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SuperDoctors: A Consideration of Virtue Ethics and Human Enhancement

Rosa Dale-Moore

Much of the technology used in today's society could be considered enhancements under some framework. Human uses of substances and practices such as caffeine, meditation, brain training apps and creativity courses, plus countless other extracurricular activities and products all force the human body to be its best, or even past its best. The need for ethical consideration arises when deciding the uses for technology and enhancements. This paper will consider the ethics of human enhancement with regards to the specific profession of physician under the framework of virtue ethics.

The ethics of human enhancement is a massive topic, but when enhancements are based around a specific profession, like the military, or the medical field, it makes sense to examine the ethics in a way that takes both the agent, the enhanced person, and the agent's profession into account. Virtue ethics works really well to evaluate professional enhancement because it does this very job, making sure that an enhancement does not over step its bounds and change the agent's fundamental beliefs about her actions. The literature surrounding human enhancement in the work place often centers on military applications, but another application is the medical field. Physicians are already high skilled, extensively trained, and generally overworked individuals. It only makes sense for them to receive enhancements for their job, especially because that job is to practice benevolence and save lives. Because of these factors, I argue that virtue ethics should be used to evaluate physician enhancement alongside military enhancement.

Human enhancement necessarily requires several assumptions. The first is an assumption of a bio statistical norm (Savulescu 2011, 171). The 'normal' human body is a tool in determining treatment from enhancement, a distinction that is crucial in this argument. A

spectrum of enhancement as laid out by Julian Savulescu in his book, *Enhancing Human Capacities*, is as follows: curing a disease or eliminating a disability, which would be called negative medical interactions; improving humans with a natural variation; and enhancement proper, which takes a human past what is absolutely normal (2011, 274). For example, soldiers choosing to drive a vehicle that is modified to drive for days without stopping is not enhancement, simply utilization of tools, or a physician with ADHD to take Ritalin as treatment is not enhancement, rather it is treatment.

Nick Bostrom and Julian Savulescu write in a joint introduction on the state of human enhancement ethics, that the debate surrounding human enhancement needs to be developed simultaneously in two directions: that is, downwards and upwards (2008, 19). The downwards direction would be to focus on more specific and practical issues of enhancement. The upwards direction, on the other hand, demands an intense interrogation of the ethical and practical challenges that plague an enhanced society. For the purpose of this paper, the enhancement of physician deals with the upwards direction, while there are aspects of the downwards direction involved in the argument.

On that note, defining an enhancement versus a non-enhancement requires an examination of many factors. There are many delineations we could use, many of which Patrick Lin et al. describe in their chapter on Military Human Enhancement. They settle upon a working definition: an enhancement is a medical or biological intervention to the body designed “to improve performance, appearance, or capability besides what is necessary to achieve, sustain or restore health” (Lin et al. 2016, 139). This paper will use this definition because it includes many demarcating factors which lend themselves to ethical considerations of human enhancement.

Defining a human ‘norm’ is an elusive process wherein context, potential, and circumstances are often needed to delineate enhancement from non-enhancement.

Using the definition of Lin et al., it is possible to evaluate some applied enhancements. Bioengineering technologies are techniques that can be used not only for treating illness and disability, but also for enhancing human characteristics and capacities. As mentioned, many of these technologies are already in existence. Some examples of enhancement technologies today include: drug-induced enhancement (doping and performance-enhancing drugs), medical implants, neurostimulation devices, supplements. Another category of enhancement technologies are consumables, or functional foods, that improve mental functions such as cognition, memory, intelligence, motivation, attention, concentration. Additionally, computers, including cell phones, can be considered enhancement technologies because of the assistance they offer humans in everyday tasks. More futuristic technologies include human genetic engineering, neural implants, nanomedicine, and brain–computer interfaces. These types of technologies could easily be used in a myriad of ways in the military, medical field, and many other professional applications, as could many hypothetical technologies such as mind uploading, the process of uploading the data comprising a conscious mind from a brain to a non-biological substrate like a hard drive by scanning and mapping a biological brain in detail and copying its state. However, just because a technology is in use, or will be in use in the future and working as an enhancement, does not mean it is ethical.

The US military has been using enhancements for quite some time. Lin et al. point out in their work that the US military, as well as militaries around the world use have histories of using intense physical training to push soldiers beyond what is considered normal for humans (2016, 6). Bioengineering technologies are a current and obvious progression of this trend. Along the

same lines, soldiers often use nutritional supplements and minor or major stimulants like coffee to boost their productivity, metabolism and strength past normal. Lin et al. used an event in 2006 through the Department of Defense called “Human Performance Optimization” to illustrate the US Army’s use of human performance enhancement (2016, 6). The administrators who attended this conference recognized how a ‘total force fitness’ program would serve the Army, and be used to push past the human needs of the military to be prepared for unforeseen challenges and new missions. Bioengineering enhancement can fit very clearly into this program, and this example illustrates how enhancements can be, and are, being used for military applications.

To analyze the ethics of military enhancement, ethicists often use virtue ethics, a brand of philosophy which assumes that the actions of a courageous soldier in battle are necessarily different from how that same soldier acts when she is acting courageously at home. This paper will apply Julian Savulescu’s and Patrick Lin’s arguments about military enhancement to the argument concerning physician enhancement. Virtue ethics works particularly well in this case because it is commonly used in cases of professional ethics. The virtuous agent, in this case the soldier, is what Savulescu calls “prudentially wise,” which means that she can respond morally to the different situations placed before her and adapt accordingly. The salient question in these types of cases asks of the soldier’s ability to continue to exhibit prudential wisdom when enhanced, or if her actions will be altered in a way that is not in accordance to her virtue. Using virtue ethics, the latter case would be ethically impermissible.

In most ethical cases, virtue is understood as a state of character, or a disposition that promotes an agent’s performance of virtuous actions (Lin et al. 2016, 148). These virtuous actions arise not from an ingrained character trait, but from a created state that lead to the agent making a choice of ‘the good’ versus ‘the bad’. Virtue arises from many places, including

habitual commitment to the practice of ‘right actions’, which comply with the agent’s feelings, perceptions, and beliefs. When used in this context, individual virtues contribute to the agent’s possession of “virtue” (Lin et al. 2016. 148).

The first consideration in virtue ethics regarding enhancement is how to determine a ‘virtuous’ enhancement. For example, some enhancements might make soldiers more likely to risk their lives in the name of the military, which makes the enhancement not virtuous, but courageous. Lin writes that a virtuous action must first come from a person’s own morality, it is not just created. If this is not achieved, the actions which are committed while a person is enhanced are not attributable to the character of the soldier. If it is true that virtue and character matter in military ethics, then the impact an enhancement has on a soldier matters very much. However, if the enhancement of a soldier leads to her acting in ways which disallow her from adapting behavior to the situation and understand what is appropriate, the enhancement impedes not only virtue, but also courage. Additionally, virtue assumes that there is flexibility to use an agent’s judgment in different situations and adjust appropriately: an enhancement that irrevocably changes an agent’s behavior will inhibit her ability to function virtuously in some circumstances and, by extension, threaten her ability to lead a virtuous life.

The framework of virtue ethics is very applicable to enhancement of persons for the purpose of their profession. Specifically, the enhancement of physicians lends itself to a virtue ethics argument because of the complexity of regarding the virtues of physicians as separate when the physician is working versus when she is not working. Like most professionals, doctors are not doctors during every second of their lives. The agents in these examples go home to their families, they are not robots built specifically to do this job without outside stimuli, they are enhanced humans who have personal lives and goals beyond those associated with any

profession. Virtue ethics, which are used in military enhancement, should be applied to physician enhancement as well, even though the virtues of a physician and soldier are different. Virtue ethics works well because the worry that enhancement may fundamentally change the way the agent thinks and acts is one and the same between military personnel and physicians. Additionally, the ethics of enhanced physicians is crucial, because it is a likely progression of the human enhancement movement as is military enhancement.

To begin an ethical analysis of human enhancement in the workplace using virtue ethics, it is necessary to define what a virtuous enhancement could be in practicality. If virtue ethics applies to the case of an enhanced person who is a physician, she might receive cognitive enhancement, as well as a technology which limited her need to sleep or eat as often as other people, and therefore allows her to work longer, and treat more patients, more effectively. However, using virtue ethics, the enhancement of a physician would not be permissible if she is unable to adjust her actions for the times when she is not working, or for variable circumstances when she may want to act in a way that does not align with her enhancement. If the physician were to take a pill that keeps her awake, as many physicians do, that pill would wear off, and she would be back to her normal state. However, the worry is that the pill she took will alter her moral state while she is enhanced. In this example, even when the pills wear off, if the agent made decisions that do not follow her personal virtue because of her enhancement, that enhancement impermissible under virtue.

While there exists a simple argument that if an enhancement makes the agent willing to expose herself to harm in her profession, it is not a promotion of virtue, there is more that needs to be said. There is a deeper dimension regarding that argument which requires discussion. A true virtuous enhancement must actually stem from the agent's moral views and history. Just

because a trait, enhanced or otherwise, is present in an agent does not necessarily mean that it is a virtuous trait, if it does not align with her moral views. A virtuous enhancement will align with, and allow the agent to live out, her own moral views. For example, a virtuous enhancement might be a physician who is able to access huge databases of treatment options which are connected with her brain, but she is also free to choose an option that may not be recommended by the database, for any reason, such as expense, personal knowledge and experience, or patient request. This enhancement would be ethically permissible using a virtue ethics framework.

Objections to virtue ethics focus primarily on critiques of the theory of virtue. The first as related to human enhancement is that the majority of virtue ethics uses fundamental assumptions having to do with the self. In virtue ethics, the ‘virtue’ arises from personal beliefs and experiences and does not necessarily include the wellbeing of others. Morals on the other hand, require a consideration of others on their own merit, not just because others may benefit the agent at some point. Referring to attributes such as compassion, honesty, and kindness as ‘virtues’ may reduce them to a selfish goal to improve the agent’s happiness. However, of the virtues within this framework, to evaluate the ethics of human enhancement, many are integral to how the agent chooses to respond to others. In the case of physicians, an agent may choose to take a break from her shift, even though her enhancement has made her cognitively enhanced for many more hours because she is simply too tired to benevolently treat patients. Her moral trait of kindness is in play here, and while it answers to the agent’s need to rest against her enhancement, it also indirectly impacts the wellbeing of others. Virtue ethics connects morality and self-interest in the professional world, especially in professions like medicine, where the goal is benevolence.

For this reason, virtue ethics is a very applicable and interesting framework to use to evaluate human enhancement of physicians. Enhancements can push the average human past their normal ability into a world of superhuman, but the cost of these enhancements to the enhanced agents requires ethical consideration. Under a virtue ethics framework, if an enhancement causes the agent to be unable to distinguish how she is making choices, whether her decisions are based on being enhanced or not, then that enhancement has overstepped its bounds. Especially in a profession which deals with life and death, like the military or medicine, it is important that enhancements of agents retain the agent's ability to make a virtuous choice free of her enhancement, and only then is it permissible.

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