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The Medicalization of Moral Evil. A Critique of the Bioideological Discourse of Transhumanism*

La medicalización del mal moral. Crítica al discurso bioideológico del transhumanismo

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Summary

Between the 19th and 20th centuries, biological explanations of human beings replaced moral and philosophical ones. Transhumanism inherits

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and amplifies this trend by medicalizing moral phenomena —such as evil— and reinterpreting them as genetic defects that can be corrected. In this way, it updates eugenic logic under a techno-scientific guise. Founded on radical naturalism, it conceives of human beings as perfectible products, although it contradicts its rejection of a universal nature by establishing standards for improvement. Thus, a *bioideology* emerges that replaces the natural *telos* with an ideal of unlimited perfection, linked to ableism and a negative ontology of disability. In this context, biological citizenship emerges, defining social belonging according to genetic attributes, reproducing inequalities and exclusions. In response to this, critical bioethics is proposed that recognizes dignity, vulnerability, and diversity as the foundations of inclusive citizenship.

Keywords: bioideology, disability, moral evil, biological citizenship.

1. Introduction

The experience of moral failure —aspiring to do good yet doing what one detests— is a common feature of the human condition. This inner conflict, which involves guilt, remorse, and the desire for redemption, has been the subject of reflection since ancient times. Greek philosophy addressed it in the notion of *akrasia*, which refers to the weakness of reason in the face of desires when the subject acts against what they recognize as best. In Christianity, and paradigmatically in Paul's confession— "For I do not do the good I want, but the evil I do not want" (1)[1]— this split is formulated as a struggle of the will against itself. Here, as Arendt emphasized, a specifically Christian and modern understanding of the will as an autonomous and divided faculty, distinct from both thought and desire, is inaugu-

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[1] As Hannah Arendt recalls in The Life of the Mind (2), Christianity introduces a decisive novelty in the understanding of moral conflict. While in the Greek world akrasia designated the weakness of reason in the face of desires, St. Paul formulates the problem as an internal struggle of the will against itself. According to Arendt, this formulation inaugurates the modern notion of "will" as an autonomous and separate faculty, distinct from thought and desire, marking a break with the classical approach.

rated. Latin literature expressed the same tension in Catullus's sentence: "I hate and I love. Why do I do it, you may ask. I don't know, but I feel it and it tortures me" (3). All these formulations reveal a constant anthropological fact: human beings are marked by the tension between their orientation toward good and the persistent presence of evil in their actions.

Transhumanism has reinterpreted this phenomenon in biotechnological terms. Under the premise that morality depends on biological and neurological bases, it proposes to intervene in them through pharmacology, genetic engineering, or neuroscience, with the aim of avoiding evil and promoting virtuous behavior. In this way, moral evil is no longer understood as an ethical problem and is transformed into a clinical deficit susceptible to technical correction. This shift implies a profound change in the subject's self-understanding.[2] As Nikolas Rose (5) has pointed out, the individual comes to conceive of themselves "as a biological creature, as a biological self," susceptible to optimization. Here we locate the *bioideological* core of transhumanism: the process by which biomedical categories —such as health, ability, normality, or performance— become absolute and acquire normative value, coming to define what it means to be human. In this context, life only achieves full legitimacy to the extent that it conforms to standards of techno-scientific perfection.

The purpose of this article is to critically examine how this *bioideology* affects the conception of disability and the understanding of what it means to be human. To this end, we adopt a theoretical-conceptual approach and a critical-analytical method aimed at reviewing the ethical and anthropological assumptions of transhumanism.

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[2] Both Jeremy Rifkin (4) and Nikolas Rose (5) agree that we have entered a new era characterized by the prominence of biology. Rifkin speaks of the "century of biotechnology," in which vital processes become "raw material" for industry and the market, and life itself becomes an object of manipulation and commodification. For his part, Rose describes our time as a "biological age of the human sciences," where subjects are conceived as "biological creatures," as "biological selves," or even as "somatic individuals," susceptible to being optimized, managed, and regulated through biomedical technologies and policies of life.

First, we will show how natural *telos* is replaced by a techno-scientific ideal of unlimited perfection. secondly, how the logic of ableism operates, establishing hierarchies of lives based on their degree of ability or health; in addition, we will analyze the theory of personal tragedy, which presents disability as an anomaly to be avoided, and the configuration of a negative ontology, which conceives of the person with a disability from the perspective of deficiency. Finally, we will address the medicalization of moral evil, which turns virtue into a biomedical parameter and reduces freedom to a technical problem.

In the face of these drifts, we propose critical bioethics capable of recognizing vulnerability, dependence, and diversity as constitutive dimensions of the human. Such a perspective does not imply passive resignation in the face of suffering, but rather an ethical commitment: to alleviate avoidable pain without devaluing the existence of those who suffer it. In this sense, we defend the need for an inclusive notion of biological citizenship that affirms the intrinsic dignity of every person and that, far from medicalizing existence, makes fragility and interdependence a foundation of justice and equality.

2. From natural *telos* to techno-scientific *telos*

In transhumanist discourse, the concept of "nature" is configured in an ambivalent way. On the one hand, it is conceived as an obstacle: human nature appears reduced to its biological dimension, defined by vulnerability, disease, aging, and, ultimately, death.

These limits are interpreted as deficiencies that must be overcome through biotechnology and artificial intelligence, in a movement of rejection of the finite condition of human beings. On the other hand, paradoxically, the same discourse confers a positive moral value on biological life. Physical existence is presented not only as something to be transcended, but also as a good that must be protected, prolonged, and perfected. Thus, nature is both the limit to be overcome and the moral basis on which technical intervention is justified: the natural is deficient insofar as it is finite, but valuable insofar as it supports life that deserves to be preserved and optimized.

Nature is thus associated with truth, but not in its current form, rather as an ideal projected into the future. Transhumanism does not seek to preserve the status quo, but rather to legitimize its transformation through the use of biotechnology. In this sense, the convergence of NBICS —an acronym that refers to the integration of nanotechnology, biotechnology, information technology, cognitive science, and social science— opens up the possibility of altering both the appearance and functioning of the human body, transcending established norms and the limits of the species. Consequently, all bodies are considered limited or defective and therefore in need of constant improvement, which at the same time leads to a redefinition of the biological self (6).

This dual movement responds to what Hauskeller (7) calls the "crypto-Aristotelian tendency" of transhumanism: an implicit teleology that, while denying any natural essence or purpose of the human being, reproduces the Aristotelian scheme of development toward fulfillment. Under this premise, the current human being is considered incomplete or defective, and his or her improvement is presented as a technical task. Thus, a *telos* —not the posthuman as transhumanism maintains, but the optimization of health— is introduced as a normative model. The natural *telos* of the Aristotelian tradition is replaced by one of a techno-scientific nature, but the idea that there is a "better" form of human being remains intact (7).[3]

Transhumanism *naturalizes* the desire for improvement, conceiving it as a structural impulse of the human condition. The will to overcome suffering, prolong life, eliminate disease, or enhance cognitive abilities are understood as evolutionarily established traits, the satisfaction of which becomes a moral objective. Thus, desire, insofar as it arises *naturally* from human beings, comes to occupy a normative

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[3] This interpretation is opposed to Postigo's thesis (8), which argues that there is a "demythologization of nature" (a denial that natural inclinations exist).

position: if we desire to improve, it is because improvement is good. Therefore, there is a reversal of the classic naturalistic argument: what is natural is not valuable because it is given, but because it expresses a desire for improvement that deserves to be realized.

In this way, transhumanism is configured as a *bioideology* (9, p. 413), that is, as a new form of contemporary ideology that assumes the optimization of biological life as the ultimate foundation and guiding criterion of value. Transhumanist *bioideology* is not limited to proposing technical improvements but establishes a new normative imaginary in which the manipulation and perfection of organic life is presented as a necessary condition for the full realization of the individual and society.

3. The logic of ableism

Transhumanism is a "naturalistic" ethic (10) that seeks, through the use of biotechnology, to usher in an "era of biological control" (11): technologies are no longer limited to curing diseases or enhancing capabilities but also redefine what it means to be human as a biological being and aspire, without clearly defining it, to establish its optimal functioning. In this way, far from emancipating themselves from biology, human beings become even more biological (5), insofar as their identity and value come to be determined by biomedical criteria.

The *bioideological* discourse of transhumanism is shaped by "the logic of capacitism" (12,13,14) which, on the one hand, upholds a set of beliefs, processes, and practices that produce a particular type of self and body projected as perfect; and, on the other, affirms that deficiency or disability —regardless of its nature— is inherently negative and, if the opportunity arises, must be improved, cured, or even eliminated.

In this way, transhumanism shapes what Wolbring (6) calls a "transhumanized version of ableism" in which capacity parameters

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are no longer measured in relation to the limits of the human species, but according to standards opened up by the possibilities of technological improvement. In this sense, by defending the logic of ableism, transhumanism also accepts its reverse: those who do not meet these standards are not considered subjects with potential for development, but rather carriers of a deficiency inherent in their own nature. It is not the human being who has failed: it is their biology that is declared inadequate.

Likewise, all bodies are *potentially* conceived as limited or defective as long as they do not exceed the typical capacities of the species, and genetic, cognitive, or physical enhancement interventions become the new criterion of normality and well-being. This shift creates a "capability gap" between enhanced and unenhanced individuals, leading to the emergence of a new category of exclusion: the so-called "techno-poor disabled",[4] marginalized not because of physical impairment, but because they do not have access —or do not wish to have access— to the levels of performance demanded by the transhumanist ideal. In this way, transhumanism not only reproduces the ableist logic, but amplifies it, redefining the very foundations of inclusion and discrimination.

First, this logic affects the formation of subjectivities. Health, understood as "imperative for the self and others to maximize the vital forces and potentialities of the living body," has become a structuring axis of today's societies (5). This concept promotes bodily optimization that conditions the sense of well-being, success, and personal identity, linking individual value to biological efficiency. This logic reinforces a biopolitics that does not respect human diversity, but rather eliminates it in the name of efficiency, youth, or productivity.[5]

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[4] Wolbring (6) argues that ableist discourse can generate new types of disabilities, "traditionally disabled people" and "technologically poor disabled people".

[5] Sloterdijk (15) has shown how modernity developed a genuine "hygienist ideology," understood as the conviction that human beings can be regenerated through systematic programs of sanitation and prophylaxis, not only physical, but also moral and social. In You Must Change Your Life, he links this hygienism to modern

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Secondly, the social fabric is being reconfigured around what Paul Rabinow (16) called "biosociality": the articulation of identity and collective belonging based on shared biological traits, such as diagnoses, physical or genetic abilities. This logic generates new forms of "exclusive inclusion," in which the value of the individual is measured according to their bodily functionality and their adequacy to standards of productive normality.

Thirdly, disability is conceived from the logic of individualization and medicalization of the body. This means that difficulties or limitations are not understood as the result of social barriers or collective dynamics of exclusion, but as localized failures in the individual, attributable to their biology. In this way, ableism shifts the focus from social structures to the "deficient" body, legitimizing both medical intervention and the systematic exclusion of those who do not meet the values considered "able." As Barnes (17) points out, this proliferation of ableist values consolidates a social norm that marginalizes those who are perceived as lacking the necessary skills to participate fully in community life.

However, there are three trends that seriously compromise the relevance and fairness of the discourse:

The first drift can be described as "decontextualized abstraction" (18). This expression refers to the frequent use in certain philosophical and bioethical discourses of extreme cases —such as newborns or people with cognitive disabilities— as if they were mere theoretical cases, abstracted from their concrete reality. They are turned into "purely logical" examples to resolve bioethical dilemmas, ignoring the fact that their lives are immersed in support networks, care practices, and forms of relational agency that make their participation in the community possible. This operation, presented as conceptual

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anthropotechnical practices aimed at the unlimited optimization of life. Hygiene becomes a normative ideal that promises order and perfection but also has an exclusionary dimension: the impulse to purge the "imperfect" or "degenerate" leads to policies of control, eugenics, and biopolitics. In this way, hygienism functions as a utopia of cleanliness that, under the guise of care and prevention, naturalizes processes of exclusion and violence.

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neutrality, actually strips these people of their vital context and ends up obscuring the social, material, and emotional conditions that sustain their existence and their belonging to moral life.

From the perspective of disability philosophy (17,19,13), it is argued that human limitations should not be seen as errors to be eliminated, but as a constitutive part of human diversity. Disability does not necessarily prevent a full and meaningful life; it can even open up alternative forms of well-being, relationship, and meaning.

Secondly, a philosophical ableism emerges, which consists of turning rationality —autonomy, productivity, logical coherence— into the exclusive criterion of dignity, relegating those who do not fit into this category. From this perspective, the value of people is measured by attributes such as autonomy, productivity, or intelligence, which reinstates implicit hierarchies among human beings. This approach degrades the social and political status of those living with disabilities by reducing their recognition to an unfavorable comparison with a normative ideal of ability. This concept is rooted in modern ideals of rationality and linear progress, which have been criticized for their exclusionary nature and for rendering invisible diverse forms of agency, interdependence, and full life.[6]

On the other hand, it is necessary to question the idea, present in the logic of ableism, that a greater capacity to reason, feel, or communicate implies greater dignity, and that the opposite diminishes a person's value. People have diverse abilities, developed in different ways, and it cannot be justified that some are worth more than others or that there are "right" or "wrong" ways to exercise them. Similarly, there is no single valid way of reasoning, feeling, or communicating, but rather multiple ways that deserve equal respect. Furthermore, the difficulties faced by some persons with disabilities in developing their abilities do not stem solely from their individual conditions, but are often the result of —and almost always exacerbated by— a

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[6] As Benhabib (20) argues, since the 18th century, a "moral blindness" has been promoted with regard to the experience and moral needs of women, children, and other "non-autonomous others."

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social environment designed according to parameters that do not take them into account, or that consider them solely as subjects lacking full autonomy, thus limiting their access to goods and resources available to others (21).

Thirdly, the pursuit of physical and mental perfection leads to a dangerous medicalization of existence, which opens the door to new forms of eugenics, now legitimized under the discourse of individual freedom. However, health and well-being cannot be understood outside the socioeconomic, political, and cultural contexts that condition both access to healthcare and the processes of illness and recovery themselves.[7] Transhumanism tends to ignore these structural dimensions, obscuring how it is precisely these contexts that generate psychological suffering, exclusion, and moral harm (12). In this sense, the "technification of evil" shifts ethical and political questions to a biomedical and administrative terrain, where protocols and triage criteria prevail. In this way, questions about justice, recognition, and participation become subordinate to the logic of efficiency and control (18). The result is the reduction of disability to a technical problem to be solved, rather than being understood as a question of social structure and moral inclusion.

Recognizing vulnerability as a universal condition —albeit diverse in origin, degree, and manifestation— allows us to question the ableist logic, based on the belief in indefinite progress and linked to the idea of an autonomous, rational, independent, and always perfectible subject. The optimization of health establishes bodily hierarchies that privilege strong, autonomous, and dominant bodies, while relegating the "disabled" body to the category of abnormal, deviant, and undesirable.

This consolidates a symbolic division between "fit" and "unfit" bodies, where the disabled subject is perceived as a radical other: a

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[7] Along these lines, Braidotti (22) warns that the "ideology of fitness, health, and eternal youth" advances in parallel with increasing social inequalities, such as the lack of access to medical care for large segments of the population and the notable differences in mortality rates among children and young people from different social classes and ethnic groups.

problematic or deficient body that must be corrected, rehabilitated, or, in extreme cases, avoided.

4. The theory of personal tragedy

In the "transhumanized version of ableism" (6), disability is conceived as a "personal or family tragedy" that must be avoided at all costs (12), rather than being recognized as a legitimate form of human existence. This view hierarchizes lives according to productivity or health conditions and tends to implicitly deny the full humanity of those who do not meet standards of functional excellence. The result is attitudes of devaluation, humiliation, or even contempt toward these individuals (12), which consolidate a social order in which life with disability is placed on the threshold of the unacceptable or expendable.

In the specialized literature, three models have been distinguished for understanding disability.8 The medical model conceives of disability as an individual deficit derived from "defective" bodies or minds, which must be 'prevented' through reproductive technologies or "corrected" through medical interventions such as surgery, drug treatments, or other clinical practices (13). From this perspective, disability becomes a problem to be solved, an anomaly that requires correction or, failing that, containment. The social model shifts the focus to the structural, cultural, and physical barriers that prevent full participation: it is not the body that disables, but the environment.[9] Finally, the biopsychosocial model seeks to integrate both dimensions, recognizing physical limitations but contextualizing them within psychological, social, and environmental factors.

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[8] This classification is not unanimous. For example, Zerega *et al*. (23) distinguish three approaches to disability: medical, social, and crip.

[9] For example, it is not the fact that I cannot walk that prevents me from participating in society —such as entering a building to take a class, attend a meeting, or go to work— but the fact that the building has stairs instead of ramps or that the elevator is not working today.

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The *bioideological* discourse of transhumanism takes up and amplifies the medical model by interpreting functional limitations as biological failures that must be corrected or eliminated. In this way, not only are social and critical roles ignored, but vulnerability as a constitutive dimension of being human is also denied, putting bodily diversity at risk.

The medical model, which is "rehabilitative" in nature, classifies and corrects bodies according to what they 'can' or "cannot" do, interpreting disability as a personal tragedy, a condition that must be corrected —even if it cannot always be cured— and that must be addressed through the rehabilitation and medical industries (14,24).

This approach rests on two assumptions, one negative and one positive. On the one hand, it recognizes that human life never achieves complete self-sufficiency, since human existence is vulnerable and relational. But, on the other hand, it is based on a modern premise: the idea that there are certain abilities considered intrinsically valuable —such as autonomy or functionality— that must be possessed, preserved, or acquired. Thus, *ableism* becomes a requirement for progress, identifying a person's value with their degree of competence, effectiveness, or independence within the framework of a productive and competitive logic.

In response to this, it is necessary to reclaim the bodily dimension of human identity: we cannot know existence without being rooted in our bodies. To think of the body from a capacitist perspective is to think of oneself and others in terms of deficiency, as simply misplaced matter that needs to be discarded, or at least cleaned up (19). Disabled people cannot be thought of in negative terms.

As Nussbaum (24) and Campbell (19) remind us, all human beings are virtually disabled in two ways: on the one hand, in the sense that the values of "able-bodied" bodies are intrinsically impossible to embody completely and, on the other hand, in the sense that the status of able-bodied bodies is always temporary, disability being the identity category that all people will embody if they live long enough and with which they have come into this world.[10]

5. Negative ontology

The conception of disability as a "personal tragedy" constitutes an undesirable existential state, in which the disabled person is reaffirmed in their condition as an ontologically inferior "other." However, not all functional diversity is disabling in all contexts: many forms of disability are generated directly by social dynamics themselves (25,24).

Campbell (14) has emphasized that as long as disability continues to be articulated within a "negative ontology," it will be impossible to conceive of the disabled subject as a *full*, *desiring*, or *positive* agent. This ontology of deficiency defines the person with a disability based on what they lack, preventing them from being recognized as a complete moral subject. On the other hand, their identity is defined in reference to what they are not, categorizing them as the "others" of reason (20). From this perspective, they are considered permanently "underage," condemned to a kind of "devalued citizenship" (26). Those who are unable to fulfill the ideals of "ableism" —self-sufficiency, efficiency, autonomy— are labeled as deviants because of their inability to assume the roles that society imposes on them.

This "ideology of normality"[11] not only defines people with disabilities by their shortcomings —their lack, deficit, deviation, or

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[10] Nussbaum's theory of capabilities constitutes an advance over Rawlsian contractualism, as it includes people with disabilities within the framework of justice. However, as Cuenca (21) warns, her approach is not fully inclusive: by setting a minimum threshold of universal capabilities, she runs the risk of leaving out those who do not reach it, indirectly reproducing a model of normality. From the critique developed here, this shows how even disability-sensitive approaches can continue to rely on an ability-based logic by linking dignity and belonging to predefined standards of ability.

[11] Rosato *et al*. (26) refer to the system of beliefs and practices that imposes a single, normative model of body, mind, and behavior considered desirable or acceptable in a society as the "ideology of normality." A body that is autonomous, productive, efficient, and without deficiencies is considered "normal."

absence— but also reinforces the image of *incompleteness* in those who do not have such conditions, implicitly equating them with "normal" people (26, p. 99). This logic reproduces a hierarchy of bodies and abilities where only some subjects are fully recognized as citizens and people.

On the contrary, we argue that autonomy must be understood in relational terms, since even core "abilities" such as reciprocity, responsibility, or authenticity can be exercised with support (27). Cooperation does not diminish moral agency but rather transforms it into a shared power that enables the inclusion of those who depend on mediation to participate in social life. Thus, the problem does not lie in a supposed lack of abilities on the part of people with cognitive disabilities, but rather in the rigidity of the ableist logic that imposes a single way of exercising those abilities, linked to individual independence.

On the one hand, the "negative ontology" of disability is based on medical categorization, which defines people in terms of deficiency or impairment. Under this view, disability is not interpreted as a legitimate variety of human being —what Wolbring (6) has called "variation of being"— nor as an expression of human biodiversity, but as a flaw that must be corrected or eradicated. Thus, the focus shifts to "fixing" the person through medical or technological interventions, or even to preventing more individuals with disabilities from being born, rather than promoting their recognition, acceptance, and full inclusion in society (6). This logic, focused on eliminating differences, renders the social and relational dimension of disability invisible and reduces the person's identity to an anomaly that must be overcome.

On the other hand, "negative ontology" leads to a form of "internal racism" or ableism, by assuming that certain groups of people possess natural qualities or "essences" that fix them in certain social positions. In this context, the biological or functional characteristics of people with disabilities become "abilities" or "limitations" that, in a supposedly objective way, make them more or less suited to certain duties or occupations (6). This essentialism naturalizes the hierarchization of human lives, legitimizing social structures that assign value and dignity based on productivity, efficiency, or social utility, thereby reinforcing practices of exclusion and marginalization.

6. Medicalization of moral evil

The transhumanist logic of moralizing human nature is not limited to physical attributes such as health, youth, or cognitive ability; it also extends to the sphere of ethical behavior. Moral virtue is no longer conceived as the result of a formative and deliberative process, but is now understood as a function that can be measured, diagnosed, and technically optimized.[12] The moral character of the individual is reinterpreted in biomedical terms, applying the same criteria of evaluation and improvement to ethical behavior as to any other biological trait.

This perspective leads to what can be called the "medicalization of moral evil": the tendency to explain ethically reprehensible actions as symptoms of a medical dysfunction or disorder rather than as free and responsible choices (29). In this model, the moral agency of the subject is dissolved and replaced by a biomedical paradigm, which attributes inappropriate behavior to neural dysfunctions, hormonal imbalances, or emotional deficits. This shift is not merely terminological, but involves a change in the interpretive framework: evil is no longer conceived as an ethical problem—a failure of deliberation, judgment, or responsibility—and is redefined as a biological phenomenon susceptible to diagnosis, treatment, or even prevention through technical interventions (29).[13]

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[12] Walker's "Genetic Virtue Project" (28) falls within this category, seeking to discover and improve human ethics through biotechnological genetic correlates of virtuous behavior. It argues that part of evil is a function of human nature.

[13] The naturalistic reductionism of morality is not exclusive to transhumanism: it is already found in traditions that explain ethical behavior as the result of external or biological mechanisms. Behaviorism, for example, interprets moral action from the

In this way, clinical language is gradually replacing moral language, establishing a logic in which immoral behavior is classified as a "disorder" and the clinical response is oriented toward medical "cure" rather than ethical deliberation, justice, or moral education. Ultimately, this shift carries a *bioideological* risk: shifting the problem of evil to the biology of the individual not only reduces the complexity of human action but also opens the door to a naturalization of morality, where the prevention of evil is entrusted to biotechnology or neuroscience rather than to the exercise of freedom and the cultivation of virtue.

This thesis presents at least three problematic consequences.

First, if certain immoral behaviors can be treated medically, this implies that immorality is conceived as a pathology susceptible to clinical intervention. This runs the risk of medicalizing all moral behavior, reducing ethical problems to mere biological dysfunctions and shifting personal responsibility to the clinical realm.

Second, there is the problem of distinguishing between correcting clearly immoral behavior and improving someone who already acts in a morally acceptable manner. Drawing this line requires a criterion of moral normality. However, transhumanist ethics —utilitarian and welfare-oriented— lacks an objective notion of the good, unlike virtue ethics. By relying on changing social values and the maximization of well-being, it introduces a profound relativization of morality, which renders any notion of "normality" unstable.

Thirdly, transhumanism presupposes that biological limitations constitute an obstacle to the realization of moral good. Furthermore, it starts from the premise that all human beings suffer from constitutive defects, understood as disabilities of various kinds, which reduce our well-being and hinder the achievement of a good life. In this way, human imperfection ceases to be an existential condition and becomes an object of technical correction.

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mechanisms of conditioning by reinforcement and punishment, while hedonistic and utilitarian conceptions interpret it as a calculation of pleasure and pain or of maximizing well-being. In all these cases, morality is understood as a product of stimuli and contingencies, rather than as an exercise of freedom and responsible judgment.

In this context, every person —not just those with disabilities— appears to be stripped of their moral capacity: it would no longer be the individual who chooses to be good or bad, but rather their nature —and, ultimately, their biology— that would determine this. However, as Negro (9) has pointed out, biology does not constitute an immutable destiny. Biological life is part of the realm of decision and choice and must be understood in terms of human freedom and responsibility.

7. Biological citizenship

Having analyzed how transhumanism tends to medicalize morality and reduce virtue to a set of improvable functions, it is necessary to examine the implications of this *bioideological* view of the human being.

Transhumanist discourse not only redefines what constitutes a good life or a virtuous person, but also who deserves to be recognized as a full citizen. By conceiving of the human body as a defective entity that must be corrected through technology, transhumanism shapes a new biopolitics centered on the continuous optimization of human capacities. This shapes a new form of biopolitics —a politics of bodies— oriented toward the functional perfection of life.

The concept of "biological citizenship," developed by Rose and Novas (30), describes emerging forms of social belonging and the assertion of rights articulated around wounded, medicalized, or enhanced biology. Instead of being based on traditional criteria —nationality, political participation, shared culture— this citizenship is constructed from the biological condition of the body. Thus, a new type of individual would be born: the *biocitizen*, who no longer demands rights because they are a member of a political community, but because of their physiological vulnerability or optimized medical status. This logic is consolidated through what could be called a "reconstruction of personal identity based on action on the body," that is, a subjectivity that is configured in the name of the ideal of health, understood not only as the absence of disease, but as an optimal state of physical, cognitive, and emotional well-being.

However, this form of citizenship, far from being neutral or inclusive, can become —if its foundations are not subjected to criticism— a tool of biotechnological exclusion. Equal rights and recognition are not guaranteed unconditionally but rather depend on the individual's compliance with biomedical standards of functioning. In this regime, human dignity ceases to be universal and becomes conditional.

First, this vision implies a symbolic division between two types of people (31,24): on the one hand, "autonomous" or "capable" individuals who have been enhanced or who conform to standards of functional normality; on the other hand, disabled or non-optimized people, perceived as flawed, incomplete, or deficient bodies. This classification not only reorganizes the social hierarchy but also generates a new order of citizenship: optimized bodies are considered full citizens, while non-optimized bodies risk being marginalized or treated as second-class citizens (6).

Secondly, the *bioideological* discourse of transhumanism introduces a misconception of the value of people with disabilities. As Gatti (32) warns, these people are not recognized for their intrinsic dignity, but tolerated as "damaged" life forms, whose legitimacy depends on their ability to evaluate their existence positively or aspire to improvement. Their value is subordinated to their potential for improvement, not to their status as moral subjects.

Thirdly, transhumanism promotes an idea of a good life based on instrumental and subjectivist goods —efficiency, longevity, self-control— which ignore or reject the human goods that derive from our finitude, dependence, and vulnerability. Jensen (33) argues that authentically human ethics are not based on the maximization of individual goods, but on "shared goods," those that can only be achieved and enjoyed in common, within the framework of community ties and social practices. These goods —such as friendship, justice, or political life— are intrinsically relational in nature, so that their value increases when shared and is not exhausted by private benefit. In contrast to the transhumanist tendency to reduce the good to parameters of individual optimization (health, longevity, efficiency), Jensen asserts that moral fulfillment is achieved through "collective participation in common goods," which structure both ethical and political life.

Fourth and finally, transhumanism makes a fundamental error in equating physical or cognitive disability with supposed moral incapacity. As Wasserman (34) warns, a person with intellectual disabilities may make better moral decisions than someone with high cognitive abilities. Similarly, many historical figures with traits considered "morally defective" made significant ethical or social contributions without having been biotechnologically corrected. Reducing virtue to mere biological functioning is an anthropological and ethical error.

Likewise, Silvers and Francis (27) argue that people with cognitive disabilities can also develop and express a conception of the good, provided they have adequate support. To this end, they introduce the model of "prosthetic trusteeship"[14] where other people act as cognitive extensions that facilitate the articulation of one's own good without replacing it. This support does not negate autonomy, but rather makes it possible in a relational sense, showing that agency does not depend on rational self-sufficiency, but can be exercised in cooperative schemes that extend the notion of autonomy beyond individual independence.[15]

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[14] Silvers and Francis (27) develop the notion of "prosthetic trusteeship" to account for how people with cognitive disabilities can participate in the construction of their own good without being reduced to passive dependence or paternalistic substitution. The trustee —whether a family member, caregiver, or collaborator— plays a role analogous to that of a prosthesis: they do not replace the subject or impose their own values, but rather facilitate and convey processes of reasoning, communication, and deliberation that the subject cannot perform independently, thus enabling the expression of authentically personal conceptions of the good. This is a form of assisted relational autonomy, which preserves the agency of the individual and recognizes them as a source of moral and political consideration.

[15] From a liberal perspective, it could be argued that technological interventions do not restrict but rather expand freedom: each added capacity increases the range of life

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Finally, we maintain a dual thesis: on the one hand, to face the challenge of truly valuing people with disabilities, recognizing their dignity, their intrinsic value, and their full membership in the human community, and, on the other hand, to simultaneously adopt measures aimed at preventing or limiting the onset of certain disabilities, when possible and ethically acceptable. This dual task requires deep ethical reflection, because it implies maintaining that the life of a person with a disability is equally valuable as any other, without this meaning giving up on reducing avoidable suffering or improving living conditions through prevention or medical intervention. Ultimately, it is a question of distinguishing between combating the suffering associated with certain conditions and devaluing the existence of those who already live with them.

8. Critical conclusion

Throughout this work, we have shown how transhumanism articulates a *bioideological* discourse that transforms the natural *telos* into an imperative of unlimited optimization. From this perspective, any limitation translates into a deficit, and disability is interpreted from the perspective of personal tragedy, as an evil to be avoided rather than a legitimate form of existence. This thesis is based on the logic of ableism, which establishes hierarchies of lives based on health or productivity, reinforcing processes of exclusion and devaluation.

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choices and, consequently, the autonomy of the subject. Preventing access to such interventions would, under this approach, amount to limiting their freedom of choice. However, this view tends to reduce freedom to the mere accumulation of capabilities and ignores the fact that autonomy is always relational, exercised in networks of support and cooperation. This is not to deny the importance of alleviating suffering or removing barriers that limit participation, but to emphasize that a person's intrinsic dignity does not depend on conforming to certain standards of ability. In this sense, living with a disability is not a deficit that must be corrected in order to be recognized as fully human, but a legitimate form of existence that deserves support and recognition.

Likewise, we have pointed out that transhumanism not only medicalizes disability, but also moral evil, conceiving it as a problem susceptible to technical correction and stripping it of its ethical and existential value. The so-called "negative ontology" of transhumanist discourse reduces vulnerability and finitude to eliminable biological failures, denying their constitutive value for the human condition.

Faced with this horizon, we maintain that it is necessary to recover a comprehensive understanding of disability and vulnerability as original dimensions of human life, not as errors to be suppressed. This requires critical bioethics that clearly distinguishes between the legitimate effort to mitigate suffering and the dangerous tendency to devalue lives that do not conform to the parameters of excellence.

The contribution of this study lies in showing that the core of transhumanism is not merely technical, but ideological: beneath the promise of emancipation lies a project that redefines what it means to be human according to the logic of capacity and optimization. A responsible alternative must involve an inclusive conception of biological citizenship that recognizes the interdependence, limitations, and intrinsic dignity of every person and can uphold an affirmative ethic in the face of the temptation to medicalize existence.

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