The never-ending debate on doping in sports covers a lot of academic ground; not least moral philosophy has been engaged in the controversy. In the McGraw Hill series "Taking Sides", where articles arguing for and against a certain issues within an overriding theme are published in the same volume, the issue of legalising performance enhancing drugs in sport is briefly, and unfortunately unrewardingly, discussed. Carol Levine has put together Taking Sides: Clashing Views on Controversial Bioethical Issues, where a small part of the 377 pages are devoted to the issue of doping. Lena Halldenius, moral philosopher with bioethical research experience, is positive to the pro and con disposition of the volume, but she issues a warning regarding the editor’s introduction, which is marred by mistakes and contradictions. The two articles on the legalisation of doping leaves rather a lot to be desired. The con view is represented by Thomas H. Murray, president of The Hastings Center, Garrison, NY, while the proponent arguing for legalisation is Professor Julian Savulescu, University of Oxford. While this particular exchange of opinions doesn’t cover any ground hitherto untouched by the human mind, the rest of the book certainly is a useful university textbook guaranteed to open up the debate.

Legalising doping in sports – the pros and cons

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Carol Levine (red)
For a resource in teaching the idea is undoubtedly a good one: Select texts where the authors take unequivocal sides and arrange them in a collection so that there is one text elaborating a yes and one elaborating a no answer to a number of pertinent questions: ‘Should physicians be allowed to assist in patient suicide?’, ‘Is abortion immoral?’, ‘Should there be a market in body parts?’, etc. No hedging of bets here, just clear-cut yes and nos. The Taking Sides series now lists over 40 titles, ranging from clashing views on criminal justice to special education, from anthropology to management. Clashing Views on Controversial Bioethical Issues is now in its eleventh edition since its original publication twenty years ago. Its usefulness as a teaching resource is augmented by the accompanying Instructor’s Manual with Test Questions and a general guidebook on how to use the pro et contra method in a classroom.

Interestingly, for what is basically a student reader in bioethics, a disagreement is revealed, though not discussed, over what bioethics is. The editor in her introduction takes as a given that bioethics is normative ethics applied to the practice of medicine and science. That would make bioethics a discipline, a branch within moral philosophy. This is summarily dismissed by one of the most distinguished moral philosophers working today, Onora O’Neill, who opens her contribution by stating that bioethics is not a discipline but a meeting ground for many disciplines and organisations concerned with ethical, legal and social questions raised by advances in medicine, science and biotechnology. This surely is not only right but also quite important. Being a philosopher myself, I am often struck by the naivety displayed in applied ethics and the paucity of insight into the complex and legally and socially cluttered circumstances in which morally ripe questions are played out. Bioethics is a field of study, not a particular way of studying it.

One issue in that field is the use of performance enhancing drugs in sport. Here trying to make the case for legalizing drugs in sport is philosopher Julian Savulescu and two colleagues, while in the other corner is social psychologist Thomas H. Murray. Murray’s threefold argument for upholding a ban on drugs is that doping is unfair because it tilts the playing field in favour of the cheater; it violates the integrity of the athlete because cheating is dishonest and a person with integrity does not behave dishonestly; and it violates the meaning and value of sports, which is to combine natural talent with dedication. Savulescu’s team effortlessly shoots a hole through Murray’s first two reasons by pointing out the trivially evident: if drugs are legal, using them is not cheating. So the argument comes down to whether the spirit of sport is violated by drugs. Savulescu et al try to make the case that it is not, by saying that human activity is marked by being creative. If you want to excel, what could by more in line with the human spirit than choosing to improve yourself?

Quite apart from a terribly bad analogy to musicians taking beta blockers to control stage fright, the argument is striking only in being so breathtakingly individualistic, a flaw which is there in Murray’s short text as well. Here again is the shortsightedness that mars so much of applied ethics. It is as if they actually believe that world-class athletes are isolated agents, taking individual and free decisions whether to use drugs or not, as if there are no such things as team doctors with links to shady labs, sponsor deals involving loads of money, coaches offering multicoloured ‘nutrients’ for breakfast, and crowds to please and woo. The cluttered circumstances in which sport takes place are absent from these discussions which place them in danger of being morally irrelevant.

The myopic and overly individualistic tendency in applied ethics is evident in many of the contributions – Onora O’Neill is a refreshing exception – not least in the introduction. ‘This is a book about choices’ is the volume’s
opening sentence. Yes it is, unfortunately. Too much of bioethics is about choices, choices that supposedly self-contained and autonomous individuals are to make prior, even if they are patients about to be sedated in pre-op. Just as ethicists concerned with doping turn it into an individual choice made freely by an individual athlete, bioethicists in general make a fetish out of the individual decision. Hence the preoccupation with informed consent as the moral panacea in matters of medical treatment. Elaborating on her no answer to the question ‘Is informed consent still central to medical ethics?’ O’Neill effectively wipes out the yes answer by Arnold and Lidz who base their case on the much abused notion of autonomy. Informed consent is central provided that the procedure promotes patient autonomy, they claim. O’Neill does not dismiss consent as unimportant. What she says is that we should not kid ourselves into thinking that it is about autonomy. Choosing from a very small menu of treatments selected by someone else does not make for an exercise of individual autonomy but it might suit us quite well when ill. John Hardwig in his contribution, which is a yes answer to the question ‘Can family interests ethically outweigh patient autonomy?’, makes the much needed point that in bioethics ‘autonomy’ has come to mean simply a patient’s right to choose treatment. But on any philosophically informed conception of autonomy, autonomy implies responsibility. If we talk about patients making autonomous decisions about their own treatments, that means that we also burden them with the responsibility of that decision. Do we really want to do that? The choice fetish of bioethics is not only naïve from the point of view of the multifaceted circumstances in which these activities are played out. It is also philosophically poor in that important concepts are thrown about like buzzwords.

However, this book should be regarded as functional literature, with the specific purpose of sparking debate in a classroom and that it certainly will. Since its intended readers are students though, any teacher using it as course material might wish to steer her students clear of the editor’s introduction. It is supposed to be a crash course in normative ethics, which is never an easy thing to provide, but contain so many mistakes and contradictions that one can only wish the editor had an editor. If the pro et contra parts of the book are used in conjunction with a proper textbook on ethics to provide a philosophical backbone to the issues discussed and to encourage students to take a critical stance to both a yes and a no, I am sure that it serves its purpose very well.

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