Athletic Perfection, Performance-Enhancing Drugs, and the Treatment-Enhancement Distinction

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The idea that performance-enhancing drugs (PEDs) should be outlawed because they possess certain morally objectionable features (that they are harmful, coercive, etc.) has little or no currency in critical circles today. The reason why is that there are too many other substances (specialized diets, pain-killing drugs) and athletic practices (marathon training sessions) that the contemporary sports world considers perfectly acceptable despite the fact that they exhibit many of these same supposedly morally troubling features (8: p. 268). Unfortunately, however, that is where the agreement among philosophers of sport ends and the real disagreement begins. That disagreement pits, on the one side, pharmacological libertarians, who steadfastly resist any attempt to limit the freedom of athletes, at least the rationally competent among them, to ingest any substance or do anything they please to push the limits of athletic performance so long as no one else is harmed in the process. On the other side of this issue, are essentialists of varying stripes, who just as steadfastly insist sports should be regulated by athletic ideals that appeal to their intrinsic features and that militate against things like PEDs because they supposedly morally conflict with such ideals.

I wish to pursue, following Michael Lavin's lead, a third, alternative way to think about this vexing issue, which, I hope, offers a way out of the argumentative standoff we presently find ourselves in. That way picks up on Lavin's suggestion to seek a democratic justificatory route that, when followed, leads to a widely shared athletic ideal that requires the current ban on certain PEDs like steroids and amphetamines be lifted but leaves that ban intact for other PEDs like Human Growth Hormone (hGH) and beta blockers. However, I part ways with Lavin in three important respects. First, what he calls a democratic justification is better understood and interpreted, as I see it, not as something akin to voting, as a procedure for securing a majoritarian take on this issue, but as a way to historicize our athletic ideals so as to make them speak to the social and historical contingencies of our actual athletic practices. Second, while Lavin was content to let the athletic ideal he alluded to in his essay remain covert, I want to argue that the athletic ideal best suited to do the normative work needed to make my case here is, in fact, a metaphysically stripped down version of what Simon calls "the mutual quest for

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excellence” (12). Third, and finally, unlike Lavin I employ a well known, and some, no doubt, would say well-worn, distinction between treatment and enhancement to set up my argument. This distinction, of course, as many critics have noted, is fraught with problems, which I intend to avoid by giving it a new conceptual gloss.

The Treatment-Enhancement Distinction

I want to begin my inquiry with the treatment-enhancement distinction since it sets the stage for my main argument. However, I want to do so by relating a personal anecdote gleaned from a paper I heard at a scholarly conference on sport that I recently attended. The paper in question was authored by a distinguished exercise physiologist who was addressing the question of burn-out in elite sports—the not unfamiliar case of high-performance athletes who, for varying reasons, find themselves emotionally and psychologically spent by the athletic demands placed upon them that make it difficult, and in some cases impossible, for them to continue training. The speaker rightly took this as a serious problem, since if left untreated burnout can end a person’s athletic career abruptly, not to mention prematurely. With that sense of urgency in mind, he noted how many of the symptoms of burnout uncannily resemble those of depression. This observation led him to suggest the use of psychotropic drugs like Prozac, which are commonly prescribed to treat depression and other generalized anxiety disorders, to treat athletic burnout.

As I listened to his thoughtful and well-received paper, it occurred to me that one way to understand his recommendation to go the drug route in dealing with the burnout problem was much more radical than it sounded. For burnout is not a pathology, not at least one recognized by the scientific community, but an unpleasant psychological disturbance that not only afflicts high-performance athletes, but many people who find themselves in highly competitive, pressure-packed jobs. If so, then what he was seemingly advocating, under the guise of treatment, was the use of a certain class of drugs to enhance athletic performance. This looks to be more a case of enhancement than treatment because the athletes in question were certainly not unwell, unhealthy, that is, performing below some standard of normal functioning, but rather no longer able to function at the upper level required of elite athletes. In other words, the aim here was not to make these athletes well, but better than well. This is important because it meant that my exercise physiologist’s recommendation to athletes to take Prozac to help deal with the psychological stresses of intensely competitive sports is hardly dissimilar to the advice sports physicians and others have sometimes given athletes to take steroids in order to be able to cope better with the physical rigors of intensely competitive sports.

That the drugs in question, Prozac and steroids, belong apparently to different classes matters not at all here, since the use for which they were prescribed, to boost performance, was obviously the same. In fact, testosterone was itself at one time recommended as a treatment for depression in older male adults (5: pp. 240–1). The larger and more important irony here, however, that was apparently lost on both the speaker and most of his audience, was that the audience’s
what can best be described as ethically nonchalant response to the speaker’s advice would have been anything but had he ventured to advocate the use of steroids to bolster athletic performance. For I’m fairly confident that had he pushed the use of these latter drugs—in this case, assuredly, not in an ethically nonchalant way, no matter what scientific backing he might have furnished to back it up, the audience would have swiftly and vocally reproached him for doing so.

Now, my reason for beginning with this anecdote is not only its implicit appeal to the treatment-enhancement distinction, but also because it raises an important interpretive question crucial to my argument: namely, how should we understand the moral of this story? The answer actually turns out to implicate a range of interpretations of this distinction beyond the one I have just gestured at, most of which I don’t find persuasive in the least. But I can’t in the present paper canvas all of these various readings, nor do I think it is necessary to do so for my present purposes, which is to give this distinction a new conceptual gloss that avoids the problems with traditional interpretations of it. But I do want to briefly consider and promptly reject one important interpretation of this distinction prompted by my anecdote because if left unchallenged it suggests that my effort to rehabilitate it is, if not foolish, then decidedly unpromising.

The interpretation I have in mind here that is implied in my telling of this story is that the boundary between treatment and enhancement is so porous that it is ripe for exploitation. On this rather cynical view, whenever a supposed treatment is proffered to fix some medical or quasi-medical condition deemed undesirable, such as the one put forth by my speaker, one will invariably discover, if one bothers to look more closely, a notion of enhancement smuggled within it. What my speaker was doing, then, or so the claim goes, is what ambitious medical researchers and practitioners do all the time: expand the scope and reach of their research and practice by passing off what are really medically or pharmacologically based enhancements as novel treatments. In other words, what the vagueness of the distinction allows those eager to exploit it to do, is to engage in a kind of conceptual bait and switch. This is how, according to these critics, speakers like the one in my example are able to escape the moral ire of their audiences by persuading them that their favored interventions qualify as, notwithstanding their novelty, garden variety medical treatments.

This way of interpreting the treatment-enhancement distinction, however, strikes me as implausible on its face. For it seems more likely that what my speaker and his medical comrades in arms were guilty of is not so much conceptual tomfoolery but plain old conceptual confusion. That is to say, I think researchers and others who urge these sorts of far-reaching interventions do so because they really don’t know what their talking about, because they don’t have a conceptual handle on the distinction they are trying to make.

Unfortunately, by arguing in this way I may have only managed to dig myself into a deeper hole. For my retort prompts a second, no less damaging interpretation of this distinction, namely, that the conceptually clumsy manner in which it is employed by my speaker and others is owed to the fact that there is no distinction to be had here at all. Where they go wrong on this rendering then, is not because of any conceptual sleight-of-hand on their part but because
the distinction they try to draw is conceptually bankrupt. For the line that supposedly separates healing from improving the human organism not only can’t be drawn with the requisite precision but can’t be drawn at all. What we have here, therefore, is simply a nondistinction parading as a distinction, a pseudo-distinction.

However, I don’t think I have set a trap for myself in responding in the way I have, that in ruling out conceptual trickery I must be ruling in conceptual befuddlement. That is not because no one has ever pitched, wittingly or unwittingly, the treatment-enhancement distinction in these conceptually worrisome ways, but rather because there is no good reason to do so. Two considerations suggest as much. The first has to do with so-called “sorities” arguments, the point of which is to show that even though we cannot determine precisely, say, how many grains of sand constitute a heap that doesn’t mean there is no difference between a grain and a heap. The same holds for the treatment-enhancement distinction, namely, that even though we may not be able to pinpoint when a treatment becomes an enhancement, there is no reason to conclude they are one and the same thing, that a treatment must be an enhancement and vice versa. My second reason is the more compelling, I think. And that is simply to claim that there is no viable distinction to be had between treatment and enhancement is at this initial stage mere question begging. So while it remains to be seen whether it is a useful distinction, that there is a distinction to be made here is at very least a possibility worth seriously considering.

In what follows, I want to argue that there is indeed a defensible if not perspicacious interpretation of the treatment-enhancement distinction, and that interpretation commits us to a practice-specific, historically embedded, and publicly sanctioned account of what is acceptable to maintain present levels of athletic perfection. What gives this account its particular normative force, I argue further, is that it taps into an athletic ideal that provides a reflective test by which to determine whether such an historically informed and publicly backed distinction can withstand critical scrutiny.

The treatment-enhancement distinction I want to present and defend, therefore, is a historically grounded, socially constructed one. As such, it eschews any metaphysical or naturalistic pretensions. Instead, it takes its point of departure from our historically changing collective views of what supplements, supports, and sustains certain widely shared standards of athletic achievement, and what exceeds those standards and in so doing implicates levels of performance never previously observed because never previously achieved. What falls into the former category I want to claim belongs rightfully in the treatment domain, and what falls in the latter rightly belongs in the enhancement domain. In determining which substances belong in which slot, athletes and the larger athletic community are not reading out of some sort of Platonic or Hegelian script written from on high, or trying to weed out of their collective judgments all traces of partiality, or earnestly consulting pharmacological texts, but making their best public judgments of what standards of excellence sports should be held accountable to. Doing so requires that they be ever mindful of the historical development of those standards and the history of the regulation of substances enacted in their name.

What those public judgments and standards tell us today, I will argue somewhat controversially, is that substances like steroids and amphetamines, in the
amounts presently ingested, belong in the treatment rather than the enhancement category. What they suggest further, no less, I think, controversially, is that these same substances taken in much larger doses come preciously close to pushing them back into the enhancement category, so close that they may properly be regarded as borderline cases. And what these changed public judgments and standards suggest, finally for my purposes, and, no doubt, most controversially, is that drugs like beta blockers that affect the psychological qualities valued by the athletic community and tested by the sports they admire and follow— things like mental toughness, poise, and more generally the ability to perform in pressure packed situations, should not only be placed in the enhancement category but regarded as paradigmatic instances of PEDs— a judgment, of course, that entails their moral regulation.

These are not only controversial claims, as duly noted, but large ones that may be hard for some, especially for those officially and thoroughly entrenched in the sports world, to swallow. Nonetheless, they are, I contend, fully defensible ones, at least by our current athletic historical lights. Of course, whatever historical standing they possess is at best provisional. For even though the present historical contours of the distinction emanates from, and is best understood in terms of, its past history, it does not fully jibe with that past, nor is it likely to do so in the future to come, in which all bets are and must be off as to what form it might yet take. This is as it should be, to put an even finer point on it, since the very distinction between treatment and enhancement is itself a purely historical invention, one that did not come on the scene, at least in the Western athletic world, until the second decade or so of the 20th century (5: p. 237). It was at this point that large numbers of people began to take sport seriously as a cultural phenomenon, and thus turned it from an idle cultural curiosity into an often hotly debated ethical and aesthetic phenomenon. From that point on what substances athletes imbibed and what training and other practices they followed became a topic of public conversation, much of it of a moral character. This led eventually to the regulation of drugs like steroids in the 1970s, followed not much later by what can, without exaggeration, be called a moral panic not just about what these substances were doing to the “healthy” human organism but to our very conception of ourselves as human persons pursuing “careers open to talent” — a meritocratic conception of practical life itself of recent social vintage. Indeed, in the closing decades of the 20th century PEDs ignited moral fears, heated recriminations, and other ugly reactions reminiscent of the bad old days of witchcraft. Today, I want to claim that moral panic has largely subsided, save in certain select athletic quarters and media outlets where it is willfully stoked, and calmer heads have prevailed revealing, as I see it, a new consensus regarding the moral permissibility of using PEDs in the pursuit of athletic glory.

I have claimed a lot here, and it is now time to defend what I have said. That defense, as I have already stated, rests on two key points. First, that the conception of the treatment-enhancement distinction I trot out here does indeed enjoy wide public support, even if often overlooked and at times, I suspect, deliberately suppressed, and second, that that shared consensus implicates an ideal of athletic perfection that provides critical, reflective cover for it.
Public Judgments of Athletic Perfection

My claim that the line that marks off treatment from enhancement is a social rather than a natural (nonnormative) or metaphysical one, already telegraphs its public pretensions. For socially constructed distinctions like this one only count as such, and can only do the conceptual and normative work they are supposed to do, if, in fact, they command widespread public assent. The relevant public in this case, of course, is first and foremost the athletic community, and, to a lesser but still important extent, the larger society. And by public support here I don’t mean something shallow or fickle, such as the latest fad in hairstyles or fashions, but something more substantial and deeper, such as the public’s settled convictions and considered views of political practices like governing, or, as in our case, perfectionist practices like sport. Since these are one and all judgments and values that are, or purport to be, widely shared, they militate against idiosyncratic and extravagant claims that obviously lack public backing.

However, before I try to defend my claim that my distinction does indeed enjoy public support, I want to first clear up a common misconception about appeals to public acceptability of this kind. I am referring here to the common complaint that such appeals are intended to be a stand-in for argument, rather than, as I insist, a constitutive condition of argument. The objection is that in insisting our views chime with what most of our peers think and believe, we are, in effect, claiming that social agreement makes rational deliberation superfluous; we are, that is, running together two things that ought, on pain of losing our rational grip on things, to be kept separate: namely, sticking our finger in the air to see which way the wind is blowing in order to determine how we should think about some issue as opposed to exercising our minds, our rational agency, to do so. But such criticisms, which echo Kant’s stern counsel to human beings to overcome their own “self-incurred immaturity, their inability,” because of their own irresoluteness, “to use [their] own understanding without the guidance of another” (7: p. 54), blithely ignore the role that intersubjective agreement plays in any argument or reflective inquiry rightly understood. That role is not to displace argument, as if somehow crudely tallying what most people think about some issue can take the place of careful deliberation about it, but rather to establish the relevant logical space in which arguments can do their critical bidding. This is the very point Wittgenstein was making when he claimed that to imagine a form of life is to imagine agreement in judgments, meanings, and values. For unless there were such agreement in background judgments, meanings, and values, unless, that is, there were a language game that I am my interlocutors could play to make our respective argumentative moves and counter-moves, we would have no way of knowing whether anything we said or claimed was intelligible let alone persuasive. So when I am swayed by some argument I cannot help but also be swayed by the social agreement that, however implicitly, underpins it, that tells me that it is precisely considerations of this kind rather than another that give me a reason to believe or do something.

As I see it, then, my appeal to a public consensus to justify the way I have interpreted the treatment-enhancement distinction underwrites rather than undermines the critical, rational use I will make of it later. But I am already getting ahead of myself, since whatever critical utility my distinction might have hinges
on whether or not it does indeed reflect the considered views of the public. And it is this claim that a critic might rightly take me to task for, and do so by enlisting my own words against me. For I am already on record in claiming in the anecdote I began my essay with that had my conference speaker advocated the use of steroids rather than Prozac to improve athletic performance his audience would not have sat on their hands in total silence, but subjected him to a withering, public scolding. Surely, that alone suggests the public thinks otherwise than what I now claim, but apparently not what I earlier claimed. Such a critic might then reasonably suppose that I have no reason to think that that same public would treat any more kindly my attempt to pass off the use of substances like steroids by athletes as a form of licit medical treatment rather than illicit enhancement. That critic might further urge me to take a gander at any of the recent sports pages of even our finest newspapers, such as the New York Times, or tune in a recent broadcast of, say, ESPN, to acquaint myself first hand with the public’s expression of disgust and contempt, as channeled through their media representatives, for athletes who use PEDs to get an edge over their opponents.

As if any further proof were needed to see just how misguided my claim that the public would endorse my interpretive rendering of the treatment-enhancement distinction really is, such a critic might point out further that when we turn from the viewing public for sports to the athletic participants themselves, the fate of my thesis looks even dimmer. For when we factor athletes into the equation, we run up against a veritable wall of silence that makes any public accounting of their actions, and especially their candid views regarding things like doping, exceedingly difficult. To put it bluntly, no athlete today would dream of getting caught stumping for steroids. We can add retired athletes to this list, as well as those select athletes convicted by the sports establishment for their PEDs offenses—for whom, of course, there is little need to conceal their past wayward deeds. Their collective stone walling in this regard is surely owed to their perception, a critic would likely insist, that the public would refuse to have anything to do with any athlete who dared, foolishly, to encourage the use of PEDs as a way to cash out one’s athletic dreams.

These are forceful objections, but not, I think, persuasive ones. Let me begin with my critic’s contention that the vast public for sports today has made it perfectly clear that it finds the doping antics of elite athletes morally loathsome, a view that, as noted, if my opening remarks are any indication, I appear to second. However, that my introductory remarks seem to endorse this view is only because I did not make it clear that the symposium in question was sponsored by a major regulatory agency of elite sports, and, as a result, heavily populated by members of this agency and others sympathetic to their central policies and goals. This is important to mention because this particular gathering was not a representative sample of the views of the larger sporting public, but, in fact, those of a very select, special interest group. What special interest, it might reasonably be asked, were they representing? The answer, of course, is none other than official elite sport itself, to be more precise, the major players that run and govern Actually Existing Top-Level Sport today from university presidents, to athletic directors and coaches, to regulatory bodies like the NCAA, to the International Olympic Committee, and, of course, to professional sports leagues. The sports media belongs here as well, since they subsidize most of the huge sums spent on elite
sports today and are paid handsomely to cover them. Together they form a sizable and formidable special interest group, and what knits them together is their shared interest in ensuring that the enviable cash flow that top-level sport attracts is not stopped or otherwise impeded.

That this special athletic interest group is committed to an especially hard-line antidoping position goes without saying. That the reason why they and their talking heads are so adamantly opposed to PEDs has more than a little to do with the fact that they let the market do all their talking for them, also goes without saying. This would explain why official sport bodies and the print and visual media are fond of depicting dopers as “fallen” creatures (6: p. 214), not to mention as outliers whose “dirty” hands stand in marked contrast to the “clean,” untainted hands of the vast majority of their athletic compatriots— that the drug tests currently in use that supposedly show most elite athletes do not dope are relatively easy to circumvent is, apparently, a trivial fact most of the press either ignores or doesn’t see fit to report. This would also explain why athletes are not, to court understatement, forthcoming regarding their own doping predilections or views of the ethics of doping.

In claiming, therefore, public backing for my distinction I was not claiming to speak for the special interests of the sports industry itself or for any other kindred special interest group. Hence, that the official sports world and sports media are firmly against doping, and, therefore, steadfastly opposed to efforts like mine to reconsider what therapeutic role some PEDs might legitimately play in that arena, does indeed go without saying. But what does not go without saying is that this official view captures the public’s take on this matter, that it is something other than a special interest masquerading as a general one. For there is good reason and empirical evidence to suggest that, in fact, the public’s view of this matter is in important ways at odds with the antidoping campaigns, and what Moeller (10: p. 18), rightly I think, calls the “anti-doping fundamentalism” of the official sports world and media.

This claimed disparity between the public’s view of standard PEDs like steroids and amphetamines and the official athletic world’s view of them is, as duly noted, a product of recent history. In the 1970s and 1980s, for example, both the public and athletic bodies were one in their moral condemnation of doping, in their certainty that imbibing such substances thoroughly corrupted the standards of excellence that make sport the quintessential perfectionist practice that it is. Indeed, during this time sport was, as Hoberman aptly put it, a “special index of human capacity,” a moral outlier in a world increasingly more indulgent of drugs not just of the recreational, intoxicant kind, but of the performance-enhancing kind as well (5: p. 236). So special was the regard for sport that even practitioners of music, whose commitment to excellence is not to be doubted, were thought to be less compromised by performance-enhancing drug use, in particular, the widespread use of beta-blockers by orchestral musicians to combat stage fright, than athletes. Sport thus occupied an exalted place in both the public’s and the athletic world’s mind in the closing decades of the twentieth century as one endeavor that could not abide any sort of pharmacological assistance, not at least with moral impunity.

However, by the end of the 20th century, or so I want to claim, the public began to look at PEDs, or at least some of them taken in certain quantities, with a
less morally jaundiced eye, while the mandarins of the sports world continued their strident moral campaign against them. For at least the larger public then, the moral and social distance that once separated sports from the rest of the world has been largely closed, and it has been closed less by a surge of recreational drug use, which, of course, is still trending upward, than a surge of performance-enhancing drug use in almost all walks of life. I am referring, among other things, to the astonishing increase of legal prescriptions for performance boosting drugs like Ritalin (up 1,700 per cent in the last fifteen years) and Adderall (up 3,000 per cent in the same time period), used to treat Attention Deficit Hyperactivity Disorder (ADHD), but increasingly used by high school and college students to boost their SAT scores and grades (11: p. 59). Prescriptions for low doses of testosterone to improve the physical virility and well being of older males have similarly skyrocketed. This new permissive regard for PEDs no doubt further explains the candor with which leading intellectuals such as the world renowned physicist Freeman Dyson, whose PED of choice is over the counter No-Doz, and the prodigious mathematician Paul Erdos (14: p. 219), whose PED of choice is amphetamines taken in massive doses, publicly talk about their use of these substances. And it also explains, I argue, the public's newfound tolerance for steroids and their kin in the athletic arena.

What we are seeing here, therefore, is, I think, a sea change in the public's regard for performance-enhancing substances across the board, to include, of course, sport. Sandel nicely captures the mood behind this fundamental shift in the public's outlook on all things pharmacological. As he argues, "Unlike the drugs of the sixties and seventies, Ritalin and Adderall are not for checking out but for buckling down, not for beholding the world and taking it in, but for molding the world. . . The steroids and stimulants that figure in [this embrace of] enhancement are not a source of recreation, but a . . . way of answering a competitive society's demand to improve our performance and perfect our nature" (11: pp. 60–1). What Sandel doesn't say here, however perceptive, that also should be said is that when drugs are enlisted in our effort to cope not just with the rigor and stress of everyday life, but further with the rigor and stress of performing music, or churning out new intellectual ideas and products, or pursuing athletic dreams, it suggests that what we are doing in all these cases is more so treatment than enhancement. In other words, part of the reason why substances like steroids are no longer considered morally toxic to everyday living, or music-making, or athletic pursuits, is that they now seem to be beneficial ways to sustain our performance in these disparate endeavors, that is, as treatments, rather than as ways to raise the level of the already impressively high standards that are regularly achieved in these endeavors, that is, as enhancements.

So far I have been speaking in rather abstract and general terms of a sweeping change in the public's world-view regarding the use of certain pharmacological aids not just in sport but in wide array of social practices. But it might reasonably be asked what credible evidence do I have to support this provocative thesis, beyond simply making grand pronouncements on its behalf. Obviously, I can't answer this question for all human endeavors I claim are powered by this shift in the public zeitgeist, but I can, I think, do so in the specific case of sport.

My answer focuses directly on what I take to be not only the public's acceptance of the extraordinarily high levels of performance elite athletes routinely turn
out today, but what can best be described as their public clamoring for such consistently extraordinary athletic achievements. For the arduous, even Herculean, training regimens necessary to support such levels of athletic accomplishment, not to mention the all-consuming commitment they require, could not be achieved at the rate they are nowadays were athletes not downing substances like steroids and amphetamines. Consider perhaps the most superhuman of all sports, the Tour de France. In the 2001 Tour, for example, medical doctors that tended to the riders were given official permission by the race directors to transport and administer up to 300 drugs just so they could complete the grueling feat of riding six hours a day at top-speed for 23 days (6: p. 213). As the premier Irish cyclist Paul Kimmage related in his insider account of the Tour, Rough Ride, taking these medications in tablet form was out of the question since doing so would further tax already overtaxed bodily organs. Hence, the necessary recourse to injections to get the full benefit of these drugs. But as Kimmage exclaimed, "A syringe did not always mean doping. In a perfect world it would be possible to ride the Tour without taking any medication, so long as everyone else did the same. But this was not a perfect world. We were not doping but taking care of ourselves." (10: p. 79, emphasis mine). So even athletic events like the Tour, which I think it is safe to say has attracted the most criticism of any major sport today for its doping problems, has not elicited from its still adoring public any hint that they want to walk back from the remarkable athletic accomplishments made possible by the use of PEDs. In their steadfast admiration and support for top performing cyclists, no matter how achieved, they are matched by their no less star-struck peers who flock to stadiums to watch, for example, their favorite intercollegiate or professional football teams, whose interior lineman now weigh in on average at a whooping three hundred plus pounds (think steroids here not simply hi-protein shakes and weight training), or their favorite professional baseball teams, whose long grinding season would be hard to endure at current levels of play without knocking back amphetamines or shooting up steroids.

That the public is decidedly behind the drug-aided accomplishments they not only regularly watch but cheer on in elite sports, and show no inclination whatsoever that they would support any effort to scale back those accomplishments in order to rid sports of the so-called "scourge" of PEDs, is evident from the spontaneous reactions of live spectators at various sporting venues as well as recent opinion polls. With regard to the former, Hoberman has tracked four major athletic events that took place in three different countries (Italy, Germany, and Canada) over the past decade in which spectators were presented with an opportunity to embrace or reject or ignore a celebrated athlete known to have committed a doping offense (6: pp. 217–9). In each and every case, Hoberman confirms, the sporting public heartily cheered rather than jeered the athletes in question, which included the "disgraced" Ben Johnson, who was stripped of his gold medal in Seoul for steroid use, and American sprinter Dennis Mitchell, who tested positive for elevated testosterone. As a fellow competitor disappointedly observed when directly confronted with the audience's wildly enthusiastic response to Mitchell's return to competition, "nobody really cares whether the good Dennis was doped or not. What's important is that he's fast. . . . The public . . . want[s] to see the ultimate performance regardless of where it comes from. Doped is an unpleasant and marginal piece of information the people in the stadium ignore" (6: p. 218) As
it turns out the disgruntled athlete was only partly right. For the public turned the tables in their support of known doped athletes when their performances dwarfed rather than rivaled those of their elite competitors, when, that is, PEDs not only made it possible for them to compete at the elite level but to produce performances that have never been approached before or since. Hoberman cites here the the World Track and Field Championships at Stuggart in 1993, when spectators loudly booted Chinese female distance runners who didn’t just defeat their competitors but crushed them by margins seldom seen at this level. Two weeks later three of these runners set world records at 1,500 meters, 3,000 meters, and 10,000 meters that no one has since come close to matching let alone surpassing (6: p. 229).

Of course, such select snapshots of spectators’ responses do not exactly amount to a plebiscite regarding the public acceptability or unacceptability of athletic doping, let alone a scientific survey, as Hoberman readily acknowledges. But they do call into question received public opinion on this issue, suggesting that the public now regards certain forms of doping as more like the administration of analgesic, pain killing drugs in sports, a common medical treatment modality in athletic circles, than as, say, a genetic effort to perfect human nature, a clear case of enhancement.

Recent opinion polls, our second cited source of evidence, reinforce this very point. A 2003 national New York Times poll of 1,057 adults found that a very small percentage was morally exercised by professional athletes who doped. This same poll showed a marked generational divide in this sample. Specifically, while 31 percent of respondents older than thirty reported being very disturbed by doping in professional sport, only 15 percent of those between the ages of eighteen and twenty-nine echoed this view. A Denver Post 2003 survey of 500 area sports fans found similar results. Specifically, the Post reported that more than 50 percent of respondents between the ages of eighteen and thirty-four “had little or no objection” to athletic doping, and that 39 percent actually favored the legalization of PEDs if medically supervised (6: p. 228).

Again while these polls and surveys obviously aren’t the last word on this matter, the evidence they do provide bears out my point that the official spokes-persons of elite sports and the public do not see eye to eye on the matter of PEDs. Indeed, if the sporting public believed the antidoping fundamentalists of official sport were right about the corrupting effects of PEDs on athletic achievement, then they would have massively defected from them the moment it became apparent that athletes were regularly availing themselves of these substances. But the public’s continued love affair with sports has not abated, which must mean, therefore, that the antidoping fundamentalists are as misguided as their charlatan political counterparts who claim to speak for the public but seldom do, and seldom bother to check because they could care less about what the public really thinks in pushing their self-serving agendas.

A critic, however, might rebut what I say not by rejecting the empirical evidence I have gathered so far that shows athletic authorities’ claim to speak on behalf of the public regarding PEDs is false, but by arguing that I have left one critical piece out of my account so far. That crucial piece is the lack of any public agitation, any public advocacy on behalf of this supposed change in the public’s regard for PEDs I claim to find. As Lavin bluntly puts it, “There is no Martin Luther King of steroids” (9: p. 12), no one presently among the vast numbers who
identify themselves as sports fans, or among athletes themselves, willing to declare in a public forum their apparent support of certain forms of doping as legitimate therapy rather than illegitimate enhancement. This is especially the case with athletes, even retired ones, whose use of PEDs remains a carefully guarded secret, and whose public posture when pressed to speak on this topic is almost always to support the antidoping fundamentalist ideals touted by their athletic superiors.

This is a serious objection, and one that deserves, no doubt, a paper of its own. But I do want to offer two quick replies, which take some of the sting, I believe, out of this criticism. First things first, however. To say this is a serious objection is to say that when confronted with questions about what someone or some group or larger society actually believes about some matter of concern, especially controversial matters like athletic doping, one has to weigh what they say against what they do. As Gauthier succinctly puts it, there is a "behavioral dimension" of belief or preference revealed in action, and an "attitudinal dimension" expressed in speech (3: p. 27). The problem is that when the two conflict, as when, for example, someone says they prefer to read high-brow literature but spend all their free time watching reality television shows, we are hard pressed to say what they really believe or prefer in such cases. In the doping case at hand, it seems we have just such a conflict. For the public's actions, their cheering on doped athletes, suggests they do indeed support a limited use of certain PEDs in the athletic arena, but their noticeable failure to publicly advocate their support for such doping, save in the protected anonymity of opinion polls, suggests they may well be less supportive of athletic doping, or at very least less resolute in their support, than their overt cheering would seem to indicate.

But I am not convinced that inference is warranted. My reason for doubting that it is warranted is that in some contexts our actions speak much more loudly and clearly than our words, so loudly and clearly, in fact, there's no reason to doubt what they convey to us. The athletic doping case before us, I believe, is just such a context. Two considerations suggest as much. The first consideration is that the institutions that run and govern elite contemporary sport are undemocratic ones, which is why the decisions that emanate from them typically come from on high without the slightest input from other relevant parties—most noteworthy of which are the athletes themselves. Indeed, athletes often have no say at all in these matters for the simple reason that they are routinely denied formal representation on such decision-making bodies. The second relevant feature concerns the firm hold, better, the death grip, the market presently has on elite sports. This is relevant because markets are nothing if not want-regarding devices, that is, responsive to desires backed up by the ability to pay rather than desires backed up by reasons. That means that wherever markets hold sway there is no public forum that people can access to voice their views about the goods traded there. Hence, the only alternative market actors have if dissatisfied by the goods presented them is to walk away, to exit, rather than to express their reasoned judgments regarding them, to exercise their voice.

As I see it, therefore, the lack of public advocacy, of public voice, for this apparent shift in the sporting public's judgment regarding the therapeutic use of certain PEDs can be reasonably pinned on the undemocratic character of athletic institutions and the narrow market calculus that seemingly guides their every decision. To be sure, such factors did not deter the Martin Luther Kings of the world,
which is why Lavin's criticism is not to be ignored. That people of his stature and courage don't come along very often is also true, but not especially reassuring. That's because without them it's hard to imagine in general how we might be able to deter those hell bent in turning democratic societies like our own into giant markets concerned only with the bottom line, and, how, in particular, we might turn our present athletic institutions into more democratic-friendly, reason-abiding places.

An Ideal of Athletic Perfection

If I have made my case that the public for sports, unlike the sports industry itself, is now accepting of the idea that the use of specific PEDs in certain amounts is a morally permissible form of treatment to support present levels of athletic excellence rather than a morally impermissible way to enhance athletic performance to levels never before seen let alone envisaged, then it needs to be asked what are the normative implications of this evident change in perspective. That is, is this shift in public regard of little or no normative significance because it merely signals a change in society's half-conscious, reflectively unchallenged tastes and preferences, or does it augur something deeper, some substantive change in our moral outlook that implicates our reasons for valuing sport in the particular ways that we do? The answer to this question, I argue, requires consideration of whether this public shift is connected to an ideal of athletic perfection that can be rationally justified.

To ask whether changes in our public views of what technological interventions, to include, of course, pharmacological ones, comport with some plausible ideal of sporting excellence, as I do here, already rules out both a strictly libertarian and a technologically determinist approach to this issue. It rules out a strictly libertarian approach because it holds that harm to others is not the only grounds for limiting someone's liberty, that, in addition, we are also justified in constraining liberty when its unbridled exercise imperils widely shared values we have good reason to covet. It rules out technological determinism because it doesn't treat technological changes as inevitable, as developments that can't be stopped and, therefore, that would be pointless to try to stop. Of course, the athletic ideal route I am pursuing here doesn't aim to trample our freedom or resist technological developments just for the sake of doing so. Rather, the point of invoking such an ideal, rather than simply paying tribute to freedom or technology, to fetishize them, is that if we don't we might well end up slighting features of our life that we deeply value, that make human life worth living in the first place. To give you a general idea of what I'm driving at, one of the things that makes life valuable to people like me that are settling into late middle-age is that we have a much better sense of who we are now than we did as adolescents when our hormones were raging within us and pleasing our peers was just about the most important thing in our lives. Those of us who have managed more or less successfully to get through our adolescence can at least appreciate Paren's tongue in cheek suggestion we might be all better off if we could find some way to make sure that no one has to ever go through adolescence again (4: p. 332). But most of us also realize that it is by living through such trying periods that we gain a deeper appreciation of our
lives, an appreciation that might well elude us if the journey from birth to adulthood was a seamless one rather than one rife with trials and tribulations.

The same holds true for our athletic lives as I can also personally attest. When I was younger my lack of height stood in the way of my aspiration to play basketball at the interscholastic level. Fast forwarding to the future, if my parents could have scored a prescription for hGH, as many parents are apparently doing in significant numbers today for their below average height children, my prospects for making the varsity team would no doubt have improved significantly. But had I not been forced to cope with my short stature, I would have not learned how to play the game and to develop my shooting skills to compensate for my height disadvantage. To make matters worse, my parents would have been guilty of furthering a social prejudice they and their peers should have been doing their level best to eliminate rather than trying to technically finesse. The sting of that prejudice as it might play out in the future in a sport like basketball is well articulated by Sandel when he notes, “Today when a basketball player misses a rebound, his coach can blame him for being out of position. Tomorrow the coach may blame him for being too short” (11: p. 87). Here once again, therefore, the search for the quick technical fix impedes rather than furthers a feature of our sporting lives we have good reason to value.

It goes without saying, however, that technical/pharmacological developments may also buck up those things we value most about sports contests, as I have been claiming steroids sometimes do. So how do we decide? The answer brings us back to the question I opened this section with—does the public’s changed attitude toward PEDs hook in to an athletic ideal that furnishes it some justificatory cover? I have already suggested it does, and that that athletic ideal, to reiterate, is Simon’s notion of the mutual quest of excellence through challenge. Instead, however, of presenting this ideal as Simon does as an abstract, metaphysical thesis in which sport is characterized as a competition between persons who ought to respect one another by virtue of their status as persons, that is, as historically, socially unencumbered selves in pursuit of athletic excellence—a formulation that applies equally well to ancient Greek athletes seeking the good graces of their gods as it does to contemporary athletes eager to turn their athletic triumphs into ready cash, I want to put some flesh on these bare bones. My interest in doing so is strictly a normative one, since Simon’s rendering of this ideal furnishes us precious little guidance in assessing what count as relevant features of the athletic test or challenge for the same reason all general normative principles fall short in this crucial respect: they are just not thick enough.

Simon’s conception does, however, have the virtue of focusing our attention on the perfectionist aim of sporting pursuits, on the fact that they are all about excellence, which means that the point of these social practices is to test some combination of the native talent and human striving of their participants. That means that sport can’t just be about talent, since it is what one does with that talent that figures prominently in our evaluation of athletic accomplishment, nor can it just be about training and effort, for if that were the case then sports wouldn’t be about excellence at all but only the time spent and energy expended on some physical activity. The capacities at issue on the talent side of the athletic ledger include such things as eye-hand coordination, strength, speed, flexibility, gross and fine motor skills, the ability to move in space, poise, etc. The features at issue
on the striving side of the athletic ledger include, besides the obvious one of training, the will to succeed, strategy, the capacity to endure pain and suffering, etc. Of course, just what mix of nature and nurture to be tested depends on the particular sport in question and most of all on the historically inflected normative judgments regarding how much talent and how much striving should power our assessments of athletic accomplishment.

Understandably, most of the discussion has focused on the one dimension of athletic performance that until recently was thought to be most malleable, namely, the striving dimension. How much striving and what kind of striving are relevant to athletic contests has always been open to debate in the history of sport, which has consistently adhered to some version or other of what Hoberman aptly calls an “ethic of self-restraint” (6: p. 186). Just where to draw that line, of course, is the operative normative question. As far as the “how much” question goes, that is, how seriously and wholeheartedly should we pursue athletic achievement, the answer at present seems to be some variation of “the sky is the limit.” This represents not just a change in our views of this important matter but a complete reversal. For in the heyday of amateur athletics it was precisely training too vigorously and pursuing victory too doggedly that were considered corrupting of sport, whereas today it is precisely not training hard enough—which means not devoting most of one’s waking hours to it, and not giving one’s all in the competition that are regarded as corrupting of sport.

As far as the “what kind” of striving question is appropriate to athletic endeavors is concerned, which brings technical devices and strategy squarely into the picture, the answer, though a little more complicated, is once again some variation of the “the sky is the limit.” Hence, no one seriously thinks anymore, as used to be the case when amateur sport was the reigning paradigm, that there is anything untoward in employing professional coaches to facilitate athletic success, or that utilizing strategies such as lunging at the tape at the end of sprint events in track is a form of unsporting trickery. Of course, more recent technical developments and strategic innovations have touched off considerable normative consternation. Think, for instance, of aluminum bats, or fiberglass poles, or U-shaped golf clubs that allow for greater ball control, or even golf carts, or, in the realm of strategy, Muhammed Ali’s rope-a-dope style that required the complicity of boxing officials in allowing the ropes that surround the ring to be loosened. Yet more recently, think of double amputee Oscar Pistorious’s quest to participate in the Olympics while running on j-shaped blades made of carbon fiber called, provocatively enough, Cheetahs. Each of these technically enhanced sporting devices met with much controversy, and inspired claims that they were perverting rather than cultivating athletic accomplishment, and each, in turn, were eventually accepted, and at least in the case of U-groove golf clubs rejected, after much debate over their athletic legitimacy.

The nature/talent side of the athletic equation didn’t come in for much discussion until doping became more widespread and genetic engineering began to look less like science fiction and more like a practical, even if still only potential, reality. Of course, things like hi-protein shakes, and special diets like carbohydrate loading have been around for a long time now, and have aroused little if any moral concern. Whereas doping, as duly noted, has until late not only provoked moral discomfort but outward moral hostility bordering at times on moral panic. Why?
No doubt, because it involves tinkering with our natural gifts, which is important because our genetic endowments are regarded by many as the Achilles heel of the meritocratic faith that is the defining self-image of liberal democracies like ours, and of our moral regard for sport as the ideal place to test that faith. When considered against this athletic meritocratic backdrop, it is little wonder why PEDs fell into moral disfavor, why they were regarded as an unseemly shortcut that by decoupling effort from reward and acclaim put in jeopardy our moral faith in sport.

My argument is that it is now time to re-examine this view because it is largely outdated, because our considered public views have changed in a way that warrant such a normative reappraisal. The slotting of substances like steroids into the treatment category is, I am arguing, a case in point. What it represents then, as I see it, is not yet another capitulation to a professional conception of sport in which winning is all that matters, but rather a moral reexamination of the place such substances rightly have in athletic endeavors devoted to excellence. The argument thus comes precisely to this: since substances like steroids allow athletes to train harder, by among other things reducing their recovery time, and since training harder is itself a response to a rise in levels of athletic accomplishment that enjoy wide public support, their ingestion is best interpreted as a cultivation of athletic excellence rather than a corruption of it. For the point of an athletic test is not to gauge how quickly one recovers from training sessions, but rather how well one performs when it most counts, that is, on the field of play itself when confronted with the challenges posed by one’s competitors. This is just another way of saying that steroids and their kind don’t make you a better athlete in the relevant sense of a more talented or a more skilled one, but a better-prepared athlete in the sense of a more performance ready one. As such, steroids don’t impede or otherwise interfere with the execution of central athletic skills, but complement the execution of those skills by eliminating an (irrelevant) impediment to them. In short, while there is no denying that steroid use affects athletic performance by altering the biochemistry of athletic bodies, it does not, I am claiming, affect it where it most relevantly counts: on the field where athletes have to rely on the complex mix of physical and mental skills contested in the game. So far as I can see then, the public’s indifference to steroid doping scandals are not a worrisome sign of their moral indifference to the integrity of the game, but of their growing conviction that steroids are not the threat to the integrity of sport that antidoping proponents make them out to be.

What this suggests is that we should not be held hostage by (human) nature, to how we fare in the genetic lottery, when the genetic endowment in question does not affect the integrity of the social practice under consideration. So those of us born with low levels of testosterone, for instance, should not be condemned to the lower levels of athletic performance that deficit predisposes us to. In much the same way, then, as people should not be held hostage to an inherited unfavorable brain chemistry that consigns them to a life of debilitating depression or unremitting anxiety that interferes with any occupation they may take up, let alone with their ability to negotiate the obstacles of ordinary life, testosterone-deprived athletes, less dramatically to be sure, should not similarly be consigned to less athletic success owing to their natural incapacity to endure the kind of grueling training sessions elite sports presently require.
The corollary of my argument, however, is that people should be held hostage by their genetic endowments if they figure importantly in the aim and purpose of the human endeavors they participate in. So those of us, for example, who naturally lack poise under fire, that is, who have a hard time reining in our anxieties in tension filled situations, should refrain from using drugs like beta-blockers to ward off the debilitating effects of such anxiety in sport. That is because in sport it does matter very much how one responds to such pressure-packed situations, to whether one can think clearly, strategize appropriately, and perform skillfully in such nerve-racking conditions. In other words, unlike steroids, Downing beta-blockers doesn't remove an irrelevant impediment to athletic success but rather a crucial component of that athletic success, which is precisely why, again unlike steroids, drugs like beta-blockers do make us better athletes. The point of this argument, therefore, is not that taking such substances alters the mental state of the participants, so does an effective pep talk, but that the tremors and other skill unfriendly tics that result from excess nervousness are things that we expect, by our present lights at any rate, athletes to be able to cope with sans chemicals. That doesn't mean that one is similarly disallowed from trying to deal with anxiety by simulating game conditions in practice, or by consulting a sport psychologist. For learning how to deal with anxiety producing situations is part of what we expect of athletes, whereas popping beta-blockers to chemically eliminate tremors and the like is not because, to reiterate, qualities like mental toughness and poise are, among other things, what athletic competitions are supposed to test.

I should make clear that my argument here does not commit me to some version or other of dualism, the view that drugs like steroids mainly affect our bodies and leave our minds mostly unaffected, or that drugs like beta-blockers mainly affect our minds and leave our bodies mostly unaffected. So I readily concede that the level of physical vigor steroids make possible frequently translates into increased confidence and so, potentially at any rate, poise on the field of play—of course, I concede the converse of this case as well, but mention it only in passing since it is not presently at issue. Rather, my argument is that the mental edge that steroids and similar pharmacological aids provide, which are relevantly similar to and indeed often part of the confidence that comes from being prepared, really prepared, to compete, contribute to the maintenance of present levels of athletic excellence without compromising the competition itself. That is why I have argued their use is not corrupting of sport. Whereas the mental edge provided by drugs that block the effects of anxiety on athletic performance is gained precisely by compromising an important feature of the competition itself, that part in which our emotions often play havoc with our performance especially at those turning points of the game when everything is on the line. That is why I have argued the use of these anxiety-reducing drugs is corruptive of sport.

In my view, therefore, everything hangs on relevance to the athletic test. Where such relevance is not apparent, better living through chemistry is a formula no sport enthusiast should be scared off by. In this sense, taking steroids to remedy hormone deficiencies is relevantly similar to taking vitamins to replace depleted minerals, to gulping amphetamines or caffeine to counteract exhaustion, to drinking Gatorade to restore electrolyte imbalances, to getting a pain-killing injection to dull the pain of athletic injury—in which the verb in each of these phrases (replace, counteract, restore, dull) is keyed to maintaining the better-than-well
standards of elite sports. Contrarily, where relevance is apparent, and, therefore, the alteration in question impinges on human qualities that are central to athletic tests, better living through chemistry is a formula for corruption, not to mention an oxymoron. In this sense, consuming beta-blockers to quell one's anxieties is relevantly similar to using psychotropic drugs to achieve the same effect, to using hGH to excel in sports that put a premium on height, and, in the sphere of genetic engineering, to manipulating one's somatic cells to make one a more skilled athlete or to modifying the germ-line cells of an embryo to create an altogether new, superior athletic being.

**Postscript**

A final word to those on the libertarian side of this issue. Libertarians, of course, are wary of anyone willing to limit liberty beyond claims of harm to others. They will thus be doctrinally ill disposed to my argument that limits to liberty can be entertained as well in cases of what we might call harm to sport, that is, to certain kinds of drug-taking that are collectively considered to be injurious to a social practice like sport. To be more precise, libertarians will be suspicious of any effort to move things out of the mostly unregulated treatment category into the mostly regulated enhancement one, assuming they can be persuaded to embrace such a distinction at all, because of the threats such a recategorization poses to individual liberty. I offer three quick replies in hopes of mitigating their concern. First, my argument fully recognizes the right of exit to all those affected by such changes who find them unsavory. Second, my argument relies solely on the moral permissibility of such restrictions on liberty, which is a standard significantly less onerous than that of the morally obligatory. Finally, categorization of substances as treatment or enhancement in light of fundamental shifts in public, widely accepted moral views does undeniably give rise to regulatory claims that might well impinge on our freedom. But it does not do so automatically, in the first instance, but only if those altered public views can be reflectively vindicated. That means that such categorizations and recategorizations are invitations first and foremost to think, reflect, and deliberate, and then and only then, if they pass muster, to regulate.

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**Notes**

1. That said, the justification of an athletic ideal in this historicized sense is, or at very least aspires to be, democratic to the extent that it reflects demonstrably democratic values such as toleration of diversity and dissent and the recognition of the equality of participants in discussion.

2. What he apparently didn't realize is that burnout may also be a problem in an altogether different and more radical sense, namely, that it's time either to change in some significant way the manner in which elite sports are organized and conducted, or that it's time for those athletes
so psychologically afflicted to consider career options more in keeping with their temperament and character.

3. I am ignoring the other interpretation of this distinction raised by my anecdote, which alleges that if some medical/pharmacological intervention restores someone to a normal level of functioning, as determined by capabilities we possess that qualify us as human agents in the first place, it counts as treatment, whereas if the intervention in question adds to someone’s (normal) capacity to perform some action it counts as enhancement. I’m ignoring this rendering of the distinction, not because I find it plausible—I don’t for the simple reason that there is nothing about elite sport to which the phrase “normal species functioning” is applicable given the extraordinary accomplishments regularly achieved at this level, but because it is not directly germane to my main discussion.

4. In their undercover investigation of the use of PEDs by elite athletes, Bamberger and Yaeger (1) surmised that it might be possible for a top-level athlete to win one Olympic gold medal unassisted by drugs, but very unlikely to be able to repeat such a feat without using a banned substance.

5. Perhaps part of the reason why spectators are undeterred from following sports as avidly as they do, despite the accusations of doping leveled by sport authorities and their sycophants in the media, is that these authorities and media types are just as unwilling to consider any lowering of athletic standards to accommodate their doping suspicions and concerns.

6. To help dispel any lingering doubt that the public is simply naïve or ignorant of the rampant use of PEDs in elite athletic circles, which the polls cited in the text should have already disabused us of, Hoberman cites yet another 1998 Gallup Poll of sports devotees from six countries (Denmark, Germany, England, France, Italy, and Spain), which showed well over half of the respondents believed a majority of professional athletes were doping (6: p. 226.)

7. Sandel, I should point out, uses this example to make a different point about how genetic engineering expands, in his view unreasonably, what we can be held accountable for in athletic and other kinds of performance.

8. In fairness, it should be said that in Simon’s more recent writing he does seem to adopt a more “interpretivist” as opposed to metaphysical take on what the point of sport is all about (13).

9. Of course, substances like steroids and EPO not only enable athletes to recover more quickly from training but also boost their strength and endurance. In sports, therefore where strength and endurance figure prominently, these substances can be said to make us not just better prepared athletes but better athletes. In so far as that is true, then these substances, given their evident double life as forms of treatment and enhancement, would seem to be borderline cases.

10. Given the practice specific character of my argument, what I claim here regarding the use of beta blockers in sports does not necessarily hold for other sports let alone other social practices, not even perfectionist ones like music. In the first sense, drugs like beta-blockers reduce blood flow to working muscles and so in endurance sports would limit rather than enhance performance. In the second sense, Elliot has forcefully argued that the use of beta-blockers by musicians is not morally problematic (2)

11. I’m indebted to Jeff Fry for raising this criticism, to Paul Gaffney for impressing upon me that I need to address it, and to John Russell for pointing out it extends to the use of analgesic drugs that also can and often do positively affect the athlete’s psyche. Whether I have sufficiently responded to their criticisms, of course, remains to be seen.

12. The same argument goes for the moral permissibility of the use of analgesic drugs in sport. That is because blocking the pain caused by some injury or other, unlike blocking the anxiety provoked by the competitive situation itself, is not part of the main challenge posed by athletic contests. To be sure, the capacity to play with, better through, pain is up to a point a bona fide part of athletic competition; but injuries that elicit pain so severe that they preclude participation
if not treated clearly, in my view, exceed that point. It goes without saying, of course, that pain-killing drugs should not be administered to athletes if doing so would endanger their well being, not because of any moral concern that they might harm the sport but, as indicated, because they might harm the injured athlete.

References

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