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# Study Drugs for Underprivileged Children

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Joshua Watkins

PHI 392

Professional Engagement Abstract

Dr. Panchuk

3/29/2019

### Abstract

The effects of stimulant medication have been beneficial for individuals with Narcolepsy and especially individuals with Attention Deficit Hyperactivity Disorder. Keisha Ray has offered a solution in her academic work that could help also help underprivileged children. The solution she is proposing is to offer stimulant medication to them. In this paper, I assert my thesis, offering stimulant medication to underprivileged children would not be a good, right, and practical solution to helping their social inequalities. The treatment/enhancement distinction in medicine is elaborated between Ray and me. The definition of what is a healthy normal functioning body and a body that is disabled is defined. I document the research I did which involves a book by Elizabeth Barnes and a theory discussed by Richard Arneson. I offer a definition for the term “social disability.” I then assert the possible alternative solutions to Ray’s proposal that she will agree with.

Keywords: disability, social disability, ADHD, underprivileged children, Philosophy of Disability, social inequality, healthy body, stimulants, Keisha Ray.

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PHI Professional Engagement

3/29/19

Dr. Panchuk

### Study Drugs for Underprivileged Children

Stimulant medication is a relatively new way of treating certain medical conditions. The two main medical conditions stimulants help treat are Narcolepsy and Attention Hyperactivity Deficit Disorder, but stimulant medication is most often prescribed to individuals who have ADHD. Additudemag.com, a leading magazine on ADHD education, offers valuable information on ADHD. They state that, “It has been approximated that 3 million people worldwide have narcolepsy. It has also been approximated that 6 million children ages ranging from four to seventeen have ADHD in the United States alone.”<sup>1</sup> Stimulant medication has been observed to modestly reduce symptoms of ADHD in individuals who have been diagnosed with it.

Keisha Ray has opened a dialogue on what the potential benefits of stimulant medication could be for underprivileged children. In her article, “Not Just “Study Drugs” for the Rich: Stimulants as Moral Tools for Creating Opportunities for Socially Disadvantaged Students”, Ray offers a practical solution to help underprivileged children’s’ inequalities by offering them stimulant medication. I assert that offering stimulant medication to underprivileged children would not be a good, right, and practical solution to helping their social inequalities.

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<sup>1</sup> Editors, ADDitude. "ADHD, By the Numbers." ADDitude. March 22, 2018. Accessed December 17, 2018. <https://www.additudemag.com/the-statistics-of-adhd/>.

In Ray's article, she accepts the fact that ADHD is real, and the use of stimulant medication is a way to treat it. This is a fact we both agree upon. However, I disagree with Ray in how doctors and physicians might treat already healthy and normal functioning bodies. I believe that normal functioning bodies are bodies that are not stigmatized in a societal context and or because of their physical attributes. A normal functioning body can function in everyday society without accommodations and is not stigmatized for physical attributes that are not the norm in the society. Ray believes that stimulants can offer more of a moral good, then what it is doing right now in its current capacity. The traditional understanding of the medical intervention definition is something that Ray thinks is too narrow. This is seen in the block quote below. Ray makes the claim that,

The argument concludes that medical interventions ought to be reserved for the treatment of deficiencies in bodily, mental, or emotional functioning and not for the enhancement of normal bodily functioning. This argument, however, places more emphasis on a narrow conception of proper uses of stimulants, rather than on ways that stimulants can help us meet moral duties to the least well-off individuals in our society.<sup>2</sup>

I agree with the view that Ray is challenging against in this quotation. The fact for Ray is that stimulant medication should be also used in the enhancement of normally functioning bodies for moral reasons and the latter reasons of bodies with mental and physical deficiencies. I disagree with Ray on her broader conception with how stimulants should be used. I disagree, because I

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<sup>2</sup> Ray, Keisha Shantel. "Not Just "Study Drugs" for the Rich: Stimulants as Moral Tools for Creating Opportunities for Socially Disadvantaged Students." *The American Journal of Bioethics*, 29-38, 16, no. 6 (2016). Accessed December 3, 2018. doi:10.1080/15265161.2016.1170231.

think the definition to too vague in my interpretation. I would agree with Ray if there were to be a normally functioning body that was not physically disabled, but socially disabled. This concept of social disability will be discussed later on in the paper. This broader conception leads us to the treatment/enhancement distinction theory of just healthcare.

Ray states that,

The treatment/enhancement distinction is a theory of just health care in which there is thought to be a distinct line between treatment and enhancement.

Treatment is characterized as medical interventions necessary to fend off or cure diseases. By contrast, enhancement is characterized as medically unnecessary interventions meant to improve upon normal functioning.<sup>2</sup>

Ray does not support this theory, because of the moral constraints that are inherently tied within it. She is concerned that medical resources are not being used, because they are not being deemed medically necessary. I will disagree with this point. This distinction is fair and moral. The necessary medical resources are only being used on the individuals who do not have healthy bodies and/or they have a disability. It would be unfair and immoral to provide medical resources to an already healthy individual to enhance their body. We should use our medical resources to help the bodies that are not healthy and the individuals with disabilities. Individuals with the latter ailments experience not only an unfair biological existence, but also an unfair social existence as well. A person born with a physical or mental disability at birth will have an unfair biological existence, because they are not per say starting at the same starting as all the normally functioning bodies. A person with a disability has more prerequisites to their life than a normal healthy person. An example would be a person who has no function in their legs. This person would have to get a wheel chair, go to places that would reasonably accommodate for a wheel

chair, and structure their lives in a way that is possible for a wheel chair. These additional prerequisites make living a normal biological existence harder and unfair. It is biological unfair, because the disability is creating another obstacle in the disabled person's life that a normal healthy person would not have to encounter. This unfairness also is apparent in the social existence. The social existence factor plays a significant role, I think, within the unfairness of how the medical resources are used. A look at philosophy of disability can help explain the social aspect of disability better.

Elizabeth Barnes, an American Philosopher, has made significant strides in her work in the field of philosophy of disability. In her book, *The Minority Body: A Theory of Disability*, Barnes sets out to explain what disability is. Her ultimate conclusion in her book, I interpreted, disability is not bad or good. If you were to be born with a disability, then you would not be better or worse of in life. This defined by Barnes is the, "Mere Difference" view. Disability is a social construct that has been brought about by society. Barnes, in her book, will go on to say this in her book, "I want to say that disability is socially constructed from group solidarity. A group of people with a variety of physical conditions got together and observed that their experiences of their bodies had something in common."<sup>3</sup> Disability being described this way is not the standard viewpoint to hold. So, unfairness will come into play here, because underprivileged children are being not being defined as unhealthy. The underprivileged children are being defined as having an inadequate social environment and resources available to them. These children are not being socially marginalized, because they have a disability or unhealthy bodies, but are being unfairly treated in a different manner for another reason. This different

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<sup>3</sup> Barnes, Elizabeth. *The Minority Body: A Theory of Disability*. New York, NY: Oxford University Press, 2016.

manner is wholly of the social environment kind and not related to their bodies. One possible explanation that could causing these social problems is that they live in a classist society that perpetuates their problems. The underprivileged children are being given a solution that should be used on a different socially marginalized group (i.e. the disabled bodies). Classism cannot be solved through underprivileged children taking stimulants. Changes in public policy should be the solution and this will be discussed later in my paper. This unfairness also comes from a damaged well-being that people with disabilities usually have, because of their disability. I think that it is unfair to give normal healthy bodies stimulants, if bodies with disabilities are using theses stimulants and their well-being is still not high enough to enjoy daily life, because their disability causes it to do so. The moral thing to do is to focus on the individuals who have disabilities first, because I assert that individuals who have disabilities have a lower well-being. Ray uses her own term “opportunity maintenance” to explain her argument for the well-being of underprivileged students. Let’s explore this further with opposing views and then my view.

Ray’s argument for well-being is connected to her idea of “opportunity maintenance.” Ray explains that Opportunity Maintenance is, “I propose an alternative term: opportunity maintenance—a term that focuses on the ways that opportunities can impact our ability to live the kind of lives that we want to live.”<sup>2</sup> When it relates to health, opportunity maintenance can be applied to a person well-being. The specific conception of well-being that Ray is talking about is Prioritarianism. Richard Arneson defines Prioritarianism such that, “Prioritarianism holds that the moral value of achieving a benefit for an individual (or avoiding a loss) is greater, the greater the size of the benefit as measured by a well-being scale, and greater, the lower the person's level

of well-being over the course of her life apart from receipt of this benefit.”<sup>4</sup> This view of well-being advocates that there is really no distinction between treatment and enhancement or that it doesn’t matter. The goal within this mindset is to raise our well-being through both avenues of treatment and enhancement. Priority is given to the individuals who have the lowest well-being first. Ray also draws from education being tied to well-being. If a child’s education is so poor due to the school’s lack of performance, then the child should be given an outlook to alleviate their social disadvantages that they cannot control. In this case, her solution is to offer these disadvantaged children stimulants. I agree with Ray to an extent with this idea of well-being, but before I reply I would like to offer a viewpoint that is the opposite of mine before I reply. This opposite viewpoint, I hope, will allow me to explain my counter argument against Ray’s view of well-being.

In my view, I assert that, a person who has a disability will always have a lower sense of well-being. A non-disabled person will have a higher sense of well-being being, because they do not have to experience the additional factors that society creates on disabled people. I would agree with Barnes’s view of disability if it were truly possible to be able to accommodate for every disability with the other condition that society would stop to stigmatize disabled people. I this stigmatization will always lead to disabled people to having a lower sense of well-being. I assert this because, disabled individuals cannot carry out what they want to in life with the disability. Some disabled people can carry out what they want, but I assert that non-disabled people have more opportunities to accomplish goals in their life, because of the lack of disability and their untainted biological anatomy. This ties into why I believe that disabled people have a

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<sup>4</sup> Arneson, Richard, "Egalitarianism", *The Stanford Encyclopedia of Philosophy* (Summer 2013 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/sum2013/entries/egalitarianism/>.

lower sense of disability, on average, compared to non-disabled people. Disable individuals have to compromise their well-being to accommodate their disability to realistically accomplish their new lower gratifying goals. Now let us get to Ray's position on well-being again.

In Ray's view of well-being, she agrees with the approach that Prioritarianism takes. We should morally use our medical resources for the very worst off in society first. If the children in the underperforming schools are being disadvantaged to the point of offering stimulants to them, then I would like to classify them as being socially disabled. I would like to categorize, so that we don't just offer stimulants to every disadvantaged child, but to the children that are truly disadvantaged to the point they cannot escape their social environment's disadvantages. I could morally accept the idea that, if a child is truly being disadvantaged in their social environment to the point that they cannot change any aspect of their situation on their own, then offering stimulants may be permissible. I would offer stimulants to children who do not have ADHD, however, the child's disadvantage must be categorized to the point as being so socially disadvantaged that it can be considered a disability. With this. I agree a child could be born into a situation, in which, they are so disadvantaged from the start of the educational career that they should be categorized as socially disabled. Now just because a child has is a little socially disadvantaged doesn't mean they should be categorized as being socially disabled. This is where I think the unfairness lies. Not every disadvantaged child should receive stimulants, because this would be unfair to the individuals who are more worse off, because specifically they have both biological and social disadvantages. In this case I believe that the Prioritarianism view could be right, because the children with both biological and social disabilities would be worse off and should be given stimulants. I cannot rule out, however, that there may be some children who have only a social disability, but the social disability is so detrimental to their well-being that

their should be considered to be treated with stimulants to alleviate their social disability. I would say I disagree with the Ray's premise, as of how it is worded right now, but I would agree with it if it were to be more descriptive of who is receiving the stimulants. I like the idea of categorizing that some children, can be seen as, being socially disabled and should to a certain extent be morally granted the right to take stimulants. So, to be clear, I will offer my definition on what it means to be socially disabled.

Social disability in children, similar to physical and mental disability, adds additional prerequisites to a child's life that cannot be avoided. These additional prerequisites hinder the child's well-being to a degree that effect their overall current life situation like a mental or physical disability would. In order to be socially disabled, the person, has to take more steps than what is required for any task. This is similar to my wheel chair example from earlier, in that, additional steps have to be taken to just be able to "get your foot in the door" per say. A wheel chair would be an accommodation for a physical disability. A stimulant medication could be used as a accommodation for a social disability. This would be reasonable, because I have defined social disability in a way that is so debilitating that it runs parallel to the effects of a mental or physical disability.

The children with the social disability who are receiving the stimulants should stop receiving them once they have eliminated their social disability. If they continue to receive stimulants and they do not fall under the category of being socially disabled, then it would be morally unfair to continue to receive them. The medical resources should be used on the children who are the most social disabled and not the ones who have eliminated their social disability though upward mobility.

I think there are clear solutions that can be implemented that would not involve having to

give underprivileged children stimulants to alleviate their status of being underprivileged. Keisha Ray would agree with all of these possible solutions in helping underprivileged children. I think a good first step would be for the United States government to offer policy changes that would benefit these individuals. One potential policy change would be for the United States to implement a single-payer health care system. This health care system would ensure that all Americans are checked to ensure they indeed have healthy and normally functioning bodies. One reason why some individuals are underprivileged is, because the current health care system drives them to become underprivileged. If an individual does not have the money to become healthy, then their body is slowly going to degenerate and seep into other part of their life. A part that would be the most correlated with this is their job. If the individual is not healthy enough to perform their job, they have no chance of being able to pay for health care. If the underprivileged individual has the resources to be healthy, because single-payer health care would allow that, then the individual will be able to perform their job better. Being able to perform their job better would allow them to have upward mobility to be able to be paid better. Being paid better would allow for the individual to alleviate their underprivileged children from that status. Stimulants would not to be inculcated into the mix, if the United States would enact a policy to allow for these underprivileged individuals to finally get some relief that they need.

Another solution that would make it unnecessary to give underprivileged students would be to reform the school system of the United States. The public schools should not be competing for federal grant money to improve school. The standards should be changed in how students are graded and tested. Standardized testing should be done away with in the United States schooling system. Standardized testing does inculcate little value to a student's education. A child's intelligence should not be confined to a military like testing environment where

arbitrarily wrong answers dictate who that child will do in their life. The school system should cater to the needs of the individual student and the collective of the class. This should be the case, because students with ADHD often cannot fit the mold of the collective of the class. This individualized learning would benefit not only students with ADHD, but students with other disabilities who are truly capable of completing the work but cannot complete the work as the general collective of the class ascribes it.

In conclusion, I believe that we should not give stimulants to underprivileged children, but there are certain exceptions to this. The child needs to be categorized as be biologically or socially disabled. In the case of social disability, the case needs to be so detrimental that the only hope in alleviating the child's problems would be through a new unique social reform route, such as stimulants. This method of alleviating the child's problems would be raising their sense of well-being. Offering stimulants to the socially disabled children should not be seen as unfair, because they would morally only be receiving them because their disability could be closely measured to have the same disadvantage as the children with biological disability. Through Prioritarianism, the worst cases would be dealt with first ensuring the best moral approach to the individuals' problems. Elizabeth Barnes's view added an interesting view of disability, but I still disagree with her conception of it. I have demonstrated why I think her view would not work under Ray's conception of well-being. I have also offered solutions to help with the social disadvantages that children face without using stimulants as a first round method of alleviating their problems.

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