

MEDICINA HISTORICA

Studies in History, Paleopathology, Bioethics and Anthropology of Health

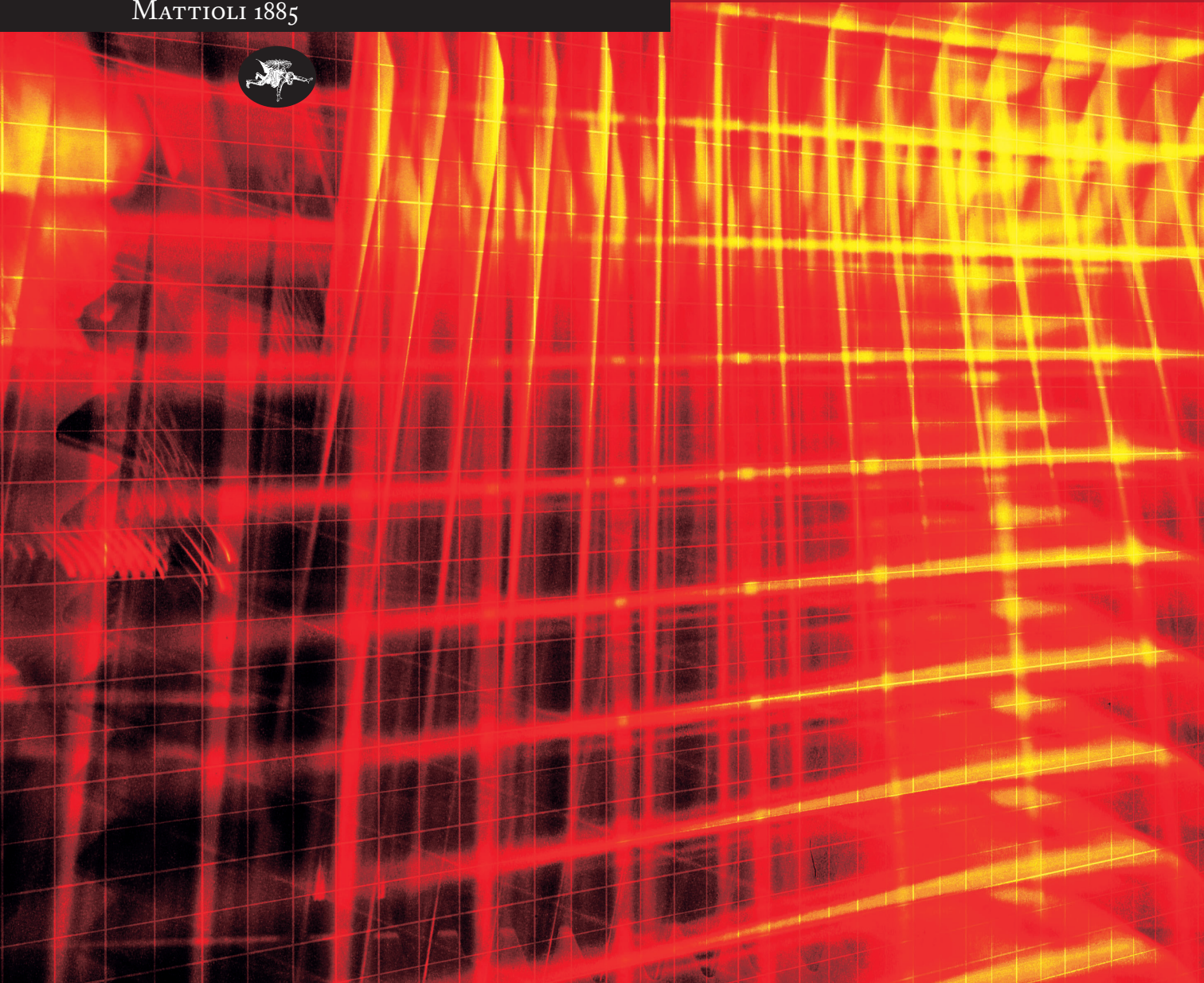
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Enhancing dialogue to bridge the gaps in Bioethics - Abstract Book

Editors: Federico Nicoli, Elena Ferioli, Alessandra A. Grossi, Mario Picozzi

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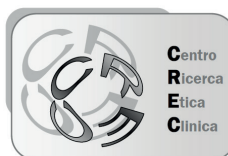


Varese, 15 - 17 September 2022

ENHANCING DIALOGUE
TO BRIDGE THE GAPS IN
BIOETHICS

ABSTRACT BOOK

Nicoli F, Ferioli E, Grossi AA, Picozzi M
(Editors)



Saturday, September 17th, 2022

Plenary Session 4: The dialogue towards the future: new and emerging technologies

CHAIR: GIOVANNI BERNARDINI – ROUND TABLE: DAVIDE BATTISTI (UNIVERSITY OF INSUBRIA, VARESE) MARIANNE BOENINK (RADBOD UNIVERSITY MEDICAL CENTER, NIJMEGEN) MASSIMO REICHLIN (VITA-SALUTE SAN RAFFAELE UNIVERSITY, MILAN)



Davide Battisti is a research fellow at the Center for Clinical Ethics, University of Insubria and an adjunct professor of Bioethics at the University of Milan/Vita-Salute San Raffaele University. He also is co-director of the fall school “Bioethics in “Society, promoted by the Center for Clinical Ethics and the Lake Como School of Advanced Studies. He recently earned with honours his PhD in Clinical and Experimental Medicine and Medical Humanities at the University of Insubria (Como – Varese, IT), with a thesis titled “Redefining Procreative Responsibility in the field of the Continuous Development of Assisted Reproductive Technologies”. He spent a research period at The Interfaculty Centre of Biomedical Ethics and Law (KU Leuven, BE) and was a “Recognised PhD student” at the Oxford Uehiro Centre, University of Oxford (UK). Davide Battisti wrote papers and commentaries on international journals such as *Bioethics*, *American Journal of Bioethics Neuroscience*, *Social Epistemology*, *Phenomenology and Mind*, etc. His paper “Genetic enhancement and the child’s right to an open future” was awarded as the best-published paper by the Italian Society of Moral Philosophy. His research interests are ethics of genetics, genome editing, reproductive ethics, enhancement; bioethics, science communication.

Abstract:

Assisted reproductive technologies are often conceived as tools that increase our procreative freedom. Nowadays, thanks to In Vitro Fertilization (IVF), Preimplantation Genetic Diagnosis (PGD), and prenatal testing among others, prospective parents have a wide range of reproductive choices available. Alongside this line of thought, some bioethicists argue that the aforementioned reproductive techniques also raise unprecedented moral obligations towards progeny and a balance between procreative autonomy and responsibility is needed. Accordingly, some models have been proposed such as the Child’s Right to an Open Future and the Principle of Procreative Beneficence. Stemming from a consequentialist person-affecting perspective, I first argue that these models cannot be accepted. We should instead embrace the least demanding Minimal Threshold Model (MTM), according to which every reproductive choice is permissible, except for creating children whose lives will not be worth living. Then I argue that whereas MTM is plausible in a context in which only selective reproductive technologies are available, things can change if we consider the future and still hypothetical availability of reproductive Genome Editing (rGE). After claiming that rGE can be considered a person-affecting technique, I argue that prospective parents have a greater moral obligation toward their progeny than in a context in which only selective technologies

are available such as a PGD. I then investigate when parents-to-be face this new moral obligation by proposing two models: the Bold Restriction of Procreative Freedom and the Mild Restriction of Procreative Freedom. According to the former, every reproducer has a prima facie moral obligation to procreate through IVF and then transfer into the uterus an embryo free from genetic diseases that, although compatible with a life worth living, significantly harm the future child and for which, at the moment of the procreative decision, safe treatment with rGE to avoid this condition is available. I argue that this model is too demanding and difficult to defend from a consequentialist person-affecting perspective. Therefore, I present and defend the Mild Restriction of Procreative Freedom, arguing that the aforementioned prima facie moral obligations apply only to prospective parents who are already in the IVF process.



Marianne Boenink is professor in Ethics of Healthcare at the Radboud University Medical Centre in Nijmegen, the Netherlands. She studied Health Sciences (Maastricht University) and Philosophy (University of Amsterdam), combining the two since she started working as a postdoctoral researcher in the domain of philosophy and ethics of biomedical technology at the University of Twente. In her current position she teaches a variety of ethics courses in medicine and biomedical sciences programs. Her research focuses on philosophical and ethical challenges related to emerging biomedical technologies, with a particular interest

in visions and practices of data-intensive healthcare. Moreover, she acts as an ethical advisor for research ethics committees, the Dutch Commission on Genetic Modification, as well as multiple international research consortia. Marianne has led several multidisciplinary research projects investigating conditions for responsible innovation, publishing about, among other things, innovations in Alzheimer diagnostics and in prognostication of patients in coma after cardiac arrest. She also developed tools to facilitate early deliberation on the desirability of emerging technologies. Ultimately, her aim is to put ethical questions on the agenda early on during technology development, to facilitate ethical deliberation among stakeholders, and thus to contribute to good healthcare innovation.

Abstract:

Current imaginaries of the future of healthcare put *data* center stage. Collecting, connecting and analysing data is expected to bring about ‘data-driven’ or ‘data-intensive healthcare’. This is supposed to enable more precise and more effective treatments, as well as improved prediction and prevention. Although much might be gained

