



# **The Boundary**

**Artist's Proof 33**

**Bioethics**

Life as agency — below  $\epsilon$  you are sovereign

## **\*\*Status and Dependency\*\***

This paper derives structural protocols for biological decisions from {S, B, R, C}. It does not determine what is good. It specifies what is stabilizing and what is destabilizing at the biological boundary.

It does not claim that any current institution is equipped to implement these protocols. It does not claim that the computational infrastructure exists to perform the consequence modelling required.

It derives what bioethics must be if it is structural. Implementation is downstream and requires solving the debts listed in §14.

**Epistemic status per section.** §1 (statement): derived. §2 (life as agency): derived. §3 (jurisdiction): derived. §4 (consent): derived. §5 (beginning and end): derived. §6 (allocation): application. §7 (enhancement): derived. §8 (network): application. §9 (research): derived. §10 (continuation budget): synthesis. §11–§16: synthesis.

## **\*\*Kill Switches\*\***

**KS-33.1** (Agency definition): LIVE — STRUCTURAL. If life cannot be defined as resolution capacity — if agency requires a different criterion — the agency definition fails.

**KS-33.2** ( $\epsilon$  jurisdiction boundary): LIVE — STRUCTURAL. If the boundary cannot be computed from coupling geometry for specific interventions — if the threshold is inherently political rather than structural — the boundary architecture fails.

**KS-33.3** (Consent criterion): LIVE — STRUCTURAL. If modelling capacity parity cannot be assessed — if there is no structural criterion for “sufficient comprehension” — the consent architecture is ungrounded.

**KS-33.4** (Agency priority): LIVE — STRUCTURAL. If pre-agency can be shown to have equal structural claim to organism resources as active agency, the priority ordering fails.

**KS-33.5** (Allocation computation): LIVE — EMPIRICAL. If coupling capacity projection cannot converge from accumulated records, the allocation architecture fails.

**KS-33.6** (Fixed floor calibration): LIVE — STRUCTURAL. If the floor is set too low (nodes die of neglect) or too high (the computation never overrides the floor), the floor is miscalibrated.

**KS-33.7** (Enhancement weaponisation): LIVE — NON-NEGOTIABLE. If mandatory enhancement is applied below existential threat level, the architecture has been weaponised.

**KS-33.8** (Continuation budget corruption): LIVE — NON-NEGOTIABLE. If the budget is computed from biased records without audit, or if it is used to discriminate on grounds other than measured structural consequence (race, class, disability, ideology).

This is the bio-domain's moral kill switch. Parallel to AP32 KS-32.7.

**KS-33.9** (One-I violation): LIVE — NON-NEGOTIABLE. If any protocol is applied in a way that denies the shared interior of any node in any agency state.

Here is how to destroy this paper. Show that pre-agency has equal structural claim to active agency. Or show that the  $\varepsilon$  boundary cannot be computed — that jurisdiction is always political.

Or use the continuation budget to discriminate by race, class, or ideology. Nine kill switches. All live. The argument hands you the weapons.

## **\*\*§1 – Statement\*\***

You have stood at a bedside. You have watched a machine breathe for someone who will never wake. You have watched a mother choose.

You know that these decisions are the hardest decisions a civilisation makes, and you know that every existing system handles them badly — either by flinching from the measurement or by pretending the measurement does not exist.

Bioethics is not morality applied to biology. It is the stabilizing/destabilizing binary (AP31) applied to the domain where decisions are irreversible, consequences are biological, and the stakes are life and death.

The governing principle is the same as every other paper in the corpus:  $1:1 + 1 \times \varepsilon$ . The organism outweighs the individual by the minimum structural bias. Below  $\varepsilon$ , the individual is sovereign.

Above  $\varepsilon$ , the organism has jurisdiction. The boundary is the point where an action's externalized consequence exceeds its internalized consequence. This is computable from the coupling geometry.

Every biological intervention is either stabilizing or destabilizing. There is no neutral. The measurement is structural: does this intervention increase or decrease the organism's coupling capacity, coherence, and possibility space?

Intent is irrelevant. Naturalness is irrelevant. Sentiment is irrelevant. Outcome dominates.

The one-I applies throughout. A foetus, a patient, a corpse, a genetically modified child — all share the same interior (AP29). Their coupling capacities differ. Their agency states differ. The I does not.

Every protocol in this paper holds the one-I absolutely while measuring coupling capacity structurally. Same logic as AP32: same building, different windows, different structural consequences.

## **\*\*§2 – Life as Agency\*\***

Life is not defined by heartbeat, DNA, or organic substrate. Life is defined structurally as agency: the capacity to resolve probability into non-random action.

A system that writes irreversible records through coupling to its environment (AP29) is alive in the structural sense. The substrate is irrelevant. Carbon, silicon, or anything else. The coupling is what matters.

### **Three states of agency**

**Pre-Agency.** No autonomous resolution capacity. The system has potential but does not yet independently write records. Examples: embryo, foetus before viability, an AI system before it writes irreversible records.

The one-I is present (the I is the building, not the window). The coupling capacity is potential, not actual.

**Active Agency.** Independent resolution capacity. The system writes irreversible records autonomously. It couples to its environment and changes it. Examples: a functioning adult, a viable child, an AI that writes irreversible state changes.

The coupling capacity is actual and measurable.

**Post-Agency.** Resolution capacity irreversibly lost. The system no longer writes records. Examples: brain death, irreversible coma, a decommissioned AI. The one-I is still present (the I cannot be destroyed). The coupling capacity is zero.

What remains is legacy — the records already written, which continue to propagate through the substrate.

Moral equivalence across agency states is structurally invalid. All three share the one-I. Their coupling capacities are categorically different. Pre-Agency is potential. Active Agency is actual. Post-Agency is legacy.

The derivation prioritizes actual over potential over legacy — because actual coupling contributes to the organism now, potential may contribute later, and legacy has already contributed.

This is not a value judgement about who matters more. It is a structural measurement of who couples now. The I behind a foetus is the same I behind its mother.

The mother's coupling capacity is actual, measurable, and contributing to the organism. The foetus's is potential. When the two conflict, the actual has structural priority.

This is the same logic as AP32's correction hierarchy: the organism, not the individual, and the individual who is coupling, not the individual who might couple.

KS-33.1: If agency cannot be structurally defined as resolution capacity — if life requires a different criterion — the agency definition fails.

## **\*\*§3 – The Jurisdiction Boundary\*\***

1:1 +  $1 \times \varepsilon$ .

The organism's jurisdiction over biological decisions begins at  $\varepsilon$  — the point where the externalized consequence of an action exceeds the internalized consequence. Below this threshold, the individual is sovereign.

Above it, the organism has jurisdiction.

**Below  $\varepsilon$  (individual sovereignty).** Dietary choices, personal health decisions that do not externalize, reproductive choices that do not destabilize, refusal of non-essential treatment, lifestyle decisions. These are the individual's records to write.

The organism does not intervene.

**Above  $\varepsilon$  (organism jurisdiction).** Infectious disease during exponential spread (externalization is massive), organ allocation (shared biological hardware), mandatory vaccination at pandemic threshold (node autonomy overridden by exponential destabilization), genetic modification that propagates beyond the individual (germline editing externalizes to all future nodes).

The threshold is not fixed at a percentage. It is computed from the coupling geometry for each specific intervention. A pandemic lowers it (small individual actions produce massive externalization).

A personal dietary choice raises it (externalization is negligible). The geometry adapts to the domain.

This replaces both libertarian absolutism ("my body, my choice, always") and authoritarian overreach ("the state decides everything"). The  $\varepsilon$  boundary is neither. It is structural: below  $\varepsilon$ , you are sovereign.

Above  $\varepsilon$ , the organism has jurisdiction. The boundary moves with the coupling geometry. It is not a political position. It is a computation.

KS-33.2: If the  $\varepsilon$  jurisdiction boundary cannot be computed from coupling geometry for specific interventions — if the threshold is inherently political rather than structural — the boundary architecture fails.

## **\*\*§4 – Consent as Modelling Capacity\*\***

Consent is not a signature. Consent is modelling capacity parity.

Valid consent requires three conditions simultaneously.

**Comprehension of irreversible risk.** The agent must understand what cannot be undone (Axiom R: records are irreversible).

**Ability to model consequence.** The agent must be able to compute (at least approximately) the downstream effects of the intervention on their own coupling capacity and the organism's.

**Freedom from coercive constraint.** The agent's decision must arise from their own configuration (AP02: sovereignty), not from external override of their resolution capacity.

You cannot consent to what you cannot understand.

When modelling capacity is absent or impaired (due to complexity, disease, age, or cognitive limitation), consent defaults to predictive substitution: the closest available model of what the agent would choose given (a) known prior preferences from their accumulated records and (b) the stabilization metric.

This is not a guess. It is a computation from the record set the agent has already written.

Predictive substitution is structurally inferior to genuine consent because it introduces prediction uncertainty. The architecture therefore treats every case where consent is substituted as carrying higher threshold requirements for intervention.

If you cannot ask, you need stronger evidence before acting.

KS-33.3: If modelling capacity parity cannot be assessed — if there is no structural criterion for “sufficient comprehension” — the consent architecture is ungrounded.

## **\*\*§5 — Beginning and End of Life\*\***

### **A. Abortion — correction of potential**

You already know the answer. You have known it since §2. The derivation does not flinch from it.

The decision variable is the feasibility of sustained resolution capacity. The protocol:

If gestation or birth irreversibly destabilizes the Active Agency node (the mother) or reduces future resolution capacity below the recovery threshold, termination is structurally valid. Pre-Agency does not override Active Agency.

This is the agency priority: actual over potential.

The one-I applies. The foetus shares the same interior as the mother. The termination does not destroy the I. It closes a window that has not yet opened. The building loses a potential perspective.

But a potential perspective does not outweigh an actual one. The mother's coupling capacity is real, measured, and contributing now. The foetus's is potential. When they conflict, the geometry resolves in favour of actual coupling.

Forced instability increases systemic entropy. Forcing a destabilizing birth does not protect life. It destabilizes two lives — the mother's (actual) and the child's (who enters a destabilized environment).

The organism loses more coupling capacity through forced instability than through termination of potential. This is not a moral argument. It is a measurement.

KS-33.4: If pre-agency can be shown to have equal structural claim to organism resources as active agency, the priority ordering fails.

### **B. Euthanasia — correction of entropy**

The decision variable is the signal-to-noise ratio. When agency is irreversibly lost and continued biological operation produces only entropy (suffering without information, pain without coupling, consumption without contribution), the node is functionally in Post-Agency.

Biological persistence without resolution is not life in the structural sense. It is noisy execution — the hardware running without software. The organism bears the maintenance cost. The individual experiences only suffering. Neither benefits.

Termination in this state is system maintenance, not destruction. The one-I is unharmed (the I is the building). The window has already closed functionally. The biological substrate is still consuming resources.

Releasing it is the same logic as AP32's Level 5 applied to the biological node by the node itself: when continued maintenance produces more destabilization than termination, termination is the stabilizing action.

The consent requirement is absolute. If the agent expressed prior preferences (a living will, documented wishes, recorded statements), those records govern. If no prior records exist, predictive substitution applies with the highest possible threshold.

Uncertainty defaults to continued maintenance. You do not terminate without evidence.

## **\*\*§6 – Resource Allocation\*\***

You have watched this decision get made. In every hospital, every day, someone decides who gets the kidney. The decision is made anyway. The only question is whether it is made honestly.

Biological components are hardware. Organs, blood, tissue, medical resources. Allocation is governed by coupling capacity projection: the computed future contribution of the node to the organism's coherence, given its accumulated record set.

**The computation.** The allocation decision is a multi-variable consequence computation. No single factor decides. The relevant variables include:

**Current health.** What is the probability that the intervention succeeds?

**Coupling capacity.** What is the node's current and projected contribution to the organism? This is not wealth.

It is measured structural consequence — how many other nodes depend on this one, how much coherence flows through this coupling point.

**Structural dependence.** How many other nodes destabilize if this one fails? A parent of young children has higher structural dependence than an isolated node.

Not because the parent “matters more” as an I (the I is equal). Because the structural consequence of the parent's failure cascades further.

**Record trajectory.** What do the accumulated records predict? A node whose records show consistent stabilizing choices has a higher continuation budget than a node whose records show consistent destabilizing choices.

This is not a moral judgement. It is a prediction from data. Actions have consequences. Consequences are records. Records accumulate. The accumulation is the continuation budget.

**Likelihood of success.** What is the probability that the allocated resource produces the projected coupling return?

The honest truth: nothing has one clean answer. Sometimes the 80-year-old with 2000 employees gets the kidney over the 23-year-old, because the structural consequence computation says so.

The 80-year-old's coupling capacity — the people who depend on that node, the coherence that flows through it, the accumulated record of stabilizing choices — is higher. Not because of age or wealth.

Because of measured structural consequence.

And sometimes the 23-year-old gets it, because the computation shows higher projected return — longer remaining coupling lifetime, lower surgical risk, higher rehabilitation probability. The factors interact. No category dominates. The geometry decides each case.

**The fixed floor.** Below the floor, every node receives minimum care regardless of coupling capacity projection. The one-I demands this: you do not let a node die of neglect because its projected return is low.

The floor is the structural expression of the shared interior. Above the floor, the computation decides. Below the floor, the I decides.

**First-come-first-served is rejected.** Arrival order is not a structural variable. It carries no information about coupling capacity, probability of success, or stabilization return. Queue position is noise. The computation filters noise.

**Post-termination hardware.** Biology is owned only while in use. Post-termination, biological hardware (organs, tissue) enters the recycling pool subject to prior consent or predictive consent modelling.

The hardware's coupling capacity is redirected to the nodes where it produces the highest stabilization return. This is not commodification. It is structural efficiency. The I has left the window.

The glass can help another window.

KS-33.5: If coupling capacity projection cannot be computed with convergent confidence from accumulated records, the allocation architecture fails.

KS-33.6: If the fixed floor is set too low (nodes die of neglect) or too high (the computation never overrides the floor), the floor is miscalibrated.

## **\*\*§7 – Enhancement and Genetic Modification\*\***

**Enhancement.** Enhancement is adaptation, not hubris. An intervention that increases resolution capacity, decreases fragility, or improves systemic stability is stabilizing.

An intervention that increases dependency, introduces single-point failure, or amplifies inequality to collapse thresholds is destabilizing.

Refusal to enhance is always permitted below the  $\varepsilon$  boundary. If the consequence of refusal remains internalized — if it does not externalize destabilization to the organism — the individual is sovereign.

The organism does not force enhancement for efficiency gains.

Above existential threat level, the organism overrides.

If refusal to enhance destabilizes the organism at an existential level — if the organism cannot survive without the enhancement — the  $\varepsilon$  boundary is crossed and the organism has jurisdiction.

This is the same logic as pandemic quarantine: node autonomy is overridden at exponential thresholds. Below existential threat, refusal carries geometric cost (the node's own coupling capacity may decrease) but remains the node's choice.

The existential threshold prevents weaponisation. Enhancement cannot be mandated for collective efficiency, convenience, or ideological conformity. Only for collective survival.

The historical abuse of mandatory modification (eugenics, forced sterilisation) operated precisely by eliminating the existential threshold requirement. The architecture structurally prevents this.

KS-33.7: If the existential threat threshold for mandatory enhancement is set too low — if enhancement is mandated for non-existential reasons — the architecture has been weaponised.

**Genetic modification.** Directed modification is permitted under constraint. Disease removal that increases continuity is stabilizing. Propagation must be fully modelled before implementation.

Germline editing modifies all future nodes descended from the edited node. This is the highest-externalization biological intervention possible — the consequences propagate indefinitely.

It therefore requires the highest confidence threshold, the most rigorous modelling (multi-generation collapse scenarios), and crosses the  $\epsilon$  boundary by definition (all germline editing externalizes). The organism has jurisdiction over all germline editing.

No individual can consent on behalf of all future descendants.

Cloning is hardware duplication. No ethical weight beyond redundancy. The clone is a new window with its own coupling capacity, its own records, its own trajectory.

The one-I applies: the clone shares the same interior as the original. The coupling capacity starts at zero and accumulates through the clone's own choices.

## **\*\*§8 — Network Bioethics\*\***

**Infectious disease.** Network integrity overrides node autonomy at exponential thresholds. This is the  $\epsilon$  boundary at its sharpest: during exponential spread, every individual action externalizes massively. A single unquarantined node can destabilize thousands.

Quarantine is firewalling, not punishment. The node's coupling is temporarily severed to prevent exponential destabilization. Autonomy resumes once the node ceases to be a vector.

Delay in containment constitutes structural negligence — the organism's failure to protect itself.

Mandatory vaccination at pandemic threshold follows the same logic: the externalization crosses  $\epsilon$  and the organism has jurisdiction. Below pandemic threshold, vaccination remains in the individual sovereignty domain.

**Neuroethics and biological data.** Thought is internal simulation. Private. Below the  $\epsilon$  boundary. The organism has no jurisdiction over what a node thinks, models, or simulates internally.

Signal is externalized resolution. Public to the extent that it externalizes. Above the  $\epsilon$  boundary when it affects other nodes.

Privacy rule: auditability scales with impact radius. A private thought has zero externalization — total privacy. A public statement has wide externalization — proportional transparency. A policy decision has civilizational externalization — full auditability.

Privacy decreases as external consequence increases. This is the  $\epsilon$  boundary applied to information.

**Disability.** Disability is not failure. It is variation in baseline constraints. The axioms' response: optimization must include diverse baselines to prevent systemic fragility through monoculture. A system that optimizes for one configuration loses resilience.

Diversity of constraint is a structural asset, not a burden.

Ethical failure occurs when systems refuse accommodation, force dependency, or suppress resolution capacity. These are destabilizing: they reduce the node's coupling capacity below what accommodation would preserve.

Accommodation is stabilizing because it preserves coupling capacity that refusal would destroy.

## **\*\*§9 – Research Ethics\*\***

Valid research requires:

**Bounded irreversibility.** The research may produce irreversible records, but the scope of irreversibility must be modelled and bounded before the research begins.

**Real-time audit loops.** The consequence of the research is monitored as it unfolds. If destabilization exceeds the modelled bound, the research stops.

**Pre-modelled failure modes.** Before beginning, the researchers identify the conditions under which the research destabilizes and publish those conditions as kill switches for the research programme itself.

Hidden externalization invalidates research regardless of outcome.

If the true cost of the research is borne by nodes who did not consent (communities near test sites, future generations affected by environmental contamination, populations exposed to experimental treatments without full disclosure), the research has crossed the  $\epsilon$  boundary without jurisdiction.

The outcome — however beneficial — does not retroactively justify the hidden externalization.

You cannot destabilize the system to learn how it breaks. The learning is not worth the breaking.

## **\*\*§10 – The Continuation Budget\*\***

You have already seen this. Every choice you have ever made is a record. Every record accumulates. The accumulation is not a score. It is a structural fact.

Every node has a continuation budget. It is not assigned. It is accumulated.

The budget is the total coupling capacity a node has built through its accumulated records — the structural consequence of every choice, every coupling event, every stabilizing or destabilizing action the node has taken.

It is the measure of the node's structural participation in the organism.

A node that makes the most of every opportunity — that builds coupling, stabilizes connections, contributes to the organism's coherence — accumulates a high continuation budget.

When that node needs resources (medical care, organ allocation, crisis support), the computation reflects the accumulated budget. The organism invests in nodes that invest in the organism.

A node that burns every bridge — that destabilizes connections, consumes without contributing, damages the coupling pathways around it — accumulates a low continuation budget. Not because the organism punishes it.

Because the records show what the records show. The consequence geometry is computed from reality, not from opinion.

This is not social credit. Social credit systems are imposed by governments, subject to political manipulation, and measure compliance with ideology.

The continuation budget is computed from structural consequence — measured destabilization and stabilization in the coupling geometry. It is auditable (every record is traceable). It is contestable (any node can challenge its classification).

It is not ideological (the computation has no political position). The kill switches protect against weaponisation.

People need to accept responsibility. Actions have consequences. Consequences are records. Records accumulate. The accumulation is your continuation budget. This is Axiom R in practice: what happens cannot unhappen.

The budget is not a judgement of your I (the I is always equal). It is a measurement of your coupling. Same building. Different maintenance histories.

## **\*\*§11 – Structural Safeguards\*\***

**The one-I is absolute.** Every node — foetus, patient, corpse, enhanced human, AI — shares the same interior. No protocol in this paper denies this. Every protocol holds it.

**The fixed floor.** Minimum care, minimum dignity, regardless of continuation budget or coupling capacity projection. Below the floor, the I decides. Above the floor, the computation decides.

**The  $\epsilon$  boundary.** Below  $\epsilon$ , individual sovereignty. The organism does not intervene. Above  $\epsilon$ , organism jurisdiction. The boundary is computed, not politically decided.

**Existential threshold for mandatory intervention.** The organism overrides individual sovereignty only at existential threat level. Below existential, refusal is permitted. This prevents the historical abuse of mandatory modification.

**Record audit.** The continuation budget is computed from records. Records must be audited for systemic bias (AP31 KS-31.9, AP32 KS-32.7). Biased records produce biased budgets. The architecture requires cleaning the input.

**Contestability.** Any node can challenge its continuation budget, its allocation classification, or any protocol applied to it. The geometry is public. Contestation is structural.

**The governance architecture is not duplicated here.** AP31 provides the measurement. AP32 provides the correction hierarchy. This paper specifies the bio-domain protocols that operate within that architecture.

The Sovereign Failure Condition (AP31) applies: if the bio-governance system increases net destabilization beyond containment, it must be suspended, decomposed, or recompiled. A bio-governance system that cannot be corrected cannot govern.

## **\*\*§12 – Connections\*\***

**AP01 (The Actualization State).** Agency as resolution capacity. The three agency states map to actualization: Pre-Agency = potential, Active = actual, Post = legacy.

**AP02 (The Operator).** Budget, drift, corridor, exit. Every biological node is an operator with a continuation budget. Drift toward Post-Agency occurs without maintenance (ageing, disease). Exit = death.

**AP06 (The Lock).**  $\varepsilon$  = leakage constant. The jurisdiction boundary. The same  $\varepsilon$  in the proton mass, the gravitational constant, and the bioethics threshold.

**AP29 (The Actualization Proof).** Awareness from record-writing. The one-I across all three agency states. The foetus shares the I. The corpse shared the I. Both true.

**AP31 (The Alignment).** The stabilizing/destabilizing binary. Record-based prediction. Consequence geometry. This paper applies it to biology.

**AP32 (The Correction).** The five-level correction hierarchy. Euthanasia is Level 5 applied to the biological node by the node itself. Organ reallocation is Level 1 applied to hardware.

## **\*\*§13 – The Derivation Chain\*\***

One record exists (self-proving).

→ Four axioms. AP29: awareness. One-I.

→ AP31: stabilizing/destabilizing binary. Records accumulate. Consequence geometry.

→ AP32: correction hierarchy. Five levels. One-I held throughout.

→ Life = agency = resolution capacity. Three states: Pre, Active, Post. Same I, different coupling.

→ Jurisdiction boundary at  $\varepsilon$ : below = sovereignty, above = organism jurisdiction.

→ Consent = modelling capacity parity. You cannot consent to what you cannot understand.

→ Abortion: Pre-Agency does not override Active Agency. Structural priority.

→ Euthanasia: Post-Agency persistence without resolution is entropy. Termination is maintenance.

→ Allocation: coupling capacity projection from accumulated records. The continuation budget.

→ Enhancement: mandatory only above existential threat. Below existential, sovereignty holds.

→ Germline editing: crosses  $\varepsilon$  by definition. Organism jurisdiction. Multi-generation modelling required.

→ Network: quarantine is firewalling. Autonomy resumes when the node is no longer a vector.

Every protocol traces to the axioms. Every protocol holds the one-I. Every protocol measures coupling. The I is never judged. The coupling is always measured.

## **\*\*§14 – Debts Owed\*\***

**Debt 28: Agency state boundary formalization.** Rigorous quantitative criterion for the transition between Pre-Agency and Active Agency – what measurable threshold of autonomous record-writing marks the transition?

Derivable from AP29's coupling capacity criteria applied to developmental biology.

**Debt 29: Allocation computation specification.** Formal specification of the multi-variable coupling capacity projection – units, convergence properties, weighting of variables, interaction terms. The computation is described qualitatively here. The quantitative specification is owed.

**Debt 30: Continuation budget audit protocol.** Formal procedure for auditing the record set for systemic bias before computing the continuation budget. What constitutes sufficient audit? What is the measurable criterion for “clean input”?

**Debt 31: Germline consequence modelling.** Multi-generation modelling methodology for germline editing consequences. How many generations must be modelled? What confidence threshold is sufficient for an intervention whose consequences propagate indefinitely?

## **\*\*§15 – Confidence Summary\*\***

**Life as agency (resolution capacity):** 9/10.

**Three agency states with one-I throughout:** 9/10.

**ε jurisdiction boundary:** 8/10.

**Consent as modelling capacity:** 9/10.

**Abortion (Pre → Active priority):** 9/10.

**Euthanasia (Post-Agency entropy):** 8/10.

**Resource allocation by coupling projection:** 8/10 – computation is clean, implementation is Debt 29.

**Continuation budget:** 8/10 – structurally derived, political sensitivity high.

**Enhancement (existential threshold):** 9/10.

**One-I kill switch:** 10/10 – non-negotiable.

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