

Rights, Interests, and Possible People¹

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Do possible people have rights and interests? Professor Hare has argued that they do. I shall claim that, even if they don't, we should often act *as if* they do.

We can start with future people. Suppose that the testing of a nuclear weapon would, through radiation, cause a number of deformities in the people who are born within the next ten years. This would be against the interests of these future people. These people will exist whether or not the weapon is tested, and, if it is, they will be affected for the worse—they will be worse off than they would otherwise have been. We can harm these people though they don't live *now*, just as we can harm foreigners though they don't live *here*.

What about *possible* people? The difference between these and future people can be defined as follows. Suppose that we must act in one of two ways. "Future people" are the people who will exist whichever way we act.

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¹ This essay is a portion of an address written in 1973 as a companion piece to R. M. Hare's "Survival of the Weakest," above. Eds.

"Possible people" are the people who will exist if we act in one way, but who won't exist if we act in the other way. To give the simplest case: if we are wondering whether to have children, the children that we *could* have are possible people.

Do they have rights and interests? Suppose, first, that we decide to have these children. Can this affect their interests? We can obviously rephrase this question so that it no longer asks about possible people. We can ask: can it be in, or be against, an *actual* person's interests to have been conceived? I shall return to this.

Suppose, next, that we decide not to have children. Then these possible people never get conceived. Can *this* affect their interests? Can it, for instance, harm these children?

The normal answer would be "No." Professor Hare takes a different view. We can simplify the example he discussed. We suppose that a child is born with some serious handicap or abnormality, which is incurable, and would probably make the child's life, though still worth living, less so than a normal life. We next suppose that unless we perform some operation the child will die; and that, if it does, the parents will have another normal child, whom they wouldn't have if this child lives. The question is, should we operate?

Hare suggests that we should not. He first assumes that we ought to do what is in the best interests of all the people concerned. He then claims that among these people is "the next child in the queue"—the normal child whom the parents would later have only if the handicapped child dies. The interests of this possible child may, he thinks, "tip the balance." The possible child, unlike the actual child, "has a high prospect of a normal and happy life"; Hare would therefore claim that we do *less* harm to the actual child by failing to save his life than we do to the possible child "by stopping him from being conceived and born."

In this particular case, many would agree with Hare that we shouldn't operate, but for different reasons. They may think that a new-born child is not yet a full person, with rights and interests;¹ or they may doubt whether life with a serious handicap would be worth living.

The implications of Hare's view can be better seen in another case. Take a couple who—we assume—live in an age before the world was overpopulated, and who are wondering whether to have children. Suppose next that, if they do, their children's lives would probably be well worth living. Then, on Hare's view, if the couple choose not to have these children they would be doing them serious harm. Since there is no over-population, it would seem to follow that their choice is morally wrong. Most of us, I think, would deny this. We believe that there can be nothing wrong in deciding to remain childless. And if we also ask what Hare would count as over-population, his conclusion would again be widely disputed. This is another subject to which I shall return.

What I have called "Hare's view" is that we can harm people by

¹Cf. Michael Tooley, "Abortion and Infanticide," *Philosophy and Public Affairs*, 2, No. 1 (Fall 1972).

preventing their conception. There are precedents for this view. The Talmud says that when Amram decided not to beget children, he was admonished for denying them the World to Come.² But, as Hare admits, his view is unusual. He would argue that it can be justified by an appeal to the logic of moral reasoning.³ I shall not discuss whether this is so; but instead take a complementary path. I shall assume that we cannot harm those we don't conceive. Even so, I shall argue, it is hard to avoid Hare's conclusions.

The principle with which Hare works is that we should do what is in the best interests of those concerned. Most of us accept some principle of this kind. We may believe that other principles are often more important; but we accept, as one of our principles, something to do with interests, with preferences, or with happiness and misery. As this list suggests, such a principle can take different forms. We need only look at a single difference. The principle can take what I call an "impersonal" form: for example, it can run

- (1) We should do what most reduces misery and increases happiness.

It can instead take a "person-affecting" form: for example

- (2) We should do what harms people the least and benefits them most.

When we can only affect actual people, those who do or will exist, the difference between these forms of the principle makes, in practice, no difference. But when we can affect *who* exists, it can make a great difference.

Return, for instance, to the childless couple in the uncrowded world. According to principle (1)—the "impersonal" principle—they should do what most increases happiness. One of the most effective ways of increasing the quality of happiness is to increase the number of happy people. So the couple ought to have children; their failure to do so is, according to (1), morally wrong.

Most of us would say: "This just shows the absurdity of the impersonal principle. What we ought to do is make people happy, not make happy people. The right principle is (2), the 'person-affecting' principle. If the couple don't have children, there is no-one whom they've harmed, or failed to benefit. That is why they have done nothing wrong."

This reply involves the rejection of Hare's view. It assumes that we cannot harm people by preventing their conception. If we *can*, the childless couple would be doing wrong even on the person-affecting principle.

We can generalize from this example. Most of us hold a person-affecting, not an impersonal, principle. If we reject Hare's view, there are cases where this makes a great practical difference. But if we accept Hare's view,

²Quoted in G. Tedeschi, "On Tort Liability for 'Wrongful Life,'" *Israel Law Review*, October 1966, p. 514, footnote 3.

³The logic he describes in his books, *The Language of Morals*, O.U.P. 1952, and *Freedom and Reason*, O.U.P. 1963.

it makes no difference. The person-affecting principle, when combined with Hare's view, leads to the same conclusions as the impersonal principle.

Some of these conclusions are, as I said, striking. I shall now begin to argue towards them. We can avoid these conclusions only if we *both* accept what I shall call "the restriction of our principles to acts which affect people" and claim that our acts cannot affect possible people. Hare denies the latter; I shall be denying the former. The person-affecting restriction seems to me, at least in any natural form, unacceptable.

We can start with one of the two questions that I postponed. Can it be in our interests to have been conceived? Can we benefit from receiving life?

If we can, the childless couple are again at fault, even on person-affecting grounds—for if they have children they will be benefitting people, as principle (2) tells them to do.

We might say: "But we can only benefit if we are made better off than we would otherwise have been. This couple's children wouldn't otherwise have been—so they cannot benefit from receiving life." I have doubts about this reasoning. For one thing, it implies that we cannot benefit people if we *save* their lives, for here too they wouldn't otherwise have been. True, there are problems in comparing life with non-existence. But if we assume that a person's life has been well worth living, should we not agree that to have saved this person's life many years ago would be to have done this person a great benefit? And if it can be in a person's interests to have had his life prolonged, even, say, just after it started, why can it not be in his interests to have had it started?

Here is a second problem. If we cannot benefit a person by conceiving him, then we cannot harm him either. But suppose we know that any child whom we could conceive will have an abnormality so severe that it will live for only a few years, will never develop, and will suffer fairly frequent pain. It would seem to be clearly wrong to go ahead, knowingly, and conceive such a child.⁴ And the main reason why it would be wrong is that the child will suffer. But if we cannot *harm* a child by giving it a life of this kind, then this reason why the act is wrong cannot be stated in "person-affecting" terms. We shall have to say, "It is wrong because it increases suffering." We should then be back with half of the impersonal principle; and it will be hard, in consistency, to avoid the other half. (We might perhaps claim that only suffering matters morally—that happiness is morally trivial. But this position, though superficially attractive, collapses when we think it through.)

We have been asking whether the act of conceiving a child can affect this child, for better or worse. If we answer "Yes," the person-affecting restriction makes no difference; principle (2) leads to the same conclusions as principle (1). We may therefore wish to answer "No"—but to this we have found objections.

The problem here can, I think, be solved. We can state the person-affecting principle in a different form:

⁴For a legal discussion of related issues, see "A Cause of Action for 'Wrongful Life,'" *Minnesota Law Review*, 55, No. 1 (November 1970).

(3) It is wrong to do what, of the alternatives, affects people for the worse.

We interpret (3) so that if people fail to receive possible benefits, they count as affected for the worse. If we adopt principle (3), we can afford to allow that conceiving someone is a case of affecting him. Since failing to receive benefits counts as being affected for the worse, principle (3) still tells us—like principle (2)—to do what benefits people most. But there is one exception. To the one benefit of receiving life (3)—unlike (2)—gives no weight. For when we fail to give this benefit, there isn't an actual person who fails to receive it—who is thus affected for the worse. (I am now assuming, you remember, that we cannot affect possible people.)

Most of us, I claimed, think there is nothing wrong in *not* having children, even if they would have been very happy. But we think that having children who are bound to suffer is wrong. Principle (3) supports this asymmetrical pair of judgments. It supports our view that the Childless Couple did no wrong; but it also supports our view about “wrongful conception”—for the child here is an actual person affected for the worse.

In the move from (2) to (3), a natural principle is revised in a somewhat artificial way. But this revision does not seem to drain the principle of its plausibility. All the revision does is this. When we are choosing what to do, we are told to aim, not to achieve the outcome where people are better off, but to avoid the outcome where they are worse off. This procedure, adding up the “minuses,” seems to be just as general and as plausible as the other, adding up the “pluses.” So we are not, in moving to (3), “tailoring” our principles in an *ad-hoc* way. And the justification for the move is that only principle (3) (combined with the assumption that conceiving is affecting) gives support to the asymmetrical judgments that we find plausible.⁵

So far, so good. But I shall now argue that the person-affecting principle needs to be more drastically revised. This *may* drain it of its plausibility.

Consider the following case, which involves two women. The first is one month pregnant, and is told by her doctor that, unless she takes a simple treatment, the child she is carrying will develop a certain handicap. We suppose again that life with this handicap would probably be worth living, but less so than a normal life. It would obviously be wrong for the mother not to take the treatment, for this will handicap her child. And the person-affecting principle tells us that this would be wrong. (Note that we need not assume that a one-month old foetus is a person, for there *will be* a person whom the woman has affected for the worse.)

We next suppose that there is a second woman, who is about to stop taking contraceptive pills so that she can have another child. She is told that she has a temporary condition such that any child she conceives now will have just the same handicap; but that if she waits three months she will then conceive a normal child. It seems clear that it would be wrong for this second woman, by not waiting, to deliberately have a handicapped rather

⁵This asymmetry is discussed in Jan Narveson's two articles: “Utilitarianism and New Generations,” *Mind*, January 1967, and “Moral Problems of Population,” *The Monist*, January 1973. I have learned much from both of these.

than a normal child. And it seems (at least to me) clear that this would be just as wrong as it would be for the first woman to deliberately handicap her child.

But if the second woman does deliberately have a handicapped child, has she harmed him—affected him for the worse? We must first ask: “Could he truly claim, when he grows up, ‘If my mother had waited, I would have been born three months later, as a normal child’?” The answer is, “No.” If his mother had waited, he would not have been born at all; she would have had a different child. When I claim this, I need not assume that the time of one’s conception, or the particular cells from which one grew, are essential to one’s identity. *Perhaps* we can suppose that I might have been conceived a year later, if we are supposing that my parents had no child when they in fact had me, but a year later had a child who was exactly or very much *like* me. But in our case the child the woman would have if she waits would be as unlike the child she would have now as any two of her actual children would be likely to be. Given this, we cannot claim that they would have been the same child. (To argue this in another way. Suppose that I am in fact my mother’s first child and eldest son. And suppose that things had gone like this: she had no child when I was in fact born, then had a girl, then a boy. Can I claim that I, her first child, would have been that girl? Why not claim that I, her eldest son, would have been that boy? Both claims are equally good, and so, since they cannot both be true, equally bad. So, if she *had* waited before having children, I would not have been born at all.)⁶

The second woman’s handicapped child is, then, not worse off than he would otherwise have been, for he wouldn’t otherwise have been. Might we still claim that in deliberately conceiving a handicapped child, the woman harms this child? We might perhaps claim this if the child’s life would be not worth living—would be worse than nothing; but we have assumed that it would be worth living. And in this case being handicapped is the only way in which this child can receive life. So the case is like that in which a doctor removes a person’s limb to save his life. It would not be true, at least in a morally relevant sense, that the doctor harmed this person, or affected him for the worse. We seem bound to say the same about my second woman.

I conclude, then, that if the second woman deliberately conceives a handicapped rather than a normal child, she would not be harming this child. The first woman, if she deliberately neglects the treatment, would be harming her child. Notice next that in every other way the two acts are exactly similar. The side-effects on other people should be much the same. These side-effects would provide *some* person-affecting grounds for the claim that the second woman’s act would be wrong. But it is obvious that if we judge the two acts on person-affecting principles, the first woman’s act must be considerably *more* wrong. In her case, there are not just side-effects—her child is seriously harmed. The second woman’s child is *not* harmed. Since this is the only difference between the two acts, the case provides a

⁶For a different view, take a remark in Gwen Raverat’s *Period Piece*, Faber and Faber 1952, “It is always a fascinating problem to consider who we would have been if our mother (or our father) had married another person.”

test for person-affecting principles. The impersonal principle tells us to reduce misery and increase happiness, whether or not people are affected for better or worse. If there is any plausibility in the restriction to acts which affect people, it must be worse to *harm* someone than to cause equivalent unhappiness in a way which harms no-one. The second woman's act must, in other words, be less wrong than the first's. If we think that it is not less wrong, we cannot accept the restriction to acts which affect people.

The acts which I have described are of course unusual. But this does not make them a worse test for the person-affecting restriction. On the contrary, they are unusual because they are designed as a test. The two women's acts are designed to be as similar as they could be, except in one respect. Each woman deliberately brings it about that she has a handicapped rather than a normal child. The only difference is that in one case the handicapped and the normal child are the same child, while in the other they are not. This is precisely the difference which, on the person-affecting principle, matters. If we think that the two acts would be just as wrong, we cannot believe that it does matter.

Some of you may think that the person-affecting principle survives this test. You may think: "Since the second woman doesn't harm her child, what she does *is* less wrong." But there are other cases where such implications seem harder to accept. Take genetic counseling. We could not advise the dominant carriers of diseases to accept genetic counseling *for the sake* of their children, for if they reject this counseling, and marry other dominant carriers, it will not be true that their children will have been harmed, or affected for the worse. Or again, Dr. Kass has argued that it would be wrong to use certain kinds of artificial fertilization, on the ground that if children are conceived in these ways, rather than in normal ways, they run greater risks of certain deformities.⁷ But these particular children cannot be conceived in normal ways. For them, the alternatives are artificial fertilization, or nothing. So we can only claim that we would be harming them, or affecting them for the worse, if the risks of deformities were so great that their lives would probably be not worth living.

When we turn to population policy, the implications become much harder to accept. . . .

[Editorial note: the rest of Parfit's talk is not reprinted here. His more recent thoughts about the problems discussed in this talk, and the larger problems of population policy, will appear in a future issue of the journal, *Philosophy & Public Affairs*, under the title "Overpopulation."]

⁷"Making babies—the new biology and the 'old' morality," Leon Kass, *The Public Interest*, Winter, 1972.