

Handout 1: Human Flourishing, Enhancement, and Ritalin

This article¹ is prepared by the President's Council on Bioethics (hereafter "Council") and investigates the non-therapeutic use of drugs designed—and traditionally used—for therapeutic purposes. In particular, the Council investigates ethical issues associated with using Ritalin to pacify troublesome young people, its use by adults to increase performance for academic-related tasks, and its effect on human flourishing in general. The article is not argumentative in nature but rather exploratory, raising questions about the ethics of using medical methods for controlling and enhancing behavior rather than employing traditional methods.

1. Therapeutic & Non-Therapeutic Uses of Ritalin

Chemical substances (and bio-technologies more generally) can have a dual-use:

THE DUAL-USE OF BIO-TECHNOLOGIES

| | |
|------------------------|--|
| Therapeutic | for <i>therapeutic</i> purposes to treat illness, disease, to fight infection, to restore damaged body parts, etc. |
| Non-Therapeutic | for <i>non-therapeutic</i> purposes to pacify individuals, enhance performance, and for recreation |

Methylphenidate² is a chemical substance found in Ritalin (and other drugs). It is a stimulant to the central nervous system (CNS) and functions by releasing and increasing postsynaptic dopamine in the CNS. This release increases an individual's alertness by decreasing impulsivity.

Ritalin is primarily used *therapeutically* to treat Attention Deficit Hyperactive Disorder (or ADHD), a psychiatric disorder characterized by significant inattention and/or hyperactivity.³ In this capacity, it has shown to be effective in reducing symptoms of ADHD.

Ritalin can also be used for *non-therapeutic* as a *performance enhancing drug* to reduce fatigue, distraction, to increase focus, endurance, and concentration or as a *recreational drug*. It is used before exams, to write papers, to avoid having to nap, and before big events like speeches.

Despite similarities to other amphetamines, oral ingestion of Ritalin is not addictive (although capable of being abused⁴). However, other forms of use (e.g. snorting, injection) are addictive, producing cocaine-like highs.

¹ "Human Flourishing, Performance Enhancement, and Ritalin." The President's Council on Bioethics. DEC 2002. The President's Council on Bioethics. Accessed <<http://www.bioethics.gov/background/humanflourish.html>>.

² Methylphenidate was first synthesized in 1944, patented in 1954, and marketed by Ciba-Geigy Pharmaceutical Company by the name "Ritalin."

³ It has also been used to treat depression, narcolepsy, brain injury, cancer, pain, and other cognitive disorders. See Morton, W. Alexander, Stockton, Gwendolyn G. 2000. Methylphenidate Abuse and Psychiatric Side Effects. *Primary Care Companion Journal of Clinical Psychiatry* 2(5): 159-164. See p.159.

⁴ See Morton, W. Alexander, Stockton, Gwendolyn G. 2000. Methylphenidate Abuse and Psychiatric Side Effects. *Primary Care Companion Journal of Clinical Psychiatry* 2(5): 159-164. See p.160.

CDQ#1: What experiences do you have with Ritalin or drugs in its family (Adderall, Concerta, Metadate ER/CD, Methylin ER)?

2. Diagnosing ADHD & the Increased Production of Ritalin

While ADHD is brought on by a combination of *genetic* (chromosome 16) and *environmental* factors (brain injury, stroke, emotional deprivation, smoking while pregnant, etc.), ADHD is **not** diagnosed using a laboratory test, e.g. analysis of blood. Instead, individuals are diagnosed as ADHD on the basis of “the presence, frequency, and severity of multiple symptoms of inattention and hyperactivity/impulsivity that have persisted for at least six months.”

Given that there are *subjective* components to diagnosis and that environmental factors play a role, some individuals may be diagnosed with ADHD who do not have it or who would not need treatment if placed in a different environment. The Council reports that children with ADHD ranges anywhere from *3 to 20 percent*, depending upon the criteria used to diagnosis it.⁵

Ritalin is a Schedule II controlled substance. This means that it has a **high potential for abuse**, has a medical use, and can lead to dependence. As such, Ritalin is not available without a prescription. The production of Ritalin and amphetamine has increased by at least 4x between 1992 and 2002 (see chart).

The report specifies at least two reasons for the increased production and use of Ritalin:

Reason #1: Parents try to take advantage of special education services by fostering the idea that their child has ADD or ADHD.

Reason #2: Teachers don't want to deal with unruly children and so insist that unruly students receive psychiatric evaluations, leading to a Ritalin prescription.

3. Ethical Issues for Children

Ritalin effectively reduces the symptoms of ADHD and consists of minor short-term side effects in low doses, e.g. loss of appetite, weight loss, and insomnia,⁶ and some more serious effects in high doses, e.g. seizures.⁷ The concern of the Council however is not with short-term effects or with the drug's efficacy. Instead, the Council expressed concern over the following:

Q1: What effect does prescribing Ritalin to children who do not have ADHD and what is the *long-term impact on character development of children*?

The Council indicates that there are two principal consequences of prescribing use of Ritalin for young people who do not have ADHD:

⁵ Other reports suggest that ADHD is found in approximately 3% to 5% of school-age children, and occurs more frequently in boys. See Morton, W. Alexander, Stockton, Gwendolyn G. 2000. Methylphenidate Abuse and Psychiatric Side Effects. *Primary Care Companion Journal of Clinical Psychiatry* 2(5): 159-164. See p.160.

⁶ In addition, increased alertness, euphoria, impairment of voluntary movement, irregular or rapid heartbeat, nausea or vomiting, skin rash, drowsiness. CESAR (Center for Substance Abuse Research). 2013. “Ritalin” <http://www.cesar.umd.edu/cesar/drugs/ritalin.asp>. Accessed: 3/25/14.

⁷ In addition, excitation, agitation, muscle twitching, confusion, pupil dilation, dry mouth, vomiting, flushing, hallucinations, anxiety, formication (sensation of bugs under the skin). CESAR (Center for Substance Abuse Research). 2013. “Ritalin” <http://www.cesar.umd.edu/cesar/drugs/ritalin.asp>. Accessed: 3/25/14.

The Good: it reduces “bad” or unwanted behavior, e.g. inattentive, wildness (esp. in boys)

The Bad: it reduces an individual’s *impulse-to-do* rather than *strengthens their will to restrain* from doing certain actions. **Children who are mildly hyperactive, bored, or inattentive are being given Ritalin to *pacify* them.**

There are thus two different methods of character development at play. The **method of morals** uses traditional tools like *praise and blame* and aims to empower young people to *increase their ability to control their own behavior*. In contrast, the **method of medicine** aims to control problematic behaviors by regular doses of medication.

The Council seems to contend that *managing behavior by decreasing the impulse to do rather than increasing the will to restrain* is a bad thing. They contend that adopting the method of medicine is wrong because it *negatively* impacts a child’s long-term development and their capacity to *flourish* as human beings.

ARGUMENT AGAINST THE METHOD OF MEDICINE

- P1** A child’s character can be developed by the method of morals or the method of medicine.
- P2** The method of medicine negatively impacts the long-term development of children by inhibiting their capacity to control their own behavior.
- P3** Inhibiting a child’s capacity to control their own behavior is harming a child.
- P4** Harming children is morally wrong.
- C** Therefore, we should *not* cultivate a child’s character through the method of medicine, but instead use the method of morals.

The key premises are **P2** and **P3**. **P2** says that the method of medicine negatively impacts a child’s development in a way that the method of morals does not. Let’s consider this premise from three different perspectives.

Q1. From Flourishing. What specifically do we mean if we say that something negatively impacts a child’s character development or their capacity to flourish? What characters does a fully-developed person have? Do traditional tools like praise and blame (the method of morals) achieve this better or worse than chemical substances like Ritalin (the method of medicine)?

Q2. From Consequences (Utilitarian). There are some happy consequences associated with giving children Ritalin (who don’t need it) but also some unhappy ones. The utilitarian contends that what is good is what maximizes the total amount of happiness in the world. Thinking about *all* of the consequences associated with the method of medicine (short-term, long-term, immediate concerns, educational, social, behavioral), does giving children Ritalin promote more happiness in the world?

Q3. From Respect (Kant). The philosopher Immanuel Kant says that it is morally wrong to treat people *merely as a means to an end*. That is, we ought not treat people as an *instrument* for the satisfaction of our own goals, but instead we have a moral duty to treat people (rational agents) as *ends in themselves*. That is, we ought to *respect* individuals as capable (or at least potentially capable) of making their own choices. In giving children Ritalin to manage their behavior (or for performance-enhancing purposes), are we respecting them as human beings ultimately capable of making their own choices or enfeebling them? Do we have an ethical obligation to raise children to have *strong*

wills (i.e., capable of managing their behavior through self-control rather than through medical means)?

| | Method of Morals | Method of Medicine |
|------|------------------|--------------------|
| Pros | | |
| Cons | | |

4. Ethical Issues for Adults

The Council identifies three ethical issues in adults:

Issue #1. Fairness. People use Ritalin to get ahead in society (PED). This is thought to be unfair and reflect a society that is hyper-competitive.

CDQ: Do you think the use of Ritalin to get ahead in society is fair? Why or why not (explain your answer)?

CDQ: What is your reaction to the claim that we can make things fair for everyone by making Ritalin available for everyone?

Issue #2. Competency & Testing. If work is done in a Ritalin-induced state, how valid are tests that evaluate the intelligence of test-takers. If I am a pre-medical student and in order to pass a test, take it in on Ritalin, is it safe for me to practice medicine if I am not taking Ritalin on a daily basis?

CDQ: All other things being equal, would you rather be treated by a doctor who took his/her medical examinations in a Ritalin-induced state or in a non-Ritalin-induced state?

CDQ: Should there be drug tests before various examinations (e.g. SAT, ACT, MCAT, LSAT, etc.)? What are the pros and cons of drug testing?

Issue #3. Example for Young People. Adult usage of Ritalin for non-therapeutic or performance purposes greats a *bad example* for young people. It makes it difficult for parents to say that taking drugs is wrong.⁸

CDQ: Does the use of Ritalin by adults set a bad example for young people or is it similar to other substances like alcohol where there is good reasons it is permissible for adults to use it but not for children?

CDQ: We have considered the use of Ritalin as a performance enhancer, noting that while it does not have acute health effects, there are certain ethical questions about its role in the long-term development of human beings. What about more common chemical substances used to *regulate behavior* and *increase performance*, e.g. coffee, energy drinks, marijuana, alcohol? What similarities and differences do you see between these widely used drugs and Ritalin?

⁸ In the US, the Food and Drug Administration (FDA) reviews drugs to see whether they are safe and effective for a specific use, e.g. does prescription cold medicine really help my cold? However, the FDA does not regulate the practice of medicine and so doctors can write "off-label prescriptions", i.e. they can prescribe a drug for use other than which the drug has been approved for, e.g. prescribing an antidepressant to treat physical pain or Doxepin (an antidepressant) to treat allergic reactions.