

The Crisis of Everyday Life

Yuval Levin

Eric Cohen's essay puts forward a powerful critique of supporters of embryo research: Their case, Cohen argues, is mystical or revolutionary, and constitutes a rejection of the very principle of equality to which most of them swear first allegiance. He accuses them of the two sins they most enjoy attributing to their opponents: irrationality and inegalitarianism.

The irony is delicious. But it does have something of a bitter aftertaste. While the essay argues well that the path of embryo research leads to an abandonment of our foundational commitment to equality, it also argues that the only other choice may be to martyr one's children to the higher truth of equality. One cannot help but wonder if these are really our only options, and if there may not be some way to muddle through the middle and live well without giving up the hope of curing the sick child.

Cohen is right to begin by reflecting upon the curious fact that human beings expect to be treated justly by nature, or at least resent being treated unfairly. The pang of anger we feel when we find that a loved one has been stricken by a grave disease may be less a product of grief or sadness as of a wounded sense of justice—a sense that the person we cherish has been treated less well than he deserves. Why this person, at this time? The question demands an answer in human terms, in terms of fairness and

just cause. And when we receive no answer, we feel the need to act somehow, to address the injustice.

This tone of activism is readily apparent in the atmospherics of our various public battles against disease. In our walks against cancer and runs against heart disease and marathons for diabetes research, patients and loved ones literally march in defiance against various ailments, to show that they are stronger than the illness and to raise funds to combat it. These are the powerful theatrics of an American fight for justice, modeled on the efforts of assorted social movements, and especially the movement for racial equality.

But the demand for justice from nature, which is always problematic, is especially so in our times, precisely because when we speak of justice we most often mean equality, and equality is a standard which nature is uniquely unfit to meet. By some more aristocratic standards, nature can be said to be just—treating the great well and the low poorly—and indeed nature itself can almost be a standard for justice. But if all are to be treated equally, then certainly nature is unjust in the extreme, since it treats people unequally for no apparent reason.

If nature is unjust, then nature must be fought and made to treat us properly. Modern science from the beginning has taken up this cause, and has understood itself to be fighting a desperate battle against a cold and ruthless killer of innocents. In such a fight—a struggle for our very lives—all stops are pulled, and all tactics are permitted. The fight against disease is an emergency; it requires urgent attention and total focus.

This is the tone of research advocates in public debates about science. They argue that time is running out, but that swift action can still save the day. Testifying before a Senate subcommittee in 2003, Parkinson's patient and research advocate James Cordy told the Senators: "Please, please don't let time run out for me and the over 1.5 million Americans with Parkinson's, and the over 100 million Americans with diseases and conditions who are almost certain to benefit from regenerative medicine, including embryonic stem cell research. It is unconscionable to let time run out—especially now that the scientists tell us the finish line might be within sight."

We cannot let up even for a moment, not for any reason, and especially not now. This is the essence of the argument for approaching medical science with a sense of urgency and crisis: right now is the moment that counts, and we must not let anything distract us.

But if the fight against disease writ large—indeed the fight against natural death—is an emergency, and if at the same time, as Cohen’s essay suggests, it is a struggle we can never expect fully to win, then we must always live in a state of emergency. We should be always in a crisis mode, always pulling out all stops, always suspending the rules for the sake of a critical goal. And that means, in effect, that there should be no stops and no rules; only crisis management and triage.

Under crisis conditions, we allow ourselves to do things we would never otherwise contemplate. In triage mode, we ruthlessly select among the living to help those who have the best chance at survival. For the sake of saving life, even the most observant Jew can violate the Sabbath. But if life is always at risk and we are always in crisis, then we must always do things that moral contemplation would suggest are wrong. If we are always in a mode of triage, then we must always choose the strong over the weak because they have a better chance at benefiting from our help. And if we must always be engaged in saving life, then we are always justified in breaking the Sabbath, so that in effect there is no Sabbath, no time for rest and contemplation of the truth. Indeed, there is no everyday life at all, against which times of urgency might be measured. There is only the struggle, only the crisis.

How we got here should be no great mystery. To the ancients, the normal and the everyday were the measure of things. Man was that creature that could speak and contemplate and seek after truth, and his greatest need was for a means of doing so. Nature was an ordered whole that offered examples of order and wholeness. Science was for contemplation; politics was for finding ways to live well. This approach had its advantages, but it put up with an awful lot of injustice, natural as well as man-made.

The modern approach began with a determination not to put up with such injustice, and so it took on politics and science very differently. To us, the extremes, not the norm, are the measures of things. Man is the creature that can be wounded or killed and therefore needs protection. Nature is best understood when it is stretched and pried and tested under stress in the laboratory or the thought-experiment (in Francis Bacon’s paradoxical formulation: “the nature of things betrays itself more readily under the vexations of art than in its natural freedom”). Science is for protecting us from nature; politics is for protecting us from each other.

I exaggerate in both descriptions, but the essence of the contrast should be apparent. In principle, both modern science and modern politics

are devoted to averting pain and death. These are decent aspirations, but not very high ones. And combined with our deep devotion to equality, they also add up to a recipe for constant urgency and an unending struggle to set things straight. The battle against inequality also sends us to the edges of life, and leaves us struggling to adjust the middle to accommodate the ends, so that no one is left out. Taking our bearings from the extreme case, our society always strikes us as insufficiently accepting of differences, while our heightened sensitivity to inequality means that as the actual remaining inequalities grow less and less significant, our outrage against them grows more and more acute. “The desire for equality always becomes more insatiable as equality is greater,” Tocqueville noted. And it is so with health as well. With every victory, the struggles that remain seem all the more pressing and urgent.

The sense of injustice we feel at the sight of a gravely ill child or the inexplicable loss of a loved one is both profound and understandable; it is also nothing new. It is at least as old as Job. But our response to it, the call to national mobilization, the marshalling of troops and arms, the sense of urgency and crisis, the demand to put aside all qualms at least until the battle has been won, these are relatively new. And in this arena, too, every victory makes the next fight seem more, not less, imperative and critical. There is never a lull after success, never a quiet afternoon, never a peace dividend. There is no everyday life in light of which we might define our morality. There is only the provisional morality of crisis: people are dying, this is no time for moralizing.

But the tragic fact is, of course, that people are always dying, and that they always have been and always will be. If this means that there can never be a time for moralizing, then we are in trouble. And the tenor of our debates over the limits of science does suggest that to many that is indeed what the facts of disease and of death are taken to mean. Because the whole of the human experience remains imperfect, the whole is taken to be sick, and only the effort to heal it is taken to be worth our time.

If that is so, then it should be no surprise that even our most basic faith in equality can be set aside in the effort to alleviate the pain of those who suffer. Under triage, we explicitly force ourselves to put aside the notion that all are equal; we coldly assess the worth of each individual by his strength and condition. If all of life is lived under the rules of triage, then we are right to sacrifice the weaker for the stronger—the embryo that has no will and no way to complain, for the sick child who will get better if we

only offer a little help. We test our moral intuitions by extreme examples: In a fire, do you save the child or the dish full of embryos? And finding that in such an outlandish make-believe emergency we would abandon the embryos, we feel justified in abandoning them now, since surely now is also an emergency; people are dying.

In this sense, then, Cohen's assertion that the drive for embryo research profoundly undermines our society's devotion to the premise of human equality seems exactly right. Those who advocate this course prefer to set right some natural inequalities of health, even if to do so they must trample upon any sense of our natural equality of vulnerability and dignity. To give in to that way of thinking would put in jeopardy everything that makes the modern trade-off worthwhile—the very fact that it is indeed, as Cohen puts it, echoing Tocqueville, “more just.”

But Cohen's description of the other alternative seems too stark, and in certain ways seems too much to accept the notion that we live always in crisis. There have long been some critics of modernity who have argued that we now confront a choice between decadence and martyrdom: that the only answer to the excesses of the modern enterprise is to flee from it, and to avoid the dark downside of progress by avoiding the benefits too. But is this really the stark choice we confront? After all, there has also been a strong and influential strain of thinking that has argued that we can benefit from the advance of modern knowledge as long as we never forget the unsavory realities of human nature, and the constraints placed upon us by the human condition. The great hope of these most sensible modern thinkers—men like Burke, Smith, Hume, Hamilton, and Madison—is that we can welcome modern progress without utterly losing ourselves in the process. We could do this by dropping the messianic pretensions of the cult of modern progress, and seeing (in this case) science as another human occupation, not the be all and end all of human existence. These hard-headed men were not entirely right, to be sure, but they have offered us a way to live well in modern times that for all its failings so far has not simply failed us.

When confronted with the choice between the sick child and the defenseless embryo, Cohen suggests that our souls hang in the balance, and yet that it is almost impossible to choose well. In one sense this is true, and we have indeed created for ourselves an intractable moral quandary, by creating in the first place the circumstances that have brought us here. But in another sense, the quandary may not be so awful, because we need not necessarily accept the tragic all-or-nothing

formulation of the proposition: we need not see the killing of the embryo as the only way to save the child. To put our options in terms of the thought-experiment Cohen has constructed certainly sharpens the choice and makes more extreme the decision we face. But taking it to the extreme may not be the best way for us to understand the choice we confront, or to choose well. In the everyday world, the world not always in the grip of some terrible crisis, there may be other ways.

Most opponents of embryo research do not champion the noble death, but rather the adult stem cell. They hope that there will prove to be more than one way to cure diabetes. Perhaps they will be proven right, or perhaps not. But the point is that their response to the quandary is to seek a way around it. There is no question but that this is something of a cop-out. It avoids the sharpest possible formulation of the profound moral choice we confront. But it also allows us to live well without abandoning the hope—even the justice—offered to us by modern medical science. Our future rests on the possibility that living well with progress is an option. If it is not, if we confront a choice between decadence and martyrdom, then we are lost, and the actual process of making the choice is merely a matter of picking our poison. As Cohen himself puts it, neither option is quite right, and neither seems acceptable.

Most opponents of embryo research, therefore, do not suggest that we abandon the quest for cures and relief. They seek rather to pursue it in a moral way. And since the quest will never end—as Cohen says, immortality will always be beyond our reach—it is good that they do not confront us with the stark alternatives of abandoning the quest for moral reasons or abandoning morality so we may pursue better health. Instead, we face the challenge of keeping our pursuit of health contained within moral limits. It is perhaps a more prosaic challenge, and is one of the familiar purposes of bioethics, but it is an essential one for us today, and the contemporary embryo debates show us why that is.

There is no denying that some political proponents of embryo research are enthusiastic about it precisely *because* it involves the killing of embryos. This is a strange and quite disturbing facet of the public debate, and one that calls for further reflection and sharp criticism. But most proponents of embryo research simply want to cure disease, and they would surely embrace more ethical approaches to doing so if they were scientifically possible.

In the embryo research debate, one side does counsel the nihilistic pursuit of health, as Cohen suggests, and this counsel should be soundly

rejected. But the other side is not constrained to counsel martyrdom. It can and should counsel a moral pursuit of scientific discovery and medical advance. This is of course a recipe for ever more divisive arguments and complicated policy debates, as the nation considers which areas of research are truly moral. But it nonetheless seems better than either of the extreme alternatives. In the long term, we may still be unable to maintain the precarious balance. But in the short term and the middle term we can live well and also welcome cures for the suffering. It is the low but firm path, the unsatisfying ethic of muddling through, which is never good enough to save us, but hopefully never quite bad enough to doom us either.

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