

Defining Human Dignity



Professor Margaret Somerville holds professorships in both the Faculty of Law - where she holds the Samuel Gale Chair - and the Faculty of Medicine and was the founding director of the McGill Centre for Medicine, Ethics and Law.

She has been active in the worldwide development of bioethics and in the study of the wider legal and ethical aspects of medicine and science.

Pro- and anti-euthanasia advocates use different interpretations of the concept to bolster their arguments.

Euthanasia advocates argue respect for human dignity requires that euthanasia be legalized and opponents of euthanasia argue exactly the opposite, that respect for human dignity requires it remain prohibited. In short, the concept of human dignity and what is required to respect it is at the centre of the euthanasia debate, but there is no consensus on what we mean by human dignity, its proper use, or its basis.

American political scientist Diana Schaub says "we no longer agree about the content of dignity, because we no longer share ... a 'vision of what it means to be human'." She's correct. So what are the various interpretations of dignity and what can they tell us about "what it means to be human"?

Intrinsic dignity means one has dignity simply because one is human. This is a status model - dignity comes simply with being a human being. It's an example of "recognition respect" - respect is contingent on what one is, a human being.

Extrinsic dignity means that whether one has dignity depends on the circumstances in which one finds oneself and whether others see one as having dignity. Dignity is conferred and can be taken away. Dignity depends on what one can or cannot do. Extrinsic dignity is a functional or achievement model - dignity comes with being able to perform in a certain way and not to perform in other ways. It comes with being a human doing. This is an example of "appraisal respect" - respect is contingent on what one does.

to respect human dignity we must have respect for both the human dignity of each individual and for the worth of humanity as a whole

These two definitions provide very different answers as to what respect for human dignity requires in relation to disabled or dying people, and that matters in relation to euthanasia.

Under an inherent dignity approach, dying people are still human beings, therefore they have dignity. Opponents of euthanasia believe respect for human dignity requires, above all, respect for human life and that while suffering must be relieved, life must not be intentionally ended. Taking life, except where that is the only way to save life as in justified self-defence, offends human dignity. That is why capital punishment is wrong and why euthanasia is wrong.

In fact, the original primary purpose of the concept of dignity was to ensure respect for life. It's ironic that it has been turned on its head by pro-euthanasia advocates to promote exactly the opposite outcome.

Under an extrinsic dignity approach, dying people are no longer human beings - that is, they are seen as having lost their dignity - and eliminating them through euthanasia is perceived as remedying their undignified state.

Pro-euthanasia advocates argue that below a certain quality of life a person loses all dignity. They believe that respect for dignity requires the absence of suffering, whether from disability or terminal illness, and, as well, respect for autonomy and self-determination. Consequently, they argue that respect for the dignity of suffering people who request euthanasia requires it to be an option.

Importantly, to respect human dignity we must have respect for both the human dignity of each individual and for the worth of humanity as a whole. That means that even if we accepted that individual consent could justify taking human life, it is not necessarily sufficient to

ensure human dignity is not being violated. For instance, a French court ruled that the "sport" of "dwarf throwing" was in breach of respect for human dignity and banned it, even though the dwarfs involved consented.

Even those people who argue for euthanasia should agree that it must be used only as a last resort. The work of Canadian psychiatrist Harvey Chochinov, who specializes in psychiatric care for dying people, is relevant in this regard. He and his co-researchers identified the components of dignity and defined them. They then designed an approach to enhance terminally-ill people's feelings of dignity and being treated with respect for their dignity, in order to address their psycho-social and existential distress. They call this approach "dignity therapy."

Sometimes we have to restrict freedom to maintain the conditions that make freedom possible.

Here are their results: "Ninety-one per cent of participants reported being satisfied with dignity therapy; 76 per cent reported a heightened sense of dignity; 68 per cent reported an increased sense of purpose; 67 per cent reported a heightened sense of meaning; 47 per cent reported an increased will to live; and 81 per cent reported that it had been or would be of help to their family. Post-intervention measures of suffering showed significant improvement and reduced depressive symptoms."

These are truly remarkable results and provide a stark contrast to a quick-fix solution of a lethal injection as being the best way to enhance a person's dignity. But to achieve them takes care, time, commitment, research and expertise. In thinking about investing health-care and medical-research dollars to enhance human dignity, we should keep in mind such studies.

Some commentators have distinguished different ways in which the concept of dignity can be used in bioethics. One they term "human dignity as empowerment." The central idea here is that one's dignity is violated if one's autonomy is not respected, and this concept leads quite naturally to an emphasis upon informed consent, as we see in pro-euthanasia arguments.

Another concept is "human dignity as constraint"- that is, constraint on individual choices to protect human dignity, in general, as we can see in anti-euthanasia arguments.

The idea of dignity as constraint of autonomy and self-determination to preserve human dignity, in general, could be described as "dignity in fetters." In that case, it is similar to "freedom in fetters." Sometimes we have to restrict freedom to maintain the conditions that make freedom possible.

Dignity is like justice, often it's easier to identify what constitutes a violation of it, than to define what it is. That probably explains why it is not uncommon to speak of something being "beneath human dignity" without defining what dignity is. That tells us that what is involved - torture, for example - does not respect human dignity, which might be a judgment informed in part by moral intuition or examined emotions, not just logical cognitive mentation or reason, important as the latter are.

Some philosophers see dignity as the marker of the ethical and moral sense humans have, which they see as distinguishing humans from animals, which also have consciousness. They believe humans are "special" because of this moral sense and, therefore, deserve special respect. Others reject any special status for humans and see us as just another animal in the forest. Arguments that we euthanize our dogs and cats and so should do the same for humans reflect this latter view.

Secularists argue that dignity is intimately connected with religion and reject it on this basis. It's true that some commentators believe "human dignity is based on the mystery of the human soul" and most people regard "soul" as a religious concept with a theological base. But I'd like to suggest a broader concept that might allow us to find a wider consensus about the values we should adopt if we are to respect human dignity, in particular in the context of death and dying.

In my book *The Ethical Canary*, I introduced a concept I called the "secular sacred" - everyone disliked it. Secular people thought I was trying to impose religion on them and that religion had no place in the public square, and religious people objected that I was denigrating the concept of the sacred.

What I suggested is that the sacred is not only a concept that applies in a religious or ritualized context, but also one that operates at a general societal - or secular - level. Among other outcomes, it might help us to articulate what respect for human dignity requires.

I proposed that linking the secular and the sacred, by adopting a concept of the secular sacred, can help to unite everyone who accepts that some things are sacred, whether they see the sacred's source as religious or purely natural or secular. In short, the "secular sacred" is a concept we can endorse whether or not we are religious, and, if we are religious, no matter which religion we follow.

The sacred requires that we respect the integrity of the elements that allow us to fully experience being fully human; in doing so, we protect that experience. It is a concept that we should use to protect that which is most precious in human life, starting with life itself. I propose, as has been true for millennia, that that requires us, as a society, to reject euthanasia.

The concept of dignity must be used to maintain respect for the life of each person, and for human life and for the essence of our humanness, in general. The current danger is that in the euthanasia debate it could be used to realize precisely the opposite outcomes.

The concept of dignity must be used to maintain respect for the life of each person, and for human life and for the essence of our humanness, in general. The current danger is that in the euthanasia debate it could be used to realize precisely the opposite outcomes.

Margaret Somerville is director of the Centre for Medicine, Ethics and Law at McGill University.

This article first appeared in The Montreal Gazette. Used here with permission of the author.