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### CHAPTER

## 39 New Technologies, Justice, and the Body

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### Abstract

This article examines the impact of medical technologies on the concept of justice and the human body. Traditionally, theories of justice require individuals to transfer material resources to other individuals who are needier or worse off. But three technologies, organ transplantation, genetic engineering, and artificial wombs, have changed our obligations to one another. It appears that justice now requires us to subject our body to sometimes invasive procedures should others need our bodily resources, particular genes, or nutrients which we no longer want to provide through our body itself.

**Keywords:** justice, human body, medical technologies, material resources, organ transplantation, genetic engineering, artificial wombs

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## 1 Introduction

Theories of justice differ from one another on the extent to which redistribution should take place, but they agree that justice requires of some individuals that they transfer material resources to some other individuals who are needier, or worse off. (For the view that the needy ought to be helped, see Anderson 1999; Frankfurt 1987; Gewirth 1996; Harris 1987; Jacobs 1993; Nussbaum 2000. For the view that the worse off have such a claim, see Arneson 1989; Cohen 1989; Dworkin 2000; Rawls 1999.) Moreover, in line with libertarians as well as many a liberal proponent of reproductive rights in general and abortion in particular (e.g. Thomson 1971), proponents of coercive taxation for the purpose of helping the needy, or worse off, take it for granted, without argument, that all individuals have a very strong right to bodily integrity. When faced with the libertarian objection that coercive taxation implies the coercive taking of body parts (Narveson 1983; Nozick 1974), proponents of the former typically reply that we should draw around the body “a prophylactic line that comes close to making [it] inviolate, that is, making body parts not part of social resources at all” (Dworkin 1983, 39). In sum, then, the contemporary literature on distributive justice has it that we owe material, but not bodily, help to one another.

However, in the light of ever more sophisticated medical technologies, the assumption that, as a matter of justice, individuals do not owe anything to one another with respect to their body can, and must be, challenged. So let us assume for the sake of argument that, at the bar of justice, individuals have rights against the comparatively well-off to the material resources they require so as to lead an autonomous life (where autonomy is defined as the capacity to frame, revise, and pursue a conception of the good), provided that they are not responsible for their predicament, and provided that the well-off would not jeopardize their own prospects for such a life by providing such help. By the same token, or so we shall see here, individuals also have rights to some of the bodily resources of those who are in a position to help them. I make my case by reference to three medical technologies, to wit, organ transplants (a rather routine procedure), genetic engineering (which is in its infancy), and artificial wombs (which are a distant, but real, prospect.) In so doing, I point to the ways in which those technologies lead us to rethink the content and the scope of our obligations of justice to one another.

## 2 Organ Transplants

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Thousands of people, throughout the world, are so medically needy that they must get an organ or tissue transplant in order to be autonomous or even to survive; the majority of them will not get a transplant, and some of them will die as a result. Scarcity of organs, in short, is an acute problem. And yet, the literature on justice tends to focus on the distributive issues raised by scarcity of material resources. When it addresses the problems attendant on the scarcity of organs, it mostly addresses the question of selling them. Works on alternative ways of procuring organs, and in particular compulsory taking, are scant. There is, thus, a presumption, which is sometimes, but not often challenged, in favor of conferring on individuals the right to control what happens to their body, before and after death.

However, if one thinks that the needy have a right to the material resources they need in order to be autonomous, one must be committed, in some cases, to conferring on the sick a right to some of the organs they need to be autonomous (Fabre 2003, 2004. See also Rakowski 1991 and Audi 1996, for a different argument in favor of the *post-mortem* confiscation of organs). Let me briefly state the case. First, it makes sense to say that the sick *can* have a right to someone else's organs, because organs are resources. That is, they are not constitutive of the person: rather, they are things which persons use to implement their conception of the good, and which can be transferred from one person to another.

Second, the sick *do* have a right to the healthy's organs, for the following reason. An advocate of compulsory taxation who believes in the moral importance of promoting individual autonomy is claiming the following: "some people are not autonomous for they lack material resources. In cases where they lack such resources through no fault of their own, for example through being born in a certain family or social class, they have a right that those who are in a position to help them do so, by way of taxation." That argument rests on two considerations: (a) the fact that some resources are needed to render a life autonomous, which are the proper subject matter for duties of justice; (b) how one came not to lead an autonomous life.

Now, it is quite clear that we must have access to body parts in order to be autonomous. Someone who is totally blind lacks a fundamental resource and consequently can take up far fewer opportunities than someone who is not. Someone who does not have kidneys and needs to undergo painful, two-hour long dialysis three or four times a week has less well-being and less time to take up whatever opportunities society offers than someone who has two kidneys. And so on. Furthermore, the distribution of body parts is largely a matter of brute luck. Indeed, people are often not responsible for needing body parts: they are often not responsible for developing cancer and needing bone marrow; for having to undergo an operation and needing a blood transfusion; for kidney failure; for being born blind, etc.

Thus, *prima facie*, and *pace* proponents of coercive taxation for distributive purposes, it is arbitrary on the one hand to claim that the rich are under a duty to help the poor by way of transfers of material resources, and on the other hand to deny that the “medically rich” are under a duty to help the “medically poor” to provide such help by way of transfers of body parts.

p. 716 Two objections are standardly leveled at the foregoing argument, namely that individuals, whether alive or dead, should be treated as separate persons, and that they should not be threatened in their bodily integrity (Cohen 1995; Fried 1970; Veatch 2000). The confiscation of body parts is unjust, it is thought, precisely because it violates both requirements. As we saw at the outset, the claim that we all have a right to bodily integrity is widely accepted as true, and it seems that the objection it grounds is all the more powerful for it. In fact, neither objection works. The fact that I may be required to give you parts of my body does not violate the Kantian requirement that we treat one another as a separate person with their own ends. For the requirement states that we should treat one another not merely as means but also as ends, which implies that we *can* be treated as means provided we are also treated as ends. The objection works, therefore, only if the compulsory taking of body parts amounts to treating people solely as means. And yet, it is not true that it does: my having to give blood from time to time, my having to give a liver lobe under local anaesthetic, my losing a kidney or a cornea after death do not prevent me from leading a minimally autonomous life; and in being required to undergo those procedures for the sake of someone who desperately needs the relevant organ, I am not thereby treated as a means only to his ends.

It is true, however, that I am thereby threatened in my bodily integrity. In so far as we need to have control over our body in order to be autonomous, it is objected that bodily integrity is important enough to be protected by an absolute right. But so to object to the confiscation of organs is problematic: for in conferring on the healthy the absolute right to control what is done to their body, we would allow for a world where a number of people are left without the body parts that they need in order to be autonomous; we would, in fact, undermine the very value from which bodily integrity gets its appeal. To promote the value of autonomy, thus, might require undermining the bodily integrity of some individuals.

### 3 Genetic Engineering

p. 717 Organ transplants, thus, lead us to redefine the content of justice. So does genetic engineering. In addition, genetic engineering has a bearing on the scope of justice: as we shall see, it leads us to consider the possibility that justice is a property of the relationship between parents and children.

Many contemporary theorists of justice routinely distinguish between suffering misfortune through bad brute luck and suffering it through choice; they also assume, no less routinely, that our circumstances, such as our talents and handicaps, given to us as they are by nature, are a matter of luck (e.g. Dworkin 2000; Cohen 1989). The role of principles of justice, they argue, is to regulate the distribution of burdens and benefits that accrue to us in virtue of having, or not having, those talents and handicaps, and of the various choices we make in our life.

However, the claim that nature, and not other people, is responsible for our talents and handicaps is clearly false: to a large extent, as parents and citizens, we shape our successors' opportunities through care and education; we also contribute to determining, pre-conception, during pregnancy, and post-birth, how healthy they will be. The development of medical technologies which give us greater control over our genetic make-up further increases our influence over our children's prospects: it is already possible for doctors to detect whether a given individual is likely to pass on certain genetic diseases to his future children and, in the not too distant future, it will be possible for them to remove the genes which carry those diseases and to replace them with healthy ones. In a more distant future still, it might be possible to detect which combinations of genes contribute to the development of physical attributes, traits of characters,

mental capacities, and talents; accordingly, it might well become possible for prospective parents to pick and choose certain genetic combinations such that their future children have a greater chance than they currently do of, say, being tall, driven, kind, good at mathematics, and musically gifted.

p. 718 In the last few years, it has become commonplace to note that genetic engineering shifts the boundaries between chance and choice, since our circumstances, or so it appears, will increasingly become the product of our parents' choice, and will be left to chance to a much lesser extent than they currently are. That third parties can be, and often are, responsible for some of the ills that befall us has led some authors to argue that we need a new account of justice (Dworkin 2000; Buchanan et al. 2000). It is unclear, however, what transformations exactly are required to existing accounts. For a start, the fact that the precise contours of our genotype, and therefore of our phenotype, will one day perhaps solely be determined by other people's choices does not alter the fact that, from our point of view, our circumstances ↵ will still be down to the brute luck of having parents who made, or failed to make, certain choices. Moreover, we already know that some individuals do not have prospects for autonomy because their parents have, for example, systematically abused them, or failed to provide them with the emotional care and the material resources they needed whilst growing up, and we already have some views as to whether or not they have a claim for help (for example, in the form of publicly funded health care).

Although we already have the tools to address the issues raised by genetics, doing so requires a shift of focus from the question which theorists of justice most often deal with to one which they tend to overlook. The most pressing question raised by genetics is not “does an individual who incurs some harm through bad brute luck have a claim for compensation?” but rather “if someone is in a position to inflict harm on someone else, how should he act?”

p. 719 In answer to that question, some philosophers argue that parents are under a duty to undergo genetic therapies for the sake of their future children (Harris 1998; Buchanan et al. 2000). Their argument goes like this. If it were the case that individuals have an unconditional right to have a child, someone would not wrong his child by refusing to undergo genetic treatment, since on that view, he could exercise complete sovereignty over his child. However, as we saw, justice requires that individuals be given the material resources they need in order to lead an autonomous life if they are not responsible for the fact that they lack those resources. Although this, *in itself*, does not tell us *who* should provide resources to the needy, one can adduce (at least) two reasons for asking parents to do so vis-à-vis their children. First, and to state the obvious, whether or not we have prospects for an autonomous life depends, in good part, on the degree and kind of care with which our parents provide us, and more specifically but not exclusively, on the resources—food, clothing, and health care—they give us. In the first years of our existence, our parents are the best placed to discharge the obligation to provide us with those resources, precisely because we are more vulnerable to them than to (almost) anyone else. If, then, one is committed to the view that providing the needy with prospects for an autonomous life is a requirement of justice, one must be committed to the view that parents are under a duty of justice to their children to promote those prospects (O'Neill 1979; Feinberg 1980; LaFollette 1980). Second, in bringing us into existence, our parents do not only benefit us: they also ↵ impose on us a number of burdens to which we clearly have not consented. The least they can do, then, is to equip us to cope with those burdens, by providing us with the necessary resources (Shiffrin 1999, 138–9).

Thus, from some widely held views on parental responsibility in general one can derive the more controversial claim that, at the bar of justice, parents are under a duty to ensure that they do not pass on serious disabilities to their offspring. Note, moreover, that this claim does not merely apply to cases where, absent genetic treatment on the parent, the child would suffer a serious disability or impairment. In some cases, although lacking a particular human functioning does not constitute a disability, it nevertheless prevents us from choosing and implementing certain conceptions of the good. (I have in mind, for example, total insensitivity to the arts, lack of physical abilities and moderate intelligence.) Accordingly, parents are not simply under a duty to ensure that their child lives free of diseases and disabilities; they are also under a

duty to ensure that their child is equipped with the full range of the human functionings which enable us to frame and pursue a conception of the good.

This point might seem extremely controversial: after all, do we really want to say that parents *ought* as a matter of justice to ensure that their child has a disposition for appreciating the arts? I believe so. Liberals object to the fact that many children whose parents are poor simply do not have access to artistic opportunities, and advocate a state-funded educational system such that it would expose children to a wide range of opportunities, irrespective of their social and familial background. In so interpreting the right to education, they are claiming, in fact, that citizens are under a duty of justice to pay taxes to that effect. That duty, crucially, is not owed to parents who may want to send their children to those schools: it is owed to the children themselves. Now, if children's interest in leading an autonomous life justifies holding citizens under a moral duty to make the relevant educational resources available, surely it holds parents under a moral duty to provide them with those resources. For there would be something incoherent in claiming that individuals as citizens are under a duty to pay taxes towards an autonomy-enhancing educational system, and in denying that they are under a moral duty, as parents, to send their children to those schools.

p. 720 If the foregoing argument is valid, it implies that parents are under a moral duty to ensure that their future child enjoys the whole range of species functionings. For if we can object on liberal grounds to the fact that some children lack exposure to the arts because of their parents' poverty, why not, then, object to the fact that children whose parents have failed to make relevant genetic choices lack the personal capacities for appreciating the arts? To be sure, there is a difference between those two cases. In the former case, it is taken as a given that children have the personal capacity to enjoy the arts, and it is argued that they are illegitimately prevented from deploying it as a result of their parents' poverty. In the latter case, it is argued that they are illegitimately denied that very capacity. However, this difference is irrelevant in the present context, simply because the argument that children should be able to deploy their artistic capacities irrespective of their parents' deprivation derives its strength from the value of having those capacities in the first instance.

Now, one of the most often deployed criticisms of medical procedures which aim to ensure that disabled children will not be born is voiced by spokespersons for some disability rights movements, who argue that in defending genetic engineering, one is assuming that the unborn, if given the choice between being disabled and not being disabled, would choose not being disabled (International League of Societies for Persons with Mental Handicaps 1994). In making that assumption, the objection goes, one is showing disrespect to those individuals who are currently disabled, since one is judging their life to be unworthy, and since one is imposing on the unborn an understanding of what counts as a disability with which the disabled themselves may well disidentify.

There are (at least) three reasons to doubt that the objection is successful. First, if it works against genetic engineering, it must, by the same token, work against medically treating children *post-birth* for disabilities, since in so treating children, one is also assuming that, given the choice, they would opt for a disability-free life. It must also work against forbearing to conceive on the grounds that one's children would not lead a worthwhile life. Proponents of the disability objection who would hold parents under a duty to seek traditional medical treatments for their disabled children, have absolutely no reason *not* to hold them under a duty to resort to genetic treatments which would ensure that their children do not have that very disability in the first instance. As to proponents of that objection who deem it permissible to avoid conceiving, precisely so as to ensure that one's children do not have the disability in question in the first instance, they have even fewer reasons to oppose genetic treatments for such purpose.

p. 721 This first point, of course, does not address the claim, most often made by radical deaf activists, that what we regard as a disability is not, in fact, one. Those activists would concur with my point that standard medical treatments post-birth and genetic engineering pre-birth are on a par, but they would draw the

opposite conclusion that standard medical treatments—in that instance for deafness—should be forgone. I do not see how that view can be successfully defended, although it is hard to rebut it without begging the question. It pays to note, however—and this is my second point—that the claim that we standardly need normal species functionings in order to be autonomous does not imply that no one who lacks such functionings can be autonomous. Yet, it is unquestionably true that someone who is deaf—especially someone who becomes deaf in adulthood—can be autonomous only at a tremendous cost. The only way really to judge whether someone would choose deafness over hearing is to see what those who have experienced both conditions would choose. It is quite clear, judging by the number of once fully-hearing people who are seeking treatment against deafness, that against a background of full information, full hearing is on the whole regarded as preferable to deafness. And conversely, it is probably not coincidental that radical deaf activists are, by and large, congenitally deaf.

Third, to assume that a life lived with disabilities is not one most people would willingly choose in no way amounts to considering the disabled *themselves* as less worthy of concern and respect. Accordingly, my argument so far does not imply that deaf activists who promote deafness over full-hearing and who refuse to undergo treatment are incapable of judging where their best interests lie. Indeed, in so far as they have spent their whole life not hearing, and have built a professional, social, and familial life accordingly, *not* undergoing treatment might be the rational thing to do *for them*. But it might not be for many others, who would be treated unjustly if not given the opportunity to be able to function well in a society where the vast majority of individuals are full-hearing.

This objection to genetic engineering rests on a deeper fear—the fear that, in a society where genetic therapies are available, individuals who nevertheless *are* disabled (for example, because their parents did not undergo treatment, or because their disability is not genetic) will be even more discriminated against than they are now, on the grounds that bringing them into existence was, after all, avoidable. In the light of the long history of discrimination against the disabled, it would be foolish to dismiss such worries as groundless. Yet, it would be unwise to stop using and developing genetic procedures for that reason—just as it would have been unwise to stop developing treatments against deafness for fear that those who remain deaf would suffer discrimination. The right thing to do, in short, is to explore genetic procedures and to try harder to eradicate the prejudices held by the able-bodied against the disabled.

To conclude, then, parents are under a duty to subject their body—more specifically their gametes—to relevant genetic procedures so as to ensure that their children do not suffer from autonomy-undermining conditions. In making my argument to that effect, I applied relatively familiar arguments to the new and complicated issue of genetics. Moreover, I also claimed, in effect, that parents' obligations to their children are obligations of justice. And *that* is less familiar. For justice, it is standardly thought, regulates our conduct towards one another qua members of political institutions, not our conduct towards one another as parties in personal relationships. Yet, in so far as we can have as much of an adverse effect on others in those relationships as we can via state institutions, there is no reason to restrict the scope of justice to the latter. In what follows, I draw on this view to examine yet another bodily obligation of justice, that of a woman towards her unborn child.

## 4 Artificial Wombs

In Section 2, we saw that proponents of the coercively directed distribution of resources are committed to the claim that those who need bodily resources from others, so as to be autonomous, have a right to such resources. However, that claim, if correct, might well cast doubt on the permissibility of abortion. For a fetus, after all, is entirely dependent on its mother's willingness to provide him, through her own body, with the resources it needs in order to survive, and indeed to develop into a healthy infant. Are not women, then, under a duty of justice to make their womb available to the fetus they are carrying for as long as it needs it?

p. 723 Not so, in fact: for as Judith Thomson notes in her seminal article on abortion, a woman has a right to bodily integrity, and accordingly is generally ↯ not under a duty to provide sustenance to her unborn child (Thomson 1971). Clearly Thomson is not alone in so thinking: by and large her view is one that is widely endorsed in the pro-choice literature.<sup>1</sup> Strictly speaking, however, her reasonable unwillingness to carry her fetus to term merely justifies terminating the pregnancy; it does not justify causing the fetus to die. True, one cannot at present do the former without doing the latter. But recent news reports have confirmed that scientists are developing “artificial wombs,” that is, plastic tanks filled with amniotic fluid, where embryos are fed through the equivalent of the umbilical cord (Rifkin 2002; McKie 2002). It is hoped that artificial wombs will be used, amongst other things, to host a fetus originally conceived in a woman's body, in cases where the woman cannot carry it to term.

Although the literature on abortion is overwhelmingly voluminous, it does not address the distinction between terminating a pregnancy and causing a fetus to die (with the notable exception of Kamm 1992). And yet, it is a crucial distinction. As I argue here, when artificial wombs are available, a pregnant woman may indeed have the right to terminate her pregnancy, but, in two cases at least, is under a duty to do so by having her fetus transferred to an artificial womb, as opposed to aborting it. Thus, in those two cases, a pregnant woman is sometimes under a duty to subject her body to a medical procedure necessary to secure her fetus' survival and development into a healthy infant. One can make such an argument on the least controversial of all the assumptions on the moral status of the fetus, namely that it acquires moral status, and thus a *prima facie* right not to be killed, towards the twentieth week of pregnancy, when it becomes sentient. One can further assume, first, that past that point, a woman may abort if and only if a weighty interest of hers, such as her physical and psychological health, would be compromised by the continuation of the pregnancy, and, second, that abortion is legal before the twentieth week.

p. 724 The two cases involve a pregnant woman faced with a choice to abort, carry on with the pregnancy, or transfer her fetus to an artificial womb, past the twentieth week of her pregnancy: ↯

1. Anne gets pregnant through consensual sex. If she carries her fetus to term, she will incur serious damage to her health.
2. Beth gets pregnant through rape. She does not want to bring up that particular child.

On the aforementioned assumptions, both women are allowed to have an abortion and thereby to cause their fetus to die, after twenty weeks, although the strength of their claim diminishes as the fetus comes closer to acquiring the full moral status of a person. However, not all of them will be allowed to do so once artificial wombs are available. Anne, for example, can justify terminating her pregnancy on the grounds that she is morally entitled not to sacrifice her health for the sake of her fetus' life, but she will not be able so to justify electing to bring about the death of her fetus. For it is not the existence of the fetus itself which thwarts her weighty interest in remaining healthy: rather, it is the fact that the fetus happens to be in her womb. To be sure, Anne may well be willing to have her fetus transferred to an artificial womb anyway; but this does not render moot the point that she ought to do so.



Beth's case is trickier. Standardly, there are two different reasons why women who become pregnant as a result of rape are deemed morally allowed to have an abortion: it is entirely understandable, or so it is argued, that they do not want to take responsibility for a child created without their consent; it is also entirely understandable, or so it is argued, that they do not want to carry, for nine months, in their body, a reminder, indeed a part, of their abuser. Accordingly, although a woman who has been raped can avoid taking responsibility for the child by carrying it to term and putting it up for adoption, one cannot *make* her carry on with the pregnancy if she does not want to.

Now, if the rationale for permitting Beth to abort is her (understandable) repugnance at being pregnant with a child for which she (understandably) does not want to take responsibility, then she is under a moral duty to resort to an artificial womb. That is, one may agree that Beth ought to be made neither to take responsibility for the child nor to carry it to term, and yet hold that, in so far as she would violate its prima facie right not to be killed by bringing its death about, she should have it transferred to an artificial womb, and put it up, as it were, for adoption.

p. 725 This is a tentative suggestion, to which someone might be tempted to object that to hold a woman who has been raped under a moral duty to ↵ subject herself to a medical procedure for the sake of her fetus might seem impossibly harsh. So, let us distinguish three possibilities (Kamm 1992). First, the physical and emotional costs of undergoing the removal procedure do not exceed the cost of having an abortion. If that is true, then Beth is under a duty to remove the fetus to an artificial womb. Second, the cost of removal is higher than the cost of abortion, but not so high as to jeopardize Beth's chances for a minimally autonomous life. In that case, I submit that she ought to go through with removal, as opposed to abortion. For whilst the fetus' neediness, as we saw above, does not confer on it a right to be carried to term in her body, it does confer on it a prima facie right that she subject her body to the removal procedure, provided that she would not jeopardize her prospects for an autonomous life as a result. But if—and this is the third possibility—removal is more costly than abortion, in that it jeopardizes Beth's chances for an autonomous life, then in the light of the aforementioned argument for the provision of bodily services to the needy, she cannot be held under a duty to go through with it.

In effect, then, Anne and Beth are under a moral duty, in some cases at least, to transfer their fetus to an artificial womb and, should they not wish to bring it up, to put it up for adoption. Many would find such a claim unacceptable. No woman, they would argue, should be faced with the following dilemma: either bring up this child, even though you do not want it, or put it up for adoption and live with the guilt attendant on having abandoned it. On that view, abortion is justified not merely so as to enable the woman not to carry on with the pregnancy, but also so as to give her a way out of that dilemma. I should like to venture, however, that once the fetus has acquired moral status, and the closer it gets to acquiring the moral status of an infant, it is hard to justify bringing its death about on the grounds that its mother should not have to feel guilt at having abandoned it at birth. For at that point it has acquired a prima facie right not to be killed, which can only be overridden by weighty considerations, for example pertaining to its mother's health and well-being. *Ex hypothesi* the mother could have chosen to have an abortion earlier, before it acquired such a right: I believe that she cannot, past twenty weeks, suddenly decide that she cannot cope with abandoning a child and bring about its death. Of course, absent artificial wombs, one may think that she has the right to abort, on the grounds that she ought not to be made to go through with the pregnancy and the birth; but p. 726 once artificial wombs ↵ become available, and if the cost of removal is not such as to jeopardize her chances for a minimally autonomous life, then she is under a moral duty not to bring about the death of her fetus, and to transfer it.



## 5 Conclusion

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The three medical technologies I examined in this paper lead us to rethink justice in the following ways: (a) our obligations to one another are not merely obligations to give them the material resources they need; they are obligations to subject our body to sometimes invasive procedures, should they need our bodily resources (organ transplants), particular genes (genetics), or nutrients and oxygen which we no longer want to provide through our body itself (artificial wombs). (b) As we saw when looking at genetics and artificial wombs, if justice consists in mitigating the effect of bad brute luck, then theorizing about justice requires not merely an answer to the question of whether compensation should be given to the unlucky, but also an answer to the question of how we should act towards one another, insofar as some of our choices can adversely affect others without their having any control over them. (c) Moreover, when examining the requirements which justice imposes on our conduct towards one another, we should accept that they extend not merely to such conduct as mediated by political institutions, but also to our conduct vis-à-vis those with whom we have more personal relationships, most notably our children.

If I am correct, then, a fairly uncontroversial stance on the requirements of justice with respect to the distribution of material resources, when seen through the prism of some new medical technologies, yields fairly controversial conclusions with respect to the body, and interesting insights into justice itself.

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## Notes

- 1 To be sure, some feminists thinkers claim that women currently are not exercising real control over their sexuality, and thus their body; on their view, merely to appeal to the right to bodily integrity in order to defend a right to abortion is to show undue lack of sensitivity to the context in which women try to exercise the former (see, e.g., Shrage 1994; MacKinnon

1987). However, implicit in their critique of that particular pro-choice argument, and in their defense of the legalisation of abortion, is the view that women ought to be able to exercise *meaningful* control over their body.