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*How and why Covid-19 has affected
our perception of Moral Enhancement?*

Abstract: The explosion of the Covid-19 pandemic era -with the resulting chaos and stress that liberal democracies have suffered in managing to balance out individual freedoms and public health have brought new verve into the discussion concerning a vast scale implementation of moral enhancers so to “only” ensure that citizens will comply with what is best of the overall population. In other words, the argument is: if people are unable to rationally follow through with the idea of responsibility towards oneself and others, we might be morally obliged to use the biochemical tools in our hands to “push” them to do “the right thing”. Though tempting at first glance -especially in the midst of an epochal crisis that will revolutionize our interaction with others forever- we want to argue that caution should abound when depicting such a positive portrayal of what we could achieve -while missing out on what we might undermine in our value system, as well as in our political understanding of authority, power and experts. Starting with an analysis of the historical discussion centred on Moral Enhancement, we will move forward into analysing the specific impact that Covid-19 has had on the arguments in favour of it -and we will attempt to provide a response.

Keywords: Covid-19, Enhancement, Forced Treatment, Freedom, Justice, Moral Perfectionism.

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1. What is moral enhancement?

Moral enhancement¹ consists in the use of drugs and technologies on healthy subjects to improve moral dispositions and capacities, such as the sense of justice,

1 Enhancement means intervention on the human body and mind of a healthy individual with the aim of altering existing capacities or creating new ones, at physical, mental and emotive

sympathy, empathy, altruism, cooperation, attenuating aggressiveness, conflicts and hatred. This kind of enhancement could be carried out by means of drugs, neuro-technologies and genetic interventions. Pharmacological enhancement concerns the use of drugs to increase ‘moral traits’ or to remove ‘immoral tendencies’: reference is generally made to the use of oxytocin, also called ‘love hormone’ or ‘moral molecule’ (considered responsible for maternal and caring behaviour)² and molecules that inhibit the absorption of serotonin with the effect of increasing cooperation and the capacity to express a moral judgement in a balanced and fair way. Neurological enhancement refers to the activation of cerebral areas (like the amygdala) by means of deep transcranial stimulation or brain implants correlated to emotive responsiveness, the alteration of moral perception or the control of violent behaviour, a requisite of moral conducts³: it is also referred to as ‘moral brain’. Genetic enhancement consists in the identification and localisation of ‘genes’ or ‘variants’ or ‘genetic precursors’ correlated to moral traits (e.g. MAO-A is the genetic variant that allows the catalyser of serotonin, correlated to moral behaviours), obtainable by the selection of embryos (with such genetic variants) or genetic modification with gene-editing⁴.

level, so as to quantitatively increase and qualitatively improve human beings. There are different means or types of intervention (pharmacological, neurological, genetic, technological) and different aims (aesthetic, sport-competitive, eugenic, biological-extensive, cognitive-emotive). Actual examples are to be found in cosmetic medicine (interventions that rectify the body’s exterior aspect), doping in sport (the use of substances and practices by athletes to increase physical-mental performance), genetic enhancement (interventions to improve the genome also with the direct introduction of modified genes according to the desired features, with gene-editing); biological enhancement (interventions to block physical-mental decline, to obtain a rejuvenation and lengthen healthy biological life indefinitely); neuro-cognitive enhancement (interventions for the improvement of mental and emotive performance, with drugs, neuro-imaging technologies, brain implants and brain-computer interface). There are different modalities of intervention, more or less invasive with respect to the body and mind, reversible or permanent, with individual effects or ones that are handed down to future generations.

2 Following experiments on animals it was seen how oxytocin injections in the brains of female mice induce a maternal behaviour even in non-pregnant animals and the inhibitors bring about the distancing of the mothers from their offspring. Equally in males low levels oxytocin cause social distancing and those without the codifying gene shows aggressiveness, indifference to detachment from the mother and absence of social attachment. It is also demonstrated that an excess of oxytocin can produce serious risks to health and induce abnormal behaviours.

3 A number of neuroscientific and neurotechnological experiments concern the anatomical-functional substratum of empathy (the capacity to understand the emotional state of others, to perceive what others perceive). Recent experiences show that to observe someone’s face that expresses an emotion stimulates in the observer the same centres of the brain which are activated when he himself presents an analogous emotive reaction (mirror neurons). With regard to transcranial stimulation in areas of the brain it is shown, from random tests, that the stimulation of the area near the right ear increases aggressiveness.

4 Gene-editing is a technique that uses ‘molecular scissors’ to ‘cut’ the DNA in very precise points (*editing* means ‘rectification’), so as to change the genome, eliminate some parts, correct and/or substitute others. An intervention that aims at finding the error in the DNA sequence to then modify it, restoring the correct genic sequence. ‘Gene editing’ represents a new genetic technology in molecular biology which opens up new intervention perspectives with potential features

2. Arguments in favour of moral enhancement

2.1. Enhancement is necessary in the face of global catastrophes

Moral enhancement is today considered necessary owing to the rapid development of technology that has the potential to annihilate human life on planet Earth⁵. The huge techno-scientific development has considerably increased man's capacity to harm his own kind, broadening such 'power' in space and time, with more serious and complex negative consequences, extendable in the global dimension (to all human beings but also to animals, vegetables and to the environment in general) and which can be handed down to future generations (for example, the construction of weapons of mass destruction, global injustices like world poverty, human atrocities like genocides and slavery, the destruction of unrenovable resources, climate change). A fitting "moral psychology" and "moral sense" has not developed in parallel with such technological development, as it is generally limited to the consideration of present and immediate experience, perceiving the responsibility only of what is accidentally connected to our actions, with a lack of involvement for events and actions far away in space and time. A disproportion has thus come about between the exponential capacity of the potential destruction of humanity and the planet and the reduced moral capacity to manage and resolve such 'common tragedies'. Notably, in their book Persson and Savulescu specifically mentioned also the pandemic among the very threats that should push us towards accepting moral enhancement. Moral sentiments are accused of 'short-sightedness' and 'parochialism', linked only to spatial proximity and temporal vicinity. Moral enhancement is a scientific and technological solution so that individuals become aware of and 'empathise' with global and future issues, seeking a collective solution to avoid human and environmental catastrophes. The standpoint is different of those who think that moral enhancement is not compulsory and directed at everyone, but must be voluntary and directed at single individuals, so as to 'engineer virtues', facilitating citizens' adjustment to moral codes in a democratic society⁶ or of emotive and non-cognitive improvement for the development of moral capacities, eliminating unjustified prejudices⁷.

2.2. Therapy and enhancement are equivalent

Given the pharmacological or technological possibility to increase moral feelings, to induce more empathic and less aggressive perceptions and behaviours, the abstention from acting is not justified, considering that in principle there is nothing wrong at moral level in any form of enhancement and hence also in moral

of precision, specificity, simplicity, easy accessibility, efficiency, low costs. See for details: Palazzani 2016; Palazzani 2018.

5 Persson and Savulescu 2012.

6 Hughes 2015.

7 Douglas 2008.

enhancement. According to this vision, enhancement and therapy are compatible, contiguous and equivalent. The equivalence between therapy and enhancement derives from the common objective of the two types of intervention, identified in the ‘change for the better’, regardless of the fact that this is achieved with means classified as therapies or enhancement. This vision justifies the intervention on man’s body and mind every time that it is accepted by the subject on whom action is taken and is socially justified⁸.

2.3. Enhancement is an “evolutive duty”

Enhancement is a social imperative and a moral obligation⁹. We have reached an historic moment in which it is possible and also necessary to change ourselves and the human species itself. In particular, we have reached a phase in which Darwinian evolution prepares to give way to a dynamic in which man can take the reins of evolution and directly transmit the modifications he retains opportune to his own descendants. In this sense, enhancement represents a phase of evolutionism (enhancing evolution). Natural selection can, and rather must, be substituted by the “deliberate choice” of the selection process that makes it possible to obtain the same result more rapidly. To block progress now in this direction would mean to hinder or impede the possibility to save humanity from wrong and accelerate the evolution of humanity. “Evolutive enhancement”, also in a moral context, shortens the progress that has gone on for millions of years, allowing humanity to reach and fully express its potential, making it possible to balance the natural lottery at physical and social level. In this sense a “duty of enhancement” is justified as a “duty of beneficence” not only individual but also collective. In the midst of the Covid-19 pandemic, this evolution could probably be seen more as a “preservation” of our humanity.

2.4. Enhancement is a pharmacological and technological “short-cut”

Enhancement makes it possible to increase moral dispositions more effectively enabling, more rapidly and quantitatively greater and qualitatively better, what would not be achievable with the traditional methodologies and instruments (education, socialisation), which in this context turn out to be insufficient. In order to resolve the serious global issues that are potentially destructive for humanity and the environment, a biological, neurological and genetic change of the moral character is indispensable. There is no morally relevant difference between the traditional and pharmaco-biotechnological means to increase moral conduct (according to the parity principle)¹⁰. In this perspective it is considered that any action is a form of enhancement insofar as it makes a better life possible. In this sense, if

8 Harris 2016.

9 Harris 2007.

10 Argument developed by John Harris.

education and training are considered licit, for the same reason the biomedical or technological enhancement of human physical, intellectual and emotive capacities should be licit. The use of enhancement technologies is a pharmacological and biotechnological “short-cut” that fosters, speeds up and facilitates the reaching of the desired results. In the case of moral enhancement such interventions are justified as being necessary for man and future humanity.

2.5. Enhancement does not threaten freedom and justice

The unlawfulness and the consequent prohibition of moral enhancement cannot be based on the curtailing of freedom and the producing of injustice¹¹. Moral enhancement carried out biotechnologically does not represent a threat for the freedom of the enhanced person, who can always prevail over the order of causes with their will. Determinism is considered compatible with freedom and the necessary condition for morality. We are free when we do what we want to do and this is true also if our behaviour is determined randomly. Therefore, moral enhancement cannot threaten freedom, as a person is nevertheless free in their choices, regardless of the fact of being enhanced or not. Lastly, the fact that enhanced people will not feel the call for wrongdoing and, consequently, will not have the chance to “fall” does not seem to be a sufficient reason to consider those interventions allowing enhancement as being unacceptable. On the contrary, it seems to offer a very good reason to appreciate them morally, in so much that they foster the well being and happiness of the persons concerned who will in fact have fewer opportunities to do wrong and, above all, to be subjected to wrongdoing by others. Furthermore, if technologies were prohibited every time they were not available for everyone, progress would be blocked and many medical applications and practices would be banned. Justice is not parity of access and injustice disparity of access. If that were so, not only should enhancement technologies be banned but also the payment of a private tutor with respect to those children attending state school.

3. Arguments against moral enhancement

3.1. The scientific implausibility of moral enhancement

The first question regards scientific feasibility, or that is the possibility or realistic impossibility of moral enhancement. There are a great number of doubts and concerns emerging also in scientific literature as at present no reliable data or results from trials are available. The debate rests on hypotheses and forecasts based on conditional figments and fantasies on feasibility (with the premise “if it were possible”), without any demonstration of the feasibility). The only limited

11 This is the argumentation of John Harris and Julian Savulescu. See for instance: Persson and Savulescu 2016.

scientific data concerns the occasional collection of correlations between some biological-hormonal, neurological and genetic dimensions and of a certain type of perceptions and moral conduct. This data comes from non-systematic analyses, not subject to strict scientific investigation methodology, which should be based on statistically significant samples, repeated and repeatable analyses, necessary to validate the results and establish general guidelines. Moreover, these studies are limited to envisaging correlations on empirical bases, where the correlation points to a possibility or more or less high statistical probability of relation among the elements, not a causal determination between the introduction of a substance or the stimulation of a cerebral area or the presence of certain genes and specific perception or moral conduct.

The existence of drugs or safe and effective technologies for moral enhancement should be verified by means of a trial that would demonstrate their safety (prevalence of benefits over harm, or at least a proportion between benefits and risks) and efficacy (actual feasibility with effective outcomes). So far, no safe and effective drugs or technologies for moral enhancement exist. It has not been demonstrated that the injection of oxytocin or the taking of serotonin or transcranial stimulation in certain areas or the presence /absence of certain genes make human beings sociable and non-aggressive. Not only have no trials been carried out on this, but it would also be extremely problematic from an ethical point of view to experiment such interventions on healthy subjects, given the absolute uncertainty and the possible high risks in the face of non-therapeutic and moreover implausible objectives. The experimentation of moral enhancement is susceptible to a series of scientific and ethical questions: given the constitutive uncertainty of the risks (even potentially serious and irreversible).

Pharmacological experimentation could have no plausibility at pre-clinical level: it is not possible to evaluate moral enhancement on animals, as their empathy is very different among species, given the cognitive, rational and relational dimension that is specifically human. Parameters exist whereby to evaluate cognitive improvement also on animals (memory of negative experiences, behavioural learning, etc.) and moral improvement (caregiving or rejection), but the qualitative animal-man difference would jeopardise the results. In the context of neuroscientific experimentation on human beings a number of particularly problematic elements emerge: the subjects involved in a study often do not act spontaneously, the tests are carried out in a laboratory (in an artificial environment far from reality) or with preselected subjects often instructed on the aims of the study with the possibility of this influencing the experiment and jeopardising the outcome; the studies concern few subjects while the conclusions present generalisations which are frequently imprecise and incapable of accounting for individual variability¹².

Genetic experimentation is all the more problematic insofar as it would entail genetic alteration (gene-editing), considering the uncertainty of the technique which given the genomic complexity could bring about unforeseeable implications

in the molecular scissors intervention, with the possibility of inducing pathologies which are irreversible and transmittable to successive generations.¹³ The obtaining of informed consent also represents a particularly delicate part of this and is an indispensable requirement to legitimate all research. In cases of unforeseeable, potentially serious and irreversible risk, the investigator's responsibility instilled with a sense of precaution and prudence should dissuade the subject from this. It should moreover be stressed that it is improbable that the planning of trials by the pharmaceutical companies in such a context, involving a costly and lengthy process with high risks (as is generally the case in pharmacological experimentation in psychiatry), would be hard put to gain the approval of an ethics committee. We shall get back to some of the aspects concerning moral enhancement and psychiatry towards the end of this work. For now, let us underline that excessively risky interventions with respect to the benefits to be obtained (considered ineffective, burdensome and serious for the patient) and irreversible and foreseeably inconclusive interventions, even if requested by the subject, are not justifiable at ethical, deontological and juridical level. At the ethical level with reference to the value of the body, that cannot be reduced to a mere object available for arbitrary manipulation by the subject; at the deontological level with reference to the principle of beneficence and non-maleficence of the doctor, called upon to act for the patient's good and to not cause them any harm; at the juridical level for the right to the protection of physical integrity, as an individual and social good.

Furthermore, the viewpoint assumed by the supporters of moral enhancement refers to a mechanistic, deterministic and reductionist concept, which reduces thought and moral conduct univocally and simplistically to biology, neurology and genetics in the context of a social Neo-Darwinism. Feeling, thought, moral decisions and behaviours however are not the direct outcome of biological manipulations, chemical modifications, neurological or genetic changes. There are no "kindness" pills or injections and technologies which directly produce in us motivations or moral judgments which result automatically in good behaviours and the control of evil ones. Hormones, neurons and genes do not 'make' us think and/or act morally or desist from immoral thoughts and actions: the hormonal, neurological and genetic modification cannot be the univocal and direct cause that determines thought and/or sentiment, which in turn determine action. At scientific level such a reductionist interpretation does not sufficiently take into account the complexity of the neurobiological and genetic phenomenon: it is now scientifically demonstrated how the brain and the genome are not rigid structures but plastic ones which, by means of internal factors (interactions between genes and neurones) and external socio-cultural and environmental factors, change and take on a shape, playing an important role in the genesis of states, mental dispositions and behaviours. In the light of the above considerations, it appears that at present there is no scientific basis on which to carry out moral enhancement.

3.2. The philosophical objections to moral enhancement

Given the lack of scientific plausibility, the interest in the subject for philosophy runs out in a speculative exercise of imagining possible future scenarios (as ‘mental experiments’). The speculative questions are: if a ‘pill or technology of morality’ existed, should we use it? Would becoming more empathetic and less aggressive mean to be more moral? Would the increase of individual morality produce an increase of collective morality? To answer such questions there is a need for further reflection on a number of elements of moral philosophy¹⁴ and philosophy of law. Moral enhancement, whether it be pharmacological or technological, is not necessary today in the face of the issues emerging from techno-science on a global scale. The need for the expansion of spatial-temporal morality has already been the subject of reflection of moral philosophy. For some time now (since the origins of bioethics in the 1970s) there has been a growing awareness that the acceleration of techno-scientific progress has called for the foundation of a macro-ethics of responsibility, synchronically enlarged to non-human beings and diachronically extended to near and distant future generations. The need for an awareness of the new dimension of moral issues demands a fitting rational reflection that allows the reworking of treatment in the twofold sense of concern and regard for others (human and non-human, existing in the present and the near or distant future). However, the ‘qualitative’ spatial and temporal extension of the reference of responsibility does not require a ‘quantitative’ increase of moral sentiment of each single individual (given that this is possible, safe and effective).

Moreover, it is not the spatial or temporal closeness and distance that changes perception and moral understanding: as a rational and emotive feeling, morality allows us to gain awareness of emerging issues, on an individual and global scale, near and far. The increase of conscience or moral emotions is not an indispensable requirement to extend or project the moral horizon. The tragedies of the distant past also allow us to reflect morally today (for example, the Holocaust). Many ethical reflections have justified the recognition of the subjectivity of future generations (for example, the consumption of scarce resources), animals and the environment (it suffices to think of animalisms and bio/eco-centric theories). Spatial proximity and temporal immediacy can affect the morality of daily life, the attention to each single case, to situations: but the element of interdependence and vulnerability that unites us insofar as belonging to humanity, the implications for everyone, today and tomorrow, force us inevitably to look beyond the present and the near future (as the pandemic Covid-19 is demonstrating), regardless of the possibility of enhancement.

Global problems cannot be resolved without investigating the general causes and treating individual defects. The supporters of moral enhancement do not seek the cause and genesis of the problem (which is moreover extremely complex), but limit themselves to referring to the means whereby to resolve problems: but it is not possible to resolve moral problems without knowing the complexity of

the causes.¹⁵ The solution of the global issue of climate change involves complex and structural institutional and non-institutional politico-social solutions, national and international, cultural and economic, which cross-refer to present and future interindividual interactions, which cannot be reduced to the modification of individual moral defects either pharmacologically or technologically. This proposal by the supporters of moral enhancement) presupposes the reducibility of events in the historical, social, cultural and economic dimension to individual behaviours. While it is true that society would not exist without individuals, this does not imply that we can explain and remedy complex social disfunctions with individual modifications. It is possible that the world could be better with more empathic and less selfish people, but to think that the modification of single individuals in some moral characteristics (given that it is possible) will automatically produce the solution to present and future global issues is utopian.

Moral enhancement would not be a choice of freedom, and hence would be immoral. Given that it was possible as well as being safe and efficient, a massive dose of goodness pills or technologies may not result in a global moral improvement and would restrict human freedom at the same time. Men would end up being forced to be moral: they would be manipulated so as never to be able to make the wrong choice, having no alternatives. If the direct pharmacological and technological manipulation of emotions/thoughts/moral behaviours were possible, this would interfere with human freedom. If men were biologically wired to do good, the freedom to choose and act would have no reason to exist, which is the prerequisite of morality. Morality exists only and because there is the possibility of choice and thus also the possibility of doing wrong. In this sense moral enhancement would not be an expression of freedom but on the contrary a form of ‘social despotism’¹⁶ (Sandel 2008) or hidden or explicit pressure of society towards individuals to conform to predefined standards. A sort of extrinsic obligation that forces and conditions man to make choices that would not be made spontaneously and authentically, with inevitable consequences on personal and relational identity.

Moral competence does not mean “being better in being good”, but rather means “being better in knowing good and understanding what is likely to lead to good”. The space between knowing goodness and doing goodness is a region governed by freedom. The knowledge of good is a necessary premise but the freedom to make mistakes exists. Without the freedom to make mistakes, good cannot be a choice; without freedom, moral sense and virtue disappear. There is no virtue in doing what one should necessarily do. In this sense enhancement restricts freedom, annulling the ‘right to non-enhancement’: the choice not to be enhanced becomes an option that is no longer possible in a cultural and social model based on moral enhancement. This is a model that risks being uncritically assumed, without an adequate critical awareness of the important anthropological dimensions that are sacrificed, that is, identity, authenticity and freedom.

15 Garasic 2017.

16 Sandel 2007.

Both the hypothesis of compulsory moral enhancement for everyone and individual voluntary enhancement raise several critical points. Compulsory enhancement for everyone would be coercive for the population in general: besides annulling individual freedom, it would raise several questions. Who would have the power to decide what modifications should be introduced? How would it be possible to find the resources for enhancement for everyone, considering that that it would necessarily be repeated as it would not be definitive? Moreover, today's liberal democracies could come across some difficulties in implementing these moral enhancement programmes, since liberal ideology maintains that the State should have a position of evaluative neutrality. Which morality should be enhanced?¹⁷ The choice of one single moral model would risk an arbitrary imposition of a standardised moral standpoint and an impoverishment of the pluralist debate for society. That is, this would result in the production of a homogenous and undifferentiated society, in which the dispositions of the citizens would conform to the model of good and selected virtue. Nevertheless, in perspective the absence of different concepts of morality could be a serious impoverishment for society which would no longer have the possibility to learn how much other global visions can teach one on life and conduct. Our concerns over the reference points of such moral enhancements ("Whose values?" "Implemented by whom?" "Enhancement according to what society or culture?") will be addressed again in the last part of the paper.

4. The Covid-19 variable

Has the Covid-19 pandemic changed the paradigm used by moral enhancement supporters? Not really, but it has certainly strengthened some of their arguments. In particular, in a recent article published in the midst of the pandemic, Parker Crutchfield has pushed again for a mass scale, forced implementation of a "morality pill" that would help citizens behaving in the appropriate way -namely, act in accordance with the directives of the medical personnel. He writes:

As some have argued, a solution would be to make moral enhancement compulsory or administer it secretly, perhaps via the water supply. These actions require weighing other values.¹⁸

and he continues with:

The scenario in which the government forces an immunity booster upon everyone is plausible. And the military has been forcing enhancements like vaccines or "uppers" upon soldiers for a long time. The scenario in which the government forces a morality

¹⁷ It is interesting to consider in this respect on how Peter Sloterdijk brought back into the discussion a critique of humanism, and its connection to the meaning of such enterprise. See: Sloterdijk 2001.

¹⁸ Crutchfield 2020.

booster upon everyone is far-fetched. But a strategy like this one could be a way out of this pandemic, a future outbreak or the suffering associated with climate change.¹⁹

Interestingly, Crutchfield has published a few years ago another article in which he argued that -if we would have to accept ME as tolerable- than we should opt for a covert version of it²⁰, defending this would be the most effective way of using enhancing technology. Given that we would have already reached the conclusion that ME is the only way to deal with the troubled and troubling human condition (even more evident in the Covid-19 context), we would have to go forward with the implementation of this procedure by not even letting people know about it. In fact, he writes: “Some theorists argue that moral bioenhancement ought to be compulsory. I take this argument one step further, arguing that *if* moral bioenhancement ought to be compulsory, then its administration ought to be covert rather than overt. This is to say that it is morally preferable for compulsory moral bioenhancement to be administered without the recipients knowing that they are receiving the enhancement. My argument for this is that if moral bioenhancement ought to be compulsory, then its administration is a matter of public health, and for this reason should be governed by public health ethics. I argue that the covert administration of a compulsory moral bioenhancement program better conforms to public health ethics than does an overt compulsory program. In particular, a covert compulsory program promotes values such as *liberty, utility, equality, and autonomy better than an overt program does*. Thus, a covert compulsory moral bioenhancement program is morally preferable to an overt moral bioenhancement program”.

We do not have time to assess here whether or not the argument Crutchfield puts forward in support of covert compulsory moral enhancement in contrast with the overt version is convincing, but we think that it is reasonable to assume that the same, sole author of the two articles is providing a linear argument in relation to his specific position on the opportunity that ME represents and that -once moral enhancement is deemed to be the best, or only, option for people to comply with the needed behaviour in this or other pandemics- such an approach would support an enforced implementation of moral enhancers without expressly mentioning it to the public. We would have to, in other words, drug citizens without their consent so make the best for society (that, incidentally, includes also the very drugged citizens). The justification of such an imposing, paternalistic method would be “if only they would really understand what risks humanity is facing, they would comply without the need for a chemical boost”. But the fact of the matter is that they (we?) do not see it this way and choosing for them what is best for society seems like a substantial undermining of the autonomy that should not be put on the side so easily. Certainly, the notion of individual of autonomy (and its way of shaping modern Western society) has to be questioned and possibly reshaped, but forcing medical treatment (in a sense we would have to conceptualize dissent

19 Ibid.

20 Crutchfield 2019.

as an illness -and this does not differ much from other controversial biopolitical scenarios²¹) upon passive, unaware citizens should raise concern also on its impact in the political sphere.

In the quote above, Crutchfield says that we should use a public health ethics approach, yet this seems also problematic when linked to the idea of ME in a covert approach. In fact, there is usual agreement that covert research (as mentioned above, the very fact that studies on ME have not been carried out in a systematic scientific way requires us to consider this an experiment in all manners) is not acceptable in research -even when not directly experimental²². Not surprisingly perhaps, and very much in line with already pointed out in some of the sections above, the main ethical concern is the lack of informed consent. Aside from being a main pillar in medical ethics, informed consent (a medical and legal notion that gives a body to the principle of autonomy in actual cases) has certainly been shaken strongly by the Covid-19 pandemic -as it is the notion of individual autonomy- but we should be very careful in seeing this as a legitimate way to fully depart from a central respect of autonomy and freedom.

5. Should we all be cured?

Lastly, opting for a forced moral enhancement of people (even more so, if without the need of informed consent by each single individuals) brings back bad memories of eugenic programs of the past and opens the door to questionable variables to what could be the next steps of this revolution that some have called liberal in the past²³. Important voices such as that of Julian Savulescu have affirmed that this pandemic represents the right time to take the next in the ME ideological trajectory²⁴, and recent discussions in the scientific literature have already suggested that some groups of individuals (i.e. psychopaths) should have ME forced upon them as part of their way of seeing the world²⁵. Due to lack of space, we will not be able to dwell into their argument in details -nor in some of the counterarguments²⁶- but, suffice to say in this context that Elvio Baccarini and Luca Malatesti claim that the psychopathic system of reasons is dominated by looking for traits such as fairness and prosocial behavior in the other, based on empirical studies that show psychopaths resent being treated unfairly disproportionately. Hence, the authors argue that mandatory ME in psychopaths would be openly justified according to Gaus' "order of public reason".

Should we, for sake of argument, allow this reasoning to be defined as sound, why should we then just "restrict" our invading attitude to ME and not extend it

21 Garasic 2015.

22 Paul and Brookes 2015.

23 Agar 2004.

24 Savulescu 2020.

25 Baccarini and Malatesti 2017.

26 Sirgiovanni and Garasic 2020.

to other forced treatment such vaccination or even implanting under skin tracking chips also in line with *a* version of moral perfectionism that should help fast-forwarding our response and recovery from Covid-19? The answer is to be found in what we would lose in the process: our autonomy, our freedom, our dignity and, more generally, our respect for our fellow human beings. A price too high to pay.

6. Concluding remarks

Especially in a stressful situation such as a pandemic like the one we are living in this period; we might be tempted to cut corners to ensure survival and the best for society and individuals. The discussion on ME seems to follow the very same pattern and calls for this “state of exception” as the ideal situation in which to implement itself. We have shown that there is more than one problem with this way of portraying the situation and opening the door to mass-scale, enforced ME as the only way forward to humanity and we think it is important to keep in mind that the giving up of individual choices for the “greater good” should not be taken lightly at all: it is precisely in moments of crisis that we need to keep our virtues in sight and remain alert that the “good” at stake might not be as obvious as one might initially think.

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