

Bioethics, Disability and Selective Reproductive Technology: Taking Intersectionality Seriously

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Keywords

Disability theory, Discrimination, Identity politics, Injustice, Intersectionality, Oppression, Prenatal screening, Reproductive technology, Social identity

Abstract

This chapter explores disability-based criticism against what is here called selective reproductive technology (SRT), such as prenatal screening programmes, in light of recent calls for disability theory, as well as political activism based on that, to accommodate for an *intersectional* turn across all types of critical social identity studies (class, disability, gender, lgbt, queer, race, etc.). Applying intersectionality to the disability SRT critique generates complex and provoking implications; not invalidating it, but radically transforming its shape and direction. Most notably, it inserts a wedge between the identity-based experience that SRT unjustly discriminates and oppresses disabled people, and the identity political call for SRT programmes to be shut down or, at least, not publicly supported. Intersectionality steers the justification towards politically addressing structural factors explaining injustice independently of identity-based experience, and SRT programmes may have to be allowed for such action to be sustainable also from a disability identity standpoint.

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1. Introduction

"Selective reproductive technology" (SRT) includes all kinds of human elaborated actions undertaken to have procreative attempts result in particular children with certain features rather than other children with other features, whether these are described in biological, psychological, social or economic terms. Such actions may involve very sophisticated expertise and science, but may also consist of combinations of actions that most would view as rather mundane. An example of the first is technologies like the ones applied in preimplantation genetic diagnosis (PGD) and prenatal testing (PNT) programs. Examples of the latter include, e.g., reviewing easily observable features of potential partners, or the prognosis for how a child born into one's life as it is would be likely to fare when planning when to procreate. In between reside a wide variety of more or less sophisticated and complex practices, including paying attention to vague information about the more or less likely presence of biologically or socially hereditary conditions in families (skin colours, poverty, etc.), or buying commercial "preconception" genetic testing services for partner matching purposes. SRT may also vary in relation to different imagined timelines, one being the temporal order of significant events in a human biological reproductive process (conception, implantation, birth, et cetera), another being the time of the procreating person's life across which the action is taken (e.g., within one IVF cycle, within a focused attempt to achieve a pregnancy across some weeks, months or years, within the entire segment of someone's life when they plan to have children, and so on). SRT can be undertaken by individuals, based on some idea of why it is desirable to attempt to control what children they have. But SRT can also be applied by a society to attempt to control the composition and size of its future population.

In bioethics, there has been particular concentration on those variants of SRT that target microbiological features and involve the use of genetic and assisted reproductive technologies. This also holds regarding what has become known as "the disability criticism" of technologies such as PNT and PGD (Asch & Barlevy 2012, Juth & Munthe 2012, Munthe 1996, 1999, 2015; Parens & Asch 2000; Silvers et al., 1998). This criticism has traditionally been delivered from a rather activist and decided disability rights standpoint. In the academic setting, this standpoint is usually linked to a critical disability studies perspective that explores how a continuous construal of the concept of disability and its role in normative practices claimed to disadvantage disabled people in turn ground claims with regard to justice. The latter academic perspective belongs to a larger family of what we may call (*critical*) *social identity studies*, including also (critical) animal studies, gender studies, postcolonial studies, queer studies, race studies, sexuality studies, working class studies, and so on. The disability rights political activist movement in a similar fashion belongs to a larger group of movements employing what has become known as identity political strategies, using descriptions of how their respective types of social identities link to social practices in order to ground claims for justice and societal change. Over recent decades, both these broader areas of thought and political action have been increasingly influenced by the idea of *intersectionality*: the insight that there are many types of social identity that may underlie a position of social (dis)advantage that may ground a claim to injustice in a specific context, and that such identity-types may freely cluster together in a person or pull apart between persons, as well as within and across a population. While the importance of acknowledging this multitude of social identities has been increasingly recognised by disability study theorists (Ben-Moshe & Magaña 2014; Moodley & Graham 2015; Roulstone et al., 2012), it remains unclear what the outcome of taking an intersection turn at the level of theoretical analysis implies for specific normative ethical and political claims being wielded in the name

of disability rights. Specifically, although some initial effort has been made to incorporate intersectionality into bioethical analyses (Hankivsky 2014), what this implies for specific arguments regarding specific practices is to a large extent left for further exploration.

This chapter explores the effect of applying an intersectional perspective to the traditional disability criticism of (some) SRT. I will argue that it may to some extent serve to strengthen this criticism, but that the particularly *overarching* social perspective offered by the intersectional turn seems to partly undermine some of the most powerful themes in the traditional criticism. In particular, intersectionality serves to question any automatic linkage between being disabled and being unjustly disadvantaged, otherwise often assumed in the traditional critique of SRT. It also makes room for a public health perspective on SRT and reproductive policy often shunned or assumed to be unjustifiable by representatives of this criticism. At the same time, the intersectional perspective may serve to broaden the application range of the disability criticism to include all sorts of SRT, not only technologically sophisticated ones. This may or may not be seen as a problematic upshot of that kind of analysis from the standpoint of a more exclusive disability perspective.

2. Intersectionality: some main strands

While the very idea of an intersectional approach to (critical) social identity studies has been the subject of some critical conceptual appraisal (Nash 2008), its core idea seems to be the recognition that, to the extent that social identities are sources of unjust social disadvantage or privilege (in given but transformable societal and institutional contexts), there are a complex multitude of types of such sources. A person's identity-determined disadvantage may stem from this person's gender, looks, physical or mental functionality, wealth or income, cultural practices, sexuality, and so on, including virtually any sort of observable feature that may make social arrangements apply differently to a person due to a perceived

difference of group classification based on such a feature. As long as social arrangements apply differently to different people based on such identity-classifications, this implies a recognition of social identity as necessarily normative; classifying a person in such categories will activate perceived reasons to have this person treated or valued in one or the other way.

Within the critical social identity studies literature, this insight has been used to point out how, in many instances, social identity sources of social disadvantage cluster together to make the disadvantage worse. For instance, feminist theorists have long struggled to accommodate for the fact that gender based disadvantage and privilege may come together with ones based on wealth, race, ethnicity and colonial pasts to produce a variety of very different outcomes, experiences and available political responses (Mohanty et al., 1991). In the area of disability, this type of claim has been brought forth with regard to, e.g., gender, wealth and race (Ben-Moshe & Magaña 2014; Moodley & Graham 2015; Shakespeare 2012). Already this step away from the focus on singular social identities seems to undermine the otherwise given notion in identity politics of having justice served by compensating or accommodating particular identities identified as disadvantaged. Rather, the idea becomes to first assess what people are *unjustly* disadvantaged (regardless of whatever social identities attach to them), and then attempt to understand how social identities may figure as sources of this disadvantage, e.g. by being a factor in openly oppressive policies, a structural barrier to constructive social change, an informal impediment due to prevailing normative assumptions, et cetera.

Similarly, the more longstanding engagement with the intersectional turn within feminism and gender studies has uncovered how different social identity-based claims may generate incoherent positions. A case in point is the obvious tension between, on the one hand, feminism and lgbt-rights and, on the other, the idea of multicultural rights that allow cultural identities that entail violent oppression of women or other gender or sexual identities to

practice their ways. The political theoretical ramifications of such conflicts and tensions have been to some extent addressed by philosophers (Kymlicka 1989, 1995; Wolff & De-Shalit 2007). However, the question of what to do with the very real possibility of stark conflict between the respective normative claims coming out of different "sections" of an intersectional social identity analysis *from a critical social identity studies and an identity political standpoint* remains unsolved. Therefore, just as taking on your intersectional spectacles may help you spot how worse examples of social disadvantage may link to much thicker and more complex layers of social identities than previously thought, it may also have you see a wider multitude of types of identities, each linked to particular disadvantages. Each such identity competes for social improvement with many others, and from an identity political perspective it is just as *a priori* worthy of winning that race as any of its competitors.

Therefore, a further possibility opened up by the intersectional perspective is that formerly firm identifications of some groups as particularly disadvantaged and unjustly so may crumble. This since, once the intersectional analysis is done, and the gravity of different identity based claims to injustice are assessed, it is an open questions what kind of groups will come out as most unjustly disadvantaged or privileged, and what social actions would be recommended on that basis. Intersectionality thus comes with a potential for undermining identity political activist assumptions, such as they tend to appear in a number of movements, one of which is the disability movement. Holding out the identity of being disabled thus ceases to be an immediate ticket to having a justified priority in social policy, just as any other social identity does.

A unifying feature of these three implications of the intersectional turn is that it demonstrates a need for general normative ethical theory: to kick off the original identification of those who *are* the most unjustly disadvantaged or privileged, to determine the validity of different social identity-based claims when assessing policy suggestions, and

to argue about what relative priority (if any) should be given to different social identities in such policies.¹ This has led some scholars to evade intersectionality, to avoid having identity political agendas muddled or the questioning of normative assumptions of particular identity political perspectives (Hindman 2011). But on the whole, the recognition of the soundness of the intersectional insight seems to be prevailing within critical social identity studies.

At the same time, it is important not to overinterpret the theoretical implications of this general upshot of an intersectional turn for normative bioethics. Intersectionality as such does not *a priori* favour any particular philosophical standpoint or conclusion. Havinsky (2014) is certainly right in noting that when care ethics applies a social identity perspective (in that case, as a rule, gender identity), an intersectional turn will open up many complexities and critical questions regarding the normative assumptions and implications for particular areas of care ethics itself. But this does not mean that a care ethical stance is thereby uniquely placed to fill the normative gap in critical social identity studies and identity political activism exposed by an intersectional perspective. Thus, when Robinson (2006, p. 321, my emphasis) claimed that "... *only* a care-centered perspective can provide the necessary moral orientation and policy framework through which to begin to solve problems of gender (as well as race and class) inequality related to both wage labour and paid and unpaid care work, as well as problems relating to the underprovision of care on a global scale", this is to overstate the impact of intersectionality for bioethics. The lingering question of what underlying philosophical theory is the best one, all things considered, is left open for debate also in the wake of having accepted an intersectional turn of bioethics. At the same time, we may expect such a turn to reveal important aspects no matter what underlying philosophical assumptions guide bioethical analyses that make use of social identity perspectives.

In this brief chapter, therefore, I will not favour any particular philosophical standpoint within bioethics, but merely use the disability criticism of SRT as an illustrative case in point for what effect the intersectional turn may have for bioethical argument in this area, applying some already established normative perspectives within bioethics that can each be grounded in many different underlying philosophical theories. These are the normative ethical assumptions that, other things being equal, people should not be negatively discriminated due to any kind of social identity feature, that people should as a rule not be subjected to coercion or oppression, and that societal institutions have *pro tanto* obligations towards its members to provide public goods and basic resources to secure an overall (unspecified) level of health, security and wealth.

3. The Disability Criticism of SRT

The disability-based criticism of SRT has to be distinguished clearly from other types of critical perspectives on PNT, PGD and similar technologies, e.g., ones rooted in sanctity of life perspectives applied to embryos and fetuses, or those emerging out of a general ethical opposition to human meddling in the reproductive process. The disability criticism of these technologies is not about them being morally wrong as such, or necessarily involving actions that are morally wrong. Neither is it meant primarily as a moral critique of single individuals making use of PNT, PGD and other SRTs. Rather, it is about the offer and organisation of them in existing social contexts being somehow unjust; through discrimination, derogatory expression, actual oppression, or complicity in or contribution to oppressive and/or discriminatory political structures victimising disabled people (Asch & Barlevy 2012; Juth & Munthe 2012, pp. 33-42; Silvers et al., 1998).

Roughly, this criticism proceeds along two main strands, what is often called the "expressive" argument, and what I will here refer to as a structural argument. At the same

time, these two strands usually are deployed in support of each other: According to the criticism, what the societal deployment or sponsorship of these technologies is about is to prioritise helping people to avoid having disabled children and rather have other children that are not disabled. This occurs in a societal context heavily rigged against the prospect of welcoming a disabled child without substantial cost. Therefore, the technologies become contextually oppressive even if a standard of free individual choice is upheld. When society allows, offers and/or promotes these technologies, it thus becomes complicit in this oppression, as well as in the ongoing discrimination against disabled people in terms of lack of inclusion, access to public goods and prospects for a good life making up the context that makes the technologies oppressive. As society, by this prioritisation, publicly expresses a commitment to rather avoid having disabled people existing in the first place than having the conditions of disabled people improved so that the prospect of having such children become less deterring for prospective parents, it communicates and promotes a disparaging message about the value of disabled people compared to people without disabilities. As such (unreflective) disparaging views are already part of the discriminating context making the technologies oppressive, society is thereby both promoting and proclaiming its support of that discrimination.

It should be noted that neither the expressive, nor the structural strand of the criticism, or the mix of the two, claim to say something about the morality of the *conscious motives and decisions* of individual people who make use of SRT. A societal practice may be discriminatory and send a discriminatory and derogatory message without any single person at any time harbouring any *thought* to such effects. Thus, a couple who make use of PNT or PGD will be participating in a wider social practice having these (communicative and distributional) features, regardless of to what extent they themselves hold the attitudes expressed by this practice and/or attempt to discriminate against disabled people. And even if

they were to decide against using such technologies, they will be participating in a social practice perpetuating the false image of a system that promotes "free choice" (Juth & Munthe 2012). As I read it, the disability criticism of SRT is thus not a moral criticism of the intentions and decisions of individual people or of particular patterns of choice made by such people, but a *political* criticism of societal communications and priorities. True, these communications and priorities, in turn, frame individual reproductive decisions, but this means that people will be complicit regardless of what choices they make regarding SRT and what conscious motives they act on when making these choices. Although sometimes overlooked, this is a vital part of the criticism since Troy Duster's claim about "backdoor eugenics" (Duster 1990): It is *the SRT system* that oppresses, and while the sum of individual actions make up and serve to uphold this oppression, each of these actions are conditioned by the system and therefore the object rather than the source of the oppression discharged by the societal employment and organisation of SRT.

Likewise, although a lot of the bioethics debate around PNT and PGD that have addressed the disability criticism has been concentrating on the idea of selecting children based on purely genetic features, it is clear that the point of the criticism remains valid for whatever mechanism influencing the expected feature of possible children we consider. It does not matter from the point of view of justice if the source of the social identity (or target of discrimination) is transmitted through biological heredity, through biological environmental factors, through socio-cultural mechanisms, or through some combination of these. The injustice held out by the disability criticism remains the same: these techniques are about accommodating to and thereby become complicit in existing discriminatory social structures. They offer people the opportunity to avoid having children that will otherwise be the victims of such discrimination rather than mobilising social resources to stop the basic injustice.

Admittedly, there exist quite a bit of critical appraisal of various factual claims included in this criticism (Asch 2002; Buchanan et al., 2000; Chadwick 2006; Gillam 1999; Glover 2006; Juth & Munthe 2012; Parens & Asch 2000; Silvers et al. 1998; Wilkinson 2010). However, I will not question this aspect in the present context, as it seems to be inconsequential to the issue about the impact of an intersectional appreciation of the critique. Rather, what is at stake is what normative conclusions are supported by the criticism, assuming that it is factually correct, but viewed through an intersectional lens. So this is what the remainder of this section will be about.

4. Intersectionally Reframing the Disability Criticism of SRT

One immediately visible impact is this: to the extent that the social employment of PNT, PGD and similar technologies do disparage, discriminate, oppress or serve to socially exclude disabled people, those thereby *most* burdened and disadvantaged can be expected to be so through a multitude of social identity sources (and adjacent practices). That is, although the focus of the conception of reproductive control articulated in policy and practice related to SRT is on the presence or non-presence of disabled persons in society, the alleged injustice of SRT may not stem from the presence of that particular type of social identity, but mostly from other sources. For instance, the disadvantages in question may be assumed to hit those people worst, who lack financial resources, live in cultural contexts with constraining norms and expectations linked to reproduction and parenting that would increase the discriminatory effect of having a disabled child, such as hostility towards people of particular sexual orientations gender identities, or combinations of such becoming parents. In contrast, wealthy prospective parents in emancipated cultural contexts as regard reproduction and parenting, with a variety of gender and sexual identities widely recognised as fitting for having and caring for children, will face much less restriction of a real freedom of choice with regard to

having a disabled child or not, partly since a disabled child in such a context will be far from as disadvantaged as one in a less privileged context. As long as brute state force is not used to enforce obligatory eugenic programs using SRTs, especially the wealth aspect of social identity would therefore seem to be much more important than the social identity of disability itself for determining the extent to which prospective parents would be oppressed, and its prospective disabled child discriminatory disadvantaged, to an extent that could ground valid claims to injustice grave enough to warrant compensatory policy. If you only have the money, you can as a rule buy yourself and your child out of almost any social disadvantage burdening those less privileged.

Moreover, this intersectional image of the disadvantages suffered by disabled people that can be related to reproductive choices highlights how the traditional disability-based criticism of *high technological variants* of SRT seems to be much more far-reaching in its implications. The core of the criticism is that it is the ability to control what children to have based on information about their expected features (in terms of the presence or non-presence of allegedly disabling conditions) in light of prevailing social discrimination or disadvantaging of disabled people and their families that makes the practices of PNT, PGD, etc. unjust. However, the worst instances of this discrimination – thus the ones lending the strongest support to the claim about oppression and injustice – is now revealed by the intersectional turn to be not only *being discriminated "due to disability"*, but just as well, or to a greater extent, "due to" a number of other social identities many of which seem to be more strongly linked to social disadvantage than disability, not least those relating to reproductive normative culture and wealth. This seems to mean that also socio-economic, ethnic or culturally normative (e.g., religious) considerations informed by some expectation of the features of a possible child would be as oppressive or unjust if used to control what children to have. That is, also very non-technological variants of SRT, such as choosing one's

reproductive partner based on membership of some shared cultural community (e.g. religious faith) or a preferred physiological feature (such as skin, hair or eye colour), or socio-economic status, seem to be just as potentially unjust or oppressive as the much more debated PNT, PGT, etc.²

Now, of course, it may still hold that disabled people themselves mostly hear from a system of SRT, *a message* about the inferiority of disabled people. Moreover, they may (for good reason) take offence with this message, and it may plausibly be argued to constitute a *bona fide* "expressive harm" (Blackburn 2010). However, what is revealed by the intersectional analysis seems to be that a number of other social identities have just as good – if not better – reasons to take similar offence and claim similar expressive harm; it is just that they have not before had the social analysis available that makes these reasons and this harm visible. Simply put, when looking at programs of PNT and PGD, we see them as *being about* (avoiding) disabled people mostly because this is the social identity out of which our perception is framed. The intersectional turn, however, reveals this impression to be simplistic – the programs are just as much (or more) about structurally discriminating people on the basis of poverty, culture, gender or sexual identities, or other factors at work within societal structures that produce unjust outcomes. And it is not obvious that the reasons for disabled to take offence with PNT and PGD programs are more salient and strong than, e.g., poor people's reasons to be offended by a system that keeps them in poverty.

But it does not end there. As recent works in population ethics has revealed that a number of very common reproductive choices not ordinarily thought of as selective in fact seem to involve selection between different possible future people. Due to the so-called non-identity problem, famously characterised by Derek Parfit (1984, ch. 16), also "ordinary" family planning measures meant to adjust the timing of one's reproductive attempts across a life-span (using abortion, contraceptives, celibacy, etc.) amount to selecting between different

potential future children. Such planning is typically made with socio-economic considerations in mind, but may also be assumed to involve a non-negligible portion of being framed and influenced by normative-cultural ideals of parenthood and family formation (for instance, in relation to age, gender, social status, and other things), all affecting expected features of possible children to have under different conditions. For instance, being a young, financially deprived parent will affect the expected features of the child born as compared to if the parent would have been more mature and financially secure. Likewise, having children within an unstable relationship, with a partner one is not really interested in forming a family with, can also be expected to affect the features of children born under such conditions, as compared to more favourable relational conditions. On a more societal level, the design of policies around reproduction, parenthood and family formation (eg., parental social insurance, access to safe reproductive health care, day care services for returning to work, and so on) will likely affect what reproductive choices people can be expected to make, partly based on their perception of what the surrounding societal support system (or lack of such) will mean for the expected features of the child. Due to the non-identity problem, most of these choices will be selective between different children, thus making use of that information for reproductive planning just as much of SRT as the use of PNT or PGD, and potentially just as unjust and oppressive (as many of the factors we use to make these choices become relevant to us because of a surrounding discriminatory structure of a cultural and/or socio-economic nature).

Both of these upshots of an intersectional perspective point to a challenge to the traditional, disability-based criticism of SRT having to do with its assumed identity political focus on disability. Even if SRT is unjust and oppressive in the way claimed by the critique of PNT and PGD, the intersectional turn reveals that this injustice should not necessarily be cashed out in terms of a *social identity of disability*. What the criticism is ultimately targeting

(SRT), as a whole has only a minor portion of its variants openly addressing disability as a basis of selecting future children, and disability as such seems to have only a minor role in defining those in society that are most disadvantaged. SRT as a whole targets a large number of social identity-types, with linked disadvantages mostly through broad cultural norms or socio-economic circumstances independently of any disability, rather than discriminatory structures targeting disabled people or their families as such.

None of this, however, needs to undermine the soundness of the critical social identity studies basis of the disability criticism of SRT. Rather, in line with Tom Shakespeare's observation with regard to the situation of disabled people in developing countries (Shakespeare 2012), the upshot is the discovery that an intersectional reading disentangles such an analysis from the identity political agenda otherwise associated with it: To improve the conditions of disabled people, and to mitigate unjust discriminatory effects and disadvantages suffered by such people – that is, the very sort of structures making SRT unjust and oppressive according to the traditional disability criticism – we should focus not particularly on the social identity of disability or the type of SRT targeting it, but instead address broader factors mostly contributing to disadvantaging the people who are worst off (that is, culturally exclusionary reproductive norms and socio-economic factors). Likewise, when addressing this worst off group, we should accept that many of its members do not have "disability" as a primary social identity, while realising that a general "uplift" in terms of health, wealth and individual emancipation will lift also those disabled people who are among the most disadvantaged in a society. In more orthodox terms, this could be reformulated as preferring a *general* social policy to mitigate basic disadvantaging conditions for all people, regardless of social identity, over selective policies targeting only some such identities to compensate these in particular for assumed injustices due to underlying disadvantaging and discriminatory factors that in fact seem to burden all who suffer them.

A particular upside of having the SRT criticism target the (most disadvantaging) underlying factors that may make all kinds of SRT unjust rather than the use of only *particular* SRT given the presence of such factors is that disability political activism thereby can avoid the identity political trap of normative emptiness exposed by the intersectional turn. Faced with the challenge of why justice for disabled people should be prioritised before that of women, or gays, or poor people, the answer coming out of the intersectional analysis is that it should not necessarily be so prioritized. Instead, politics should target the most important discriminatory and disadvantaging factors for people who are worst off, regardless of their social identity. This may then benefit the worst off of all social identities, who within an identity political setup would otherwise be forced to compete with each other for priority. Only two types of social identities seem to be excluded from this opportunity, namely those linked to normative ideals that imply support for discrimination and disadvantage for the rest, such as members of cultural (e.g., religious) communities who want to retain a privilege of applying their norms to others while not similarly adapting themselves, or privileged people who want to keep on to affluence at the price of impeding the elevation of the conditions of the worst off. It is, of course, open for broader debate to what extent a society should or should not grant such claims, but in contrast to its identity political variant, an intersectionally interpreted critical social identity analysis of SRT will not provide any immediate reason to answer that question affirmatively.

However, taking a step back, it may actually do so *indirectly*, due to pragmatic reasons, and this will be my last observation about the impact of applying an intersectional analysis to the disability criticism of SRT. Moving the focus to a more generalised scope of lifting all kind of disadvantaged people in a society, I have mentioned general emancipation of individuals and general economic improvement above. This may have relevant implications for how to view SRT in general and the more technological variants like PNT and PGD in

particular that run contrary to the typical view advanced in the traditional disability criticism of these technologies.

One such implication arrives via the apparent fact that promoting population health through preventing the general incidence of ill-health in a society is usually an important element in policies aiming to lift disadvantaged people in society generally. But, of course, one way of trying to realise such a public health oriented policy aim is to use SRT in order to attempt to prevent the birth of disabled people. Normally, that view of SRT is harshly dismissed from a disability rights standpoint, but such dismissal is not as obvious once the intersectional spectacles have been taken on. As has been pointed out (Juth & Munthe 2012; Munthe, 2015; Wilkinson 2015), to what extent a public health aim of, for instance, PNT or PGD, would be unjust towards disabled people and their (prospective) families may depend on to what extent policies pursued with such an aim would be needed to generally benefit the same group of people. So, if a society has limited means to emancipate and promote the situation of its worst off members generally at the same time as the needs for assistance are drastic (e.g., due to poverty and lack of societal capacity), effecting a reduction in the volume in that very need may be a necessary means to be able secure a general improvement of the conditions of the worst off, including those in that group who are disabled.

Likewise, if a society is so structured that a sustainable emancipation and promotion of the health and wealth of society's most disadvantaged is dependent on dynamic factors of importance for growth, this may necessitate pragmatic adaption to special preferences of the more privileged (to have them keep their assets and resources in this society). Usually such preferences regard the freedom to dispose of one's assets as one pleases and to be able access various goods, among which may, of course, be various types of SRT. In parallel, if the uplift works, the conditions of disabled people and their families will at the same time improve with the rest, albeit disability will always imply a comparative downside (otherwise it is no

disability). As more members of society are uplifted, more and more will have such special preferences, for instance to be able to use SRT to their liking (for whatever reason), although they could manage alright without such technologies, as society has now improved to make it possible to have a decent life also as a disabled person or as a family with a disabled child. One example of this is, of course, the current use in many developed and rich countries – not least the more wealthy segments of such societies – of techniques such as PNT and PGD. Another example may instead be people who want to be able to continue to use SRTs of a more low tech kind, such as selecting reproductive partners based on features influencing what people they are attracted to, such as hair- or skin color, gender, sexual orientation or identity, cultural or religious group membership, or – indeed – visible disability, and other things linked to expected features of their future children.

As already noted, none of this is to deny that someone who identify as belonging to a social group targeted by such uses of SRT may rightfully experience derogatory or discriminatory messages and take offense with these. Such "expressive harm" may indeed be a price of the kind of social developments just described. However, pointing to a reason for taking offence or noting a particular harm is far from proving injustice. The intersectional reframing of the disability criticism of SRT has laid bare both that disabled people are far from alone in having good reasons to react against social disadvantage and discrimination in social systems where SRTs are used, and that addressing the totality of these disadvantages to ease the injustice for all may require a pragmatic acceptance of a continuation of this use.

5. Conclusion

If you want to retain a narrow identity political focus of your activism, enhancing your underlying critical social identity analysis of society with an intersectional turn will often bring uncomfortable implications. So also when it comes to the traditional disability rights

based criticism of SRT, in the form of PNT, PGD and other technologically sophisticated means for selecting what children to have based on expectations of their features. Taking intersectionally seriously forces the critical disability analysis to embrace a larger view both of the structure and roots of social disadvantage and injustice, and of what social structures and practices are in fact included in the scope of the traditional criticism of SRT. It is far from obvious anymore that the specific social identity of disability provides the most important or obvious base for criticising societies' attempts to control reproductive outcomes.

At the same time, as the intersectional reinterpretation of a critical social identity perspective on SRT is taken to its conclusion, it would appear that the outcome has some positive aspects from the point of view of disabled people. First, it serves to force disability rights politics out of an identity political competition, where disadvantaged groups try to overtrump each other to justify compensation for alleged injustice, without any access to a normative principle that could solve the issue. Second, it redirects the focus to social disadvantage as such, regardless of identity, and general policies aimed to lift disadvantaged people in terms of freedom, health and wealth. At the same time, SRT may have an important role to play in such policies, both to facilitate them, and as lingering side-effects due to human preferences that remain also when social conditions are much improved. In any case, if you start off from a disability rights standpoint and ask what an intersectional turn of critical disability studies means for what view to take on SRT, the answer seems to be: Never mind *SRT*, mind whatever underlying social factors that may make SRT appear oppressive or unjust, and attend to those factors to then see what SRT will be left at the other end of policy!³

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Endnotes:

¹ Considerations like these have been addressed in discussions of the justification of civil disobedience activism in terms of a need for a justified such activist measure taken by some group to further its cause to be coordinated with other groups with potentially worthy (and possibly more important) causes (Rawls 1971, Raz 1979).

² Again, what triggers the discriminatory effect of the system of having SRT available or on offer is independent of what the conscious beliefs and intentions are of those individuals who use (or chose not to use) SRT. A couple who use SRT for the reason that most of their upper

middle class friends do, will nevertheless be complicit in the system of injustice created by the employment and organisation of SRT in a society (or so the disability criticism alleges). Likewise, when people orientate their reproductive partner selection towards people of similar features, they will be complicit in a societal system making room for such segregative reproductive choices. The fact that people themselves do not think of or strive for this aspect is no argument against the structural function of the system.

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