



12. Medical treatment for cognitive enhancement

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Background

Human beings have always adored human beauty. Beauty accords a Darwinist advantage in human society. It symbolizes youth, vitality and power, and portends a greater chance of success in life.

Aesthetic surgery aimed at preserving beauty, and in accordance with the public's demands, entails "non-therapeutic" medical procedures. The attending physician does not determine the need for treatment, as in all other branches of medicine, but rather, the patients themselves do. The patient does this because of a subjective need that springs from his self-image, even if in the eyes of an objective observer there is no need for any change in his body. The patient is also the one who determines the "success" of the treatment in accordance with his satisfaction with the result. The treatment is, by definition, designed to make the patient happier. Happiness becomes a consumer product and, like other consumer goods, moves from the supplier to the consumer.

However, medical capabilities today are not limited to the beauty industry. Today it is possible to utilize medical techniques to improve motor skills, cognitive ability, mood and behavior not only of those who are sick or impaired, but also of healthy people. The pressure on the medical profession and physicians from healthy people seeking to acquire a social advantage in these areas is growing.

This requires physicians to define for themselves their role in society. Is the role of medicine to heal sick people or to transform healthy people into gods? Are physicians permitted to improve and boost the cognitive ability of a healthy person upon his request?

This raises questions in the social discourse: Should we prescribe a medication used to treat patients suffering from attention deficit disorder (ADD) to a healthy student, in order to increase his capacity to study and thus give him an advantage over his fellow students? Should we give an elderly person who is experiencing a decline in memory, which is natural and widespread at his age, a medication used to treat Alzheimer patients, even if he does not suffer from this disease? Should we give a medical intern a drug to boost his alertness during his night shift in order to lower the chance of his making an error during the long and demanding shift?

Advocates of "empowering medicine" believe that every person has the right to fulfill himself in every way, as long as this does not harm others. The improvement in quality of life, they argue, is not only measured according to indexes of illness, and the boundary between illness and health is not crystal clear. In responding to the patient's request for empowering medicine, the physician is acting to help the patient and is not upsetting the social balance - after all, human society is not egalitarian to begin with.



Opponents of “empowering medicine” argue that if physicians broadly adopt this approach, the nature of society would change for the worse: The wealthy would be able to take advantage of this medical treatment and become, along with their descendants, smarter and richer still. These opponents believe this would create widespread social pressure for these medications. In fact, we already see the harbingers of this today in the prevalent use of Ritalin among healthy students. Moreover, employers could require the use of stimulants and drugs that sharpen thinking abilities, and the same might apply to government authorities including security forces, the army and the police. There is also concern that once this window is opened, even a crack, the pharmaceutical companies would leverage “market forces” and encourage the use of these medications at the expense of limited economic resources.

In an attempt to balance these extremes, the members of the Ethics Board formulated the following position paper.

Position paper:

1. The traditional role of the physician and the medical profession is to maintain the patient’s health and quality of life. The goal of modern medicine is to enhance the patient’s quality of life, even when not suffering from illness.
2. In defining the concept of health and quality of life, we take into consideration the patient’s subjective feelings about his condition. Consequently, society accepts, for example, cosmetic medical treatments that sometimes change a person’s appearance, upon his request and in accordance with his desires.
3. Today, medicine is also capable of boosting the cognitive abilities of healthy people, but requires “societal authorization” to do so.
4. “Empowering medicine” is thus ethical if it benefits a healthy patient and entails only a marginal risk.
5. Physician-patient relations also exist in conditions of “empowering medicine” and are subject to all the rules of the profession.
6. The physician will professionally consider any patient request for empowerment but is not obligated to fulfill the request.
7. The physician will consider the request concomitant to the fact that it is an off-label prescription.
8. The physician will ask the patient to sign his informed consent for any empowerment treatment and will conduct periodic assessment of the treatment’s effectiveness and necessity during use, as is customary.
9. Prescribing medication in conditions of “empowering medicine” is prohibited in the context of patients who lack legal capacity.

10. “Empowering medicine” will be administered at the patient’s expense and its economic cost will not be imposed on society at large.