

Seminar “Reading Levy’s *Neuroethics*”  
Session 5 (13:30-15:30, November 9, 2007)  
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In this session, we read part of Chapter 3, “The presumption against direct manipulation” (pp. 88-103). The sections that we read are as follows: “The treatment/enhancement distinction,” “Enhancement as cheating,” “Inequality,” and “Probing the distinction.”

Levy discussed the objections to direct manipulation of the brain/mind in the previous chapter; however, Levy goes on to the next topic before presenting his arguments against them. It is the treatment/enhancement distinction and is the main topic of this session.

Although there are disagreements, people accept that “the treatment/enhancement distinction marks a difference that is morally significant” (p. 88). According to Levy, the reason for this is that if we can sustain the distinction, then we can have additional reasons against enhancements.

Levy examines enhancements from two perspectives: cheating and inequality. As to enhancements as cheating, Levy analyzes an example of Billy and Beth. They are talented, hard-working, and conscientious students. But when they take exams, Beth takes Ritalin to enhance concentration. Because of that, her performance on exams is higher than Billy’s. When he learned that her performance was because of Ritalin, Billy felt that he was cheated. Were we in Billy’s position, we would also think that we were cheated. But why do we think so? According to Levy, such an intuition “is a deeply held principle of modern Western societies that opportunities ought to be distributed according to merit. Thus, jobs ought to be open to talent, not reserved for the members of some hereditary caste, or for the members of a particular race or gender. Rewards should be *deserved*” (p. 91; Italics in the original). Beth’s success might be within the rules; however, she is against the spirit of the rules. That is why we think that she cheated.

Another problem with enhancements is inequality. Even if we have new technologies to enhance our memory or concentration, they will be available not to the poor in our society, but to the rich. In Levy’s opinion, there are reasons to worry about the inequalities that enhancements might produce. “First, they might (further) diminish feelings of social solidarity” (p. 93). Because of the enhancements, the rich can be richer. They may think that they are different from the poor, and thus they might not want to help the poor. “Second, many people regard inequality, at least *undeserved* inequality, as intrinsically undesirable” (ibid.; Italics in the original). The rich have been lucky in that they could make use of their luck to enhance their memory. Yet being lucky is not a natural consequence. Rather, it is like a happenstance. We do not deserve our luck and the advantages that it brings to us.

After examining the problems of cheating and inequality, Levy scrutinizes two approaches that defend the treatment/enhancement distinction. Levy argues as follows:

There are two main approaches: the distinction can be defended by way of the contrast between disease and non-disease states, or by reference to the notion of species-typical functioning. ... I shall argue that both these approaches have insurmountable difficulties, and that the treatment/enhancement distinction ought to be abandoned. ... It cannot provide us with an *independent* standard to which we can appeal to settle moral arguments. Instead, it is already (at best) a thoroughly moralized standard. We ought, therefore, to recognize that it is a moralized standard, and assess it on moral grounds (p. 94; Italics in the original).

In Levy’s opinion, the first approach is not defensible because the concepts of disease and disability are not clear-cut. Furthermore, if we appeal to the notion of disease to defend the distinction, we intuitively appeal to the distinction to defend the notion of disease. This is circular. Thus, we cannot accept the first approach.

The second approach, that is, the species-typical or normal functioning approach is also problematic. In this approach, “[t]reatment is medical intervention aimed at *disease or disability*,

where *disease or disability* is adverse departure from normal functioning” (p. 96; Italics in the original). The species-typical or normal functioning approach aims at restoring people to their natural baseline from which disease or disability departs. Levy argues that since this is a biological nonsense, we cannot do so. From a biological point of view, genes interact with the environment and with each other. Thus their phenotypic types are complex. In other words, genetic determinism is mistaken. If so, then there is no natural baseline capacity against which we can measure disease or disability.

We have thus far looked at Levy’s criticisms of two main approaches defending the treatment/enhancement distinction. Levy finds both approaches problematic, and thus argues that we should abandon the treatment/enhancement distinction as an independent standard to solve moral problems. In the session, we had a discussion on whether Levy’s argument against the treatment/enhancement distinction is conclusive. It seemed to us that Levy draws his conclusion from the fact that we do not have a natural and clear distinction between treatment and enhancement. Yet from this, it does not necessarily follow that there is *no* distinction. Even if it is not that clear-cut, we might have an efficient distinction. If we have no distinction, we would have to look at and judge each case separately, as Levy says. This is not a good option. Before accepting Levy’s argument as it is, we might need to think about how we can defend the treatment/enhancement distinction.