



A defence of the welfarist account of enhancement



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ABSTRACT

How should we understand the concept of enhancement? One approach is to define it as referring to a change in a person's biology or psychology which increase their chances of leading a good life in the relevant set of circumstances. This welfarist account of enhancement posits itself as a normative approach that is more coherent than alternative definitions. However, a number of criticisms have been levelled against it, including that it obscures the distinction between science-based interventions (e.g. drugs) and so-called conventional ones (e.g. education), as well as the distinction between therapy and enhancement. It has also been objected to on the basis that it relies heavily on the contested concept of well-being, and that it underestimates the role social forces play in how we define well-being. I argue here that these criticisms are either unfounded or addressable. The welfarist account is a promising approach to conceptualizing enhancement, so long as we understand it only as definition of what enhancement is, as opposed to an argument for the permissibility of enhancement.

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What do we mean by the term “enhancement”? Imagine taking a performance-enhancing drug that allows you to solve math problems a lot faster than you used to. If your math skills were previously average, we could say that the drug has enhanced you in that respect. If your math skills were previously very poor (say, due to some identifiable cognitive dysfunction), and now you are able to solve maths problems at an average speed, we could say the drug has treated you. Based on this distinction, an enhancement seems to be a biomedical intervention that goes beyond the ends of medicine in what is necessary to sustain or restore good health or normal functioning. It is a common definition of enhancement (Daniels, 2000; Juengst, 1998; Pellegrino, 2004; Resnik, 2000).

Alternatively, we can ignore whether your math skills are average or poor and just focus on the fact that the drug boosts your skills compared to how they were before. In that sense, enhancement can be understood in terms of its augmentative impact on your capacities, regardless of whether they are below or above a certain standard of functioning relative to a given population (Bostrom & Roache, 2008; Engelbart, 1962; Harris, 2007).

There are other possible ways of defining enhancement (see Camporesi, 2014; Savulescu, Sandberg, & Kahane, 2011). However, I am interested in a particular account that understands the term as a change in the body or mind that tends to improve one's well-being. This is the welfarist account of enhancement, largely developed

by Julian Savulescu and colleagues (Earp, Sandberg, Kahane, & Savulescu, 2014a; Savulescu et al., 2011; Savulescu, 2006). It defines an enhancement as:

“Any change in the biology or psychology of a person which increases the chances of leading a good life in the relevant set of circumstances.” (Savulescu et al., 2011)

Based on this definition, the performance-enhancing drug envisioned above is not necessarily enhancing at all. This is because, whether it qualifies as enhancing or not depends on whether having better math skills would likely contribute to your well-being – that is, to your chances of leading a good life in your set of circumstances, which I understand to refer to one's particular societal and personal context.

Here, I want to focus on some of the criticisms levelled against this definition of enhancement. To be clear, by including “any change in the biology or psychology of a person” in its definition, the welfarist account disregards the distinction between what we might think of as science or technology-based interventions in the body (such as taking a drug or inserting a brain implant), and more conventional interventions (such as exercise or education). “Any change” also entails that whether the intervention is for treating a dysfunction or for augmenting an already well-functioning capacity, both can be considered enhancements – so long as they tend to increase well-being. As such, therapeutic treatments are rendered a subclass of more general enhancing interventions.

Because of this, the welfarist account has been criticised on multiple grounds. Sparrow (2013) argues that these implications mean

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that the term becomes very broad, losing contact with the everyday language use of enhancement. Coenen and colleagues (2011) similarly suggest that enhancement may become a useless term if it fails to highlight science-based interventions and distinguish them from more conventional ones. They also argue that having a concept of enhancement that allows us to clearly distinguish it from therapeutic interventions will be key to effective policy-making.

Other criticisms have centred on its reliance on the contested notion of “a good life” and well-being more generally. Beck and Stroop (2015) argue that this account will not be helpful in classifying interventions as enhancing or not due to the variety of conceptions of well-being. There is also a worry that, by defining enhancement as whatever will likely contribute to well-being, this can act like a philosophical sleight of hand that appears to settle the ethics of enhancement: if to enhance is to increase well-being, then it may seem difficult to conceive of anything objectionable about enhancement (Beck & Stroop, 2015; Sparrow, 2013). Further criticisms claim that this account risks underestimating the social and cultural pressures that influence individual choices, as well as fails to take into account the social and collective consequences of enhancing (Camporesi, 2014; Gordon, 2014).

These criticisms are considerable. However, I argue here that they are either unfounded or addressable. First, it is worth noting the temptation of thinking that we do not need to have an explicit and shared definition of what enhancement is in order to have a meaningful conversation about it. The lack of such a consensus certainly has not stopped the burgeoning enhancement literature. But note that how we understand concepts can have major consequences for how we view them ethically, and therefore how we regulate them. For instance, whether we understand a foetus as a soul-endowed person or a lump of cells will have major implications for what we think we can do with them (abort them, source them for stem cells, etc.). Similarly, whether we understand enhancements as interventions that are mere excesses that go beyond restoring normal functioning, or as interventions that contribute to well-being, will have significant implications on how we regulate their use. Because of that, we need a coherent, shared understanding of the enhancement. Becoming clearer about what the welfarist account entails exactly is a step in that direction.

1. The welfarist account of enhancement

A helpful way of understanding the welfarist account is to start by making a distinction between functional enhancement and human enhancement (Savulescu et al., 2011). Enhancement in the functional sense denotes some improvement in a capacity. It says nothing about the effect of that improvement on the person undergoing it. In general, we tend to associate improved capacities with positive effects on our quality of life. Better memory, more resilient immune systems, stronger bodies – these can implicitly suggest a corresponding improvement in the quality of one’s life.

But we can also see how that will not always be the case. If having improved memory led to a greater propensity to developing phobias, or if improved hearing led to being constantly distracted, these may well result in a diminishment to one’s quality of life. Similarly, we can see how diminishing our capacities to recall certain traumatic events, or even our ability to hear if we lived in an incredibly noisy environment – these might lead to an increase in one’s quality of life, even though they would be the opposite of functional enhancement (Earp et al., 2014). More generally, none of the alterations to these cognitive or sensory systems would be relevant to quality of life if the person undergoing them is in a permanently vegetative state.

It is this discrepancy between functional enhancement and quality of life that prompts the notion of human enhancement. Here, it is not the change to our capacities that constitutes the enhancement, it is the positive impact of that change on our well-being, which I take to be synonymous with leading a good life. Hence, if super hearing abilities were to lead a person to constant distraction, thereby reducing their well-being, that would not constitute an instance of human enhancement. Similarly, if someone suffering from PTSD diminished their ability to recollect certain memories and thereby increased their well-being, that would be an instance of human enhancement.

This is why the welfarist definition of human enhancement emphasises *any change* in the biology or psychology of a person: it does not have to be a strictly functional improvement.

This also relates to the account’s emphasis on the “relevant set of circumstances” of the person undergoing an intervention – which is to say, the person’s particular context. What this entails is that there is no context-independent answer to the question of whether an intervention is an enhancement. The circumstances of the individual undergoing an intervention play a determining role in whether that intervention will likely be enhancing. In the case of the drug that boosts maths skills envisioned above, if one works as an accountant, it *may* be enhancing for them, even if it had the side-effect of, say, reducing their musical abilities. On the other hand, if a musician who rarely works with numbers used the drug, it may be difficult to see how the drug is enhancing, given their particular circumstances.

Note that these elaborations highlight how this is an account that defines what an enhancement is – it is not an account of whether that enhancement should be made use of. That is, the fact that a biological or psychological change may be enhancing in the sense of increasing well-being does not entail that it should be undergone. Depending on the alternatives, it may be that changing the environment instead of the individuals’ biology or psychology will be more reasonable or practical. Moreover, it may be that making use of an enhancement will result in harm to others or it may create or exacerbate injustice more generally. The welfarist account is compatible with these possibilities: the fact that a modification is enhancing does not necessarily mean that it should be made use of.

As we will now see, many of the objections to the welfarist account noted above lose their bite once we have properly understood the implications of this approach.

2. Renders “enhancement” too broad

This criticism notes that, by focusing on *any* change to a person’s biology or psychology, the welfarist definition does not distinguish between science or technology-based enhancements into the body – such as drugs or genetic manipulations – and more conventional enhancements – such as exercise or education (Blackford, 2012). Coenen and colleagues argue that there are qualitative differences between the means used in science-based and conventional enhancements, and that these should not be defined away (Coenen et al., 2011). While they do not clarify what those qualitative differences are precisely, Wagner and colleagues elaborate on them by contrasting cognitive enhancement drugs with education (Wagner, Robinson, & Wiebking, 2015).

They acknowledge that, like drugs, education impacts synaptic connections and neural networks in the brain. However, they argue that education does so in a way that is more stable and long lasting. This is because, unlike the effect of drugs, neural changes due to education are the result of repetition and practice over an extended time frame. They argue that a definition of enhancement that ignores such differences risks committing a fallacy of ambiguity (Wagner et al., 2015).

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