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**Article (Submitted version)
(Pre-refereed)**

Original citation:

This is the pre-peer reviewed version of the following article - Cochrane, Alasdair (2010) Undignified bioethics. [Bioethics](#), 24 (5). pp. 234-241. ISSN 0269-9702 which has been published in final form at

DOI: [10.1111/j.1467-8519.2009.01781.x](https://doi.org/10.1111/j.1467-8519.2009.01781.x)

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This version available at: <http://eprints.lse.ac.uk/25825/>

Available in LSE Research Online: June 2010

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Undignified Bioethics

For some bioethicists, 'dignity' is a useless concept.¹ It has been claimed to be useless for at least three reasons. First of all, some have accused dignity of being indeterminate. These thinkers claim that dignity is used in so many opposing senses that the concept is just too slippery to help us tackle difficult problems in bioethics.² Second, others have accused dignity of being reactionary. Proponents of this claim argue that dignity is unjustifiably invoked as a kind of moral trump to stall progressive advances in medicine and thus to impede the alleviation of great harms.³ Finally, still others have accused dignity of being redundant. These thinkers claim that if any determinate and plausible meaning can be given to dignity, it sheds no new light on bioethical debates, and simply restates ideas that can be found in other ethical principles such as 'respect for autonomy'.⁴

Interestingly, however, a number of recent articles and books have mounted a defence of dignity. These defences have claimed that dignity is so ingrained in bioethical discourse and legal instruments, that aiming to do away with it is simply, "...whistling in the wind."⁵ As such, defenders of dignity argue that instead of purging the concept from bioethical debates, we should concentrate on clarifying the term, and making it more useful for addressing bioethical controversies.⁶

This paper rejects these defences of dignity. It acknowledges that coherent understandings of dignity can be found, but argues that they are all flawed. As such, it argues that these conceptions of dignity should be rejected. It claims that they should be rejected not simply because they are indeterminate, reactionary or redundant, but more fundamentally, because they rest on or invoke flawed ethical arguments. Overall then, the paper argues for a bioethics without dignity: an 'undignified bioethics'.

¹ R. Macklin. 2003. Dignity is a Useless Concept. *British Medical Journal* 2003; 327: 1419-1420.

² H. Kuhse. 2000. Is There a Tension Between Autonomy and Dignity? In *Bioethics and Biolaw, Vol. II: Four Ethical Principles*. P. Kemp, J. Rendtorff, & N. Mattson Johansen, eds., Copenhagen: Rhodos International Science and Art Publishers and Centre for Ethics and Law: 61-74.

³ S. Pinker. 2008. The Stupidity of Dignity. *The New Republic* 28 May.

⁴ Macklin, *op. cit.* note 1.

⁵ D. Beyleveld & R. Brownsword. 2001. *Human Dignity in Bioethics and Biolaw*. Oxford: Oxford University Press: 63; and D. Schroeder. Dignity: Two Riddles and Four Concepts. *Cambridge Quarterly of Healthcare Ethics* 2008; 17: 230-238: 237.

⁶ For attempts at clarification in this spirit see Beyleveld & Brownsword, *op. cit.* note 5; M. Hayry. Another Look at Dignity. *Cambridge Quarterly of Healthcare Ethics* 2004; 13: 7-14; L. Nordenfelt. The Varieties of Dignity. *Health Care Analysis* 2004; 12: 69-81; R.E. Ashcroft. Making Sense of Dignity. *Journal of Medical Ethics* 2005; 31: 679-682; Schroeder, *op. cit.* note 5; & R. Van Der Graaf & J.J.M. Van Delden. Clarifying Appeals to Dignity in Medical Ethics from an Historical Perspective. *Bioethics* 2009; 23: 151-160.

In order to make this argument, the paper is divided into four sections, each of which considers a different conception of dignity. Of course, the paper does not consider every possible conception of dignity. Instead, the paper considers only those conceptions that are the most plausible and which are claimed to offer the most potential in helping us address bioethical controversies. As such, the paper focuses on four different conceptions of dignity: dignity as virtuous behaviour; dignity as inherent moral worth; Kantian dignity; and dignity as species integrity. In each section, the conception of dignity is explained, and is conceded to be coherent. Importantly, however, each section also argues that the particular conception of dignity should be rejected.

Dignity as Virtuous Behaviour

The first important conception of dignity that we need to consider understands dignity to be a form of virtuous behaviour.⁷ This behaviour-based conception of dignity is regularly invoked in bioethical discussions. For example, it is often used to describe and praise those in the medical profession. Doctors are sometimes said to act in a dignified manner when they conduct themselves in a composed and serious manner. Moreover, dignity is also used to describe and praise individuals when they show courage and self-control in the face of terrible illness and suffering. Far from being slippery and useless then, it might be argued that conceiving of dignity as a form of virtuous behaviour offers a coherent understanding of the term which is helpful in tackling complex issues in bioethics.

However, if this conception of dignity is in fact to be useful, it is vital that we have a clear understanding of what behaviour counts as dignified. From the literature, it seems that there are two interpretations of what constitutes dignified behaviour: one trivial and the other more noble. The trivial understanding sees dignified behaviour as acting in accordance, "...with society's expectations of well-mannered demeanour and bearing."⁸ Here then, to act in a dignified way is to act in accordance with the recognised norms and customs of one's society: to cover one's mouth when sneezing, to wait one's turn when queuing, to refrain from swearing in front of children, and so on. Of course, even if it is true that we should all aspire to conform to our society's expectations of well-mannered behaviour, that alone tells us nothing about controversial issues in bioethics, such as the permissibility of stem cell

⁷ This understanding is identified by Nordenfelt, *op. cit.* note 6, p. 72; Schroeder, *op. cit.* note 5, p. 234; and Beyleveld & Brownsword, *op. cit.* note 5, p. 43.

⁸ Schroeder, *op. cit.* note 5, p. 234.

research, cloning, genetic engineering and the like. The trivial understanding of dignified behaviour does not appear to be of much use to bioethics.

In response, it might be argued that such rules over well-mannered behaviour do tell us something about how scientists and medical professionals should undertake their work. Perhaps it is important that these individuals perform their tasks in a dignified way: in keeping with the recognised standards of demeanour of the society they work in. Perhaps. But even if such standards are easily identifiable, which is by no means obvious, we must ask ourselves just how important they are. After all, some of us may prefer it if our medical professionals conform to certain behavioural norms when dealing with us, but it is unlikely that any of us actually consider such behaviour to be *mandatory*. Surely the only behaviour of medical professionals that really matters is that which sees them doing everything in their power to minimise suffering, and to restore health where possible. And it is obvious that medical professionals can act in this way even if they have certain habits and eccentricities which do not conform to ordinary societal norms. As such, it would be extremely odd to demand that medical professionals and scientists act in accordance with this trivial understanding of dignified behaviour.

However, there is a more demanding, and perhaps more noble, understanding of dignified behaviour which also needs to be considered. This interpretation sees as dignified that behaviour which shows self-control, and in particular self-control in the face of adversity.⁹ As such, it is often suggested that the lives of figures such as Socrates, Jesus and Nelson Mandela are all exemplars of dignified behaviour. That is to say, even when these individuals faced extreme adversity and injustice in their lives, they did not lose self-control. Instead, they maintained their moral principles even at high cost to themselves, and acted in a composed manner when most others would lash out. This interpretation of dignity is relevant to bioethics in that it is often used to describe individuals living with serious disease and suffering. For example, when the American actor Christopher Reeve was paralysed following a horse riding accident, and subsequently campaigned on behalf of those with spinal cord injuries, he was regularly described as acting with dignity. This term was no doubt assigned to him on the basis that although he suffered terribly, and had lost so much of his physical capability, he did not wallow in self-pity, but instead maintained his self-control, and steadfastly got on with the job of campaigning on behalf of others.

Clearly this interpretation of dignified behaviour is perfectly coherent. However, once again, we must ask what kind of role it can usefully play in bioethics. For even

⁹ Beyleveld & Brownsword, *op. cit.* note 5, p. 43; and Nordenfelt, *op. cit.* note 6, p. 72.

if we admit that there is something admirable about individuals behaving in such ways when they suffer so much, it is hard to see how the notion helps us address problems in bioethics such as abortion, euthanasia, organ transfers and the like. In response, it might be claimed that it offers a form of behaviour that all those suffering from disease and illness should aspire to. But is that really fair or reasonable? It is surely too much to ask that we all live up to the standards set by such remarkable figures as Socrates, Jesus and Nelson Mandela! And indeed, why should we? Losing self-control in the face of adversity, whether it be wallowing in self-pity or ranting and raving uncontrollably at injustice, is surely a perfectly legitimate response. More importantly, all of us surely recognise that it is a perfectly *permissible* reaction to adversity, provided that it harms no-one else. Given all of this, it is hard to see why conceiving of dignity as virtuous behaviour is of any use to bioethics.

Dignity as Inherent Moral Worth

The second important conception of dignity that we need to consider does not see dignity as a form of behaviour, but as a property. Under this conception, the possession of dignity by humans signifies that they have an inherent moral worth.¹⁰ In other words, because human beings possess dignity we cannot do what we like to them, but instead have direct moral obligations towards them. Indeed, this understanding of dignity is also usually considered to serve as the grounding for human rights. As Article 1 of the Universal Declaration of Human Rights states: “All human beings are born free and equal in dignity and rights.”¹¹

In effect, this conception of dignity as moral worth is a universalised version of the more ancient understanding of the term. Several authors have pointed out that the ancient understanding of dignity (or ‘*dignitas*’) was hierarchical. That is to say, dignity was a moral worth reserved for those of extraordinary quality, who occupied the highest ranks and offices in society, and which individuals won as they climbed up the social hierarchy, and lost as they moved down.¹² In more modern times, this extraordinary quality is said to be possessed by all human beings, irrespective of social rank. It is also, of course, now said to be possessed by all human beings irrespective of race, religion, gender, age, nationality and so on. In both cases,

¹⁰ This type of dignity is identified by Lennart Nordenfelt as ‘*dignity of menschenwürde*’ in Nordenfelt, *op. cit.* note 6, pp. 77-78.

¹¹ United Nations. 1948. Universal Declaration of Human Rights. Reprinted in 2006. *International Human Rights Documents*. P. R. Ghandi, ed., 5th edition, Oxford: Oxford University Press: 21-25.

¹² See Hayry, *op. cit.* note 6, p. 11; Nordenfelt, *op. cit.* note 6, pp. 71-72; Van Der Graaf & Van Delden, *op. cit.* note 6, p. 154; and Schroeder, *op. cit.* note 5, p. 233.

however, dignity refers to a property possessed by human beings which makes them deserving of certain treatment. By seeing this quality as possessed by every single human being, the modern understanding of dignity simply makes noblemen of us all.

This conception of dignity as inherent moral worth certainly seems coherent enough as an idea. Indeed, we can also see why this conception of dignity is employed in certain debates around bioethics. For if all individual human beings possess dignity, then they should not be viewed simply as resources that we can treat however we please. To take an example then, it may be that we could achieve rapid and significant progress in medical science if we were to conduct wide-ranging medical experiments on groups of human beings. However, because human beings have dignity, so it is argued, this means that they possess a particular quality which grounds certain moral obligations and rights. These obligations and rights restrict what we may permissibly do to them. As such, inflicting great harms on individual humans, as would be inflicted in medical experiments, is impermissible on the grounds that human individuals possess dignity. The dignity of individual human beings prevents us from doing certain acts to them, even if those acts would lead to great social benefits.

But while this conception of dignity does indeed make sense, there is a huge problem with it. It remains extremely unclear where dignity comes from. For instance, Article 1 of the UDHR simply stipulates that, "All human beings are born free and equal in dignity..." But why are they? If all human beings possess dignity - this extraordinary moral worth - we need some explanation of what it is about the species *Homo sapiens* that makes them so deserving. When we start looking at particular characteristics that might ground dignity - language-use, moral action, sociality, sentience, self-consciousness, and so on - we soon see that none of these qualities are in fact possessed by each and every human. We are therefore left wondering why all human beings actually do possess dignity.

Moreover, the crucial point about conceiving of dignity as signifying our *inherent* moral worth is surely that it does *not* depend on the qualities of individuals. Rather, dignity is simply ingrained in every member of the human species. As such, if there is to be any justification of the idea that all and only human beings possess this inherent moral worth, it must then be that humans are special in a sense which transcends their physical characteristics. And indeed, this is where religion - and in particular the Christian religion - fills the explanatory gap. For the Christian religion tells us that humans are indeed special in some non-physical sense: they alone are made in the image of God, and they alone are in possession of a soul. If we buy into these ideas, the idea of dignity as inherent moral worth suddenly starts to make a lot

more sense. All and only humans possess dignity because all and only humans are in this special relationship with God.¹³

But while this conception of dignity now makes sense, it only does so by being grounded in extremely controversial claims that not all individuals can reasonably be expected to accept. The problem is not so much that it is obviously wrong that humans are made in the image of God; but rather, that in modern pluralistic societies, many people have quite different religious beliefs, or even none at all.¹⁴ Using this understanding of dignity to make policy decisions over controversial issues in bioethics thus seems to privilege one type of religious viewpoint without reasonable justification.

Furthermore, even if we were to accept the conception of dignity as a property of all human beings signifying their inherent moral worth, it still does not help us get very far in tackling controversies in bioethics. The dignity of human beings tells us that individuals have a moral worth and thus that we have certain important obligations towards them. But which obligations? For example, is assisting those who are terminally ill, suffering terribly and who have asked for help in ending their lives permissible or impermissible? The conception of dignity as the inherent moral worth of human beings tells us nothing. It may be, as some conservatives argue, that the moral worth of human beings means that we can never take the life of another individual. But it may also be, as some liberals argue, that the moral worth of human beings demands that we take individuals' informed choices extremely seriously.¹⁵ On its own, conceiving of dignity as the inherent moral worth of all human beings offers nothing to help us resolve such difficult problems.

I believe then that we should reject the conception of dignity as a property possessed by all human beings signifying their inherent moral worth. Obviously, given controversies over abortion, stem cell research, genetic interventions, animal experimentation, euthanasia and so on, bioethics does need to engage in debates over which entities possess moral worth and why. But these are best conducted by using the notion of 'moral status' and arguing over the characteristics that warrant possession of it.¹⁶ Simply stipulating that all and only human beings possess this inherent moral worth because they have dignity is arbitrary and unhelpful.

¹³ For an understanding of dignity along these lines see, L. R. Kass. 2002. *Life, Liberty and the Defense of Dignity*. San Francisco, CA: Encounter Books: 241-243.

¹⁴ Beyleveld & Brownsword, *op. cit.* note 5, p. 45.

¹⁵ Hence we see dignity invoked by both sides in debates over euthanasia.

¹⁶ See M. A. Warren. 1997. *Moral Status: Obligations to Persons and Other Living Things*. Oxford: Oxford University Press.

Kantian Dignity

The third important conception of dignity that must be considered is Kantian.¹⁷ This conception of dignity also sees dignity as a property, but it differs from the inherent moral worth conception in two ways. First of all, a strict interpretation of it implies that it is not necessarily inherent in all (or only) human beings. Only those entities with the capacities for *personhood* possess dignity under the Kantian interpretation. The second difference with this conception of dignity is that while it does acknowledge that those with dignity possess a moral worth, and are thus owed certain forms of treatment, it also tells us what *kinds* of treatment possessors of dignity are owed.

We can see then that the Kantian conception of dignity remedies two of the problems with the inherent moral worth interpretation. Kantian dignity does not arbitrarily assign moral status to all and only human beings. Nor does it make moral worth dependent on controversial faith-based premises that not all can accept. Instead, the Kantian conception sees the capacities of personhood as determining moral status. The capacities of personhood are moral agency and autonomy. Moral agency is the ability to reason about and act upon moral principles. Autonomy is the capacity to self-determine: to frame, revise and pursue a conception of the good. From this, it is evident that not all human beings are endowed with dignity from birth, as stipulated in the UDHR. Nor is it necessarily true that only members of the species *Homo sapiens* possess this moral worth. As such, Kantian dignity provides a plausible and determinate means of assigning moral status in bioethical discussions.

Furthermore, and unlike the inherent moral worth conception, Kantian dignity also gives us some guidance as to what obligations we owe to those with dignity. For under the Kantian conception, those entities with dignity are *ends-in-themselves*: self-determining entities who can exercise moral judgement and free will. Because they are ends-in-themselves, Kant argued that possessors of dignity should always be treated as an end-in-themselves, and never solely as a means. This 'ends-in-themselves' formula has been applied directly to various bioethical questions. But it has also been used more loosely in order to ground the principle of respect for autonomy. Clearly then, Kantian dignity offers a coherent conception of the term and is potentially a very useful tool to help us address complex problems in bioethics.

Despite the advantages of Kantian dignity over the inherent moral worth conception, I maintain that it too should be rejected. First of all, using Kantian dignity as a means to assign moral status to entities is overly exclusive. If only 'persons' – those with the

¹⁷ This conception is identified in Hayry, *op. cit.* note 6, p. 9; Van Der Graaf & Van Delden, *op. cit.* note 6, p. 157; Schroeder, *op. cit.* note 5, p. 233; and Beyleveld & Brownsword, *op. cit.* note 5, p. 11.

capacities for moral agency and autonomy – possess moral status, then a huge range of individuals are left out of the moral community. For example, young infants, the severely mentally disabled and the vast majority of species of non-human animal all lack the ability to make moral choices and formulate conceptions of the good. But even though these individuals lack such capacities, surely there are limits to what we can permissibly do to them.

In response, proponents of Kantian dignity might draw a distinction between direct and indirect obligations.¹⁸ They would point out that denying moral status to non-persons does not mean we can do what we like to them. We may have no direct obligations to such individuals, so the argument goes, but we do have indirect obligations in respect of them. For example, they might argue that we should not steal from the severely mentally disabled not because we owe anything to them directly, but because we owe something to their friends, family and society, or even because stealing from them might lead us to commit further crimes against others.

However, most of us will quite rightly consider this response to be entirely wrong. For our obligation not to steal from the mentally disabled – just like our obligation to feed infants and not to beat dogs – is surely and uncontroversially something owed directly to these individuals themselves. True, these individuals may not be persons in the Kantian sense, but they do have interests which can be set back or promoted. And it is the possession of these interests which alone seems sufficient to warrant recognition of moral status.¹⁹ As such, we should reject using Kantian dignity as a means of assigning moral status to entities.

Secondly, we should also question the ethical principles which are said to derive from the Kantian conception of dignity. You will recall that Kantian dignity not only assigns to its possessors a moral worth, it also tells us that we cannot treat its possessors solely as a means. But what precisely does it involve to treat an individual solely as a means? To help explain, consider the case of so-called 'saviour siblings', where parents conceive a child specifically in order to help an older brother or sister, say by providing stem cells for transplantation. Some have argued against the creation of such children by invoking Kant's formula.²⁰ They claim that

¹⁸ See Kant's discussion of our obligations regarding animals on this distinction. I. Kant. 1963. *Lectures on Ethics*. L. Infield trans. New York: Harper and Row: 239.

¹⁹ The notion that the possession of interests is the necessary and sufficient condition for the possession of moral status has been famously advanced by utilitarian thinkers such as Jeremy Bentham and Henry Sidgwick. See also P. Singer. 1995. *Animal Liberation*. 2nd edition. London: Pimlico: 7-8.

²⁰ See for example the exchange between Axel Kahn and John Harris with regards to the creation of such individuals through cloning as described in J. Harris. 2004. *On Cloning*. London: Routledge: 38-42. I very much agree with Harris's position.

creating children in this way is to use them solely for the benefit of others, and thus solely as a means, which is impermissible under the ends-in-themselves principle.

But we should remember that Kant's formula does not rule out using individuals as a means *per se*, but rules out using them *solely* as a means. After all, we use people as a means to our ends quite permissibly and quite uncontroversially all the time, such as using plumbers to fix our leaky radiators. Using people as a means only becomes impermissible when we treat them solely as a means: say, for example, if I keep the plumber locked up in my shed so that he is available to fix my radiators at my whim. We can see then that treating people solely as means is a fairly extreme form of behaviour. Indeed, returning to saviour siblings, we have to question whether the parents of saviour siblings really are using those individuals solely as a means. In the overwhelming majority of real-life cases, that seems not to be the case. The individuals are created and used in order to benefit the older sibling, but they themselves are also loved, respected and cared for as an equal member of the family. Certainly, saviour siblings are treated as means, but they are also respected and treated as individuals with ends of their own.

Of course, it is certainly possible that a family could treat a saviour sibling exclusively as a means: for example, perhaps a family could regard the saviour sibling simply as an organ bank, and so kill them at some point so that all their organs are available for transplantation. That does seem obviously wrong; and it does seem to be a case where individuals are treated exclusively as a means. In effect, it is much like my enslavement of the plumber, where the individual is treated as a mere thing that exists purely for my own ends. But do we really need the Kantian notion of dignity to tell us that slaughtering innocent children for their organs is wrong? Surely the wrong of slaughtering children is straightforwardly identified in the fact that the children's own interests in continued life are set back, and not in the fact that they are treated exclusively as means. And surely the wrong of enslaving a plumber derives from the fact that a great many of the plumber's most basic interests are set back, and not from any notion that he is being treated exclusively as a means.

In light of all this, I believe that we should be much more suspicious of the end-in-themselves principle which derives from the Kantian conception of dignity. First of all, the practical use of the principle can be questioned, given that we only ever treat other individuals *exclusively* as means in very extreme cases. Secondly, while in those extreme cases, like killing innocents for their organs and slavery, there is obvious moral wrong, that moral wrong does not seem to rest on the fact that those

individuals are being treated exclusively as means. Rather, it simply seems to rest on the fact that their most important interests are set back in an improper way.

But while a strict use of the end-in-themselves principle might be unhelpful, perhaps a looser use of it could be of more benefit. For, as I pointed out above, the Kantian understanding of dignity has been used to ground the principle of respect for autonomy: that the autonomous choices of individual persons should be respected as far as possible. After all, according to the Kantian conception, dignity belongs to those who are persons. Furthermore, part of being a person involves the capacity for autonomy: the ability to self-determine. Given the importance of self-determination to dignity, we can justifiably surmise that being treated with dignity involves having one's autonomous capacities respected. Importantly, this principle of respect for autonomy holds an important place in bioethics, often being invoked in debates over abortion, sexual reproduction, euthanasia, informed consent, and so on.²¹ As such, it may well be that the Kantian conception of dignity does offer a plausible and useful tool for helping to resolve tricky questions in bioethics.

However, the Kantian conception of dignity is not *necessary* to ground the principle of respect for autonomy. To ground such a principle, all we need to say is that most human beings have a strong interest in having their autonomous choices respected. There is simply no need to ground the principle of respect for autonomy in any notion of dignity whatsoever. In fact, basing respect for autonomy in 'dignity' is actually unhelpful. Because dignity is also used by some to assign moral status – and thus to be the very basis of our moral obligations - stating that our autonomy should be respected because we possess dignity implies that autonomy is of ultimate importance. But first of all, we would be wise to remember that our interest in autonomy is just one of our interests, and it does need to be balanced against other goods that are of value to us. Pleasure, community, physical health and so on, are all other important interests that must not automatically be subsumed in the name of autonomy. Furthermore, we must remember that not all individuals of moral worth even possess autonomous capacities. There are some individuals for whom the principle of respect for autonomy has no relevance. For example, it is of no good to newborn babies to have their informed choices respected. So while respecting the autonomous choices of individual persons is often a laudable goal, there are good reasons to keep that principle separated from conceptions of dignity.

Dignity as Species Integrity

²¹ Respect for autonomy is one of the four principles advocated in T.L. Beauchamp & J. F. Childress. 2001. *Principles of Biomedical Ethics*. 5th edition. New York, NY: Oxford University Press.

The final conception of dignity understands dignity not as a form of behaviour, nor as a property, but as a form of flourishing life, or 'dignified existence'.²² Indeed, Martha C. Nussbaum claims that in order to lead a dignified existence one must be able to flourish as the kind of being that one is.²³ As such, to lead a life of dignity is to lead a life where one is capable of performing the central valuable functionings of one's species. In many cases then, this dignity is a kind of self-respect that can be lost when we suffer certain forms of 'dehumanising' treatment.²⁴ For example, it is regularly said that individuals suffer from a loss of dignity when they are tortured or treated in other ways not fit for human beings. Such treatment might involve being tied up, forced to eat like an animal, made to display one's naked body, and so on and so forth. In all cases, such treatment is considered to treat individuals without dignity, because it deprives them of certain valuable human functionings.

Of course, such a conception of dignity is familiar in bioethics. For example, elder abuse has recently become an important issue in the UK and elsewhere. Acts which dehumanise those in care, such as leaving individuals in soiled clothing and bedclothes, overmedicating individuals in order to sedate them, failing to provide assistance at mealtimes, and so on, have all been said to diminish the dignity of their elderly victims. Furthermore, individuals who have lost certain central human capacities through illness or disability sometimes themselves claim to have suffered from a loss of dignity. This was clearly the case for Daniel James, a 23 year old Briton who suffered paralysis in a rugby training accident in 2007. After several unsuccessful attempts at committing suicide, James died at the Dignitas clinic in Switzerland in 2008. His parents said that because of his loss of functioning, James felt that he led a second-class life, filled with terror, discomfort and indignity.²⁵

However, proponents of this conception of dignity do not claim that it centres solely on a subjective feeling of loss. In fact, they claim that a large part of its normative power derives from the fact that it rests on something more than subjective well-being.²⁶ The claim is that a dignified existence depends on the possession of certain key species functionings, irrespective of whether one feels happier for having them.

²² This is the conception least discussed by defenders of dignity. I find this odd, as it seems the most potentially useful to my mind. Nordenfelt's notion of 'dignity of identity' is closely related, however. See Nordenfelt, *op. cit.* note 6. pp. 76-76.

²³ M.C. Nussbaum. 2006. *Frontiers of Justice: Disability, Nationality, Species Membership*. Cambridge, MA: The Belknap Press of Harvard University Press: 162.

²⁴ The importance of self-respect to dignity is highlighted in P. Balzer; K. Rippe; and P. Schaber. Two Concepts of Dignity for Humans and Non-human Organisms in the Context of Genetic Engineering. *Journal of Agricultural and Environmental Ethics* 2000; 13: 7-27.

²⁵ D. Foggo. 2008. Why Daniel James chose to die. *The Sunday Times* 19 October.

²⁶ Nordenfelt, *op. cit.* note 6, p. 76; and M. Marmot. Dignity and Inequality. *The Lancet* 2004; 364: 1019-1021.

Because of this, they are able to say that those in comas lack a dignified existence, that the dead can be treated without dignity, and that the deliberate creation of individuals with disabilities undermines their dignity. In all such cases, there is no diminution of subjective well-being, but it is claimed that the loss of species integrity signals something morally problematic.

But in order for this conception of dignity to be plausible, we need some means of determining what it means to flourish as a member of one's species. It cannot be the case that a dignified life can simply be equated with *all* of the natural functionings of human beings. After all, some natural human acts are morally bad, such as rape and murder; while others are morally neutral, such as our growing of hair and fingernails. As such, a dignified human life can surely not be equated with *strict* species integrity. In order to address such problems, Nussbaum claims that while the capabilities which amount to a dignified life are informed by the 'characteristic activities' of the species, not all human activities are included. Instead, the list is ethical and evaluative.²⁷ This of course makes sense. But given that we are now being asked to make ethical and evaluative judgements about which capabilities amount to a dignified existence, one wonders how much work the notion of species integrity is actually doing. Why not just list those goods that are of value to individuals, without reference to any notion of species?

Nussbaum's answer is that species norms are crucial in determining what counts as a flourishing life. To explain, she asks us to consider a child with severe mental impairments and a chimpanzee with normal mental faculties. Nussbaum tells us that although their mental capacities are in fact extremely similar, the two individuals have very different possibilities for a flourishing and dignified life.²⁸ She argues that because he is close to his species norm, the chimpanzee has excellent opportunities for a flourishing life, but because the child falls well below her species norm, she does not. On this view, species norms set the possibilities for a dignified life.

Of course, this explanation does seem to chime with many people's intuitions. Many do seem to use 'normal species capacities' as a kind of measuring stick for a flourishing life. Those that are born without certain key species functions, or lose them over the course of their lives, are considered by many to be worse off simply for that fact, no matter how high their subjective well-being. These intuitions are in keeping with Nussbaum's argument that there is a threshold of species functionings below which, "...a decently dignified life for citizens is not available."²⁹ But perhaps

²⁷ Nussbaum, *op. cit.* note 22, p. 180.

²⁸ *Ibid*: 363.

²⁹ *Ibid*: 179.

Nussbaum and those with these intuitions are wrong on this point. Perhaps this is the wrong attitude to disability. After all, many disability campaigners would reject the claim that they are unfortunate to the extent that they fall 'below' the normal species threshold, and would find feelings of pity directed towards them patronising. They would point out that their functionings are simply different to the species norm, and that they are perfectly capable of leading decent lives, not by being brought into conformity with the functionings of the species norm, but by living in societal conditions that allow them to flourish as the individuals they are. In this way, they would claim that equating a flourishing life with the notion of species integrity mistakenly adopts a perfectionist understanding of what counts as a decent human life, and has the serious potential to stigmatise those with disabilities.

But while this charge of perfectionism certainly carries some weight, we should not completely ignore the serious suffering and impediments to well-being that disabilities can cause. For it is surely implausible to say that those with the most debilitating forms of disability are not at all unfortunate, and can always lead lives that are as flourishing as any other individual. But if that is so, how are we to base judgements of a flourishing life? I believe that we can do so not by any reference to dignity, but by reference to opportunities for well-being. This avoids the perfectionism of the species integrity approach, recognises the serious obstacles to flourishing that disabilities can create, and also takes into account the important role that societal conditions have in affecting opportunities for flourishing.

To illustrate, consider an individual who lacks some valuable human functioning. According to the species integrity approach, that individual lacks the possibility for a fully flourishing life on that basis alone. The opportunities for well-being approach, however, is more subtle. Firstly, it asks what the nature of the disability is. Some disabilities, such as permanent vegetation, may be so debilitating that they afford very few or even no opportunities for well-being. For individuals suffering in these ways, a fully flourishing life is clearly not available. As well as the nature of the disability, the approach also considers the level of societal provision. For example, lacking something like the ability to walk seems like it would obviously result in that person possessing fewer opportunities for well-being. And yet, the opportunities that the ability to walk affords, such as freedom of movement, participation in sport, and so on, can also be provided to those in wheelchairs, given proper investment. In other words, those in wheelchairs can certainly lead fully flourishing lives given the right social conditions. What seems crucial for a flourishing life then is not that individuals possess the normal functionings of their species, but that they have adequate opportunities for well-being. Whether such opportunities are available will

be determined in part by the nature of the disability and in part by the societal provisions that are in place.

The important point from all this is that we should reject making judgements of a flourishing life on the possession of normal species functionings. We can make more plausible judgements on the simple basis of opportunities for well-being, and without any reference to dignity or species integrity whatsoever. As such, I claim that the conception of dignity as species integrity should also be rejected.

Conclusion

This paper has attempted to give dignity the benefit of the doubt. I have surveyed what I consider to be the best and most plausible conceptions of dignity, and have rejected them all. Dignity as virtuous behaviour should be rejected on the grounds that it is either trivial or overly demanding. Dignity as the inherent moral worth of all human beings should be rejected on the grounds that it is arbitrary and rests on controversial premises. Kantian dignity should be rejected on the grounds that it excludes too many from the moral community and is unhelpful in delineating our moral obligations. Dignity as species integrity should be rejected on the grounds that it wrongly associates a flourishing life with the possession of normal species functionings. Given that these are the best conceptions of dignity available, and that all are flawed, it would be preferable to purge dignity from bioethics. However, and as mentioned above, several scholars have pointed out that the term is deeply ingrained in bioethical debate, so attempting to do away with it is equivalent to 'whistling in the wind'.³⁰ I disagree. Just because an ethical term is popular does not mean that we are under an obligation to keep it. Trends in ethical discourse change, and scholars can affect that change, even if only minimally. If concepts are unclear, it is the job of scholars to push that they be clarified. Moreover, if concepts are flawed and unhelpful, it is the job of scholars to push that they be rejected. In the case of dignity in bioethical discourse, I take the latter view. As such, I urge for an undignified bioethics.

³⁰ See note 5.