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The "Slippery Slope" of Science

The term "slippery slope" appears with increasing frequency in writings devoted to the ethical and social assessment of new scientific developments. It suggests that once we break the taboo against tampering with whatever things new scientific breakthroughs will affect, from motherhood to definition of death, there will be no place to stop until we end up at the bottom of the slope. For instance, advances in genetics, biology, and medicine such as amniocentesis, in vitro fertilization, and mass screening are expected by many to lead to eugenics, Aryan purification policies, and totalitarian mass production of 007's.

That we must actively concern ourselves with the social and moral consequences of science, I fully recognize. But to discharge this duty with full responsibility requires avoiding the two favorite pitfalls of facile humanists: basing one's entire assessment on a single value and assuming empirical facts rather than gathering and analyzing data relevant to the assessment at hand.

Take amniocentesis. The facile humanist argues that, if it is used to detect and abort mongoloid fetuses, it will next be employed to abort fetuses inflicted with less severe illnesses (say, Farby's); next, to eliminate illnesses whose debilitating symptoms can be controlled but are nonetheless expensive and inconvenient (for example, galactosemia); and after that fetuses who are not ill at all, but have an attribute the parents or state do not desire (for example, the "wrong" sex or XYY, the so-called "criminal genes"). Finally, it is argued, once we cease to accept these human frailties, we will doubtless end up practicing euthanasia on the "unproductive" aged, the mentally deficient, and the physically handicapped.

Unfortunately, there is such a danger—one thing may lead to another. However, this moral domino theory disregards the historical record, which clearly indicates that, while one thing *sometimes* leads to another, it often does not. Otherwise, our taboos would already have fallen, because we already have taken the first, and second, and third steps. We have already performed several thousand amniocenteses and aborted quite a few mongoloid fetuses so detected. What's more, we have permitted, at the discretion of the pregnant woman, quite a few healthy fetuses to be aborted. And yet, morality did not end with a thud. Moreover, the outcry, "If you open the door a wedge, you *will* open it all the way!" is itself a major source of pressure to erode taboos. We need instead a conscious effort to modify our taboos—to learn to negotiate part of the slope (to pick up the desired fruits), while avoiding the lower pitfalls, which are there.

The record shows that practicing professionals *and* citizens at large can redraw the line, and at a rather sensible point. To stay with the case at hand, most doctors and laymen favor amniocentesis for detection of severe illness and adamantly reject it for sex choice. And this line is backed up by social forces: Those few doctors who elect to proceed, in spite of professional and public disapproval, will find themselves both unprotected in the event of a malpractice suit and severely censored by their colleagues, two ways to reinforce new do's and don'ts.

Most important, the facile humanist disregards values other than the taboos he is so anxious to preserve, values that would be violated if we were immobilized by fear of innovation. Humaneness cannot be guaranteed by putting a stop to all scientific work in an anxiety-provoking area, but by carefully assessing the multiple applications of scientific discoveries—promoting some, discouraging others, and foregoing still others. We cannot be spared the choice.—AMITAI ETZIONI, *Professor of Sociology, Columbia University, and Director, Center for Policy Research, Inc., 475 Riverside Drive, New York 10027*

For additional discussion, see A. Etzioni, *Genetic Fix* (Macmillan, New York, 1973).