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Ethics of Care as a Legitimizing Structure from the Perspective of Transhumanism

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Abstract: Postmodern ethics precisely regulate the actions of the postmodern individual. Unlike modern ethics, that have an imperative character, postmodern ethics are constructed and adapted to a changing society, in the context of the ever-accelerating development of technology and the transhumanist proposals for bioimprovement. Thus, postmodern ethics propose a set of norms intended to contribute to the creation and shaping of desirable behavior in the current socio-cultural context. The analysis of postmodern ethics in this paper is made due to the fact that a number of proposals, such as transhumanist ones, are controversial and are intensely debated in scientific communities. An example in this sense is given by Julian Săvulescu, in the article "Deaf lesbians «designer disability», and the future of medicine", which raises a series of questions regarding bioimprovement and what the use of new technologies in order to create disabilities entails.

Keywords: *ethics of care, legitimizing structures, transhumanism.*

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1. Introduction

Since practical philosophy cannot answer a number of dilemmas that scientists and individuals wishing to use bioenhancement technologies may face, we consider it appropriate to carry out a review of the main postmodern ethical paradigms. They aim is to answer a series of questions, which needs and also offers tools such as ethical expertise or axiological modeling when using technologies, with the aim of extending the individual's life or bioimproving certain undesirable traits.

Because the world in which we live cannot be understood from the perspective of traditional values, and the actions of the individual must be analyzed in different terms, compared to the periods before postmodernity, we consider that the analysis of these ethical paradigms in this work comes to complement the need of the individual to guide their behavior according to the values of the society in which they live and which is subject to change: individualism, gender equality, bioimprovement, globalization, etc.

2. Ethics of care

One of the postmodern ethics we emphasize in this paper is the ethics of care. This type of ethics was born with a number of feminist characteristics, characteristics that were not in congruence with the ethical model based on universal principles and impartial justice (Barbu, 2016; 2019; Huidu, 2019). The ethics of care was thought by Carol Gilligan (1993) and describes a practical ethics of care towards the other, starting from female thinking and behavior, opposed to abstract moral philosophical thinking, specific to male thinking (Săplăcan, 2013).

The concept of care signifies concern and interest and is a central element of human life, the key to authenticity; while this concept expresses the nature of the human being and ther choices, based on morality. The notion is not without important theorizations from the history of philosophy, so two characteristics stand out:

- the duality of the concept: on the one hand, the concept of care can have a negative connotation (burden, set of problems that cause anxiety), and on the other hand, it has a positive connotation (a set of practices aimed at attention, sympathy, solicitude);
- the second characteristic concerns the centrality of the concept of care for the human being (Frunză, 2009, pp. 73-75).

For Martin Heidegger (2016), care must be understood at an ontological level; this concept implies tension and oversight between the possible and the impossible, turning into guilt and blaming the other for

what could not be achieved. The phenomenon of care clarifies the ontological constitution of the existent (Tudosescu, 2002), on which the comprehension of the being depends (Heidegger, 1931; Tiţa, 2012). The concept of care appears in Heideggerian philosophy within the work "Being and Time", in which the philosopher tries to capture the fundamental structure of *Dasein* (the fact-of-being-in-the-world), i.e. that of care (Dănişor, 2006).

The features of Dasein refer to:

- "being in the world": people think, reflect and wonder, i.e. they are "involved", "mixed" with/in and "concerned" with the world (*besorgen*);

- the being in the world participates together with the rest of the world in "yes" (here, now), lives within the world;

- speech is the privileged mode of being in the world;

- each Dasein pronounces itself as *I am*, thus *jeweilogkeit* is constitutive to Dasein;

- the characteristic way of being for man is care (*sorgen*);

- Dasein contains a certain disposition to look at oneself; what is said about Dasein cannot be shown, since the first relation of Dasein is that of being-in-itself (Kockelmans, 1989).

The concept of care occupies a privileged place in Heideggerian ontology, as it guarantees the completeness and authenticity of the Dasein. Sorge (care) usually has two meanings: on the one hand, it is about caring, worrying about something, and on the other hand, it is about taking care; as understood by Heidegger, care implies both meanings, since Dasein's being-in-the-world is care that we speak of, is concern with things-at-hand and solicitude for other people (Inwood, 2010). So care is considered to be the attitude dominated by Dasein or, better said, the structure of how we lead our lives.

Care is a common foundation for truth and error, since the dissimulation that accompanies the discovery of the Being does not alter the fundamental character of nature, that is, disclosure; the game that is formed between truth and error is built on the structure of the concept of care, which describes Dasein as a discarded project (Grădinaru, 1994, p. 148): "the affective situation leads to the discovery of the possibilities of the being that are delivered to it" (Rotilă, 2009, p. 74) (or into which it is projected), since man projects himself towards his possibilities, he is in the truth, and if in his direction he is beside things, man is in error (Grădinaru, 1994).

The meaning of care in Heidegger is the temporality that "makes possible the unity between existence, facticity and fall and thus constitutes, in an original way, the integrality of the structure of care. The moments of

care are not simply gathered together one by one, just as temporality itself is not composed, «as time passes», from the future, essential past and present" (Heidegger, 2016, p. 434).

Later, the concept of care will be taken up and redefined: "an activity characteristic of the human species, which includes everything we can do to maintain, continue or repair our world so that we can live as well as possible. This world includes our bodies, our selves, and our environment, which we weave together into a complex web that sustains life" (Toronto, 2009).

For Nel Noddings, the ethics of care is closely related to education, as the learning process is not limited to discourse, but extends to each person according to their values, skills or competences, emphasizing relationships, well-being, learning, in an educational context (Apostu & Petrescu, 2017) that expands beyond the academic side of school education, involving the family and society, without the need for a quantitative moral evaluation (Rivera Franco, 2008). Caring is part of the individual, of the idea of being, since there is a natural, everyday and intuitive attitude to take care of our fellows, of us, of our interests and needs, and develops a series of attitudes within the individual, mediated by elementary impulses and deep interests; care does not have a method of verification, nor a well-established criterion to distinguish truth from falsehood (Rivera Franco, 2008).

Taking care of the Other also means taking care of their future. Can we, then, ask ourselves if by using the new bioenhancement technologies, we are taking care of the other? What is the limit of using these technologies so as not to harm future generations?

3. The paradigm of virtues

The creation and use of technologies implies a responsible attitude, especially in the context of postmodernity, when society and the individual undergo transformations "imposed" by all spheres of activity. Medical technologies, for example, are created with the aim of helping the individual in situations of illness, and, in this context, the paradigm of virtues comes to direct the behavior of the medical staff in the relationship with the patient. The most important representatives of the paradigm of virtues are Edmund Pellegrino and David Thomasma (1993), who were interested in the applicability of the theory of virtues in medical practice.

The concept of virtue (Vidal-Gual, 2006) derives from the Latin virtus, -itis, which signifies vigor or strength of character and has its origins in the Athens of Socrates, Plato and Aristotle. For Aristotle, the virtuous life can be learned through exercise, by repeating good actions and discouraging

bad ones (Mureşan, 2009), as it is the result of the control and judgment by reason of the beginnings, specific to the intellect, which controls and guides human behavior: the virtues of the intellect (*dianoetics*) are prudence, wisdom and intelligence (Bazac, 2012).

The appeal to the ethical cultural register of Antiquity is considered to be essential in order to develop spiritual positions consonant with virtue ethics, as a source of intelligibility for the fulfillment of values, both in the socio-professional existence and in the private sphere (Cozma, 2001). Virtue fixes the ideal nature of man after the model of the gods as described by Plato in the "Republic": "the god is good, can only be the cause of good, immutable and does not deceive" (Platon, 1986, p. 379).

Being a characteristic of behavior, virtue represents the manifestation of man's rational nature (Bazac, 2012). For Aristotle, ethical virtues are not given by nature, but are acquired through habit, and the result is that people act morally, according to the requirements of justice, being aware of the stake, actions and consequences (Bazac, 2012). On the other hand, Aristotle associates virtue with a stable framework of moral rules or laws and does not argue for an ethics of virtues, due to the fact that we can characterize an action as just or unjust only from the point of view of the correctness of an action, although we might as well say that the person who does it is not behaving righteously if he does it for the wrong reason.

Contrary to the opinion of Alasdair MacIntyre (2007), who maintains that Aristotelian ethics is an ethic of virtues, Tony Burns states: "according to Aristotle, we can logically separate the question of the rightness or wrongness of an action from the question of the presence or absence of moral virtue in the person who performs it . However, it follows that for Aristotle, whether an action is indeed just or unjust in at least one sense of the term, i.e. whether it is right or wrong, does not depend in any way on the motive behind it. In this interpretation, Aristotle would hold that even a virtuous motive could not transform an action that is intrinsically unjust into a just action" (MacIntyre, 2007, p. 139).

In the Middle Ages, the classical notion of virtue was integrated into the Christian thinking of that time and was found mainly in the writings of Thomas Aquinas, who considers virtues to be habitual dispositions or operative behaviors (O'Rourke, 2005). In Machiavelli's view (2013), however, a virtuous life brings no guarantee that a virtuous man could survive in the real world, since a virtuous man cannot thrive in a world where other men are not virtuous.

In the 18th century, it is considered that virtue is not profitable and that the most important aspect is related to the guarantee of the realization

of one's own interests and the conquest of power. In 1981, Alasdair MacIntyre, through the work "After Virtue. A Study of Moral Theology" (MacIntyre, 2007), tries to recover Aristotelian ethics, elaborating an ethical-political vision of virtues.

4. Conclusions

The ethic of virtues is also brought to the forefront by Jose Ferrer and Juan Carlos Alvarez, who believe that the Greek city and medieval Christianity can develop this model of ethic, while the secular postmodern society is incapable of it, since the ethics of virtues is closely related to a moral community. So, the areteological ethics develops in a moral society, which can be agglutinated around a teleological consensus.

On the other hand, virtue is an essential dimension of personality, a quality, the humanity of the individual (Cozma, 2001), and medical personnel should act according to virtue. In this context, virtue must guide the actions of medical personnel, whether medical technology is used to save lives or as human enhancement technologies.

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