

Moral bioenhancement worthy of the name.

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THIS IS A "PRE-PRESS" version of this paper.

The final version of this paper appeared as:

Sparrow, R. 2017. Moral bioenhancement worthy of the name. *Cambridge Quarterly of Healthcare Ethics* 26 (3): 411-414.

Published Online First, May 25, 2017, as doi: [10.1017/S0963180116001079](https://doi.org/10.1017/S0963180116001079).

Please cite that version.

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In “Would we even know moral bioenhancement if we saw it?”, Harris Wiseman highlights a number of distinctions, between cognitive and emotional enhancement, voluntary and compulsory enhancement, and between enhancement and therapy, which he holds, not unreasonably, to be relevant to the debate about moral bioenhancement.¹ He also offers a new distinction, between “hard” and soft moral bioenhancement, to which he believes critics of moral bioenhancement should be paying more attention. Having made these distinctions, Wiseman, suggests that it would be wrong to rely on any of them to try to settle the ethics of moral bioenhancement and that instead we need to pay close attention to context in order to determine the ethics of any particular intervention.

Nobody who values a reputation for thoughtfulness wants to be the person who denies that context matters. However, let me offer an observation about the social and economic dynamics driving much of the contemporary debate in applied ethics, arguably including the debate about moral bioenhancement, which suggests that we might be justified in paying less attention to the latter idea than Wiseman suggests. Given the emphasis on citation rates and “impact” when it comes to funding university research in many of the advanced industrial economies, there are clear institutional rewards for inventing — or at least getting in early on — new literatures and for making outlandish claims. For instance, an argument that there is an urgent necessity to use biomedical science to make human beings morally better before they destroy the planet, when published by a philosopher beyond a certain career stage, is more or less guaranteed to generate attention (and citations).² Early responses to such claims are also likely to be rewarded with attention. Yet outlandish claims won’t survive in the literature unless it is possible to defend them, at least superficially. A key strategy here, then, is a philosophical version of the marketing technique “bait and switch”: advance an outlandish claim in order to secure attention and then — when pushed on it — retreat to something more plausible and hope that critics don’t notice that the more plausible claim itself would not justify the attention paid to its more *outré* relative.³

Even though he has proved himself an astute critic of the forces shaping the literature on moral bioenhancement elsewhere, I can’t help but feel that in the current paper, as well as in his book length treatment of the topic,⁴ Wiseman is unwittingly complicit in this dynamic when he allows so many healthcare and policy initiatives to count as moral bioenhancement. In this brief commentary, I will therefore suggest that: (1) there is a further distinction to which we need to pay attention, which Wiseman neglects, between *bio*enhancement and other methods of shaping peoples’ behaviour and dispositions; and (2), that both the distinction between therapy and enhancement and Wiseman’s own distinction between hard and soft moral bioenhancement, are of more import than he allows when it comes to how we should respond to the burgeoning literature on moral bioenhancement.

Debate about moral bioenhancement is shaped, at least in part, by hopes and fears about the impacts of scientific research into the human brain, especially its anatomy and neurochemistry, into human genetics, and into technologies that might leverage the insights offered by both sorts of research to make people “more moral”. Such interventions would alter human biology and not just human behaviour. That is to say, the “bio” is essential to the philosophical and cultural buzz around moral bioenhancement. If every revision of social mores, or attempt at institutional design directed towards getting people to behave in particular desirable ways, counts as moral bioenhancement, the category dissolves into meaninglessness. Of course, questions remain about why it should matter to

the ethics of an intervention whether it intrudes beneath the skin or not. While these claims could be contested, one might plausibly hold that methods to reshape individuals' biology will necessarily be more intrusive, and their consequences both more long-lasting and unpredictable, than changes in our social environment. Thus it's understandable that people should be more concerned or excited about technologies that might transform them and not just their environments. Although Wiseman for the most part sensibly manages to stick to discussion of medical interventions to improve behaviour, his willingness to also treat multiple other forms of state paternalism as moral bioenhancement is, I believe, the context of the current philosophical controversy, a mistake.⁵ If we don't want to find ourselves debating the question of whether it's ethical for governments to try to shape human behaviour at all — an argument, perhaps not surprisingly, that advocates of the moral permissibility of doing so are bound to win — those debating moral bioenhancement would be well advised to stick to considering a narrower range of cases.

Wiseman obviously feels differently, as he develops his account of "soft moral bioenhancement" precisely in order to include more policies under its rubric. Wiseman would have us count as moral bioenhancement any intervention "designed to alter behaviour, thought, affect, or anything at all, which overlaps in some significant way with a person or groups moral processes" as well as "many various actions of the State whose activities are often invisibly tied up with moral judgements" and "technological and/or pharmaceutical approaches to treat socially defined diseases based on moral value judgements".⁶ The proper role of moral judgements in justifying the activities of the state and also in the practice of medicine are clearly difficult and important questions. It's also true that in each of these domains some morally motivated interventions are likely to be justified and some not, which is to say that, as Wiseman insists, context matters. The ethics of such interventions are deserving of philosophical attention. However, I can't see what is to be gained by viewing such issues through the lens of moral bioenhancement rather than through the more traditional philosophical framings of the ethics of paternalism, the relation between science and values, and the debate about the definition of the "normal" in medical contexts. For the most part, the literature on moral bioenhancement offers little on these topics beyond what is already present in the established literatures in bioethics and applied ethics. Moreover, presenting these issues as questions about the ethics of moral bioenhancement inevitably lends credibility to those who think that we need to be spending more time arguing about science fiction cases of the sort that Wiseman himself concedes are silly.

Another reason to resist Wiseman's suggested expansion of the scope of moral bioenhancement relates to the distinction between "positive" and "remedial" "enhancements", or, to use the more familiar terms, between therapy and enhancement. Not every improvement of function is an "enhancement" in the sense that raises distinctive issues, the existence of which might justify the amount of philosophical and popular attention paid to the "enhancement debate." Those, like Wiseman, who want to treat existing technologies or policies as instances of moral bioenhancement, must adopt a definition of enhancement whereby any improvement of a person's moral capacities or behaviour counts as an enhancement, even if such an improvement leaves the individual below normal functioning in these areas. That is to say, they must treat putative moral therapies as enhancements. Given that few would object to attempts to cure psychopathy, this is already effectively to settle the question of the ethics of moral "enhancement". Again, bait-and-switch! In order for there to be a distinctive "enhancement debate" we must define enhancement as an increase in an individual's capacities beyond their normal level *and* beyond the level that is species-typical or as an increase in a capacity beyond the upper limit of the existing range of the capacity in *homo sapiens*. While it remains an open question as to whether the distinction between therapy and enhancement is itself of moral significance even according to either of these accounts, there is at

least some reason for thinking that it might be.⁷ Moreover, if we adopt either of these definitions of enhancement then none of what Wiseman calls soft moral bioenhancement will count as enhancement at all.

If we insist that to be worthy of the name – and the philosophical attention currently being paid to it – moral bioenhancement must involve manipulations of human biology (i.e. *bioenhancement*) explicitly intended to improve the moral functioning (Wiseman’s “hard” bioenhancement⁸) of individuals beyond human norms (*bioenhancement*) then “paying attention to context” and “paying less attention to the question of the ethics of moral bioenhancement” converge ... as the truth is we have no such interventions. Moreover, it’s unclear whether we will ever have any such, both because precisely what would be involved in enhancing morality remains disputed and because we don’t know enough about the biological basis of moral judgement and behaviour to know whether it will ever be possible. Talking about moral bioenhancement can then only serve as a distraction from the more urgent task of examining the ethics of the use – and especially the State’s use – of medical science to shape human behaviour. This debate has been going on since long before the term “moral bioenhancement” appeared in the literature and will, one suspects, continue long after the debate about moral bioenhancement goes out of fashion.

¹ Wiseman H. Would we even know moral bioenhancement if we saw it? *Cambridge Quarterly of Healthcare Ethics* YEAR; Vol(issue):firstpage-lastpage.

² Persson I, Savulescu J. *Unfit for the Future: The Need for Moral Enhancement*. Oxford: Oxford University Press; 2012.

³ Sparrow R. Book review: Beyond humanity? The ethics of biomedical enhancement, by Allen Buchanan. *Journal of Applied Philosophy* 2012;29(2):160-162; Sparrow R. Unfit for the future: The need for moral enhancement, by Persson, Ingmar, and Julian Savulescu. *Australasian Journal of Philosophy* 2014;92(2):404-407.

⁴ Wiseman H. *The Myth of the Moral Brain : The Limits of Moral Enhancement*. Cambridge, Mass: MIT Press; 2016.

⁵ Although Wiseman discusses such policies in a section headed “Issues with soft moral bioenhancement – paternalism, social control and ‘undesirable behaviour’” most of his discussion actually refers to “soft moral *enhancement*” (my emphasis) suggesting that he too is conscious of the distinction between enhancement and bioenhancement. As I will argue further below, even to call such interventions moral *enhancement* may be a step too far.

⁶ See note 1, Wiseman YEAR.

⁷ Agar N. A question about defining moral bioenhancement. *Journal of Medical Ethics* 2014;40:369-370.

⁸ In passing, there are several aspects of the detail of Wiseman’s account of “hard” bioenhancement that I find unconvincing. Wiseman insists that hard moral bioenhancement could only be voluntary and would necessarily involve an “ongoing predisposition of will”. While it might well be “political suicide” for a politician (as opposed to, for instance, an academic) to call for “compulsory moral bioenhancement for all”, it seems entirely plausible to me that, were candidate technologies to become available, there might be popular support for their coercive application to minority populations or “deviant” individuals — a concern that I know Wiseman shares. Thus, it is possible that in some cases hard moral bioenhancement might be imposed against the will of the individuals who are thereby enhanced. Moreover, once one admits the possibility of making people more moral at all, as Wiseman does in relation to soft moral bioenhancement, I can see no reason for holding that interventions that are explicitly directed towards individuals’ moral capacities could only be effective if the target continuously wills them to be so.