

Does Dignity Still Belong in the Public Square?

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Perhaps the biggest questions in the public square today are questions of political membership. Who counts as one of us? Whose life demands government protection? And what counts as protection? These questions form the core of our most contested rights debates. Two of the most powerful contending groups in the public square—philosophers and scientists—daily engage these questions without coming to consensus about the answers. Why? All too often, rights debates seem to take shape as polarized contests between competing claims. In spite of these stalemates, people on opposing sides of the issues at stake often appeal to human dignity to defend their positions. Can these appeals create consensus and end the standoff?

The first chapter of my senior thesis confronts the case that they cannot. In today's philosophical debates about dignity and human rights, we are confronted with a huge problem: dignity doesn't decide rights debates one way or the other. Instead, dignity appears to be a relative term up for grabs by either side. People who disagree about whether the right to life or the right to "die with dignity" is a stronger claim both appeal to dignity, but only to reach completely opposite conclusions. As human rights scholar and bioethicist Alasdair Cochrane points out, "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."¹ Although disagreements about dignity should not immediately end our

¹ Cochrane, *Undignified Bioethics*, 4

talk of it, public confusion about dignity's real meaning lends itself to the most skeptical voices against dignity.

Three of these voices bring the same challenge: because dignity is a hazy term, it should have no place in scientists' debates about abortion or any other bioethical issue.

In his famous essay "The Stupidity of Dignity," Harvard professor of psychology Steven Pinker charges that it's impossible to find a universal definition for dignity: "One doesn't have to be a scientific or moral relativist to notice that ascriptions of dignity vary radically with the time, place, and beholder."² For Pinker, dignity is "a squishy, subjective notion, hardly up to the heavyweight moral demands assigned to it."³ Similarly, in her own essay titled "Dignity is a Useless Concept," professor of medical ethics Ruth Macklin claims that dignity appeals are nothing original: they are "either vague restatements of other, more precise, notions or mere slogans that add nothing to an understanding of the topic."⁴ And Alasdair Cochrane throws out the argument that dignity is our inherent moral worth by noting "a huge problem with it. It remains extremely unclear where dignity comes from."⁵ Though he accepts that Christianity can explain the source of dignity, Cochrane rejects any religious account on the grounds that "[i]t is impossible to prove that human beings do stand in [a] special relationship with God; and it is also something that many people, due to different religious views or the absence of any religious view, reject out of hand."⁶

For all three of these thinkers, dignity debates are irresolvable. Dignity is too weak a term to decide any bioethical issue one way or the other. Against this skepticism, should supporters of dignity simply stop their efforts? Or is another stable account of dignity to be found, one which

² Ibid.

³ Pinker, "The Stupidity of Dignity"

⁴ Ibid.

⁵ Cochrane, "Undignified Bioethics," 3

⁶ Ibid., 4.

is rooted in human nature and compels us to see human beings as more than a mass of organs or a clump of cells?

To say that human beings can only be their bodies or abilities follows from what we might call “verificationism.” On this view, which seems to underlie much of current medical ethics, the only things we can really know are the things we can prove empirically from the test tube or the microscope. In other words, we could look at the unborn child, the anencephalic baby, the patient diagnosed as being in a PVS, and conclude that because we see only a deformed human body that shows no signs of rational activity, this life must not be a fully human life. Similarly, we might look at the child with Down syndrome, or the elderly woman with Alzheimer’s, and see only that they are less human than we are because their rational abilities are impaired, unlike ours. Indeed, we might begin to ask, like Peter Singer, whether there’s even a difference between a newborn baby and a newborn pig.

It’s easy to see why this kind of thinking is so fatal to dignity appeals. If these lives are not fully human, then of course they must be less valuable.

But as I show in my second thesis chapter, there is a promising account of dignity which challenges this view. New Natural Law philosophers John Finnis, Robert George, and Patrick Lee argue that all humans have equal dignity because all humans have rational natures. What’s a rational nature? Here I hope you’ll bear with me. It’s a term that wouldn’t come naturally to the verificationist, who is committed to seeing human mind and human body as two separate things, not as two essential, integrated parts of what makes a human being a human being. But Finnis, George, and Lee argue that this unity of body and mind is exactly how we should understand ourselves. As Finnis states in his essay “Priority of Persons,” “It will not do to propose (as many today propose) an account of personhood such that spirit-person and mere living body are other

and other, for ‘spirit-person’ and ‘mere living body’ are philosophical constructs, neither of which refers to the unified self, the person who had set out to explain his or her own reality.”⁷

In other words, Finnis, Lee, and George think that if we step outside the lab or the hospital room to ask ourselves, “What makes us human?”, we will realize that rationality and human biology come together in every human being, but not in any frog, or dolphin, or monkey, to make our species unique. If we think about why we make certain choices and decisions, and why other people make their own choices and decisions, we will grasp not only that each of us should be treated as valuable because of our freedom to pursue things we *think* are good for us, but because this freedom to choose based on prior *thinking* is just what separates us from any frog, dolphin, or monkey. To recognize this difference between ourselves and animals is the first step to a good rational argument for dignity. Why? Because this difference helps us to understand that every human life shares the same form. This form is reason embodied in human flesh, and it is what we call our rational nature.

So what does it mean to have a rational nature, and why does this give us dignity? As Lee and George explain, beings of a rational nature have capacities for “conceptual thought, deliberation, and free choice.” Our rational capacities allow us to understand that certain goods, like life, friendship, knowledge, health, and several others are basic to our well-being. We exercise those capacities when we decide to pursue these goods in ways that seem fulfilling for us. For example, we choose a college education for the purpose of improving our knowledge, or so we hope. Anytime that we pursue these basic goods, we act in conformity with our rational nature. And because we pursue these goods rationally, we show that we are beings who should be treated as valuable for our own sake, not as subjects for use and abuse by others. But this

⁷ John Finnis, “Priority of Persons,” 14.

pursuit is not alone what gives us dignity. What gives us *inherent* dignity, according to the New Natural Lawyers, is the very form that each human life takes, the form that is rational nature.

Now wait a minute, you might say. How do we know that all human life really takes this form? In fact, this might seem hardly obvious to us. What about human beings who exercise rationality only in a limited way, like those humans with mental disabilities, or not at all, like the patient in PVS? These persons don't seem to fit the "rational nature" mold in the same way that "normal" or healthy persons do, so how can we say that their limited rational ability gives them not only a rational nature, but also inherent dignity?

Some thinkers would argue that the pursuit of basic goods is the only thing that gives us dignity. To have dignity is to use one's rational capacity to know and articulate why one acts the way one does. But as Finnis, Lee, and George would argue, it is silly to isolate the exercise of capacity from simply having the capacity. There are many times when we do not exercise our rational capacities, such as when we're sleeping, or lying on the couch with a bag of potato chips instead of searching for a job, or in more extreme cases, when we have a mental disability or have fallen into a coma. In each of these cases, can we really say that we've lost a capacity? Or is it still there when we're not immediately using it?

The verificationist would have to say that we are in a state of flux: we lose the capacity, then we get it back, and some people never get it at all. But on the New Natural Law view, all human beings always have the capacity to reason in root form, as what is called a radical capacity. In other words, our capacity to reason exists in us from the moment of our conception, and it is unique to us as human beings. At any point in the life of a human being, whether as an embryo, a toddler, an adult, or an elderly person, that human being can in principle be brought to the point of actively thinking without changing the kind of thing that it is: a human being. The

same cannot be said of a rock, a tree, or a monkey: if any of these things began to start thinking rationally, they would no longer be rocks, or trees, or monkeys. So, those who have disabilities or Alzheimer's are simply in a state where they are not fully exercising the rational capacity that is unique to them as human beings, just as the unreflective couch potato and the soundly sleeping mother are not exercising that capacity. To say that all of these people have inherent dignity is not to point to whether they're exercising rational capacities, but to say that they all have the capacities as human beings. From here on, I'll use the word capacity very little.

I agree with the Finnis-Lee-George account of dignity. At first, it seems hard to say that all human beings must have rational ability, especially when many people have mental disabilities or get hurt in tragic accidents that cause brain damage. But if one is convinced, as I am and hope you all are, that human life must be valuable for its own sake, and is not to be used or abused, then we need to think about why we believe that. If we don't accept that all humans share the same form of life, namely embodied rationality, then we must find some other shared feature of human beings as the basis for dignity. The New Natural Law account of dignity challenges the scientist or doctor who is tempted to see only the defects of the bodies or minds in front of him to see instead the whole human being who is similar to all the other healthy human beings he has seen before. It invites him to think beyond the immediacy of illness, to become a philosopher himself by asking why only rational beings pursue the basic goods, and why the innate ability for this pursuit makes all human life valuable.

But, as I also explore in my second chapter, I think the New Natural Law account of human beings puts doctors who treat disabled or elderly patients in a hard place. The doctor, unlike the philosopher, confronts every day what's actually, and not potentially, in front of him. The idea that every human being is made human by rationality in human flesh points us to a

human paradigm—the human who is perfectly rational and perfectly healthy. While doctors might be informed by this vision of wellness when they treat their patients, it will hardly be confirmed by all the disabilities and illnesses they see. In fact, to have this vision in mind when they treat their patients could lead to a perverse kind of practice—instead of allowing the paradigm to show them that all humans have lives worth living, it could lead them to think that only those who fit the paradigm have such lives, namely those with good mental and physical health. These doctors could easily join others who already support assisted suicide, euthanasia, and other forms of so-called “death with dignity.”

As I enter the home stretch of this presentation, I note that it is the task of the doctor, more than the rest of us, to help disabled and elderly patients show their inherent dignity. I think this could be best achieved not by pointing out missing or limited rational capacities, but instead by emphasizing what might be called “relational capacities.” These are capacities to build human relationships, with or without the use of cognitive ability. Every human being, sentient, conscious, or only limitedly conscious, can be the occasion for the love, or at the very least the empathy, of another person. Why is this true? Only human beings can truly continue to love and make sacrifices for other people who are incapable of returning their love. Our relationships to one another as human beings are standing relationships. When one’s spouse, parent, or friend develops Alzheimer’s, we continue to love them because we know that no matter how badly the disease afflicts our loved one, our relationship with them won’t suddenly disappear. Even death itself does not negate our relationships. As Archbishop Chaput noted this week in his address at the University of Pennsylvania, “The greatest difference between humans and other animals is the grave. Only man buries his dead. Only man knows his own mortality. And knowing that he will die, only man can ask where he came from, what his life means, and what comes after it.”

For those of us who believe in heaven, death is only, as Gandalf tells Pippin in *The Lord of the Rings*, “just another path, one that we all must take” before we reach the white shores and the far green country beyond, where we will be together again in the eternal kingdom.

Our relational capacities show the dignity of those who seem the most “undignified” according to the human paradigm I’ve suggested. Doctors, and parents who are expecting children with prenatally diagnosed disabilities, or who are starting to care for their own parents with Alzheimer’s or senility, need to see pictures and hear stories of the essential part played by children and the elderly with disabilities in their loving families.

To bring this paper to a close, I mention briefly my third and final thesis chapter, where I will take up the image of the heavenly kingdom that Christian revelation presents to us. While I think that the New Natural Law account of dignity both outsmarts the skeptics and gives us a stable notion of dignity, the account of eternal life provided by Christian revelation supports their view, and I think enriches it. It is in the next life, according to Scripture, that all of our human capacities, rational and relational, will be fully actualized. No matter what blemishes weaken our minds and bodies in this life, they will all be washed away in the next. For those who believe this to be true, revelation gives us reason to see that every human being, disabled or not, is on a path to perfection. If revelation is taken out of the picture, the exercise of rational capacities seems the clearest path to earthly perfection of our rational nature. But with revelation at hand, we see that even those who exercise their capacities less ably still share with us the same orientation to heavenly perfection. And I think that these people, more than anyone, can show us which perfection counts the most. Thank you.

