

The Ethics of Making the Body Beautiful: What Cosmetic Genetics Can Learn from Cosmetic Surgery

Sara Goering

Work to map the human genome is nearly complete, intensifying the debate about the appropriate uses of the information contained within this “book of life.” We want to understand what these gene sequences make possible, and how they might be manipulated for good or for ill. We want to glean whether this knowledge will lead to new avenues for discrimination, or bridge such divides by highlighting the similarities in our biology. We ask ourselves whether we can avoid using our knowledge of the human genome for unethical ends.

Genetic manipulation for aesthetic reasons—cosmetic genetics—will be one of the important ethical challenges citizens must face in the future. The number of surgeries performed for cosmetic reasons has grown dramatically during this past decade, and it is plausible to believe that consumer demand will increase pressure to develop genetic techniques used for aesthetic enhancement. But we can recognize and debate those ethical challenges now, *before* techniques are developed which allow cosmetic genetics to become a part of an inevitable future reality.

Concerns about the ethics of cosmetic surgery offer important insights for cosmetic genetics. After briefly discussing what is meant by “plastic surgery,” “cosmetic surgery,” and “cosmetic genetics,” this article explores one kind of argument commonly used in bioethics—the argument from precedent—to show that it cannot adequately discern or assess the ethical challenges posed by cosmetic genetics. The article then looks to some of the recent ethical attitudes toward cosmetic surgery in order to anticipate—and make recommendations about—the ethical challenges we will encounter when genetic therapies used for cosmetic purposes become a real option in the future.

The Popularity of Cosmetic Surgery

The term “plastic surgery” covers a broad range of surgeries that alter appearance. The term includes a wide range of reconstructive surgeries, which attempt to replace or repair congenitally malformed, damaged,

or amputated areas of the body. Another subset of plastic surgery is cosmetic surgery, which is the topic of the present article. When used in this article, “cosmetic surgery” refers to surgery chosen primarily for aesthetic reasons or in hopes that one will become more socially acceptable. (In this discussion, “cosmetic surgery” does not refer to surgery intended to alleviate physical discomfort—as in breast reduction surgery, which relieves stress on the chest and back muscles caused by overlarge breast tissue—or which contributes to the physiological function of an individual.)

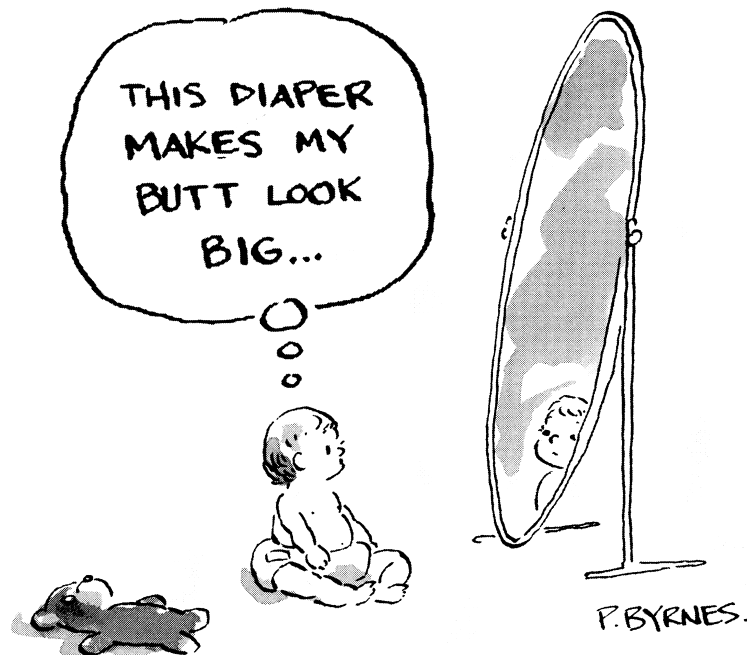
Insurance policies typically cover expenses incurred by reconstructive surgery, and some surgeries to correct functional disturbances (such as drooping eyelids that make seeing difficult). However, surgery for aesthetic reasons—cosmetic surgery—is widely available on a fee-for-service basis only. Despite its cost—a routine facelift is about \$5,700—the popularity of cosmetic surgery is on the rise. According to the American Society of Plastic Surgeons, between 1992 and 1999 the number of cosmetic surgery procedures performed in the United States and Canada has risen 175%. Several

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types of surgery have seen an even more dramatic increase: liposuction has increased 389% and breast augmentation surgery has increased 413%.

Some anticipate a great market in genetic techniques applied for aesthetic enhancement. If one can choose surgery to create the bodily changes one desires, then why not choose genetic therapies to create those bodily changes or (by selective embryo implantation or the use of genetic therapies undertaken *in vitro* or during gestation) select desired physical traits for one's future

It begins



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children? In cosmetic genetics, the body *itself* produces such desired features as having blue eyes, being tall, maintaining a low body-fat ratio, developing larger breasts, or looking less “ethnic” (by designing nose shape, eye-lid structure, hair texture, or skin color, among other features).

No genetic therapies exist today which make these options a reality, and many might be untroubled by the development of genetic techniques used for aesthetic enhancement, viewing cosmetic genetics as simply an extension of cosmetic surgery. But such a relaxed attitude would be a mistake, one which depends on accepting an “argument from precedent.”

The Argument from Precedent

In anticipating the introduction of a new practice in medicine, citizens—and ethicists, too—commonly employ an “argument from precedent” to judge the ethical standing of the contemplated practice. That is, we compare the ends achieved by a new technology to those achieved by older accepted practices, and where these ends are similar, we conclude that the use of the new technology is morally permissible. Bioethics often relies on some version of the argument from precedent

to assess the permissibility of new human genetic therapies. Since we treat genetic disorders such as cystic fibrosis to reduce their debilitating symptoms, so the argument goes, we ought to be willing to employ genetic interventions to eliminate diseases or treat their symptoms more effectively. Or, since we value childhood immunization, we ought to be willing to take advantage of genetic interventions to increase immunity. Applied in this way, the argument from precedent attempts to preserve morality by building on a foundation of previously accepted practices.

The argument from precedent is commonly appealed to, but rarely is it investigated fully, and recent work shows that its problems are significant. One difficulty is that it does not attend to morally relevant features in assessing the means used to achieve a desired end. Just because two different means accomplish the same general goal, we cannot assume they both achieve that goal in a moral way. We may share the goal of having our children learn well in school, for instance, but not find two alternate means—smaller class sizes versus increased use of Ritalin—ethically equivalent. Each strategy focuses on different “objects”—the child’s

environment, on the one hand, and the child's biology, on the other—and each leads to radically different experiences for the child. Decreased class size allows for more attention from teachers, more opportunity for students to express themselves, and a child's success relies on the *expression of his own personality* and talents. Increased prescription of Ritalin locates the problem *within* the child, suggesting to her that she is deficient and requiring that she *change herself* to meet the demands of others. Although it is not clear that the Ritalin option is necessarily immoral, it certainly deserves more sustained moral evaluation than it receives when we resort to the argument from precedent.

An even more basic, yet under-appreciated, problem with the argument from precedent is that it often does not include an independent ethical evaluation of commonly accepted practices. According to one understanding of the argument, concerns about cosmetic genetic enhancements for humans might be regarded as morally unfounded because cosmetic surgery is a popular and widely accepted method of altering one's

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physical appearance. Some might argue, in fact, that cosmetic genetics is *preferable* to cosmetic surgery because the techniques of cosmetic genetics eliminate the need for invasive surgery, which is an unavoidable part of many cosmetic procedures.

But this understanding obscures new ethical issues that arise with a new medical development. It also makes too quick a jump from what *is* practiced to what *ought* to be practiced. As Erik Parens, a bioethicist at the Hastings Center, notes, "There are many things we've always done that we think we ought not to do either now or in the future."

Further, cosmetic surgery is itself a hotly debated practice. Some critics have raised concerns over such issues as the quality of informed consent, the certification of plastic surgeons, and the riskiness of some procedures. But many feminist critics of cosmetic surgery emphasize deeper and more intractable moral issues, arguing that cosmetic surgery exacerbates "harmful conceptions of normality." These norms of appearance, they argue, are directed mainly at women, and specify what they *ought to look like* in a way that demands significant investments in time, energy, and money. Since most normal women cannot meet the societal ideal, even those with otherwise healthy, well-functioning bodies believe they have aesthetic "deficiencies" and

feel dissatisfied with their corporeal lot. Feminist thinker Naomi Wolf says it well:

When a modern woman is blessed with a body that can move, run, dance, play, and bring her to orgasm; with breasts free of cancer, a healthy uterus, a life twice as long as that of the average Victorian woman, long enough to let her express her character on her face; with enough to eat and a metabolism that protects her by laying down flesh where and when she needs it . . . the Age of Surgery undoes her immense good fortune. It breaks down into defective components the gift of her sentient, vital body and the individuality of her face, teaching her to experience her lifelong blessing as a lifelong curse.

A recent survey reports that 56% of women and 43% of men are dissatisfied with their overall appearance. Body doubles, air brushing, and digital magic help perfect the image of a societal ideal, and because many do not question the social pressure to achieve these unreasonable "norms," they contemplate—and many undertake—the risk of major surgery simply to approach that societal ideal. Although some of the procedures are fairly non-invasive and risk-free, others are painful, debilitating and liable to cause permanent damage. Individuals recovering from facelifts can look and feel as though they have been seriously beaten, their payment of money—as well as swollen, reddened skin—in hopes of a long-term gain in aesthetic beauty.

The truth is, however, that those who undergo the surgery gain much *more* than just an aesthetic advantage. How one looks affects not only one's self-esteem and confidence, but also how others regard one's competence, personality, and likelihood for success. Even if the beauty standard is not fair or appropriate, from the perspective of rational self-interest it makes sense for individuals to undergo cosmetic surgery.

Yet if we think only of ourselves and the possibility for individual gain, we never contemplate the bigger picture and, when appropriate, act collectively. Because we want to think of ourselves as completely free agents, we deceive ourselves about our motivations and we become oblivious to the manipulation of others. With a narrow, individual focus, we may inadvertently act to sustain or reinforce harmful conceptions of normality rather than address their flawed assumptions. It is crucial to consider carefully why so many individuals currently pursue cosmetic surgery, how their individual actions shape the larger culture, and how their choices might spur developments in the even more tempting realm of cosmetic genetics.

Does Cosmetic Surgery Serve "Cultural Dopes"?

Although feminist thinkers generally agree that the pressures to conform to a youthful, slender, smooth-skinned, wide-eyed, often Eurocentric appearance are rooted in historical injustices, they disagree about how

to understand the role of the individual in contributing to the popularity of cosmetic surgery. How one understands the relationship between the desires and motivations of the individual and the dictates of society leads to different strategies for addressing the problem of the pressure to conform to a “norm” of beauty.

One view of this relationship holds that women who undergo cosmetic surgery always do so wholly *because* of harmful norms, despite their claims to the contrary—they claim to be doing it for themselves. This view depicts women as passive “cultural dopes,” controlled by their environment but unaware of that control. As feminist thinker Susan Bordo notes,

People don't like to think that they are pawns of astute advertisers or even that they are responding to social norms. Women who have had or are contemplating cosmetic surgery consistently deny the influence of media images. 'I'm doing it for me,' they insist. But it's hard to account for most of their choices (breast enlargement and liposuction being the most frequently performed operations) outside the context of current cultural norms.

By participating in cosmetic surgery, these women flee from the realities of aging and change because traits associated with age are deemed unattractive by society. They want to avoid *being themselves*, but they claim to do it *for themselves*. In response to those women who claim to have finally discovered their real selves through cosmetic surgery (a claim that raises interesting issues of authenticity, akin to those patients of Peter Kramer who claim to have discovered their “real selves” through the use of Prozac), Bordo insists that such individuals both *deny* themselves the opportunity to understand our shared human condition of physical vulnerability, mortality, and impermanence, and they also *reinforce* harmful conceptions of normality through their actions. In effect, their actions increase pressure to fit the norm.

But if women who select cosmetic surgery are merely cultural dopes, then they seem to be absolved from responsibility for their actions. They simply follow the direction of outside forces that *shape* their desires. The best solution to the harmful conceptions of normality accepted by the “cultural dope” view is to change cultural pressures. This might be accomplished by demanding that the advertising industry present greater diversity in the body shapes of models. Careful regulation of the advertising industry might limit the creation of those new markets that rely on advertising aimed at *expanding* the scope of body image concerns. A more radical contingent might even find it appropriate to outlaw certain procedures. However, although the “cultural dope” view recognizes the myriad of strong cultural pressures exerting their influence on women, it denies that women are—or can be—free agents. Women are unthinking puppets of culture, and their behavior changes only because cultural norms change.

Does Cosmetic Surgery Create “Empowered Agents” (or Moral Hypocrites?)

Other feminist writers, such as Kathy Davis, argue that women who pursue cosmetic surgery are a picture of empowered agency. In her experience interviewing such women, Davis found that, rather than serving as “cultural dopes,” these women were generally fully aware of the seemingly impossible system of appearance norms. Working as agents within their cultural constraints—yet cognizant of those constraints—they saw surgery as a “lamentable and problematic, but understandable course of action.” In short, women choose the lesser of two evils: they act to attain the beauty norm rather than fall victim to it. Davis commends what she sees as women acting to control their identities. She reports that many women were “ashamed for feeling ashamed” of their bodies and chose cosmetic surgery *despite* strong objections from partners, friends, and family who offered constant reassurances about the women’s natural beauty.

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Surprisingly, she found that even the women who did not have successful surgeries claimed that they had gained a better sense of their own agency and identity by their experience.

Although some good can come from adversity, it seems odd to commend a bad experience. Certainly one need not approve of the general situation that gives rise to it. In addition to her valorization of agency, Davis does not directly confront the fact that her interviewees appeared to hold one set of standards for themselves and another for other women. Each considered her own case exceptional, *she* had exceeded the “limit to how much suffering you should have to put up with” and suffered “more than what a woman should . . . have to endure.” However, by Davis’s own admission, most of these women were not obviously abnormal or atypical prior to their surgeries. Thus, the very consideration that Davis suggests makes these women more than cultural dopes—their ability to recognize the harmful norms that influence them and to make the best choices possible given these norms—seems to reveal hypocrisy (or at least some level of special pleading). By making exceptions in their *own* cases, these women illustrate their lack of commitment to their proclaimed general principle. Moral evaluation of this situation cannot praise these women for their agency; instead, their choice raises

questions of their integrity and the reasons for allowing personal exceptions.

Margaret Little offers another version of the “empowered agent” position. Suggesting that a change in beauty norms will take great effort, and probably could not be completed within one individual’s lifetime, she argues that it would be an unjustifiable sacrifice to deny cosmetic surgery to individuals who suffer *today* because of their bodily condition. Little concludes that it would be morally permissible for surgeons to continue to provide cosmetic surgery so long as they work at the same time to change the very norms that bring them most of their customers:

If one must perform surgeries to help people meet suspect norms of appearance (out of concern for their suffering, say) then one must maintain an overall stance of fighting the norms. The only way to participate in the surgeries without de facto promoting the evil whose effects one decries is to locate the surgery in a broader context of naming and rejecting the evil norms. One’s purpose and meaning – that of alleviating the extreme burdens the system places on some – can be expressed only if one’s broader actions stand squarely against the norms.

By “broader actions” Little means that cosmetic surgeons should “speak out against the suspect content of the norms” both in public and in their private consultations with patients. Cosmetic surgeons ought to discuss with prospective patients the option of not having any surgery at all, and they must clarify the risks and possible side effects of contemplated procedures.

However, it *already* is common practice for cosmetic surgeons to assess the surgical and “emotional” success of procedures their patients contemplate. It is also routine to discuss with patients their expectations, and to inform them of risks and other options available to them. Even if cosmetic surgeons did not do what Little advocates, her suggestion seems strange because it relies on the very person who benefits from the women’s desire for surgery (both financially and psychologically, since surgeons derive personal satisfaction from their skill) to try to *eliminate that desire*. Placing the responsibility for revising the norm in such hands is likely to create minor change, if any. Little might also ask women who undergo cosmetic surgeries to speak out against the harmful norms that influenced their decisions. Surely this would be even stranger. Most women hesitate to discuss their surgeries, and those who do would find themselves in the odd position of telling others not to do something that has made them individually better off. One can hardly expect a surgically altered, societally-perfect advocate for changing beauty standards to be taken seriously. Adopting this tactic avoids sacrificing women to social change only to limit their capacity to promote social change.

Can Cosmetic Surgery Contribute to the “Revalorization of the Ugly”?

Is there any way to *recognize* the suspect norms, *accept* the practice of cosmetic surgery, and *avoid* the conclusion that women who receive it are either cultural dopes or apparent hypocrites? Kathryn Morgan proposes a fairly shocking response to this problem. She suggests that women ought to “take back” cosmetic surgery and use it to highlight the arbitrariness of the cultural norms that currently lead women to choose cosmetic surgery. In order to “revalorize the ugly” Morgan proposes (tongue-in-cheek) that women start requesting skin wrinkling procedures, fat injections for their thighs, and techniques specifically designed to make their breasts and eyelids sag. Her proposal intends to show both the strength and the arbitrariness of the current beauty norms. If we are horrified to think of women undergoing drastic and unnecessary surgical measures to make a point, then we should also be horrified to think of women undergoing drastic and unnecessary surgical procedures to gain social acceptability.

When suspect social norms are at the root of a practice and are themselves reinforced by continued patronage of it, one at best achieves only temporary and personal comfort by continuing the practice.

French performance artist Orlan might be a case for Morgan, although Orlan’s nine cosmetic surgeries have been aimed more at critiquing the possibility of the ideal body than at specifically creating ugliness. Orlan has attempted to make her face resemble a compilation of the facial structures of beautiful women painted by great artists, in order to “show, by example, that the legacy of masculine portrayals of feminine beauty precludes women’s full agency and control.” To this end, she has had, for example, silicone implanted in her forehead to make it more closely resemble the forehead of Mona Lisa. Her pursuit of cosmetic surgery is a political act. She is “not against *all* cosmetic surgery, but against *the way it is used*” – to make women fit a code of feminine beauty that requires conformity rather than individuality.

Lessons for Cosmetic Genetics

Several lessons can be learned from this brief survey of the ethics of cosmetic surgery. One learns that when suspect social norms are at the *root* of a practice and are themselves *reinforced* by continued patronage of it, one at best achieves only temporary

and personal comfort by continuing the practice. Davis admires the protagonist of Fay Weldon's novel *The Life and Loves of a She-Devil*, for:

She does not see cosmetic surgery as the perfect solution and she is well aware of the enormous price for women who undertake it. Under the circumstances, however, it is the best she can do. For she knows only too well that the context of structured gender inequality makes this solution – as perhaps any solution – at best, a temporary one.

However, in acting for individual comfort, one undercuts larger societal goals. Further, societal norms at times seem intractable only because they require collective action for change.

The debates about the ethics of cosmetic surgery can inform the coming debate over the appropriateness of cosmetic genetics. But even before cosmetic genetics becomes a reality, citizens can recognize its dangers and take action to enact legislative bans, distribute research funds in a thoughtful way, and initiate widespread public education programs. Prudence suggests placing a temporary moratorium on public funding for genetic research designed to identify or offer therapy to alter primarily cosmetic traits. Certainly, devastating genetic disorders must have priority.

If cosmetic screening tests or genetic therapies eventually become available (through private or corporate research, or through extensions of approved federally-funded research), hospitals and clinics should impose regulations that restrict the use of such tests. Expectant parents often want as much information as possible about their future child, but clinics can determine when such tests are appropriate, or refuse to employ them altogether.

Finally, one cannot overemphasize the need for a broad public education program. Even if hospitals and clinics impose their own restrictions, it seems likely that entrepreneurs will step forward eagerly to offer such services outside the regular medical setting. The best way to combat that issue is to address market demand. Public education programs that emphasize health, and promote the beauty and uniqueness of diverse body shapes, would help all of us be more satisfied with our bodies (and more likely to accept a future child who does not fit the ideal). With sincere effort, we might be able to abandon an ideal based on a specific physical body type and embrace an ideal that emphasizes such deeper commitments as participation in society, intellectual prowess, and emotional caregiving. Better funding for programs that focus on these deeper commitments might accelerate change. For instance, Girls Incorporated is a national program that aims to help young girls "confront subtle societal messages about their value and potential." Included in the program is a Bill of Rights that stresses the "right to accept and enjoy the bodies [girls] were born with and not to feel pressured to compromise their health in

order to satisfy the dictates of an 'ideal' physical image."

Cosmetic genetics can learn this lesson from cosmetic surgery: if a practice contributes to or reinforces harmful conceptions of normality, we should look for other means to achieve individual interests. We often dismiss alternatives too quickly because we cannot be certain that other people will follow suit, and if they do not, we might put ourselves at a disadvantage. But social change does not happen on its own. The answer is one that promotes agency, but not agency with moral blindfolds. No doubt we ought to respect individual choices, and to support individuals who feel unduly pressured. At the same time, however, we must be willing to criticize the choices that stem from individual agency, especially when those choices ignore the harmful conceptions of normality or unfairly create special exceptions for individuals. We certainly cannot benefit our children by making them the "perfect" offspring of cultural dopes or moral hypocrites.

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Sources: For facts and statistics concerning cosmetic surgery, see: Kathy Davis, *Reshaping the Female Body: The Dilemma of Cosmetic Surgery* (Routledge, 1995), <http://www.plastic-surgery.net/fees.html>, www.plastic-surgery.org/mediactr.htm, and <http://surgery.org/media/statistics/quickfacts1.html>. Two works relying on an argument from precedent are: Glen McGee, *The Perfect Baby* (Rowman and Littlefield, 1997) and John Harris, *Wonderwoman and Superman: The Ethics of Human Biotechnology* (Oxford University Press, 1992). Erik Parens, "Is Better Always Good? The Enhancement Project" in *Enhancing Human Traits: Ethical and Social Implications*, edited by Erik Parens, Mark J. Hanson, and Daniel Callahan (Georgetown University Press, 1998); also, Ronald Cole-Turner, "Do Means Matter?" and Dan Brock, "Enhancements of Human Functions: Some Distinctions for Policymakers" are found in the Parens et al. volume. Ethical issues of Ritalin use is discussed by Claudia Mills, "One Pill Makes You Smarter: An Ethical Appraisal of the Rise of Ritalin," *Report from the Institute of Philosophy & Public Policy*, vol. 18 (1998); the phrase "harmful conceptions of normality" is used by Margaret Little, "Cosmetic Surgery, Suspect Norms, and the Ethics of Complicity" in Parens et al. volume; Naomi Wolf, *The Beauty Myth: How Images of Beauty Are Used Against Women* (Anchor Books/Doubleday, 1991); a *Psychology Today* survey reports that 56% of women and 43% of men are dissatisfied with their overall appearance (Jan./Feb. issue 1997); Susan Bordo, "Braveheart, Babe, and the Contemporary Body" in Parens et al. volume. For discussions concerning

the possibility of finding one's "real self" through medical interventions, see: Peter Kramer, *Listening to Prozac* (Penguin Books, 1997) and the collection of articles in the *Hastings Center Report*, vol. 30 (2000). Recent examples of responses to marketing pressure are Britain's Body Image Summit (June 2000) and the Real Women Project, a southern California effort, discussed in "Real Women Take on a Real Image Problem," *Los Angeles Times* (July 5, 2000) and <http://www.realwomenproject.com>; Kathy Davis, *Reshaping the Female Body* (Routledge, 1995) and also her "The Rhetoric of Cosmetic Surgery: Luxury or Welfare?" in the Parens et al. volume; Margaret Little, "Cosmetic Surgery, Suspect Norms, and the Ethics of Complicity" in the Parens et al. volume. For a discussion of surgical and "emotional" success, see Thomas Pruzinsky, "Cosmetic Plastic Surgery and Body Image: Critical Factors in Patient Assessment" in *Body Image, Eating Disorders and Obesity*, edited by J. Kevin Thompson (American Psychological Association, 1996). On the hesitancy of women to discuss their surgeries, see Susan Zimmerman, *Silicone Survivors: Women's Experiences with Breast Implants* (Temple University Press, 1998); Kathryn Pauly Morgan, "Women and the Knife: Cosmetic Surgery and the Colonization of Women's Bodies" in *Sex/Machine*, edited by Patrick Hopkins (Indiana University Press, 1998); the perfor-

mance artist Orlan aimed at gaining "the chin of Sandro Botticelli's *Birth of Venus*, the forehead of da Vinci's *Mona Lisa*, the lips of Gustave Moreau's *Abduction of Europa*, the eyes of a Fountainebleu School *Diane Chasseresse*, and the nose of Gerard's *First Kiss of Eros and Psyche*," according to Peg Brand, "Bound to Beauty: An Interview with Orlan" in *Beauty Matters*, edited by Peg Brand (Indiana University Press, 2000). The issue of genetic therapies for genetic disorders is a complex one. The disability rights movement, for instance, notes that many conditions the general public would be tempted to "cure" through genetic therapies may not in fact rightly be considered physiologically undesirable. For a discussion of this debate, see *Prenatal Screening and Disability Rights*, edited by Erik Parens and Adrienne Asch (Georgetown University Press, 2000), and Anita Silvers, David Wasserman, and Mary B. Mahowald, *Disability, Difference, Discrimination: Perspectives on Justice in Bioethics and Public Policy* (Rowman and Littlefield, 1998); on limits to cosmetic screening and genetic therapies, see Jeffrey Botkin, "Developing Professional Standards for Diagnostic Services" in the *Prenatal Testing* volume and also Parens's "Is Better Always Good? The Enhancement Project" in the Parens et al. volume. For information on Girls Incorporated, see its web site at <http://www.feminist.com/girlsinc.htm>.

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