

# Human Enhancement and Modern Medicine: Ethical Issues and Controversies



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**International Conference on Applied Health Economics and Mathematics**

Koper, Slovenia

May 2nd-4th, 2010

# Enhancement and Health Insurance

Besides covering treatment of diseases and injuries, should health insurance providers also cover some interventions that are considered improvements of healthy functioning – i.e., enhancement?

# Is Enhancement Ethically and/or Legally Acceptable?

Should we use pharmacological substances and genetic interventions in order to enhance our physical, cognitive, and affective capacities even when they are already functioning normally?

# Treatment vs. Enhancement

Can we draw a meaningful, objective, fixed, non-arbitrary line between treatment and enhancement?

# Types of Intervention

- physical (strength, stamina)
- cognitive (memory, focus)
- affective (mood, temperament)

# Modes of Intervention

- genetic interventions (somatic and germline)
- pharmaceuticals
- surgery
- prosthetics
- neural tissue implants

Some non-controversial methods:

mental and physical exercise, relaxation,  
proper rest and nutrition, herbal remedies ...

# Some examples

- modafinil
- amphetamines
- growth hormone
- antidepressants

These are all acceptable as treatment – should we also use them for enhancement?

# Objections against enhancement

- safety (unforeseen side-effects)
- cheating, unfair advantage
- social inequality, discrimination
- our “human nature”, virtues, aspirations
- authenticity, genuine achievement
- hubris, playing god



# Treatment vs. Enhancement

Claim:

*Intervention X is acceptable as a form of treatment, but not as a form of enhancement.*

Question:

*How do we tell treatment from enhancement?*

# Treatment

Any substance, procedure, or other intervention required to correct a disorder or restore a patient to health.

# Enhancement

An intervention that aims to improve a person's physical or mental health *beyond* the level of functioning that is found in a healthy person.

# Health & Disorder

- HEALTH – absence of injury, dysfunction, disability, disease, or other kind of disorder
- DISORDER – a condition in which the person's ability to function is below that of a *typical* or *normal* person

# Health

**normal functioning = species-typical functioning**

- What if majority develops asthma, diabetes, shortsightedness?
- What about immunizations, which are based on the assumption that a typical human immune system cannot deal with certain diseases without the help of vaccinations?

# Normative understanding of health

Takes into account the fact that what counts as “normal function” depends on cultural and social expectations and technological and scientific achievements.

These achievements (and their availability) determine whether people perceive themselves as “healthy,” and since achievements change/increase constantly, so do our conceptions of health, treatment, and enhancement.

# Enhancement & Insurance

Most insurance providers claim to only cover what is “medically necessary”, i.e., treatment and prevention of disorders, diseases, and injuries. (Colleton 2008)

Wigs for chemotherapy patients: is coverage justified by the “treatment” assumption?

What about moderate pain or seasonal allergy relief? Contraception? In vitro fertilization?

# Conclusion

Insurance providers often appeal to the idea of typical functioning or “medical necessity” when justifying their exclusion of enhancement coverage – yet, some examples of coverage betray that they are in fact significantly influenced by the *social* (cultural) perception of health.



# Conclusion

If insurance providers decide to stick to the dividing line between treatment and enhancement as a *demarcating* line for how far their coverage extends, then these insurance providers will simply have to adjust – and this means *expand* – their coverage accordingly.