

# Children, Fetuses, and the Non-Existent: Moral Obligations and the Beginning of Life

ELIZABETH JACKSON\*

Ryerson University, Toronto, Ontario, Canada

\*Address correspondence to: Elizabeth Jackson, PhD, Ryerson University, Department of Philosophy, 350 Victoria Street, Toronto, Ontario M5B 2K3, Canada.  
E-mail: [lizjackson111@gmail.com](mailto:lizjackson111@gmail.com).

*The morality of abortion is a longstanding controversy. One may wonder whether it is even possible to make significant progress on an issue over which so much ink has already been spilled and there is such polarizing disagreement (Boyle, 1994, *The Journal of Medicine and Philosophy* 19:183–200). The papers in this issue show that this progress is possible—there is more to be said about abortion and other crucial beginning-of-life issues. They do so largely by applying contemporary philosophical tools to moral questions involving life's beginning. The first two papers defend the pro-life view from recent objections involving miscarriage and abortion doctors. The third shows how the social model of disability and the concept of transformative experience apply to classic debates like abortion and euthanasia. The final two papers address how rights and harms apply to children and to beings that do not yet exist. All five papers make a noteworthy contribution to the moral issues that arise at the beginning of life.*

**Keywords:** *abortion, beginning-of-life, disability, harms, rights, wrongdoing*

## I. INTRODUCTION

Is abortion morally wrong? If so, do we have counterintuitive moral duties—like the duty to kill abortion doctors or to put most of our resources toward fighting miscarriage? How does recent work in other areas of applied ethics, such as the relationship between disability and well-being, bear on the ethics of abortion? What rights do pre-autonomous children have? What duties, if any, do we have to beings that do not yet exist? This is a sampling

of some of the questions addressed in this issue of *The Journal of Medicine and Philosophy*.

While this is not a special issue on abortion, all of the papers either directly address or have implications for beginning-of-life issues. The first two papers address abortion directly and, more specifically, defend the pro-life view—the view that abortion is normally morally wrong—against recent objections.<sup>1</sup> The third paper does not defend a pro-life or a pro-choice position, but instead explains how the disability rights movement has commitments in common with both views. It shows, among other things, how both sides can learn from the disability rights community. The final two papers consider the moral standing of two groups: children and beings that do not exist. While these final papers are not explicitly about abortion, both address the difficult moral question of how we should treat parties who cannot consent to our actions. This is instructive for thinking not only about abortion, but also about ethical procreation and our duties to children.<sup>2</sup>

The papers are diverse. They address both normative and applied topics, and they touch on a wide array of themes, including miscarriage, the nonidentity problem, our duties to children, the morality of self-defense, disability and well-being, and rights and permissions. At the same time, they bring longstanding, classic ethical debates—such as abortion and euthanasia—into conversation with newer ideas. Some of these ideas arise from the philosophical literature—such as the social model of disability and the transformative experience literature—whereas others draw from recent popular movements, like the Black Lives Matter movement.

## II. ABORTION AND MISCARRIAGE

In “Miscarriage is Not a Cause of Death,” Nicholas Colgrove responds to Amy Berg’s (2017) article about abortion and miscarriage. Berg notes that miscarriage kills many more than abortion. If fetuses are persons at conception, then miscarriage is one of the biggest public health crises of our time. For this reason, Berg argues that the defender of personhood at conception (PAC) must either admit that fetuses are not persons from the moment of conception, or should immediately and substantially shift time, energy, and resources toward preventing miscarriage. In other words, defenders of PAC either must admit they are being inconsistent, or they must radically change their priorities, focusing much more on miscarriage.<sup>3</sup>

Colgrove formalizes Berg’s argument, noting that it relies on two crucial premises:

1. Miscarriage kills *far* more people than abortion.
2. If miscarriage kills far more people than abortion, then PAC opponents of abortion should either (i) dramatically shift their attention, resources, etc., to the prevention

of miscarriage, or (ii) admit that they do not actually believe (or consistently adhere to) the claim that fetuses are persons from the moment of conception. (2021, 396, emphasis his)

Since many adherents of PAC are resistant to (i), Berg claims, we have good reason to think (ii) is true. Colgrove objects to both premises. Against premise 1, he notes that the idea that miscarriage kills anyone is strictly speaking false: “miscarriage is not a cause of death. It is not capable of causing death, nor does it tend to cause death. Miscarriage is not a disease either. It is an *outcome*” (Colgrove, 2021, 397). We should thus revise the premise to read that the *causes of* miscarriage cause more deaths than abortion. This brings us to a related problem: there is not one thing—the causes of miscarriage—that leads to millions of deaths. Rather, miscarriages are the result of a large number of separate conditions, including chromosomal abnormalities, uterine abnormalities, thyroid problems, diabetes-related issues, and others. These are different conditions that need to be treated in different ways. Finally, not all miscarriages involve the death of a person, even if PAC is correct. In some cases, the fertilization process is incomplete, so what is growing is not a person, because conception has not occurred (see Lee, 1996; Beckwith, 2007; Beckwith and Thornton, 2020).

Colgrove then objects to premise 2. To do so, he utilizes an analogy with the Black Lives Matter movement. The Black Lives Matter movement criticizes and calls for reform to our political and legal systems, because police officers often utilize excessive and even lethal force when confronting African Americans. In turn, some *opponents* of the Black Lives Matter then point out that the number of African Americans killed by other African Americans (who are not police officers) is much greater than those killed by police officers. Defenders of the Black Lives Matter movement reply that, even if this is true, it completely misses the point. The movement is meant to address a particular strand of injustice—racism expressed by the excessive violence of law enforcement officials. Their goal is not necessarily to save as many lives as possible, but to address a specific kind of violent discrimination. This objection to the movement is a red herring.

This same style of response is available to the defender of PAC against Berg’s objection. The pro-life movement is focused on rectifying what they take to be a serious, but specific, injustice. Their goal is not simply to save as many lives as possible—most are not committed utilitarians.<sup>4</sup> While saving lives is one of their goals, Colgrove points out that they are also concerned with preventing violence against the innocent, the violation of parental obligations, and the dehumanization of human persons, among other things. Miscarriage is a tragedy, but defenders of PAC are focused on preventing a set of specific evils, and thus they are not inconsistent, if they continue to focus on preventing abortion, rather than miscarriage.

Finally, Colgrove points out that Berg’s argument relies on an empirical premise: that people, especially defenders of PAC, are doing virtually nothing

about miscarriage. However, Colgrove explains that hundreds of millions of dollars are being spent on fertility research and treatment—significantly more than is devoted to anti-abortion causes. Further, some causes of miscarriage, such as chromosomal abnormalities, are likely untreatable. Investing money in them is quite risky, and the probability of success should be considered. Finally, some of the methods involved in miscarriage research and treatment are ones that many defenders of PAC morally object to, because they risk harming both women and embryos.<sup>5</sup> In these cases—where there is a low probability of success, or one takes a research method to be morally objectionable—proponents of PAC can consistently support pro-life causes over anti-miscarriage ones.

### III. KILLING TO PROTECT THE INNOCENT?

Berg's argument involving miscarriage is not the only *reductio* that has been leveled against pro-life views. Others have argued that, if the pro-life position is correct, then it is morally permissible to kill abortion doctors. After all, we think it is often permissible to kill an attacker to defend an innocent person. If abortion is the killing of an innocent person, as the pro-life view implies, then it may be permissible to kill abortion doctors (see, e.g., McMahan, 2007).

In "How Not to Defend the Unborn," David Hershenov and Philip A. Reed defend the pro-life view from this *reductio*. They focus on the following claim: "if a morally responsible attacker plans to kill two or more innocent individuals, then defensive violence against him is permissible" (Hershenov and Reed, 2021, 415). They make two points. One, the pro-lifer can consistently reject this claim. Two, even if a pro-lifer accepts it, it need not authorize killing abortion doctors.

First, they consider two ways a pro-lifer may reject the claim about the permissibility of defensive violence. One, several well-known pro-lifers are, in fact, pacifists; they maintain that intentional killing is always wrong (Bernardin, 2008; McNair and Zunes, 2008). Two, the pro-lifers may not be pacifists, but they might suspend judgment about when lethal violence is permissible. After all, working out a consistent, theoretical account of when lethal violence is permissible is no easy task—philosophers have been attempting it for centuries. One might then simply maintain both that abortion is wrongful killing and it is wrong to kill abortion doctors without an explicit commitment to a general theory of defensive violence.

Before turning to the second half of Hershenov and Reed's article, a quick detour. Notice that Berg's miscarriage argument and McMahan's abortion doctor argument are structurally similar. Both claim that pro-lifers do not believe what they claim to believe—e.g., that abortion is murder or that life begins at conception—because of other views or policies pro-lifers hold—an

unwillingness to, e.g., kill abortion doctors or to spend most of their resources fighting miscarriage. However, both arguments rely on an oversimplified view of what it is to believe something. As Hershenov and Reed suggest, many of us have beliefs that are in tension—maybe one of our beliefs implies something inconsistent with another belief. We might even hold contradictory beliefs without realizing it. Further, having a belief does not psychologically (or rationally) require a willingness to act on the belief (see [Jackson, 2019](#)). A pro-lifer could even believe that it is permissible to kill an abortion doctor, but not act on this belief because of the risk of being wrong. Then, Berg's and McMahan's arguments are more plausible when taken as an abstract *reductio* of the pro-life view—e.g., *if* life begins at conception, then we have counterintuitive obligations—rather than a psychological point about what pro-lifers do or do not believe.

In the second part of the paper, Hershenov and Reed argue that even if pro-lifers accept the claim in question—that it is permissible to use defensive violence against morally responsible attackers—they need not be committed to the permissibility of killing abortion doctors. On many views, this sort of violence is justified under only *very* specific conditions: for example, the threat is imminent, and the force is necessary to propel the attack (e.g., killing to defend young children at a school shooting). These conditions are not realized in virtually all cases of abortion. Killing an abortion doctor normally would not save a fetus's life—the woman would simply go to another doctor or clinic. In general, it is a complex empirical question whether killing doctors and harassing abortion clinics actually reduces the number of abortions, and there is some compelling evidence that it does not ([Hershenov and Reed, 2021](#)). Thus, the effects of pro-life violence simply are not well established, and this violence does not obviously protect the unborn.

Hershenov and Reed do not want their argument to depend merely on empirical considerations about the effectiveness of killing abortion doctors, however. Their third point takes a more theoretical approach. In cases of abortion, the fetus crucially depends on the mother's body for survival. So the pregnant woman who aborts a fetus is letting someone die whose life she was saving, i.e., sustaining ([Hershenov and Reed, 2021](#)). If I have been sustaining someone's life, but I am about to withdraw my aid and let that person die, that does not give you the moral right to kill me in defensive violence.<sup>6</sup> That would be similar to killing the agent with the healthy kidneys as she decides to unplug from the violinist ([Thomson, 1971](#)).

Note two further things in support of this final point. First, it seems permissible to kill a Nazi or a school shooter to save innocent lives. Neither the Nazi nor the school shooter is letting innocent people die whom they were using their bodies to support ([Hershenov and Reed, 2021](#)). So the moral principle, Hershenov and Reed suggest, gives the right result in many cases. Second, this story could also be a partial explanation for the common pro-life view that it is mistaken to punish a woman who gets an abortion—there are

key moral differences between abortion and traditional cases of killing the innocent (Hershenov and Reed, 2021).

#### IV. LEARNING FROM THE DISABILITY RIGHTS COMMUNITY

The third paper does not directly defend a pro-life or pro-choice view. Nonetheless, it effectively points out ways that both sides of the abortion debate can learn from a third group: the disability rights community.

Disability has received more attention in philosophy as of late—both questions about the relationship between disability and well-being (Koch, 2004; Cooper, 2007; Barnes, 2016) and questions about disability and abortion, especially the case of knowingly having a disabled child (Vehmas, 2002; Stangl, 2010; Douglas and Devolder, 2013; Melanson, 2013; Williams, 2017). Shane Clifton, in “Disability and the Complexity of Choice in the Ethics of Abortion and Voluntary Euthanasia,” addresses both types of questions. Specifically, he discusses how the major players in the abortion debate can learn from both the social model of disability and the concept of transformative experience. He then applies his remarks to the ethics of voluntary euthanasia.

Clifton first points out that both pro-life and pro-choice views have common commitments with disability rights advocates. The pro-life point of view emphasizes the value of all life, including the disabled, citing this as a reason that abortion is impermissible. Disability rights advocates also emphasize the value of disabled lives—and some, such as Barnes (2016), even argue that having a disability does not itself detract from well-being. On the other hand, those who advocate for a pro-choice view, such as feminists, emphasize both individual autonomy and the importance of social services to protect and help those in need. Disability rights advocates agree—autonomy is important, especially for the disabled. They also advocate for social support for needy and marginalized groups.

Clifton then turns to the social model of disability. On the social model, disability is not merely an impairment, but a product of a social or cultural environment.<sup>7</sup> However, in most discussions of abortion and disability, an individualist, medical model of disability is assumed. Since, on this second model of disability, the “problem” of disability lies with the individual (see Newell, 2006), pro-choicers advocate for the right to kill the disabled fetus, and pro-lifers simply attempt to protect the fetus with legislation (Clifton, 2021).

The social model of disability expands the possibilities beyond these narrow, opposing viewpoints, and highlights ways that both sides can learn from the disability rights community. The pro-life position, which boasts in their emphasis on the value and sanctity of all life, seems to be hyper-focused on the fetus only during the nine months of pregnancy. They pay less attention to the social context before and after birth. A truly “pro-life”

view would also address problems of poverty and social injustice, both for the mother and for the child post-birth (see [McHugh, 1994](#)). The pro-choice view claims to value autonomy and to oppose unjust paternalism. At the same time, they exclude the autonomy of the disabled, ignore the testimony of those with disabilities, and even advocate for the termination of disabled fetuses. If they consistently valued autonomy, they would also value the autonomy of those with disabilities, and see that the negative aspects of disability are often due to societal discrimination. The lesson for the pro-choice community is that we should put our efforts toward fighting anti-disability discrimination and stigma, rather than terminating disabled fetuses.

Clifton then relates the discussion of disability and abortion to transformative experiences. Clifton explains that for many years, we did not have the technology to detect disabilities before birth. But now, we can often know well before birth if a child is disabled. This raises a host of ethical questions. Clifton argues that we can make progress on these questions by noting that the choice of whether to have a disabled child is transformative. A transformative choice is one that changes a person's perspective, understanding of the world, and/or preferences ([Paul, 2014](#)). Parenting a disabled child often radically changes one's view of disability. Before giving birth to a disabled child, many cannot appreciate the rich, flourishing lives those with disabilities often have, and relatedly, how rewarding it can be to raise and parent a disabled child. This is crucial for those engaged in debates involving abortion and disability to consider.

Transformative decisions are notoriously difficult, but we can make them in a more or less informed way. Clifton rightfully emphasizes the importance of letting disabled voices speak to these decisions. He reminds us that "nondisabled individuals are poorly equipped to imagine disabled lives" ([Clifton, 2021](#), 435). He explains:

Nondisabled people are generally unaware that people with disabilities report to be living good lives; that disabled people are as happy (and as sad) as everyone else ([Clifton, 2018](#), 95–118). Indeed, there is a tendency to underestimate the functional capacity of disabled people, overestimate their suffering, and ignore the love and joy experienced by the families and friends with whom they share their lives ([Saxton, 2013](#)). More broadly, mainstream culture fails to appreciate the rich contribution made by the diversity of people with disabilities to the flourishing of local communities and the broader society. ([Clifton, 2021](#), 436)

This is not simply something only for philosophers to consider, but applies to society generally, including expecting mothers and medical professionals. We should listen to disabled voices and be educated about the social aspects of disability before prescribing or making difficult decisions, such as whether to continue with the pregnancy of a disabled child. While the transformative aspect of this decision bears on, but does not fully answer, the

relevant ethical questions, Clifton makes a categorical prescription: we ought to exhibit epistemic humility and listen to the testimony of disabled people.

Finally, the above considerations are applied to another difficult ethical issue: voluntary euthanasia. This is again an issue that tends to polarize conservatives and liberals—conservatives arguing that voluntary euthanasia is a problematic way of “playing God” (Paris and Poorman, 1995; Verhey, 1995), and liberals emphasizing choice and self-determination. Disability rights advocates offer a bridge between these two viewpoints: although they are generally against voluntary euthanasia, they also appreciate the liberal values. They argue that if we gave disabled individuals the credibility and self-determination they deserved, it would become clear that many in power do not know what it is like to live with a disability, and that it is possible and even common to flourish with a disability. In general, Clifton does an excellent job bringing both sides of a polarized debate together via the disability literature, showing how progress in ethics can be made by listening to marginalized voices.

## V. ON THE RIGHTS OF CHILDREN

Rights are one of the most classic and widely discussed topics in moral philosophy. When it comes to the rights of beings who cannot consent to our actions, however, things get more complex—this is one reason debates about abortion and animal rights are tricky and difficult. Pre-autonomous children also cannot give or withhold consent. If a child needs a painful but life-improving surgery, does performing this surgery violate the rights?<sup>8</sup>

In “On the Child’s Right to Bodily Integrity: When is the Right Infringed?” Joseph Mazor distinguishes two competing views of a child’s right to bodily autonomy. According to *encroachment views*, a child’s right to bodily integrity is violated just in case the child is subject to a physically serious bodily encroachment. On *best-interests views*, the child’s right to bodily integrity is infringed just in case the encroachment is not in the child’s best interests (see Kopelman, 1997). Mazor’s thesis is that the best-interests conception is more plausible than the encroachment conception.

Mazor begins with a case that illustrates the difference between encroachment and best-interests views. Suppose a child is seriously injured in a car accident, and the only way to save his life is to amputate his arm. The child’s parents authorize the surgery, so the child’s arm is removed and his life saved (Mazor, 2021). According to best-interests conceptions, the child’s right was not violated, because the amputation was in his best interests. Encroachment conceptions, by contrast, entail that the child’s right is violated. Crucially, however, encroachment conceptions are not committed to the view that this amputation is overall *impermissible*: the child’s right to his arm is outweighed by the child’s right to life. So, while both views give the



same verdict on permissibility, only the encroachment conception entails that a right is infringed.

After explaining the two views, Mazor motivates the best-interests conception in three ways. First, he argues that when the theories give diverging verdicts, the implications of the best-interests conception are more plausible. Second, he argues that the best-interests view can make better sense of intrapersonal and interpersonal clashes of rights. Third, the best-interests conception provides a more unified theory of child and adult bodily autonomy. We will take each in turn.

Mazor considers parents who give their child a minor cleft lip surgery. This surgery is not medically necessary but is in the best interests of the child. The best-interests conception can easily explain why this surgery is permissible: it accords with the child's interests, so no right is violated. The encroachment conception, however, has a much more difficult time explaining this permissibility. Since the surgery is not medically necessary, it is not clear that another one of the child's rights (like the child's right to life) would outweigh the child's right to bodily autonomy. Generally, the encroachment conception has quite a bit of difficulty explaining why beneficial but medically unnecessary encroachments are permissible, while the best-interests view can easily explain this.

Second, consider a case where a child is injured in a car accident, and the only way for him to survive is to give him a second child's kidney. Even if this second child's parents consent to the kidney removal, it seems impermissible. Despite the positive effects, this is an impermissible violation of the second child's rights. Call this the interpersonal case, as it involves taking a kidney from one child and giving it to another. This contrasts with the previously discussed intrapersonal case, which involves a single child who requires an amputation to save his own life. In the case that involves only one child, the amputation seems permissible. The best-interests view can explain the differing verdicts: in the intrapersonal case, the encroachment is in the child's best interests—it is the only way to save his life. In the interpersonal case, the encroachment is not in the child's best interests, since the kidney is for another child. The encroachment view, however, has a much more difficult time with these cases. As Mazor notes: "in both cases, we have an infringement of one child's right to bodily integrity on the one hand and respect for one child's right to life on the other" (2021, 461). Then, it is not clear that the encroachment conception can explain our differing verdicts about intrapersonal and interpersonal cases.

Finally, the best-interests conception coheres better with accounts of adults' right to bodily autonomy. In the case of adults, informed consent plays a major role and the physical seriousness of an encroachment plays a very minor role. This is another point that favors best-interests conceptions: "Since what fundamentally matters in the case of autonomous adults is not the physical seriousness of the encroachment but rather the presence or

absence of informed consent, the focus on physical seriousness in the case of children is puzzling” (Mazor, 2021, 462). Mazor suggests that the best-interests view is a natural analog to informed consent. Mazor concludes that when it comes to the rights of children, we should pay attention to what is in a child’s best interests, rather than merely to whether there is a bodily encroachment.

## VI. THE ETHICS OF CREATION

We have now seen three articles that address the rights of fetuses and an article on the rights of children. In “Harming and Wronging in Creating,” Shlomo Cohen addresses the rights of a third group: those who do not yet exist (see also Giubilini, 2012; Nucci, 2014; Petre, 2017).

Cohen begins by explaining Parfit’s nonidentity problem (1987). Pretheoretically, it is plausible that a morally wrong act is morally wrong because it harms someone or makes someone worse off. As Parfit puts it, “what is bad must be bad for someone” (Parfit, 1987, 363). However, this intuitive thought does not seem to apply when it comes to *creating* people. In cases of creation, we can do things that would normally be considered harmful. However, if our action is a necessary cause of someone’s existence, and his life is worth living, then it seems like rather than wronging him, we have done him a favor (Cohen, 2021). For example, suppose I am a farmer who treats my animals poorly so that their lives are barely worth living. It is not clear that it is wrong for me to breed new animals who are also subject to these poor conditions. Without my breeding, these animals would not exist, and surely a life worth living is better than not existing at all. But can this be right? Haven’t I hurt these animals in some problematic way?

Cohen’s paper makes progress on this puzzle by focusing on two topics: *harming* and *wronging*. First, he distinguishes between comparative and non-comparative notions of harm and motivates the need for a middle-view of harm. Then, he utilizes his view of harm to answer the question: “when can our acts wrong future people whose existence depends on those acts?” (Cohen, 2021, 467). He maintains that adequately answering this question requires us to expand our concept of wronging.

*Comparative* views of harm are views on which harming makes someone worse off. For example, if I punch you in the face and give you a black eye, I make you worse off and therefore harm you. However, comparative views of harm are subject to the nonidentity problem: suppose you create someone with a terrible life that is barely worth living. According to the comparative view, you have not harmed him. He is not “worse off” in any sense, because he otherwise would not exist. This seems like the wrong verdict.

Some instead opt for *non-comparative* views of harm: views on which harm imposes on someone an intrinsically bad condition. However, this

view is problematic for other reasons. Shiffrin (1999, 127ff) gives an example explained by Cohen:

A wealthy man (“Wealthy”) decides to shower the residents of an inaccessible island from the sky with gold cubes, each worth \$5 million. A person whose arm is broken by the cube that falls on him (“Unlucky”) may indeed be extremely fortunate on balance, but it would be unreasonable, says Shiffrin, to deny that having his arm broken nonetheless constitutes a harm. We could understand, moreover, if Unlucky decides to sue Wealthy for having put his life in danger and broken his arm in return for an unsolicited benefit, but we obviously could not reach such judgment unless we conceded that he was indeed harmed. (2021, 468)

In this case, Unlucky is not harmed, even though the fact that his arm is broken is an intrinsically bad state. In general, all life involves at least *some* suffering, so on the non-comparative view, *all* creation is a harm. So both views are problematic: the comparative view of harm under-generalizes (virtually no procreation is harmful) and the non-comparative view of harm over-generalizes (all procreation is harmful).

Cohen uses this to motivate the need for “a middle view” of harm. First, he proposes what he calls the “discretization test” (Cohen, 2021, 470). This determines when a burden is an essential part of a benefit (the broken arm in the gold cube case), and when a burden is independent of a benefit (the fact that I randomly decide to punch you today is not less harmful because I made you dinner last week). Cohen suggests that the more integral the burden is to the benefit, the less likely it is that the burden is independent. Another rule of thumb is to ask: is an apology called for? If not, then the burden is likely an essential part of a benefit. Cohen gives the following example: suppose I know you are struggling with money so I give you my winning lottery ticket. You win \$1,000,000. However, you are required to pay \$20,000 in taxes. Did I harm you? No; the tax burden is an essential part of the benefit. By contrast, if I give you a tax-free \$1,000,000 but stole \$20,000 from you last week, then the burden is not an essential part of the benefit, and I owe you an apology for stealing your money.

To determine if something is a harm, then, we first apply the discretization test: is the burden part of some overall positive change? If it is, then the act in question is not a harm (e.g., the gold cube case and the taxed lottery ticket case). If the burden is not a part of some overall positive change, then the non-comparative view of harm holds, so it is a harm in virtue of being a burden (e.g., when I punch you in the face or steal your money).

Finally, Cohen turns to the topic of wrongdoing. Cohen suggests that we should expand our concept of wrongdoing to recognize the possibility of wrongdoing in creation. He summarizes his view as follows: “If creation involves no harm (per the discretization test), then there will be no wrongdoing either. If it does involve harm, then we ought to investigate whether the agent’s actions were compatible with relevant moral principles . . . If they

were, we have a case of harming without wronging; if they were not, then we have a true case of wronging in creating” (Cohen, 2021, 488). Thus, in Cohen’s view, there can be both harming and wronging in creation—wronging is unjustified harming. Not only does Cohen’s view help with the nonidentity problem; it also gives us accounts of both wronging and harming that are useful for normative and applied ethics generally.

## VII. CONCLUSION

Plausibly, we have moral duties to other human persons, but how do those duties translate—or fail to translate—to developing fetuses, non-autonomous children, and beings who do not yet exist? As the reader can see, all five papers address these beginning-of-life cases, providing answers that are both philosophically and practically significant. Note, though, that the summaries above do not do justice to all the thoughtful philosophical points and details of these papers. For this reason, I encourage readers to work through the articles in this issue themselves.

## NOTES

1 The issue of precisely defining “pro-life” and “pro-choice” is difficult, and both views encompass a variety of perspectives. For our purposes, the pro-life view is the view that abortion is usually morally wrong, and the pro-choice view is the view that abortion is usually morally permissible. Both sides also tend to take opposite views on the legal question—whether abortion should be legal—but the legal question is importantly distinct from the moral one.

2 And the morality of abortion and our duties to children are connected—see Wreen (1987), Strong (1997), Warren (2000), and Singer (2011).

3 See Ord (2008), Simkulet (2017), and Räsänen (2018) for arguments similar to Berg’s. Interestingly, others have thought that the pain of miscarriage actually supports a pro-life position—if abortion is morally neutral, it is difficult to explain why miscarriage is a tragedy. See Harman (1999), Stoyles (2015), and Porter (2015).

4 In good company with philosophers on both sides of the abortion issue—e.g., Thomson (1971), Roach (1979), and Gillam (1998).

5 See Khushf (1997), King (1997), Curzer (2004), and Block (2010) for more on the morality of stem cell research.

6 Although one might wonder if this is a case where something like Block (2014)’s evictionism might be appropriate.

7 For discussions of the definition of disability, including some criticisms of the social view, see Newell (2006), Cox-White and Boxall (2008), Anastasiou and Kauffman (2013), Barnes (2016, ch. 1), Beaudry (2016), and Jackson et al. (2021, ch. 17).

8 See Schoeman (1985) and Clayton (1997) for more on the rights of children in medical ethics.

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