

RESPECTING HUMAN DIGNITY:
AN ESSENTIAL PRINCIPLE OF BIOETHICS?

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ABSTRACT

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In my dissertation I argue that bioethics should not continue to hold the concept of ‘human dignity’ in its current esteemed status. The meaning of ‘human dignity’ is rarely elucidated, yet the principle of respecting dignity has been considered the “shaping principle” of bioethics since the Nuremberg trials, and is routinely appealed to in justifying the constraint, condemnation, or approval of controversial biotechnologies and pivotal policy recommendations that often have far-reaching implications. For instance, the President’s Council on Bioethics, UNESCO’s Universal Declaration on the Human Genome and Human Rights, the Danish Council of Bioethics, and the World Medical Association all hold respect for human dignity as a fundamental moral principle which, in turn, has great bearing in their policy recommendations. In surveying these and other literatures, I show that people have conflicting moral intuitions about (1) what grounds dignity, (2) who are its bearers, and (3) what it means to violate or to safeguard human dignity. After arguing that respect for human dignity is an ineffective action-guiding principle, and should not be considered a *foundational* principle, I set out to address the following question: What role, if any, should dignity have in bioethics? I put forth a taxonomy of dignity functions, which works to disambiguate dignity language and provide a framework with which we may attend to this question. After this inquiry and reflection, I conclude that dignity is largely beside the point in bioethics and that persons’ having interests and corresponding moral entitlements is what’s really at stake. While my taxonomy of dignity functions is useful in

evaluating the appropriate moral weight of dignity in pre-existing discourses, in looking to the future, bioethics would be better served if it moved away from such heavy reliance upon ‘dignity.’

Dedication

This dissertation is dedicated to Harold Kaplan, my grandfather.
Olav HaShalom- (May he rest in peace)

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Chapter 1: The Moral Status of ‘Human Dignity’ and Its Ubiquitous Use

Bioethics should not continue to perfunctorily hold ‘dignity’ in its current status. Carrying great moral weight, the meaning of ‘human dignity’ is rarely elucidated, yet the concept is routinely used as blanket justification for the general condemnation or constraining of controversial medical decisions and biotechnologies. Because ‘dignity’ weighs too heavily in moral considerations of both private medical decision-making and public policy discourse, we ought to question its authority in grounding pivotal policy recommendations that have far-reaching implications. While dignity is not an entirely useless concept in bioethics, more attention ought to be paid to instances where it is merely asserted and has great normative strength, or cases where it amounts to little more than an articulation of general social unease with a given situation. In particular, I am critical of arguments where assumptions about dignity are used as a conversation stopper, effectively allowing for the evasion of further debate. Such arguments that rely heavily upon dignity tend to conjure emotional responses and corresponding normative expectations about who/what is to be included in considerations of which sorts of entities are bearers of dignity, what bearers of dignity are entitled to, and what grounds human dignity. This can lead to unreasonable decisions that are made in the name of safeguarding human dignity, which is at times potentially harmful to patients, familial caregivers, and, in the case of public policy, potential subjects.

In this chapter, I highlight the prevalence of dignity language in the bioethics literature, showing that dignity is used to ground pivotal decisions in the public policy sphere that, in turn, have ramifications in the private domain of medical decision-making. The numerous examples that affirm the pervasiveness of dignity as an overarching principle demonstrates the vagueness of the concept and the need for elucidation if one is to justify keeping dignity’s current status as a

fundamental principle of bioethics. By overarching principle, I mean that respect for dignity seems to encompass all kinds of action-guiding principles, such as respect for patient autonomy, veracity, beneficence, distributive justice, non-maleficence, informed consent, and so on. In drawing attention to the wide range of cases where dignity is asserted without any argument whatsoever about what it entails or who is a bearer of it, my aim is to problematize the role that dignity plays in granting corresponding entitlements or requiring/disallowing particular actions or behavior. To do this I provide examples that (1) illustrate the expansive use and impreciseness of dignity language, and (2) equivocate on the word ‘dignity.’

I. Prevalence and Vagueness of Dignity Language Within the Literature

Since the 1948 Universal Declaration of Human Rights, which acknowledges the “inherent dignity” of all members of the human family, heavy reliance upon the concept of human dignity has led scholars to characterize it as “the shaping principle” of international bioethics (Andorno 2009, 227). Institutions and boards such as the President’s Council on Bioethics (PCB), various United Nations organizations, the World Medical Association (WMA), and other policy makers appeal to human dignity in addressing a multitude of issues. For instance, the PCB appeals to human dignity in discussing the dignity of the uniqueness of humans (which is threatened by research that aims to produce animal-human chimeras), the dignity of bodily integrity (which is threatened by enhancements and interventions that are seen as ‘unnatural’ or displaying hubris), the dignity of psychic integrity, (which is threatened by chemical interventions that can transform personal identity), the dignity of human excellence (which is threatened by reliance on performance-enhancing drugs), the dignity of dying well (which is threatened by excessive medical interventions), the dignity of human life (which is threatened by euthanasia and other interventions that prematurely end the natural course of human life) and the dignity of the human

life cycle (which is threatened by research for methods that would conquer mortality or slow aging) (Kass 2008, 195). The United Nations Educational, Scientific, and Cultural Organization (UNESCO) Universal Declaration on the Human Genome and Human Rights (UDHGHR) holds respect for human dignity as a fundamental moral principle in creating policies that protect the dignity of procreation, which may be threatened by cloning and other reproductive technologies (2003). The Danish council of bioethics relies upon dignity language in assuming the dignity of nascent human life (which is threatened by exploiting human embryos, treating them as raw material, a means that can be used in commerce and research). Similarly, in disallowing the patenting of human genetic material, the Danish council views the commodification of human genes as a profound affront to human dignity (2004). The WMA International Code of Medical Ethics uses the language of dignity to ground physician's conduct, stating that physicians have a duty to practice medicine "with conscience and dignity" as well as protect and respect the dignity of human subjects (Van Der Graaf and Van Delden 2009, 151). In each of these cases, 'dignity' is explicitly mentioned, its connotation eliciting emotionally charged responses. From these examples, we begin to see that the rhetoric of dignity refers to a number of things without ever being clearly defined and is used in a way that is meant to be prescriptive.

Given that a word's meaning is in its use, as Wittgenstein argues in his *Philosophical Investigations*, an overview of bioethics literature reveals that the meaning of dignity is much more complex than one might imagine. In analyzing the (sometimes conflicting) ways in which human dignity is used in debates about controversial biotechnologies and regulatory constraint, I highlight the vast confusion that arises within the literature to show that in its current usage, 'respect for dignity' is not an effective action-guiding principle.

Dignity at the End of Life

In surveying the literature on euthanasia/end-of-life decisions, patents on human genetic material, controversial biotechnologies such as growth attenuation, human cloning, and nursing ethics I will show that people have conflicting moral intuitions about (1) what grounds dignity, (2) who are its bearers, and (3) what it means to respect, safeguard, or violate human dignity. I will argue that even within a given meaning of dignity, the concept can be so imprecise that it may be used to support contradictory conclusions. My examples highlight the lack of rigor and impreciseness in applying the concept to show that people have conflicting moral intuitions about what it means to die with dignity. I argue that dignity is used as a rhetorical device in slogans such as “death with dignity” and that such slogans should be treated with skepticism.

Human dignity appears in the euthanasia/end-of-life literature in a number of guises, many of which are potentially at odds with one another. Both those who are in favor of regulatory euthanasia and those who categorically oppose it appeal to dignity language in grounding their arguments. Hence, in this context, the concept of dignity does no real work, as its clichéd, imprecise use lends itself to supporting contradictory conclusions. Consider, for example, the following statement: “Smith wishes for a death with dignity.” One might immediately conjure a very distinct image of what one takes to be the quintessential dignified death. What does such a death look like? Some would take the image of a Socrates-like or Zen monk type sage who faces death with courage and acceptance to be the epitome of what it means to die with dignity. Such a death would allow for Smith to say his farewells, speak his final words (which perhaps includes prayer or coming to terms with the Creator), and give him a sense of overall closure. For others, the conditions leading up to death are of utmost importance. Here, being hooked up to artificial life support, appearing unkempt, being utterly dependent upon

others, experiencing prolonged psychological and/or physical suffering, and so on, are all factors that would seemingly threaten Smith's desire to die with dignity. Dan Callahan's "natural death" might be what Smith has in mind in expressing his wish to die with dignity. A "natural death" is one variation of an ideal death where "(1) one's life-work has been accomplished; (2) one's moral obligations to those for whom one has had responsibility have been discharged; (3) the death will not seem to others an offense to sense or sensibility or tempt others to despair and rage at human existence; and finally, (4) the process of dying is not marked by unbearable and degrading pain" (1979, 164). In this vein of emphasizing the significance of the conditions while one is still living, respecting Smith's autonomy might be of utmost importance in fulfilling his desire to die with dignity. It is honoring his decision, whatever it might be, that allows Smith to die with dignity. Others might retort that the sanctity of human life dictates that tampering with nature, in the form of euthanasia, would violate Smith's wish, as death with dignity is something that can only be left to the Creator. Still others might argue that Smith's wish is nonsensical, as death is the ultimate indignity, making it impossible for anyone to die with dignity. From this preliminary discussion, we begin to see some of the confusions that arise just within the euthanasia literature. In what follows, I critically analyze several important philosophical arguments that rely heavily upon dignity language in order to problematize dignity's current usage in the end-of-life literature. In analyzing the first of these arguments, as found in J. Gay-Williams's "The Wrongfulness of Euthanasia," I argue that the concept of dignity can be so vague that it can be used to support opposing positions.

In "The Wrongfulness of Euthanasia," Williams's "argument from nature" claims that "euthanasia does violence to our dignity" He argues for the wrongfulness of euthanasia by assuming a teleological view of human nature, where survival is a natural goal that all of nature's

processes aim toward. Assuming a particular notion of dignity where “our dignity comes from seeking our ends,” Williams views euthanasia as setting us against our very nature, the goal of survival being a basic human characteristic (2010, 205). As such, euthanasia wrongfully violates our dignity. Williams’s argument from nature can be summarized as follows:

P1. It is wrong to violate any human being’s dignity.

P2. Dignity comes from seeking our ends.

P3. Survival is the most basic end of all. All natural processes aim toward this natural goal of bodily survival.

P4. Euthanasia defeats this natural, most basic end.

C. In preventing the seeking of our ends, euthanasia violates a human being’s dignity, making euthanasia morally wrong.

If one were to grant the assumption that dignity is grounded in and upheld by seeking our ends, but disagree with Williams about the truth of P3, we might use this very notion of dignity, as expressed in P2, to instead advocate respect for autonomy. Suppose one grants that dignity comes from seeking one’s ends, but rejects the idea expressed in P3 that survival is a natural bodily goal. This same meaning of dignity may be used to lead to opposing conclusions. One might reject P3 on the grounds that it assumes the naturalness of survival in spite of the fact that death is natural and inextricably tied to life. Even Socrates advocated the naturalness of death, acknowledging that from birth, nature condemns us all to death (Veatch 1989, 238). Clearly, not all natural processes are bent toward bodily survival. For example, when cancer or disease plague the body we observe the natural deterioration of bodily processes. Given these problems with P3, one might instead take this meaning of dignity as the satisfaction of ends to advocate respect for autonomy. As the satisfaction of ends in the case of autonomy involves allowing

agents to exercise volition, interference with another's autonomy prevents the seeking of ends, and as such, is an affront to a person's dignity. Hence, in respecting another's autonomy, one would have to honor the decision to seek euthanasia. From this example we see that the concept of dignity is at times too vague to be useful in that it can be used to support opposing conclusions. In the following examples, I contrast arguments in the euthanasia literature that employ different assumptions and understandings of dignity to show that in looking at its usage, the meaning of dignity remains so imprecise and unclear that slogans such as "death with dignity" amount to little more than a rhetorical device.

Perhaps the most famous "death with dignity" slogan, as found in Oregon's Death with Dignity Act, takes respect for autonomy as a fundamental action-guiding principle in upholding the right to a "death with dignity." This popular usage views dignity as involving the protection of autonomy, where the scope of autonomy includes control over the amount and duration of psychological and/or physical suffering that one is willing to endure during the final stages of one's life. Along similar lines as Oregon's Death with Dignity Act, Marvin Kohl assumes a meaning of dignity where dignity amounts to "the actual ability of a human being to rationally determine and control his way of life and death and to have this acknowledged and respected by others" (McCullough 1979, 127). In "A Plea for Beneficent Euthanasia," Kohl argues for the moral permissibility of both passive and active euthanasia, viewing both types as respecting the right to die with dignity, after the beauty and meaning of life have vanished (1974, 4-5). For Kohl, the ultimate indignity is for a person to lack control over the significant aspects in his or her life and be required to endure pointless and prolonged agony, decay, and suffering (1992, 40).

This usage of “death with dignity” does not focus narrowly on the moment of death itself, but gives significant consideration to the state that precedes death. As such, it focuses on dignity as the protection of autonomy, which includes having choice in satisfying a threshold level of lifestyle conditions that precede death. Contrary to the conservative supposition that pain or the prospect of physical suffering is the primary reason for seeking euthanasia (and that better palliative care, not death, is the appropriate solution), individuals seeking euthanasia report feeling more apprehensive in anticipation of their impending loss of dignity than troubled by the prospect of physical suffering (Caplan, Snyder, and Faber-Langendoen 2002, 40). Take, for example, a patient recently diagnosed with Alzheimer's disease. Such a patient might envision herself becoming incapable of living the full and independent life that she has cherished, the life that had defined her identity. She pictures herself unkempt, wasting away, painfully forgetful, being utterly dependent upon her partner for the most basic of needs, her self-esteem being stripped away alongside her dignity as her ability to make wise decisions that are consistent with her identity diminishes as does the capacity for basic self-care, i.e. going to the bathroom, feeding, bathing, and dressing herself. Living in such a state for the duration of what could be months or even years could be viewed as an unbearable loss of dignity. Nietzsche's desire to “die proudly when it was no longer possible to live proudly” embodies this sentiment (Coops 1997, 38). Hence, “death with dignity” seems to very clearly require respect for patient autonomy within the context of a subjective valuing of some threshold level of lifestyle conditions that are consistent with an individual's understanding of what it means to live and die in a dignified manner. This meaning, what I refer to as the “popular” interpretation, is just one use of “death with dignity.” In what follows I survey the anti-euthanasia literature to show alternate interpretations and highlight confusions that arise around “death with dignity” rhetoric.

At first blush, the popular understanding might seem like the obvious interpretation of “death with dignity.” However, the anti-euthanasia literature discredits the merit of this slogan by arguing, for example, that the phrase doesn’t really make sense in that pondering the finitude of one’s life is in itself an indignity, or that a dignified death requires a certain dignity of soul that cannot be conferred by others via euthanasia, or, that given the sanctity of human life, euthanasia would in fact violate human dignity. In “The Indignity of Death with Dignity,” Paul Ramsey contends that the slogan “death with dignity” doesn’t make sense, as death is too profound a blow to our selfhood to allow for the possibility of anyone’s dying with dignity. While there might be dignity in the humanistic act of caring for someone who is dying, there is no dignity to be found in dying itself (Ramsey 1974, 48). According to Ramsey, death poses a contradiction to the unique and inalienable worth of an individual life (1974, 47). Euthanasia, meaning “good death” is contradictory in terms, as is the expression “good grief” (Ramsey 1974, 48). Death means the annihilation of our time being alive. This means that it is impossible to experience death, since experiencing something requires being alive. Better put, as Wittgenstein comments in the *Tractatus*, “Our life has no limit in just the way in which our visual field has no limit” (6.4311). A dying person’s awareness of this causes him or herself to experience the ultimate indignity (Ramsey 1974, 50). Hence, the popular understanding of the phrase “death with dignity” is actually nonsensical. Instead of assuming that “death with dignity” goes hand in hand with pro-euthanasia campaigns, greater emphasis should be paid to suffering with dignity, as that occurs while one is living and is something that *can* be done with dignity (Ramsey 1974, 48).

Although Ramsey and Leon Kass have different understandings of what “death with dignity” means, both interpretations are incompatible with the meaning of dignity as implied in

Oregon's Death with Dignity Act and other similar uses. In "Death with Dignity and the Sanctity of Life," Kass acknowledges the difficulty in deciphering what dignity requires of us in the case of voluntary euthanasia, stating that "euthanasia for one's own dignity is, at best, paradoxical, even self-contradictory: how can I honor myself by making myself nothing? Even if dignity were to consist solely in autonomy, is it not an embarrassment to claim that autonomy reaches its zenith precisely as it disappears?" (Kass 1990, 41). In "Defending Human Dignity," Kass regards Achilles and Socrates as exemplars of heroic dignity, displaying courage and wisdom in the face of human mortality. Seeing the desire for euthanasia as a lack of courage, Kass rhetorically asks, "Is it really dignified to seek to escape from troubles for oneself? Is there, to repeat, not more dignity in courage than in its absence?" (Kass 2002, 251). On this view, the possibility of facing death with dignity requires a "dignity of soul" that can only be found within the person, and is something that others cannot confer (Kass 1974, 70). As such, respect for autonomy in the form of allowing euthanasia, does nothing for the patient's dignity, as death with dignity requires a certain character of soul that can only come from within the dying person and cannot be given or conferred by others. Hence, Kass's use of dignity is something very different from what Oregon's meaning implies, rendering the possibility of death with dignity somewhat of a rarity that only people of stellar moral character are able to experience. In looking at Ramsey and Kass we see that the popular understanding, upon further scrutiny, is not *the* undoubtedly correct meaning. Ramsey and Kass are two examples where interpretations of the "death with dignity" slogan are incompatible with the popular understanding.

On yet another understanding of "death with dignity," euthanasia is a type of death that is an affront to human dignity. Ronald Dworkin makes this point in *Life's Dominion* where he argues against the moral permissibility of abortion and euthanasia by assuming a sanctity-of-life

meaning of dignity. On this view, each human life has an innate value, an intrinsic worth that never diminishes. Euthanasia is seen as an insult to this inalienable worth. John Locke opposed suicide on the grounds that we are all mere tenants in life; our lives are the property of God. As such, suicide is a form of embezzlement or theft. It offends the inviolability of human life, an insult to the ultimate gift from God: life itself (Dworkin 1994, 195). Similar lines of thought are used in court cases that deal with end-of-life decisions. For instance, in reference to the *Nancy Cruzan* case, Judge Rehnquist condones Missouri's strict burden of proof, claiming that states have an interest in preserving human life, even when doing so might not be in the patient's personal best interest. For those states that view euthanasia as an insult to the sanctity of human life, Rehnquist assumes that showing respect for the intrinsic value of human life trumps personal interests as well as respect for autonomy. Justice Scalia concurs, granting states the authority to prohibit all forms of euthanasia, even in the case of acute suffering, because protecting the sanctity of human life is of utmost importance (Dworkin 1994, 198). Hence, such states would be justified in their prohibition of euthanasia in order to promote human dignity. Similarly, in a Canadian assisted suicide case (*Sue Rodriguez*), Supreme Court Justice Sopinka rhetorically asked: "As members of a society based upon respect for the intrinsic value of human life and on the inherent dignity of every human being, can we incorporate within the Constitution which embodies our most fundamental values a right to terminate one's own life in any circumstances?" (Pullman 1996, 2). Justice Sopinka and others fear that euthanasia will insult the value of life, eroding society's perception of the inalienable worth of human life in general (Pullman 1996, 50).

In reviewing the euthanasia literature I have shown that conflicting positions invoke considerations of dignity at the core of their respective positions. I have drawn attention to the

imprecise use of dignity as a concept, while underscoring some of the problems that arise with such reliance upon dignity language. Namely, that it does no real work in elucidating what we ought to do. Even within a single meaning, the concept can be used to support opposing positions, and therefore, is not an effective tool in moral deliberations. In looking at the “death with dignity” pro-euthanasia literature and the anti-euthanasia literature, the concept of dignity is used both to argue in favor of autonomous choice and against the devaluation of human life that euthanasia is said to imply. Hence, in cases such as Oregon’s Death with Dignity Act, we see “dignity as empowerment” and in anti-euthanasia arguments that view euthanasia as an insult to the sanctity and dignity of human life, we see “dignity as constraint” with regard to the rights and regulations that these meanings are intended to require (Beyleveld and Brownsword 2001, 18-29). Given the conceptual ambiguity of dignity and of slogans such as “death with dignity,” these seemingly contradictory properties render it a concept that people tend to apply without any rigor, making it more confusing than useful.

Dignity in Our Genes

In debates about the appropriateness of patenting human genetic material, we see a very different, although equally hand-wavy, application of “human dignity” from the one we see in the euthanasia literature. In the debate on the ethics of patenting human genetic material, dignity is placed in opposition to the instrumentalization of human material and the devaluation of human life that such commodification is said to imply. As an action-guiding principle, such reliance upon dignity language is problematic in this discourse because it assumes a great deal about the intrinsic specialness of the human species. It therefore does no real work for someone who doesn’t take for granted the unique status of humans as being something that endows human genetic material with certain inalienable entitlements that human persons enjoy.

There are two distinct, but related, insults to dignity that are at play in this discourse. The first can be called the ‘commodification’ or ‘instrumentalization’ affront, and is associated with Kant’s second formulation of the Categorical Imperative. The second can be called “symbolic devaluing,” and draws on claims about the inherent uniqueness and worth of the human species as a collective entity. In the first sense, dignity-based commodification concerns assume that treating people as ends in themselves and not as mere means is a key component in upholding dignity (Caulfield and Brownsword 2006, 74). Here, dignity is rooted in the Kantian notion of dignity as *Würde*, where human beings are not replaceable in the way that things and animals are said to have a replaceable value. In his *Lectures on Ethics* Kant wrote: “But so far as animals are concerned, we have no direct duties. Animals ... are there merely as a means to an end. That end is man” (1963, 239-40). This unique worth, having value beyond all price, is what grounds *Würde* (Kant 1981). What follows from *Würde* is the principle that people should be treated as ends in themselves and never as mere means. According to the commodification affront, the patenting of human material is a violation of dignity insofar as dignity is understood as requiring that its bearers be treated as ends.

The commodification of human genes is not only an insult to *Würde*, but is a more profound affront to human dignity for its symbolic devaluing of humanity. Thus, the symbolic message adds a further, more profound, insult to human dignity beyond that of instrumentalization. In the case of symbolic concern, human material is representative of humanity as a whole. Such a view assumes the unquantifiable value of human genes and maintains that the patenting of human genetic material gives rise to the concern that such commercialization promotes the devaluation of human dignity (Caulfield and Brownsword 2006, 73).

In granting that the commercialization of human genetic material sends the message that humanity is not of unquantifiable worth, one assumes an understanding of dignity where a necessary condition includes having the essence of human kind. For instance, the Danish Council of Ethics considers human gene patents and other similar cases where we see the introduction of market forces in material that is representative of humanity to be an “impermissible reduction of something vested with its own sovereign integrity” (2004). Echoing this sentiment, Canada’s Parliamentary Standing Committee on Health finds the commodification of human tissue in the form of patenting human genes “repugnant” (Caulfield and Brownsword 2006, 73). This response led the committee to prohibit the patenting of human material, seeing such commercialization as compromising human dignity. Article 1 of the UNESCO declaration holds a similar position, stating that: “The human genome underlies the fundamental unity of all members of the human family, as well as the recognition of their inherent dignity and diversity. In a symbolic sense, it is the heritage of humanity” (UNESCO 2003). In reviewing the literature on dignity and the patenting of human genetic material, we see that there is no argument as to *why* people react this way to the commercialization of such material. It is simply assumed that (1) in symbolically representing humanity, human genetic material holds a special status, and (2) such instrumentalization necessarily implies an insult to human dignity.

This “from the gut” intuition tends to romanticize humanity, granting anything that is symbolic of humankind--for example, human tissue and cells--an elevated status or worth, along with some of the same entitlements that human persons enjoy (i.e. being treated as ends). Such an understanding espouses a kind of speciesism, where it is assumed that there is something special about *human* genes, as opposed to those of animals. Mere species membership is what

grants such material a special status and inviolability. We don't typically see appeals to "animal dignity" in opposing the commodification of animal genes. Animal tissue and cells tend not to have an elevated status in being representative of a particular species of animal—unless it is an endangered species. Hence, mere membership in the species *homo sapiens* is sufficient for something that is representative of humanity to merit special moral status. When dignity as constraint expresses little more than social unease with a given technology, its role as a general source of condemnation is not rigorous in application. As such, the concept of dignity, in this symbolic application, should not of its own merit prohibit the patenting of genetic material or act as a regulatory principle in policy making. I have argued that in the debate on human dignity and genetic patenting, the value of dignity as a regulatory tool is relatively limited. Moreover, in comparing the variety of uses of dignity language in the euthanasia literature with that of the human gene patenting literature, we see additional meanings of dignity that further confuse this already muddled concept.

Dignity and Growth Attenuation

In looking at examples of new medical technologies that are at times seen as posing a threat to human dignity, I argue that additional confusions arise about what grounds dignity, who counts as a bearer of dignity, and what entitlements follow from having dignity. It remains unclear what respect for dignity requires us to do. Rather than assuming that there is a consensus concerning what dignity is, precisely who or what has it, and what grounds it, argumentation should be required to show that P is a bearer of dignity, X is an affront to human dignity, or that upholding human dignity requires Y. I first look at the literature on growth attenuation therapy and then go on to analyze the human cloning literature to highlight ambiguities and unpack assumptions that are at play in both of these literatures. Although human cloning and growth attenuation are

significantly different biotechnologies, I compare assumptions about dignity that arise in both literatures to emphasize the problem with such reliance upon the concept of dignity, even when it is not explicitly but implicitly invoked, and show that it is of little utility in arguments that deal with the moral permissibility of developing or allowing various biotechnologies. Growth attenuation therapy is an intervention where estrogen is given to a child who has profound cognitive and developmental disability in order to reduce the final height, thereby allowing for greater ease of mobility and increased social activity (Wilfond et al. 2010, 27). The Ashley X case is the best known example of growth attenuation therapy, and the case to which I refer in all future discussions of growth attenuation.

In “Ashley Revisited: A Response to the Critics,” Douglas Diekema and Norman Fost respond to 25 objections that have been raised in opposition to growth attenuation. Although objection 5 is the only one that explicitly invokes dignity language--“This violates her dignity”--I show that several of the additional objections could arguably fall under this heading as well (Diekema and Fost 2009, 32). In what follows, I argue that given dignity’s imprecise meaning, it is at times a lurking principle behind additional concerns that do not explicitly invoke dignity language, but are nonetheless tied up with common understandings of dignity.

The first objection addresses criticisms that use inflammatory language, beg the question, mischaracterize facts, or appeal to rhetoric. For example, Arthur Caplan refers to growth attenuation as the “Peter Pan option,” insinuating that Ashley is being deprived of growing up, without ever *arguing* that she is being wronged in this way or attempting to get the facts right to show that growth attenuation in fact works in this way (Diekema and Fost 2009, 31). Such language makes growth attenuation seem repugnant, an obvious wrong, and relies upon rhetoric instead of articulating an argument. As language such as “maiming,” “kid-shrinking,” and

“mutilation” is invoked with the intention and knowledge that such words arouse emotional responses, such highly charged language conveys the wrongness of growth attenuation without doing what rigorous argumentation requires: carefully defining the terms and showing that growth attenuation is an example of such horrors as mutilation or maiming (Diekema and Fost 2009, 32).

The language of dignity is used in a similar way. For instance, in a document entitled “A Statement of Solidarity for the Dignity of People with Disabilities” we read: “We ... are in agreement that the growth attenuation therapy administered to the little girl known as Ashley is an affront to her human dignity. . . . It is the duty of both caregivers and the hallmark of a progressive, civilized society to provide the means by which all of us can reach our full human potential” (Diekema and Fost 2009, 33). The argument within this statement could be teased out as follows:

P1. Ashley is a bearer of human dignity.

P2. Growth attenuation prevents her from reaching her full human potential.

C. Therefore, growth attenuation is an affront to Ashley’s human dignity.

In the above argument, the conclusion is imported into the assumed definition of dignity as reaching one’s full human potential, where growth attenuation presumably prevents the fulfillment of this potential. Hence, the conclusion is built into the premises of the argument, rendering this argument circular.

Gerald Coleman also uses dignity in an inflationary way in arguing against the moral permissibility of the Ashley treatment, asserting that “the intrinsic dignity of human beings is the fundamental basis of morality” (2007, 724). Being possessors of inherent dignity, all persons, regardless of mental capacity, must be treasured as sacred. In attenuating growth, Coleman

claims that Ashley's quality of life was wrongly valued over her inherent dignity (Coleman 2007, 725). This argument relies upon the rhetorical force of dignity language, using the visceral connotation of 'dignity' to move the argument, instead of forming a concise argument.

Diekema and Fost respond to the position of commentators such as Eva Kittay, Coleman, and the authors of "A Statement of Solidarity for the Dignity of People with Disabilities" that the "Ashley Treatment" was dismissive of Ashley's inherent dignity or an affront to her human dignity, by pointing out that such claims are mere assertions. They argue that the commentators make these claims without defining what they mean by dignity, or providing substantive content for their assertion. The authors consider three interpretations of what could be meant by "violations of dignity." The first is that there seems to be a connection between upholding dignity and the reaching of "one's full human potential" (Diekema and Fost 2009, 33). Caplan's "Peter Pan treatment" espouses this idea, implying that in "freezing" Ashley as a child, her right to become an adult is not recognized, thereby undermining her dignity (Allen 2009, 1559). Making sense of what it means to reach one's full human potential is difficult given the vagueness of this ideal, which is further complicated by trying to ascertain what it means in the case of someone with severe cognitive and developmental disability. One possibility is that part of reaching this potential involves (for girls like Ashley) the potential to become a woman. That is, in keeping Ashley small, one is in effect preventing her potential to grow into womanhood, which compromises her dignity.

Another possible interpretation is that dignity is affronted by viewing the child as a problem in need of fixing (Diekema and Fost 2009, 36; Wilfond et al. 2010). The medical model of disability understands the limitations faced by people with physical or mental impairment as resulting primarily from their disability. In contrast the social model of disability sees disability

as a relation between a person and her environment. On this view, limitations or exclusions are largely a result of societal shortcomings rather than the impairment itself. Hence, society is defective and needs to be fixed, not the patient. In cases where dignity language is used to express the concern that growth attenuation is a medical solution to a social problem, disability scholars and activists argue that a more accommodating society with a better support system would be a more appropriate response to this issue (Goering 2010, 54).

A third possible meaning is that the “Ashley treatment” somehow denies the patient’s essential humanity (Diekema and Fost 2009, 33). Diekema and Fost acknowledge that there is no attempt to complete such arguments by, for instance, defining what is meant by “essential humanity” and then providing reasons explaining why attenuating growth denies a severely cognitively impaired person’s essential humanity. Moreover, the vagueness of what dignity requires allows for both those who favor and those who oppose growth attenuation to use the concept of dignity in furthering their respective arguments. Some argue that growth attenuation promotes Ashley’s dignity by allowing her to flourish, as it enables her to be more mobile and engage in greater social interaction while staying at home with her family instead of having to live in an institution. Hence, this muddled use of ‘dignity’ is of little utility in discussing the ethics of growth attenuation.

Although Diekema and Fost do not attempt to elucidate what is meant by the concern that views the affront to dignity as the denial of a person’s essential humanity, I suggest that several of the additional objections that are addressed in their paper tie into this particular notion of dignity as what is essentially human. Concerns such as “this is not natural” and “you are playing God” assume that safeguarding human dignity requires an attitude of “receptivity,” the valuing of natural processes over those that are artificial (Jordan 2010, 184; Diekema and Fost 2009).

There is an intuitive appeal to value the “natural” human way of activity. Receptivity espouses the idea that the significance of doing things the “natural way” is a necessary component of upholding dignity (Jordan 2010, 184). In the literature on human cloning and other controversial biotechnologies there is an idealizing of the “natural” and demonizing of the “unnatural,” making that which is natural consistent with dignity and that which is deemed unnatural a violation of dignity. In discussing growth attenuation therapy as a possibility for children with severe cognitive disability, many people tend to respond “from the gut,” finding such an intervention morally repugnant (Hester 2010, 56). This reaction is perhaps, in part, linked to the idea that manipulating nature in such an intrusive manner is unacceptable. Such an intervention is seen as “unnatural,” as arrogantly “playing God” or otherwise violating the “natural order” of things (Diekema and Fost 2009, 36). Using more secular language, Kittay advocates not intervening in this way, stating that “joy, like the human body, comes in many varieties. To assume we know more is *hubris*.” (Kittay and Kittay 2010). In unpacking Kittay’s use of the word “hubris” there is a sense in which it is considered hubris on our part to interfere with God’s natural order and creations in such a profound manner. In “When Caring is Just and Justice is Caring: Justice and Mental Retardation” Kittay begins the paper with Hebrew scripture which reads: “Praises to you, Lord God king of the universe who varies the forms of thy creatures” (2001, 557). In light of this passage, Kittay advocates embracing and celebrating differences in physical and mental capacity, rather than trying to fix or change people. On this view, tampering with nature affronts a patient’s dignity, in this case, Ashley’s. The idea here, and in the case of other controversial interventions is that as creatures of God, we should not treat bodies as though they were utterly open to manipulation (Meilaender 2008, 272).

In sum, I have just argued that in looking at the literature on growth attenuation therapy,

dignity carries more moral weight than it should in such arguments, as it amounts to an imprecise placeholder for moral intuitions about human entitlements (i.e. not tampering with nature, allowing people to reach their full potential, reach womanhood, not denying a person their essential humanity, and so on). As such, the concept of dignity is not particularly useful in determining whether various biotechnologies should be permitted, developed, or prohibited. In the next section, I look at the usage of dignity language within the human cloning literature to show that shaky assumptions about what grounds dignity, who/what is a bearer of dignity, and what respect for dignity requires, renders human dignity a concept that is of little utility in determining the moral permissibility of human cloning.

Dignity in Cloning

The concept of human dignity is used as rationale for the regulatory constraint on human cloning. For example, President Bush appealed to human dignity in justifying a ban on embryonic stem cell research and human cloning, stating that “as we seek to improve human life, we must always preserve human dignity. And therefore, we must prevent human cloning by stopping it before it starts. ... Allowing cloning would be taking a significant step toward a society in which human beings are grown for spare body parts, and children are engineered to custom specifications; and that's not acceptable.” (Caulfield and Brownsword 2006, 72; President Bush 2002). Bush’s assertion that we must preserve dignity is vague, but given what follows in his speech, upholding dignity can be understood as banning the commodification and instrumentalization of human beings for their “spare parts” as well as not tampering with nature by creating “designer babies.” The Universal Declaration on the Human Genome and Human Rights relies upon dignity in a similarly vague but forceful manner in justifying the impermissibility of human cloning. Article 1 sets the foundation for this and other policy

recommendations, stating that, “the human genome underlies the fundamental unity of all members of the human family, as well as the recognition of their inherent dignity and diversity. In a symbolic sense, it is the heritage of humanity.” Article 1 assumes the inherent dignity of human genes in virtue of their being symbolic of humanity, which also assumes that human genes are bearers of dignity. This sets the stage for article 11, which states, “practices which are contrary to human dignity, such as reproductive cloning of human beings, shall not be permitted” (Office of the United Nations High Commissioner for Human Rights 1997). In dashing the hopes of numerous patients who would potentially benefit from therapeutic cloning, such assertions lack the rigorous argumentation that ought to be required in policies that have such far-reaching effects.

Robert Kraynak claims that human dignity is rooted in “the mystery of the human soul” (2008, 80). On this view, a biblical sense of dignity is assumed where human dignity justifies the prohibition of human cloning on the grounds that it goes against “the God-given natural methods of procreation through male-female reproduction” which, as we learn in *Genesis*, is not only a biological process but a divine mystery in that we do not reproduce asexually or by way of more than two sexes (Kraynak 2008, 81). Biotechnologies such as human cloning threaten the natural order of things by tampering with God’s design (Kraynak 2008, 81). Similarly, in discussions of embryonic stem-cell research, people invoke biblical notions of dignity in arguing against its moral permissibility. In response to the objection that such arguments are vacuous, Daniel Sulmasy attempts to argue that the intrinsic worth of humanity inheres in embryonic members just as it does more mature members of the human natural kind. As human embryos are members of the human species, we must respect their intrinsic dignity (Sulmasy 2008, 491-2). Such examples of arguments against human cloning and embryonic stem-cell research rely upon

biblical notions of dignity in making their case, purporting to be knock-down arguments. In a secular society, where many do not assume the inherent dignity of human embryos and cells, explicitly religious arguments would seem to have no place.

In sum, the lack of clarity about what dignity requires of us and who/what is a bearer of dignity, while having great moral force, lends itself to being invoked to express a feeling of general condemnation about various biotechnologies such as human cloning, amounting to “little more than an articulation of a general social unease with a given technology” (Caulfield and Brownsword 2006, 72). For instance, Bush’s use of dignity language is consistent with his position that “human cloning is deeply troubling to me, and to most Americans. Life is a creation, not a commodity” (President Bush 2002). Kass expresses a similar position, claiming that “the wisdom of our horror at human cloning can be partially articulated, even if this is finally one of those instances about which the heart has its reasons that reason cannot entirely know (1997, 17). Some sort of *argument* should be attempted instead of relying upon such jarring language to do the work of persuasion. In the complex and emotive discourse on human cloning, the concept of dignity is used to sidestep the difficulty of giving rational, legal, or moral arguments.

Dignity in Nursing

In the nursing ethics literature, dignity takes on additional meanings, adding to the confusion about what respect for dignity entails. Here, promoting a patient’s dignity is essentially an ideal for good conduct. This is problematic, as the requirement to treat others with dignity doesn’t really tell nurses how they ought to treat patients. In a case study on dignity in a clinical setting, patients see dignity as “feeling of consequence, feeling cared for ... feeling in control...that you’re not under pressure to do things” (Baillie 2009, 29). Already we see dignity as having a

dual meaning: treating another as though they are valuable, and respect for autonomy. In addition to these meanings, other patients associate dignity with physical appearance. Physical presentation--being dressed appropriately rather than in an open-backed hospital gown and appearing cared for affects how comfortable patients feel and is closely linked with how others treat them (Baillie 2009, 30). As dependence in personal care is seen as a threat to dignity, one patient said, “[Dignity is about] respect and people treating you as you treat them and not making you feel small” (Baillie 2009, 29). When asked about what dignity means, many nurses seem to equate it with respect for privacy and confidentiality (Reed and Smith 2003, 69).

Taken collectively, the following 11 categories are said to maintain dignity: privacy, confidentiality, need for information, choice, involvement in care, independence, form of address, decency, control, respect, and nurse-patient communication (Baillie 2009, 25). After interviewing nurses, another study characterizes dignity-oriented nursing as having the following qualities: “attentiveness, awareness, personal responsibility, engagement, fraternity, and active defense” (Jacobson 2007, 298). Given the lack of clarity and the disagreement about what treating another with dignity entails in the context of nursing ethics, we see that dignity does no real work in terms of telling nurses how they ought to treat patients in order to promote dignity. Rather than appealing to “dignity,” so as to avoid confusion, the literature should turn to more concise principles such as respect for autonomy, privacy, confidentiality, informed consent, and so on.

In looking at how dignity language operates in the literature on euthanasia/end-of-life decisions, patents on human genetic material, innovative biotechnologies such as growth attenuation and human cloning, and nursing ethics I have shown that people have conflicting moral intuitions about (1) what grounds dignity, (2) who are its bearers, and (3) what it means to

violate or to safeguard human dignity. What these examples show, when taken collectively, is that as an action-guiding principle, it remains unclear what “respect for dignity” requires of us. In the euthanasia literature, the impreciseness of dignity language lends itself to being invoked as a central concern on opposing sides of the argument, at times operating as a mere slogan. Upholding dignity can both require respecting an individual’s autonomy in determining how and when she chooses to die, and it can prohibit euthanasia in valuing the human dignity and sanctity of life that is said to adhere equally in human life in its entirety. We see a different use of dignity in the literature on patenting human genetic material, where respect for dignity amounts to non-commodification of material that is symbolically representative of humanity. In determining the moral permissibility of controversial innovative treatments such as growth attenuation, the principle of respecting dignity is an inadequate action-guiding principle. As is the case in the euthanasia debate, the vagueness of the concept of dignity lends itself to furthering the arguments on either side of the debate. On the one hand, growth attenuation is an affront to Ashley’s dignity on the grounds that it prevents her from reaching her full human potential, is unnatural, or makes *her*, rather than *society*, the problem in need of fixing. On the other hand, the benefits that come with being kept smaller, such as being able to stay at home with her family and avoid being cared for in an institution, being more mobile and therefore involved in more social activities is *conducive* to her dignity, where dignity is seen as flourishing. Using the example of human cloning, I have provided examples where dignity language has a jarring effect, allowing for the evasion of rigorous argumentation, even though the concept of dignity lacks clarity and has far-reaching implications. In the nursing ethics literature, we see that people have conflicting ideas about what promoting patient’s dignity entails, making it a concept that is too vague to have any significant import in this context. Hence, the use of “dignity” as

justification for a range of controversial biomedical policies, whether as blanket justification for regulatory restraint or as a form of general condemnation, the moral force of dignity proves quite problematic. From these examples we find that although its application is so expansive, the meaning of dignity remains so muddled that it often appeals more to visceral moral intuitions as opposed to rational justification, often functioning as an imprecise rhetorical device that cannot be applied with any real rigor.

For these reasons, the concept of dignity should not carry the moral weight that it currently employs. The lack of rigor that is pervasive in dignity language makes it more confusing than it is useful. It does no real work as an action-guiding principle because it does not elucidate what we, as moral agents, should do. We ought to reject the inflationary use of dignity language due to these problems that arise from its vagueness in addition to the fact that this impreciseness lends itself to equivocation in the meaning of dignity.

II. Arguments that Equivocate on ‘Dignity’

In the examples above, where we see dignity as: sanctity of life, intrinsic human worth both collectively and individually, respect for autonomy, non-instrumentalization, human flourishing, the equal value and basic rights of all humans, acting in accordance with natural law, and so on, the intended meaning tends to slide from one definition to another within a given argument or public policy document. I turn to the examples of The President’s Council on Bioethics (PCB) first report on *Human Cloning and Human Dignity*, and the UNESCO Universal Declaration on the Human Genome and Human Rights to illustrate this. In the PCB report on human cloning example, I first summarize the argument to demonstrate the ways in which dignity language is invoked in putting forth the argument. I then go on to concisely formalize the argument in order to show exactly where the equivocations take place and make clear where the definition slides

from one meaning to another.

As James Childress points out, in response to the PCB 2002 report on *Human Cloning and Human Dignity*, the concept of human dignity remains strangely underdeveloped (2003, 16). Consequently, the argument against cloning to create children equivocates on the word ‘dignity,’ rendering this and other such arguments invalid. In looking at the codes (namely, the Belmont Report and the Nuremburg Code) that were created to prevent atrocities such as the Tuskegee scandal, which treated underprivileged African Americans as research subjects, and the horrific experiments that the Nazis performed upon their prisoners, such codes invoke the language of dignity in order to protect the disempowered from being abused by the dominant party (Kass 2002, 98). Here, dignity refers to the equal rights of all humans, regardless of race, religious creed, ethnicity, socio-economic status, and so on. For Kass, “the human being is an embodied being whose intrinsic dignity is inseparable from its full procession of life and always present in its varied stages of emergence” (2002, 315). Given this history of horrendous abuse, Kass relates the role that human dignity plays in the ethics of cloning by comparing the encroachment of the Nazis over their prisoners or of the researchers of the Tuskegee experiment over their vulnerable subjects with the power that a parent would have in genetically manipulating what kind of offspring he or she chooses to have. Cloning would extend the power of parents over their children. As cloned children would be a continuation of the parent’s project, our attitudes would shift from viewing begotten (uncloned) children with appreciation and awe at the unknown to receiving cloned children with a sense of mastery and control. Because begotten children come into this world in the same manner as their parents, they have equal dignity and humanity with every other begotten person. This is rooted in their unique genetic identity (Kass 2002, 112). Although identical twins lack a unique genetic makeup, the genetic endowment of cloned

offspring would be determined in advance, a result of the parent's desire to replicate him or herself, rather than the coming to be of begotten children, which does not involve manipulating nature in such a profound way. Herein lies the affront to human dignity.

In controlling entire genotypes and producing children by specification, human dignity is threatened. When a child is begotten through natural procreation, it is an "unmade gift" whose endowments are a mystery, having not been manipulated (Kass 2002, 118). As such, begotten children enjoy the equal dignity and freedom of their parents and all people who came into being this age-old way. By contrast, the procreative process in cloning to create children would be a form of manufacturing specific individuals for the genetic parent's particular purpose. Over time, the procreative process would increasingly become a means of satisfying distinct ends, the resulting children being seen as manufactured products upon whom we can exercise "quality control." This could potentially result in the commodification of human reproduction, leading to humans being seen as mere products (Kass 2002, 110). Cloning to produce children puts forth the idea that children are "but an object of our sovereign mastery" (Kass 2002, 127). Even if the science of cloning were to advance such that the risks of serious deformities and genetic defects were of minimal concern, cloning treats the child to be as a manufactured product, and is not consistent with what due respect for human dignity entails (Kass 2002, 306). Given such high stakes, Kass urges us to think seriously about how we, as a society, want to approach such fundamental issues of flourishing and human dignity (Kass 2002, 127). This argument may be more concisely summarized as follows:

P1. All humans have equal dignity.

P2. Respect for dignity functions as a safeguard against abuse, as it is intrinsic and inseparable from the human condition.

P3. The power that the Nazis and researchers in the Tuskegee trials exercised over their prisoners/subjects is analogous to the power that a parent would have in genetically manipulating his/her cloned offspring.

P4. Given this great amount of power that a parent would have, the cloned child would essentially be a continuation of the parent's project.

P5. This would result in an attitudinal shift, where cloned children are viewed with a sense of mastery and control over nature rather than with the sense of awe that we feel toward begotten children.

P6. Begotten children have equal human dignity with all other begotten persons. This is rooted in their unique genetic identity.

P7. Cloned children are in a sense manufactured, which leads to commodification. Such treatment is not consistent with what due respect for dignity entails.

C. Therefore, in controlling entire genotypes and producing cloned children, human dignity is threatened.

In premises 1 and 2, dignity essentially involves having equal rights and secure fundamental entitlements. For example, all humans have the right not to be tortured and not to be treated as guinea pigs in research projects. Premise 2 expands upon this same notion of dignity, asserting that dignity functions as a safeguard against horrendous abuse because it is inseparable from the human condition. This means that all humans, by virtue of belonging to the human species, have intrinsic dignity. That is, regardless of variations we find in humanity such as race, mental capacity, age, socio-economic status, ethnicity, religious creed, and other attributes that might make a person or persons vulnerable, all humans equally have the right not to be abused. Premise 6, however, assumes a different meaning of dignity, which amounts to having freedom--

freedom from having one's genes entirely predetermined. This fundamental freedom to replicate one's genes via the typical method of reproduction is different from the entitlements that dignity grants in premises 1 and 2 because it is not equally inherent in all members belonging to the human race. Begotten children's dignity is rooted in their unique genetic identity, rather than in their simply being human. Here, this notion of dignity applies exclusively to begotten children, while excluding cloned children from dignity on the basis that they lack a unique genetic identity. Hence, the meaning of dignity shifts from premises 1 and 2 from being inherent in *all* members of the human race regardless of how a person came to be, their genetic uniqueness, or the lack thereof, to a meaning where dignity adheres only in those persons who are genetically unique. While dignity functions in premises 1 and 2 as the idea that *all* humans inherently have dignity, which grants them certain negative rights, the use of dignity in premise 6 functions as an exclusionary device that works to privilege begotten children over cloned children in granting that only the prior are bearers of dignity. In the 7th premise, the idea that cloned children are in a sense manufactured, implies that they are somehow lacking in dignity. As the notion of dignity that premises 1 and 2 espouse takes dignity to be something that is intrinsic and inseparable from the human condition, we can infer that premise 7 refers to a different understanding of dignity, as these children, clones though they may be, are still, genetically, members of the human species. In this particular usage, dignity functions as a deontological limit on human cloning (Childress 2003, 16). Regardless of the outcome, our duty to bearers of dignity requires never treating people as mere artifacts that are instrumentally but not intrinsically valuable, even if medicine were to advance to a degree that the genetic defects and deformities associated with cloning were no longer an issue. Here, what is at stake is the injustice, or the indignity, to the cloned child. That is, the indignity is occurring at the micro-level with regard to the "manufacturing" of

particular children.

In arriving at the conclusion that the cloning of children is a threat to human dignity at a macro-level, we see yet another meaning of dignity, where human dignity at large, in a *collective* sense, is what is at stake. At the macro-level, human dignity amounts to the integrity of human kind. In concluding that the production of cloned children is an affront to human dignity, this notion of dignity serves as a value for assessing the consequences of such an intervention. The implicit consequence is not simply the alleged threat to potential individual cloned children, but to the human dignity that is said to reside in the *essence* of humanity (like a Platonic form). This meaning of dignity connotes a sense of sanctity and inviolability that is unique to the human species. The threat to dignity that the conclusion invokes is therefore dependent upon a new meaning of dignity that appears nowhere in the body of the argument. The slide from the intrinsic value or dignity of all human life (as found in premises 1 and 2) which entails equal rights to all, to the meaning of dignity as found in premise 6, which involves freedom from having one's genes entirely predetermined while including only begotten children as having dignity, to the 7th premise, where dignity functions as a deontological limit on human cloning, is masked by the equivocation attached to the common term. Hence, the conclusion does not follow from the premises, as the argument equivocates on the meaning of "dignity," rendering it invalid.

In the next example, I turn to UNESCO's UDHGHR, as it has been described as "the first international text to bring the question of human dignity to face with the problems raised by scientific progress" in order to highlight the ways in which the document equivocates on the word 'dignity' (Beyleveld and Brownsword 2001, 664). Throughout this document we see the pervasive and explicit reliance upon the concept of human dignity. The preamble sets the tone by asserting, "Respect for human dignity must take precedence over the progress promised by

research on the human genome and its applications.” It goes on to state that “the recognition of the genetic diversity of humanity must not give rise to any interpretation of a social or political nature which could call into question the inherent dignity and the equal and inalienable rights of all members of the human family” (Office of the United Nations High Commissioner for Human Rights 1997). Already we see that respect for human dignity is foundational in deliberations about the ethics of research on the human genome, acting as a regulatory constraint device in the social and political sphere. Nonetheless, what is meant by “inherent dignity” remains open to interpretation. Given this particular context, it might, in this use, mean that dignity is what makes the reduction of individuals to their genes abhorrent while making it imperative to value diversity and uniqueness. In what follows, I look at the body of this declaration, focusing primarily on Part A, which is entitled *Human dignity and the human genome* and Part C, *Research on the human genome*. Part A, Article 1 states: “The human genome underlies the fundamental unity of all members of the human family, as well as the recognition of their inherent dignity and diversity. In a symbolic sense, it is the heritage of humanity.” Here, the concept of dignity functions as defining the object to be protected: the human genome. In being symbolic of the heritage of humanity, dignity takes on a meaning that denotes the sacredness of the human species in its entirety. This article leaves open what recognizing the inherent dignity of all members of the human family entails, nor does it delineate who or what counts as a member of this diverse and inherently dignified group. In Article 2, the rights-language implies that respect for dignity only makes sense when the subject is capable of agency, which would seemingly exclude raw genetic material despite the fact that it might be symbolic of humanity.

Article 2 has two parts: (a) Everyone has a right to respect for their dignity and for their rights regardless of their genetic characteristics. (b) That dignity makes it imperative not to

reduce individuals to their genetic characteristics and to respect their uniqueness and diversity. In part a, human dignity amounts to having value, which grounds rights. Part b assumes that any violation of the right to be treated as an end in oneself implicitly violates human dignity. Both part a and part b invoke a meaning of dignity that defines the subjects of human rights, as it applies exclusively to *persons* as having value, and not mere symbolic *representations* of human persons.

Under part C, entitled *Research on the human genome*, articles 10 and 11 equivocate on the word ‘dignity.’ In Article 10, ‘dignity’ refers to human persons, at the micro-level, who are capable of exercising rights and freedoms. Article 10 states: “No research or research application concerning the human genome, in particular in the fields of biology, genetics, and medicine, should prevail over respect for the human rights, fundamental freedoms and human dignity of individuals or ... groups of people. In using the language of ‘fundamental freedoms’ and ‘human rights,’ human dignity amounts to the value of actual persons.

However, in Article 11 the meaning of dignity shifts, denoting the inviolability and sacredness of humanity in its entirety, at the macro-level. It takes on a mystical connotation that esteems the inviolability of the *idea* of humanity rather than the innate worth of individuals or groups of individuals. Article 11 states unequivocally, “Practices which are contrary to human dignity, such as reproductive cloning of human beings, shall not be permitted.” This latter notion of human dignity is not so much concerned with respecting human freedom and rights, but is invoked for its function as a barrier against the alteration of what many take to be fundamental features of the human species that reproductive cloning would bring about. Hence, this meaning of dignity has to do with the integrity of the essence of the human species; it is not a threat to the worth or freedom of particular individuals or groups of individuals. In looking at how dignity

operates in articles 1, 2, 10, and 11, then, we see a shift in the meaning of dignity from (article 1) defining the object to be protected, the human genome, in virtue of its being symbolic of the heritage of humanity, to (articles 2 and 10) an understanding of human dignity that amounts to having value, which is what grounds rights and fundamental freedoms of persons, to (article 11) a definition of dignity that has to do with the integrity of the *essence* of the human species. As the document equivocates on the word dignity, article 11, which states that reproductive cloning is necessarily contrary to human dignity and should therefore be prohibited, does not follow from the previous articles.

Conclusion

In this chapter, I have motivated the problem of unquestioningly upholding dignity as a foundational principle in bioethics. I have argued that due to the vagueness and prevalence of dignity language in the bioethics literature the concept of ‘dignity’ is muddled and is not an effective foundational principle because it does not elucidate what we owe to bearers of dignity or who/what counts as having dignity. In looking at the literature on euthanasia/end-of-life decisions, patents on human genetic material, innovative biotechnologies such as growth attenuation, human cloning, and nursing ethics I have shown that people have conflicting moral intuitions about (1) what grounds dignity, (2) who are its bearers, and (3) what it means to respect, safeguard, or violate human dignity. I have provided examples of dignity functioning as a rhetorical device that operates by invoking visceral responses rather than being used in rigorous argumentation. In looking at Kass’s argument against human cloning and the reliance upon dignity language in the UDHR we see that the ambiguity of the concept of dignity lends itself to equivocation. For these reasons, we should not grant dignity its current status in bioethics as a seemingly essential concept.

This leads us to the question that I address in chapter three: What role, if any, should dignity have in bioethics, if, as I have just argued, it should not have a foundational role? Prior to addressing this question, I put forth a taxonomy of dignity functions in the following chapter. My taxonomy works to disambiguate dignity language and provides a language with which we may attend to this question of what moral weight bioethics ought to accord human dignity. In chapter two I will review the relevant canonical literature in order to further unpack the complexity of dignity language and to show continuities in the historical meanings to its modern uses in bioethics. I provide examples that illustrate four functions of dignity language that dominate the bioethics literature. This taxonomy of dignity functions will be useful in order to use the concept univocally and to evaluate what strength (if any) ‘dignity’ ought to have in a particular discourse. In disambiguating muddled dignity language, the taxonomy will provide us with the appropriate language that is needed to use the concept univocally, to easily dismiss arguments that equivocate as invalid, and to determine what strength dignity should have in various discourses.

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Chapter 2: The Functions of Dignity

In chapter one I argued that bioethics should not continue to hold the principle of respect for human dignity as a foundational principle, given that the vagueness of dignity language lends itself to several weaknesses. One problem is that “respect human dignity” is an ineffective action guiding principle in that it does not really tell us what to *do* in the way that a more concise moral principle such as “respect autonomy” or “treat people as ends in themselves” instructs us.

Although these more precise precepts are also somewhat vague, there exists more of a consensus in discussing what they mean than in the case of “respect human dignity.” For instance, people on opposing sides of a debate might argue that one principle should trump another in a particular situation, but people on opposing sides of an argument might hold respect for human dignity as a central concern in forming their respective arguments. Moreover, the concept of human dignity carries great emotional force, at times operating as a slogan or a rhetorical device. Consider other instances where philosophical-cum-political concepts are used as heavily loaded slogans. It would sound absurd to say that one is not “pro-dignity” in much the same way that the “pro-life” and “pro-family values” rhetoric works. The alternative to being pro-dignity (or pro-life/pro family values) is to be anti-dignity (or anti-life/anti-family values), which no one wants to be (or admit to being). Hence, people are inclined to unquestioningly favor the safeguarding of human dignity, even though it remains unclear what this entails.

This chapter provides a framework through which we may address the question that arises in the conclusion of chapter 1: if the principle of respect for human dignity should not have a *foundational* role in bioethics, what role, if any, should it have? In chapter three, I will use the framework developed in this chapter to address this question. In developing an appropriate framework that will be useful in attending to this question, I first provide an

overview of dignity's Kantian, biblical, and Greco-Roman roots in order to unpack four primary functions of 'dignity' that dominate bioethics. After providing an overview of the history of the concept, I identify these four functions as they arise within the various bioethics literatures and provide examples where dignity language falls under one or more of them. In order to have a more comprehensive understanding of why dignity language has evolved into a blanket term, I first consider three seminal origins: Kant, biblical text, and Greco-Roman antiquity.

I propose that there are four main functions of dignity language that are prevalent within the literature: dignity as the protection of autonomy; dignity as the prohibition of instrumentalization, commodification, and exploitation; dignity as the promotion of respect in socially prescribed ways (I call this social dignity), and dignity as the preservation of the sanctity of human life. In surveying the literature, we typically find these functions operating in an intertwined or overlapping fashion. As a result, dignity language tends to conflate them, resulting in invalid arguments that equivocate on dignity or otherwise leave us with a very muddled understanding of what respect for human dignity entails. Since these functions do not exist in isolation but often alongside one or more functions, the taxonomy of functions I am putting forth will be useful in disambiguating imprecise dignity language, thereby facilitating the task of determining the appropriate moral weight of dignity as it arises in various contexts. Additional uses of dignity language that are not contained within these four headings belong to a more general "treating people as though they have worth" category which would include principles such as non-discrimination, justice, respect for persons, beneficence, upholding confidentiality and privacy, and so on. I will discuss these outlier applications in greater depth in the following chapter, where I consider more precise action-guiding principles that could safely substitute for dignity language.

These four main functions of dignity language may certainly be attributed to other thinkers and schools besides the three I discuss in this chapter. I acknowledge these particular traditions because ideas that are central to these three origins can shed light on important developments in the concept of dignity. Dignity language has evolved into an umbrella concept that encompasses these and other uses. In narrowly focusing upon Kant, the Bible and Greco-Roman antiquity, I do not mean to suggest that these are the only three origins worth mentioning in tracing the genealogy of the concept of dignity. Rather, I concentrate on these origins in particular, as central ideas from each of these schools have shaped bioethics' heavy reliance on dignity language, which arose in response to crimes against humanity committed during World War II.

The incorporation of dignity language in the Universal Declaration of Human Rights (UDHR), and, consequently, in bioethics, has largely developed in response to the various types of crimes against humanity and human rights violations that occurred during and around World War II. Human dignity is at the cornerstone of the universal human rights movement that emerged after the Second World War. The preamble of the 1948 UDHR declares: "All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood." In an effort to reflect the importance of promoting respect for the intrinsic worth that is said to inhere in each and every human being, international bio-law post-WWII grounds human rights in the dignity of persons. In light of this history, I survey the Western bioethics literature (both historical and current), as introduced in the preceding chapter, and classify popular applications of dignity language according to purpose or function.

Würde: Kantian Dignity

Two of the dignity functions, which are conceptually related, respect for autonomy and the prohibition of instrumentalism, are rooted largely in the work of Immanuel Kant. Kant's conception of human dignity, or *Würde*, grounds the importance of autonomy and the immorality of treating others or oneself as a mere means. Kant elaborates upon the special worth due humanity in the *Groundwork of the Metaphysics of Morals* (hereafter, "*Groundwork*"): "What is related to general human inclinations and needs has a *market price*; that which, even without presupposing such a need, conforms with a certain taste . . . has a *fancy price*; but that which constitutes the condition under which alone something can be an end in itself has not merely a relative value, that is, a price, but an inner value, that is, *dignity*" (1981, 435). This inner value that Kant is referring to has to do with human kind's unique rational capacity to set ends and to self-govern. The capacity for reason is the basis for human dignity, since this is what grants us a unique freedom that is said to inhere in all of humanity but not in animals, as animals lack the ability to overcome their passions, which is necessary in order to act freely. For Kant, the capacity for moral conduct, which involves exercising our noble abilities to be rational, self-governing, and capable of morality is what sets human beings apart from the lower animals and thereby grants us dignity (Hill 1992, 36-7). Scholars such as Christine Korsgaard and Thomas Hill speculate that what Kant meant by "humanity" is a set of characteristics that can be contrasted with animality given our power to set ends (Korsgaard 1996, 17); (Hill 1992, 39). Hence, human beings have *Würde*, an inner worth, or dignity, by virtue of our having a unique freedom which distinguishes us from animals who lack rationality, and consequently, the freedom that comes with the ability to set ends and to self-legislate.

Given our ability to reason and rise above base instincts and passions, human beings have moral agency. Allen Wood reads Kant as suggesting that there are two closely related aspects of our rationality that make us distinctly human persons and sets us apart from nonhuman animals. These are the capacities to set ends and to be autonomous, both of which are required for moral agency (Wood 1999). The first formulation of the Categorical Imperative (CI) as presented in the *Groundwork* states: “I ought never to act except in such a way that I could also will that my maxim should become a universal law.” The capacity to set ends is the ability to value things according to rational judgment. Assuming that one’s power of rational choice expresses a commitment from one’s nature as a rational agent, as opposed to readily accepting alien influences from external authority or from what is conventional, this capacity allows us to determine what is important, valuable, and worth seeking. The capacity for autonomy is the capacity to be self-legislating and self-governing. Autonomy also involves the capacity to freely choose to act in accordance with the demands of reason that are imposed by moral law. Kant writes that the possession of these capacities is what gives persons their absolute worth, since only persons have the capacity to set ends and to self-legislate. Our dignity lies not in our belonging to the human species in a biological sense, but rather in our rational powers to set ends and exercise autonomy, as these provide the basis for our having moral agency. As such, the unique, unconditional value of our species resides in our capacity for moral agency, which requires autonomy. Hence, one conception of dignity that is at the heart of Kant’s moral theory is the idea of dignity as autonomy; that is, the idea that to treat people with dignity is to treat them as autonomous agents who are capable of choosing their own destiny.

For Kant, morality also requires that one refrain from treating oneself and others as having mere instrumental value. The Humanity formulation of the CI states the following: “Act

in such a way that you always treat humanity, whether in your own person or in the person of any other, never simply as a means but always at the same time as an end in itself,” (*Groundwork* 1981, 429). Kant’s formula, as stated above, has two components. Part I states, “Act in such a way that you never treat humanity simply as a means” while Part II says, “act in such a way that you always treat humanity as an end.” Although both parts are related and included within the same formula, these are two distinct injunctions contained within the formula. Part I, on its own, does not indicate what the appropriate treatment of humanity ought to be, as the answer is supplied in part II. The meaning of I depends on the meaning of II, since I is always satisfied when II is satisfied. Part II goes beyond I in that the requirement of always treating humanity as an end demands much more than the requirement of simply avoiding treating humanity as a mere means. The injunction found in part I of the formula, which forbids using humanity merely as a means seems to also condemn utilitarian (or other such) manipulation of agents in promoting other’s interests or that of the general welfare.

Many criticize the Kantian conception of dignity, arguing that it is hyper-rational. In relying heavily upon rationality as the basis for human dignity, Kantian dignity seems to exclude the cognitively impaired, and definitely animals, from having dignity. Assuming that dignity is integral to our understanding of how others should be treated and to whom justice is owed, Martha Nussbaum adopts a non-Kantian dignity that is inclusive of all humans, even those who are not considered rational, as well as nonhuman animals. In chapters three and four I will discuss Nussbaum’s conception of dignity in greater depth, but for now it will suffice to note Nussbaum’s criticisms of Kantian dignity. She argues that Kantian dignity presents a false dichotomy between rationality and human nature’s animality (Nussbaum 2006, 153, 154, 161). Nussbaum argues that this split is untenable, since rationality is intertwined with humans’ animal

nature. Afterall, humans are not always rational, yet they retain their dignity throughout childhood, illness, and psychological distress, which can all work to make people irrational at times (Nussbaum 2000, 50). In moving away from a dignity based in hyper-rationality, Nussbaum states: “I believe that we need to delve deeper, redesigning the political conception of the person, bringing rational and the animal into a more intimate relation with one another, and acknowledging that there are many types of dignity in this world, including the dignity of mentally disabled children and adults, the dignity of the senile demented elderly, and the dignity of babies at the breast” (2000, 55). Moreover, some animals might be considered rational, making human rationality a certain *kind* of rationality, but not something that is unique to humans. For instance, many animals seem to exhibit signs of rationality such as language, making tools, and displaying complex emotions. Primates can be taught to communicate using sign language, sonar technology indicates that dolphins can communicate important messages with one another, and there are numerous accounts of elephants mourning their deceased.

Despite these, and other problems with Kantian dignity, his ideas about the wrongness of the commodification of people are still relevant today. For instance, Kant specifically addresses the sale of human body parts in his *Lectures on Ethics*, where he argues that to treat the body as having a price, as in the case of prostitution, constitutes a dignity offense (Cohen 2002, 55). Kant maintains that human dignity is priceless and as such, the commodification of the body wrongly treats organs and bodies as mere objects that have a price (Hill 1992, 47-50; 202-17). The treatment of bodies or body parts as things that can be bought and sold demotes persons to the level of things that have mere market (instrumental) value as opposed to having an intrinsic worth. Although policy makers did not very likely have Kant’s second formulation of the categorical imperative in mind while establishing laws that prohibit the sale of human organs,

they were influenced by a tradition to which Kant's thought has contributed. There are ideas found in the dignity functions requiring respect for autonomy and non-instrumentalism that are genealogically linked to Kantian dignity, but which may also be attributed to other great thinkers. Nonetheless, this brief exegesis on Kant sheds light on a major development in two of the dignity functions (dignity as autonomy and dignity as non-commodification/non-instrumentalism). In a similar way, dignity in its sanctity of life function presumes certain ideas, the underlying assumptions of which can be found in the Bible. In the next section I consider the influence that Biblical text and ideology has had on the development of sanctity of life applications of dignity language.

Biblical Dignity and the Sanctity of Life

It is heuristically fruitful to consider the genealogical link between the concept of dignity in its sanctity of life function that arises in the bioethics literature with passages and ideas that are found in the Bible. Unlike Kant's emphasis on rationality and moral agency being what separates humans from animals, on the sanctity of life perspective, it is in our divine likeness to God and our injunctions from Him that distinguishes humans from animals. It holds human life as something sacred that is to be held in higher esteem than animal life. As I will illustrate, the sanctity of life principle performs several related dignity functions. As such, it follows that *human* life should not be tampered with in ways that are said to demote the sacredness of the human species. The sanctity of life dignity function is used to motivate the idea that certain biotechnologies and interventions are in effect "playing God" and are therefore morally wrong. In this section I use passages from the Bible to suggest that the sanctity of life dignity function very likely espouses ideas that are of biblical origin. For instance, one assumption that is found in the sanctity of life dignity function is that humans have an inherent, equal dignity, understood

here as worth, in virtue of our having a special relationship with God. After providing textual support that the Bible is a seminal origin of these related ideas, I consider the objection that these ideas could be based in secular ideology as well, and that this idea of inherent and equal human worth isn't necessarily rooted in the Bible. The connection between sanctity of life dignity functions and the Bible will be an important consideration in the following chapter, where I question what moral weight sanctity of life applications of dignity language ought to have in policies that have bearing in a pluralistic society that purportedly has separation between church and state. This will depend upon several considerations, one of which is the idea that language used by sanctity of life proponents assumes a conception of dignity that contains certain assumptions that inhere within a particular religious tradition.

In the Christian bible, we see an explanation for the set-apartness of humans over animals in looking at God's injunctions and in considering biblical text that indicates that God created the universe in a particular order. He created an ordered hierarchy in which humans have an exalted rank that has dominion over the plants and animals but whose status is below that of the angels. We see evidence of this in Genesis 1:25-7 (King James Version), where God says, "Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground." From this we see the dominion of humans over animals as a sort of power that God has granted us, enabling us to exert dominance over the beasts. It grounds our unique status, being created in His image, and thereby requires deferential treatment of humans that is not due animals. These passages also provide a basis for sanctity of life proponents' assumption that given our status as mere humans, we should not attempt to "play God" by tampering with His perfect design.

Further support for this idea is found in passages from the Bible that show reverence for human kind's humble position in respect to the Creator. For example, a passage such as Ecclesiastes 8:8, **"No man has power over the wind to contain it; so no one has power over the day of his death"** works to foster the belief held by anti-euthanasia proponents that taking measures to prematurely end one's natural life is an affront to human dignity. Moreover, selections from Job 1:21, **"The Lord gave and the Lord has taken away,"** Psalms 31:15, **"My times are in thy hand"** and Ecclesiastes 7:17, **"Be not over much wicked, neither be thou foolish: why shouldest thou die before thy time?"** speak to the sanctity of life proponents' idea that in having a particular sort of relationship with God, it is not our place to be Godlike by usurping His power by ending human life through euthanasia or abortion. Similarly, that God knew Jeremiah, and by extension each of his children: "Before I formed thee in the belly I knew thee; and before thou camest forth out of the womb I sanctified thee" works to support a sanctity of life argument against the moral permissibility of abortion (Jeremiah 1:5). Anti-abortion proponents read Biblical text such as this in supporting their view that abortion promotes the message that life is not of immeasurable worth, and that humankind can do as it pleases with human life. Moreover, these passages lend support to the idea that if God allows a child to be conceived, then God obviously has a plan for that child, and so to abort an unborn child is to stop a plan of God. These passages support the conviction that the sanctity of life principle, as found in arguments against euthanasia and abortion, has roots that can be conceptually linked to the Bible.

Support for the assumption that the inherent value, the inalienable worth, that belongs to every human being simply by virtue of being a member of the human species can be found in multiple passages from the Bible. Philosophers such as Willard Gaylin, Leon Kass, and

numerous others employ these ideas within their work. As Gaylin points out in his article entitled “In Defense of the Dignity of Being Human,” dignity that is rooted in biblical text grounds the unique worth of humankind both in our likeness to God as well as in the Creator’s injunctions to us (1984). The following Noahide law and covenant grounds two aspects of human dignity: “Whoever sheddeth man’s blood, by man shall his blood be shed; for in the image of God was man made” (Genesis 9:6). This prohibition of murder following the flood instructs us not only to value human life, but it implicitly teaches us to respect the *equal* humanity or worth of each human being (Kass 2008). This measure of the punishment for killing a human life is instructive in that it equates a life for a life—no more and no less. It expresses the equal value of each human being in God’s eyes. This special status of human beings is vested in this likeness and relationship with God. It grounds the “*basic* dignity of human *being*” expressed as the “sanctity of human life” by articulating man’s god-like status (Kass 2008, 322-3). This notion of *imago Dei* can be found in Genesis 1:27, “So God created man in his own image, in the image of God he created him” as well as Genesis 5:1-2, “When God created man, he made him in the likeness of God. Male and female he created them, and he blessed them and named them man (Adam).” From these passages we see the selection of the human species for special care and potential. Man is godlike in that we are the only earthly creatures who possess some of the same powers as God, although to a lesser degree. In Genesis 1, where man is created in God’s image, we see the expression of divine activities such as: “1. God speaks, commands, names, and blesses; 2. God makes and makes freely; 3. God looks at and beholds the world; 4. God is concerned with the goodness or perfection of things; 5. God addresses solicitously other living creatures” (Kass 2008, 324). Being created in God’s image, humans are unique in that we are able to exercise these powers of contemplation, creating, judging, making blessings, planning, and speaking.

Additionally, humans possess the capacities for holiness, justice, love, and communion with the divine. Our being created in God's image implies the equal value of every member of the human species, as we all share this commonality that acts as the ultimate leveler. Of all the creatures that God created, only humans possess the capability to know and love the Creator. It was for this end, to have a relationship with God, that humans were created. Herein lies the fundamental reason for humankind's equal dignity. Being created in the image of God, the human individual possesses the inherent dignity of a person, who is capable of self-knowledge, of freewill, and of freely giving himself and entering into communion with God and with other persons. Our being created in *imago Dei* makes possible a response of faith and love that no other creature can give in her stead. Further support for the idea that we are all of equal worth is expressed in the injunction to "love they neighbor" which is stated repeatedly in the Bible as expressed in Galatians 5:14, "For the entire law is fulfilled in keeping this one command: Love your neighbor as yourself." This covenant implies the equal dignity that is due to each person in obliging us to not only love, but to treat our neighbors with compassion. Given these passages, such exegesis of biblical text can be used to ground the equal dignity or worth of each individual member of humanity. The above passages indicate that the inviolability of human life rests upon the Godlike nature of man and the equal worth of human life, where humanity itself, is the seat of human dignity. Dignity does not simply reside in humans, but is something that human beings receive by the Creator who, according to biblical history, speaks to humans, assuring us of our dignity through various injunctions.

It could be argued that the assumption that human life is morally superior to animal life and that all humans have equal dignity, understood here as immeasurable worth, might also have secular basis. For instance, Lynne Rudder Baker, in "Persons and Bodies," does not rely upon

biblical text in discussing what distinguishes human persons from all other beings without invoking religious ideas. She claims that having a first-person perspective gives rise to what makes us unique. Baker goes on to say that “we matter to ourselves in a way that, logically, animals that lack first-person perspectives cannot matter to themselves” (2000, 147). What she means is that only persons, having first-person perspectives, can have conceptions about our futures. Whereas animals cannot have hopes and fears about the future, our ability to shape our futures according to ideas about the kinds of beings that we hope to become makes humans more important to ourselves in being able to conceive of our lives in a unique way. Setting aside the problem of epistemic modesty, that we cannot ever be certain that animals lack a first-person perspective, Baker has attempted to justify human superiority over animals without relying upon biblical justification. Similarly, Cora Diamond, in “The Importance of Being Human,” argues that “the sense of mystery surrounding our lives, the feeling of solidarity of mysterious origin and uncertain fate” is part of what constitutes what could be described as a dignity that resides both universally and exclusively in humans (1991, 54). It is in these great mysteries of the uncertainty of our origin and fate that binds all of us, including the dead, the mentally retarded, and the unborn, where in all of these cases one imaginatively sees the other as human. For Diamond, human dignity is not a hierarchical or contingent property that can be lost if others cease to recognize it as in the case of social dignity, as I will discuss in a later section. Neither does dignity derive from our injunctions from God or in our being created in *imago Dei*. Diamond does not attribute what is morally special about humans to Kantian rationality or moral agency that is necessary for grounding *Würde*. Rather, it is in the fact that all humans share a human fate and have human lives to lead that grants human beings a significant moral importance, which could be called dignity, where dignity amounts to moral worth. Hence, in

looking at both Diamond's and Baker's accounts of what makes humans special, according us greater moral significance than animals, we see that such rationale is not necessarily biblical in origin.

This being the case, it is prudent to keep in mind that although such secular-based arguments have been made, the Bible's influence on Western values and ideology, given its history, is far more dogmatic, engrained in even seemingly secular thought than the ideas of philosophers writing on the subject. Although arguments can and have been made that illustrate significant differences between humans and animals, placing humans as morally superior to animals, the Bible has hegemonic influence that these other sources lack. Hence, although policy makers and ethicists might not have stories or excerpts from the Bible in mind while establishing bio-laws that assume the equal and inherent dignity of all human beings, they were influenced by a tradition to which biblical thought has contributed a great deal. Therefore, dignity in its sanctify of life function has ideas that are very likely rooted in the Bible. While some sanctity of life dignity language smacks of biblical ideology, other cases may appear more secular. In such cases, one should be aware that there are likely to be assumptions within the moral force that dignity language carries that are to some degree rooted in the Bible.

Peter Singer and Helga Kuhse argue, and I concur, that attempts to secularize sanctity of life arguments fail because they assume a species favoritism that has its origins in the Bible. In the Western bioethics literature, sanctity of life arguments assume only the sanctity of *human* life. In contrast, other ethical frameworks that do not share the Judeo-Christian history, for instance, Buddhist and Jain ethics, presume sanctity of life in a way that is more inclusive of other forms of life. Buddhists and especially Jains include the killing of animals and even insects in the precept to avoid taking life. Although the loss of human life is more serious than that of a

nonhuman life, the difference is one of kind, and human life is not presumed to be more sacred than nonhuman (Kuhse and Singer 1985, 124). Hence, the idea of the sanctity of *human* life has very Judeo-Christian underpinnings, as Eastern religions assume a more holistic notion of the sanctity of life. Although some biblical references are more explicit than others, it is likely, as with Kant, that people may not be aware that they are accepting certain assumptions and ideas that are rooted in the Bible (or in Kant), since they have become inseparable from certain cultural assumptions and ideas that are purportedly secular. Having discussed Kant and the Bible as seminal origins, I now consider Greco-Roman *dignitas* as an influential origin of social dignity, given its relational and cultural dimensions.

Dignitas: Greco-Roman Dignity

What I refer to as '*dignitas*' has a rich semantic development, of which I will focus narrowly on aspects that ground continuities between Greco-Roman notions of dignity and social dignity in contemporary bioethics, for example, nursing ethics. I show continuities in both aspects of social dignity, both as a self-regarding and other-regarding concept. We see *dignitas* translate to several slightly different but related meanings in Cicero, such as rank or status, the quality of being worthy or having excellence, suitability, and visual impressiveness or distinction. Latin translators of Aristotle (for instance, Cicero), tend to translate the family of words related to ἀξία (*axia*) as *dignitas* (Lebech 2009, 30-36). Greek words of the *axia* family have relevance to social dignity, where *axia* has been translated as dignity (as reputation), what is due a person according to desert or merit, persons of dignity (as official personages), and having great dignity (as pomp). I will provide examples of some of these applications as found in Cicero and Plato to illustrate continuities in what I have been referring to as social or relational dignity. Following the ideas advanced by B.F. Skinner in *Beyond Freedom and Dignity*, that dignity is a product of our social and physical environment and not an inherent attribute, I provide examples from these historical

texts that link Skinner's conception of dignity, which is similar to what I am calling cultural dignity, with these Greco-Roman origins. This etymology gives us a window into how *dignitas* was employed and grounds continuities in dignity language that function as showing respect for oneself or to others in socially recognized ways.

In Cicero's *de Officiis*, we see *dignitas* as the quality of being worthy, having excellence, visual impressiveness or distinction, and dignity of style and gesture (Trans. Debra Nails). We see such meanings in Book One, *Moral Goodness*:

There are two orders of beauty: in the one, loveliness predominates; in the other, dignity; of these, we ought to regard loveliness as the attribute of woman, and dignity as the attribute of man. Therefore, let all finery not suitable to a man's dignity be kept off his person, and let him guard against the like fault in gesture and action. The manners taught in the palaestra, for example, are often rather objectionable, and the gestures of actors on the stage are not always free from affectation; but simple, unaffected manners are commendable in both instances. Now dignity of men is also to be enhanced by a good complexion; the complexion is the result of physical exercise. We must besides present an appearance of neatness — not too punctilious or exquisite, but just enough to avoid boorish and ill-bred slovenliness. We must follow the same principle in regard to dress. In this, as in most things, the best rule is the golden mean (Cicero).

In looking at this passage, we see several aspects that seem to ground dimensions of cultural dignity as I have outlined it, and as Skinner's understanding of dignity as a social creation.

There is a sense in Cicero and in contemporary discourse in which dignity is created both by and for the self and conferred by others. Relational dignity can also be a gendered quality. Today, women are obviously not excluded from either self-dignity or relational dignity, but what it means to be "lovely" has become a part of social dignity for women. For instance, loveliness is exemplified by gender-appropriate self-care, such as shaving legs, applying cosmetics, maintaining feminine gestures and postures, elegant dress and etiquette, and so on. These are feminine manifestations of dignity as a social construct. Additionally, self-dignity in the form of visual impressiveness or distinction requires effort on one's part. Appearance, in terms of having

a good physique, displaying neatness while avoiding slovenliness, and dressing sharply, all require some amount of work. For instance, dignity of style and gesture require having good manners, and proper etiquette involves self-constraint with regard to one's language, movements, and postures. The ability for doing dignity work for one's self becomes compromised when one becomes physically and/or mentally incapable.

One's self-dignity diminishes when it becomes difficult or impossible to do this sort of work. Many who seek euthanasia, for example, report feelings of fear with regard to losing their dignity, where loss of dignity amounts to inability for self-care. When it has become impossible for a person to create dignity for themselves, as in the case of comatose patients, caregivers typically make an effort to uphold the dignity of the patient in ways that are consistent with how they cared for him or herself when he or she was able. This may include shaving for them, dressing them appropriately, cutting their hair and nails, and making them otherwise presentable according to social norms. Another example that illustrates continuities of this meaning of dignity is in hospital etiquette. The ritual for examination by a health care professional includes ensuring privacy by using curtains so that when the physician enters, the patient is not seen undressed. In gynecological examinations, for example, paper gowns are used for revealing private areas as little as possible. This is for the comfort of both the patient and the health care professional. In this way, modesty is a social value and upholding modesty promotes dignity in its relational sense. These examples illustrate that dignity in this application does not simply inhere in individuals, but must be attained through practice.

Similarly, in Cicero's *Brutus* 1, we see dignity in terms of eloquence: "To recommend the study of eloquence...and describe its force, and the great dignity it confers upon those who have acquired it, is neither our present design, nor has any necessary connection with it. But I will not

hesitate to affirm, that whether it is acquired by art or practice, or the mere powers of nature, it is the most difficult of all attainments.” Here, dignity is something that one has to acquire through eloquence, where what is deemed eloquent requires work. In looking at dignity meanings in Cicero, we see that there are continuities between *dignitas* in this historical context and self-dignity in bioethics, in that both embody culturally recognized ways of making oneself appear worthy or excellent.

We see origins of social dignity in Plato, where dignity, denoted by *axia*, is a relational dignity having to do with status, office, or position conferring ranks (Trans. Debra Nails). For instance, in discussing the adequacy of candidates and the appropriateness of the policies in Plato’s *Laws*, it is asked: “What if one of them proves so inadequate to the dignity and weight of his office that he gets ‘out of true’ and does something crooked?” (945b). Here we see dignity as the honor that comes with having a particular rank of office. This notion of dignity was something that was only possible for those belonging to families of noble lineage. In this context, dignity largely translates as ‘status.’ People who hold high status were thought to be worthy of honor and respect. For instance, appointment to particular public offices brought with it a sense of dignity, denoting the importance of a person’s social role, which in turn evokes respect from others. This concept of dignity as esteem presiding in office, rank or personality is a form of relational dignity in that the high rank is what brings about a certain decorum in how others interact with and regard people in such high ranking positions. This idea may also be found in Plato’s *Republic*, in that justice is accorded to everyone according to their due. In attributing *axia* to only the socially excellent, virtuous men who have inherited status and wealth or hold public office, this notion of *axia* is wholly dependent upon others who value various manifestations of dignity according to a particular set of rules and values which are characteristic

of a given society (Lebech 2009, 40). Hence, in looking at *dignitas* and *axia* in these classical texts, we see its relevance in cultural dignity as both an other-regarding and a self-regarding value.

There is a strong genealogical link between the ancient Greco-Roman concept of *dignitas* and contemporary appeals to what I am calling social dignity. As I will illustrate in my discussion on social dignity as a dignity function in bioethics, many invocations of the human dignity principle in its social dignity function ultimately have to do with status, appearance, and other culturally recognized values that require external perceivers to recognize and treat another with respect. Whereas ancient *dignitas* refers to statuses that tended to be social, professional, or otherwise heroic and/or noble (for instance, magistrates and clergymen), and is in principle aristocratic, what I refer to as social dignity includes a much wider, less elite human status. Nonetheless, ancient *dignitas* and its contemporary form share very similar functions in that they ground obligations one has both toward others and toward one's self. While the ancient notion only extends the protection of the honor due to those of noble lineage or of high rank or office, social dignity has evolved to be of central importance to the common person. In bridging the genealogical continuity between ancient *dignitas* and what I refer to as contemporary social dignity, the emphasis on independence and self-sufficiency, exercising self-restraint, keeping up appearances with regard to regulating one's bodily postures and mannerisms in socially sanctioned ways, and being treated respectfully by others (according to cultural norms of how people bestow honor) are still key elements. However, *dignitas* has evolved into an ideal that is readily accessible to the common person, manifesting in a variety of ways according to cultural and situational context.

Keeping in mind these central ideas that are found in Kant, the Bible, and Greco-Roman

antiquity, we can see how dignity has evolved into an umbrella concept that encompasses the disparate dignity functions that I am putting forth. The purpose of my taxonomy of dignity functions is to provide a framework that disambiguates dignity language by highlighting these four functions that dominate the literature. It is not intended to serve as an exhaustive list of applications of dignity language. Rather, the classification of functions is a practical approach that provides names for common appeals to dignity by drawing attention to how the principle of respect for dignity operates within a given bioethics discourse. Historically and to date, a vast amount of the literature has been too vague and muddled for people to readily have a thoughtful discussion about what merit we ought to grant the concept of human dignity in bioethics and bio-law.

In drawing attention to these four primary functions of dignity language, I create a taxonomy of dignity which will be useful in determining the appropriate moral weight that bioethics ought to grant this strangely underdeveloped concept. My taxonomy provides a language that allows us to univocally appeal to dignity by allowing us to use more concise dignity language. In being able to translate vague applications of dignity language into more concise dignity language we can substitute ambiguous uses of dignity that are littered throughout the literature with a more precise name (i.e. dignity as autonomy, dignity as sanctity of life, and so on) that corresponds with its given/intended function. In doing so, the taxonomy also facilitates our ability to readily identify arguments that equivocate on the word ‘dignity’ and dismiss such arguments as unsound. In cases where the meaning of dignity *is* used univocally, the taxonomy will provide a practical framework with which to discuss the moral weight we ought to grant dignity in its various contexts and applications. In brief, the taxonomy of dignity will help us identify instances where dignity equivocates within a given argument or policy, is

reducible to more concise action-guiding moral principles, appears as social dignity, or derives largely from assumptions that are rooted in biblical text (which might appear as secular). Depending upon these and other considerations, dignity's appropriate moral weight may be discussed more thoughtfully. Chapter three will implement the taxonomy put forth in this chapter in explicating these four considerations, which will provide the basis for attending to the question of what moral weight bioethics ought to accord human dignity. In what follows, I provide bioethics examples that serve as examples of dignity language in each of the four functions that dominate bioethics. Since two of the functions are conceptually related to Kant, I will begin by introducing these two dignity functions—dignity as the protection of autonomy and dignity as prohibiting instrumentalization and commodification.

Dignity as Protecting Autonomy

Throughout the bioethics literature we see numerous examples that affirm the idea that safeguarding dignity requires upholding the principle of respect for autonomy. For instance, chapter 12 of the Nuffield Council of Bioethics' *Genetics and Behaviour*, entitled "Genetics, freedom and human dignity," states the following:

12.37 The aspect of human dignity that has been central to this chapter is the conception of oneself as a free responsible agent, capable of acting for reasons and directing the course of one's life in accordance with one's own values and understanding of the world. This does not exhaust the ethical content of the conception of human dignity, but it is a central component of it: to argue that the conception of oneself and others as responsible individuals is misplaced would be to reject one of the main reasons we have for holding that each person's life is intrinsically valuable in so far as it expresses that person's own, unique, perspective. (2002)

Given the prevalence of statements such as this, some philosophers and ethicists tend to equate the concept of dignity more or less with that of autonomy. For instance, in "Dignity Is a Useless Concept," Ruth Macklin argues that appeals to dignity amount to mere slogans and

vague restatements of more concise notions that are embodied by the principle of respect for persons (of which respect for autonomy is of central importance). Deryck Beyleveld and Roger Brownsword are also of the school that what is fundamentally important about dignity is autonomy (2001). We see this idea in bio-law documents such as the *Belmont Report*, which begins with an enunciation of foundational ethical principles starting with dignity. The report goes on to describe the three fundamental principles that are now accepted as the minimum requirements for ethical human-subjects research: justice, beneficence, and respect for persons. The principle of respect for persons incorporates two components related to individual autonomy: that each individual has the right to self-determination, and that persons with diminished autonomy (vulnerable people who lack the capability of self-determination) are entitled to additional protection so as to prevent exploitation. Four ethical research requirements follow directly from the principle of respect for persons: 1. Participants must voluntarily consent to participate in research, 2. The consent must be informed consent, 3. Participants' privacy and confidentiality must be protected, 4. Participants have the right to withdraw from research participation without penalty or repercussions. (*The Belmont Report* September 1978, 4-5). In this section, I will focus on instances where dignity amounts to respect for autonomy and set aside some of these additional principles, such as preventing exploitation and protecting privacy and confidentiality, for later in the chapter. At present, it will suffice to note that many appeals to dignity are often restatements of these and other moral principles that are embodied by respect for persons, justice, or beneficence.

We see references to dignity as autonomy in the 1970s discussions about the desire to refuse life-prolonging medical treatment. Often couched as "the right to die with dignity," this development led to the enactment of statutes that officially recognize the rights of patients to

exercise their autonomy by writing advance directives. The California Natural Death Act of 1976, began: “In recognition of the dignity and privacy which patients have a right to expect, the Legislature hereby declares that the laws of the State of California shall recognize the right of an adult person to make a written directive instructing his physician to withhold or withdraw life-sustaining procedures in the event of a terminal condition” (Macklin 2003). As privacy is stated as an additional consideration alongside the recognition of dignity, dignity, in this particular context, amounts to nothing other than respect for autonomy. The underlying premise in arguments of this nature is that autonomy ought to include having control over the vicissitudes of pain and suffering that one is willing to endure and that death may be chosen as a reasonable means of ending a miserable existence.

As we see in the Belmont report, dignity as autonomy also includes concerns about informed consent, where a patient or research subject’s dignity is compromised by the person not truly being able to exercise autonomy due to her not being sufficiently informed, lacking volition, or being otherwise coerced into giving consent. Article 10 of the World Medical Association’s Declaration of Helsinki uses the concept of dignity to ground many of the basic principles for medical research: “It is the duty of the physician in medical research to protect the life, health, privacy, and dignity of the human subject.” Part B of the Declaration goes on to detail various components of informed consent in several of the articles. For example, Article 22 focuses primarily on what it means to provide sufficient information, stating the following: “In any research on human beings, each potential subject must be adequately informed of the aims, methods, sources of funding, and possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and the potential risks of the study.” Articles 20 and 23 speak to the importance of *voluntary* consent. Article 20 states: “The subjects must be volunteers and

informed participants in the research project,” and Article 23 reads: “When obtaining informed consent for the research project the physician should be particularly cautious if the subject ... may consent under duress.” Articles 24 and 25 address the volitional component of informed consent. These Articles require that a legally authorized representative give informed consent on behalf of research subjects who are legally incompetent, for example, in the case of a minor child or someone who is physically or mentally incapable of giving consent (1964).

The biobank literature is another example where dignity language functions as a safeguard for ensuring consent (Caulfield and Brownsword 2006, 72). Biobank research raises nontraditional concerns about consent. Traditionally, consent must be obtained prior to each new research project, particularly when the genetic information is linkable to the research participant. However, the appropriateness of the consent process in conducting such large-scale studies remains in question, given that it would be extremely challenging to obtain consent for each participant in population genetic studies. UNESCO acknowledges this dilemma, stating that “a system which required fresh consent would be extremely cumbersome and could possibly inhibit research” (2001). This difficulty poses a problem, as dignity is what grounds the right to informed consent in numerous bio-law documents.

In looking at these and other literatures, such use indicates that a significant amount of dignity language can more precisely be referred to as *dignity as autonomy*. That is, in paying attention to the ways in which dignity language functions in the above examples we see it operating as both a principle of constraint (in requiring informed consent) and of empowerment (in securing the right to autonomy). I have turned to the Nuffield Council on Bioethics, the Belmont Report, the California Natural Death Act (and other “death with dignity” acts, UNESCO, and the World Medical Association’s Declaration of Helsinki to provide examples

where dignity language is used to ground the right to autonomy, sometimes in the form of requiring informed consent. As respect for autonomy is a moral principle that is largely rooted in Kant, I provide examples of instances where dignity language functions as a safeguard against using people as a mere means to other others' ends in the next section.

Dignity as Prohibiting Instrumentalization, Commodification, and Exploitation

The principle that “the interests and welfare of the individual should have priority over the sole interest of science or society” was first outlined in the 1964 Declaration of Helsinki for medical research on human subjects as developed by the World Medical Association. It has since been incorporated into other documents that use dignity language such as the 1997 Universal Declaration on the Human Genome and Human Rights (UDHGHR) (Article 10), the 1997 European Convention of Human Rights and Biomedicine (Article 2), and the 2005 UNESCO Declaration (Article 3.2). The placement of human beings above the pursuit of science raises two closely related ideas. The first idea is that science exists only as a means for improving the welfare of individuals. Science is not an end in itself. Second, upholding dignity requires that individuals not be reduced to mere instruments for the sake of science or society at large. This principle embodies the idea that instrumentalization and exploitation constitute a dignity violation.

For instance, exploitation in research occurs when a wealthy or powerful party takes advantage of poor, powerless, or otherwise vulnerable populations by using them to serve the ends of the more powerful party, without adequately compensating the disadvantaged individuals or group. The following passage in the revised Declaration of Helsinki offers a description of vulnerable populations in research:

Some research populations are vulnerable and need special protection. The particular needs of the economically and medically disadvantaged must be

recognized. Special attention is also required for those who cannot give or refuse consent for themselves, for those who may be subject to giving consent under duress, for those who will not benefit personally from the research and for those for whom the research is combined with care (1964).

An illustrative example of the exploitation of vulnerable populations took place in Nigeria, where Pfizer pharmaceutical company sponsored a clinical trial during an epidemic of meningitis in children. Pfizer was testing trovafloxacin (under the commercial name Trovan), a drug that had not yet been approved for use in the United States (Macklin 2003, 475). It could be argued that Pfizer took advantage of the vulnerable situation that the Nigerian children were caught in due to the epidemic, that these research subjects were exploited, and that their dignity was thereby violated. Another example of human experimentation where a vulnerable population was exploited as research subjects, is in the case of the African azidothymidine (AZT) studies. Given the lack of education, political power, and extreme poverty, this population is highly susceptible to abuse. In cases where researchers from wealthy countries enroll citizens of the global South in clinical trials, it is often the case that the benefits of the research have no direct bearing for inhabitants of the country in which the trial took place, or that the subjects will not be adequately compensated. When this occurs, the exploitation that comes with the vulnerable populations being treated as a mere means for the benefit of the wealthy country constitutes a violation of the research subjects' dignity. Besides being sensitive to the inherent wrongness of exploitive practices, dignity-based concerns about commodification value treating people as ends in themselves, as having a worth that goes beyond the confines of a market price value. We see the prevalence of such concerns in the literatures of both contract pregnancy and the commodification of organs.

There are two main categories of dignity affronts that we see in the literature on contract pregnancy. These are: (1) The commodification of that which is specifically women's labor,

which degrades the women who perform it and (2) The commodification (and implicit devaluation) of the children that are treated in accordance with marketplace norms. Contract pregnancy may be described as a commercial arrangement where a woman is paid money to bear a child for another person or couple. In exchange for receiving money, the surrogate agrees to relinquish her parental rights so that the “adoptive parents” may raise the child as their own. The nature of such an agreement (sometimes referred to as “womb leasing”) commodifies women’s reproductive labor. Such commodification occurs with the invasion of the market into what has traditionally been beyond the scope of the marketplace and into what has always been and will always be a form of labor that is specific of women. Elizabeth Anderson suggests that the commodification of reproductive labor makes contract pregnancy an alienated form of labor for women who act as surrogates (1990, 81). The introduction of economic norms into the sphere of women’s reproductive labor degrades surrogates by requiring them to repress whatever maternal attachment they might feel for the child, and by manipulating and denying the surrogate mother’s evolving outlook throughout the course of her pregnancy and after delivery. Carol Pateman points out that even the language of “surrogate motherhood” works to accomplish this. The qualifier ‘surrogate’ conveys the legitimacy of this isolation of labor where the worker has no claim to the product of her labor or to motherhood (Pateman 1988, 213). Given these and other concerns, it has been argued that sexual and reproductive labor is a special kind of labor that should not be treated according to market norms. When reproductive labor is purchased on the market it is inappropriately valued. Commercial surrogacy is essentially a contract for a service, which commodifies women’s reproductive functions, thereby undermining the surrogate mother’s dignity. This idea has been central to documents such as the Warnock Report, which states, “It is inconsistent with human dignity that a woman should use her uterus for financial

profit and treat it as an incubator for someone else's child ... where the woman entered an agreement to conceive a child, with the sole purpose of handing the child over to the commissioning couple after birth” (1984, 45). In sum, one dignity affront that is discussed in the contract pregnancy literature is the degradation of the surrogate that is said to occur with the commodification of women’s reproductive labor.

It has also been argued that contract pregnancy violates the dignity of the children produced as a result of such agreements. Commercial surrogate arrangements can be thought of as essentially contracts that regulate the buying and selling of children. Contract pregnancy could therefore be seen as a contract for a product. We see support for this idea in looking at the following common trend of contract stipulations. Many agreements stipulate that the gestational mother will be paid at a significantly reduced amount in the case of miscarriage. By way of this transaction, the child has been transformed into a commodity instead of having immeasurable worth. Moreover, the commercial surrogate’s main motivation for getting pregnant in the first place is arguably the financial reward. In such a case, the child’s existence would be instrumental to the surrogate’s material ends, which puts a price on the child. As such, commercial surrogacy can be thought to degrade the dignity of the children it produces by reducing their status to that of a commodity, something that is traded in accordance with the norms of the modern market.

As Michael J. Meyers observes in “The Idea of Selling in Surrogate Motherhood,” “Perhaps the greatest offense to a person’s human dignity would be to be bought and sold” (1990, 175). In the famous baby M case, for instance, the trial court judge agreed with the premise that producing a child for monetary gain denigrates human dignity (Steinbock 1988). The New Jersey Supreme court upheld the ruling that in paying the surrogate, commercial

contract pregnancy amounts to the selling of a child, or, rather, the mother's selling of her right to the child. According to this line of reasoning, contract pregnancy substitutes commercial norms for certain familial norms, for example, parental love. It causes a shift in the way we understand parental rights. Instead of parental rights being seen as trusts, they become more like property rights, where one has "rights of use and disposal over the things owned" (Anderson 1990, 75). In contract pregnancy, the gestational mother decides to conceive a child with the intention of exchanging the child for financial gain. Similar to the rules governing the sale of property, the terms of the agreement require the surrogate to relinquish a good (in this case her parental responsibilities) in exchange for economic profit. The norms governing contract pregnancy resemble those of commerce in other ways as well. Consumer demand is responsive to the desirable and less favorable characteristics of commodities. Just as market demand drives commerce, the surrogate industry caters to the preferences of its consumers. Assuming that particular traits will be passed on, it has become standard for clients to specify certain characteristics they find desirable in finding an appropriate surrogate. For instance, people may choose a surrogate based upon factors such as race or ethnicity, height, profession, I.Q., and other attributes. Given these and other similarities between the norms governing commerce and contract pregnancy, it is argued that such a practice treats the child as a property right, a product that may be bought or sold, instead of viewing the child as a human being that is literally priceless given its intrinsic value. In doing so, commercial surrogacy is said to pose an insult to the dignity of the children it produces. Similarly, in the literature on commercial organ transplantation, it is argued that a price is placed upon people by virtue of their having organs that can be harvested.

Public resistance to the state-regulated sale of human body parts, no matter how

voluntary or well informed, is grounded in the conviction that such a practice would diminish human dignity in a way that organ *donation* does not. The buying and selling of organs places market value on these body parts in a way that giving organs (without monetary compensation) does not. The United States Congress's 1984 National Organ Transplantation Act prohibits interstate commerce of kidneys and other human body parts for transplantation, viewing such a practice as contrary to human dignity (Cohen 2002, 48). In passing this Act, it was assumed that the conceptual transformation that would occur if we were to start viewing human organs as commodities would treat the persons to whom the organs originally belong as having market value. The placement of economic value on persons, who are supposed to be treated in a manner consistent with their immeasurable worth, would diminish human dignity. Following this line of reasoning, the buying and selling of organs should therefore be prohibited.

The sale of organs on the black market seems to be a similar dignity violation in that it treats the person from whom the organ was taken as a mere means to the more privileged receiver's end. Respect for dignity requires that the economically (or otherwise) vulnerable do not feel coerced into selling their organs as a means of supporting themselves or their family. In cases where people are non-voluntarily cut open for their kidneys or other organs that will bring wealth to the middleman, the dignity of the person from whom the organs were taken is compromised twofold. In such cases, the individual was neither able to exercise autonomy in consenting to lose a vital organ nor were they respected as an end in themselves. Instead, in seeing the non-consenting "donor's" value as inhering in what goods their organs will bring, the dignity of the person from whom the organ was stolen is violated in their being treated as a mere means, being valued only for their instrumental worth in bringing monetary gain. Arthur Caplan speaks to this in his book entitled *The Ethics of Organ Transplants*, where he discusses the

effects of organs and tissues being taken for financial reward on the moral standing of donors, who become “sources.” In exploiting persons in this manner, people are worth more dead than alive, and the dead are treated as mere things (Caplan and Coelho 1998, 220). Similarly, the possibility of using people (for example, a clone or a sibling) for their “spare parts” for someone who is in need of transplants or transfusions would be a dignity violation of this sort. This second dignity function appears in the literature as a means of preventing instrumentalization, commodification, and exploitation. We see dignity language operate in this way in the literatures on pharmaceutical research, contract pregnancy, and organ selling. In the next section I consider a third dignity function that serves a distinct function that is not contained within the two dignity functions I have put forth.

Dignity as Preserving the Sanctity of Human Life

In bioethics, appeals to the “sanctity of life” doctrine are often found in debates about euthanasia, abortion, infanticide, human cloning, embryonic stem cell research, and other new technologies or interventions that are said to violate the sanctity of human life. The key claim of human sanctity is that *human* life in its entirety is an immeasurable worth that inheres equally amongst all members of the species. Sanford Kadish expresses this view of human sanctity in his writing on Anglo-American law: “All human lives must be regarded as having an equal claim to preservation simply because life is an irreducible value. Therefore, the value of a particular life, over and above the value of life itself, may not be taken into account” (Kuhse and Singer 1985, 18). Sanctity of life language as a dignity function is invoked to convey the idea that given our unique worth, it is morally wrong to tamper with nature in certain ways. In preserving the irreducible value of human life, the sanctity of life principle is at times seen as the final barrier against the alteration of certain basic features of the human species.

The sanctity of life doctrine does not presume the sanctity of *all* life forms. It narrowly acknowledges the sacredness of all *human* life in its entirety. As Helga Kuhse and Peter Singer point out, the sanctity of life principle works to mark a sharp moral distinction between humans and nonhuman animals. In doing so, human life is marked for special status and attention (Kuhse and Singer 1985, 119). Such a position holds that dignity is inseparable from the human condition, as it is what grounds our unique status, and thereby requires deferential treatment of humans that is not due to animals. Hence, the sanctity of life principle performs two separate, but related, primary functions. It holds human life as something sacred that is to be held in higher esteem than animal life. As such, it follows that *human* life should not be tampered with in ways that are said to demote the sacredness of the human species.

We see both of these aspects (the privileging of humans over animals and the idea that it is morally wrong to tamper with nature) in the anti-euthanasia and anti-abortion literature, as well as the discourses on cloning and germ-line intervention. A great deal of the anti-euthanasia literature espouses the sentiment that it is hubris for a human being to intentionally end the life of another human or of oneself. In the case of euthanizing animals, however, we see a very different attitude. It is often considered a great kindness to put suffering animals out of their misery, and this widely accepted practice is not perceived as hubris. Sanctity of life justifications for the asymmetrical attitude toward the euthanization of humans as compared to animals are rooted in the idea that God has entrusted His creatures into human hands while the lives of humans should be entrusted only to God. The prohibition of euthanasia (especially active euthanasia) is upheld insofar as dignity is a universally shared attribute, rooted in the sanctity of human life. A sanctity of life understanding of dignity assumes that each human life has a God-given innate value, an intrinsic worth that never diminishes. Euthanasia is viewed as an insult to this inalienable worth,

an affront to human dignity. Kurt Baier has developed four interpretations of the sanctity of life principle. It often operates as a means of protecting (1) a sacred *process* where human life in its entirety is sacred, (2) a sacred individual or individuals, where the *natural life span* of each individual is considered sacred, (3) a sacred essence, where that which constitutes the *uniquely valuable distinguishing features of humanity* is sacred; and (4) a sacred essence, where there is a *sacred goal* to which every being is teleologically committed (Baier 1974, 1-5). Given these four functions, it could be argued that both euthanasia and abortion are contrary to human dignity in failing to uphold three of these aspects of human sanctity, as I will elaborate below.

In the groundbreaking 1989 *Cruzan* case, the Supreme Court of Missouri ruled that the hospital had no right to withdraw the feeding tube that was keeping Nancy Cruzan alive after she had been in a persistent vegetative state following a car accident. It was decided that Missouri was entitled to keep Cruzan alive out of respect for the sanctity of life. The United States Supreme Court upheld this decision, stating that Missouri had legitimate reasons for keeping Cruzan alive even if it was against her best interest to be kept alive in a persistent vegetative state. Justices Rehnquist and Scalia supported Missouri's decision, saying that in order to protect the sanctity of life, the state had the right to implement strict rules governing euthanasia, even in cases where these rules infringe upon a person's autonomy or are arguably not in the patient's best interest (Dworkin 1994, 195). In making sense of this decision and of other rulings that view euthanasia as an insult to the intrinsic value of human life, we can assess euthanasia in terms of Baier's four aspects of human sanctity. In light of Baier's interpretations of the sanctity of life principle, euthanasia violates aspects 1, 2, and 4: (1) the sacred process of human life by disrupting its natural course in a profound manner; (2) the sacred lifespan of the individual seeking euthanasia; and (4), the sacred goal of life to which we are said to be teleologically

committed until our last breath. Together, these principles support the conviction that the preservation of human dignity requires the prohibition of euthanasia.

Similarly, the anti-abortion literature often assumes the sanctity of life meaning of human dignity. Paul Ramsey, for instance, in *The Morality of Abortion*, argues for the wrongness of abortion, basing his argument not on fetal rights but on respect for the “divine dignity” that surrounds human beings (1989, 61). In explicating his use of ‘dignity,’ Ramsey says that “a man’s dignity is an overflow from God’s dealings with him, and not primarily an anticipation of anything he will ever be by himself alone” (1989, 66). Similarly, out of respect for the dignity of procreation, the Roman Catholic Church condemns abortion, masturbation, and contraception. These offenses are said to go against the natural order of procreation, which is a divine gift, and thus violate the sanctity of human life. Pope Paul VI speaks to this idea in his 1968 letter entitled *Humanae Vitae*, where he states the following: “Just as man does not have unlimited dominion over his body in general, so also, and with more particular reason, he has no such dominion over his specifically sexual facilities, for these are concerned by their very nature with the generation of life, of which God is the source. For human life is sacred” (Dworkin 1994, 43). In looking at both Ramsey’s (Protestant) application of dignity language and that of the Roman Catholic Church, we see that the sanctity of life meaning of dignity is invoked in arguing for the impermissibility of abortion.

Without explicitly invoking religious overtones, a seemingly secular appeal to dignity language in its sanctity of life application can be found in challenges to the abortion decision of the French Conseil Constitutionnel, which extended the permissible window for abortions from 10 to 12 weeks. This decision was challenged on the grounds that society ought to safeguard human dignity against any form of deterioration. The court ruled that the amendments were

constitutional, stating that this mandate did not upset the “balance that the Constitution requires between safeguarding human dignity ... and the freedom of women” (McCrudden 2008, 709). The framing of human dignity in this context assumes a sanctity-of-life meaning in valuing a partially developed human being in virtue of its being biologically human and therefore worthy of special respect that we would not typically accord to non-human embryos. Similarly, the discourse on abortion in Germany following the Second World War placed the fetus under the protection of human dignity. The German Constitutional Court appealed to the human dignity clause in grounding the constitutional requirement for the protection of unborn life. According to the First Abortion Decision of the German Constitutional Court, “developing life also enjoys the protection which Article 1(1) accords to the dignity of man. Wherever human life exists it merits human dignity; whether the subject of this dignity is conscious of it and knows how to safeguard it is not of decisive moment. The potential capabilities inherent in human existence from its inception are adequate to establish human dignity. . . . Since in a biological sense, the fetus is a human . . . [its] inherent right to life [is] a right not gained through birth” (McCrudden 2008, 709). Rather, the right to life of fetuses originates in their biological humanity, even in its partially developed form. As such, the German constitution did not permit abortion during this period following the War in its dedication to protecting human dignity. As in the case of euthanasia, abortion is said to affront aspects 1, 2, and 4 of Baier’s interpretation of the sanctity of life principle. Here, abortion violates: (1) the sacred process of human life by ending the natural development of life that is still forming; (2), the sacred lifespan of the embryo which would otherwise have the opportunity to live out its lifespan upon being born; and (4), a sacred essence, or soul which has the *sacred goal* to live from the moment of conception. Collectively, these principles support the idea that the preservation of human dignity requires the prohibition

of abortion.

In discussions about human cloning and germ-line interventions, the sanctity of life meaning of human dignity is frequently seen as the final barrier against the alteration of certain fundamental features of the human species that might result from these and other technologies. In such cases, Baier's third interpretation comes into play, where dignity is a sacred essence, which constitutes the uniquely and intrinsically valuable distinguishing features of humanity. In cases where interventions are seen as a threat to the integrity of the human species, rather than to particular individuals or groups of individuals, it would seem odd to appeal to human rights. This is why documents such as the Universal Declaration on the Human Genome and Human Rights (UDHGHR) rely heavily upon dignity language in rejecting practices such as reproductive cloning and germ-line interventions. Article 11 of the UDHGHR begins: "Practices which are contrary to human dignity, such as reproductive cloning of human beings, shall not be permitted" (Office of the United Nations High Commissioner for Human Rights 1997). Vague wording such as this leaves wide open to interpretation what it is about reproductive cloning that is contrary to human dignity. In chapter five of "Human Cloning and Human Dignity: An Ethical Inquiry," the President's Council on Bioethics presents a slightly less vague idea about what the dignity violation in the cloning debate entails. This document expresses concern for human dignity more generally, in a similar manner to the UDHGHR's justification for the prohibition of cloning, but it also refers more specifically to the dignity of procreation. The perceived threat to the sacred essence of humanity might be found in the substitution of asexual reproduction for sexual reproduction, in creating human beings who would inherit a genetic identity that has already been in existence, and in treating children as self-designed products. Such a profound shift in these attributes that have always constituted some of the valuable features of humanity

pose a threat to that which has always been understood as inseparable from the human condition. The assertion that reproductive cloning constitutes a dignity violation relies heavily upon this particular human sanctity application of dignity language that assumes a sacred human essence that should not be tampered with in ways that threaten the purity or sacredness of this essence.

For instance, in arguing against the moral permissibility of human cloning, Robert Kraynak writes, in his essay entitled “The Mystery of the Human Soul,” that human dignity is rooted in “the mystery of the human soul” (2008, 80). As such, cloning violates human dignity because it goes against “the God-given natural methods of procreation through male-female reproduction” which, as we learn in Genesis, is a biological process *and* a divine mystery. Hence, biotechnologies such as human cloning threaten the natural order of things by tampering with God’s design (Kraynak 2008). Ethicists of different religious orientation such as Gilbert Meilaender and Kenneth Waxman echo this sentiment, saying that as creatures of God, there is a sense in which we should not treat bodies as though they are utterly open to manipulation (Meilaender 2008). The inviolability of human dignity dictates that we should not tamper with nature in certain ways. As we were created according to God’s design, cloning is viewed as an inappropriate intrusion of man into God’s domain (Waxman 2004). In contrast, the cloning of animals, for example Dolly the sheep, does not raise similar concerns or policy recommendations. Although the cloning of animals isn’t a widely accepted practice given its high failure rate and numerous practical problems, the discourse surrounding animal cloning does not invoke dignity language. This prohibition against tampering with God’s design insofar as it encompasses *human* life in its entirety but does not include animal life is central to sanctity of life dignity functions.

The question of *should we “play God”* with the human germ-line invokes a similar

sanctity of life application. The Council of Europe's 1982 Parliamentary Assembly expressed concern that "interventions in the human genome should be limited by the rights to life and dignity" (Beyleveld and Brownsword 1998, 676). On this view, a right to dignity involves the right to inherit a genetic pattern that has not been tampered with, as transgressing certain boundaries indicates a lack of awe that is owed to humanity. Article 2 of the UDHGHR hints at this idea. It underscores the need to identify practices that might be contrary to human dignity and assigns this task to the International Bioethics Committee of UNESCO. Article 24 of the declaration identifies germ-line interventions as a practice that could be contrary to human dignity. Assuming the most beneficent of intentions, which might be to create a world in which individuals would not have to suffer the consequences of genes such as those for Alzheimer's, Cystic Fibrosis, or Huntington's Disease, the means to achieve this goal may include negative repercussions that lie beyond our control. Due to our inability as mere humans to understand the complexity of interconnected mechanisms and factors, we may inadvertently disturb the delicate balance in nature by our feeble attempt at reducing human suffering. The consequences of such a disturbance could rebound deleteriously.

Germ-line interventions might have very serious unforeseen effects. They could fundamentally and permanently change what makes us human, altering our central nervous system and cerebral cortex, thus altering our capacities to be rational, self-conscious, have moral judgments, and be able to exercise choice. To intervene in human germ cells so as to alter the genetic make-up of future generations not yet born arguably displays excessive human confidence, or *hubris*, and constitutes a violation of God's sacred design. This thought assumes the sanctity of life meaning of dignity, which is intended to protect the sacred essence, the uniquely valuable distinguishing features of humanity. Such a view assumes that each human

being, regardless of physical health, mental capabilities or genetic endowment is loved and created by God, and this recognition should translate into respect for genetic diversity. Given our limited perspective as beings that were made in the image of God, we should be cautious and prudent in recognizing the threat of human *hubris*. In Arthur Caplan's *Am I My Brother's Keeper*, Caplan considers what he refers to as the Nazi analogy in germ-line intervention. The analogy draws a comparison between Hitler's orders to eliminate people with disabilities and germ-line intervention. They are said to be morally akin in that both methods of "gene cleansing" work toward the same end, that is, social advancement through biological means. Because germ-line modification is a form of eugenics, and eugenics is associated with Nazism, we can associate germ-line intervention with the Nazis' evil attempt at "playing God" (Caplan 1997, 70). Echoing this sentiment, the drafting of the Universal Declaration's concerns about eugenics seem to imply that eugenics is contrary to human dignity in a similar way as germ-line interventions.

Human dignity, as respect for the sacred essence of humanity, requires not tampering with genes or interfering with nature in other similarly profound ways (i.e. cloning). This interpretation of human sanctity is attributed to the idea that God created humans in His divine image and held in equal regard the infirm, the outcasts, and the lame. Hence, each human being, regardless of health or genetic endowment is created by and loved by God. Whereas God created the universe and all its contents *ex nihilo*, out of nothing, we are merely co-creators in our human existence, being creatures who will never be able to create with the wisdom, vision, and creativity of God. As such, germ-line intervention is often cited as contrary to human dignity, where dignity takes on a sacred essence meaning of Baier's interpretations.

Bioethics literatures that use the language of human dignity to stand for one or more

sanctity of life interpretations include (but are not limited to) euthanasia, abortion, human cloning, and germ-line intervention. It is useful to consider Baier's four interpretations of the sanctity of life principle in determining instances where dignity language functions as a means of protecting the sanctity of life. In the following section, I consider a fourth function of dignity language which includes some aspects of the dignity functions mentioned above, such as respect for autonomy and treating people as ends in themselves, but also carries its own unique function under the umbrella term "dignity language," which is only partially contained within the applications already mentioned. Respect for human dignity, understood here as inherent worth, involves recognizing this inalienable worth by respecting autonomy and treating people as ends in themselves. It also involves a more personal expression of bestowing respect upon another, the particulars of which vary somewhat culturally. I call this function of dignity language *social dignity*. This application is routinely found within the nursing ethics literature, as well as other literatures that employ multiple dignity functions that are of this sort.

Social Dignity

In holding respect for dignity to be an inherent value in nursing, the International Council of Nurses (ICN), and more broadly, the literature on nursing ethics, frequently appeal to dignity language. In this discourse, the concept of dignity functions as a principle of treating people with respect, where respect is created and conferred in socially sanctioned ways. The ICN Code of Ethics for Nurses, most recently revised in 2006, has served as the standard for nurses worldwide since it was first adopted in 1953. The preamble states the following: "Inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect. Nursing care is respectful of and unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or

social status” (2010). The deeply inter-personal nature of this profession and the above preamble’s emphasis on treating all patients in a respectful manner, indicates that dignity, in this context, amounts to treating people with respect regardless of their background. In the above statement, several dignity functions are at play. Alongside dignity as respect for autonomy, justice, and respect for persons, which Macklin speaks to in providing a basis for the content of dignity functions, there is an additional dignity function that has not yet been considered in the taxonomy that I am putting forth.

What I refer to as social dignity involves two interrelated aspects: dignity of self and dignity of relation. Dignity of self has to do with showing respect or confidence in oneself through a kind of decorum. It has to do with presentation of self and displaying behavior that shows self-constraint and sometimes a touch of vanity. In the euthanasia literature, for instance, individuals seeking euthanasia report feeling more apprehensive in anticipation of their impending loss of dignity than they are troubled by the prospect of physical suffering (Caplan, Snyder, and Faber-Langendoen 2002, 40). Here, the reference to dignity exemplifies what I am calling dignity of self. People who are physically, mentally, and psychologically able create dignity for themselves through various modes of self-care. This can vary according to gender norms, socioeconomic status, ethnicity, religion, personal preferences, and so on. Self-dignity is a fluid and creative process. It is not something that once achieved will always remain. Rather, people may (often subconsciously) reevaluate how they create their self-dignity and exhibit varying degrees of self-dignity throughout their lives or even throughout the day. Expressions of self-dignity could simply involve showering and dressing before leaving the house but it might also include other modes of self care such as shaving, adorning oneself with jewelry, a designer handbag and makeup, wearing a tie and freshly ironed clothing, and so on. At a less conscious

level, self-dignity could also involve holding one's body in a particular way and adopting certain manners and behaviors according to what one considers to be refined postures and expressions. For instance, some people value modesty as a core part of self-dignity. However, what modesty entails varies greatly according to gender, religious creed, ethnicity, and other situational factors. For some, modesty requires wearing long skirts and covering one's knees, elbows, and collarbone. For others, it might involve not getting undressed in front of members of the opposite sex. In sum, dignity of self is one aspect of social dignity. It is a dignity of identity that has to do with one's outward expression of self-respect, the content of which makes sense in considering the existence of selves in relation to culture.

By contrast, dignity of relation is bestowed through social interaction. It is therefore contingent upon a process of reflecting worth through behaviors that are understood as showing due respect for another's value. Dignity of relation is an other-regarding value where treating someone with courtesy is a means of promoting dignity, and varies somewhat according to social mores. For instance, making eye contact might be perceived as a dignity affirmation to people from certain backgrounds, while it is seen as an insult to dignity for others. Dignity promotion (and demotion) is a distinct activity that happens between people, insofar as dignity is something that is created and conferred in socially sanctioned ways. Here, dignity language does not function in its sanctity of life meaning as a static property, a sacred worth with which people should not attempt to "play God." Unlike dignity in its sanctity of life application, which assumes a fixed, unchanging property, social dignity is a dynamic property, something that may be created, promoted, and insulted. What it means to promote or demote dignity must be routinely reevaluated in keeping up with the realities of a pluralistic society that is constantly changing. This function of dignity has a more intimate and interpersonal dimension as compared

to the first three dignity functions that I have put forth, since it has to do with honoring another's identity, which is an other-regarding value.

Dignity of self and dignity of relation are intertwined insofar as self-production is ultimately a social enterprise. That is, dignity of self is a self-directed value that is created through interaction with the outside world, as the dignity that individuals learn to accord themselves mirrors culturally specific attributes that are expressions of dignity. Nora Jacobson, a professor of psychiatry, has coined the term “dignity work” to describe a distinct activity which aims to promote the dignity of others (2009, 6). As opposed to a sanctity of life meaning, which assumes an inalienable dignity, social dignity may be described as a dignity of identity, insofar as identity is self-created *and* conferred by others as an alienable property which can be lost or diminished if others destroy it. We see this during the Holocaust, for example, when the Nazis stripped the Jews of their dignity by stealing their possessions and businesses and forcing Jews to live in ghettos, thereby violating the Jewish peoples' integrity by humiliating them in ways that affect their public perception. In the nursing literature, the interpersonal activities of self-dignity and relational dignity are commonly discussed in terms of dignity promotion and dignity violation, where dignity work requires being attentive to which activities or attitudes work to maximize dignity promotion while minimizing dignity violations.

Discussions about “dignity work” are common throughout the Western nursing literature that discusses the attitudes and behaviors that work to preserve or insult dignity. In *Defending Dignity: Challenges and Opportunities for Nursing*, The Royal College of Nursing holds dignity in the “heart of everything [they] do.” This mission grounds several applications of social dignity (in its relational sense) such as the importance of safeguarding privacy and confidentiality (2008, 9). Here, the effort and extra measures required for securing privacy and confidentiality may be

understood as showing due respect for patients' value. Although privacy and confidentiality are arguably universal values, the parameters and expressions of these dignity-promoting principles vary somewhat according to culturally recognized behaviors and living situations. For instance, upholding privacy might take on a new meaning for cultures that have a very different family structure than we are used to in the West. In *The Spirit Catches You and You Fall Down*, the Hmong refugees living in California would visit the doctor as family unit. The family structure upheld a hierarchy in relaying information and making decisions. The doctors working at the hospital in made note of the difficulty they faced in upholding privacy and confidentiality when doctors who work with Hmong patients were expected to relay information to an ailing grandfather who is the revered elder of the family instead of to the patient him or herself. Additionally, it was reported that the Hmong viewed questions about elimination of waste and sexual activity as disrespectful of their privacy. Regardless of cultural differences, respect for privacy and confidentiality can be viewed as a means of promoting dignity as an other-regarding value, the expression of which varies somewhat according to social mores.

According to an investigation into what demotes and promotes patient dignity, the Royal College of Nursing has provided a detailed table with three lists of care activities that nurses can implement in promoting dignity. The headings of these lists are entitled: Privacy, Communication, and Physical Care Actions. Privacy involves bodily privacy (covering body, minimizing time exposed, clothing), managing people in the environment and paying attention to physical environment (curtains, managing smells, auditory privacy), and staff behavior (sensitivity to culture/religion, discretion, respect for personal space). Under Communication, we see interactions that make patients feel comfortable (empathy, sensitivity, family involvement), interactions that respect autonomy by making patients feel in control, (information and

explanations provided, gaining consent, choices and negotiation), and interactions that made patients feel valued (being courteous, giving time). Physical care actions can promote dignity by being attentive to staff involvement, timeliness, promoting independence, and physical comfort) (Nursing 2008, 36).

The geriatrics literature focuses on dignity that in many cases becomes demoted with loss of independence and the capacity for self-care. For instance, patients who are unable to bathe or toilet themselves but are still cognitively functioning might experience indignity in the embarrassment of no longer being able to provide self-care. Feeling naked, no longer independent, extremely vulnerable, and perhaps ashamed to have their aging body seen by someone younger or of the opposite sex contributes to the patient feeling a loss of dignity. Patients in a case study on dignity in a clinical setting expressed dignity as “feeling of consequence, feeling cared for . . . feeling in control . . . that you’re not under pressure to do things” (Baillie 2009, 29). Other patients associated dignity with physical appearance. Physical presentation with regard to being dressed appropriately rather than in an open-backed hospital gown and appearing cared for affects how comfortable patients feel and is closely linked with how others treat them (Baillie 2009, 30). As dependence in personal care is seen as a threat to dignity, one patient said about dignity, “[it is about] respect and people treating you as you treat them and not making you feel small” (Baillie 2009, 29). Collectively, the examples in this section provide the basis for a fourth type of dignity function, where social dignity has to do with conferring respect in socially sanctioned ways, which involves two interrelated aspects: dignity of self and dignity of relation.

Conclusion

In this chapter I have identified and provided examples that affirm the idea that the four

major dignity functions that I have considered dominate the bioethics literature. I have considered seminal origins of these functions, which sheds light on how the concept of dignity has become an umbrella term that embodies these disparate functions and meanings. In classifying dignity language according to four types of functions, I have provided examples from a variety of discourses that illustrate what I mean by dignity as the protection of autonomy; dignity as the prohibition of instrumentalization, commodification, and exploitation; dignity as the preservation of the sanctity of human life, and dignity as the promotion of respect in socially prescribed ways (social dignity). In classifying these particular functions, my taxonomy offers a language which will be useful in evaluating what merit bioethics ought to grant the concept of human dignity. It provides a meaningful way of thinking about how dignity functions in a particular context, making it less vacuous a concept. Using this as a framework, we are now in a position to address the question of what moral weight the principle of respect for dignity ought to have in bioethics.

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Chapter 3: Using the Taxonomy to Determine the Appropriate Moral Weight of 'Human Dignity'

In the previous chapter I proposed that there are four categories of dignity functions that tend to dominate the bioethics literature: dignity as the protection of autonomy; dignity as the prohibition of instrumentalization, commodification, and exploitation; dignity as the promotion of respect in socially prescribed ways (I call this social dignity); and dignity as the preservation of the sanctity of human life. We may use this taxonomy to determine the appropriate moral weight that bioethics ought to grant the concept of human dignity as it arises in various contexts.

By applying the taxonomy to cases that I have already discussed in addition to bioethics cases that I have not yet considered, I show how it provides a useful framework with which one may attend to the question that I have posed, if, as I have argued in chapter 1, 'dignity' should not have a foundational role. I do this in five sections. In part one I show how the taxonomy of dignity functions is a useful device in identifying arguments that equivocate on the word dignity, as it provides a more precise language and method for disambiguating vague dignity language. In part two, I consider numerous cases where dignity language is used univocally, but is reducible to more precise action-guiding principles such as veracity, respect for autonomy, privacy, confidentiality, treating people as ends in themselves, and so on. I argue that where dignity is used univocally within a given argument or policy, bioethics would be better served if, in these cases, the word *dignity* is replaced by more precise action-guiding principles. In part three, I consider what moral weight bioethics ought to accord the concept of social dignity. I offer a rubric of considerations (albeit an incomplete rubric) that one ought to be mindful of in determining the moral weight of social dignity. I then show how the rubric is useful in identifying instances where social dignity may require certain behaviors without proper

justification and should merit little weight, as well as cases where we ought to accord social dignity greater moral weight. In part four, I consider cases where social dignity *may* be of great moral worth in bioethics. Drawing upon Hilde Lindemann's concept of "holding" people in personhood, I call this type of dignity work "holding another's dignity." This type of dignity work may be done in cases where a person is no longer able to create dignity for herself (i.e. a comatose or Alzheimer's patient) and in cases where a person has never been able to create dignity for herself (i.e. the cognitively disabled). In part five, I provide examples where dignity language takes on a sanctity-of-life meaning and argue that as a pluralistic society whose state is purportedly secular, and as a non-theocratic discipline, bioethics ought to be mindful of instances where dignity language operates as a Trojan horse for sneaking religious ideas of a dominant religious tradition into a seemingly secular discourse.

I. Using the Taxonomy to Identify Instances of Equivocation

In reviewing the literature, we read that certain practices such as slavery and degradation are morally wrong because they take someone's dignity away. But we also read that nothing you can do to a person, including enslaving or degrading a person, can take a person's dignity away. No matter how poor, shiftless, evil, or mentally impaired a person might be, she has dignity in full measure, simply by virtue of being human. Additionally, we also find language where dignity reflects excellence, prestige, social status, and having a refined character or demeanor, meaning that only some people achieve their dignity by dint of effort combined with moral luck. Hence, if dignity can be an inalienable and static property that is never lost and inheres within all persons in virtue of being a human being, as well as a dynamic and alienable property that is bestowed, that only some can achieve, and that can be promoted or diminished, we see that the tendency to equivocate on dignity presents a serious problem in shifting between these and other

meanings.

Arguments that equivocate on dignity are not valid because the meaning attached to the common term shifts throughout the argument. If one were to replace each appeal to dignity within such an argument with just one of the intended meanings, the argument would be nonsensical, one or more premises would be false, or the conclusion would not follow. Therefore, there is no need for further evaluation of what weight the concept of dignity ought to carry in places where the meaning is not used univocally. For the sake of efficiency, it makes sense to first identify instances of equivocation, which will allow us to focus our attention on evaluating the moral weight of univocal applications of dignity language. At present, given the imprecise nature of dignity language and its ubiquitous use, which, as discussed in chapter one, at times operates as a mere rhetorical device, instances of equivocation are easily overlooked. By keeping in mind the four dignity functions that I have put forth in my taxonomy and first distinguishing the possible meanings of potentially ambiguous expressions of dignity language, we can more readily identify instances of equivocation. For each possible meaning, we can then restate the argument so that each expression clearly has the same meaning throughout, replacing vague dignity applications with whichever more precise dignity function or functions seem like an appropriate or plausible meaning, depending upon the context. After evaluating the resulting arguments separately, we can then determine whether or not a given document or argument commits the fallacy of equivocation. Where dignity functions in a manner that is not included in one of the four functions--for instance, if the context of a particular usage indicates that dignity is a stand-in for respect for confidentiality, as distributive justice, or as social/political inclusion--one should substitute the more precise meaning that one could infer to be the intended meaning for each vague dignity application. I will demonstrate this process by first looking at a section of

Eva Kittay's "Equality, Dignity, and Disability." After analyzing Kittay's use of the term dignity, I will demonstrate this process again by looking at Bonnie Steinbock's section on Human Dignity in "Surrogate Motherhood as Prenatal Adoption."

Kittay first uses 'dignity' to mean something that can be ensured by laws and policies that are successful in guaranteeing anti-discrimination and in enabling the inclusion and development of the capacities of people who are disabled. Here, dignity involves, for example, accessible restrooms, since "not being able to use the toilet in homes you might visit is ... an indignity" (Kittay 2005, 99). Kittay goes on to claim that "any society that is committed to the equal dignity of its members must be committed to providing resources for disabled people to participate in all areas of human life" (2005, 99). In claiming that society is *committed to* the equal dignity of its members, and that this commitment must be upheld through providing resources, it seems that dignity, in this context, is not an inalienable property, as inalienable properties cannot be stripped away, but has more to do with a standard of living that society can have a stake in. One could interpret Kittay as meaning that people have an equal right to have their dignity respected *because* of their inherent dignity; however, this reading is unclear. If dignity were a static property that inheres equally and universally, society would not have to be committed to the equal dignity of its members since people retain inalienable properties independent of external circumstances. Hence, in what I will refer to as Kittay's first sense, "equal dignity" must be understood as something similar to "equal rights" that a society can bestow on its members by providing resources that allow for inclusion in all areas of human life.

In contrast, Kittay goes on to appeal to human dignity in a second sense, as an attribute or static property that has to do with the inherent worth that is said to reside equally in each member of humanity. For Kittay, "the notion of *equal* dignity insists that human dignity inheres in each

and every human being to the same degree” and is therefore something that can never be lost or diminished, since “if each human being has intrinsic worth in and of oneself, there is no more or less” (2005, 101). In this context, although it is certainly possible to *treat* people in ways that are not consonant with their intrinsic worth, poor treatment would not cause the equal dignity that is said to inhere in each human being to diminish. As an inherent property, external factors such as social inclusion cannot demote a person’s dignity. This isn’t to say that we *ought* to treat people in ways that dishonor their inherent worth. My point is that in this passage we see Kittay refer to “equal dignity” in a sense that is at odds with the first sense.

This part of the essay would clearly be nonsensical if one were to replace one meaning of dignity with the other in order to use the same meaning throughout. How can dignity be something that is both “*equally due* to each one of us” (italics mine) *and* that is “possessed by all to an equal degree” (Kittay 2005, 101-2)? Kittay argues that we have an obligation to accord equal dignity to people with severe cognitive disability, but how can people be *due* equal dignity when it is an attribute that is *possessed* by all to an equal degree? How does one bestow a property that is said to inhere? Clearly, we have to be suspect of Kittay’s use of dignity language here (and in other such arguments), as she equivocates on the term. Kittay is not the only offender in equivocating on the word dignity.

In considering several objections to her argument for the legitimacy of commercial surrogate contracts, Steinbock acknowledges human dignity as the strongest argument against contract pregnancy (1988). Although her human dignity objection contains two meanings of dignity that have disparate meanings, she doesn’t acknowledge any inconsistency of terminology within this objection. The first meaning is essentially dignity as the prohibition of non-commodification. Here, commercial surrogacy puts a market value on a human life, making it a

practice that is analogous to slavery. In this particular context, contract pregnancy is inconsistent with human dignity because it fails to acknowledge the intrinsic value of the child in question, rendering the child a commodity that can be bought and sold rather than a being that has value beyond any price. I want to draw attention to the fact that this affront to human dignity violates the said dignity of *particular* children. Since children are not typically treated as property in this way, only the “products” of such arrangements are bought and sold, much like slaves, meaning that *individuals’* dignity is violated in contract pregnancy. In sum, this first sense of dignity is meant to protect *individual* children from becoming a commodity.

By contrast, in discussing the Baby M case within her human dignity objection, Steinbock quotes the trial court judge, who points to a different meaning of dignity. Although the judge ultimately denied that contract pregnancy denigrates human dignity, it is important to acknowledge the substantial differences between the judge’s use of dignity with the non-commodification meaning. Here, the judge initially accepted the idea that “producing a child for money denigrates human dignity” (Steinbock 1988, 563). This implies a very different meaning of human dignity. While the first sense is merely concerned with the dignity of particular individuals who are produced and then sold, the second meaning connotes a sense of dignity where the practice of contract pregnancy denigrates human dignity at the macro-level. It is not merely inconsistent with the dignity of the children who are exchanged for money, but with the human dignity of (presumably) humanity at large. This is an importantly different meaning. While the non-commodification meaning is fairly strait-forward in explicating the meaning of dignity, the second sense is not. Further argumentation is required to show that contract pregnancy is a practice that demotes the dignity of even those who have nothing to do with surrogate arrangements. Although Steinbock glosses over this inconsistency, as it is not the focus

of her argument, the fact that dignity is equivocated contributes to the weakness of the “Human Dignity objection” and could further strengthen her argument that commercial surrogacy contracts should not be prohibited. However, for my purpose, it will suffice to show that if one were to substitute the non-commodification meaning for the second meaning, this objection would be nonsensical. It is a huge leap to claim that producing a child for money is inconsistent with the *child’s* dignity to the claim that it denigrates human dignity of *humankind* at large.

Whenever we come across ambiguous dignity language we can employ this method in order to assess whether or not dignity is used univocally. Hereafter, we may focus our attention solely on univocal applications of dignity, as it is impossible to know what degree of moral weight to assign instances where dignity is equivocated. In making these substitutions, it becomes apparent that in many cases, one may safely replace vague dignity language with more precise concepts and action-guiding principles.

II. Cases where Dignity is Reducible to Less Ambiguous Concepts or Action-Guiding Principles

In this section I consider cases where dignity is reducible to more precise action-guiding principles and argue that in such cases (which constitute a great deal of dignity language) bioethics would be better served if more precise concepts and principles replaced vague dignity language. In many cases, it will be clear from contextual cues whether dignity amounts to one or more of the dignity functions that I have put forth, or to other moral principles. Ruth Macklin argues that dignity is a useless concept and that it amounts to respect for autonomy. She notes that bioethics has done quite well with the principle of personal autonomy—the idea that, because most humans share the same minimum capacity to suffer, reason, and make decisions, no one has the right to impinge on the life, body, or liberty of another. This is why informed

consent serves as the bedrock of ethical research and practice, prohibiting the kinds of abuses and crimes against humanity that led to the birth of bioethics in the first place, such as Mengele's sadistic "experiments" in Nazi Germany and the withholding of treatment and information to indigent sharecroppers who were patients in the Tuskegee syphilis study. Hence, in recognizing the principle of autonomy, Macklin argues that "dignity" adds nothing substantive to bioethics (2003).

Similarly, experimental psychologist Steven Pinker argues that dignity adds nothing that the concepts of autonomy and respect for persons (as outlined in the *Belmont Report*) don't already give us. While I don't think that dignity is an *entirely* useless concept in bioethics, or that it is always reducible to the principles of respect for autonomy or respect for persons, Macklin and Pinker are quite right in pointing out that in many cases dignity is reducible to other, "less squishy" principles. However, these principles go beyond respect for persons (which includes respect for autonomy) and require other sorts of behavior, which can also be deduced from common morality. This includes never treating people as having mere instrumental value, as well as nurturing the vulnerable and dependent, not causing needless suffering, and treating others with loving-kindness, conscientiousness, honesty, and so on. For instance, some dignity language seems to equate dignity with confidentiality and privacy. In "Promoting the Dignity of the Child in the Hospital," nurses in a pilot study were asked what they thought dignity meant. Many of the nurses seemed to view dignity as requiring privacy and confidentiality: "Well, it's about privacy and confidentiality." A care assistant said, "Dignity – well it's the same for everyone isn't it? It's about privacy, about pulling screens around and covering people up" (Reed and Smith 2003, 69). These were fairly typical responses, indicating that several of the nurses appeared to equate dignity with privacy. Although there was a lack of consensus in defining

dignity, there are common themes that can be teased out. For instance, the literature on patenting human genetic material and commercial contract pregnancy view dignity as prohibiting the instrumentalization of human genes and of pregnancy contracts in addition to preventing the commodification of children produced from such arrangements. The National Bioethics Advisory Commission (NBAC) appeals to dignity as non-instrumentalization in arguing against the use of human embryonic stem cells for research purposes, stating that: “The primary objection to creating embryos specifically for research . . . [has to do with] respecting human dignity by avoiding instrumental used of human embryos” (Ethical issues in human stem cell research 1999). Another example where dignity is reducible to less vague concepts is in Article 11 of the Universal Declaration on Bioethics and Human Rights, where dignity amounts to non-discrimination and non-stigmatization. It reads, “No individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity.” We lose nothing in substituting dignity language in cases where it neatly translates to less ambiguous concepts and principles. What we stand to gain in replacing, and thereby disambiguating such dignity language is greater clarity, which allows us to have a better sense of the content of normative claims that are being made than we do in the case of asserting that one ought to “respect human dignity.”

In the same way that terms such as ‘right’ and ‘wrong’ or ‘good’ and ‘bad,’ can be described as “thin” concepts, ‘dignity’ might be called a “slender” concept, meaning that it is a very general term which leaves open what, precisely, constitutes it. Like thin concepts, slender concepts allow for wide variation in how they are understood. They stand as placeholders in need of fleshing out. By contrast, “thick” concepts carry a more substantive (although not necessarily complete) meaning. In substituting dignity language for “thicker” concepts such as

respecting autonomy, treating people as ends in themselves, honoring confidentiality, and so on, we have a much clearer understanding about what these moral principles require of us. In making these substitutions, one will find that, at times, vague dignity language amounts to treating another with respect or carrying oneself in a respectable manner, where respect is conferred or created in socially prescribed ways. This dignity function, as introduced in chapter two, is called social dignity. The following section addresses how one might determine the amount of moral weight to assign to social dignity in bioethics.

III. Social Dignity

In cases where dignity language amounts to social dignity, we have a less clear idea of what respect for dignity entails than in the cases mentioned above (dignity as autonomy, non-instrumentalism, respect for privacy and confidentiality, and so on). In chapter two I described social dignity as involving two interrelated aspects: dignity of self and dignity of relation. Dignity of self has to do with showing respect or confidence in oneself through a kind of decorum. It has to do with presentation of self and displaying behavior that shows self-constraint and sometimes a touch of vanity. Dignity of relation is bestowed through social interaction. It is contingent upon a process of reflecting worth through behaviors that are understood as showing due respect for another's value. Dignity of relation is an other-regarding value where treating someone with courtesy is a means of promoting dignity, and varies somewhat according to social mores. Although social dignity does not neatly translate into a collection of moral principles such as respect for autonomy or privacy, such principles may be an important component of what it sometimes entails. Social dignity involves these more precise moral principles, *as well as* a more personal and intimate aspect of dignity work, which is somewhat culturally specific. For instance, in *The Spirit Catches You and You Fall Down* we see that the Hmong have a very

different idea about what violates or affirms dignity. The majority of people living in the U.S. tend not to view a physician's asking questions about patients' elimination and sexual history or making direct eye contact as behaviors that are inconsistent with patients' dignity, whereas the Hmong do (Fadiman 1997, 33).

Social dignity is perhaps more a matter of folkways, decorum, and vanity, than it is about morality itself. For instance, it could be argued that it is neither moral nor immoral to cover a dead body, as the recently deceased is unaware of what happens to the body and since different people deal with dead bodies in a variety of ways. However, in some circles, covering a dead body is protocol for respecting the dignity (understood as worth) of the newly deceased. The United Synagogue of Conservative Judaism states, "A Jewish funeral is a sacred rite and should be invested with both dignity and simplicity as taught by Jewish tradition." Part of what this requires involves leaving the deceased person's body completely intact, staying with the body until burial, and sitting Shivah (a seven day mourning period). In contrast, Jains cremate the deceased shortly after death, after applying ghee on the forehead, hands, and feet. Tibetans deal with the deceased in a completely different way, allowing vultures to carry off body parts while people watch. Collectively, these examples of how people of different cultures and religions honor the dead illustrate the cultural dimension of social dignity, which arguably has more to do with custom than morality. Although morality might also seem as though it is relative, it is plausible that a common morality exists (i.e. honoring the dead) but that it manifests in very different ways according to social context.

Given the extremely relational, personal, and oftentimes intimate nature of social dignity, it remains somewhat unclear what it means to honor another's dignity by treating them in a respectful manner. This difficulty arises, in part, because people have different thresholds and

different ways of creating dignity for oneself *and* because social mores vary in profound ways, owing to the myriad ways that dignity can be bestowed (and violated). Both dignity of self and dignity of relation are quite subjective. For instance, some view growth attenuation as a serious affront to the dignity of people like Ashley X, while others don't view this intervention as a dignity issue at all.

I argue we ought to do what morality bids over what social norms dictate.

Given that social mores like gender, sexuality, vanity or appearance, and so on, lie outside the realm of morality and are at times indicative of cultural biases (or otherwise oppressive or superficial customs or assumptions) and given that certain customs and traditions might also be rich parts of people's identities and value systems, we have to be careful in determining how much weight we grant social dignity. I provide examples that illustrate the complexities of social dignity and argue that it is largely a non- moral concept wherein it goes beyond simply respecting moral principles such as autonomy or privacy, but is informed by cultural norms, some of which lie beyond the realm of morality. I consider the view that social mores are a vehicle for expressing morality and, therefore, the two are inseparable. I conclude that certain dimensions of social dignity ought to carry less moral weight.

Although the meta-ethical project of delineating the line between the moral and the non-moral lies beyond the scope of the project at hand, we should at least consider the likelihood that insofar as social dignity is tied up with social conventions and folkways (including taboos), there are dimensions of social dignity that lie beyond the scope of morality. These non-moral dimensions can make demands of people (i.e. caregivers and medical personnel) that might not be justifiable, as they might appear to be *moral* duties, but actually arise from *cultural* assumptions about what is good, normal, or dignified. Insofar as respecting human dignity is a

moral imperative, it is problematic for social mores to be mistaken for moral entitlements. For this reason, morality ought to trump good manners and social niceties. However, there is a large grey area between the social and moral realms. As such, this dignity function remains the most difficult in determining what value bioethics ought to accord it in various types of situations and discourses.

In “Eating Meat and Eating People,” Cora Diamond discusses the ways in which conventions of courtesy influence assumptions about the moral worth of persons. Folkways and rituals are the grammar with which we show one another consideration. Moreover, they are the means through which we may distinguish what constitutes human life, and, as such, folkways such as manners actually “belong to the source of moral life” (Diamond 1978, 326). They help in the construction of the understanding that humans are beings worthy of special moral concern. In treating others politely, we are in effect conferring respect upon others, which affirms another’s worth as a person and member of a moral community. Margaret Walker defends a view of morality “as culturally situated and sustained practices of responsibility that are taught and defended as ‘how to live’” (1998, 201). This involves a process of culturally situated outputs and uptake where morality is local, and inheres in “socially sustained practices” where folkways determine *how* we might constrain our behavior so as to acknowledge worth in others (Walker 1998, 201). These commonplace “practices of representation” have the power to affect our perceptions of others and how others perceive us (Walker 1998, 179). This moral recognition has bearing on the moral considerations due to people. On this view, it is impossible to delineate between morality and social conventions like manners, since etiquette provides the “grammar” through which moral recognition occurs.

It has been argued that it doesn't make sense to delineate between morality and social convention since the two are inextricably intertwined. Since the time of Herodotus scholars have argued that conceptions of morality differ from culture to culture. As anthropologist Ruth Benedict states in *Patterns of Culture*, "Morality differs in every society, and is a convenient term for socially approved habits" (1946). Along similar lines, sociologist William Graham Sumner writes, "The notion of right is in the folkways. It is not outside of them" (1906). Like morality, social norms may be understood as a kind of "grammar" of social interaction. Like grammar, a system of norms determines what is acceptable and what is impermissible or deviant in a given society. The idea that etiquette plays an essential role in morality poses a serious challenge to my claim that aspects of social dignity might be non-moral, and should therefore not be held in the same regard as those aspects that (many would argue) clearly lie within the realm of morality.

In "Appearing Respectful: The Moral Significance of Manners," Sarah Buss argues that "moral life would be severely impoverished without good manners ... [and] that it would be impoverished because good manners have an important moral function—a function only they can perform" (1999, 795). While I, like many philosophers have assumed that things like manners and decorum lie outside the scope of morality, Buss makes a compelling argument that "systems of manners play an essential role in our moral life" and therefore negate any such distinction (1999, 795). The purpose of etiquette is not merely to provide a framework for superficial interaction, but to assure others that they are persons worthy of respect. Good manners can play a powerful role in forming our ideas about what morality requires of us in our inter-personal interactions with one another. Hence, if my assumption that there is a distinction

between the moral and non-moral aspects of social dignity is flawed, how is one to discern which aspects of social dignity are important and which are less important, or even harmful?

Even if morality and social conventions are so intertwined that they are virtually indistinguishable from one another, it is still possible that there are dimensions of social dignity that ought to carry less moral weight. For instance, when the ways that we acknowledge worth and constrain behavior are superficial, cause harm, or assume things about people by appealing to convention without providing sufficient reason for guiding one's conduct. In order to determine which sorts of cases should merit more or less moral weight, I provide examples of social dignity as they arise in the literature and consider what moral weight these particular instances (and by extension, instances that are similar) should have. In evaluating what moral weight social dignity ought to employ in these particular types of situations, I base my evaluation upon the following considerations:

1. The first step is to identify what type of behavior(s)/interaction(s) is/are deemed an affirmation or an affront to a person's dignity.
2. In asserting that behavior X affirms dignity while action Y insults dignity, what is the basis of this assumption?
 - Is it based upon social mores that assume the value of a particular social convention to which the person in question might not rationally subscribe?
 - If so, are these mores in a sense superficial or merely concerned with vanity? Are they based upon "normal" values and virtues that are so commonplace that they often go unquestioned?
 - Are they indicative of sexist, ageist, ableist, classist, hetero-normative, or otherwise biased assumptions?

3. What does treating another with dignity, or refraining from affronting another's dignity, require of caregivers? Walker sees "treating persons with dignity" as a generic obligation (1998, 107). As such, the general guidelines that come with this commitment might impose culturally laden assumptions that often go unchecked. For instance, that women are "natural" caregivers and that the virtuous woman is self-sacrificing and puts others' needs before her own.

- Does this impose unfair or unjustified demands?

- For instance, are the demands based upon social conventions the parties in question might reject, or to which they might have reason to question?

- If so, are these mores in a sense vain or merely concerned with vanity?

- Are they indicative of sexist, ageist, ableist, classist, hetero-normative, or otherwise biased assumptions?

Given this (admittedly rudimentary) rubric of considerations, one may begin to have a thoughtful discussion about the moral weight that bioethics ought to accord social dignity, as I will illustrate.

Social dignity might be of irreducible moral worth in cases of "holding" another's dignity on their behalf, which will be discussed in the following section. On the other hand, social dignity should merit little moral weight in cases where it involves shallow or superficial expectation about what it means to be dignified. John Robertson writes in "The Involuntary Euthanasia of Defective Newborns," that in giving birth to a defective newborn, both parents "feel a crushing blow to their dignity, self-esteem, and self-confidence ... adding to the shock is the fear that social position and mobility are permanently endangered" (Robertson 1975, 257). The blow to the family's dignity that Robertson is referring to results from social attitudes that

regard the defective newborn as an unmitigated disaster, where, although the child might experience suffering, the dignity affront to the *family* is a result of a defective *society* that places little value on people that are disabled or who look different. Clearly, instances of social dignity where a family experiences embarrassment or shame in having an abnormal (i.e. intersex or otherwise “defective”) newborn, where they fear the endangerment of their social position, are decidedly motivated by vanity, and as such, should not weigh heavily in the medical decision making of the defective newborn. This isn’t to say that there aren’t cases where the euthanization of defective newborns may be morally justified. There may very well be cases where it is morally permissible or even morally required. However, social dignity in this sense, where it refers to a family’s dignity in a superficial sense of regard for social status and avoidance of the embarrassment of having a less-than-perfect child, should carry little to no weight in the decision making process.

A second example where social dignity should receive little moral weight is in the Ashley X case. Here, the concern that it is undignified to be kept small or childlike (and the assumption that being small *is*, in fact, childlike) is rooted in conventional ideas about what it means to appear dignified. These ideas are somewhat vain and superficial, in that they place great emphasis on appearance. For example, the alleged indignity of being kept small is based largely upon physical appearance and other people’s perception of Ashley as a “freak.” In a document entitled “A Statement of Solidarity for the Dignity of People with Disabilities” the authors argue that growth attenuation insults Ashley’s dignity by not allowing her to reach her potential, saying that “it is the duty of both caregivers and the hallmark of a progressive, civilized society to provide the means by which all of us can reach our full human potential” (Diekema and Fost 2009, 33). Given that the purpose and end result of growth attenuation is for the patient to have a

more diminutive stature than she would otherwise have, not reaching her human potential could mean nothing other than appearing smaller than what is considered a “normal” height for an adult in our society. Placing great value on what constitutes a “normal” height in a particular culture seems superficial. Consider, for instance, the history of estrogen being used to attenuate growth. Historically, it was given to girls who were expected to become quite tall, and, consequently, would have difficulty finding a husband, since the social mores of the time required wives to be shorter than their husbands (Brink 2007). Hence, the valuing of height seems to be tied up with social values and norms that are readily accepted and tend to go unquestioned. Such a value judgment is indicative of a *cultural* preference for tallness over shortness. It is not a *moral* judgment about the immorality of having a particular type of physique.

“Not reaching her human potential” could also be taken to mean that Ashley is not reaching her full potential by being prevented from becoming a woman. Not only was Ashley kept small, she also underwent hysterectomy and breast-bud removal surgery. Given the combination of these interventions, it has been argued that Ashley’s dignity was violated in denying her potential to reach womanhood. In unpacking what must be meant by ‘womanhood’ in this context we see that such a position assumes a great deal about gender. It assumes that menstruation and having breasts are necessary conditions of womanhood. Although most women do tend to have uteruses and breasts, the assumption that having these anatomical features is important for Ashley’s (or any female’s) dignity is deeply flawed. If we take seriously the idea that these features are necessary conditions for womanhood, we risk excluding people who identify as female but who lack these body parts, and we also place too great an emphasis on meeting these physical expectations of what it means to be a woman instead of

focusing on the lived experience of people who identify as being a member of the category “woman.” Given that people like Ashley most likely lack a sense of our society’s gender norms (although we can’t be certain about what she comprehends), there is reason to believe that having these body parts isn’t so important to her. Hence, to disallow growth attenuation therapy for patients who are in a similar situation as Ashley on either of these grounds is to espouse a notion of social dignity that shouldn’t enter into the moral deliberation of the legitimacy of growth attenuation, given that these ideas about reaching one’s full human potential (understood as either reaching a certain height or as reaching womanhood) are largely based in social conventions that tend to go unquestioned, the content of which ought to be based upon reason. Given that Ashley’s family sought growth attenuation in order to better care for her and to facilitate caring for her at home, these considerations seem more important than conforming to gender norms.

Moreover, it could be argued that such instantiations of social dignity pose a similar problem as the medical model of disability—failure to consider the possibility that *society* is deficient in some, if not many, ways. Just as society is what’s defective in the social model of disability, certain social conventions (not peoples’ failure to conform) might be problematic when it comes to social dignity. As Benjamin Wilfond et al. discuss in “Navigating Growth Attenuation in Children with Profound Disabilities,” some believe that growth attenuation poses an affront to the dignity of persons such as Ashley by treating the *child* as if she is in need of “fixing,” as opposed to seeing society as defective. In contrast to the medical model of disability, wherein the patient is in need of fixing, the social model of disability views disability as the consequence of social bias and is indicative of a failure of the social responsiveness that is needed in order to accommodate different types of people with correspondingly different needs.

Similarly, in claiming that growth attenuation affronts the dignity of people like Ashley by preventing them from reaching their full human potential--whether this means keeping a person small in stature or by preventing a girl from reaching womanhood--I argue that we ought to question the legitimacy of social dignity in such cases. Perhaps *society* is defective (i.e. vain, having superficial or misguided values and ideas about gender, appearance, reaching one's potential, etc.) in having a very narrow understanding of what dignity looks like. In both the medical model of disability and (at times) social dignity, a person must be a certain way, as dictated by social convention, in order to be "normal" and not a "freak" read: dignified or able-bodied. I am not claiming that we ought to discard social dignity altogether from having any moral weight in bioethics. Rather, I am emphasizing why it is important to keep my rubric of considerations in mind in attempting to determine the moral weight of social dignity as it arises in various bioethical contexts. Drawing upon Hilde Lindemann's work on "holding," in the following section I add new criteria to consider in instances where social dignity can potentially be of great moral worth.

IV. Holding Another's Dignity

Social dignity ought to carry the greatest amount of moral weight in cases of "holding another's dignity." By "holding another's dignity" I refer to an activity that caregivers (both familial and professional) may perform in order to convey the moral worth of a person who is unable to care for herself in ways that confer moral recognition. This type of dignity work is a similar activity to what Hilde Lindemann refers to as "holding" someone in her identity, although there are several important differences between the two.

For Lindemann, holding on to someone's identity especially (but not only) when a person can't do it for herself is morally important work that involves maintaining another's identity-

where identity may be understood as a “representation of a self” (2009, 72). The representation of self is generated from both an internal perspective of those attributes that are essential to a person’s sense of his or her identity as well as external perspectives. Lindemann describes identity as “a narrative understanding of who someone is, [which] consists of the tissue of stories and story fragments that are woven around the acts, experiences, personal characteristics, roles, relationships, and commitments that matter most about a person—either to her or to others around her” (2009, 72). Holding on to someone’s identity when they are no longer able to maintain it involves making decisions and behaving in ways that reflect this narrative understanding of who the person is.

A significant difference between holding someone in her identity and holding another’s dignity is that the latter narrowly focuses on affirming the dignity of a person as opposed to their identity in its entirety. A person’s dignity is a *component* of their identity, which typically involves acknowledgment of their position in society, presentation of self, being able to live according to his or her own values, and feeling included as a member of a community. As such, it is possible that certain characteristics, experiences, and relationships that are important aspects of a person’s identity might not factor into a person’s dignity. For instance, a relationship that developed as an illicit affair might be an important part of a person’s identity, but if the person is deeply ashamed of his infidelity, this relationship is certainly not a part of his dignity as it is inconsistent with how the person wishes to present himself as someone who is honorable. While important aspects of a person’s identity might include being a cat owner or an opera buff, these do not contribute to a person’s dignity in the ways that being a college professor, and being treated as a member of this community do (although others might have to accommodate how this is accomplished as a retired professor’s capacities diminish). Another important difference

between holding another's identity versus holding someone's dignity has to do with *who* is morally obligated to hold another's dignity or identity. In "Holding One Another (Well, Wrongly, Clumsily) In a Time of Dementia," Lindemann discusses the activity of holding in her identity a person who has dementia, claiming that a demented person's family has a special obligation to hold the person in her identity as the dementia progresses. Given that families are the primary sites for identity formation, the unique position of close familial caregivers renders family members, more so than professional caregivers, well-suited to provide this kind of care (Lindemann 2009, 417). Although a person's family is (in most cases) an important contributor of third-person perspectives that help construct a person's identity, professional caregivers as well as friends and family can hold a person's dignity by interacting in ways that are deemed to be dignity promoting (and avoiding acting in ways that are said to demote dignity) in accordance with cultural norms or that are consistent with ways in which a person might have created dignity for herself. A person's sense of dignity is one *aspect* of his or her identity which may be constructed from backward-looking and forward-looking stories that establish a dignity of merit or a dignity of moral stature, similar to what I refer to as Greco-Roman *dignitas* in the previous chapter, in that it values prestige, status, and social roles. For example, the staff at my grandparent's nursing home hold the dignity of my 95 year old grandfather by addressing him as "doctor" as opposed to "mister" even though he hasn't practiced medicine in many years, since being a doctor is so tied up with not just his (and, I would presume, many physicians') identity but his sense of dignity. Holding another's dignity encompasses the psychological aspect of acknowledging the tissues that have contributed to the self-respect and self-confidence of a person (as in the above example), but it goes beyond this when the person whose dignity is being

“held” lacks (or appears to lack) the capacities for self-respect and confidence (i.e. someone who is in a coma or someone with profound cognitive disability).

As Lindemann acknowledges, holding may be done wrongly even if caregivers have the best of intentions. Therefore, in recognizing the fact that “holding” is not an exact science, one must keep in mind the possibility that holding another’s dignity on their behalf may misrepresent or even be damaging to the person being “held.” This is why the concept of dignity *may* be of irreducible moral worth in cases of holding, but isn’t always. For example, if the staff at my grandparents’ retirement home were to hold my grandfather’s dignity by asking for his medical expertise in dealings with other residents, this act of holding would be too backward-looking as it fails to accommodate the reality of his current situation, thereby misrepresenting the person my grandfather has become. Another concern that I will address has to do with the expectations that holding another’s dignity places on caregivers, in cases where cultural norms of what it means to appear dignified or undignified espouse vain, hetero-normative, sexist, ageist, or otherwise biased assumptions. I will evaluate these concerns in light of my rubric of considerations as stated above in addition to some of the criteria that Lindemann discusses with regard to “holding.”

Lindemann puts forth a set of criteria to consider in determining whether holding is done well or badly, some of which will be useful in conjunction with my rubric of considerations for determining the appropriate moral weight of holding another’s dignity. Some of these considerations include:

1. Good holding almost always requires something actual about the person. Truth is generally necessary but not sufficient for good holding. Part of what this entails

involves getting the proportions right in terms of the stories that are used. (Lindemann 2009, 419-420).

2. Holding another well requires picking out what is importantly true (and getting the proportions right) in backward-looking stories. However, focusing too heavily on the past can impede a person's ability for transformation.
3. Stories that constitute a person's identity should keep open the person's field of future action (Lindemann 2009, 420).
4. We must weed out hateful/dismissive master narratives (familiar stories that permeate our culture and serve as summaries of socially shared understandings) that are used by members of a dominant social group to justify the oppression of less powerful groups and misrepresents entire classes of people. (Lindemann 2009, 417-420).

Drawing upon the above criteria in addition to the rubric of considerations that I have offered for evaluating the moral weight of social dignity, I provide examples that illustrate what I mean by "holding a person's dignity" and evaluate how much moral weight we ought to grant this activity in light of both Lindemann's and my own criteria. Given that several of these criteria require or involve a person's having agency, we have to use these considerations in somewhat of a different manner in cases of severe cognitive disability or where a person has *always* lacked agency, in contrast to cases where a person had agency but is no longer able to exercise it, or whose agency is diminishing.

I will provide two examples of holding another's dignity to illustrate how both Lindemann's and my own criteria is useful in determining dignity's appropriate moral weight. The first example involves holding the dignity of someone who has always lacked the capacity to create her own identity in the way that "normal" functioning people are able to make decisions

and exercise the agency needed to contribute to the first-person narratives that help construct their identity. This person is Sesha Kittay, Eva Kittay's daughter, who is described as having severe mental retardation and cerebral palsy. The second example deals with a more commonly shared experience that occurs when someone who was able-minded and therefore able to participate in the construction of her own identity during most of her life starts to lose agency in old age due to dementia or other circumstances that cause the diminishment of the capacities necessary for agency. I use a memory I have of my grandmother caring for my great-grandmother to illustrate a holding of dignity to which many who have cared for an aging parent or relative can relate.

Holding the Dignity of Those Who Lack (and have Always Lacked) Agency

In "Equality, Dignity and Disability," Kittay shares "a hopeful story" about an incident that occurred in Sesha's group home, which is an assisted-living facility for people who have multiple disabilities. In this story, the director of the agency is dismayed to find Sesha draped in only a towel when she is wheeled from the bathroom through a corridor and into her room after a shower. At the time, Sesha's room was near a public area of the house, which meant that she had very little privacy. In noticing this, the director insisted that a more private room, which was being used to store equipment but was otherwise habitable, be switched with Sesha's current room. This way, Sesha would not be wheeled through the lounge and dining area where male residents and staff could see her draped in nothing but a towel as she returned to her room after a shower. According to the agency head, the crux of the matter was that Sesha's "bodily privacy was insufficiently respected, and so her dignity was slighted" (Kittay 2005, 96). Moving her into a more private room is indicative of the director's effort to hold Sesha's dignity.

Kittay attempts to make sense of what dignity means in this hopeful story. After all, Sesha is utterly dependent upon caregivers for her most basic of needs. She is unable to walk without assistance, nor is she able to feed, bathe, dress, or toilet herself. As such, Sesha experiences very little bodily privacy to begin with and is probably used to bodily exposure and to being manipulated by others. Moreover, Sesha might not have experienced this “towel incident” as a slight to her dignity, or have any real sense of dignity to begin with. What then, does it mean to say that Sesha’s dignity was insufficiently respected in the towel incident? In answering this question, Kittay probes the question of whether the director was in fact saying anything meaningful in insisting that Sesha’s human dignity must be respected and that this required changing her accommodations so as to uphold her bodily privacy. Kittay considers the idea that perhaps the director is projecting unto Sesha what a non-disabled woman would most likely want and feel under similar conditions. Someone who valued her modesty, who would have preferred to live in an all-women facility rather than a co-ed house, and who would have been horrified at the thought of going down a hallway draped in only a towel might very well have felt her dignity compromised had she found herself in an analogous situation. But all of these factors require having the capacity for choice, which is something that Sesha is unable to convey to others even if she herself is aware of having preferences. After considering various meanings of human dignity, Kittay contends that our dignity is bound “both to our capacity to care for one another and in our being cared for by another who is herself worthy of care” (2005, 111). Although Kittay does not refer to the director’s decision following the “towel incident” as being an instance of dignity work or as “holding” Sesha’s dignity, this incident illustrates the first sense of what I mean by holding another’s dignity.

What I take to be central to this type of holding is that, given our society's cultural norms and values, the problem with parading Sesha around draped in nothing but a towel in front of males (and the problem with a memory the agency director shares with Kittay of having watched men be lined up and hosed down in lieu of a proper shower in a state institution the 60's) is that these practices entail some kind of social exclusion. That is, caring for people in ways that lie beyond the scope of "normal" according to what we are used to, given our familiar cultural context, can be a "dehumanizing" act of social exclusion. Bathing people who are institutionalized by hosing them down, or not according Sesha the privacy that many (although certainly not all) would very likely value works to exclude and marginalize vulnerable people by making them even more different from the rest of us, which in turn injures their group identity.

In evaluating what moral weight we ought to accord holding dignity in the "hopeful story" mentioned above and in similar cases, we might consider that in actively valuing Sesha's privacy on her behalf, the agency director is in effect doing something very important in light of what I refer to as Lindemann's fourth criterion: We must weed out hateful/dismissive master narratives (familiar stories that permeate our culture and serve as summaries of socially shared understandings) that are used by members of a dominant social group to justify the oppression of less powerful groups and misrepresents entire classes of people (Lindemann 2009, 417-420). The agency director is actively opposing dismissive master narratives about the cognitively disabled, and through privacy-affirming behavior is constructing a new story about the mentally impaired that commands respect by representing this vulnerable group as full persons rather than as subhuman.

This act of holding Sesha's dignity provides a good counterstory, or "a story that resists an oppressive identity and attempts to replace it with one that commands respect" (Nelson 2001,

6) By affirming social inclusion through the agency director's act of dignity-work in this story, the counterstory works to identify and retell the fragments of the damaging master narratives that see the cognitively impaired as a sub-human class of people who have very little comprehension about the ways they are treated and therefore aren't due the same entitlements and respect as those who are cognitively-abled. The agency director "retells" Sesha's (and by extension people like Sesha) story, by treating her in a way that would make others perceive her as someone who is not sub-human or worthy of less respect. This "hopeful story" is especially hopeful because it also counters the master narrative that assumes that lives like Sesha's are inherently tragic. Martha Nussbaum is an example of someone who espouses this widely held conception that it is somewhat of a misfortune for a person to have severe cognitive disability.

Rather than focusing on rationality and moral agency as being essential to human life, Nussbaum puts forward a list of central human capabilities, which she maintains are crucial for a human life lived with dignity. Nussbaum's capability approach includes things such as "Life, Bodily Health, Bodily Integrity, the Development and Expression of Senses, Imagination and Thought, Emotional Health, Practical Reason, Affiliation (both personal and political), Relationships with Other Species and the World of Nature, Play, and Control over One's Environment (both material and social)" (2007, 23). According to the capabilities approach, we commit an injustice when we do not provide people access to what they need in order to access these capabilities, at least to some threshold level of functioning. Nussbaum's central capabilities also serve as the basis of the human claim to dignity; it is in virtue of these distinct capabilities that a human life is a life worthy of human dignity (2003, 448). Kittay sees Nussbaum's work as highly innovative, but claims, "It falls short of finding a truly inclusive basis for human dignity, a basis that embraces Sesha and those with very severe cognitive disabilities. The list sets forth a

norm of human species functioning, which includes items such as political life and practical reasoning among its capabilities” (2005, 110). We see this, for instance, in the following passage:

The capabilities approach begins from a political conception of the human being, and a life that is worthy of the dignity of the human being. A notion of the species and the characteristic activities of a species does, then, inform it. [A]mong the many actual features of a characteristic human form of life, we select some that seem so normatively fundamental that a life without any possibility at all of exercising these, at any level, *is not fully a human life*; if enough are impossible... (italics mine), (Nussbaum 2002, 46).

As Kittay notes, Nussbaum “resorts to dealing with cases such as Sesha’s by invoking tragedy.

Sesha’s life is a human life, but a tragic one because her situation is such that she can never achieve functioning of all the capabilities to some satisfactory degree” (Kittay 2005, 110).

Nussbaum invokes the language of tragedy more explicitly in claiming that “Such a child’s life is tragic in a way that the life of a chimpanzee is not tragic: she is cut off from forms of flourishing that, but for the disability, she might have had, disabilities that it is the job of science to prevent or cure, wherever that is possible” (2003, 495). Nussbaum, like many, assume the master narrative that lives like Sesha’s must be miserable.

Hence, returning to the towel story, we see that the agency director’s behavior provides a counterstory to certain damaging master narratives about the cognitively disabled. It resists an oppressive identity which works to alienate the cognitively impaired by attempting to replace harmful ideas and assumptions that are found in the master narrative (i.e. that their lives are tragic and that they are importantly different from “us”) with a story that commands respect by identifying the subjects more fairly (Nelson 2001, 6). In this case, the fragment of the master narrative that is harmful to the identity of the cognitively disabled is the idea that they are subhuman and therefore don’t deserve things like privacy or modesty and that consequently, our

care for them doesn't require us to accord them the same courtesy that we would treat those who are cognitively abled. The agency director is basically retelling the story about people like Sesha, showing that such a life isn't inherently tragic, since part of what is so tragic about such a life is that they are treated in sub-human ways, but that this sub-human treatment doesn't have to persist. Even though people like Sesha will never be able to achieve many of the capabilities that Nussbaum takes to be central to a life worthy of dignity, the agency director's holding of Sesha's dignity by being mindful and sensitive to some of the dignity-affirming activities that promote social inclusion, such as taking extra measures to assure Sesha's bodily privacy, present a good counterstory because it has the potential to alter the way that the dominant group views people with cognitive disability as the alienated "Other" since they are treated so differently and therefore seem so different from us.

In order for considerations 1-3 of what I am referring to as Lindemann's criterion to be applicable here, we must interpret them in a different way, as Sesha has always lacked the capacity to create the first person narrative needed in contributing to the construction of an identity for herself, meaning that her identity is almost entirely constructed of third-person narratives. However, condition four, as discussed above, is very important to consider in situations like this, where a person has profound cognitive disability, and it may be tempting to impose master narratives in selecting the tissues that constitute such a person's identity. Although not all master narratives are hateful or dismissive, it is important to be able to identify those that are. For instance, the hosing down of institutionalized men in lieu of a proper shower is evidence of the harmful master narrative that the retarded are subhuman, and as such, should be excluded from "normal" human activities, like taking proper showers. Not all master narratives are oppressive like this one, but it is important to consider which master narratives are

at play here and in other stories so that we can be more aware of assumptions that might be sexist, ableist, classist, racist, or otherwise oppressive. In this particular situation, the master narrative that holds privacy and modesty (especially of women) in high regard doesn't appear to be hateful or dismissive. Had the valuing of modesty been invoked as a form of victim-blaming for a cognitively-abled woman who dresses skimpily and had been raped, this would not be the case. But, in this situation, holding Sesha's dignity by taking precautionary measures in order to promote her privacy is neither dismissive nor hateful. Rather, it is an act of caring that does not in any way constrict Sesha. Whether it misrepresents her, we can never be sure. By the criteria I have offered and the criteria put forth by Lindemann in determining whether holding is done well or badly, the director's act of holding Sesha's dignity by providing her with greater privacy is an example of the sort of cases where holding another's dignity ought to merit the greatest amount of moral weight. Moving Sesha into a more private room doesn't demand too much of caregivers, and it affects external perceivers perception and interaction with Sesha, by telling a counterstory that people like Sesha are members of our moral community, and that their lives needn't be seen as inherently tragic.

The idea that in our society (and in other cultures) modesty tends to be prized more for women than for men might have subconsciously come into play during the agency director's moral deliberation during the "towel incident." It could be argued that this attempt to hold Sesha's dignity in this way makes Sesha a credit to the female gender. Since "good girls" are modest and virginal in our and other societies, it could be argued that valuing Sesha's modesty in this way reinforces patriarchal ideas about gender (i.e. modest girls and women are virtuous while immodest females aren't due the same respect and are "asking for it" in cases of rape and sexual assault). However, given that providing Sesha with more privacy does not appear to be a

symptom of sexist ideals (assuming that the agency director would express similar concern in the case of a male resident who was in an analogous situation), and is not holding Sesha to *unreasonable* gender expectations about femininity that she is expected to live up to, valuing her modesty on her behalf does not seem to warrant concern. In looking at what the director's decision to switch Sesha's room requires of caregivers, moving her to a more private room does not seem like an unreasonable course of action. It does not reinforce sexist or vain ideas in the way that providing Sesha with (painful) methods of hair removal such as laser or electrolysis would, given that our particular society's social norms dictate that successful femininity requires that women are without body hair. Hence, given the considerations I have offered, the agency director's behavior seems like an instance of holding another's dignity that should merit great moral weight. Using the language of Marilyn Frye, the agency director's attentiveness presents an example of "the loving eye" in that it confers social inclusion and higher moral standing for an oppressed group that has been historically dismissed and alienated by the "arrogant eye" and degraded by being socially excluded through actions such as lining up and unceremoniously hosing down institutionalized men, which is the memory that motivated the agency director's decision to move Sesha into a more private room (1983, 66-75).

Holding the Dignity of Those with Diminished Agency

An important difference between holding the dignity of someone like Sesha versus holding the dignity of someone like my great-grandmother when she lived in a nursing home has to do with a difference in how we are to understand each person's "dignity of identity," as Lennart Nordenfelt tentatively calls it. According to Nordenfelt, this alienable property is "the dignity that we attach to ourselves as integrated and autonomous persons, persons with a history and persons with a future with all our relationships to other human beings. Most of us have a basic respect for our

own identity . . . But this self respect can easily be shattered, for instance by the cruel acts of other people” (2004, 75). The dignity of identity for Sesha consists almost entirely of third-person narratives and master narratives, since she is decidedly not an autonomous person (and never has been), whereas someone like my great-grandmother was able to be a primary author of her dignity of identity. As such, these latter sorts of cases are the most clear-cut situations where social dignity ought to merit greater moral weight. Because people like my great-grandmother did have (for most of her life) the agency to create her own identity, her sense of dignity that she attached to herself as an integrated and autonomous persons may be crushed as her capacities diminish and she is no longer able to perform the self-care needed to create dignity for herself in a manner consistent with her dignity of identity. Since self-respect can be easily crushed, even sexist, vain, or gendered aspects of a person’s dignity ought to be upheld as a means of bestowing kindness to the person. Although certain features of a person’s dignity of identity might arise from having an *adaptive preference*, (i.e. a woman forms her decision to value dominant gender norms of femininity having been socialized in and having always lived in an oppressive patriarchal environment), this doesn’t undo the fact that failure to uphold these aspects of a person’s dignity of identity can cause unnecessary psychological suffering.

The memory that stands out in my mind that so clearly illustrates what I mean by “holding” another’s dignity when one is no longer able to do so took place when I was about 5 or 6 years old and my grandmother and I went to visit my great-grandmother in the nursing home. I noticed that my grandma had packed some cosmetics and tools for styling hair. Once we arrived at the nursing home, my grandmother lovingly applied rouge, lipstick, and other cosmetics to her mother’s face. She adorned my great-grandmother with big clip-on earrings, complete with a pearl necklace and bracelets. After this, I watched as my grandmother fluffed and styled her

mother's hair, sprayed perfume, and then held up a hand-mirror so that my great-grandmother could see herself in the mirror. "Look at how pretty you are," my grandmother said as she held up the mirror for a few moments so that my great-grandmother could appreciate and admire her reflection.

In this memory, my grandmother is holding her mother's dignity in accordance with the ways in which her mother had created her dignity of identity for most of her life. For years, my grandmother must have watched her mother "put on her face" as she used to call it, and adorn herself in a manner that was appropriate for women of her time and social status. In light of Lindemann's criteria of good holding, my grandmother's "beauty parlor" visits are true to her mother's dignity of identity insofar as my great-grandmother was always concerned with her appearance and took great pride in looking a certain way. My grandmother also attempted to "get the proportions right" in valuing her mother's appearance on her behalf in that she picked out something that was importantly true about her mother, but she also allowed for a more relaxed level of keeping up appearances that was not too backward looking. For instance, my grandmother did not insist that the nurses get her mother all dolled up every morning so that she would appear "made up" to any staff or visitors who might stop by to visit. According to the criteria that I have offered, the dignity promoting behavior of adorning and "making up" my great grandmother does seem to be based upon social mores that smack of vanity as well as assumptions about femininity. However, these considerations do not pose a problem since my great-grandmother was a primary author of her dignity of identity in a way that people like Sesha can never be. My grandmother was not merely imposing master narratives about femininity onto her mother, but rather holding onto this important fragment of her dignity *for* her. I believe that my grandmother was aware of how fragile her mother's sense of dignity became as she became

less and less able to portray herself as the dignified woman she had been. Moreover, this instance of dignity work requires relatively little of the caregiver (my grandma). Since bringing hair-styling products and cosmetics along and applying them does not seem to demand too much time or other resources, it does not seem like an unreasonable act of “holding” another’s dignity. Although this act of holding my great-grandmother’s sense of dignity might seem incredibly superficial, my grandmother’s effort to make up her mother is an important and extremely intimate act of dignity work, given that my great-grandmother’s dignity of identity was largely contingent upon her appearance. Where someone no longer has the ability for self-care, it can be a great kindness to perform this sort of dignity work where aspects of social dignity that a person used to be able to construct for herself are now maintained by caregivers.

In sum, although the above example does have a great deal to do with appearance and vanity, it isn’t inherently bad to value these things when they align with how a person created dignity for herself when she was able. Had my great-grandma created her dignity of identity through being an expert bridge player, and hadn’t cared so much about her physical appearance, my grandmother’s attempt to hold her mother’s dignity in this way would not constitute good holding. Holding does, however, become problematic when superficial things are unquestioningly valued in and of themselves because they are socially popular, and require a great deal from caregivers. For example, in the Ashley X case, not attenuating growth on superficial grounds that keeping Ashley small makes her a “freak” is not based upon Ashley’s values but on cultural norms, which might include master narratives that should be thrown out or that are in need of repair. Moreover, not attenuating growth would require a significant amount of extra work from caregivers who would find it increasingly difficult to transport their adult-size “pillow angel” and would very likely have to (against their wishes) institutionalize her. In

contrast, holding Sesha's dignity in the "hopeful story" that Kittay relates as well as my grandmother's holding of her mother's dignity doesn't seem to require anything unreasonable from professional or familial caregivers. In this section I have flagged several considerations that might be important in the moral deliberation of how much weight bioethics ought to accord social dignity in instances of "holding" another's dignity and have provided examples that illustrate how one might go about taking these considerations into account. Having addressed three of the four dignity functions that dominate bioethics (dignity as the protection of autonomy, as prohibiting instrumentalism and commodification, and as social dignity), in the next section I consider what moral weight bioethics out to accord the concept of human dignity in its sanctity of life function.

V. Dignity as Sanctity of Life: A Trojan Horse for Religious Assumptions

In this section I argue that bioethics should grant sanctity of life applications of dignity language the least amount of moral weight, insofar as bioethics aims to be and is purportedly a secular discipline. In identifying cases where respect for dignity functions to protect the sanctity of human life, we can at least be aware of the *possibility* that the secular sounding term "dignity" might illicitly import religious principles or assumptions into the discourse. Although a word's meaning is not in its history but in its use, I argue that certain assumptions that are central to sanctity of life dignity language seem to be embedded in ideas that are rooted in the Bible. In highlighting these "sanctity of life" assumptions as they appear in the Bible and in bioethics, I provide evidence supporting the idea that many of these ideas are central to the biblical tradition, and are not present in Eastern religions. I argue that certain basic Western assumptions and standards of normalcy that many would accept as secular actually force us to conform to hegemonic Christian standards about the sanctity of *human* life. As such, I argue that insofar as

bioethics strives to be a secular discipline that does not favor one religious tradition over another, sanctity of life applications of dignity language should carry the least amount of moral weight in bioethics, and should only be a consideration in situations where ideas that are rooted in the sanctity of human life are consistent with an individual's or private institution's religious orientation. When bioethicists adopt a particular religious orientation in doing bioethics (i.e. Jewish or Catholic medical ethics) and are *transparent* in doing so, sanctity of life applications of dignity may be appropriate. However, I focus on bioethics at large, which is not identified as having a particular religious orientation. Although bioethics prides itself as being a modern, and therefore secular discipline, some of its discourses and policy recommendations rely upon longstanding and hegemonic modes of thought and customs that appear “natural” or universal in that people tend not to recognize them as arising from a particular religious tradition (that of the Christian Bible). I draw attention to various sanctity of life applications of dignity language and argue that such use ought to have minimal moral weight in bioethics because it imports ideas from religious tradition (mainly Christianity) into a seemingly secular discourse. Some of these assumptions have a bearing on public policy, which can restrict the liberty of people who don't necessarily subscribe to the religion from which many of these assumptions draw (i.e. about the sacredness of human life, and what this said sacredness demands of morality).

Although some instances of dignity in its sanctity of life meaning explicitly draw from the Bible, many cases contain assumptions that are much more subtle. I show how influential and subtle Christian hegemony can be outside of bioethics, then provide examples of these more subtle bioethics cases by identifying which sorts of assumptions are largely based in the Bible. To do this I look at edge of life examples such as abortion and euthanasia, as well as medical technologies that are seen as altering nature in profound ways such as cloning and the use of

embryonic stem cells. I flag two assumptions in particular that might be indicative of Christian assumptions in sanctity of life dignity language. One has to do with the relationship between humans and animals, which makes it wrong to treat humans in ways that are perfectly acceptable (or at least less morally reprehensible) to treat animals. The other assumption is that it is *hubris* to tamper with nature in certain ways (especially when it comes to humans), given that it disrupts God's natural order. In arguing that these two assumptions are in fact largely Christian, I use support from Biblical passages that provide the basis for these norms that dominate Western thought in general, infiltrating bioethics. I contrast some of these ideas with those of non-Christian (Eastern) world-views to suggest that these certain types of assumptions that might appear universal and accepted as normal are in fact rooted in the Bible and are not universally shared ideas about the sanctity of human life. Dignity as sanctity of life sometimes imports religious ideas into a seemingly secular discourse, and has bearing on people who don't necessarily subscribe to this religious tradition, but who might not realize that "dignity" can have Christian underpinnings in its sanctity of life function because it has become disguised as a secular sounding word. This is problematic if respect for human dignity prohibits abortion or euthanasia on these grounds, or prevents stem cell research for those who might greatly benefit, but isn't transparent in its importing of religious ideas into the secular sounding word "dignity."

In arguing that sanctity of life dignity language has strong Christian underpinnings, I will first discuss more explicit cases that directly invoke either biblical text itself or ideas that are clearly rooted in the Bible to demonstrate what I mean. In unpacking some of the underlying assumptions that are present in these examples I will then go on to identify less explicit cases of sanctity of life dignity language. Philosophers such as Peter Singer and Ruth Macklin as well as experimental psychologist Steven Pinker have very rightly pointed out that dignity sometimes

carries a distinctive Christian or otherwise religious connotation (Singer 1975, 19, 253; Pinker 2008, 31; Macklin 2003, 1420). One place we see this is in the anti-euthanasia and anti-abortion literature. For instance, in “The Morality of Abortion,” Paul Ramsey argues for the moral impermissibility of abortion, basing his argument on respect for the “divine dignity” that surrounds human beings in all stages of life (1989, 61). In explicating his use of ‘dignity,’ Ramsey says that “a man’s dignity is an overflow from God’s dealings with him, and not primarily an anticipation of anything he will ever be by himself alone” (1989, 66). Here, and in similar examples, the initial focus on protecting the *dignity* of unborn fetuses, as opposed to their *sanctity*, makes it appear as though the sacredness of fetuses is uncontroversial and basic, whereas when the language of sanctity and sacredness is explicitly invoked, the religious undertones appear more apparent. Support for the sanctity of the fetus can be found in Jeremiah 1:5, where we learn that God knew Jeremiah, and by extension each of His children prior to birth: “Before I formed thee in the belly I knew thee; and before thou camest forth out of the womb I sanctified thee,” which purportedly supports a sanctity of life argument for the wrongness of abortion. Similarly, in the sanctity of life anti-euthanasia literature, biblical passages such as Ecclesiastes 8:8, “No man has power over the wind to contain it; so no one has power over the day of his death,” Job 1:21, “The Lord gave and the Lord has taken away,” and Psalms 31:15, “My times are in thy hand” all work to foster the idea that taking measures to prematurely end one’s natural life is an affront to human dignity.

The above examples speak to the idea that if humankind has a particular sort of relationship with God, that it is not our place to “play God” by ending human life through abortion or euthanasia. These ideas are predominantly Judeo-Christian in that societies that are not predominantly Christian do not share in these ideas about human sanctity. For instance, in

Japan, where Buddhism is the dominant culture, abortion is dealt with and looked upon in a very different light. Instead of viewing the fetus as having human sanctity, since God “knew you before you were born,” the Japanese have a ritualistic ceremony (*mizuko kuyo*) for aborted, miscarried, and stillborn fetuses that recognizes the loss of life, but does not view the life as having full moral status. In this practice, “*mizuko kuyo* does not presume that the fetus or stillborn infant had a status equal to those born live. The ambiguity of the Japanese language allows *mizuko* to mean not only a child in the fullest sense but a potential child or child-that-might-have-been” (Steinfels 1992). Hence, in assuming the dignity (understood as sacredness) of the fetus, there is strong support for the idea that such dignity language might appear secular at first blush, but actually connotes Christian views about human sanctity, which are not universally shared, but serve as an example of Christian assumptions and values entering the political and bioethical spheres.

More explicit examples of dignity as sanctity of life, such as those above, are somewhat easy to identify given my taxonomy, as outlined in chapter 2, but in cases where it is less clear whether dignity is operating in its sanctity of life function I argue that two types of assumptions are *often* (although not *always*) indicative of ideas that are rooted in the Bible. These are: 1. Assumptions and practices that make it seem natural and normal that things that are morally permissible to do to animals aren’t so clearly morally permissible when it comes to humans. 2. Cases where it is considered Playing God, or *hubris* to interfere with nature (God’s plan) in certain ways. Assumption 1 is arguably an instance of what Singer refers to as *speciesism*, “a prejudice or attitude of bias toward the interests of members of one’s own species and against those members of another species” which is analogous to the unfounded biases of racism and sexism (Singer 1975, 7). For instance, just as blatant racism had led to and has been the

justification for unjust or painful experimentation on people on the basis of race, and is defended on the grounds that the knowledge gained by the experiment would bring great benefit to others, speciesism has done the same thing to animals. In discussing the unquestioned acceptance of an attitude of speciesism, Singer points out that “we tolerate cruelties inflicted upon members of other species that would outrage us if performed on members of our own species” (Singer 1975, 62). Although the position that it isn’t necessarily wrong to accord humans special moral consideration might be defensible, my point is that philosophers who have argued this position do not have the hegemonic impact that Christianity has had on shaping society.

Assumption 1 is rooted in the idea, as espoused by Kass, that “the human being has special dignity because he shares in the godlike powers of reason, freedom, judgment, and moral concern, and, as a result, lives a life freighted with moral self-consciousness above the plane of a merely animal existence” (2007, 30). We see examples of assumption 1 in considering the idea that it isn’t wrong to treat animals as mere means to humankind’s ends but that it is wrong to treat humans as having mere instrumental value. For instance, we value animals for their mere instrumental worth by eating them, using them for agricultural purposes, owning race horses for monetary gain, testing pharmaceuticals on them, breeding animals for money, and so on. Both assumptions 1 and 2 are at play in the following examples. In cases of testing and experimenting with new medical possibilities as in the case of animal testing and cloning we see that it is more permissible to do these things to animals than to humans. We also see that concern for “playing God” arises when the tampering with nature has to do with human lives, or could ultimately lead to having negative consequences for humans. For instance, in “playing God” arguments against genetically modified organisms the real concern is what effects this could have on us. Genetic modification of crops poses real danger such as the creation of diseases and pests that are

resistant to chemical control and further erosion of genetic diversity, but this is only a concern insofar as it could lead to a serious decline in the quality of human lives (Applegate 2001, 208). Similarly, some argue that it would be *hubris* to clone humans, while the main concern in the cloning of animals is that “playing God” in this way will be a slippery slope toward the cloning of humans. Another example of the asymmetrical treatment toward animals and humans is in the case of euthanasia. Most consider it a great kindness and even a moral duty to put a beloved cat, dog, or horse down when they are old or severely injured, but when it comes to actively euthanizing a human who is in an analogous situation, the act of killing is considered in an entirely different moral light. Some arguments against euthanasia claim that it is “playing God” to assist in a terminally ill patient’s death, but if one were talking about putting down the family dog, such talk would sound peculiar. Singer argues, and I concur, that this Western attitude of speciesism is largely rooted in Christian ideology (1975, 193).

Despite the support I have offered for the genealogical and hermeneutical link between speciesism and the Bible, it could still be argued that the Bible is merely *one* source of these ideas. After all, philosophers have made secular arguments for the dominion of humankind over the plant and animal realms. For instance, Aristotle writes in *Politics* I, 3 that plants exist for the sake of animals, and beasts for the sake of man, and Kant writes in his *Lectures on Ethics*, “so far as animals are concerned we have no direct duties. Animals ... are there merely as a means to an end. That end is man” (1980, 239). Given that we are highly socialized beings, it would have been impossible for Kant, but obviously not for Aristotle, to have not been influenced by Christianity, even if Kant’s philosophy attempted to overcome reliance upon God. Hence, even though there are numerous schools and traditions that espouse a seemingly secular attitude of speciesism, Christianity remains a strong hegemonic influence in the formulation of these ideas.

We see this especially when we contrast Christianity's understanding of sanctity of (*human*) life with that of Eastern religions. Helga Kuhse and Singer point out that Jains see sanctity of life in a much more inclusive sense, where sanctity of life includes animal, insect, and even plant life. I have witnessed the extent of this sensitivity to all life forms at first hand as my father and I climbed Palitana, a Jain pilgrimage comprising a complex of over 3,000 temples located on the Shatrunjaya hills of Gujarat. Before embarking on the 3,364 steps up the mountain, large signs were posted in many languages that banned the bringing of food and the wearing of leather or other animal products. This was to protect the sanctity of the site in accordance with Jain law, which has strict dietary guidelines in observation of *ahimsa* (the principle of non-violence) and forbids the eating of eggs, root vegetables (since digging kills worms and other insects), and upholds a strict vegetarian diet in which the food has been prepared and served in vessels and plates that have never touched meat. Upon climbing to the top, someone showed us a holy Rayan tree, which is thought to be auspicious and bring good things to those who keep their leaf in a special place. The principle of *ahimsa* extends to vegetation, which meant that people could only take leaves that had already fallen, as pulling a leaf from the tree is considered an act of violence against the tree. After selecting a few leaves for us and for family members, we began our descent. On the way down we witnessed a Jain nun (who walks barefoot and with a brush in front of her so as to not inadvertently step on insects) take great care to alert people who were walking down in order to make sure that pilgrims did not inadvertently step on a colony of ants that were crawling around in a particular area. Given these examples of Jain's sensitivity to the sanctity of life in its entirety, we see that sanctity-of-life applications of dignity language in Western-style bioethics smack of a *particular*

understanding of sanctity of life, which is not shared by Eastern religions such as Jainism, but is based largely in biblical ideology.

Keeping all this in mind, we are better positioned to identify less explicit instances where ideas that are rooted in the Bible appear in sanctity of life dignity language. Arguments that an intervention is wrong because it is unnatural are at times veiled sanctity-of-life arguments. We see such references to human dignity in Leon Kass's *Defending Human Dignity*, where Kass writes "The dignity of being human ... completes itself and stands tallest when we bow our heads and lift our hearts in recognition of powers greater than our own. The fullest dignity of the god-like animal is realized in its acknowledgement and celebration of the divine" (2007, 35). Given this particular status, we are not simply due moral consideration that isn't due animals, but are to regard ourselves with a certain awe in recognizing God's sovereignty.

For instance, arguments have been made that human cloning "would violate our dignity and humanity" by undermining something that is essential to our humanity (Glannon 2005, 91-2). Here, the idea that an asexual form of reproduction would be unnatural and thus violate something that we take to be an essential part of being human is what is said to affront human dignity. Even though such dignity language might not seem to connote a religious meaning we see support for the idea that what makes tampering with humanity in unnatural ways a dignity violation might have its origins in verses such as Psalm 100:3, "Know that the LORD Himself is God; It is He who has made us, and not we ourselves." and Psalm 139:13-16, "For You formed my inward parts; You wove me in my mother's womb." If I am correct that ideas rooted in biblical ideology such as these have hegemonic force in constructing secular-sounding ideas that appear as "normal" intuitions about human dignity, then this might be the case in similar

arguments that rely upon the moral repugnance of “unnaturalness” argument in condemning an intervention.

Given that dignity language has great bearing in public policy and sometimes operates in ways that I have identified as having Christian underpinnings, sanctity of life dignity language warrants careful scrutiny and should typically carry the least amount of weight in bioethics. We ought to take seriously the implications of dignity language being a Trojan horse for sneaking religious principles into a seemingly secular discourse because it could have far-reaching consequences. For instance, women could face no longer having access to safe abortions if arguments are entertained in the political sphere that take seriously the dignity of the fetus. As Singer argues in *Animal Liberation*, contemporary philosophers have cast off the religious shackles associated with the idea of a distinctive human dignity, allowing it to be an idea that doesn’t require justification (1975, 252). In resorting to “high-sounding phrases” like the “intrinsic dignity” of human kind, secular-sounding arguments are made that might actually be informed by Christian hegemonic forces that have hidden but very real implications for bioethics.

Conclusion

In this chapter I have used the taxonomy of dignity functions, as put forth in chapter two, to address the question of how bioethics ought to determine the appropriate moral weight that it ought to accord the concept of human dignity. I have shown how the taxonomy provides a useful language with which to identify arguments that employ the fallacy of equivocation. Of these latter arguments that do not equivocate on dignity, we can then use the taxonomy in identifying cases where the concept of dignity is reducible to “thicker” concepts such as respect for autonomy, non-instrumentalization respect for privacy, and so on. I have discussed some of

the difficulties in determining the moral weight of social dignity in various contexts and have offered a rubric of considerations that provide a framework for looking at social dignity. When social dignity involves holding another's dignity, I have argued that this is perhaps one of the most important dignity functions in that in this usage, dignity is not simply reducible to "less squishy" concepts as it is in many other instances. However, I have suggested some considerations in determining whether holding another's dignity requires actions that are morally justifiable. Finally, I have argued that dignity in its sanctity of life function should raise flags and should typically merit the least weight in bioethics, given its Christian underpinnings and secular-connotation. In this chapter I have used my taxonomy to offer a method for determining the appropriate weight that bioethics ought to accord human dignity. In the following chapter I argue that human dignity is largely beside the point in bioethics, and that although I have presented a practical approach for dealing with dignity language, bioethics and bio-law should not continue to rely upon dignity language as it has, and should not generate new literature that employ dignity language. I make this argument by returning to the historical context in which dignity language arose following WWII and identify the *purpose* of dignity language in human rights discourse and bio-law. In looking at the main purpose of dignity language against this historical backdrop, we see that what is really at stake are people's interests and corresponding fundamental entitlements, which need not be rooted in human dignity.

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Chapter 4: Dignity and Beyond: Implications for Future Discourses

In chapter three I showed how the taxonomy is useful in disambiguating dignity language, better enabling us to determine the appropriate moral weight of dignity as it arises within the pre-existing bioethics literature. Although this approach is useful in reevaluating some of the bio-law and policy recommendations where dignity, for example, equivocates or operates in its sanctity of life function, I argue that future discourses should (by and large) not continue to rely as heavily upon dignity language, and should no longer assume that respecting dignity is the bedrock of bioethics. Dignity should not be considered foundational, but there are instances where the concept of dignity might be useful for bioethics. Consider, for example, the use of dignity language in discussing the merit of dignity therapy, an end-of-life psycho-therapy treatment developed by Harvey Chochinov that aims to help people come to terms with the psychosocial and existential distress that often accompany impending death by recording the story of the dying person's life. Even so, in light of the serious problems and shortcomings of dignity language, as discussed in chapter 1, bioethics and bio-law should dismantle the current dignity model, which assumes that dignity is a foundational principle, and move toward using thicker principles and concepts instead.

In making this argument, I turn to the 1948 Universal Declaration of Human Rights (UDHR) and other post WWII documents where we see the emergence of respect for human dignity as the shaping principle of international bioethics. In returning to these and other seminal documents, I look at the intended *purpose* of dignity language in light of this history. After this inquiry and reflection I will argue that at its heart, the ultimate purpose of dignity language in bioethics and in human rights discourse is to protect peoples' interests and to uphold certain fundamental entitlements, many of which were violated during and around the time of the

Holocaust. To this end, bioethics would be better served if it focused more on what grounds interests, and the content and execution of entitlements, and moved away from holding dignity as foundational. I offer an alternative approach to the dignity model, which draws from philosophers such as Singer and Kittay's ideas about what grounds interests and moral entitlements. Although there is great disagreement about how to go about specifying what anyone's "interests" actually are, this conceptual shift would require the literature to be more precise and more transparent than the dignity model. This would allow future discourses to avoid many of the problems that result from the impreciseness and rhetorical force of dignity language, since any claim to persons' interests would require that such interests be spelled out.

If one accepts that a minimum conception of morality involves guiding one's conduct by reason, which requires "giving equal weight to the interests of each individual who will be affected by what one does" then my proposed shift is better suited to upholding morality than is striving to respect human dignity (Rachels 2003, 14). Because dignity often operates as a slogan, it allows for the evasion of what rigorous argumentation requires- clarification of ambiguous terms. As such, appeals to dignity tend to conjure emotional knee-jerk responses, causing people to respond from the gut, out of sentiment rather than reason. The use of dignity in justifying policy recommendations can silence open debate, and may obscure getting at the crux of the real moral or policy concerns behind a controversial innovation or development (Caulfield and Chapman 2005, 737). In looking at what *purpose* the introduction of dignity language was meant to serve historically we can have a better idea of what respect for dignity *actually* requires of morality, which will facilitate a more focused and rational discussion about how bioethics ought to regard dignity in looking to the future.

I. Why Dignity? A Brief History

The assumption that human dignity is at the cornerstone of the universal human rights movement emerged in the aftermath of the Second World War. A commitment to human dignity is a widely shared value, which is said to provide the foundation for human rights. The preamble to the UDHR, adopted by the United Nations General Assembly in 1948, states that “recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice, and peace in the world.” The rise to prominence of the concept of “human dignity,” following the Second World War, was intended to ensure that such abuse, degradation, dehumanization, and genocide should never happen again. This is, perhaps, the basis for the prevailing view that dignity is indispensable to bioethics. It is said to provide a foundation for moral duties and basic human rights that went unchecked during the Nazi atrocities.

Roberto Andorno, an International Bioethics Committee member of UNESCO who participated in the drafting of the 2005 Universal Declaration on Bioethics and Human Rights, suggests three ideas that can shed light on the emergence of this understanding of “inherent” dignity:

1. In its Preamble, the UDHR states that dignity is “*inherent* ... to all members of the human family.”
2. Article 1 states: “all human beings are free and *equal* in dignity and rights.”
3. The Preambles of the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) state, “these rights *derive from the inherent dignity of the human person.*” (italics mine in 1-3)

In looking at (1), the term “inherent” means “involved in the constitution or essential character of something,” “intrinsic,” “permanent or characteristic attribute of something.” The idea expressed in this term, when it is accompanied by the adjective “human,” is that dignity is inseparable from the human condition. This means that “[Dignity] is not an accidental quality of some human beings, or a value derived from some specific personal features ... but rather an unconditional worth that everyone has simply by virtue of being human” (Andorno 2009, 229). In response to the “ethnic cleansing” and mass extermination that the Nazis imposed on Jews, homosexuals, Gypsies, the infirm, and other oppressed groups, it makes sense that a human rights instrument would hold all humans as having a permanent, unconditional worth so as to avoid similar mistreatment of a dominant group over less powerful parties.

A consequence of (2), which follows from (1), is that basic rights are equal for all: if human dignity is the same for all, and the ground for human rights, then all human beings are due equal basic rights. In response to the Nuremberg laws, which legalized anti-Semitism, it seems appropriate that any universal rights instrument would aim to prohibit discrimination, making the unjust distinction in the treatment of different categories of people contrary to human dignity. In stressing that rights *derive* from human dignity, (3) has an important practical consequence. It makes basic rights a result of a pre-existing worth that is inherent in every human being. Therefore, since basic rights are not *given* by authority, they cannot legitimately be *taken away* by authority. This means that a powerful political party or state may never again violate basic human rights as the Germans did during the Second World War, since they lack the authority to do so. In light of these three related ideas, it makes sense that the UDHR and other such human rights instruments would rely heavily upon the “inherent dignity” of all members of

humanity, characterizing respect for human dignity as “the shaping principle” of international bioethics because it is said to ground rights (Andorno 2009, 227).

II. What Purpose does Dignity Serve?

In light of this history, it seems as though human rights discourse has adopted the concept of human dignity in response to the horrendous abuses performed by the Nazis and other powerful groups during this era. Before arguing that it isn't necessary for human dignity to provide the basis for human rights or other moral entitlements, I first look at which sorts of safeguards and entitlements human rights instruments intend to provide. In this section, I analyze the *practical* purpose of dignity. To do this, I investigate which fundamental human rights dignity (supposedly) provides the basis for in aiming to protect humankind from repeating the atrocities surrounding the Holocaust. Essentially, human rights frameworks set up a minimum protection necessary for living a life free of torture, slavery, exploitative working conditions, arbitrary arrests, discrimination of all sorts, ethnic “cleansing,” and degrading treatment (Andorno 2009, 229).

For the first time in history, the UDHR spells out basic civil, political, economic, social and cultural rights that all human beings should enjoy. States assume these widely accepted and interrelated obligations as fundamental duties under international law. This means that states must refrain from interfering with or curtailing the enjoyment of human rights by protecting individuals and groups against human rights violations. States are obligated to take positive action to facilitate the enjoyment of basic human rights. The principle of non-discrimination is central to international human rights law. Article 2 sets out the basic principle of equality and non-discrimination regarding human rights as rights that are “inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion,

language, or any other status.” Article 3 proclaims the right to life, liberty and security. This Article introduces Articles 4 to 21, in which other civil and political rights are set out, including: freedom from slavery and servitude; freedom from torture, and cruel, inhuman, or degrading treatment or punishment; the right to recognition everywhere as a person before the law; the right to an effective judicial remedy; freedom from arbitrary arrest, detention or exile; the right to a fair trial and public hearing by an independent and impartial tribunal; the right to be presumed innocent until proved guilty; freedom from arbitrary interference with privacy, family, home or correspondence; freedom of movement and residence; the right of asylum; the right to a nationality; the right to marry and to found a family; the right to own property; freedom of thought, conscience and religion; freedom of opinion and expression; the right to peaceful assembly and association; and the right to take part in the government of one's country and to equal access to public service in one's country. Articles 23 to 27 spell out basic economic, social and cultural rights. These include: the right to social security; the right to work; the right to equal pay for equal work; the right to rest and leisure; the right to a standard of living adequate for health and well-being; the right to education; and the right to participate in the cultural life of the community. The concluding articles state that "in the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society."

Finally, Article 30 emphasizes that no state, group, or person may claim any right, "to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth" in the Declaration. These rights are inalienable and may not legitimately be taken away,

except in specific situations and according to due process. For example, the right to liberty may be restricted if a court of law finds a person guilty of a crime (*United Nations Human Rights*).

In looking at what these rights are intended to ensure, we see that the positive rights require governments to take action to provide protection and basic goods, and the negative rights call for governments to refrain from certain infringements on individual liberty. By guaranteeing these and other rights, the primary purpose of dignity language was to provide guidelines that prohibit many of the crimes against humanity that were committed during World War II. Many of these fall under the taxonomy of dignity functions. For instance: the right to a life free of torture, arbitrary arrests, detention or exile; freedom from arbitrary interference with privacy, family, home or correspondence; freedom of movement and residence; the right to marry and to found a family; the right to own property; freedom of thought, conscience and religion; freedom of opinion and expression; and the right to peaceful assembly and association are all expressive of respect for autonomy. Freedom from slavery and servitude, and protection against exploitative working conditions fall under the dignity function called non-exploitation/non-instrumentalism. Rights that relate to social dignity include: the right to rest and leisure; the right to a standard of living adequate for well-being; the right to participate in the cultural life of the community, and protection against degrading treatment, insofar as what counts as ‘degrading,’ ‘leisure,’ and ‘adequate’ can be culturally relative.

In this light, it seems as though dignity serves a very important purpose in safeguarding fundamental entitlements such as those mentioned above. As such, it may appear as though the practical import of dignity is to provide the basis for these and other basic human rights, including those pertaining to bio-law. However, in the next section I will argue that we should not ground human rights in human dignity and that these very important fundamental rights

needn't arise exclusively under the dignity model. It is possible to dismantle the dignity approach while maintaining the very fundamental entitlements it was meant to establish.

III. Why It isn't Necessary to Ground Universal Human Rights in Human Dignity

Although the idea of human rights has come to be closely associated with the concept of human dignity, few scholars have questioned why this is so. Michael J. Meyer, for instance, notes that “the alleged connection between human rights and human dignity remains largely unanalyzed. Most of those who claim human dignity is fundamentally associated with some set of rights do not explain just how they are linked” (1989, 520). Having suggested why it might be the case that rights and human dignity are generally assumed to go hand in hand, and what purpose dignity is meant to serve, I advocate replacing the dignity model with an alternative approach for grounding moral standing. In determining the content of fundamental entitlements we can approach interests as a new category of analysis using my taxonomy of dignity functions. Interests may involve having one's autonomy respected, being free of exploitation, and being treated respectfully. The sanctity of life function is dissimilar from the other three functions in that it has more to do with protecting the sacredness of humanity than it does persons' interests. This isn't to say that the fourth function isn't important. Its value lies in the more general idea that humankind has special value. However, in focusing upon the importance of interests, humankind's value is reaffirmed through the granting of moral entitlements.

Grounding rights in human dignity is problematic because like the “soul,” human dignity (in this usage) is an intrinsic, non-empirical, immaterial, essential property had by all human beings, and is not the sort of thing whose existence can be proven or disproven. One cannot prove, for instance, that human fetuses have souls (or dignity) while horses, rivers, and redwood trees do not. Mystical properties should not provide the basis for public policy. Otherwise,

respecting dignity could lead to decisions like the (1975) Federal Constitutional Court of Germany's decision to outlaw most forms of abortion. Assuming the dignity of the fetus, the constitution states that respect for human dignity requires the criminalization of abortion (Cook and Dickens 2003, 27). Theories of human nature that affirm non-material properties like "human dignity" and "souls" are problematic in that they rely upon the existence of entities that cannot be items of real knowledge. As such, these types of concepts shouldn't serve as the basis for social regulation of controversial bioethical practices such as embryonic stem-cell research, gene therapy, therapeutic cloning, growth attenuation, euthanasia, reproductive technologies, abortion, and so on. Pinker argues, and I concur, that we ought to question the force of human dignity as an essential, almost mystical property that has bearing in policy making. He writes: "The idea of humans as possessing some immaterial essence that categorically distinguishes them from animals ... is going to come under ... there's going to be a rethinking of ethical issues ... [which] will focus our ethical discussions on what we most value, what we want moral guidelines to *do*" (italics mine) (2008, 31).

Pinker touches upon a point here that I would like to expand upon. The point being that a reframing of ethical issues that focuses upon moral entitlements and responsibilities can better address the issue of: what do we want moral guidelines to do? It is not necessary for such an approach to assume that respect for human dignity must be an overarching principle. Moral entitlements and obligations can be grounded in beings having interests, which requires establishing some degree of moral standing, but need not be grounded in 'dignity.' What is truly at stake is that persons have interests and corresponding entitlements, which makes the real object of inquiry about the nature of interests. For instance, how does one determine that a being has interests, and how does one specify the content of these basic "bundles" of interests that vary

according to different life form's cognitive capacities, species-specific needs and preferences, and relationships with other beings. In what follows, I develop an alternative approach to the dignity model that grounds moral worth and the entitlements that come with it in something less "mystical." My approach incorporates three considerations that philosophers have used in grounding moral standing. They are: the capacity for reason, a being's having sentience, and relational value.

IV. An Alternative Approach to Grounding Moral Consideration

Instead of holding the concept of dignity as foundational, these three criteria can provide the basis for a being's having interests and corresponding entitlements, which, as I have argued, is what's at the crux of the matter. My approach incorporates several of the strengths from both Singer and Kittay's writing about moral standing, but attempts to avoid some of the weaknesses of each account. I begin by discussing the thought behind these three criteria and go on to outline and evaluate Singer and Kittay's accounts, each of which draws from one or more of these criteria. In light of each philosopher's unique contribution to this inquiry, I apply my integrative approach to different sorts of cases to illustrate its usefulness. I return to the Ashley X example, as discussed in previous chapters, and argue that Ashley's moral standing comes from the three criteria discussed above--criteria that can also inform the content of her interests. Similarly, in evaluating the moral standing of a variety of objects of moral consideration, I consider the typical family dog and a human embryo to illustrate how the comprehensiveness of my account is useful in providing the basis for moral consideration of beings with very different interests (or possibly no interests).

For Kant, humans have dignity, unlike animals, given humankind's superior cognitive abilities. He writes in the *Metaphysics of Morals*: "Autonomy then is the basis of the dignity of

human and of every rational nature” (Kant 1954, 59). The capacity for reason is what makes humans autonomous beings that are ends-in-themselves. Following Kant, many philosophers view having complex rational capacities (and therefore having agency) as what grounds moral status and fundamental entitlements. Agency requires “the capacity to conceive of one’s own good and to act on it oneself” (Carlson and Kittay 2009, 318). Distinct human capacities are said to include higher mental capacities such as: self-awareness, having the capacity for complex language, seeing oneself as existing over time and having ambitions about how life will go, the ability to plan for one’s future, and so on.

As animal rights activists and advocates of people with intellectual disability acknowledge, if we take Kant’s argument seriously, the privileging of rationality seems to exclude animals (Nussbaum calls this the *animals problem*) along with the intellectually disabled from having moral entitlements; Kant and Locke saw those who lack reason as subhuman (Nussbaum 2008, 354; Kittay 2009, 609). The Declaration, for instance, assumes that “because man is a rational and moral being, he is different from other creatures on earth and therefore entitled to certain rights and freedoms which other creatures do not enjoy.” Nussbaum attempts to remedy this exclusion by claiming that animals also possess dignity. Like humans, “they are complex living and sentient beings endowed with capacities for activity and striving” (Nussbaum 2008, 367). Kittay agrees that we should “respect the dignity of other life forms, [which] means respecting the distinctiveness of that life form” (2005, 112). In both Kittay’s and Nussbaum’s arguments, “dignity” is neither a necessary nor particularly useful concept. Although I appreciate Nussbaum and Kittay’s effort to include non-human animals as objects of moral concern, it is still unnecessary (and confusing) to invoke dignity language in granting animals entitlements. Consideration of interests, which vary according to life form, is what is really at stake here, as is

the case with humans.

Philosophers such as Jeremy Bentham, Peter Singer, Plutarch, Montaigne, John Stuart Mill, and others, have argued that moral worth comes from a being's having sentience, which widens the object of moral concern to include non-human animals. As moral agents, we ought to be concerned with everyone whose welfare could be affected by our actions. Bentham was right to insist that excluding animals from our moral calculations on the basis of species alone is no more justified than excluding people on the basis of race, sex, or nationality. As Bentham famously wrote,

It may one day come to be recognised that the number of the legs, the villosity of the skin, or the termination of the os sacrum, are reasons equally insufficient for abandoning a sensitive being to the same fate. What else is it that should trace the insuperable line? Is it the faculty of reason, or perhaps the faculty of discourse? But a full-grown horse or dog is beyond comparison a more rational, as well as a more conversable animal, than an infant of a day, or a week, or even a month, old. But suppose they were otherwise, what would it avail? The question is not, Can they reason? nor Can they talk but, Can they suffer? (1907)

In this passage Bentham indicates that the capacity for suffering (and/or pleasure) is the essential characteristic that grants a living being the right to moral consideration.

Some scholars have integrated both approaches in grounding moral consideration. Macklin and Pinker, for instance, view sentience in conjunction with the capacity for reason as sufficient for grounding the principle of autonomy, to which, on their view, the concept of dignity adds nothing substantive. Pinker writes: "Because all humans have the same minimum capacity to suffer, prosper, reason, and choose, no human has the right to impinge on the life, body, or freedom of another. This is why informed consent serves as the bedrock of ethical research and practice, and it clearly rules out the kinds of abuses that led to the birth of bioethics in the first place, such as Mengele's sadistic pseudo-experiments in Nazi Germany" (2008, 28). However, in assuming that all humans have the same capacity to reason, Pinker seems to

marginalize the cognitively disabled, excluding them from full moral standing, even as he acknowledges the importance of sentience.

In response to the apparent exclusion of the cognitively disabled from the Kantian view of moral consideration, Kittay (and others) have adopted a position that places moral worth “in the relationships we bear to one another.” On this view, moral standing does not come from having certain rational capacities or the capacity to feel pleasure and pain, but rather from “a distinctly moral capacity to care.” Kittay argues that dignity (understood as having moral value) “is bound both to our capacity to care for one another and in our being cared for by another who is herself worthy of care” (2005, 111). She discusses the dignity of being “some mother’s child” as a means of characterizing “the worth each one derives from the investment of care of a mothering person” (Kittay 2005, 113). By this, she means that “we are all equally entitled to what is due a mother’s child” (Kittay 2005, 114). Such an approach takes seriously the reality of our existence as relational beings, whereas approaches that narrowly focus on cognitive capacities or sentience do not. However, if an ethics of caring is taken to be the *only* consideration that matters, beings that have cognitive capacities and/or are sentient, but that lack relational value, will be excluded from moral consideration, which is why my approach allows for trade-offs.

Although Kittay intends for her account to acknowledge a special relationship that is constituted exclusively by *human* parenthood, making the relationship “objectively” more significant than that of a pet owner with her beloved pet, I argue that this part of her argument does not hold. I agree that relational worth *can* be important in granting moral entitlements, but this criterion of care shouldn’t be exclusive to humans. Moreover, Kittay’s claim that “dignity *requires* a relation,” (italics mine) is overstated (2005, 115). In my approach, relational worth is

just *one* consideration in granting moral consideration. We should also consider sentience and various rational capacities to allow for tradeoffs between these criteria.

In drawing upon some of these considerations, Singer and Kittay offer illuminating (but incomplete) accounts of what ought to matter in determining moral standing. In “Speciesism and Moral Status,” Singer writes that we should “abandon the idea of the equal value of all humans, replacing that with a more graduated view in which moral status depends on some aspects of cognitive ability, and that graduated view is applied both to humans and nonhumans” (2009, 575). I take Singer as making four distinct claims in the above statement:

1. We should abandon the idea of the equal value of all human beings.
2. We should instead adopt a more graduated view of moral standing.
3. A being’s moral status on the continuum comes from having certain cognitive abilities.
4. Since there is overlap in the cognitive abilities of some nonhuman animals with those of humans (the intellectually impaired, infants, people with dementia, and so on) the graduated view of moral status must include animals as well as humans.

With regard to (1), Singer is wrong to equate cognitive abilities with moral standing. Such a position narrowly focuses on cognitive capacity and fails to consider other aspects of life (like relationships) that are important to a being’s having worth. Instead of making a claim about humans not having equal *value*, my approach would instead claim something like, “We should abandon the idea that all human beings are due the same moral entitlements because different life forms have different sorts of interests depending (in part) upon their cognitive faculties.” For instance, the right to formal education is a moral entitlement that requires different things in addressing the interests of the cognitively disabled. It might be in the interest of a person who is

able to read to have access to a library while this might not be a relevant interest for someone with profound cognitive impairment. Nonetheless, a person with intellectual disability may still have an interest in going to school and experiencing an education that is suited to her cognitive capacity.

In reframing (2) and (3), I see a graduated view of moral status as a great strength of Singer's account. However, cognitive abilities are important insofar as they have bearing on a being's interests, but should not be regarded as the only relevant factor in grounding moral status. A being with minimal cognitive functioning can still have moral standing in virtue of its being sentient or having relational worth. In such cases, a person's interests will reflect these considerations over interests that come with having higher levels of cognitive development. Finally, Singer's inclusion of nonhuman animals, as indicated in (4) is perhaps his most significant contribution to a comprehensive theory of moral standing. But Singer's approach narrowly focuses upon cognitive ability as a necessary condition for moral status and fails to consider an important aspect of the reality of nature--that we are all intertwined in networks of relationships (both intra- and inter-species). In my approach, the inclusion of animals as objects of moral consideration should not be based upon cognitive faculties alone, but also upon relational worth, which can work to both ground moral status and to better inform the content of a being's interests.

Singer has good reason to consider sentience and cognitive faculties as important factors in evaluating moral standing. Since Kant's moral philosophy grounds human dignity and moral worth in our rationality and our capacity for self-awareness and autonomy, humans have an elite status as ends-in-themselves. This makes nonhuman animals mere instruments to human ends simply because they are said to lack self-consciousness and rationality. If we take Kant's line of

thought seriously, one implication is that we must place those humans who lack these rational capacities in the moral domain of nonhuman animals, as they are not autonomous beings (Singer 2009, 574). Instead of using Kant's line of reasoning to justify treating both humans and nonhumans with profound cognitive disability as mere means to the ends of those with 'normal' mental abilities, Singer argues that we ought to consider the significant overlap in cognitive ability of some nonhuman animals and mentally impaired humans (2009, 574). In light of these overlapping cognitive abilities, it makes sense to adopt a graduated view of moral consideration, which would have to include nonhumans. For the purposes of my alternative approach to the dignity model, cognitive capacities are important insofar as they have bearing on different life forms' interests, as what constitutes flourishing varies among different forms of life.

Another one of Singer's major contributions to this discourse is the idea that we ought to concern ourselves with the content of interests that different sorts of beings have, and that dignity is beside the point. He argues that humans with severe cognitive impairments do not possess dignity, but that they are not without interests (Singer 2009, 578). For Singer, a person's placement on the continuum of moral consideration is not contingent upon one's having dignity. People with cognitive disability and nonhuman animals alike therefore have some degree of moral consideration simply by virtue of being able to feel pain and suffering as well as pleasure and happiness. Cognitive abilities also factor in, placing people with profound cognitive impairments along with those nonhuman animals who share comparable cognitive abilities at one end of the spectrum, and "normally" cognitively functioning people at the other end, with higher functioning nonhumans (i.e. primates, parrots, certain breeds of dogs) along with humans who have moderate cognitive impairment somewhere in the middle.

One problem with Singer's position is that he claims that the severely cognitively

disabled lack dignity when he should instead focus on their having interests. His claim that they lack dignity is neither necessary nor particularly useful in bolstering his argument, since one can't prove or disprove the existence of dignity. Moreover, in invoking dignity language, this claim takes away from the important contribution that Singer has made in noting that interests are at stake. Another significant weakness with Singer's approach is that it doesn't acknowledge the fact that humans are social animals who are relational beings, a consideration that ought to factor into any adequate theory of moral standing. Additionally, recognition of relational value could also work to support animal rights further than rational capacity and sentience alone. Being the object of love and care could grant certain animals a higher degree of moral status on the continuum.

In saying that "we are all--*equally*--some mother's child," Kittay is acknowledging an important aspect of moral recognition that Singer fails to consider in his account. On this connection-based view of equality, moral standing lies "in the relationships we bear to one another" (Kittay 2005, 111). Although recognizing and valuing an ethic of care is a major strength of Kittay's approach, her attempt to exclude animals from having relational value is a serious weakness, and is not consistent with her argument that we ought to respect the distinctiveness of other life forms.

Kittay contends that Singer is effectively undermining the unique love that a (human) mother (or parental figure who takes on the nurturing role of mothering) has toward her child—a love that is certainly not equivalent to that of a dog lover to her beloved pup (Kittay 2009, 610). A major shortcoming in Kittay's approach is that her argument assumes a position of speciesism. Even in agreeing with Nussbaum that animals possess distinctive types of dignity according to their life form, Kittay's relational requirement of "being somebody's mother" which is meant to

ground moral personhood in entirely relational terms shouldn't allow for the dismissal of dearly loved animals from having the moral consideration that humans should also enjoy. This isn't to say that different objects of moral consideration don't require somewhat different entitlements according to their interests. In focusing on interests, it makes sense to say that moral entitlements of animals as well as the cognitively disabled correspond to their particular needs and preferences in order to flourish, or to at least meet a minimally decent standard of living. However, on Kittay's view, being human, and therefore having superior moral status, is grounded not only in caring relationships, but in uniquely human ways of interacting—such as the specialness of her cognitively disabled daughter's touch, feel, hug, and smile (2009, 621). Kittay motivates the uniqueness of the relationship between a caring (human) mother and her child by appealing to the ways in which a mother is self-sacrificing in deferring her personal interests and desires in order to meet the needs of her child (Kittay 2005, 115).

Given these particular requirements, Kittay's argument that dignity requires a relation does not succeed in privileging human interests over the welfare of much-loved animals, without succumbing to speciesism. A dog lover who is in a committed and caring intimate relationship with her pup also finds herself in a position of constantly having to make sacrifices on the dog's behalf, and could appeal to the specialness of his pouncing on her as she walks through the door, his affectionate lick, his warm smile and sympathetic demeanor, his enduring loyalty, and so on. In contrast to Kittay, Nel Noddings does not exclude the relationship between pet and pet owner from an ethic of care. Because an individual relationship exists between the caregiver and the object of care, and the cared for is able to participate in the relationship (at least by responding to the care), Noddings believes that such a relationship can be the basis of obligation since it requires an attitude of care (1984). Hence, relational worth *can* be an important component in

grounding moral standing, but it should not be species-specific to humans. Naomi Scheman's mention of her own cat speaks to this point: "I adopted a feral cat. Once I adopted the cat she is no longer a feral cat, she is a different sort of being. It is not that you cannot now do certain things to her that you couldn't do before because it would hurt me, it's because you can't do certain kinds of things to her because *now she is a different kind of being*" (Kittay 2009, 625). I take Scheman's position even further, arguing that it would be speciesist to assume that only humans can bestow relational worth. Animals can ascribe relational value to other animals. For instance, there are reported cases of elephants, dolphins, and primates who grieve over their deceased or who adopt orphans (sometimes belonging to another species!), indicating the kind of caring that Kittay takes to be central to moral status. It is also possible for animals to ascribe relational worth to humans, in being utterly dependent upon them for care, and in having psycho-emotional attachment to humans. These ideas will be more fully developed as they pertain to my examples, but for now I wish to reiterate the ideas that (1) we should appeal to relational value in bolstering the moral standing of animals and humans alike, and (2) we should regard relational value as only one component in granting moral worth.

V. Using My Alternative Approach Instead of the Dignity Model

I consider Ashley X, the family dog, and a human embryo, to illustrate the usefulness of interests as a new category of analysis. Interests can provide the basis for basic moral entitlements. For instance, three of the four dignity functions matter because beings have an interest in having their autonomy respected, in not being exploited, and in being treated respectfully. Using this approach, it is questionable what merit the sanctity of life function should have, since this function is more concerned with not "playing God" than it is in interests. For example, anti-abortion and anti-euthanasia literature invoke this meaning of dignity even though embryos don't

have interests and it might be in a person's best interest to alleviate suffering via euthanasia. I will show how granting moral consideration not on the basis of dignity, but on the grounds of having certain rational capacities, being a sentient being who is capable of pleasure and pain, and is loved and cared about, or any combination of these can shed light on a being's moral standing and particular interests. Such a position allows for a graduated view of moral consideration, while avoiding speciesism and the slippery language of dignity.

A *Los Angeles Times* article reads: "This is about Ashley's dignity. Everybody examining her case seems to agree about that" (Verhovek 2007). Even the physicians involved in the Ashley X case acknowledge the complexity of discerning what respect for dignity requires, but never question the assumption that "profoundly disabled children have dignity ... despite the difficulty in deciding on one formal definition of dignity" (Wilfond et al. 2010, 35). In response to such statements, Singer argues that "it isn't clear how she could possess dignity" (2009, 578). As I have argued above, dignity isn't the sort of property that can be either proven or disproven to attach to an entity. Hence, the assumption that she is a bearer of dignity, and that this is somehow central to the ethics of growth attenuation, is of no help in moral deliberations about this or other controversial treatments, but is instead a source of great confusion and spurious argumentation.

Unlike Singer, I am not suggesting that people like Ashley are without dignity. This is beside the point. Instead, I use my alternative approach to the dignity model to expand upon Singer's insight that the ethics of the Ashley treatment "depends primarily on whether it was in her best interests, rather than whether it befitted her dignity" (2009, 578). Ashley's moral standing comes from the three criteria discussed above. These criteria can also inform the content of her interests. Ashley's interests differ somewhat from other "normal" children her age

because she is said to “experience the cognitive and emotional life of, at best, a typical 3- to 6-month-old child” (Newsom 2009, 25). Despite her profound cognitive disability, Ashley’s family is attentive to the fact that she is capable of pleasure and pain, and that sensory experience constitutes much of her world. Although Ashley can’t clearly communicate her preferences, she appears to enjoy changing positions, back rubs, sweet talk, being moved to more social and engaging places, and entertainment like music or TV. Because she is lighter, more transportable, and easier to care for, she is less likely to suffer from bed sores and scoliosis than she would be had her growth not been attenuated (Ouellette 2008, 233). Being free from pain and discomfort, enjoyment of touch, sounds, and entertainment, are rooted in Ashley’s sentience and her limited cognitive capacity. These considerations helped inform the parents’ decision that keeping Ashley small would ultimately serve her best interest, giving her a better life.

Additional considerations come from Ashley’s relational value, which is rooted in her being an integral member of her family and is realized when she is able to flourish by being part of this network of familial relationships. On their blog, her parents say that “Ashley brings a lot of love to our family and is a bonding factor in our relationship; we can’t imagine life without her” (Ouellette 2008, 211). Although they can’t be sure, her family thinks that Ashley recognizes them, and they have reason to believe that she likes their company because she often smiles or expresses delight in their presence. Ashley’s parents speak to this aspect of interests that arise from being a relational being, stating that:

Ashley’s smaller and lighter size makes it more possible to include her in the typical family life and activities that provide her with needed comfort, closeness, security and love: meal time, car trips, touch, snuggles, etc. Typically, when awake, babies are in the same room as other family members, the sights and sounds of family life engaging the baby’s attention, entertaining the baby. Likewise, Ashley has all of a baby’s needs, including being entertained and engaged, and she calms at the sounds of family voices (Ouellette 2008, 212).

In an interview, Dr. Diekema's explanation of why growth attenuation was in Ashley's best interest also appeals to these sorts of interests that have to do with a person's relational value. He states that keeping her small will allow "for people to lift her, and will allow her to receive a more personal level of care from her parents for a longer period of time. They really want to be able to pick up their daughter and give her a hug and put her in a chair. It will be easier for them to move her to the car and go on outings rather than thinking about leaving her behind with a caretaker when they go on vacation" (Ouellette 2008, 216).

Hence, regardless of whether or not Ashley in fact has dignity, the premise that Ashley is a bearer of dignity, and that this is somehow central to how she ought or ought not be treated, is of no help in moral deliberations about innovative therapies such as growth attenuation. In looking at Ashley's moral standing as a sentient being with the cognitive capacities of a 6 month old, who is a beloved sister and daughter, it makes sense to evaluate the ethics of the Ashley X case in light of the considerations above rather than appeal to her dignity. Ashley's parents are in the best position to understand their daughter's awarenesses and unique preferences. Although she is intellectually disabled and will never be able to do many of the things that "normal" children are able to do, the parents seem to intuitively trade-off concern for certain interests that highly rational beings might have for interests that derive from and are fulfilled through one's sensory experience and through relationships. As a person who (presumably) enjoys being held and entertained by her affectionate family, it stands to reason that these sorts of considerations should factor heavily into determining what is in Ashley's best interest, and is therefore ethical treatment in similar cases.

Using the three criteria used to ground the moral status and determine the interests of Ashley X, we may apply the same approach to non-human animals. A typical domesticated dog

is very much a sentient being that can have varying degrees of cognitive capacity depending upon hereditary and environmental factors such as breed, socialization, and training. It can also have different types of relational value (or none at all) depending upon whether it is a herder, an assistance dog, a stray, a family pet, a barn dog, and so on.

Evidence of dogs' sentience includes being afraid of thunderstorms and loud noises, responsiveness to reward and punishment, and the enjoyment of food, Frisbees, playing with others, and belly rubs. Even a stray dog that appears to have minimal cognitive capacity is a sentient being who is conscious, can perceive experiences, and therefore has some degree of moral status. Such a dog would, for instance, have an interest in being free from torture and pain, being provided with food, water, shelter, and other basic goods. On the continuum of moral status, such a dog would still have basic interests and moral entitlements such as the provision of bare necessities and the right not to be harmed or treated cruelly. Dogs are pack animals that can understand social structure, and are capable of interacting with other life forms. Since dogs tend to be highly social beings, even a stray may have interests that have to do with its relationships with other animals or fellow pack members.

A dog that has greater relational value has even higher moral standing than a loner dog that is sentient and has some degree of cognitive capacity. Such a dog might have other animal friends or "pack-mates" as well as a human family. If the family is in a committed and caring relationship with the dog, this has bearing on the dog's interests. In being a family member, a dog's interests involve not only those interests that come with sentience, but with being a relational being. It might, therefore, have an interest in having company and not being abandoned in addition to basic interests that come with sentience such as having food and shelter.

A dog that has high levels of cognition in addition to relational value can have even higher moral status. A dog's relational worth and cognitive abilities factor into its interests, which could involve feeling included with other members of the "pack" and being given tasks according to its expertise and level of cognition. For example, retrievers (typically) have an interest in retrieving and often become distraught if they are in a situation where they cannot perform this task. Some dogs seem to function at a very high level of cognition. I would argue, although one could never prove, that certain dogs act upon and have complex emotions including embarrassment, jealousy, anxiety, and even a sense of humor. Intelligent dogs can also perform tasks such as: following instructions, retrieving objects, performing tricks, finding clues in a murder case, guiding their blind owner around town, alerting their owner before the owner has a seizure, and so on. Rational capacities vary according to life form, and therefore factor into a dog's interests according to these distinct cognitive abilities as they apply to the dog in question. Smart dogs have interests that go beyond being a part of a family or having their basic material needs provided. They require intellectual stimulation in order to flourish. For instance, dogs that are very intelligent can be destructive or "act out" when they are not given tasks that challenge them. Together, these considerations can ground the dog's moral status, and can give us a better idea of its interests.

My approach can also be used to evaluate the moral status of the human embryo. In its early stages, human embryos are non-sentient and have no cognitive capacities. An embryo might, however, have relational value if it is already loved and cared about--for instance, if the mother-to-be speaks to it and thinks about it lovingly and makes plans for its future. Relational worth is important in the case of the embryo because this is the only thing that can legitimately grant an early embryo some degree of moral standing. It is difficult to say whether it can have

interests. It is more likely that it has the potential for having interests as it grows into a sentient fetus that is capable of some primal level of pleasure and pain.

Given enough time and the right environment, the embryo becomes a fetus and develops some degree of sentience. Although there is disagreement about when, and in what capacity a fetus feels pain, neural development and the integration of the sensory system into the developing brain allow for the awareness of pain at a basic level. This is one reason why late term abortions are generally more controversial than first-trimester abortions. Initially, a human embryo has moral standing only if it has relational value. This means that it is cared about and wanted. Over time, it can gain greater moral status as it becomes sentient and develops an interest (of sorts) in preferring the avoidance of pain.

The capacity for sentience trumps relational value in the case of defective infants who experience unbearable suffering and whose lives are deemed not worth living. In such cases, direct physician killing may be in the infant's best interest if the severity of pain and suffering outweighs the infant's interest in being an integral family member who would be forced to endure prolonged agony in order to survive. In other cases, a defective infant may lack relational value depending upon the caregivers' attitude toward the infant. For some parents, caring for a child like this could be "an unbearable burden for the psychological health of the woman" or for other family members (Giubilini and Minerva 2012, 1). In these cases, sentience is the sole consideration in determining what is in a defective infant's best interest. Collectively, these examples illustrate how my alternative approach to the dignity model could be used to consider whether something has moral status, and if it does, what relevant interests it might have. I argue that bioethics ought to think about controversial issues through this lens, and move away from the dignity model.

VI. Why the Future of Bioethics would be Better Served with Less Reliance upon Dignity Language

In assessing the merit of my proposed alternative to the dignity model, one might ask what difference would this make, and whether this difference would be an improvement. A move toward looking at interests in terms of moral entitlements would mean that healthcare practitioners, policy-makers, and bioethicists need not delve into the metaphysical question of “who and what are we, and how can we know it?” for which “human dignity” has been offered as a hand-wavy response. Additionally, in dismantling the dignity model, bio-law and bioethics would become more rigorous, avoiding vague, rhetorically charged dignity language. We wouldn’t have to worry about sanctity of life appeals affecting public policy under the guise of secular sounding language, since my approach offers a more neutral arbiter that is more appropriate for secular bioethics (Beckwith 2010, 94). Also, bioethics could avoid generating literature that employs dignity as a slogan, or that equivocates on dignity. It could instead ask whether a particular action hinders or promotes the interests of the beings whose lives would be affected, which involves articulating which actions would help satisfy different life-form’s desires, needs, preferences, and so on. This would allow bioethics to focus on determining whether a being has moral standing, what comprises its basic bundles of interests, and procedurally, how these interests can best be met. A being might have an interest in having its autonomy respected, in not being exploited, and in being treated with respect. However, there are numerous other interests that may be relevant, such as flourishing, being free from pain, having one’s privacy respected, being provided for, and so on.

In response to the claim that the ambiguity of dignity language is a great weakness, it has been argued that the inherent vagueness of ‘dignity’ is actually an advantage in bio-law and soft law instruments. The UNESCO Universal Declaration on Bioethics and Human Rights, like

many declarations, intentionally contains principles that are formulated in very general terms. Such documents do not provide precise meanings of its core principles, in conformity with the maxim “Omnis definitio in iure periculosa est” (Every definition in law is perilous) (Andorno 2007, 151). In other words, lawmakers often prefer not to define the precise meaning of the words they use, leaving the task to “common understanding” and (ultimately) to the court’s interpretation. This allows for interpretations to avoid being constricted by rigid definitions that are already in place, which may no longer make sense, or which may contain ethnocentric assumptions. Terms such as “human dignity,” “autonomy,” “justice,” “benefit,” “harm,” and “solidarity” all have a rich philosophical histories, the meanings of which are (to some extent) determined by cultural factors. Accordingly, international law does not define human dignity, leaving its meaning to “intuitive understanding,” the content of which is largely conditioned by cultural elements (Andorno 2009, 229). Leaving open the meaning of dignity could be seen as an important asset in a pluralistic alliance such as the UN, where various groups, communities, and nations have diverse religious values, cultural understandings, and worldviews that shape and inform their interpretation of the concept of human dignity. In allowing for a wide range of interpretations, this approach makes global agreement possible, where, if precise meanings were defined from the onset, it would otherwise be impossible. As such, it could be argued that the intentional vagueness of dignity language is an asset in allowing for the balance between respect for cultural diversity and universal bioethical norms.

Elasticity in law *is* important not only for the reasons mentioned above, but also because it allows for reevaluation of laws and regulations over time. However, the formulation of principles in very general terms can become problematic when interpretations assume religious or rhetorically charged ideas, or especially when the same concept can be used to both prohibit

and justify controversial practices. In regarding human dignity as a foundational concept, its use may imply a degree of social consensus that simply does not exist.

Although concepts such as autonomy, justice, freedom, and solidarity are also open to abuse, dignity is importantly dissimilar from these other concepts because its meaning can sometimes have religious underpinnings that are not transparent and the complexity of dignity leaves it open to certain rhetorical problems, such as being a central value on opposing sides of a debate and the tendency for equivocation. For instance, the concept of dignity could be invoked both to prohibit embryonic stem-cell research and to support such research. In response to the assumption found in several human rights instruments that embryonic stem-cell research and therapeutic human cloning are contrary to human dignity, Pinker writes: “Theon bioethics flaunts a callousness toward the billions of non-geriatric people, born and unborn, whose lives or health could be saved by biomedical advances. . . . Millions of people with degenerative diseases and failing organs would needlessly suffer and die. And that would be the biggest affront to human dignity of all” (2008, 31). If the concept of human dignity is so imprecise in its interpretation that it can be used to both prohibit and support controversial technologies like therapeutic human cloning and embryonic stem-cell research, its vagueness seems more of a problem than an advantage. Moreover, there is less of a tendency to equivocate on other intentionally vague language, such as “autonomy,” “justice,” “benefit,” “harm,” and “solidarity.” Despite various interpretations of these other concepts, there is a greater consensus with regard to meaning than there is with dignity.

As a case in point, people and policies tend to equivocate on dignity with relative frequency, which forces one to question whether its vagueness is a true advantage. Pinker himself makes this mistake in “The Stupidity of Dignity.” He argues that dignity cannot be

adequately defined because it is a subjective notion, which means that it cannot serve as a basis for moral judgments. Dignity is relative, in the sense that people and cultures disagree about which sorts of behaviors are dignified or confer dignity. For instance, there is disagreement about whether having sex, playing with children, licking an ice cream cone, or getting out of a car is dignified (Pinker 2008, 30). These examples indicate that dignity is subjective, which, for Pinker, constitutes evidence against the idea that dignity is intrinsic to all persons. In making this argument, Pinker equivocates on the word ‘dignity,’ conflating beliefs about social practices we associate with dignity (social dignity) with the sanctity of life meaning of dignity, a theological concept that assumes an essential property that is inseparable from human life in its entirety (Beckwith 2010, 96). Even though Pinker’s writing on the nature of dignity is nonetheless illuminating and worthy of consideration, my point is that the vagueness of a rhetorically charged word like dignity is not an advantage in law, given that these logistical shortcomings and abuses tend to arise with less frequency in the cases of justice, autonomy, or solidarity, than in the case of dignity.

Conclusion: Although Dignity is Largely Beside the Point in Bioethics, It isn’t Altogether Useless

Although dignity language may have had historical importance in establishing laws that declare universal human rights and in safeguarding people from crimes against humanity and war crimes, it should no longer be held in such regard. In making sense of already-published literature that employs dignity language, my taxonomy will be useful in determining the appropriate moral weight of dignity. However, in looking to the future, bioethics should strive to move away from dignity’s inflationary use. It should instead concern itself with what moral guidelines ought to do, which is largely reducible to the protection of interests. Since, as I have argued, interests need not

be grounded in dignity, it seems nothing would be lost while a lot could be gained in dismantling the dignity model. Dignity is largely beside the point in bioethics--it's the safeguarding of interests that is really at stake (which could include autonomy, freedom from commodification and exploitation, and being treated with respect in socially sanctioned ways) whether the object of moral concern is an animal, or persons with varying degrees of cognitive capacity. There are, however, cases where it may be appropriate or even useful to employ dignity language.

Dignity therapy is one example where the concept of dignity may be appropriate, even if respect for dignity is no longer a foundational principle. Here, the special value and unique worth of patients is reaffirmed. Psychiatrist Harvey Chochinov developed this "dignity therapy," as a means of addressing the psychosocial and existential distress that often accompany death, especially the fear people find most assaulting and annihilating -- that one would completely cease to exist (Spiegel 2011). Dignity therapy takes place in sessions where a trained therapist asks a series of questions to terminally ill patients about their life history, including the parts they think are most important, or remember most. The responses are then transcribed and presented to the patient for an editing process that takes place with the therapist, until together they develop a polished written narrative that could be passed on to the to whomever the patient chooses. As death draws near, the opportunity to address issues that matter most, or to speak about things they would want remembered, promote a sense of meaning and purpose for patients.

Chochinov has observed that some people choose to reinterpret lives, while other decide to frame their life as a warning so that loved ones could choose a better way, or to formally ask their families for forgiveness. In any case, the ending of the final document would capture the intent and final tone appropriate to the patient's overall message (i.e. "Life has been good"; "I wish my family all God's blessings"; "I wouldn't have changed a thing") (Chochinov et al. 2005,

5522). A 61-year-old patient captures the essence of hopefulness as it relates to the promotion of meaning and purpose that dignity therapy provides: “This experience has helped me to delve within myself and see more meaning to my life. I really look forward to sharing it with my family” (Chochinov et al. 2005, 5523).

Here, dignity isn’t used as a conversation stopper, or as a Trojan horse for religious assumptions, and it isn’t reducible to a collection of thicker principles, as is the case in much of bioethics and bio-law. Dignity therapy is one example where my four dignity functions or other moral principles don’t quite capture what is being done. This is because in creating a polished document, it goes beyond merely attending to a dying person’s present psycho-emotional interest in dealing with the anxiety and fear that accompany death and human finitude. It does not make sense to speak of a deceased person as having interests, yet the main point of dignity therapy is that a first-person account lives on long after the recipient of dignity therapy has died. Even if dignity therapy fails in relieving depression or anxiety it still results in creating something that will last. In doing so, both the process of dignity therapy and the end product itself reaffirm the promotion of meaning and purpose in a particular individual’s life. Although dignity language often works to reaffirm or to secure the worth of humanity as a whole, or of individual people, dignity therapy accomplishes this in a way that goes beyond simply adhering to moral principles such as respect for autonomy, privacy, confidentiality, and so on. In cases like this, where we can refer to the taxonomy to determine that the concept of dignity is not reducible to thicker principles, and is not used in ways that are problematic (for instance: where the meaning is equivocated, or it is used as a slogan, conversation stopper, or to import religious assumptions), it may be appropriate to invoke dignity language. However, given its complexity, it is still wise for bioethicists to be more aware of vague dignity language, and to have a more thoughtful

dialogue about what the concept of human dignity means or seems to require, even in cases where it makes sense to appeal to dignity. In closing, the concept of human dignity is neither entirely useless for bioethics, nor is it an unconditionally useful. Given its morally weighty origins, it is in need of much closer investigation than bioethics has traditionally accorded it. My taxonomy offers a framework that, I hope, will help facilitate discussions about the appropriateness of dignity in bioethics and bio-law. In moving toward a more rigorous (and secular) future, bioethics ought to rely less heavily upon dignity language and should move away from holding respect for dignity as a foundational principle.

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