



Free to do evil. Some possible implications of moral enhancement for free will and moral responsibility

Consuelo Luverà

Abstract

In recent years the progress of biomedical technologies has enabled man to enhance his physical and cognitive abilities by using pharmaceutical, surgical, or genetic techniques. In social imaginary many worries are raised by this new possibility to go beyond the limits set up by nature, even though remote. In the wider framework of human enhancement we will examine a particular one: moral bioenhancement. More specifically it is the use of new biomedical technologies to improve our acting or reflecting morally. These kinds of prospective interventions raise many ethical issues. We will focus specifically on the implications for human freedom and consequently for moral responsibility. Although these concepts could be threatened by moral bioenhancement we could imagine a futuristic scenario where these kinds of interventions could have a useful social employment.

Keywords

human enhancement / moral enhancement / bioethics / neuroethics / free will / moral responsibility

Author

Consuelo Luverà – cluvera@unime.it
Department of Cognitive Science, Psychology, Education and Cultural Studies
University of Messina



I. Making better people

Man has always tried to improve himself. This is the reason why we have made many advances in science and technology. Without this bent to continuous enhancement maybe we would not be where we are today. Maybe we would be like cave men in the Stone Age in that case. In wider terms an enhancement is an intervention that aims to improve some physical or cognitive human abilities or characteristics (Buchanan, 2011). In this broad sense, we can consider as human enhancement all technologies or tools that allow us to achieve certain outcomes better than we could otherwise do (that is, more easily or effectively) (Bostrom and Roanche, 2007). So we can include under this label also tools like glasses or personal computers because they enhance our ability to see, to calculate or to perform a task that we can do worse (or we cannot do) without the tools in question. But today a way to enhance ourselves in a sense even considered impossible until a few decades ago is available: biomedical enhancement. It is a type of intervention using scientific and medical knowledge to cause improvement inside the human body. In other words these are enhancements using biotechnologies to make changes in our body or our brain and to improve an existing capacity from the inside. There are many physical abilities (such as longevity, strength, speed, or capacity to respond to diseases, etc.) that can be improved by biomedical enhancement. Moreover, some cognitive functions (such as memory, reasoning, attention, concentration, etc.) can be improved too. In this biomedical framework, these enhancements can be achieved by means such as genetic, chemical, surgical, pharmacological or neurological interventions, or also new forms of high tech manipulation such as BCI (brain-computer interface).

This possibility of enhancing raised a scientific and philosophical debate about the correctness and legitimacy of using medicine and science to reshape or manipulate human nature in some way. The debate on human enhancement raises many questions and objections in non-philosophers too. In social imaginary general worries do not come from the idea of enhancement per se. People have no problem with making human life better. They know and approve man's tendency to continuous improvement. The problem seems specifically to reside in biomedical enhancement. In fact the most shared fear is about the loss of "humanity" (Mehlman, 2012). It seems that people are afraid of a hypothetical dystopian future world where humankind would be more like robots or androids than people with different feelings, virtues and vices. Transformation at biological or genetic level could cause an alteration in what we call "human nature" (Kass, 2002; Fukuyama, 2002). It is hard to say what human nature is. This is not the place to clarify this concept. But maybe it could be worth pointing out that looking at nature as something always good is a mere case of naturalistic fallacy. Nature is full of bad things, like cancer or disability. Altering this kind of human nature may not be so bad. Going



beyond the limits set up by nature is the only way doing things like beating cancer or curing other degenerative diseases that afflict people in a “perfectly natural” way every day. With regards to illness it is important, in this framework, to make a distinction between enhancement and therapy. While enhancement aims to improve the ability of an organism beyond its normal state, therapy aims to cure diseases or injuries (Savulescu and Bostrom, 2009). But this distinction is not so easy. Let’s think about Oscar Pistorius, the Paralympic sprint champion who had his legs amputated below the knee in his infancy. He is able to run with his artificial limbs, J-shaped carbon-fibre prosthetics giving him a certain advantage over runners with natural legs. This started a formal controversy about the presence of prosthesis in competitions. That goes to show that what is done to fix something wrong sometimes risks enhancing subjects beyond normal levels and to allow a performance they could not otherwise achieve. There is a fine line between enhancement and therapy. The worry about the possibility of crossing this line is another fear which appeals to the opponents of enhancement.

As we said before, man has always looked for self-improvement. He has done this also by means of technological tools that have lent him better abilities and capacities. This is the history of man. Those who think that human biomedical enhancement is a good thing often use this common argumentative strategy. These pro-enhancement authors claim that we should not give up technological and biomedical progress. On the contrary we have to use all our knowledge in order to enhance cognition, bodies, emotional well being and to expand life or protect health. On the other hand many people and scientists reject biomedical enhancement. These opponents of enhancing claim that it is not morally permissible to use those methods in order to improve human form or function without a medical need. They fear that such interventions would alter human biology or human nature in general (Bostrom and Savulescu, 2009).

Counter-posed argumentative strategy makes the ethical debate very interesting. Among ethical anti-enhancement objections, the following are recurring: even if human enhancement represents a good thing for the individuals undergoing these interventions, it could be disadvantageous for others, that is, individuals who are not enhanced. In fact, if an intervention makes one person enhanced (e.g. more intelligent, or quicker) this will disadvantage other individuals that could not play on equal terms for example in case of competition for a job or a match on the basis of different cognitive or physical abilities. But as pointed out by Douglas (2008) this objection seems unpersuasive for a particular type of enhancement: moral enhancement. In this case, intervention aims to improve people’s morality. Every one will benefit from dealing with really moral people so the objection based on inequality falls down. Nevertheless, moral enhancement is criticized for many other questions. We will examine some specific points below.



2. Making really moral people

In dealing with moral enhancement we are concerned with a particular aspect of human life, which is supposed to be improved: moral life. The point here is not enhancing a physical or a cognitive characteristic, but it is enhancing our acting or reflecting morally. We can describe moral enhancement in a very general way as those different types of interventions which improve the moral conduct of people. The debate about moral enhancement is new; nevertheless, it has raised lots of bioethical issues (Douglas, 2008; Harris, 2013a, 2013b; Persson and Savulescu, 2008, 2012). A reason for discussion is that the concept in question is used and defined differently by commentators. For example, De Grazia calls moral enhancements “interventions that are intended to improve our moral capacities such as our capacities for sympathy and fairness”(De Grazia, 2014:361). Instead Douglas focuses on the moral goodness of motives: “a person morally enhances herself if she alters herself in a way that may reasonably be expected to result in her having morally better future motives, taken in sum, than she would otherwise have had” (Douglas, 2008:229). Since there are many divergent views on what makes motives morally good (e.g. reasoning or pro-social emotions) he characterizes some emotions (precisely two) that are supposed to interfere with morally good motives (moral emotions, reasoning processes, and combinations thereof). These emotions, called counter-moral emotions, are an aversion to certain racial groups and aggression. He claims that both of them would be uncontroversial examples of bad motives. So attenuating such counter-moral emotions would leave a person with better future motives. Moreover he claims that moral enhancement should sometimes consist of the biomedical attenuation of these emotions.

The latter is a critical point. In fact, an important distinction in moral enhancement terminology is about the means used to achieve the outcome. A traditional form of moral enhancement has been in human use for millennia: that is, socialization, education, and parental supervision. According to Harris these are useful and effective forms of moral enhancement because they aim to bring children up “to know the difference between right and wrong, to avoid inflicting pain or suffering on or doing harm to others, and instilling in them habits of respect for others” (Harris, 2011:104). But as we saw before, today many new biomedical technologies are available. So we can use also non-traditional means to improve morality, such as genetic manipulation, chemical or neurological interventions. We can refer to the latter as moral bio-enhancement (or biomedical moral enhancement).

While critics agree about the use of traditional moral enhancement, some of them specifically disapprove of moral bio-enhancement (Agar, 2013; Harris, 2013b). Indeed, the shared worries in collective imagination are raised by the kind of techniques which could be used to achieve moral enhancement. De Grazia (2014:361-2) gives us some examples of non-traditional means of moral enhancement. Among them there are pharmaceutical



means (e.g. glucose as a means of increasing resistance to temptation to do something wrong, selective serotonin re-uptake inhibitors as a means of being less inclined to assault people, propranolol as a means of decreasing unconscious racial bias), genetic manipulation (e.g. selection of embryos that contain a gene coding for a greater disposition to altruism, embryo selection or genetic engineering as a means of avoiding or neutralising genes associated with antisocial personality disorder, an artificial chromosome that includes multiple genes coding for stronger predispositions to a variety of moral virtues), new forms of high tech manipulation (e.g. deep-brain stimulation as a means of reducing aggression, neuro-feedback to increase sympathy and/or treat antisocial personality disorder). Many of these techniques for achieving moral enhancement are not effective today. But our biomedical knowledge is increasing every day. So, plausibly we would be able to use some of these methods to induce such alterations via biomedical intervention in the foreseeable or distant future. Therefore social considerations behind general worries concerning human enhancement are in common with worries about moral bio-enhancement. Since some authors use the concept of moral enhancement in a broad sense, fusing traditional and non-traditional means, confusion within the debate about the permissibility of moral enhancement is induced. Obviously this confusion contributes to an increase in shared fears about the matter.

In fact, as pointed out by Shook (2012), there is not a clear and precise definition of moral bioenhancement. He highlights the emergence of a philosophical matter about moral enhancement as raising a lot of practical questions like “which moral enhancements are ethically justifiable to permit, and which should be forbidden?” or “which moral enhancements should become publically endorsed or even legally required?” (Shook, 2012:3). These are only some of the questions raised by this issue. We can refer to Raus, Focquaert, Schermer, Specker and Sterckx (2014) to shed light on several ethical questions within the debate on moral bio-enhancement. They developed a clarifying taxonomy of existing definitions of moral enhancement focusing on various criteria used by different authors in order to determine whether an intervention can be categorized as moral enhancement. Moreover, they point out that maybe the wide variety of ways for defining moral enhancement stems from the philosophical problem to define what constitutes morality and what it means acting morally. However this is an ancient problem we are not going to discuss here. Now, we are interested in showing that focusing on different aspect of the problem we can characterize different ethical questions.

We formerly examined in short the question about therapy vs enhancement as regards to human enhancement in general. Here we are going to examine this question specifically with regards to moral enhancement. Many authors claim that “enhancement as moral therapy” and “enhancement as moral improvement” should be considered separately (e.g. Agar, 2014; Horstkötter, Berghmans, De Wert, 2012). That is because a therapy aims to achieve the average level in moral capacities or behaviour, while the moral improvement aims to go beyond this average level. The problem here is to determine what it means to



have an average or normal level in moral capacities or behaviour. In other words: what is it like to have normally functioning moral capacities? The answer could depend on what we decide should fall within the range of moral behaviour. But there is no such level of moral behaviour that is considered objectively “normal”. As pointed out by Agar there is a broad range of moral normalness and people fall somewhere in this range: “morally people are not Josef Stalin, but they are not Mahatma Gandhi either” (Agar, 2014:369). So every trying to establish what is moral normality turns out to be a normative claim. In fact, “making a distinction between moral treatment and moral enhancement requires taking a normative stance on what constitutes average or normal moral behaviour or average or normal moral capacities” (Raus et al., 2014:267). Here we begin to see how complicated the issue is.

There are many other ethical questions raised by the consideration of different criteria to define moral enhancement. To make a brief array of them we will consider some of the other focus points following Raus and colleagues (2014). Among the critical points of discussion there is the involvement of the subject. The question here is whether engaging a kind of enhancement requires an active involvement of the subject treated or a kind of intervention where the subject is a passive recipient. Obviously in the former, conscious mental processes are needed. It seems that traditional moral enhancement fits this circumstance better while enhancement by means of genetic manipulation or pharmaceutical would probably not involve the subject actively. This raises many ethical questions about the permissibility of these interventions, as in the earlier point. This question is linked to that concerning the target of moral enhancement. In fact, some authors claim that moral enhancement must not be limited to some specific individuals, but that the global population has to be morally enhanced. We discuss their position in particular later. But for the moment we want to highlight that this issue is strictly linked to the idea that moral enhancement could be compulsory.

Together with the subject-target of moral enhancement an important aspect to be considered is the object-target, that is, what it is supposed to be modified within an individual after an intervention of moral enhancement. We consider this particular point in the next paragraph because it is linked to the specific question we are going to examine: the relationship between moral enhancement and free will.

3. Making not free people?

An important point of discussion concerns what an intervention of moral bioenhancement should target in a person between the behaviour and the capacities of moral reflection. This is a very crucial question because it involves several ethical problems. The idea underlying moral bioenhancement in fact concerns the possibility to achieve a better morality in people directly, that is by pharmaceutical or other biomedical manipulation. These kinds of intervention do not involve necessarily moral reflection but



only a modification of the behaviour. Modifying the capacity of moral reflection changes indeed the behaviour too, but the path to better morality is different. The same outcome with a different way. A little clarification: we are always talking about a form of moral enhancement involving biomedical interventions. What differs is whether the biomedical means are used to modify the behaviour or/and the capacity of moral thinking. We consider this regardless of the future feasibility of interventions able to modify them. We are examining the question from an ethical point of view.

Some commentators (Harris, 2011; Agar, 2014; Simkulet, 2012) look at the modification of moral behaviour (with no changes in moral reflection) as a not actual moral enhancement. They consider it rather as a form of behaviour control. After all, acting morally as a result of a biomedical manipulation is not equal to behaving morally in consequence of thinking ethically. Indeed, only the latter preserves completely mental processes and the involvement of active subjects. Interventions which bypass the reflection processes look as if they make moral behaviour extraordinarily similar to an automatic behaviour, with no control by the subject. So, here the ethical questions are: can we accept any form of moral bioenhancement bypassing an important part of our mental life? And more important: is this kind of moral behaviour held as free? And if it does not: can we consider it as moral behaviour even though not free?

According to Harris (2011; 2014) moral enhancement must be intended as the improvement of our ability to think ethically, otherwise it would have a deleterious effect on freedom (and it could not even be called moral enhancement). In this line he argues: "the intervention is designed to bypass reasoning and act directly on attitudes. When such attitudes are manipulated, not only is freedom subverted but also morality is bypassed" (Harris, 2014:372). So, in his view, the situation where individuals are no longer making actual choices is the inexorable consequence of interventions of moral bioenhancement not involving consciousness. Instead, an actual intervention of moral enhancement should improve virtue, that is the ability to differentiate between right and wrong and to choose the right thing. Anything acting directly on attitudes bypassing this ability impedes freedom.

His idea is that any enhancement of morality via direct biomedical means does not leave the individual "free to fall", that is free to do the wrong thing.

In moral life, autonomy of individuals is a fundamental aspect. If we want to preserve it we have to preserve their freedom too. In fact, more than the possibility of falling, autonomy needs the freedom to choose to fall: "without the freedom to fall, good cannot be a choice; and freedom disappears and along with it virtue" (Harris, 2011:104). The point is that biomedical means to enhance morality (for example manipulating the levels of serotonin or oxytocin) do not allow an individual's moral judgement. In other words they prevent reasoning about which behaviours fix the individual's moral preferences and beliefs better. Harris explicitly places rationality at the centre of morality and so at the centre of "ideal" moral enhancement too. Moreover, he claims that we don't need such



kinds of biomedical interventions to enhance morality because we already have many effective forms of moral enhancement available. Those are traditional means of moral enhancement. In his opinion we should go on using all the powerful tools we have used to date, such as moral education, socialization, parental supervision, self education. We have to teach children what is right and wrong, to bring them up to respect others, to be altruistic and helpful and so on. These methods are the best ones we can use to make our world a better place and, overall, a place inhabited by free individuals (Harris, 2011). At this point it seems clear that in Harris' opinion moral enhancement is reduced to cognitive enhancement because only by improving moral reasoning (that is the ability to think ethically) we can obtain a genuine moral improvement in individuals. Any other methods entail the loss of freedom.

This viewpoint is in opposition with that of Douglas which we exposed before (2008). In fact, he claims that moral enhancement should be gained via the direct biomedical modulation of what he calls counter moral emotions (e.g. through the use of pharmaceutical or other biomedical technologies). The reason for this disagreement is obviously that this kind of enhancement bypasses reasoning. Harris is rather sceptical about the effectiveness of these methods. For example, according to him, it is difficult to say if a counter moral emotion as an "aversion to certain racial groups" can be actually reduced by biomedical means, because it is not a visceral reaction like a fear response to something: racism has to do more with beliefs; it is a prejudice and so it has a cognitive content. Maybe it is at this level that we have to work in order to reduce xenophobia (Harris, 2011). Nevertheless, as pointed out by Persson and Savulescu, scientific research has shown that racism has neurobiological bases: "encoding by race is a by-product of cognitive machinery that evolved to detect coalitional alliance" (Persson and Savulescu, 2008:168). So it seems possible that biomedical or genetic means could be actually effective to mitigate xenophobia because it is in our nature. But Harris notices that racism is not as widespread today as some hundred years ago thanks to traditional forms of moral enhancement such as those mentioned above. Moreover, the whole population of the world is not racist, but only a relatively little percentage, although the computational process encoding racism inside the brain of all individuals is the same. So "the encoding cannot be that powerful" (Harris, 2011:105). In this line he claims that actually what limited racism in the world is the recognition of the prejudice and the falsity of this belief together with a labour of moral education, public disapproval, knowledge acquisition and legislation.

This question lets us highlight what we see as a critical point of Harris's view. He focuses strictly on cognitive enhancement as the only way to obtain a better morality. In doing so he seems to neglect the biological basis of moral behaviour, that is, prosocial emotions such as empathy and altruism. As we said before, according to him, morality is essentially a question of reasoning and judgment, not of emotions. Any method that bypasses reflection and deliberation not only precludes freedom, but also it has nothing to do with



morality. In his opinion what differentiates moral judgement from prejudice is that the latter arises from a personal emotional response such as fear, or disgust, or pity etc. And this is not the right way to do ethics:

I try not to do ethics with my gut [...]. To believe that emotions can deliver answers to moral dilemmas or generate moral judgements is like believing that the gut is an organ of thought, or one that can answer complex, combined theoretical and empirical, questions. (Harris, 2013b: 288)

Here Harris does not seem to consider what Douglas instead highlights: that is, that “emotions are relevant to the development of all sorts of rational capacities” (Douglas, 2013: 165). Moreover, it is well-known that scientific research in neuroscience, cognitive ethology, sociobiology and evolutionary biology (De Waal 1996; Wilson, 1975, Churchland, 2011) shows that there is a biological basis of morality and that we share a core of moral dispositions with other animals. We cannot ignore the fact that if there is a natural and biological basis of morality, we could physically intervene and in doing so, modify human moral dispositions. Moreover, one of the major hermeneutic phenomenologists of the last century, Paul Ricoeur, in his *Le volontaire et l'involontaire* (1950), connects the subject to *le corps* proper looking at the self as will, need, body besides a conscious mind and so reinterpreting the relationship between freedom and nature through the reciprocal bond between the voluntary and the involuntary. He regards human freedom as an incarnate freedom, although not a perfect or a all-comprehensive one, but definitively as an human freedom: “each moment of freedom—deciding, moving, consenting—unites action and passion, initiative and receptivity, according to a different intentional mode” (Ricoeur, 1950: 481).

Furthermore, it is doubtful that an intervention (if there is one) able to increase a prosocial emotion such as, for example, empathy, always leads to good consequences. For example, consider the correlation between oxytocin and empathy. Enhancing an individual's empathy by increasing the oxytocin level can have deleterious consequences if this level is increased to supernormal standards: in this case individuals could lack to recognize as wrong some behaviour like imposing sacrifices on strangers to promote the interests of loved ones (Agar, 2014:370). The same reasoning can be made for other potential emotional-targets of moral bioenhancement such as violence or aggression. Decreasing violence seems to be a good thing, but sometimes we need violence to defend others or ourselves from peril. We need both violence and non-violence (Harris and Savulescu, 2015). It is for these reasons that Harris, by his admission, is “sceptical that we would ever have available an intervention capable of targeting aversions to the wicked rather than the good” (Harris, 2011:105).

To return to free will, Douglas tries to replay to Harris' criticism arguing that not everyone possesses the same degree of moral motivation. So, sometimes interventions of moral



bioenhancement could help these individuals to strengthen their motivation to be moral. For example someone could have certain emotional biases that afflict his moral reasoning and prevent him from acting in line with his normative judgements. In Douglas' view we can see an intervention that mitigates those emotional negative biases as an intervention that increases the subject's freedom to act more morally (Douglas, 2013). But we would like to notice that the point in question is not the freedom to be moral, but that of being immoral, that is the freedom to do the wrong thing.

Persson and Savulescu disagree with Harris, among many other issues, also about the relation between moral bioenhancement and freedom. They consider the idea that bioenhancement makes freedom impossible to be groundless because, in short, individuals undergoing an intervention of moral bioenhancement, after treatment, do not do bad things for the same reasons of not enhanced virtuous individuals (that is those who do not undergo moral bioenhancement), that is because, for both of them, "it is psychologically or motivationally impossible" (Persson and Savulescu, 2013:128). Moreover, they insist on the biological basis of moral dispositions. They highlight that we should work on this basis to improve people's morality because many centuries of traditional means of moral enhancement have been not sufficient. They have a clear and catastrophic idea about this question. In their opinion, we are going towards the "final danger", that is world devastation because of our own behaviour; so we must morally bioenhance ourselves to avoid the end (Persson and Savulescu, 2012).

Sometimes certain commentators (De Grazia, 2014; Persson and Savulescu, 2013; Curtis, 2012) address the problem of the philosophical debate about the compatibility of free will and determinism. They use the classical argumentations within this debate to claim that moral bioenhancement does not threat freedom both in the truth of compatibilism and incompatibilism. We agree with Harris when he replies that this is a digression that is not so pertinent: "all this talk about free will determinism and compatibilism is just smoke and mirrors in this context" (Harris, 2014:372). We think that the implications of moral bioenhancement for free will have to be discussed on the conceptual plane, beside the deterministic or indeterministic state of the world.

There are more practical kinds of argumentation we can examine. For example: what about a person freely choosing a biomedical intervention to improve her moral dispositions? Is he losing his freedom anyway? Many authors answer in a negative way (Persson and Savulescu, 2012; Selgelid 2014; Rakic, 2014). This is a kind of practical argument linked to the problem of the compulsoriness of moral bioenhancement. Another argumentative strategy to rebut Harris' statement about the loss of freedom due to bioenhancement concerns the degree of freedom. The majority of authors, in fact, end with claiming that in some circumstances the loss of some freedom to do evil than the evil is better. For example, the reduction of freedom with regard to very bad actions such as killing or raping is maybe not a great loss. These are indeed exquisitely ethical issues all to be linked to each other. According to what we said above, we think that although the



question needs further considerations, criticism against Harris regard the relation between moral bioenhancement and freedom is not so convincing.

4. Moral responsibility and society

At least on a conceptual level, moral bioenhancement really seems to pose a threat to freedom. A reason why free will is so important in social life is that it is strictly linked to the concept of moral responsibility. It is easily understood that the attribution of moral responsibility to an agent is subordinated to the assumption that he behaved freely. In fact generally we do not blame a person for an action he cannot prevent. Chisholm (1961) stated this shared position in the middle of century: he claimed that if a person cannot avoid making a choice, then he is not morally responsible for that choice. Some time later Frankfurt (1969) called this statement the principle of alternative possibilities (PAP): “a person is morally responsible for performing a given act only if he could have acted otherwise”. According to this principle we need the possibility to do otherwise (and so freedom) to ascribe moral responsibility to others and ourselves. Freedom and moral responsibility are two faces of the same coin. So both of them could be under threat by the potential feasibility of biomedical interventions of moral enhancement. Morally enhanced actions performed under pharmacological or chemical effect are “outside the realm of moral responsibility, and probably of criminal responsibility also” (Harris, 2013a:172). The whole system underlying the attributions of moral responsibility lays on the idea that we can perform our actions freely and so we are blameworthy or praiseworthy for them. We are not able even to imagine which would be the consequences if the system collapsed. We are used to thinking of ourselves as free and responsible individuals.

Modifying this picture could have disastrous social consequences. But maybe this is only a “slippery slope thinking”. Maybe we should seek for some useful application of moral bioenhancement, in line with the potential feasibility of these kinds of interventions, beyond fears in social imaginary. For example some authors take in consideration virtues and vices of moral bioenhancement as a form of punishment or rehabilitation for criminals (Curtis, 2012; Horstkötter, Berghmans and De Wert, 2012). Ever more frequently biomedical scientists are called to explain the causes of antisocial behaviour. For example, a specific field of research, called *neurolaw*, investigates the criminals’ brain functioning on the basis that antisocial behaviour corresponds to neurobiological differences from the average. Indeed, this raises many ethical questions about the moral responsibility of criminals. Moreover, such an approach moves towards the medicalization of social deviation. If antisocial behaviour is a health problem, then an intervention of moral bioenhancement could be seen as a cure (Horstkötter et al., 2012).

On the other hand we can consider a criminal deed just as a form of bad behaviour, with no illness. In this case, could moral enhancement be used as rehabilitation or punishment? We think that it could be useful to prevent antisocial behaviour in habitual offender



individuals. Curtis (2012) highlights the potential risk for the punitive aspect of putting a criminal through moral enhancement instead of incarceration. For example, it could be not punitive and could jeopardize the criminal's freedom and personhood, above all if the treatment is made against the subjects' will. While he claims that the punitive and the freedom aspects do not represent an actual problem, he highlights the importance of leaving the offender's personhood intact.

We also maintain that subjecting offenders to enhancement against their will should be not permissible. We still believe that their freedom would be undermined by an intervention of moral bioenhancement. But in these specific situations, the offenders should be able to choose between prison and biomedical intervention. It could be beneficial for both the offenders and the whole of society. In fact, criminals could avoid imprisonment (or at least they could have a reduced prison sentence) and presumably they will not be recidivist. On the other hand society could benefit from a decrease of criminals in circulation.

To recap, while we do not share general worries about human enhancement, we think that moral bioenhancement could represent a danger under certain aspects. Our concern is about a hypothetical dystopian future world where the whole population is compelled to undergo moral bioenhancement. Some authors claim that moral bioenhancement has to be compulsory and that it should operate on humanity in general. As it is, we can't figure out which consequences could be the for the society if individuals start doing what it is right because they are compelled to do it or because they feel spontaneously that it is the right thing to do. About that, we can quote again Ricoeur when he confers primacy to "ethics" over "morality" claiming that "which is considered to be good" has to regulate the normative dimension of sociality instead of "which imposes itself as obligatory" (Ricoeur, 1990:170). The relationship with the others should be always ethics-grounded, so he defines the "ethical intention as aiming at the good life with and for others, in just institutions" (Ricoeur, 1990: 172). Although the three components of ethical dimension—good life, solicitude and justice—recur also in his deontological consideration, Ricoeur maintains that any procedural conception of justice finds his ethical significance in what has to be considered as just: "does a purely procedural conception of justice succeed in breaking all ties to a sense of justice that precedes it and accompanies it all along? My thesis is that this conception provides at best the formalization of a sense of justice that it never ceases to presuppose" (Ricoeur, 1990: 236).

We see the perspective of moral bio-enhancement as an extreme hyper-moralization. We do not need to be moralized if the cost is the loss of some fundamental values of our life. Freedom to choose, autonomy, moral responsibility, personhood, identity are all concepts threatened by a hypothetical future diffusion of moral bioenhancement in the form of compulsoriness involving the whole population. Nevertheless, we can imagine a possible practical application useful for society to prevent or manage criminality. But beyond this use we do not see moral bioenhancement as a purpose to achieve.



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