Analysis: An introduction to ethical concepts

Dignity

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'The dignity of the human being' is a fairly commonplace phrase in various contexts. It is used often in pleas against, say, the dehumanizing conditions of a slum culture, or in protests by Amnesty International against vicious prison environments. It was bandied about a good deal when 'spare part' surgery was first hitting the headlines, since it seemed to some that the vision of an indefinite extension of life by the systematic replacing of worn-out organs was somehow 'against human dignity'. Recently it hit the headlines again with the demand by a man condemned to a long-term prison sentence that he be allowed to die with dignity before a firing squad, rather than rot his life out in a cell.

What is dignity?

But what is this elusive quality of human existence? Is it a variable which occurs only in some human beings, or some more basic characteristic of man as such? Does it depend on how a person behaves, or on how he is treated by others, or on sheer accident of character and circumstance?

In classical art theory, the separation of genres was strongly linked to the notion that some characters and themes had intrinsic dignity, while others were appropriate only for 'lower' forms, like comedy. Strongly aristocratic social values similarly generated an ideal of the paradigm of the dignified man. Probably he would have both nobility of family and physical beauty (a base-born man or a cripple was theoretically no fit subject for tragic themes, though artists with their stubborn freedom sometimes broke the conventions with dramatic success). But more importantly the dignified man would have a certain bearing in the face of adversity, or in his dealings with his fellow citizens. Gravity, sobriety, steadiness through changing circumstance, the capacity to retain his pride, balance in the cultivation of his mental and physical powers were characteristic. The man of dignity would not turn his back in battle, would not whine, or rage, or cheat, or plead for mercy, would not cave in under pressure. This somewhat stoic concept of human dignity seems to make it the prerogative of some kind of élite, and certainly it persisted right through the literature of chivalry.

At the same time another possibility was growing, in opposition to the aristocratic ideal, that of 'the dignity of the common man'. This had strong impetus from the Hebrew-Christian traditions (though not always from the practice of the Church) in that the heroes of that tradition were endowed with the dignity of being involved in the purposes of God, simply in virtue of having been created. The indiscriminate love of God and the conversion from awareness of death's lack of respect for person, and levelling prince and pauper, leper and golden youth. Later, God could drop out of the picture, and the democratic dignity of Marxism, which man has by virtue of his capacity to transform the world by his labour, could inspire millions (written off as worthless by their alleged betters) to claim their dignity of their existence.

Human dignity, then, has been alleged to rest variously on man's rationality, on his strength, on his political capacity, and on his moral integrity. Is isolation, any one of these seems a plausible enough candidate. On the other hand, more realistic cultural tradition has also documented the fragility and precariousness of any dignity held to reside in such things. As Lear sees Edgar on the heath, he is moved to cry that man, 'the thing itself', is 'but such a poor, bare, forked animal as thou art', and the literature of the last two centuries documents the pathos and fragility of the little man more convincingly than the magnificence of the tragic hero. For the classical aesthetic, man had only dignity provided he ignored or bracketed out the fact that his hair and teeth fell out, or his hands wobbled, or he got piles, and cheated his boss.

Preserving human dignity

It is not, perhaps, surprising that the field of medical ethics raises fairly acutely the question of human dignity, since one may assume someone to be under medical care in the first place because of some kind of weakness. The humiliating uncomeliness of some illnesses, or the terror of having lost one's sense of identity that may come with realization of a terminal disease, or with some kind of mental breakdown and experiences which may make any 'natural dignity' seem under threat.

For someone in a position of relative weakness, dignity seems to depend on its being conferred by
those around; and one can see quite concretely how that may or may not be done in a medical context. If a patient is treated only as patient, i.e., in a role which seems to override for the doctor his identity as a distinct person, he can only wrest his dignity back, if he has the strength, by some sort of private resistance. To be merely ‘a case of x . . . ’ is to be dehumanized. Similarly, while many patients may lack the technical intelligence to know in all detail what is happening to them, they cannot possibly have dignity if they are kept more un-enlightened about what is going on than they need to be. Suffering, of itself, dignifies no one, but suffering in the dark rules out the possibility of a man getting a grip of his suffering and making any kind of decision about how he is going to respond. Sometimes there are choices between, say, more pain or more side effects. The patient himself could be allowed a say in such matters, rather than it being simply assumed that pain must be smothered at all costs. The maximizing of such respect for his distinctiveness is crucial to his dignity.

People strong enough to claim such recognition of their individuality are already in a way manifesting it. But there are more problematic cases where the person is already so menaced or demoralized that no such subjective claim can be made. An example of this would be the child with severe mental retardation, where self-consciousness is minimal and the capacity for articulate claims lacking. It would also be true in some political contexts, where the victims of desperate oppression have lost even the spirit to rally in any kind of protest and merely take all that comes with a kind of passive fatalism. How can one consistently speak of dignity here?

The evocation of respect

Various intellectual expediends are possible. In the latter case, or with a sick but not chronic or terminal patient, the dignity might be seen in terms of the potentiality of this specific individual to be well again. In the former, where recovery seems beyond hope, the respect for an individual may allegedly rest on some more abstract respect for the generic potential of the race or the species. This, however, seems to ignore the prerequisite of dignity suggested above, namely, that it is in his specificity that a man needs to be valued, in his singular concreteness, which he can then affirm and have confirmed. (It might of course, taken as a methodological assumption, prevent some of the worse abuses of personal dignity in various contexts, even if its theoretical vindication were strained.)

In St Exupéry’s story, The Little Prince, the hero has come to earth to look for a way of protecting from the ravages of his pet sheep a rose, which he has taken to be unique in all the universe. To his consternation, he finds on earth a rose garden, full of apparently identical roses, and is dismayed that his rose is now utterly devalued. A wise fox, however, stops his weeping and insists that it is not any intrinsic property of his rose, but the time and care and love that it has been given to which it makes it unique. The point may be transferred, perhaps, to this issue of dignity. If we try to look for stable attributes of people, in virtue of which they may claim dignity, we are liable to be pursuing a will ‘o the wisp. Rationality cannot survive senile dementia; self control cannot survive various overwhelming pressures; and the diversity of concrete human capacities and incapacities makes the identifying of a lowest common factor singularly artificial. On the other hand, the same variety makes strongly convincing the irre- replaceability of anyone. And it seems likely then that it is the being-valued-as-irreplaceable which constitutes anyone’s dignity. But this makes dignity essentially a matter of relationship.

Most professional contexts are unlikely as such to recognize irreplaceability: one ordinary hysterectomy might as well be another for the surgeon qua surgeon. If, however, dignity is to survive the necessary reduction of surgical concentration to the ‘bit’ in question, it must be because the operation is somehow put in a context of recognition that this entire person is irreplaceably himself or herself, and would not be able to be substituted for by another.

Even with the hardest case, the irretrievably brain-damaged child, for instance, this condition seems to work. A television programme last year interviewed the parents of ‘vegetable children’ thus injured after vaccination. It was quite clear that whatever strains and burdens were involved, the children were, for their parents, unique and specific beings. Though permanently incapable of gravity, rationality, self control, creativity, they were capable of evoking what sounded more like love than pity, and that somehow was their dignity, whereas, had they been detached from the context of actually being loved, it would have been hard to isolate a basis for it.

This position of course risks the consequence that someone who is irreplaceable to no one actually has no dignity, rather than suggesting an antecedent ‘a priori’ dignity which one is then obliged to recognize. The risk is concrete: we do constantly dehumanize one another; and the fiction of intrinsic dignity should perhaps not be allowed to save us from facing our power actually to make or unmake one another as persons of dignity.

Suggestions for further reading


