

Good Competition and Drug-Enhanced Performance

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Competition in sport frequently has been defended in terms of the search for excellence in performance.¹ Top athletes, whether their motivation arises from adherence to the internal values of competition or desire for external reward, are willing to pay a heavy price in time and effort in order to achieve competitive success. When this price consists of time spent in hard practice, we are prepared to praise the athlete as a worker and true competitor. But when athletes attempt to achieve excellence through the use of performance-enhancing drugs, there is widespread condemnation. Is such condemnation justified? What is wrong with the use of drugs to achieve excellence in sport? Is prohibiting the use of performance-enhancing drugs in athletic competition justified?

The relatively widespread use of such drugs as anabolic steroids to enhance performance dates back at least to the Olympics of the 1960s, although broad public awareness of such drug use seems relatively recent. Anabolic steroids are drugs, synthetic derivatives of the male hormone testosterone, which are claimed to stimulate muscle growth and tissue repair. While claims about possible bad consequences of steroid use are controversial, the American College of Sports Medicine warns against serious side effects. These are believed to include liver damage, arteriosclerosis, hypertension, personality changes, a lowered sperm count in males, and masculinization in females. Particularly frightening is that world-class athletes are reportedly taking steroids at many times the recommended medical dosage—at levels so high that, as Thomas Murray (4: p. 26) has pointed out, under “current federal regulations governing human subjects...no institutional review board would approve a research design that entailed giving subjects anywhere near the levels...used by the athletes.”

The use of such high levels of a drug raises complex empirical as well as ethical issues. For example, even if steroid use at a low level does not actually enhance athletic performance, as some authorities claim, it is far from clear whether heavy use produces any positive effects on performance. At the very least, athletes who believe in the positive effects of heavy doses of steroids are not likely to be convinced by data based on more moderate intake.

As interesting as these issues are, it will be assumed in what follows that the use of certain drugs does enhance athletic performance and does carry with it some significant

risk to the athlete. Although each of these assumptions may be controversial, by granting them, the discussion can concentrate on the ethical issues raised by use of performance-enhancing drugs.

I. What is a Performance-Enhancing Drug?

If we are to discuss the ethics of using drugs to enhance athletic performance, we should begin with a clear account of what counts as such a drug. Unfortunately, a formal definition is exceedingly hard to come by, precisely because it is unclear to what substances such a definition ought to apply.

If it is held to be impermissible to take steroids or amphetamines to enhance performance, what about special diets, the use of coffee to promote alertness, or the bizarre practice of "blood doping," by which runners store their own blood in a frozen state and then return it to their body before a major meet in order to increase the oxygen sent to the muscles?

It is clear that the concept of an "unnatural" or "artificial" substance will not take us very far here, since testosterone hardly is unnatural. Similarly, it is difficult to see how one's own blood can be considered artificial. In addition, we should not include on any list of forbidden substances the use of medication for legitimate reasons of health.

Moreover, what counts as a performance-enhancing drug will vary from sport to sport. For example, drinking alcohol normally will hurt performance. However, in some sports, such as riflery, it can help. This is because as a depressant, alcohol will slow down one's heart rate and allow for a steadier stance and aim.

Rather than spend considerable time and effort in what is likely to be a fruitless search for necessary conditions, we would do better to ignore borderline cases and focus on such clear drugs of concern as amphetamines and steroids. If we can understand the ethical issues that apply to use of such drugs, we might then be in a better position to handle borderline cases as well. However, it does seem that paradigm cases of the drugs that are of concern satisfy at least some of the following criteria.

1. If the user did not believe that use of the substance in the amount ingested would increase the chances of enhanced athletic performance, that substance would not be taken.
2. The substance, in the amount ingested, is believed to carry significant risk to the user.
3. The substance, in the amount ingested, is not prescribed medication taken to relieve an illness or injury.

These criteria raise no concern about the normal ingestion of such drugs as caffeine in coffee or tea, or about medication since drugs used for medicinal purposes would not fall under them (1). The use of amphetamines and steroids, on the other hand, do fall under the criteria. Blood doping seems to be a borderline case and perhaps this is as it should be. It is employed only to enhance performance, is not medication, is not part of any normal training routine, yet seems to pose no significant risk to the user.²

However, the important issue for our purposes is not the adequacy of the three criteria as a definition for, as I have suggested, any search for a definition in the absence of the correct normative perspective will likely turn out to be a fruitless hunt for the non-existent snark. Rather, the major concern is not with defining performance-enhancing drugs

but with evaluating their use. In particular, it is one thing to claim that the three criteria (or any other proposed set) are satisfied to a particular degree. It is quite another to make the normative claim that use of the substance in question is morally questionable or impermissible.

Why should the use of possibly harmful drugs solely for the purpose of enhancing athletic performance be regarded as impermissible? In particular, why shouldn't individual athletes be left at liberty to pursue excellence by any means they freely choose?

II. Performance-Enhancing Drugs, Coercion, and the Harm Principle

One argument frequently advanced against the use of such performance-enhancing drugs as steroids is based on our second criterion of harm to the user. Since use of such drugs is harmful to the user, it ought to be prohibited.

However, if we accept the "harm principle," which is defended by such writers as J.S. Mill, paternalistic interference with the freedom of others is ruled out. According to the harm principle, we are entitled to interfere with the behavior of competent, consenting adults only to prevent harm to others. After all, if athletes prefer the gains that the use of drugs provide along with possible side effects to the alternative of less risk but worse performance, external interference with their freedom of choice seems unwarranted.

However, at least two possible justifications of paternalistic interference are compatible with the harm principle. First, we can argue that athletes do not give informed consent to the use of performance-enhancing drugs. Second, we can argue that the use of drugs by some athletes does harm other competitors. Let us consider each response in turn.

Informed Consent

Do athletes freely choose to use such performance-enhancing drugs as anabolic steroids? Consider, for example, professional athletes whose livelihood may depend on the quality of their performance. Athletes whose performance does not remain at peak levels may not be employed for very long. As Carolyn Thomas (6: p. 198) maintains, "the onus is on the athlete to...consent to things that he or she would not otherwise consent to....Coercion, however, makes the athlete vulnerable. It also takes away the athlete's ability to act and choose freely with regard to informed consent." Since pressures on top amateur athletes in national and world-class competition may be at least as great as pressures on professionals, a comparable argument can be extended to cover them as well.

However, while this point is not without some force, we need to be careful about applying the notion of coercion too loosely. After all, no one is forced to try to become a top athlete. The reason for saying top athletes are "coerced" is that if they don't use performance-enhancing drugs, they may not get what they want. But they still have the choice of settling for less. Indeed, to take another position is to virtually deny the competence of top athletes to give consent in a variety of sports related areas including adoption of training regimens and scheduling. Are we to say, for example, that coaches coerce athletes into training and professors coerce students into doing work for their courses? Just as students can choose not to take a college degree, so too can athletes revise their goals. It is also to suggest that *any* individual who strives for great reward is not competent to give consent, since the fear of losing such a reward amounts to a coercive pressure.

While the issue of coercion and the distinction between threats and offers is highly complex, I would suggest that talk of coercion is problematic as long as the athlete has an acceptable alternative to continued participation in highly competitive sport. While coercion may indeed be a real problem in special cases, the burden of proof would seem to be on those who deny that top athletes *generally* are in a position to consent to practices affecting performance.

Harm to Others

This rejoinder might be satisfactory, critics will object, if athletes made their choices in total isolation. The competitive realities are different, however. If some athletes use drugs, others—who on their own might refrain from becoming users—are “forced” to indulge just to remain competitive. As Manhattan track coach Fred Dwyer (3: p. 25) points out, “The result is that athletes—none of whom understandingly, are willing to settle for second place—feel that ‘if my opponent is going to get for himself that little extra, then I’m a fool not to.’” Athletes may feel trapped into using drugs in order to stay competitive. According to this argument, then, the user of performance-enhancing drugs is harming others by coercing them into becoming users as well.

While the competitive pressures to use performance-enhancing drugs undoubtedly are real, it is far from clear that they are unfair or improperly imposed. Suppose, for example, that some athletes embark on an especially heavy program of weight training. Are they coercing other athletes into training just as hard in order to compete? If not, why are those athletes who use steroids “coercing” others into going along?³ Thus, if performance-enhancing drugs were available to all, no one would cheat by using them; for all would have the same opportunity and, so it would be argued, no one would be forced into drug use any more than top athletes are forced to embark on rigorous training programs.

Perhaps what bothers us about the use of drugs is that the user may be endangering his or her health. But why isn’t the choice about whether the risk is worth the gain left to the individual athlete to make? After all, we don’t always prohibit new training techniques just because they carry along with them some risk to health. Perhaps the stress generated by a particularly arduous training routine is more dangerous to some athletes than the possible side effects of drugs are to others?

Arguably, the charge that drug users create unfair pressures on other competitors begs the very question at issue. That is, it presupposes that such pressures are morally suspect in ways that other competitive pressures are not, when the very point at issue is whether that is the case. What is needed is some principled basis for asserting that certain competitive pressures—those generated by the use of performance enhancing drugs—are illegitimately imposed while other competitive pressures—such as those generated by hard training—are legitimate and proper. It will not do to point out that the former pressures are generated by drug use. What is needed is an explanation of why the use of performance-enhancing drugs should be prohibited in the first place.

While such arguments, which describe a position we might call a libertarianism of sports, raise important issues, they may seem to be open to clear counter-example when applied in nonathletic contexts. Suppose for example that your co-workers choose to put in many extra hours on the job. That may put pressure on you to work overtime as well, if only to show your employer that you are just as dedicated as your colleagues. But now, suppose your fellow workers start taking dangerous stimulants to enable them to put even

more hours into their jobs. Your employer then asks why you are working less than they are. You reply that you can keep up the pace only by taking dangerous drugs. Is the employer's reply, "Well, no one is forcing you to stay on the job, but if you do you had better put in as many hours as the others" really acceptable?

However, even here, intuitions are not a particularly reliable guide to principle. Suppose you have other less stressful alternatives for employment and that the extra hours the others originally work without aid of drugs generate far more harmful stress than the risk generated by the use of the stimulant? Perhaps in that case your employer is not speaking impermissibly in telling you to work harder. If not, just why does the situation change when the harmful effects are generated by drugs rather than stress? Alternatively, if we think there should be limits both on the stress generated by pressures from overtime *and* the risks created by drug use, why not treat similar risks alike, regardless of source? Similarly, in the context of sport, if our goal is to lower risk, it is far from clear that the risks imposed by performance-enhancing drugs are so great as to warrant total prohibition, while the sometimes equal risks imposed by severe training regimens are left untouched.

Harm and the Protection of the Young

Even if athletes at top levels of competition can give informed consent to the use of performance-enhancing drugs, and even if users do not place unfair or coercive competitive pressures on others, the harm principle may still support prohibition.

Consider, for example, the influence of the behavior of star athletes on youngsters. Might not impressionable boys and girls below the age of consent be driven to use performance-enhancing drugs in an effort to emulate top stars? Might not high school athletes turn to performance-enhancing drugs to please coaches, parents, and fans?

Unfortunately, consideration of such remote effects of drug use is far from conclusive. After all, other training techniques such as strict weight programs also may be dangerous if adopted by young athletes who are too physically immature to take the stress such programs generate. Again, what is needed is not simply a statement that a practice imposes some risk on others. Also needed is a justification for saying the risk is improperly imposed. Why restrict the freedom of top athletes rather than increase the responsibility for supervision of youngsters assigned to coaches, teachers, and parents? After all, we don't restrict the freedom of adults in numerous other areas where they may set bad examples for the young.

III. Drugs and the Ideal of Competitive Sport

Our discussion so far suggests that although the charges that use of performance-enhancing drugs by some athletes harms others do warrant further examination, they amount to less than a determinative case against such drug use. However, they may have additional force when supported by an account of competitive sport which implies a distinction between appropriate and inappropriate competitive pressures. What we need, then, is an account of when risk is improperly imposed on others in sport. While I am unable to provide a full theory here, I do want to suggest a principled basis, grounded on an ethic of athletic competition, for prohibition of paradigm performance-enhancing drugs.

My suggestion, which I can only outline here, is that competition in athletics is best thought of as a mutual quest for excellence through challenge (2: pp. 133-139). Com-

petitors are obliged to do their best so as to bring out the best in their opponents. Competitors are to present challenges to one another within the constitutive rules of the sport being played. Such an account may avoid the charges, often directed against competitive sports, that they are zero-sum games which encourage the selfish and egotistical desire to promote oneself by imposing losses on others.

In addition, the ideal of sport as a *mutual* quest for excellence brings out the crucial point that a sports contest is a competition between *persons*. Within the competitive framework, each participant must respond to the choices, acts, and abilities of others—which in turn manifest past decisions about what one's priorities should be and how one's skills are to be developed. The good competitor, then, does not see opponents as things to be overcome and beaten down but rather sees them as persons whose acts call for appropriate, mutually acceptable responses. On this view, athletic competition, rather than being incompatible with respect for our opponents as persons, actually presupposes it.

However, when use of drugs leads to improved play, it is natural to say that it is not athletic ability that determines outcome but rather the efficiency with which the athlete's body reacts to the performance enhancer. But the whole point of athletic competition is to test the athletic ability of persons, not the way bodies react to drugs. In the latter case, it is not the athlete who is responsible for the gain. Enhanced performance does not result from the qualities of the athlete *qua* person, such as dedication, motivation, or courage. It does not result from innate or developed ability, of which it is the point of competition to test. Rather, it results from an external factor, the ability of one's body to efficiently utilize a drug, a factor which has only a contingent and fortuitous relationship to athletic ability.⁴

Critics may react to this approach in at least two different ways. First, they may deny that drug use radically changes the point of athletic competition, which presumably is to test the physical and mental qualities of athletes in their sport. Second, they may assert that by allowing the use of performance-enhancing drugs, we expand the point of athletic competition in desirable ways. That is, they may question whether the paradigm of athletic competition to which I have appealed has any privileged moral standing. It may well be an accepted paradigm, but what makes it acceptable?

Drugs and Tests of Ability

Clearly, drugs such as steroids are not magic pills that guarantee success regardless of the qualities of the users. Athletes using steroids must practice just as hard as others to attain what may be only marginal benefits from use. If performance enhancers were available to all competitors, it would still be the qualities of athletes that determined the results.

While this point is not without force, neither is it decisive. Even if all athletes used drugs, they might not react to them equally. The difference in reaction might determine the difference between competitive success and failure. Hence, outcomes would be determined not by the relevant qualities of the athletes themselves but rather by the natural capacity of their bodies to react to the drug of choice.

Is this any different, the critic may reply, from other innate differences in athletes which might enable them to benefit more than others from weight training or to run faster or swing harder than others? Isn't it inconsistent to allow some kinds of innate differences to affect outcomes but not the others?

Such an objection, however, seems to ignore the point of athletic competition. The point of such competition is to select those who do run the fastest, swing the hardest, or jump the farthest. The idea is not for all to come out equally, but for differences in outcome to correlate with differences in ability and motivation. Likewise, while some athletes may be predisposed to benefit more from a given amount of weight training than others, this trait seems relevant to selection of the best athlete. Capacity to benefit from training techniques seems part of what makes one a superior athlete in a way that capacity to benefit from a drug does not.

Competition and Respect for Persons

At this point, a proponent of the use of performance-enhancing drugs might acknowledge that use of such drugs falls outside the prevailing paradigm of athletic competition. However, such a proponent might ask, "What is the *moral* force of such a conclusion?" Unless we assume that the accepted paradigm not only is acceptable, but in addition that deviance from it should be prohibited, nothing follows about the ethics of the use of performance-enhancing drugs.

Indeed, some writers seem to suggest that we consider new paradigms compatible with greater freedom for athletes, including freedom to experiment with performance-enhancing drugs. W.M. Brown seems to advocate such a view when he writes,

Won't it [drug use] change the nature of our sports and ourselves? Yes....But then people can choose, as they always have, to compete with those similar to themselves or those different....I can still make my actions an 'adventure in freedom' and 'explore the limits of my strength' however I choose to develop it. (1: p. 22)

I believe Brown has raised a point of fundamental significance here. I wish I had a fully satisfactory response to it. Since I don't, perhaps the best I can do is indicate the lines of a reply I think is worth considering, in the hope that it will stimulate further discussion and evaluation.

Where athletic competition is concerned, if all we are interested in is better and better performance, we could design robots to "run" the hundred yards in 3 seconds or hit a golf ball 500 hundred yards when necessary. But it isn't just enhanced performance that we are after. In addition, we want athletic competition to be a test of *persons*. It is not only raw ability we are testing for; it is what people do with their ability that counts at least as much. In competition itself, each competitor is reacting to the choices, strategies, and valued abilities of the other, which in turn are affected by past decisions and commitments. Arguably, athletic competition is a paradigm example of an area in which each individual competitor respects the other competitors as persons. That is, each reacts to the intelligent choices and valued characteristics of the other. These characteristics include motivation, courage, intelligence, and what might be called the metachoice of which talents and capacities are to assume priority over others for a given stage of the individual's life.

However, if outcomes are significantly affected not by such features but instead by the capacity of the body to benefit physiologically from drugs, athletes are no longer reacting to each other as persons but rather become more like competing bodies. It becomes more and more appropriate to see the opposition as things to be overcome—as mere means to be overcome in the name of victory—rather than as persons posing valuable challenges.

So, insofar as the requirement that we respect each other as persons is ethically fundamental, the prevailing paradigm does enjoy a privileged perspective from the moral point of view.

It is of course true that the choice to develop one's capacity through drugs is a choice a person might make. Doesn't respect for persons require that we respect the choice to use performance enhancers as much as any other? The difficulty, I suggest, is the effect that such a choice has on the process of athletic competition itself. The use of performance-enhancing drugs in sports restricts the area in which we can be respected as persons. Although individual athletes certainly can make such a choice, there is a justification inherent in the nature of good competition for prohibiting participation by those who make such a decision. Accordingly, the use of performance-enhancing drugs should be prohibited in the name of the value of respect for persons itself.

Notes

¹This paper was presented at the Olympic Scientific Congress in Eugene, Oregon (July, 1984) as part of a symposium, sponsored by the Philosophic Society for the Study of Sport, on the use of performance-enhancing drugs in sport. Some of the material in this paper is included in Robert L. Simon, *Sports and Social Values* (Englewood Cliffs, NJ: Prentice-Hall, 1985), and published by permission of Prentice-Hall.

²The ethical issues raised by blood doping are discussed by Perry (5).

³The charge of coercion does seem more plausible if the athlete has no acceptable alternative but to participate. Thus, professional athletes with no other career prospects may fit the model of coercion better than, say, a young amateur weight lifter who has been accepted at law school.

⁴Does this approach have the unintuitive consequence that the dietary practice of carbohydrate loading, utilized by runners, also is ethically dubious? Perhaps so, but perhaps a distinction can be made between steroid use, which changes an athlete's capabilities for athletically irrelevant reasons, and dietary practices, which enable athletes to get the most out of the ability they have.

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