

Slippery slopes, wonder drugs, and cosmetic neurology

The neuroethics of enhancement

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Drug therapies that are already available can help patients improve their muscle mass and endurance, attention and memory, ability to learn, and moods. Future research, Anjan Chatterjee argues in this issue of *Neurology*, will almost certainly produce relatively safe wonder drugs that will allow us to manipulate our strength, our memory, our ability to concentrate, and our capacity to learn.¹ Once these drugs are available, he contends, the pressures of the marketplace and of potential military uses will compel us to embrace them to remain competitive. To some extent, this discussion has an air of unreality: for the foreseeable future, any drug powerful enough to enhance brain functions significantly is likely to have serious side effects, especially with prolonged use. But if we accept the premise that safe neurologic enhancement technologies will eventually become available, then we face two important moral questions: 1) What kind of doctors should neurologists be? 2) What kind of society should we become? The answer to the first obviously depends on the second. So the question of whether neurologists should become, as Chatterjee suggests, “lifestyle consultants” who dispense fixes for the mind the way plastic surgeons offer fixes for the body does not even arise unless the mere availability of these treatments implies that neurologists must prescribe them to whoever seeks them. Putting the point in this way, however, just forces us to ask the second question in a different form: Do we want to become a society in which neurologic enhancements are routine?

Chatterjee asserts that the question of whether neurologic enhancements will become routine is moot because the power of the marketplace and the insistence of the military will force their use upon all of us. But his argument seems plausible only insofar as he falls prey to what I would call the allure of the slippery slope: He starts by showing, correctly, that a

line between two concepts, like that between treatment and enhancement, is hard to draw, and he then concludes that no meaningful line can be drawn between them. Although, for pragmatic reasons, we often draw sharper lines than the boundaries between two concepts warrant, the distinction is not thereby rendered null. Even if the exact placement of the boundary is arbitrary, the distinction may still be a useful tool for thinking about what doctors should do and how they should treat their patients. Chatterjee’s claims are filled with similar arguments: Because we take Tylenol for headaches and sit in air-conditioned offices, he implies that we have no reasons to worry about how eliminating discomfort will affect our character. Because we seek psychotherapy and antidepressants to change how we feel, he suggests that we have no reason to worry about how chemicals will alter us. Because we accept inequalities in education, he infers that we have to accept them in access to neurologic enhancements as well. (I would argue this fact shows that, for reasons of justice, we need to do better in addressing the gross inequalities in our society, not that we need to acquiesce to even more.)

Slippery-slope arguments are always fallacious, and they always hide an agenda. However they are used, they are meant to make us accept a conclusion that we would otherwise reject. In this case, Chatterjee wants us to think that we are already sliding down the slope, and we may as well enjoy the ride. But in fact, as hard as the lines are to draw, Chatterjee rushes past the real issues in each of these cases. The way I think and the way I feel are more closely connected to my sense of who I am, both as a member of the human race and as a unique individual. The more radically we alter that sense of self, the more seriously we must consider what the ethical limitations should be. Moreover, because our sense of identity is involved, we should never lightly dismiss

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concerns about whether drugs are safe and whether people are being subtly coerced into taking them. It is no small matter to compel people to take drugs that can change their sense of themselves, merely because we find it economically or socially convenient. But the issue goes even deeper. A drug that would, for example, make us feel giddy all the time might be tempting, but it would divorce us from some essential life experiences. We want to feel good, but the most satisfying experiences cannot be produced by any drug. They come from engaging in activities that are truly valuable, whether they involve curing a disease, composing a poem, or loving a companion.² To say exactly how and why drugs that affect our mental functions alter our view of these activities requires, of course, a rich philosophical account of identity, an account which not only includes a theory of autonomy and its limits but also respects the essential role that communities play in our lives.³ Although no such account is readily available, we should not conclude that constructing one is impossible any more than we should conclude that no safe versions of enhancement drugs are possible because none has yet been produced.

If we accept slippery-slope arguments like Chatterjee's, we are left thinking that we have no recourse when the forces of the market and the power of the military combine to foist a change upon us. In doing so, we have simply surrendered ethics to power. Once we have done that, of course, we no longer have to worry about the future of the profes-

sion, since either the government or the invisible hand of the market will simply decide our fate for us. On such a view, there is no ethics, just acceptance. Yet such despair is unwarranted: not even Adam Smith thought that we should leave all decisions to the market,⁴ and the government that controls the military is still—ostensibly, at least—subject to democratic checks. Fighting the power of both government and Wall Street together is certainly a daunting task, but it is not an impossible one. The campaigns for work-safety rules and for the 40-hour work week demonstrate that we need not bow to the massive power of the market. So there is nothing inevitable about the course of our society or of neurology as a profession. As neurologists and as citizens, we can collectively control our own destinies, if we so choose and if we have the will to act. Because we can choose, we face deep moral questions that we must simply answer one by one.

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