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GOOD ATHLETE – BAD ATHLETE? ON THE ‘ROLE-MODEL ARGUMENT’ FOR BANNING PERFORMANCE-ENHANCING DRUGS

Thomas Søbirk Petersen

The paper critically discusses a role-model argument (RMA) in favour of banning performance-enhancing drugs in sport. The argument concludes that athletes should be banned from using performance-enhancing drugs because if they are allowed to use such drugs they will encourage, or cause, youngsters who look up to them to use drugs in a way that would be harmful. In Section 2 the structure of the argument and some versions of it are presented. In Section 3 a critical discussion of RMA is presented. It is argued that we should be reluctant to accept the argument as it stands for at least three reasons: (i) it rests on an unsupported empirical claim; (ii) it also makes a false empirical claim; and (iii) the normative premise of the argument is too demanding morally. Further objections to the RMA are also discussed, but argued to be beside the point

Resumen

El artículo discute críticamente un argumento de modelo de conducta (RMA) [Siglas en inglés de role-model argument] a favor de la prohibición de las drogas que mejoran el rendimiento deportivo. El argumento concluye que los atletas deberían ser inhabilitados por usar drogas que mejoran el rendimiento deportivo porque si se les permite utilizar tales drogas esto alentará, o causará, que jóvenes que les admiran usen drogas de tal manera que sería nocivo. En la sección dos se presentan la estructura del argumento y otras versiones del mismo. En la sección tres se presenta una discusión crítica del RMA. Se argumenta que deberíamos ser reticentes a la hora de aceptar el argumento tal y como es por, al menos, tres razones: (i) se basa en una alegación empírica sin confirmar; (ii) también presenta una alegación empírica falsa; y (iii) la premisa normativa del argumento pide demasiado moralmente. Otras objeciones al RMA también son discutidas, pero se argumenta que no son pertinentes.

Zusammenfassung

Dieser Aufsatz beleuchtet kritisch das Rollenmodellargument (RMA), das im Zusammenhang mit dem Verbot leistungssteigernder Mittel im Sport angeführt wird. In dieser Argumentation wird geschlossen, dass Athleten die Verwendung leistungssteigernder Mittel untersagt bleiben müsse, denn wenn ihr Gebrauch erlaubt wäre, würden Jugendliche, die zu diesen Athleten aufschauen, ermutigt oder veranlasst, derartige Drogen ebenfalls in dieser missbräuchlichen Weise zu verwenden. In Abschnitt 2 werden die Struktur der Argumentation sowie einige Variationen davon

vorgestellt. In Abschnitt 3 wird eine kritische Diskussion der RMA vorgestellt. Es wird behauptet, dass wir einer solchen Argumentation aus mindestens drei Gründen mit Vorsicht begegnen sollten: (i) sie beruht auf einer empirisch nicht gestützten Behauptung, (ii) zudem präsentiert sie falsche empirische Behauptungen, und (iii) die normative Prämisse der Argumentation stellt eine moralische Überforderung dar. Weitere Einwände gegen die RMA werden ebenfalls diskutiert, jedoch mit dem Einwand, dass sie abseits des Kernproblems liegen.

Résumé

L'article discute l'argument du rôle-modèle (ARM) en faveur de l'interdiction de produits dopants dans le sport. L'argument conclut que les athlètes devraient être interdits d'utilisation des produits dopants parce que si on leur permet d'utiliser de tels médicaments, ils encourageront ou amèneront les jeunes qui les respectent à les utiliser dans une voie qui serait nuisible. Dans la Section 2, la structure de l'argument et quelques-unes de ses versions sont présentée. Dans la Section 3, une discussion critique de l'ARM est présentée. Il est démontré que nous devrions être réticents à accepter l'argument pour au moins trois raisons : (i) il repose sur une base empirique non démontrée; (ii) il introduit aussi un constat empirique erroné; et (iii) la prémisse normative de l'argument est trop exigeante moralement. Les nouvelles objections à l'ARM sont aussi discutées, mais la démonstration a ses limites.

本研究結論認為，運動員應該禁止使用提升運動表現之藥物，若允許使用此類藥物，將會鼓勵或造成年輕人效法使用藥物的行為，因而造成傷害。本文論辯的第二段提供相關例證。第三部分則討論模範角色論證(RMA)，本研究認為有三點理由能夠反駁此論證。第一，此概念缺乏於實證的經驗宣稱。第二，這樣的論證製造了錯誤的經驗宣稱。第三，模範角色論點在規範上的前提假設，對於道德有過於嚴苛的要求。仍有更多反對模範角色論點的不同看法，但此看法尚未被討論。

KEYWORDS athletes; performance-enhancing drugs; role models; youngsters; ethics

I'm not a role model. I'm not paid to be a role model. I'm paid to wreak havoc on the basketball court. Parents should be role models. Just because I dunk a basketball, doesn't mean that I should raise your kids!¹

Introduction

It is often taken for granted that prominent and celebrated athletes, for instance Serena and Venus Williams, David Beckham, Michael Phelps, Tiger Woods and Cristiano Ronaldo, are role models for many people (especially the young).² The following statement by the US Olympic Committee in February 2009 is evidence for the fact that some people hold this belief:

Michael Phelps is a role model, and he is well aware of the responsibilities and accountability that come with setting a positive example for others, particularly young

people. In this instance [which involved the smoking of a marijuana bong at a private party], regrettably, he failed to fulfil those responsibilities.³

The belief that top athletes are role models is often used as a premise in an argument which concludes that athletes should be banned⁴ from using performance-enhancing drugs.⁵ In what follows, this kind of argument for banning drugs in sport will be called the 'role-model argument' (RMA). Brian Mikkelsen, former vice-president of World Anti-Doping Agency (WADA) and currently Danish Minister of Economic Affairs, seems to set forth an RMA when he states:

But the question about [banning] doping does not only concern elite athletes. Anti-doping policy also relates to children and youngsters, who should have some decent heroes to look up to – not medicated machines, not human wonders produced in laboratories, but doping-free athletes made of flesh and blood. In today's world sport is such a decisive part of young people's daily life and self-understanding ... that we must be sure that fair play and healthy competition is on top of the podium. (Mikkelsen 2003)

The aim of this paper is to argue that, in its most familiar form, the RMA is inconclusive, but also that some of the criticism of RMA is beside the point. In section 2 the structure of the argument (and some further versions of it) will be presented. In section 3 a critical discussion of the RMA under discussion will follow.

RMAs are frequently pressed into service, in public debate, by those who wish to make the case for banning performance-enhancing drugs in sport. However, they have received little attention from professional ethicists. This is unfortunate, since it is often not clear what, exactly, the premises of the RMA are meant to be. Different versions of the RMA have been discussed briefly in the literature on the ethics of doping,⁶ but to my knowledge RMAs have never received a more detailed description and critical examination.

The Role-Model Argument

Apart from the empirical assumptions that athletes are role models and that youngsters will copy the behaviour of role models, the premises of the RMA are often unclear. However, the following is a plausible reconstruction of the argument based on the way it is commonly put:

- P1: If role models such as celebrity athletes engage in behaviour B that will inspire some (especially young) people X to act in a way that is harmful to their health, then B should be banned.
- P2: If athletes are not banned from using performance-enhancing drugs, they (or at least the celebrity athletes) will inspire X to use such drugs in a way that would be harmful to X.
- C: Athletes should be banned from using performance-enhancing drugs.

A few comments are necessary before we critically discuss the argument. To call this argument *the* role model argument is, as was indicated in the introduction, an exaggeration. Many reconstructions of RMA are possible.

First, the RMA can be given different interpretations depending on the way in which admirers of role models would be harmed if the ban was lifted. One could claim that if athletes are allowed to use doping, this will inspire young athletes or other youngsters not only to use performance-enhancing drugs but also to acquire drugs such as amphetamines, cocaine, cannabis and ecstasy for recreational use. So, to allow doping is a first step on a slippery slope that will lead to something that could be considered even more harmful to youngsters' health than the use of a performance-enhancing drug.⁷

Secondly, instead of focusing on the moral factor of harm to youngsters' health, one could worry about other moral factors that one believes would threaten youngsters if the ban on performance drugs was lifted. For instance, one could claim that if adults were allowed to use such drugs, young athletes, who want to compete successfully, will be *coerced* to use such drugs (Murray 1983). However, in order not to complicate things in this short paper I will stay with the version reconstructed at the beginning of this section. Apart from simplicity, there are several reasons for this choice. First of all, this is in essence the version generally advanced, or considered, by critics and commentators when they discuss performance-enhancing drugs.⁸ Furthermore, there is no doubt that it is a version *anyone* ought to accept as important, for who would be prepared to suggest, for example, that harm to the health of youngsters is morally irrelevant?

Before we move on to critical discussion of the RMA, I would like to make a brief comment about the scope of the argument. If we accept that top-class athletes participating in such sports as curling, long-distance walking and pétanque do not have much 'admirer impact' (at any rate, when it comes to the number of those admirers), and that most athletes (especially in the junior ranks) are not role models at all, it can then be (and indeed has been) argued that RMA can only be used to argue for the conclusion that *only top celebrity athletes* should not be allowed to use performance-enhancing drugs (Kayser *et al.* 2007). Although this observation seems convincing, it is not. It is plausible to stick with the conclusion that refers to banning performance-enhancing drugs for all athletes, because it would be very difficult to say just who is a top celebrity athlete and who is not; and because of this difficulty: it would be arbitrary to administer a policy which only forbids certain athletes from using drugs on such vague criteria as when an athlete is a role model or not. With these considerations in mind, it seems fair to conceive of the RMA as an argument claiming that all athletes should be banned from using performance-enhancing drugs.

Some Objections

Few would be unsympathetic to the RMA as it is stated above. Surely we should all care about the choices youngsters make when they latch on to role models, and about how these role models behave and influence youngsters. However, in this section we shall see why this version of the RMA fails to show that the use of performance-enhancing drugs should be banned.

Empirical Claims

The RMA reconstructed above rests on one *unsupported empirical claim* and one *false empirical claim* about what will happen if athletes are allowed to use performance-enhancing drugs. The first, unsupported, claim is that allowing adults to use

performance-enhancing drugs will increase the likelihood that youngsters will be inspired by their idols to make use of performance drugs. The second – and, I contend, false – claim is that youngsters will use such drugs in ways that will necessarily be harmful to them. It is, of course, very difficult to evaluate these premises, but a number of observations raise doubts about them. First of all, although it might be true that a lot of youngsters will imitate certain kinds of behaviour in the athlete they admire – for instance, by changing their hairstyle when Beckham changes his – this may not be true of whatever the athlete does. On the contrary, it seems obvious that young people often do *not* behave as their role models do. Just watch a game of football. How many of the spectators, who consider the players on the field role models, train as much and eat as healthily as those they are paying to watch? How many youngsters have bitten off another's ear because the boxer Mike Tyson did it in a famous bout in 1997? So, even if we were to allow adult athletes above the age of 18, under medical supervision, to use performance-enhancing substances such as EPO, it is not very likely that (say) a 14-year-old boy would, as a result, use a needle to inject himself with EPO.⁹ In short, there is no good evidence that the use of performance-enhancing drugs by top athletes would cause youngsters who admire them to do so too. Youngsters might use such drugs, not simply because adults they admire use them, but for other reasons – for example, because they would like to perform better or look better. However, this notwithstanding, we should be careful not to jump to conclusions. Some ethicists have argued that the RMA should be rejected because it is not supported by any empirical data which show that if athletes engage in drug use, then youngsters will follow.¹⁰ But the fact that a crucial empirical premise of the argument is not supported by data licenses us to say that the argument is inconclusive; it does not entitle us to reject the argument. Future research might support a strong causal link here.

The second claim is more problematic. For even if evidence were to show that there is a causal link between role models taking performance-enhancing drugs (supposing that that were permitted) and youngsters using these drugs, this *may* not turn out to be dangerous to the health of these youngsters. Some drugs on WADA's prohibited list (e.g. steroids and amphetamines) can be very harmful, but others (e.g. beta-blockers, EPO, growth hormone and the use of intravenous infusions) are not harmful to health as long as they are handled properly: basically, if they are prescribed and monitored by doctors, and used within certain safety limits (Foddy and Savulescu 2007). This simple observation alone renders the RMA unsound as an argument in favour of banning performance-enhancing drugs altogether. It could very well be the case that youngsters between 18 and 21 years would use such drugs in a safe way. Therefore the RMA should be modified so as only to insist that *potentially dangerous* performance-enhancing drugs should be banned, or that drugs that remain dangerous even when administered by doctors should be banned.

Moral Claims

The RMA also seems to rest on two morally problematic claims. The first is that an athlete's behaviour B should be banned if B harms people. The second is that it is morally right to claim that athletes are role models. In what follows it will be argued that the first claim is morally problematic, while the second is not.

The first premise in the argument, that an athlete's behaviour B should be banned if B harms people, is *too demanding*. Many harmful acts (e.g. murder, rape and robbery)

ought indeed to be (or remain) banned, but this does not seem right for all harmful acts. The premise, as it is stated, requires the banning of activities that few would accept ought to be banned. Thus it implies that a top athlete who actually has *not* used performance-enhancing drugs (and who is truly against the use of doping, and perhaps has tried to discourage youngsters from using these substances), but who nevertheless has encouraged youngsters, by his mere appearance or results, to use such drugs should be banned from his sport. However, in most circumstances it does not seem right to restrict the freedom of athletes, or artists for that matter, just because their acts unintentionally and indirectly encourage others to harm themselves. What about an athlete who drops out of university and thereby encourages others to drop out? Should he or she be prevented from doing that? Should punishment follow if he or she goes ahead? Obviously not.

One way to defend the RMA against this kind of objection would be to modify P1. Thus it could be claimed that it is only if role models engage in *immoral* behaviour B*, and if B* will inspire people to do acts that will harm themselves, that B* should be banned. This modification permits athletes to drop out of university and continue to play sport even if some youngsters are inspired by them to leave university or take performance-enhancing drugs. However, although this change would make the premise less demanding, it is still too demanding, since there exist many acts that we would consider immoral but which we believe should nevertheless not be banned under any jurisdiction.¹¹ So it is important, for the adequacy of this modification, to justify the claim that the use of performance-enhancing drugs is immoral; and to ground the further claim that the immorality here is of a kind that should be banned by, say, WADA. The obvious answer, within the context of the RMA, is, of course, that allowing athletes to use performance-enhancing drugs is immoral because it will make youngsters harm themselves (especially children) in a way that would be detrimental to their health. However, as we have seen, this view rests on a pair of empirical claims, one unsupported and the other false.

Even if it were true that lifting the ban on performance-enhancing drugs would make some youngsters harm themselves, it is still not morally obvious that such drugs should be banned. I will not in any detail deal with the issue about the *limits of paternalism*, and with its connection with questions about the use of performance-enhancing drugs.¹² However, there does seem to be a certain amount of inconsistency in this area: most people favour adults having access to non-prescribed and unmonitored health-damaging substances such as alcohol and tobacco, but at the same time they would ban adults from using prescribed and monitored substances (many of which do not pose a risk to your health) like some of those on WADA's prohibited list. Furthermore, adherents of RMA also have to show that the harm to youngsters is worse than the benefits to all other people. If, for instance, using some kind of anabolic steroid would help at lot of adult males in preventing them from getting certain types of cancer, this should outweigh our concern about youngsters misusing such a drug in such a way that the ban on this particular drug should be lifted.

Another moral objection, and one made by several commentators, is that RMAs do not even get off the ground, because there is something morally problematic about claiming that athletes are role models.¹³ Some, for example, have claimed that role-model status places an unreasonable moral burden on athletes (as compared with other public figures such as musicians, politician or actors) when it comes to the use of

performance-enhancing drugs. However, this is not a convincing argument. The problem with the difference, claimed here, between athletes and other role models is not that athletes are role models. As we have seen, the problem is the unreasonable claim that athletic role models should not be allowed to use performance-enhancing drugs that are safe to use whereas non-athletes are allowed to do so.

Another way to argue that there is something morally problematic about claiming that athletes have the status of role models is the following. Because athletes have *not consented* to be role models and might disagree with the politics or ethics of those sports organisations, anti-doping agencies or spectators who use them as role models, they are forced to act in accordance with the moral views of others; and this is morally wrong. However, this is not a good objection either. First of all, many athletes might tacitly, or impliedly, consent to and accept being a role model – that status comes with the job, so to speak. But, more importantly, being a role model is not something you can give direct consent to: it is something you become, whether or not you like it. As Karl Malone has said, ‘We [athletes] do not choose to be role models, we are chosen’.¹⁴ So it is not a moral problem in itself that athletes are role models.

We can, of course, regret the fact that athletes are role models, and try to promote other role models – scientists or teachers, say. Some commentators have argued that there is something unwholesome or fascistic in admiring athletes (Tännsjö 2001), and others that athletes have always been bad role models since, in effect, they persuade many youngsters to spend more time on sport than on education and homework (Hyland 1990, ch. 1). But these thoughts have almost no bearing on evaluation of the RMA. Instead they belong to an ethical discussion about whether or not we should admire top athletes (or consider athletes as role models) at all. That is a different ballgame: we are currently considering an argument, the RMA, which *presupposes* that athletes are role models. Naturally, if it became true one day that athletes were no longer role models – perhaps because we have succeeded in promoting other role models – then there would, of course, be no reason to use the RMA in favour of banning the use of performance-enhancing drugs by athletes.

Conclusion

The aim of this short paper has been to reconstruct a rather general and often encountered RMA against allowing athletes to use performance-enhancing drugs and to argue that it is, at best, inconclusive. First of all, because it leans heavily on a causal link between athletes’ behaviour and the behaviour of youngsters, the argument rests on poor empirical evidence. This fact alone makes it difficult to evaluate a central part of the argument. Secondly, use of performance-enhancing drugs is not always harmful to one’s health if it is prescribed and monitored by physicians. So even if youngsters do imitate the athletes they look up to and take performance-enhancing drugs, this would not necessarily harm their health if the ban was lifted. Thirdly, even if the use of performance-enhancing drugs does pose a risk to the health of admirers of role models, it is not obvious that adults should not, for this reason, be allowed to use such drugs. We already allow adults (albeit within certain public limits) to use non-prescribed and unmonitored drugs like alcohol and nicotine, yet it is known that youngsters moving in social circles where drinking and smoking are common are more likely to drink and smoke. So why not agree that monitored and prescribed use of performance-enhancing drugs by adults should be

allowed? There may be other plausible arguments for banning performance-enhancing drugs in sport, but the version of RMA dealt with in this paper does not, in its present state, make a knock-down case.

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NOTES

1. Charles Barkley interviewed, available online at <http://www.youtube.com/watch?v=nMzdAZ3TjCA>, accessed October 2009.
2. In what follows 'young people' will be applied to people under the age of 21.
3. Available online at <http://www.cnn.com/2009/US/02/01/michael.phelps.marijuana>, accessed October 2009.
4. This paper is neutral on the issue of which jurisdiction should administer the ban. A ban on athletes using performance-enhancing drugs could be enforced by a domestic jurisdiction, where the use of such drugs is illegal by state law (as it is the case in Sweden and Italy), or it could be enforced within the international jurisdiction of sport: for example, by CAS (the Court of Arbitration for Sport).
5. In what follows the phrase 'performance-enhancing drugs' is used as synonym for 'the substances and methods on WADA's prohibited list'. Although this is strictly incorrect, it helps for stylistic reasons. WADA's list consists of substances that do not normally enhance athletic performance, such as alcohol and cannabis; and there are substances that are performance-enhancing, but which are not on the list, such as caffeine and creatine. For WADA's list see: http://www.wada-ama.org/rtecontent/document/2009_Prohibited_List_ENG_Final_20_Sept_08.pdf, accessed October 2009.
6. See e.g. Brown *et al.* 2003, 148–9, Tamburrini 2000, 205–8, Schneider and Butcher 2000, 192–3, Miah 2004, 29–30, and Wellman 2003.
7. For a short critique of this version of argument, see Tamburrini 2000, 205–206.
8. Compare e.g. Brown 2001, 148–149, Tamburrini 2000, 205–206, Schneider and Butcher 2000, 192 and Miah 2004, 29.
9. I take it for granted here that youngsters under the age of 18 should not be allowed to take performance-enhancing drugs that are on WADA's prohibited list.
10. See e.g. Simon 2003, 179.
11. An example of such an act might be this: an umpire at a tennis match calls your opponent's ball out that was in fact on the line. You know it was on the line but you remain silent even though you could have suggested a replay of the point.
12. Several philosophers have commented on this. Compare Petersen and Kristensen 2009, Tamburrini 2000 and Foddy and Savulescu 2004.
13. The quotation by Charles Barkely at the top of this text could indicate an objection like this. See also Tamburrini 2000, 206 or Kayser *et al.* 2007 for advocacy of this objection.
14. *Sports Illustrated*, 14 June 1993.

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