaningful or convincing, it should play no role in public decisions. This reasoning contains the risk that participants in public deliberation deny themselves the opportunity to express essential aspects of experience. Any objection to post-menopausal maternity or the cloning of embryos runs the risk of appearing incomprehensible and, by extension, unreasonable. In an ethical examination, Capron discusses the argument that cloning human embryos is unnatural. He writes: "Cloning is no different from the rest of medicine in its interference with natural processes.



Society seems by now to have accepted other manipulations of human gametes and embryos carried out to aid people in overcoming infertility.”⁶ This commentary coincides with the current approach in applied ethics as described above. Only two elements are included in the discussion: the citizen’s right of self-determination and the effort to reduce damage and other forms of human suffering. We no longer admit a functional concept of nature that allows the idea of biological nature to be meaningfully included in the debate. Even Capron admits that all aspects of technical medical skill are unnatural. I, however, have shown above that, given an adequate concept of nature, the natural and the technological (artificial) complement one another, so that nature can continue to function as a meaningful component in moral deliberations. Capron’s article is procedural; he argues for the creation of a permanent ethical advisory commission that would study all such questions. I think that ethics should primarily try to determine which aspects of experience should be thematized to allow adequate moral reflection on such developments.

Specification

These considerations compel us to analyze more closely the significance of biological nature. Humanity has both a rational and a biological nature. As a rational being the individual has the moral duty to give a self-aware and responsible shape to his biological nature. This process, however, has nothing to do with ‘managing’ or ‘dominating’, it must respect the limits presaged in nature if it is to avoid becoming manipulation. Manipulation would not only remove the natural from nature but the human from humanity. Thomas Aquinas had already emphasized that natural law could not be reduced to a prescribed natural order, but must be constituted by humankind’s practical rationality. The natural order contains points of

contact which practical rationality must use for orientation. Put differently, the hermeneutical resumption of the moral significance of nature encompasses both a receptive (passive) and a constitutive (active) moment. Such an approach is essentially different from calculating moral analysis that weighs the right of self-determination and the reduction of suffering. As opposed to this formal calculus, natural laws articulate the *content* of a moral decision’s components without deducing *exact* behaviour in specific problem situations as calculating ethics attempts to do.

When a twenty-five year-old, infertile woman undergoes the same procedure discussed above in the case of ‘older mothers’, it will elicit much less hesitation. The concept ‘natural’ can serve to explain the difference in response. In a sixty-one year-old woman, infertility is not unnatural. In her situation the artificial is so dominant that nature loses its orienting function for medical procedure. A precise turning point is not easily determined, but that nature is an aspect of experience seems undeniable. Another question raised in the discussion of ‘older mothers’ was whether we should attribute importance to the hesitation sparked by reports of late-life pregnancies when no similar hesitation is applied to men who sire children late in life. Why is there no discussion of ‘older fathers’? I think the difference between the two situations is evident. In the latter case there is no medical intervention necessary to initiate a pregnancy. The moral significance of our biological nature has to do with the relationship between the technical (the medical) and the natural (the physical). This question is only introduced when there is a question of medical intervention. Only at that point is there a question of how technical possibilities are to be used. Another element of the discussion is that certain events — such as the cloning of embryos — already occurs spontaneously in a natural environment (identical twins). How



would a concept of nature function here in clarifying or verifying hesitancy? Here, too, the answer is that the ethical evaluation using a concept of nature relates to the relationship between the technical and the natural; nature as such legitimizes. The question is always the adequate use of technical means in the management of our biological nature.

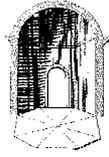
Hermeneutical ethics is not new. It only does what ethics is supposed to do, but what current ethical discussions frequently ignore: returning to the philosophical tradition to clarify fundamental problems raised by modern moral situations. In modern discussions this recourse is hindered by two one-sided interpretations of the notion 'natural': naturalism and rationalism. On the one hand naturalism posits that univocal moral acts can be deduced from a biological order of being. This denies the constitutive activity of practical rationality; it is the duty of practical rationality to interpret the moral significance of biological data.

Rationalism, on the other hand, claims that biological nature can have no moral meaning at all. This destroys the receptive moment of practical rationality, the openness to the moral significance of our biological nature. Here ethics withdraws within the repressive logic of the calculus described above. Hermeneutics is an approach that uses moral experience to articulate the moral significance of biological data, and to analyze it critically. In doing so, it points out certain elements that have been 'forgotten' in modern discussions. This forgetting eliminates the ability of applied ethics to articulate essential aspects of experience, which thereby risk being lost.

A democratic and pluralistic system does not hinder recourse to nature. It is a question of articulating basic components of our moral experience. There is a universal moment in the recourse to biological nature. But this does not mean that we can deduce from predetermined biological nature what is and is not allowed. Ethics is limited to articulating the moral components, without dictating specific moral acts. The final decision remains the responsibility of autonomous individuals. Ethics delimits the moral space in which deliberation maneuvers. We cannot univocally deduce from our biological nature whether a late-life pregnancy or a cloned embryo is acceptable. But without recourse to the notion of the 'natural', we are unable to give content to the experiences that constitute our genuine moral response. It is significant that after devoting a series of studies to his critical genealogy of modern society as driven by a calculus of self-determination and well-being, Michel Foucault turned in his most recent book to another 'forgotten' possibility: the stoical contact with and moral respect for biological nature.⁷

Notes

- 1.I.D. DE BEAUFORT, H.M. DUPUIS, *Handboek gezondheidsethiek [Medical Ethics Handbook]*. Assen, Van Gorcum, 1988, p. 7.
- 2.M. HEIDEGGER, *Gelassenheit*, Pfullingen, Neske, 1959, p. 12.
- 3.NRC *Handelsblad*, January 7 1994.



4. *Physica*, 193b 14-17.

5. M. HEIDEGGER, 'Vom Wesen und Begriff der *Physis*. Aristoteles' Physik B, 1' in *Wegmarken*. Frankfurt am Main, Klostermann, 1967.

6. A.M. CAPRON, 'Is It Time To Clone a Bioethics Commission?' in *Hastings Center Report* 24(1994) 1, p. 29.

7. M. FOUCAULT, *Histoire de la sexualité*, Vol. III: *Le souci de soi*. Paris, Gallimard, 1984.