

Commentary on Singh: Not Robots: children's perspectives on authenticity, moral agency and stimulant drug treatments

Steven Rose

Singh's study of 150 UK and US children diagnosed with attention deficit hyperactivity disorder (ADHD) and prescribed psychotropic medication (primarily Ritalin) concludes on the basis of interviews with the children that 'stimulants improve their capacity for moral agency ... an ability to meet normative expectations'.¹ Reinterpreted in lay language, she finds that, when taking Ritalin, the children conform to the wishes and expectations of their parents and teachers. They get better grades at school and show less 'oppositional-defiance'. This is not surprising as it is precisely what Ritalin is supposed to do. However, it begs a number of crucial questions. Might it not be that the failure of the child to conform to the expected norms in the non-medicated state is a legitimate expression of the child's own moral agency, rebelling against what he/she experiences as inappropriate or oppressive norms? And might not the decision to medicate the child itself be regarded as an assault on his or her autonomy and moral agency?

Current National Institute for Health and Clinical Excellence (NICE) guidelines for the prescription of Ritalin and its congeners state that it should not be prescribed to children below age 6, should only be administered by an appropriately qualified healthcare professional, preferably coupled with behavioural therapy,

and discontinued after a month if there is no improvement in the child's symptoms. In the US, Food and Drug Administration (FDA) guidelines are similar though the lower age limit may be reduced to 4. The FDA warns that prolonged Ritalin use may lead to addiction (and also points out that it is against the law for the child to trade or sell the drug to others.) At least one of Singh's UK interviewees (Cecil, age 9) is reported as having been on medication since he was 4. What of the medical ethics of prescribing to one so young in contravention of the guidelines? How many of her interviewees have been properly prescribed and treated—and what are we to conclude of the autonomy of those who have not?

Under such circumstances what are we to make of the children's responses? The ethics of interviewing children have been most sensitively addressed by Alderson and Morrow.² The children in Singh's study have been told by those in authority—parents, teachers, health workers—that they are supposed to take their drugs—indeed at least in the US it has been the teachers' responsibility to ensure that they do so before class. They are told that without their drugs they are behaving badly and their school reports are poor, and that their drug will improve them, but they are allowed to skip drugs at weekends and holidays—that is, when, as one of Singh's respondents explains, they are free to be more active and not under pressure to conform to a school and educational regime they may experience as oppressive. Many years ago, in

one of the earlier critical accounts of Ritalin use in the US, long before the epidemic of ADHD arrived in Britain and British paediatricians were still very sceptical about the diagnosis, then called Minimal Brain Dysfunction, we quoted from one of the early advocates of amphetamine treatment describing how a 'bright 8 year old referred to .. "his magic pills which make me into a good boy and makes everybody like me"'.^{3, 4} Several of Singh's respondents use similar terms. Faced with an adult interviewer—hard not to see as yet another adult authority figure—how else would one expect the child to respond, if only in self-protection?

Singh provocatively concludes her study by asserting that 'Medical professionals in particular should help children to flourish with stimulant drug treatments, in good and in bad conditions'. Presumably she intends this to apply to children with or without an ADHD diagnosis, as the drug was known as long ago as the 1970s to be widely traded in schools and extensively available and used off-prescription by adults as well as children as a cognitive enhancer. Whether such use constitutes 'flourishing' remains a matter of ethical, biomedical and social controversy.

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