
Point of view

On the trail of the holy humanhood

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Author's abstract

The progress of the discussion about the 'indicators of humanhood' is reviewed, along with several associated problems. It is argued that a more serious problem is posed by social attitudes about mental handicap. The author concludes that an uncritical use of criteria of humanhood may simply reinforce a morally unjustifiable social attitude.

The question of the 'normatively human' has been under discussion for some little while now, both in medical ethics and bioethics. It has been argued that considerable value would attach to some agreed definition of those qualities which characterise the normatively human. Various proposals have been made and discussed in the literature.

Joseph Fletcher took the bull by the horns and delineated fifteen positive 'Indicators of Humanhood' (1). These included minimum intelligence (minimum IQ 20), self-awareness and self-control, a sense of the past, and communication ability. After some response to, and discussion of his proposals, Fletcher reduced his indicators of humanhood to four: neocortical function, self-consciousness, relational ability, and happiness (2). He indicated that neocortical functioning was the *sine qua non*.

A number of other moralists have joined in on the trail. Peter Singer, for example, argues that we must assign greater value to some lives than to others: human beings have certain characteristics which mark them off from non-human beings. For Singer, these include the capacity to reason, to anticipate the future, to communicate in a sophisticated way, and to be fully self-conscious (3).

George Smith speaks of making a 'construct for decision-making'. In such a construct, the four most important considerations in classifying someone as 'non-salvageable' would be the lack of capacity for consciousness, for social interaction, for human relationship and love, and for rational thought (4).

In an illuminating essay, Joel Feinberg showed how

the indicators of humanhood were being used in moral discourse. He incorporated the indicators into a 'set', which comprised the criteria of 'common sense personhood' (5). Feinberg's set included: the capacities for consciousness, for having a concept and awareness of self, for experiencing emotion, for reasoning and the acquisition of understanding, for forward planning and taking action, and for feeling pleasure and pain. Feinberg then went on to develop a typology of five types of ways that his set has been employed in discussing abortion. Clearly then, moralists do use such indicators of humanhood in moral discourse. Moreover, such criteria are also used clinically. In the special care nursery, difficult decisions about the treatment or non-treatment of at-risk neonates involve discussion among staff about the hope of achieving 'meaningful humanhood' (6). The point is that the 'indicators of humanhood' are employed implicitly or explicitly both in moral discourse and in clinical decisions.

The value of some conception of the normatively human is probably not in doubt. For example, in clinical discussions about very difficult moral decisions, *some* criteria have to be employed to clarify the alternatives. On a different level, the value of some criteria is perhaps even more obvious. James Gustafson, for example, argues persuasively that a concept of the normatively human is essential in discourse about genetic engineering. Moral evaluation of the scientific endeavour depends on some criteria of the human. Gustafson writes: 'In genetic manipulation there is a concern both for the means of research and for possible consequences of it which might violate the human as we have known it. ...When one gets to the hard cases, the drift of rhetoric and discourse requires specification, unless one has confidence in the intuitive powers of all men to feel and know what the truly human is under every possible circumstance' (7).

Gustafson's point may be illustrated by an example. In both Great Britain and the United States, the traits of 'independence' and 'aggressiveness' are valued and socially reinforced. We are given to understand that national well-being depends on such values. Suppose that it were the policy to engineer out by genetic manipulation (NHS or private?) the traits of 'co-operation' and 'compliance'? Could such a programme

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be morally justified in relation to our concept of the 'normatively human'? So there are a number of perceived benefits from the indicators of humanhood, but there are also some pitfalls.

Pitfalls on the trail

There are several pitfalls on the trail to the normatively human, and they involve both *content* and *function*. In the first place, the content of the indicators of humanhood appear to be disturbingly *variable*. Fletcher reduced his set from fifteen to four, and there is some noticeable disagreement among all about what characteristic constitutes the truly human. While neocortical functioning is clearly the central issue, it is not clear how that is to be defined. Neocortical functioning simply relocates the problem rather than solving it. Moreover, is modification of the criteria to proceed indefinitely, and how is agreement finally to be reached? Obviously, for a patient it would make a difference to know what criteria his physician endorsed, and it would be worth asking for clarification.

A second problem concerns the definition's consistency with reality, and this has been already noted by several commentators. On all three sets of the criteria here mentioned, 'normal' newborns would not qualify as human beings. It may be that our moralists would wish to add the qualification of 'potential' to their criteria. Those beings which showed the potential for neocortical functioning, happiness, etc would be considered human beings. Even so, Feinberg's objection would still apply: you cannot deduce *actual* rights from *potential* rights (8).

A more serious pitfall awaits the indicators of humanhood as they *function* in discourse and within a clinical setting; particularly in relation to those who may be or are mentally handicapped. In that setting the criteria will serve, mainly in a negative way, to determine that some mentally handicapped individuals are 'non-human'. *In so doing, they function to reinforce the prevailing social attitude about mental handicap.*

The indicators, by focussing on 'humanhood' rather than quality or texture of life, make a determination of 'human' or 'non-human' being. If a person is determined to be a non-human being, then it is morally justified not to treat or to withdraw treatment. But the 'non-human' determination places a person 'outside the camp', as an alien, enemy or stranger, and therefore beyond moral protection. To be sure, this

will perhaps not make much difference to the person, but it does to the social order. A 'non-human' determination for the mentally handicapped simply reinforces the social tendency to label pejoratively, and is thus morally unjustified.

Conclusion

The quest for the 'indicators of humanhood' or for a 'normative humanity' is interesting, provocative, and potentially helpful, particularly in relation to research in genetic engineering. Both in moral discourse and in the clinical setting, such criteria may prove helpful in providing the content for quality of life discussions. However, it ought to be recognised that in a social context marked by the labelling and rejection of the mentally handicapped, the use of such criteria is morally dangerous. It ought never be construed that the criteria can be employed to place an individual 'beyond humanhood' and thus beyond moral consideration. Alternatively, if the criteria continue to be employed in an implied theological way to make moral judgements, then the application ought to be to us *all* rather than only to some.

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References

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