

"FRED FRIENDLY SEMINAR - FOUR LITTLE PILLS: THE
ETHICS OF ENHANCEMENT"

MODERATOR: JOHN HOCKENBERRY

PRODUCER: JOAN GRECO

JOHN HOCKENBERRY:

10:13:51:00

Welcome everybody to this very special science assembly here at Albert Einstein High School. We've invited some people who have done studies and work on the brain, to present to us here. And to tell us about some of the exciting things that have-- gone on in the world of medicine.

10:22:27:00

A graduate of-- of Albert Einstein High School who now works for a company called Hype Pharmaceuticals has come to deliver-- some remarks about the project she's working on. It's a drug called Alerta (PH) that Hype has developed.

10:22:45:00

Alerta is a drug that allows you to go without sleep for long periods of time. But a woman in the back row is sitting and listening to this graduate. She's an assistant teacher. Her name

is Maria.

10:23:03:00

And she hears Alerta and a light goes off in her brain because it reminds her of this second job that she's taken at a law firm where one of the associates at the law firm said, you know what? A great way, Maria, to work longer and harder is to take this stuff Alerta.

10:23:27:00

So she goes to your office, Dr. SATEL and says, you know, I-- I really could use this Alerta stuff. Do you write her a prescription?

SALLY SATEL:

10:23:47:00

That's a good question.

10:24:07:00

I don't know if I would. Because as-- as clinicians, we treat-- diseases. And-- this is not a clinical disease. This is a manipulation that this woman, understandably, would like to have. Personally, though, I believe she should have access to it. And maybe we should have psychiatrists-- like we have plastic surgeons-- the kind of psychiatrist who does the-- cosmetic psycho pharmacology.

JOHN HOCKENBERRY

Well, hold on for a second. This drug was developed for narcolepsy which is a devastating disorder, of course. And-- it shows very limited side effects. And you happen to know Maria. Maria is a responsible adult who has this period of time that she really needs this help. She's asking you for the prescription. What do you do?

SALLY SATEL:

10:25:14:00

You know, personally, I would-- I would probably do it. Especially for a time-- a time limit or period if the drug were allowed passed and that she understood the risks. Then I would monitor her frequently.

MICHAEL SANDEL:

10:29:52:00

I don't understand. There is no disease. Is that right?

SALLY SATEL:

10:29:55:00

No.

JOHN HOCKENBERRY:

10:29:55:00

That's right. She has no disease.

MICHAEL SANDEL:

10:30:52:00

Well, the thing that worries me in this case,

there's no medical need. The need arises-- or the apparent need arises because of some pressure, apparently, to work a second job or pressures to fit into a certain kind of set of-- competitive pressures. Whether it's kids in school or taking a test or working longer at the law firm. And-- those-- I think the danger is that if we start to use drugs to fit people more neatly and comfortably into the pressures created by competitive society, we're less likely to critically reflect on whether that's the way we want to organize our society in the first place. That's my worry.

JOHN HOCKENBERRY:

10:31:43:00

Art Caplan, is there a fundamental difference between granting a prescription for narcolepsy and granting a prescription for someone who, for good responsible reasons, wants to stay awake to help her family?

ART CAPLAN:

10:31:54:00

I think there's a difference but it doesn't make the person who wants to enhance or improve or--

do a better job, necessarily wrong to seek that help. You might say, in the case of Maria-- she doesn't have a disease. But she does have symptoms. She's getting tired. She's worried she might put somebody else at risk on the job if she goes to sleep. She's worried she might have a car accident if she drives home tired. So she's got problems. And Mi-- Michael's right. It may be a tough world where you have to have a second job. But it's the world she lives in. And she can wait for Michael to fix it. But right now, she's still got to go home and she's driving home late at night. (LAUGHTER) And she needs to stay awake. So I'm thinking, yeah, I'm writing this prescription whether it's-- a disease or not, she's got an issue that she faces. And the pill may help.

JOHN HOCKENBERRY:

You're said it's okay to prescribe for narcolepsy. You've said its okay, probably, to prescribe for Maria. Does that include, also, the law partners who want to bill lots and lots

10:32:26:00

of hours by staying up late and make partner?

ART CAPLAN:

10:34:23:00

Perhaps. Although, there, (LAUGHTER) the fear is that if we keep them up and let them make partner, imagine the damage they'll do to society. (LAUGHTER

SALLY SATEL:

10:34:33:00

Only if they're trial lawyers.

LAWRENCE DILLER:

10:34:34:00

The oth-- the other aspect of giving it to the lawyers to improve their-- their performance or to the athletes to their improve their performance or to the students to improve their performance on the SAT is that it puts pressure on everybody else in that competitive field to also take that substance.

10:34:51:00

We value-- in many areas-- how we got to that goal or-- or-- or success. So in a-- athletics, it's not just, you know, the number of homeruns you hit but how you developed that skill to hit it.

JOHN HOCKENBERRY:

10:41:18:00

Dr. Hurlbut, is going on here? She's getting a drug for something that's not a disease. Is this treatment? What is it? How should we think about this?

WILLIAM HURLBUT:

10:41:41:00

Well, that actually is-- as this has been proceeding, I've been thinking what if Maria said my-- my tenth grader at Albert Einstein High School h-- has serious-- issues with his homework and he needs to be able to stay up longer. Would the same rationale hold here? And I think we'd all-- have a little pause on that. I think we have to be very careful not to convert all of life's challenges or circumstances into medical problems.

10:42:22:00

There are, obviously, certain circumstances we use-- compound that alter our behavior such as-- caffeine. Last night, the person sitting next to me got a little enhanced on their red wine. (LAUGHTER) but-- and we wouldn't say that was a-- a medical treatment, exactly.

10:43:04:00

One of the things you have to realize is that

biology is a very complex balance. The physicians in this room will know very well that there's no such thing as a-- as a drug that does one thing. Look at the-- the list of adverse reactions on any-- any-- pharmaceutical that gets prescribed for you.

10:43:23:00

We don't use drugs casually. That's why they're regulated. When they're seen to be safe, they sort of make their way out. But even then, I think it's an experiment on your life. And probably even an invasion of your life.

PETER LAWLER:

10:43:50:00

You know, just-- tweek the story just a little bit. Maria boss comes by and says, "You're doing a pretty good job. But if you had this drug, you'd be doing a great job. "

10:44:07:00

And-- she says, "No." And the guy says-- the-- her boss says, "Well I get someone then who will do this." And in all these cases of some kids start to take the drug to stay up to get their homework done. Then the pressure would be on everyone. And so what seems to be a matter of

free choice, can actually-- produces-- in--
indirect tyrannical pressure.

JOHN HOCKENBERRY:

10:44:26:00 But is that in play with Maria now do you think?

PETER LAWLER:

10:44:29:00 I think so.

JOHN HOCKENBERRY:

10:44:30:00 How?

PETER LAWLER:

10:44:32:00 I did change the story a bit in so far as I-- I
said-- you know-- "You're doing an okay job. But
you could do a great job if you were enhanced in
this way." But she's probably thinking that very
thing, "I'm doing a good job. But I can do a
great job if I'm enhanced this way."

10:44:49:00 My job will be more secure. I'll get a raise. And
(UNINTEL PHRASE) might be her free choice in a
competitive marketplace. But once this is
available freely, then the pressure would be on
for everyone to do it. And the unenhanced will be
at such a serious disadvantage that in fact
they're being tyrannized over it.

GARY LYNCH:

10:45:08:00

Exactly. You're looking at a situation in which what society wants is changing. The general change in society as to what's acceptable and what's not acceptable. The whole idea that somebody would show up at work and say, "Jeeze, I'm really doing a great job today because I took my Alerta(PH)." Would not have been acceptable 25 years ago.

JOHN HOCKENBERRY:

10:45:33:00

Maria got through her two job episode.

10:45:59:00

Time passed. And now Maria is-- keeping herself awake at night for a very different reason. It's about her eight year old daughter Camilla. She has no friends.

10:46:19:00

Kids call her "weirdo". She doesn't know what she does that's weird. She eats lunch and is on the playground by herself every single day. A short while back Maria was told by the counselor at her school-- that there is a medicine she might consider taking.

10:46:55:00

A medicine called Amikind that-- was developed to

help people with-- Aspergers Syndrome-- And it's--
- been shown to be effective in helping people to
pick up social cues.

10:47:22:00

Now Dr. Abramson, where might the counselor get
this idea, that this drug is possibly an
appropriate treatment of alternative for--
Camilla here?

JOHN ABRAMSON:

10:47:42:00

So much of what the counselor knows about this
drug. Is coming directly from the drug companies.
So what we think we know may come from the-- the--
- Association for Socially Isolated Girls. But
much of the funding for that association may come
from the manufacturer of this drug.

10:48:24:00

And the manufacturer may well have put on a--
seminar for Guidance Counselors about helping
children like this. And the Guidance Counselor is
dedicated to his or her job. And wants to do
what's best for the child.

JOHN HOCKENBERRY:

Dr. Satel, how-- how would you handle this issue

SALLY SATEL

I think it's perfectly fine that the teacher discusses it with the parents; doesn't demand. For all we know there's another kid in the class on this drug. Who-- who has improved markedly. So the teacher actually has some observational experience with this.

JOHN HOCKENBERRY

10:51:05:00

What's your view of what Dr. Abramson had said about the way the drug companies disseminate information?

SALLY SATEL:

10:51:08:00

I know there are some problems. On the other hand-- a lot of patients find this advertising very instructive.

10:51:36:00

This is a hook that a patient can use to approach his physician. Who is not bound often just by the literature. They have their own experience with these drugs to draw on.

JOHN ABRAMSON:

10:51:54:00

Most of our-- most of our medical studies are now funded privately by the drug industry, and the odds are five times greater that the commercially

funded research will find that the sponsor's drug is the treatment of choice. Then when the research is done on the same drugs by non-commercial sponsors--

SALLY SATEL:

10:52:15:00

In psychiatry-- someone comes in for depression, it's not as though I'm going to be misled into prescribing the wrong drug. there are so many front line drugs we can choose from. And then we often change a long the way. And titrate and see how the patient responds. It's very empirical, and-- and hands on. And--

ART CAPLAN:

10:53:21:00

Before the-- resolve the-- evidence base for this poor little kid. I-- I wanted to know if anybody's gonna give a-- discussion to the mom and-- the child about somebody like Bill Gates. Who might have had these problems in the playgrounds. And apparently he is a person who-- is not great at picking up social cues. And people have wondered, is that somebody who--

JOHN HOCKENBERRY:

10:53:45:00

Yeah, he's really had a miserable time.

(LAUGHTER)

ART CAPLAN:

10:53:49:00

Exactly. He's had a tough-- tough go of it. So even though I am not averse to-- trying out drugs when needed. I-- I might think we want to have a little discussion about people who've been-- a little more socially awkward at eight. And went on to do things.

JOHN HOCKENBERRY:

10:57:38:00

How does a drug like this change our perception of people like Camilla?

PETER LAWLER:

10:57:50:00

Well-- there's more tyranny there. Because we see a so-- a socially awkward kid who doesn't pick up social cues. You say, "Well, poor kid." But there's some good sides to having that kind of personality. But once there's a chemical remedy for this, then there's sort of a duty to give it to the kid. To-- to-- make the kid pick up the cues better. Do better in school. Have more friends, and all of that.

JOHN HOCKENBERRY:

10:58:11:00 What's wrong with that?

PETER LAWLER:

10:58:14:00 Because in fact, the kid might be better off being slow with the social cues. The kid might have the right to his or her moods.

10:58:20:00 GARY LYNCH:

10:59:30:00 You're phrase as tyranny-- the-- the background deep concern is that we're gonna build a society that's incredibly homogenous with this kind of thing. And we-- hom-- homogenous in the sense of let's physically rearrange the way people look. They're too short to play baseball, let's give this kid HGH.

JOHN HOCKENBERRY:

10:59:51:00 human-- growth hormones--

GARY LYNCH:

10:59:53:00 Growth hormones-- What do you wind up with at the end of the day? And there's a terrible risk to society of reducing its diversity. Just as in a biological population. When you reduce the diversity, you go extinct.

TIM TULLY:

11:00:23:00 I don't think it's necessarily true that we'll even-- reduce diversity by introducing these kinds of drugs to society.

11:00:42:00 And I like your-- your notion about tyranny. But the extrapolation of it is that technology is tyranny. If I'm a Plains Indian in the 1500s trying to run down a buffalo for food. And my buddy goes speeding by on a horse, that's tyranny. (LAUGHTER)

ANTONIN SCALIA:

11:02:44:00 Has anybody asked whether-- whether Camilla unhappy? (LAUGHTER)

LAWRENCE DILLER:

11:02:45:00 Camilla's unhappy.

ANTONIN SCALIA:

11:02:45:00 Well-- you know-- we-- we've heard from her parents. Her parents want her to be-- maybe she likes being all alone on the playground.

LAWRENCE DILLER:

11:02:52:00 No, no, no, she's--

11:02:51:00 (OVERTALK)

JOHN HOCKENBERRY:

11:02:54:00 Let's find out for a moment.

ANTONIN SCALIA:

11:02:55:00 Should it be up to her parents to give her some
drugs--

11:02:56:00 (OVERTALK)

ANTONIN SCALIA:

11:02:58:00 --to make her like everybody else.

LAWRENCE DILLER:

11:02:58:00 Well what's wrong with unhappiness?

ANTONIN SCALIA:

11:02:59:00 Huh?

LAWRENCE DILLER:

11:03:00:00 What's wrong with unhappiness?

ANTONIN SCALIA:

11:03:00:00 Or, that's-- that's another--

MALE VOICE:

11:03:02:00 You know-- because-- (LAUGHTER

11:03:06:00 (OVERTALK)

LAWRENCE DILLER:

11:03:09:00 It used to be part of the human condition--
unhappiness. But I think in the last 40, or 50

years there's been a-- a shift away from older values.

11:03:23:00

And if we have a child who's feeling badly, the parents feel badly. And they come to me. This kid may be minimally-- minimally-- impaired in my view. But he's-- not feeling good. His self-esteem is down. And they want a treatment. Well, the evidence that self-esteem, or self-image really matter is scant to non-existent. And most of that evidence comes from-- you know-- interviewing CEOs, artists, and criminals. And they all have bad-- bad-- bad childhoods.

(LAUGHTER)

11:03:50:00

(OVERTALK)

JOHN HOCKENBERRY:

11:03:52:00

Let's pose a question here Martha, if you could be Maria.

11:04:11:00

you have gotten a prescription for Amikind. You're holding it in your hand.

11:04:36:00

You haven't decided what to do. So you turn to your family members. And you have a large family.

(LAUGHTER) And-- many people who are willing to

guide you. Let's begin with your-- brother-in-law Dr. Lawler. And your-- brother Art Caplan. Looks more like an uncle but (LAUGHTER) good. In any case. Ask them for guidance.

MARTHA FARAH:

11:05:03:00

Okay. Well-- listen guys, Camilla has really had a hard year at school. And-- -- if it was just a matter of-- keeping her cheery. Keeping her happy. Sparing her any disappointment in life-- - I'd go along with some of these friends of mine who are telling me- happiness is not the be all end all.

11:05:31:00

That's-- that's not the most important thing about somebody's childhood. But I just have the feeling-- seeing her when she comes home at the end of the day. That it's-- it's more than just-- she's not having fun. She's-- she's really missing out on-- you know-- the world of people, and friendships, and connections. What do you think? Is it-- is it worth-- is it worth trying to do something to her brain to-- to open up that world of-- of-- you know-- human relationships to

her?

PETER LAWLER:

11:06:03:00

Three things. One, have you tried everything else first? Number two, have you really studied up on this drug. And number three, if this decision is made, do not take pressure from the teachers, and the bureaucrats, and so forth. It's your right to have your kid be an unhappy pain in the ass in class. (LAUGHTER) If-- if you think in the long run that's best.

MARTHA FARAH:

11:06:29:00

Yeah. No I--I'll tell you-- I don't feel-- I don't feel that this is for the teacher's convenience or-- or anything. I mean I really-- I-- I feel like she's missing something in her life. But-- you know-- (SIGH)

ART CAPLAN:

11:06:47:00

Well-- you know-- Maria, I-- I never liked him much anyway. (LAUGHTER) Remember we had that discussion about home schooling? And you said you wanted her to go to meet kids. And become-- social with others. So I think your values are

very important here. And she probably gets some sense from you that you're worried about this.

11:07:11:00

When I talk to her, she is unhappy. But I'm not sure she's desperately unhappy. I'm not sure she's not picking up some of your anxiety about how she is at school that bothers her. I've been up on the--

PETER LAWLER:

11:07:28:00

I think that's an excellent point. (LAUGHTER) We agree on that.

11:07:31:00

(OVERTALK)

ART CAPLAN:

11:07:50:00

But I think ultimately if-- if you and her agree that she can't take it anymore, I'd give her the pill for a little while and see what happens. But I want to make sure she's not picking it up--

MARTHA FARAH:

11:08:11:00

Yeah it's hard to--

ART CAPLAN:

11:08:11:00

--from you.

MARTHA FARAH:

11:08:12:00

--it's hard to disentangle my wishes for her as a

parent. And-- and what she really wants from me.

MICHAEL GAZZANIGA:

11:08:18:00 Maria-- Maria, we got a problem here. You're
(UNINTEL PHRASE).

11:08:24:00 (OVERTALK)

MICHAEL GAZZANIGA:

11:08:25:00 You're the problem. It's not your daughter, it's
you. You've been compulsively managing this child
for the last eight years. You've looked
(LAUGHTER) you fold the laundry, you do
everything. You cook, you--

TIM TULLY:

11:08:35:00 You soccer mom you. (LAUGHTER)

MICHAEL GAZZANIGA:

11:08:37:00 You-- you are-- you are enormously controlling.
It's not the child. Back off. You take the pill.
(LAUGHTER)

11:08:47:00 (OVERTALK)

TIM TULLY:

11:08:49:00 Parents have been making these decisions for
their kids forever. Where-- if we wanna-- if we
wanna expand the conversation to this, it's not

just about drugs.

11:10:48:00

MICHAEL GAZZANIGA:

11:11:27:00

I think the problem's with Maria. And this is the thing that's always overlooked in these-- child/parent interactions; Anorexia nervosa and all the rest of them. And--

LAWRENCE DILLER:

11:11:40:00

I think that's unfair to Maria; very much so. And I'm the one prescribing those medicines everyday. there are a lot of societal forces pressuring Maria. But the idea that somehow this is just bothering Maria, and not bothering the kid. is a bit unfair.

JOHN HOCKENBERRY:

11:12:50:00

Michael Sandel-- what would you do if you were in Maria's shoes? And talk to Maria.

MICHAEL SANDEL:

11:13:01:00

When-- when you say it's shyness that you're gonna cure with the drug. Is it shyness in the sense of not having an anchor person's bland fluency? Or is it (LAUGHTER)

11:13:32:00

(OVERTALK)

MICHAEL SANDEL:

11:13:50:00

I'm not talking about the trenching fluency of John over here. (LAUGHTER) Is it a case of the-- something that we now worry about in the name of shyness. Because we live in a society where the standards of fluency, and competence, and efficiency, and competitiveness have so been ratcheted up 11:14:22:00 that we have to ask ourselves: Are we really treating a disability here? Or are we-- are we acting out of a set or pressures? That without our even noticing it really, have led us to cast certain ways of being in the world as pathologies. When maybe they're not. Maybe it's the society that's giving rise to these pathologies. Not our kids.

MARTHA FARAH:

11:14:52:00

You know what as-- as Camilla's mom--

MICHAEL SANDEL:

11:14:54:00

Which is it?

MARTHA FARAH:

11:14:55:00

As Camilla's mom, I don't care. I don't care whether she has a diagnosis--

MICHAEL SANDEL:

11:14:59:00 Fair enough.

MARTHA FARAH:

11:14:59:00 --that you can find in the diagnostic manual. Or whether she's just-- she's not happy. But the fact that she's suffering--

MICHAEL SANDEL:

11:15:06:00 Sure.

MARTHA FARAH:

11:15:07:00 --that she's missing out on opportunities. That's-- that's what I care about. If there's a way to help her, I want to do that. And you know what, if-- if by my doing that ratchet-- ratchets things up a little bit for the other kids in the world, I don't care. She's my kid.

MICHAEL SANDEL:

11:15:23:00 Right. Right. Well, I would worry a little bit. I would worry a little bit what she thinks as you're deliberating about her condition. And taking her to the doctor about her condition. Whichever way you go, now she-- doesn't she think that she has some kind of condition?

MARTHA FARAH:

11:15:40:00 Well, yeah, it's no worse when you took your--
that-- that son of yours--

MALE VOICE:

11:15:44:00 Yeah.

MARTHA FARAH:

11:15:44:00 --who was having trouble in fifth grade. You
know-- and you took him to the tutoring service.
That may have given him a little bit of a self
concept of-- you know-- somebody who isn't quite
up to it on their own. She-- she's

MICHAEL SANDEL:

11:15:58:00 But-- you know-- I-- I think you're right about
that. But precisely because I worry about this.
And I even worry that com-- excessive competitive
pressures led me to take him to the tutoring
service that he didn't really need. I worried a
little bit what he thought I thought of him when
I took him there. Even though it wasn't a drug.
Even though it was low tech.

JOHN HOCKENBERRY:

11:16:19:00 Josh-- you used to baby sit for Camilla

(LAUGHTER) awhile back. A lot of worry here among the older folks. Any guidance? You're certainly somebody who the family trusts.

JOSHUA FOER:

11:16:29:00

Well I-- you know-- I-- I-- I drove her to her ballet lessons occasionally. And to her speech lessons, and to-- her structured play times. And I've seen that she's actually suffering. And that there's a real tangible unhappiness here. And I hear these abstract concerns about how this will change the nature of your relationship with her.

11:16:48:00

How it might affect-- the kind of society we would live in if-- if every kid was prescribed these drugs. But I see immediately before my eyes, a-- a tangible unhappiness. And I think you have an obligation to do what you can as a parent to resolve this.

JOHN HOCKENBERRY:

11:17:04:00

And that would mean the drug--

JOSHUA FOER:

11:17:05:00

That means getting these drugs. Yeah.

MALE VOICE:

11:17:07:00 One thing I--

JOHN HOCKENBERRY:

11:17:07:00 Well let's turn-- let's turn just for one second to wise uncle Nino. Who often when there is a lack of clarity in the family-- you Maria have turned (LAUGHTER) to him.

ANTONIN SCALIA:

11:17:33:00 Maria, I am glad that you have finally come to your old uncle Nino. (LAUGHTER) Frankly, the way I would approach this is to ask the question whether-- Camilla has a disease. Is it something that has to be medicinally treated. If it is not a disease, I would let it be.

11:18:05:00 there are people who are more social. There are people who are less social. There are people who are smarter.

11:18:25:00 There are people who are less smart. I would not change the world by-- by giving-- everyone who is-- on the bottom end of all of these different characteristics drugs. That's my advice as a wise, old man who has seen much of the world pass

in front of him.

JOHN HOCKENBERRY:

11:18:46:00

Alright-- Maria certainly has plenty of information to make her decision. And we will leave her to make her decision out of our sight. And move to a different scene. Welcome to Strivers University everyone. You may have heard of it.

11:19:01:00

John Strivers-- of course-- was that revolutionary era figure who is forever immortalized for giving-- Ben Franklin those keys to tie onto the kite. (LAUGHTER) That-- ended up in the famous picture.

11:19:21:00

Josh, What do you think the relationship between neuropharmacology and some of these students might be (LAUGHTER) in the setting that I've described?

JOSHUA FOER:

11:19:48:00

Well it-- it-- first of all, you're walking in through a pall of smoke. But once you get in-- the-- you might find students saying, "Well-- there are certain drugs out there that a-- a few

of my-- friends on the hall have been prescribed. Like Aderall(PH) or maybe it's Alerta. They have more of the--

JOHN HOCKENBERRY:

11:20:08:00 For what?

JOSHUA FOER:

11:20:10:00 For their ADHD, or their-- whatever disability they've convinced their psychiatrist, they have.

JOHN HOCKENBERRY:

11:20:16:00 And what do they use the drugs for?

JOSHUA FOER:

11:20:20:00 Well some of them are using them legitimately to treat-- this disability. Some of them are using them once a week-- the night before the big exam. Some of them are using them also on Saturday night, so they can stay out later and party.

JOHN HOCKENBERRY:

11:20:34:00 And you have a little experience with this right?

JOSHUA FOER:

11:20:35:00 Right. I wrote an article last year where I actually took-- Aderall for a week to see how it would affect me as a writer.

JOHN HOCKENBERRY:

11:20:43:00

This—"article" (LAUGHTER) you describe-- describe your experience.

JOSHUA FOER:

11:20:50:00

Well-- you know-- it's hard to say whether there was a placebo effect here. But I felt like I was an immensely more productive writer. I produced more pages. I felt more clear-headed. That urge to check your email every five minutes just like vanished. But at the same time I felt maybe a bit little less creative. A little bit-- like I was thinking with blinders on. And in the end I decided this was not a drug I would want to take every day of my life.

JOHN HOCKENBERRY:

11:21:32:00

So I would take this drug if I was studying at Strivers. To study for an exam; to stay up late. To help my-- myself get through a-- a mid-term week? Is that the idea?

JOSHUA FOER

11:21:43:00

Sure. Absolutely. In fact, you-- if you look at some of these studies, it's about one in five

college students are doing this.

JOHN HOCKENBERRY:

11:21:51:00

Dr. Farah, you're a teacher at Strivers University. What impression do you have of what's going on-- that-- you know-- Josh is describing here?

MARTHA FARAH:

11:21:58:00

NOTE: Well (CLEARS THROAT) when I talk to my students about this-- none of them actually use these drugs themselves. But they all know (LAUGHTER) people who do. And just judging from what they tell me about the people that they know-- who use them-- I would say it is quite common-- you know-- 20% sounds right to me.

11:22:22:00

And-- my first reaction was "Oh my God, this is terrible. Drug use, illegal-- irresponsible."

11:23:13:00

But I have to say-- you know-- the-- the students-- that I hear about from my students-- they seem to be using it in a pretty responsible way. They have various tools to help them with their work, new features of their laptops, their blackberries, etc..

11:23:29:00 And-- at term paper, and exam time, they have this other tool.

JOHN HOCKENBERRY:

11:23:45:00 Dr. Abramson, what do we know about the long term effects of-- the use of these drugs on otherwise perfectly normal kids?

JOHN ABRAMSON:

11:23:53:00 That's a wonderful question. Because we don't know the long term effects. The studies have not been done. So clearly these drugs can benefit some children, adolescents, adults in the short-term; there's no question.

11:24:12:00 But we don't know the long term effects of these drugs.

GARY LYNCH:

11:24:50:00 We do know-- from basic principals. We do know that certain classes of drugs used over a long period of time are very likely to be dangerous.

11:25:07:00 They're very likely to create changes in the brain that are gonna be detrimental further in life. And certainly the stimulants fall into that category. And that's the danger of I think to

what's going on in the colleges. If it's-- if it's this widespread; and it certainly is. This is a very, very bad idea.

JOHN HOCKENBERRY:

11:25:36:00

What we're talking about here-- the kids at Striver say-- is actually the old days. Because today, now, there's something new on campus-- Rememberall(PH). Just developed. And this is a spectacular drug.

11:25:51:00

This is something that was developed for Alzheimer's. 11:26:10:00 But in the context of Strivers University, all of a sudden you don't have to take Adderall. You don't have to stay up for the exam. You just study with Rememberall and wow, the effects are incredible. What's likely to be the usage rate-- Josh-- at Strivers? Now that we're in the Rememberall era?

JOSHUA FOER:

11:26:37:00

Well if there's anything that you can get that's gonna give you an edge over your fellow classmates, you're gonna take it. Provided it's safe, a lot of people will think about taking it.

JOHN HOCKENBERRY:

11:26:51:00 And you?

JOSHUA FOER:

11:26:53:00 Me, I don't know. I think I would try it; possibly. It depends also whether it's illegal.

PETER LAWLER:

11:30:16:00 Even if some students are using these really dangerous drugs responsibly. All the sudden the student's gonna take Adderall and Rememberall.

11:30:34:00 You're cramming a lot of stuff into your system. And once you've done that-- there's no studies on the interactions between Adderall and Rememberall as far as I know. And once lots of students are doing this. Even though they're doing it responsibly. The pressure will be on all of them to do it.

JOHN HOCKENBERRY:

11:30:48:00 So what do you do?

PETER LAWLER:

11:30:50:00 I don't know that there is much we can do about it. And this is a scary feature of our times.

JOHN HOCKENBERRY:

11:30:54:00

Dr. Hurlbut, what would you do?

WILLIAM HURLBUT:

11:30:56:00

Well I think-- I agree with it. It's a scary feature of our times. We're-- for all of human history, the-- how ever long we as a species have been on the planet; 100,000 years or more. With a five million year background for our genus. We've been shaped by the forces of-- of natural process to be a balanced kind of organism. We're a general purpose organism.

11:31:23:00

When you take a laser beam approach and zap in on one strength, that's not necessarily cognitive enhancement.

JOHN HOCKENBERRY:

11:31:46:00

But what-- what do you actually do? Do you do anything concrete at the school to try to control this or deal with it?

WILLIAM HURLBUT:

11:31:53:00

Well I-- I tell my students-- at Stanford-- "You have Ferrari minds. Why do you want to put buttermilk in the gas tank?" (LAUGHTER)

JOHN HOCKENBERRY:

11:32:06:00

But-- but they may think that it's Casterol GTX they're putting in their brain. (LAUGHTER) And-- and--

WILLIAM HURLBUT:

11:32:09:00

look, we all know this is a huge experiment. I mean we're-- this is like-- like, human beings are stepping up to be potentially poisoned. I-- I don't understand why people would do this in the first place. The more I learned about medicine, the more I learned to stay away from medicines.

11:32:30:00

And-- and use them only for serious purposes. You take something as simple as Tylenol. It changes-- up-regulates, or down-regulates hundreds, maybe thousands of genes. We-- we're not talking about a system here that's sorta like the-- you know-- the hair style. You might say that they're concentric circles of significance in life. There's some areas that we are expressing ourselves through.

11:33:04:00

But there are others that the-- the infrastructure of our very being-- or our very personality. And if you go fooling around with

those, you're gonna get things you didn't bargain for. I'm sure of it.

ART CAPLAN:

11:33:17:00

I have to say, I don't agree with that at all. I think that-- there may be a design from evolution if you want to go there. But worked on the-- plains of Africa. Or what helped the ice man cross the Alps is of no relevance to the kid at Strivers. He knows that his parents-- began at age-- four to try and figure out what nursery school to get him into.

11:33:42:00

Then they sent him the message that he had to-- stay after school and do at least 14 different activities in order to get into Strivers.

11:33:57:00

So now he says, "there's a little boost I can get from taking this. I'm not gonna change my fundamental human nature. I'm just gonna remember a little better. And

11:34:15:00

every message I've had since I was four said, "Do better." Why now is everybody having a conniption when I got the-- I got the message. I understand the message

MICHAEL SANDEL:

11:34:25:00

But what this suggests is another fact about Strivers. That you forgot to mention John. And that is not only the rate of the use of Remeberall or Adderall. But also the rate of use of-- of the anti-depressants by these kids. And I think that-- that-- and that's--

ART CAPLAN:

11:34:43:00

And faculty. (LAUGHTER)

MICHAEL SANDEL:

11:34:44:00

--that's 20 to 25% in many places. And I think that's not unrelated to this narrative that (UNINTEL) has just described.

11:34:54:00

(OVERTALK)

JOHN HOCKENBERRY:

11:34:58:00

Whether there's pressure or not. We've got these drugs that you seem to all think are very dangerous. Yet I don't hear anyone saying that they're actually going to do something about it.

MICHAEL SANDEL:

11:36:09:00

What we can do is to try to find other ways of measuring promise. Then is leading to this--

crushing kind of nursery school to high school experience.

JOHN HOCKENBERRY:

11:37:03:00

Josh.

JOSHUA FOER:

11:37:05:00

What I haven't heard anybody say so far is if we really think this is a problem, the university can pass a-- a-- a rule in it's honor code. That says, "If you took a test on Rememberall, you will be expelled." And I think that would dissuade a lot of students from taking these drugs. There is no such co-- you know-- line in the Honor Code of most universities about Aderall. If there was, I think a lot of students wouldn't take it.

JOHN HOCKENBERRY:

11:39:02:00

One quick twist to this story-- Justice Scalia. Your son has come home from Strivers. He's in his Junior year. You've been worried about him for years. But wow, he comes home with an outstanding report card.

11:39:20:00

And he says, "You know dad, I use Rememberall."

What's your response? What would you say to him?

ANTONIN SCALIA:

11:39:37:00

I'd tell him that-- that-- that he's crazy to do that. And I'm sorry he did it. And I hope he won't do it next year.

JOHN HOCKENBERRY:

11:39:44:00

Talk to Josh, he's your son.

JOSHUA FOER:

11:39:48:00

We're gonna have interesting dinnertime conversation (LAUGHTER) dad.

ANTONIN SCALIA:

11:39:52:00

Josh lookit-- the most important thing in the world is not to get out of-- Striver College with-- with the best grades. That's just not-- not what counts most. What counts is-- is-- is character.

11:40:09:00

I sent you to college not to-- not to make you a-- a millionaire. But so that you could understand who you are.

11:40:30:00

That's the main thing I want to get out of your liberal education. You have relatives who didn't even go to college that you know, who are happy

people. Maybe happier than I am, although I went to college. To throw all of that normalcy away in order to take some memory enhancing or intelligence enhancing drug seems to me crazy.

11:40:53:00

You-- you are what God made you. And it-- it is enough that you work with-- with the nature that you've been given. I-- I find it offensive to-- to-- to-- set out-- set out to alter your mind. I hope you'll think about that.

JOSHUA FOER:

11:41:38:00

Well Pops-- (LAUGHTER) like most things-- most parental advice you give me, it sounds good. But listen I-- you know-- grades don't matter? Grades do matter. I want to go to-- to Yale Law School. And so I need to get the best grades I possibly can. And then once I'm in Yale Law School I need to get the best possible grades 11:41:56:00 so I can get a-- a clerkship in-- in-- in my dad's-- chambers. (LAUGHTER) And without that I'm never gonna be-- a Supreme Court Justice like my father. This matters immensely.

ANTONIN SCALIA:

11:42:08:00

When you say, "The best grades you possibly can."
I mean possibly within what-- within what limits?
Are you willing to cheat to do it? Are you
willing to steal to do it? Of course not. This
is-- this just one of the-- obstacles along the
way. And I would advise you to-- to-- to put it
on this side of the line. One of the things you
don't do to get the best possible grades, is to
alter your mind.

JOSHUA FOER:

11:42:29:00

Well says who? I mean I'm-- I'm not going to
cheat. I'm not going to break any-- any rules. If
they tell me I can't do this-- and it's going to
be a violation of an Honor Code, I'm not gonna do
it.

ANTONIN SCALIA:

11:42:38:00

I think you are breaking the rules. I think
you're breaking-- maybe rule number one. You--
you-- you play the hand you've been dealt.

JOSHUA FOER:

11:43:00:00

Well I mean I-- you-- you-- you sent me to the
Princeton Review prep classes. You--

ANTONIN SCALIA:

11:43:04:00 I regretted doing that. (LAUGHTER)

JOSHUA FOER:

11:43:11:00 I'm just not clear dad on-- on-- on-- on why this is so wrong. All the other kids in the class are doing it. (LAUGHTER)

JOHN HOCKENBERRY:

11:43:19:00 Well as-- as touching as this father son--

ANTONIN SCALIA:

11:43:23:00 Then I have to give my last piece of advice.

JOHN HOCKENBERRY:

11:43:24:00 Alright.

ANTONIN SCALIA:

11:43:26:00 Which is actual advice-- that I've often given to my kids. The single most important piece of advice I ever gave to my kids-- what did I tell you when you were young? "You're not everybody else." (LAUGHTER) "Everybody else is doing it." (LAUGHTER)

JOHN HOCKENBERRY:

11:43:46:00 Alright, any comments on this idea that you play the hand you're dealt?

ART CAPLAN:

11:43:50:00

Well since the Justice's son was talking to him-- wearing eye glasses, he wasn't playing quite the hand that he was dealt. He was-- using some artificial means to do better. We didn't send him off to college and make him-- leave his computer behind. We didn't send him off to college and say he couldn't turn on his hearing aid. So he looks enhanced somewhat to me.

JOHN HOCKENBERRY:

11:44:25:00

Alright-- Given this-- discussion of widespread use of Rememberall--. And it's been on the market for about-- 10 years in our little scenario here. It is not shown to have side effects-- in any significant way. Its safety has been proven. Yet there's this tremendous sort of after market-- or black market-- for-- the drugs themselves.

11:44:56:00

The Board of Hype Pharmaceuticals has assembled to consider the following proposition. And that is, should we consider thinking about this as an over the counter remedy in some form?

GARY LYNCH:

11:45:45:00

I think that's a terrible idea. If the drug is actually en-- enhancing the biochemical mechanisms that lead to memory. And encoding the memory. Using it chronically by a normal person is very likely to affect the cognitive structures that they're building. Okay?

11:46:08:00

In other words, when you encode memory, it's just not a simple matter of saying, "Oh, well, here's a series of numbers I'm sticking this in my head." If-- if you enhance these bio-chemical processes, you'll change the ways the memories are organized. You'll wind up with-- with a different kind of a-- almost a different kind of person.

JOHN HOCKENBERRY:

11:46:23:00

Right.

JOHN ABRAMSON:

11:46:24:00

But as a shareholder of Hype, I'm gonna call for you to be fired. You're-- you're not fulfilling your responsibility.

GARY LYNCH:

11:46:31:00

Well-- however, the responsibility is to the

shareholder of Hype, is that five years from now we don't have a bunch of people walking around who are now saying, "Oh my God-- I-- I-- I suddenly have different structures in my head. And I'm seeing the world differently."

11:46:45:00

You know-- I'm going to hell in a hand basket here." And it's because I've been taking your drug.

TIM TULLY:

11:46:56:00

But-- but Gary, your answer-- is predicated on the expectation that the drug is not safe. I personally would expect that there will be safety issues that emerge.

But the real question is, so what happens if in reality there is nothing wrong with this drug. Except you can memorize a verse of Shakespeare in one evening instead of a week?

GARY LYNCH:

11:47:46:00

Okay, the-- the-- the problem is-- and when you say, "It's been safe for 10 years." It's been safe for 10 years for people that have a major memory problem. Alright? when you get into the

area of cognitive enhancement, and you move from people that have frank disturbances, to normal populations. You can't transpose these data safely to (UNINTEL PHRASE) across those-- that condition.

11:49:52:00

I'm worried about people being altered in ways that are not obvious initially. That develop with time.

JOHN HOCKENBERRY:

11:51:11:00

Art you're on the Board. What's the responsibility of the corporation to deal with this sort of under the table market kind of situation?

ART CAPLAN:

11:51:18:00

I've had 10 years of data here. I think we've got something that's more like--a sleep aide, or something like one of the erectile dysfunction drugs.

11:51:55:00

It's not that harmful guys. It's-- it's a-- it's a drug that isn't gonna twist your mind into something different. We're not affecting major pathways. We get a little boost. You know how

much effect we have in the brain. It's tiny. But it makes a difference.

11:52:11:00

GARY LYNCH:

11:52:22:00

Yeah but that-- you're-- you're the non-scientist on the Board.

ART CAPLAN:

11:52:25:00

I am.

MALE VOICE:

11:52:27:00

And-- and that's--

ART CAPLAN:

11:52:28:00

And I've been taking the pill for awhile.

(LAUGHTER)

GARY LYNCH:

11:52:30:00

And now you're the real non-scientist. But the-- there are-- it's just the thing that we know there are basic neuro science principles and basic rules. And if you play with these rules, you play with fire.

ART CAPLAN:

11:53:58:00

And you know that we got one out of five kids on this drug, right now, in every school in the country. Why aren't we taking advantage of that

market? Why should some dealer do it?

TIM TULLY:

11:54:06:00 Why aren't we studying it with--

ART CAPLAN:

11:54:08:00 And (UNINTEL PHRASE) more systematically.

TIM TULLY:

11:54:10:00 --legitimate trials.

GARY LYNCH:

11:54:10:00 Because there-- you-- we have real good reasons to think-- That there will be consequences down the road. If we're going to go in that direction. And this is a-- this is a growing problem for pharmaceuticals. If we're going to go in that direction, we've got to commit ourselves to an enormously expensive trial.

ART CAPLAN

I say we've been druggin the body, changing the body, intervening in the body, pouring drugs-- all kinds of things into the-- to the body. I keep telling you about the natural--

11:55:08:00 (OVERTALK)

JOHN ABRAMSON:

11:55:10:00

I think we all agree--

ART CAPLAN:

11:55:09:00

--stuff they're taking out there that nobody's noticing?

JOHN ABRAMSON:

11:55:11:00

Yeah, I think we all agree in the end, when we're on our deathbed, that our role with Hype Pharmaceuticals would have been to make the world a better place. To figure out--

11:55:20:00

ART CAPLAN:

If you could remember.

JOHN ABRAMSON:

11:55:22:00

--to (LAUGHTER) to figure out how to produce better health for less money. And to do it in a-- in a way that doesn't expose our kids to danger. And this is going one path, which is quick profits. Yes absolutely, you'll get quick profits. But will we make the world-- will it make our children healthier and happier?

JOHN HOCKENBERRY:

11:56:56:00

The angst-filled discussion of what to do about-- Rememberall comes to a sputtering end at the

Board. (LAUGHTER) And-- no decision is made at this time. But the favorite part of all the Board Meetings begins at this point. When one member of the board raises her hand and asks, "What do we have coming down the pipeline?"

11:57:17:00

"What sort of neuro enhancement research is going on at our company right now? As we look out 10, 15, 20 years." Dr. Tully?

TIM TULLY:

11:57:35:00

More drugs that do more specific things. The anti-shyness drug. The-- the-- happy drug. The-- get rid of your depression in the morning drug. The don't worry about the alcohol you had last night drug. I mean you can imagine lots of different things becoming somewhat tailored to particular issues that we deal with with our brain and body everyday.

MICHAEL GAZZANIGA:

11:58:39:00

Well here's-- here's a real possible drug that's right on the cusp. And it's the drug that will selectively erase a memory. So let's say you-- you didn't like the year 1961. (LAUGHTER)

Alright, you just want that out of your life.

11:58:53:00

Or one guy put it to a colleague of mine, "I'm trying to forget my ex-wife." You know-- call her name up and take the drug and boom, delete character. (LAUGHTER) Now this is being worked on. And--

TIM TULLY:

11:59:06:00

Actually within the realm of feasibility from what we understand.

[CUT IF POSSIBLE]

MICHAEL GAZZANIGA:

11:59:11:00

That-- that touches on a-- that touches on some deep questions of-- of what it means to have a life experience.

11:59:18:00

(OVERTALK)

ANTONIN SCALIA:

11:59:19:00

It might mean you'll marry her again. (LAUGHTER)

11:59:27:00

TIM TULLY

Or you might not propose to her the next time.

GARY LYNCH:

11:59:30:00

You know I-- I think the-- the most science fictiony but-- but conceivable possibility is.

11:59:46:00

I don't think that we're that far removed now-- as the science progresses-- from looking compounds that are genuine cognitive enhancers. Not drugs that keep you up longer. Not drugs that let you study longer. Not drugs that simply Rememberall. But compounds that will literally make it possible for you to do things that human beings cannot normally, cognitively do.

12:01:14:00

We can define the limits of a thought that you can hold right now. I can say, "You can have this complex a thought and that's the limit. That's as much as you're gonna do." Suppose I said-- suppose we thought of drugs that would let you have a larger thought, a more complex thought, a richer thought?

MICHAEL SANDEL:

12:01:43:00

But there's a bigger problem-- with cognitive manipulation. And that is that remembering and forgetting are not just cognitive faculties. They're moral faculties. Remembering is bound up with justice. Forgetting is bound up with forgiveness. And striking the balance between

them is a moral challenge.

12:02:20:00

And so the danger of manipulating cognition with drugs, even if it were safe 10 years or 100 years from now, is that it would risk obscuring these fundamental moral aspects of the human capacities to remember and forget. That's the real problem.

TIM TULLY:

12:02:40:00

They're obscured already. What we remember changes with time. And we forget things we don't want to. And the-- the brain is fluid in this regard. So morality then must be fluid.

12:02:59:00

But my point is, I don't see that effecting how much we remember or how much we forget is any different than the natural condition. And consequently doesn't really address the moral issue.

MICHAEL SANDEL:

12:03:12:00

Well the difference-- the difference is-- think about-- think about the Truth Commissions that wrestled with the balance of remembering and forgetting. When there've been great atrocities committed. Now in some ways you would say what we

would ideally want would be a drug. So the victims of those atrocities could forget the harrowing-- vision of their family members being slaughtered in a genocide.

12:03:41:00

But then what would become of the moral work, and the moral dilemmas of truth and reconciliation commissions where men and women with burdened histories try to sort out the balance between memory and forgetting? That's a moral faculty that's essential to what it means to be a human being. And if you're gonna try to deal with that with drugs, you're gonna-- you're gonna wipe away that important part of what it is to be a human being.

12:04:11:00

(OVERTALK)

JOHN HOCKENBERRY:

12:04:13:00

But that moral issue was exactly why Hype Pharmaceuticals developed a drug that's coming down the pipe called Traumagone. Which basically allows a memory that is associated with trauma to be blunted.

12:04:30:00

You don't forget that the experience happened.

Suddenly the option potentially exists to give drugs to traumatized veterans. Would you prescribe a drug like this Dr. Satel?

SALLY SATEL:

12:05:04:00 To me it would be up to the patient.

MALE VOICE:

12:05:05:00 Exactly.

SALLY SATEL:

12:05:06:00 If it was something he was interested in-- a lot of people wouldn't. I think Dr. Sandel may overestimate how many people are clamoring for this kind of relief. A lot-- I've worked with veterans in fact. And a lot of them draw a lot of-- strength and passion from those experiences.

12:05:23:00 And trying to affect changes so it doesn't happen again. Or-- order their life in some way to-- that has meaning. And is-- is born out of that experience. I don't think people would be popping this right and left. I think some who are horribly tortured and feel it would be helpful to them might try it.

12:05:43:00 I'd really much prefer to leave this up to the

person once we know that it's relatively safe.

JOHN HOCKENBERRY:

12:05:56:00

Dr. Lawler?

PETER LAWLER:

12:05:57:00

If-- if you think about it though-- we don't have the wisdom to know what memories we want to remember. And what memories we want to forget.

12:06:17:00

I might think-- I don't have an ex-wife, but if I did. But-- if I could will that forgetfulness, I might well regret it. Because I wasn't wise when I did it.

12:06:35:00

I might think I want to have less anxiety. Or-- or less alienation.

12:06:55:00

I-- I don't want to be anxiety free. I don't want to be alienation free. Otherwise I couldn't understand Johnny Cash anymore or something.

(LAUGHTER) So-- so there's-- there's some kind of designer middle that I think I want. But in order to construct the designer middle, I think I want-- I would actually have to be able to abstract myself from myself.

12:07:14:00

So memory control with happiness and wisdom in

mind is absolutely impossible for us. We don't know enough. And just having power over memory doesn't change that fact at all.

ART CAPLAN:

12:07:25:00

If I-- if I'm running the international center for victims of torture. If I'm trying to do the veterans-- administration program. Where I'm looking at my 80% patient population alcoholic. If I'm wondering about the suicide rate coming from women who are victims of mass rape in Africa. I want that pill handy.

JOHN HOCKENBERRY:

12:08:58:00

What do we do about the soldier though who-- who yearns to have some way of turning off the memory of his actions in battle? Of his actions killing people in battle? He wants this drug.

MARTHA FARAH:

12:09:10:00

Yeah. And I mean-- you know-- somebody needs to make the decision whether he gets it or not. You know--

JOHN HOCKENBERRY:

12:09:16:00

What would your decision be?

MARTHA FARAH:

12:09:17:00

Peter says-- none of us-- has the wisdom to-- to make that call. But-- you know-- you do the best you can. There might be some cases where the soldier, or the rape victim, or the person with the difficult ex-wife-- makes the wrong choice. But-- I-- I don't see why that means that most of the time it might not be a good thing.

JOHN HOCKENBERRY:

12:10:05:00

Dr. Sandel-- Dr. Sandel, the soldier doesn't want to remember all that killing that he did. Do you give him the drug?

MICHAEL SANDEL:

12:10:17:00

I would distinguish-- between a victim who wants to forget a traumatic event that was done to him or her. And the perpetrator of a heinous act; even on the battlefield.

JOHN HOCKENBERRY:

12:10:52:00

I'm not talking about crime. That soldier's in battle. He's fighting for you.

MICHAEL SANDEL:

12:10:54:00

I understand. But the-- the-- I think it's more

dangerous for the soldier who wants to forget something in which-- even though he had to do it-- he was morally culpable. Because that's not only blunting the memory. But it's partly cleaning the conscience. And the drug should not be for that.

12:11:16:00

That's why it's different for a victim say of a rape or a crime.

ANTONIN SCALIA:

12:12:18:00

It-- it-- it is an interesting question whether when you lose your memory you lose the wisdom that came along with that experience. I mean all of a sudden, the wrinkles you have on your face are worth nothing. Right? All of the experiences that you've had over your life are just washed out. And you become as stupid as you were when you-- when you were 18.

JOHN HOCKENBERRY:

12:12:38:00

What would you do in the case of the soldier?

ANTONIN SCALIA:

12:12:39:00

Or as unwise as you were when you were 18?

JOHN HOCKENBERRY:

12:12:40:00 What would you do in the case of the soldier Justice Scalia?

ANTONIN SCALIA:

12:12:43:00 What would I do in the case of the soldier? Unless-- unless he was suffering from a-- you know-- post traumatic stress syndrome, or-- I'm not a doctor. So I don't know what the disease is.

LAWRENCE DILLER:

12:13:01:00 He keeps on making a distinction. He keeps on talking about doing this in treating illness verses enhancement. Well you sit around thinking and thinking on where's that line? Where's that line? In the extremes it's very easy. But in daily practice I can tell you--

ANTONIN SCALIA:

12:13:16:00 Burdened conscience is not a disease. Alright? We're talking about--

LAWRENCE DILLER:

12:13:19:00 I just think you can't-- it's not that easy. The line between enhancement--

12:13:22:00 (OVERTALK)

JOHN ABRAMSON:

12:13:24:00

When we name a disease, we tend to think that it's a-- that it has a ontological substance. And it doesn't. Post traumatic stress syndrome blurs into ordinary events. And because we doctors know how to say it in one breath without grasping for it, doesn't mean-- it's not like a strep throat.

JOHN HOCKENBERRY

Dr. is there no emotional memory suffering that you wouldn't treat with a drug like this?

WILLIAM HURLBUT:

12:14:05:00

I-- I think psychiatrists treat emotional suffering with drugs. But-- first of all, even if something is defined as a disease, we try not to treat it with anything that invades the system if we can help it.

JOHN HOCKENBERRY:

12:14:36:00

What about the soldier case?

12:14:39:00

Soldier coming back from Iraq who wants to forget the memory of all that killing I did for my country.

WILLIAM HURLBUT:

I think there's a more positive way to deal with that. Now I've seen people with post traumatic stress syndrome. it's a very dis-- disabling condition.

And I think you try to get the person back to functioning. I-I see psychiatric medicines as sort of like the analogy of a cast around a broken leg. You try and get the personality back so it can heal itself. But-- I-- I don't like the idea of manipulation of self. And by the way, I don't agree with Art Caplan's analogy that-- that-- that the eyeglasses that Judge Scalia wears is somehow the same as a drug takes that goes to the very core of the person. I think there's a big difference in that. There's-- there's-- that's a tool.

ANTONIN SCALIA:

12:16:23:00

Thank you. Cause I really need these. (LAUGHTER)

WILLIAM HURLBUT:

12:16:27:00

It's-- it's a tool. It's not invasive. it aids the person. But it doesn't in some way violate the person. Doesn't go in and remake the person;

reshuffle the person.

JOHN HOCKENBERRY:

Josh, you're young enough to imagine going to Iraq.

12:18:37:00

How would you deal with the soldier situation? if you had the opportunity to eliminate suffering like that, would you take it?

JOSHUA FOER:

I think it's a very complicated question. And I'm not sure where I would come down ultimately. But-- you know-- we-- we go to great efforts to get rid of physical pain. Why shouldn't we also go to great efforts to get rid of emotional pain? It seems reasonable to me.

JOHN HOCKENBERRY:

You had a comment Dr. Satel.

SALLY SATEL:

12:23:53:00

I don't believe that this drug you're talking about will exact a kind of surgical excision of the memory. So there is absolutely no recall at all. you can imagine where the anxiety and the distress surrounding the memory is reduced. But

the moral distress is still profound.

12:24:35:00

And-- and then when you have someone who is less symptomatic, they may actually be able to make restitution in a much more effective way.

JOHN HOCKENBERRY:

12:25:55:00

So attached to these complicated molecules that are coming down the pipe, are enormously complicated moral questions. Art Caplan, what are the tools that we need as we go forward to think about how these moral judgments will be made responsibly as these new technologies emerge?

ART CAPLAN:

12:26:14:00

Well you need to have some sense-- you know-- Hurlbut and I have been dueling about this. But you do need to have some sense of what you want to believe about human nature. we do have to talk more about this idea of who we are, what make sure us who we are.

12:26:39:00

I think it is important to do that. I think we need two other kinds of tools as well. some of what's coming is the opportunity to shape us to a social system that we live in.

12:27:04:00

Or change in social system rather than trying to continue to wail away at ourselves with drugs or technologies to make us fit. That's a tough politics questions. We never asked the politicians to answer it. I mean we may ask each other here. But we haven't really put that on the agenda to say, "If truck drivers have to stay awake 48 hours, shouldn't they be told they can only drive 24?"

12:27:25:00

The last I would suggest. You really have to start getting younger people to talk about this in the schools. They're gonna be taking the pills; not us. We'll be just-- dim memories that they probably tried to forget (LAUGHTER) by taking some kind of trauma removal drug.

12:27:44:00

But-- that's where the future is in this battle. So the more we can in a sense raise it into their conciseness. I think it would be to the good.

JOHN HOCKENBERRY:

12:27:58:00

Art Caplan and the rest of the panel. Thank you very much for your thoughtful participation.

* * *END OF TRANSCRIPT* * *