Commentary: Reservations about the Lessons Drawn from Moral Education, Public Health Ethics, and Forensic Psychiatry

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In their article "Imagining Moral Bioenhancement Practices. Drawing Inspiration from Moral Education, Public Health Ethics, and Forensic Psychiatry" Jona Specker and Maartje Schermer advance a fierce critique of the current moral bioenhancement debate as well as some suggestions for improvement. They argue that the discussion about moral bioenhancement risks focusing on issues that might later—when we have full-fledged moral bioenhancement technologies that are firmly embedded—turn out to be irrelevant. Similarly, authors on moral bioenhancement might currently disregard issues that may over time turn out to be critical.[1]

Obviously, the authors have a point; however, the same point could be made in relation to most, if not all, early-stage debates about emerging technologies. David Collingridge already pointed out that, when dealing with new technologies, we are faced with a dilemma. Early in the development of the technology, when we can still influence its course, we are confronted with a lack of solid knowledge about its effects. When time has passed and the technology is established, we can easily study the technology's impact empirically. However, because the technology is now already ingrained, it is much more difficult to change its course.[2]

To counter the pitfalls of the present moral bioenhancement debate, Specker and Schermer favor an analysis of "a number of contexts in which interventions under the heading of moral bioenhancement might first be implemented, or domains that are in one or more aspects importantly similar to potential moral bioenhancement practices, and therefore can inform our ethical thinking."[3] The shortcoming of this strategy is that its success is predicated on the correctness of suppositions about future moral bioenhancement scenarios. Unfortunately, however, these assumptions are inherently speculative. It is fundamentally problematic to determine in which contexts moral enhancements might first be implemented. It is equally challenging to identify contemporary domains that might, in their central aspects, be comparable to future moral bioenhancement practices.

Seemingly unencumbered by this methodological concern, however, the authors proceed by focusing on three practices: (1) moral education, (2) screening for risk factors for antisocial behavior, and (3) forensic psychiatry. They aim "to show that ethical considerations that are central within these existing practices can inform and add to current debates on moral bioenhancement."[4]

In the following sections I will focus on the ethical considerations within these three practices that the authors advance as helpful in the discussion about moral bioenhancement, and assess the validity of their claims.

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Moral Education

In the debate about moral education, the authors single out the right to an open future, claiming that this right can "also be used within the context of moral enhancement. On the one hand, to argue for limitations on what parents or others may do to 'morally enhance' children, and on the other to argue in favor of instilling capacities that would help them to become full moral subjects with their own moral autonomy."[5]

The question is whether the argument of a right to an open future, which according to the authors can be used to argue both in favor and against moral bioenhancement, does indeed enrich the current discussion on moral bioenhancement. Common sense rather suggests the contrary: any argument that can be used to both support and refute a particular moral claim does not seem to make any worthwhile contribution to the discussion of the claim at hand. It is hard to see how it could. The burden of proof is on the authors.

Identification of Risk Factors for Antisocial Behavior

Likewise, the debate about early discovery of risk factors for and prevention of undesirable conduct might "inform the moral enhancement debate and introduce new and important considerations and arguments,"[6] or so the authors claim. Here, the supposed contribution centers on the idea that it is important to select a target population, an idea that "has not yet been considered"[7] in the moral bioenhancement debate, according to the authors.

When conducting screening programs for the identification of children who are most likely to develop socially undesirable behavior, a variety of problems might occur, including false positives and negatives, stigmatization, and discrimination. According to the authors, similar problems might occur when screening for candidates for moral bioenhancement. Allegedly, however, these problems have not really been focused on yet in the discussion on moral bioenhancement, "since this debate has hardly concerned itself with potential 'real world' practices."[8]

The question at stake is whether the scenario that the authors point at—screening for children at risk of antisocial behavior—is the most likely "real world" practice, or even a probable practice for moral bioenhancement at all. At first sight, there seems to be an important difference between a screening program set up to identify individuals with risk factors for and to prevent the occurrence of antisocial personality disorders and violent crime on the one hand, and a practice of enhancement interventions on the other. The first targets individuals at risk to prevent or reduce certain pathologies and behavioral deficiencies, whereas the latter seems to lack such a focus altogether. Arguably the concept of enhancement seems to involve the notion that it might bestow benefits of one kind or another (depending on the specific kind of enhancement) on everybody, and not just on a select group of "individuals at risk."

At this point, it might be instructive to look at other already established practices of enhancement. Cosmetic enhancement, for example, is not conducted through screening programs that identify a target population of aesthetically deficient individuals. Why would it? Nobody is so good-looking that he or she would not benefit from some additional increments of attractiveness. That is why cosmetic interventions do not transpire top-down, as the consequence of state run

screening programs. Instead they occur bottom-up as the result of individual initiatives. Only those individuals who have personal or professional reasons to value extra beauty and are willing and able to pay for it, purchase cosmetic enhancement interventions.

The same is true for athletic enhancements. These do not result from screening programs trying to single out persons with athletic defects. Quite the contrary: athletic enhancements usually occur in individuals whose athletic performance is already well beyond average. The high number of doping scandals in sports is a case in point. Yet another example is cognitive enhancement. Here interventions do not transpire either through top-down screening programs whereby cognitively underwhelming individuals at risk of doing extraordinarily foolish things are identified. Instead, it is mostly ambitious students and academics who—on their own initiative—have an interest in consuming smart drugs to advance their intellectual achievements. In fact, the more we review existing enhancement practices, the less probable it looks to find any example of a top-down screening program that would identify individuals with certain deficiencies as a target population for enhancement.

Why then would this be different with moral bioenhancement? Why should we accept that a practice of moral bioenhancement would likely involve screening programs to target the morally deficient? The authors fail to provide any reasons in support of this supposition. However, if it were indeed unlikely for future moral bioenhancement practices to involve screening programs to target the morally wanting, a focus on the problems associated with these kinds of programs would obviously not be particularly useful to advance the debate.

Forensic Psychiatry

Finally, the authors home in on psychiatry, specifically forensic psychiatry. Important in ethical discussions about this practice is the "dual-role dilemma," which "refers to possible tension between psychiatrists' obligations of beneficence towards their patients, and conflicting obligations to the community, or third parties."[9] Again the authors are focusing on a practice involving mandatory interventions and a target group of patients with certain pathologies and/or deficiencies, yet they claim that forensic psychiatry is "arguably a likely setting for implementing potential moral bioenhancement interventions."[10] However, as already argued, the scenario of mandatory moral bioenhancement for a target group with certain moral deficiencies is not likely to materialize in any future practice of moral bioenhancement. I will substantiate this a little further.

A practice of mandatory moral bioenhancement is mostly likely, if at all, to be justified, within a utilitarian framework. Arguably, from a utilitarian point of view, a mandatory program involving numerous violations of the basic right of informed consent could be justified under the following three necessary conditions: (1) there is a grave and imminent threat to society, (2) the mandatory program facilitates an effective reduction or neutralization of this threat, and (3) the mandatory program is temporary; that is, it lasts only as long as the threat.

However, nothing in the current research on moral bioenhancement suggests the probability or even possibility that methods of moral bioenhancement that provide specific and effective solutions to grave and imminent societal threats might be developed. I will nevertheless suppose, purely for the sake of argument,

that the scientific community had already developed and would thus be able to employ these sophisticated moral bioenhancement technologies in an effective manner. In such a counterfactual scenario, the question of whether to choose a mandatory scheme for either the population in general or a selection of the population would then also likely be decided on the basis of utility maximization considerations. If the decision were made to target a select group, the precise composition of that target group would again be determined along utilitarian criteria.

Now if, for example, global warming were the societal threat at hand, arguably one of the most probable candidates for the employment of moral bioenhancement,[11] it would prima facie seem to make sense to choose a mandatory scheme for the general population, as everybody might contribute to the solution to the problem. However, if against our initial expectations utilitarian analysis would demonstrate that targeting a select group would maximize the good, it would be reasonable to target people with the ability to exert substantial influence on climate change such as CEOs, policymakers, and, generally, the rich and powerful echelons of society. Patients with psychopathologies would most likely not be singled out as a target. Consequently, psychiatrists, let alone forensic psychiatrists, would not play any role in this scenario.

More generally, it is difficult to imagine any grave and imminent societal threat for which mandatory moral bioenhancement of psychiatric patients might be an appropriate and effective response. Consequently the dual role dilemma in forensic psychiatry seems unlikely to add anything of importance to the moral bioenhancement debate.

Notes

1. Specker J, Schermer MHN. Imagining moral bioenhancement practices. Drawing inspiration from moral education, public health ethics, and forensic psychiatry. *Cambridge Quarterly of Healthcare Ethics* 2017; this issue
2. Collingridge D. *The Social Control of Technology*. New York: St. Martin's Press; 1980
3. See note 1, Specker, Schermer 2017.
4. See note 1, Specker, Schermer 2017.
5. See note 1, Specker, Schermer 2017.
6. See note 1, Specker, Schermer 2017.
7. See note 1, Specker, Schermer 2017.
8. See note 1, Specker, Schermer 2017.
9. See note 1, Specker, Schermer 2017.
10. See note 1, Specker, Schermer 2017.
11. Compare Persson I, Savulescu J. *Unfit for the Future: The Need for Moral Enhancement*. Oxford: Oxford University Press; 2012.