

# Making things better

Samia Hurst

It is perhaps fitting that the focus of this, the first issue of our new quarterly *Bioethica Forum*, should be on «enhancement». For our journal, for our authors and readers, we certainly hope that the change to four issues a year represents an enhancement. Let us know whether this is the case.

Knowing when a medical intervention represents an enhancement is notoriously difficult. It is perhaps not entirely by chance that one of the articles in this issue, though not in the focus, centres on the hopes associated with transplantation. A reminder that at the heart of medicine is a drive for transgression – of the limits of our health, of our lives, and of our understanding, and that its implementation requires other sorts of transgressions – of the boundaries of our private sphere and of our persons.

Ethical questions surrounding enhancement bring all of these transgressions into sharp relief. In a recent survey of US doctors, interventions discussed as enhancements included «make a short child grow taller», the inevitable «stimulate sexual arousal», but also «steady a surgeon's hand», «make soldiers more aggressive», and «reduce fear in people with dangerous jobs» [1]. These examples illustrate how discussions of enhancement are frequently about pushing those limits farther: not just promising *even* longer and healthier lives, but also greater intrusion into our persons and priorities.

The most pressing issues relating to enhancement thus have to do with aims, rather than means, and while the aim of leading healthier lives is often shared, many other aims are not. When doctors are asked whether they would prescribe interventions which could be considered enhancements, it seems that «the introduction of distal social goals rather than proximate clinical goals could shift opinions towards a more ambiguous stance» [2]. In this issue, Baertschi and Mauron discuss the distinction between two meanings of an «enhance-

ment compatible with authenticity» – that of being in line with a person's long term priorities or with greater freedom from biological obstacles to our aims, and that of conforming to some ideal of human nature or of the good life which humans are supposed to share (or ought to share) [3]. In debating enhancement medicine, we seem currently rather fond of focusing on what we might consider dangerous aims, to be forbidden or otherwise rendered impossible. Discussions on the (un-) acceptability of ever greater medically-enhanced social competition illustrate this well. But are these goals undesirable because they are inherently blameworthy, or because they would be wrongfully imposed on us? And when does imposing views of what constitutes blameworthy enhancement run into the second sort of problem, that, precisely, of being wrongfully imposed? This is a modest but crucial point, which is discussed in one way or another by all the authors in the focus of this *Bioethica Forum* issue, and which could substantially change the enhancement debate were it to be taken seriously.

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