

Who wants to live for ever?

Anti-aged versus anti-aging: individual and societal concerns with regard to lifespan extension

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Ahasverus, Matthew 16:28:

'Verily I say unto you, There be some standing here, which shall not taste of death, till they see the Son of Man coming in his kingdom.'

Life span extension, a form of enhancement?



Defining human enhancement

Use of medical technology to go beyond traditional goals of medicine:

- save and prolong life
- fight and prevent diseases
- reduce pain and suffering

- Distinction treatment – enhancement
- Distinction dysfunction – normal variant – super-normality

Both are criticised, for epistemological and moral reasons

- Problem of subjectivity
- what is normal, why is normality moral?



Enhancement:

“We are in charge of our lives”

“....*deciding* to be happy”

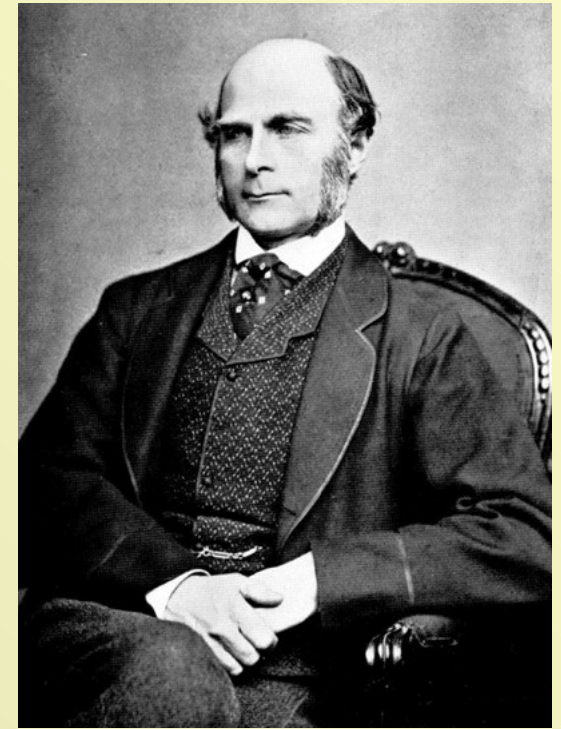
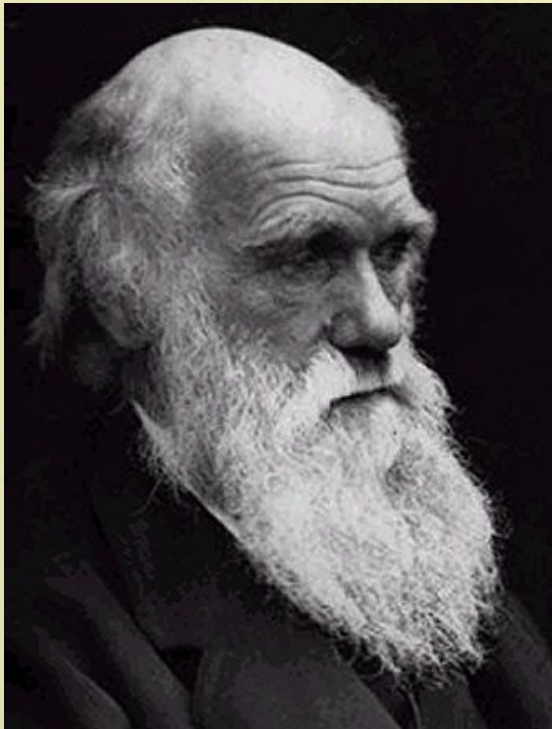
interview by Julika Rudeilius

- To increase existing capacities:
 - increase our capacities in sports
 - increase our resistance to diseases
 - increase our sensory perception
 - be happier
 - be more intelligent
 - Live longer

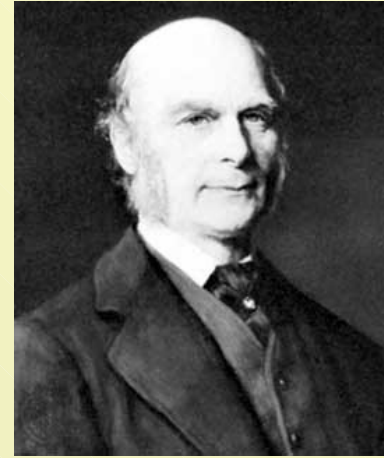
- To create new capacities
 - a new sense
 - an extension of our nervous systems
 - man machine interfaces (brain-internet; computer-hand movement etc.)

Problems with the concept of enhancement, the politics of human nature:

- Eugenics: Darwin/Galton

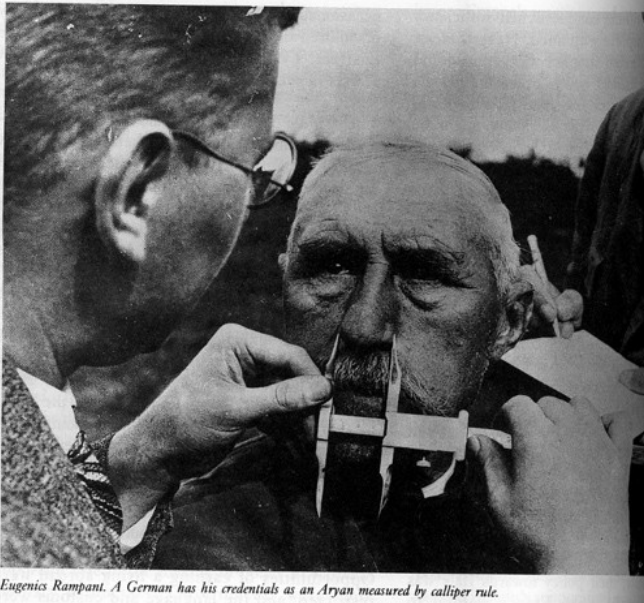


Eugenics: Darwin applied to society

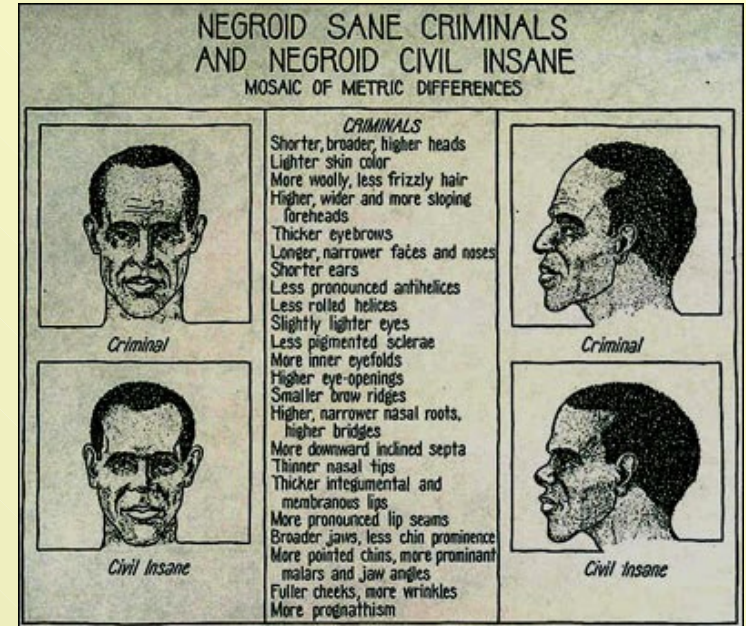


- Traditional eugenics presumed to know what genes were good and what genes weren't. Often the perception of what counted as better genes was very much influenced by the prejudices of the ruling class

Eugenics: the politicised body



Eugenics Rampant. A German has his credentials as an Aryan measured by calliper rule.



- **Indirect coercion: civil responsibility**
- **Direct coercion: forced sterilisation / euthanasia**

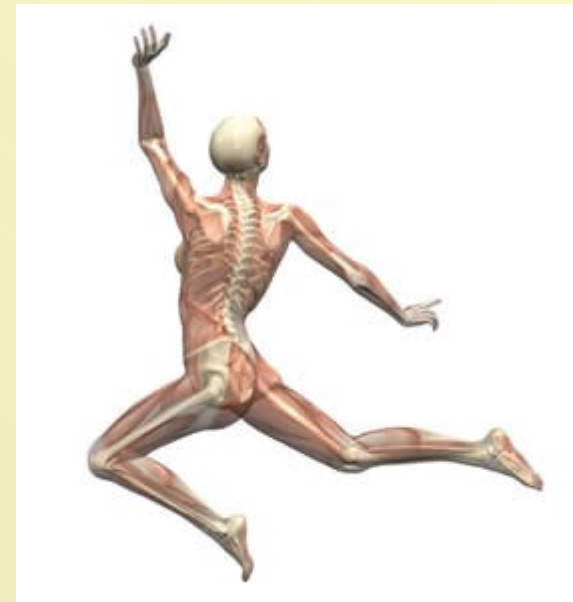


Jürgen Habermas on liberal eugenics:

“[...] the advances of genetic engineering tend to blur the deeply rooted categorical distinctions between the subjective and the objective, the grown and the made. What is at stake, therefore, with the instrumentalization of prepersonal life is the ethical self-understanding of the species, which is crucial for whether or not we may go on to see ourselves as beings committed to moral judgment and action.”

The Future of Human Nature,
2003: pp. 71

Beyond Cure, towards enhancement





**Postwar era: any forms of
controlling human
reproduction severely
restricted**

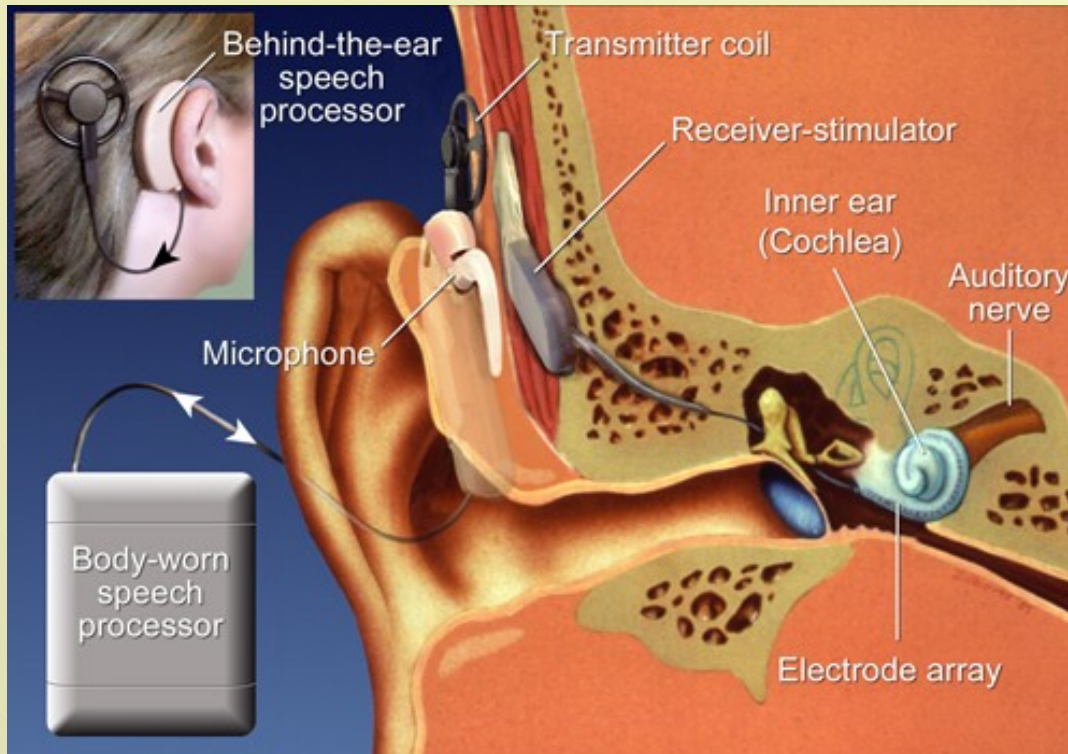
*constructions of the human
body were seen as suspect*

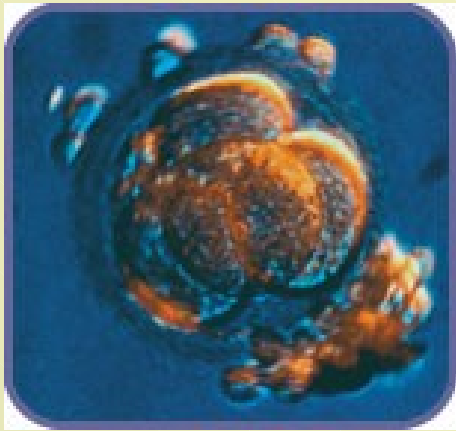


- Exceptions: plastic surgery (from aesthetic repair to enhancement), disability alleviating technologies etc.
- What does it mean to step beyond restoring the body towards 'constructing' life?
 - The doctor as an artist
 - The body as an artifact
 - Man's 'auto-transformation': a step beyond evolution?



An example: deaf identity, the politics of normalness





Deaf by Design



- Prenatal selection to specify a deaf child

For a growing population of people who are hearing impaired, deafness is not a disability but instead a cultural identity.

“But you know, Black people have harder lives. Why shouldn’t people be able to go ahead and pick a black donor if that’s what they want?” deafness is an integral part of her self-identity.

Different forms of enhancement:

- Cognitive enhancement
- Mood enhancement
- Sports enhancement
- Life span extension



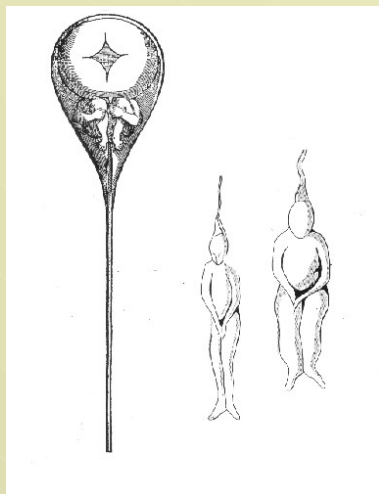
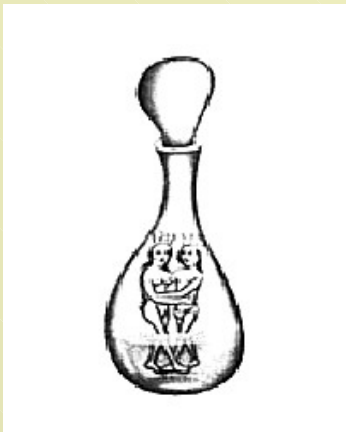
Is longevity also two-faced? Anti-aging: dream of immortality



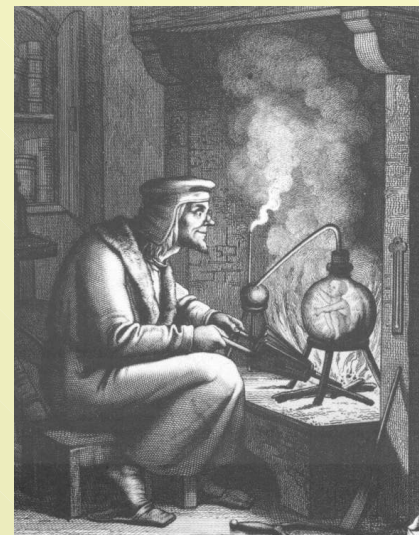
- Fountain of youth
- Elixer of life
- Philosopher's stone



The Construction of Human Nature



The alchemist
Creating life – postponing death



Frankenstein or the Modern Prometheus



To postpone, even reverse
death

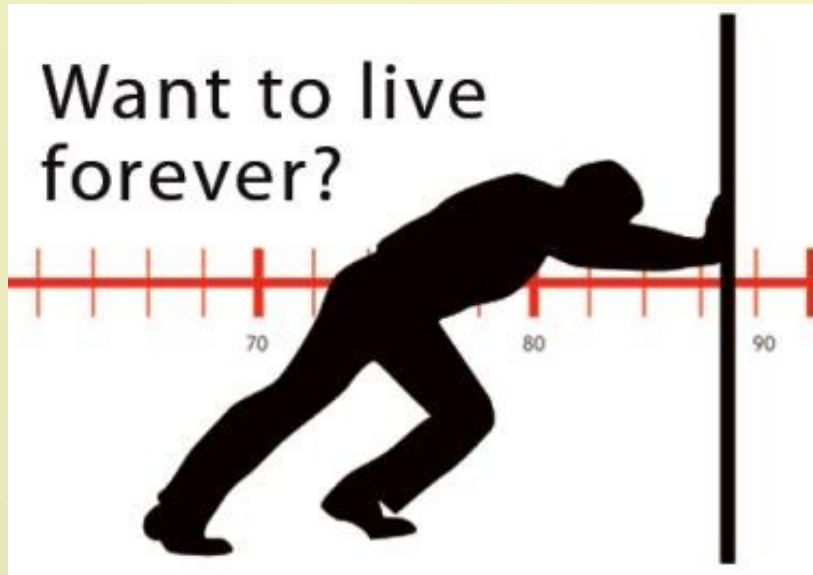


Average life span in developed countries: 80 years

Lifespan extension, also known as:

- anti aging medicine
- experimental gerontology





- American Aging Association
- Life Extension Foundation
- American Academy of Anti-Aging Medicine



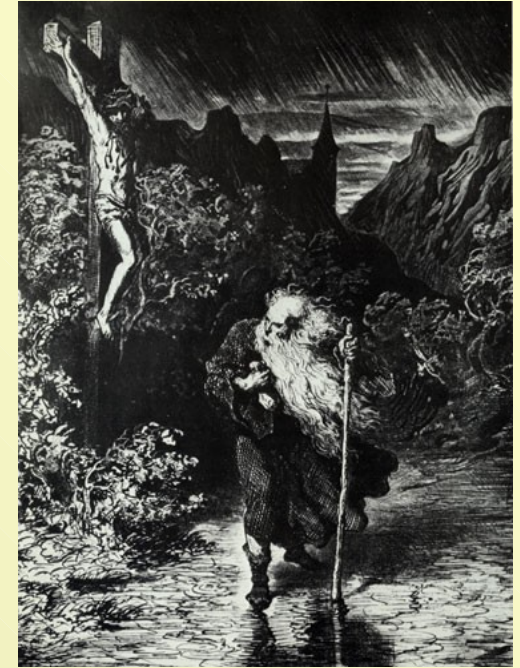
Strategies to counter the effects of aging:

- nutrition and diet
- cosmetic interventions
- hormone treatments
- therapeutic cloning
- stem cell research for replacement tissues
- re-adaptation of existing technologies to cure cancer
- telomerase research ~ prenatal interventions



Aging: no longer an issue of fate, but of choice

- Does the problem of the 'construable body', of artificial life also play here?
- What priorities should be given? Find cures for the young and poor, or extend our lives?
- What about the meaning of life? Doesn't Heidegger's 'Sein zum Tode' tell us that life without a definitive end is meaningless, has no sense (Ahasverus' curse)?



Lifespan extension in an overpopulated world:



Thomas Malthus (1798): “*the power of population is indefinitely greater than the power in the earth to produce subsistence for man*”



Ethical issues:

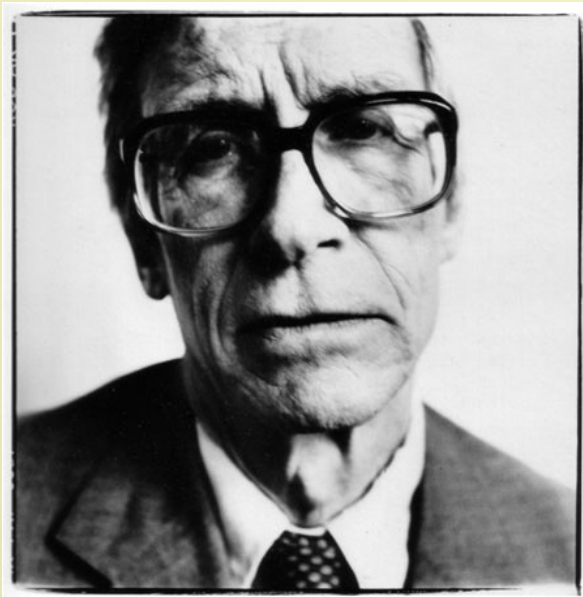
- Distributive justice
- Normalising euthanasia
- Use of resources
- Naturalness / normality
- Acceptance / denial of Fate



Distributive justice:

- Who will pay for extension of lifespan?
 - Just for the rich?
 - What about the schism developed countries/developing countries?
- There is both an issue of intergenerational injustice and of international injustice





Distributive Justice

“Social and economic inequalities are to be arranged so that they are (a) to the greatest benefit of the least advantaged, consistent with the just savings principle, and (b) attached to offices and positions open to all under conditions of fair equality of opportunity.” (Rawls 1992 (1971); pp. 302)



In other words, social and economic inequalities should be distributed in such a way that they can reasonably be expected to be advantageous to all those who are the worst off in the first place.



Brief description of the project's main questions:

- Does living longer mean living better; do longer lives for some imply a lesser wellbeing for others, including a limitation of already limited resources?
- How can issues of a distributive justice in a more global setting help in opening a more rational debate on costs and benefits to provide governance principles.
 - can the west morally afford to die at 110 when the south dies at 40?
- Is aging a (western) societal plague or a medical triumph?
- With respect to the use of medical, food and energy resources and just distribution: can we afford the new elderly to 'leach' on their children's resources?
- Doesn't lifespan extension stem from a rather childish fear of death?

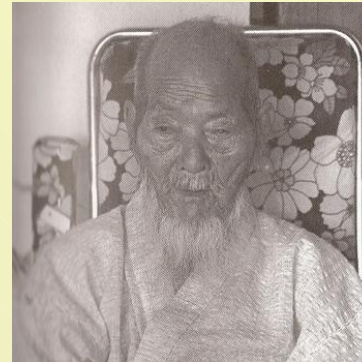


Possible conceptual background

- Bergson: distinction temps-durée
- Heidegger: Sein zum Tode
- Rawls (and critics): just distribution



Some issues for discussion:



- Quality of life versus quantity of years
- Investing in better health care for the poor or extending the facilities for the elite: is this truly a trade-off?
- Problems of demography
- Use of medical and non-medical resources
- Normalisation of euthanasia
- Where should we restrict, where should we liberalise, where should we distribute fairly?
- To which limits does our solidarity extend? What is 'the' community? Do we need a different basis for distr. justice?

