Jack Chun
General Education Centre
The Hong Kong Polytechnic University

How to understand the **notion** of dignity for dying well?

How to understand the **controversy** on dignity for dying well?

Two camps try to rebut each other's position by **stipulating** different fixed criteria of dignity in their favour.

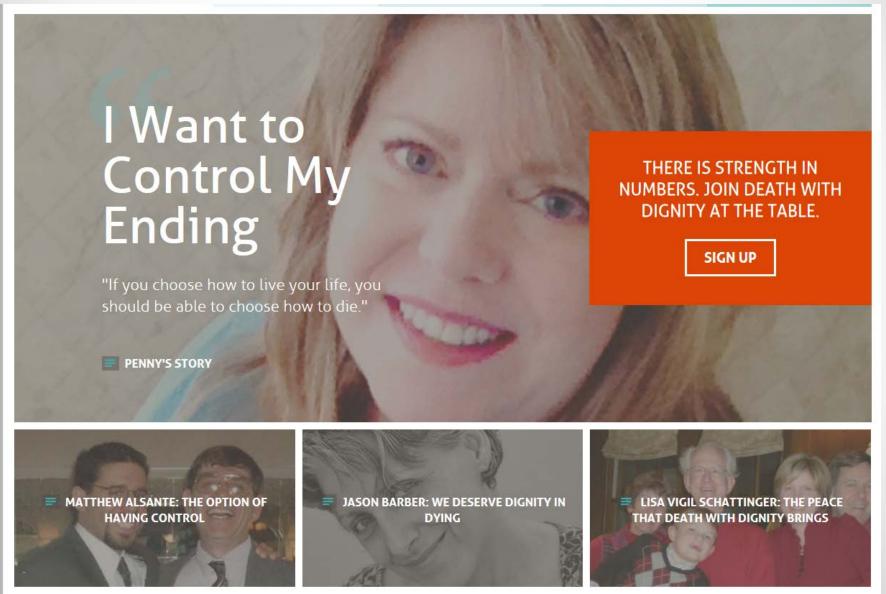
I will argue: Something more delicate is implicitly going on within the notion of dignity for dying well.

I will argue: Dignity is not a static concept but a dynamic, dialectic principle based on the built-in reciprocity mechanism.

- ✓ "Dying well" means, among other things, dying painlessly
  - Which includes the practice of passive and active euthanasia (letting die & killing)
- ✓ "Dignity" refers to the person's worth for respect
  - "All human beings are born free & equal in dignity and rights."
     [Article 1, "Universal Declaration of Human Rights," United Nations, 1948]
  - "Human dignity, human rights & fundamental freedoms are to be fully respected."
     [Article 3, "Universal Declaration on Bioethics and Human Rights," United Nations, 2005]
  - Kant: "Humanity is itself a dignity." (Metaphysics of Morals, section 38)

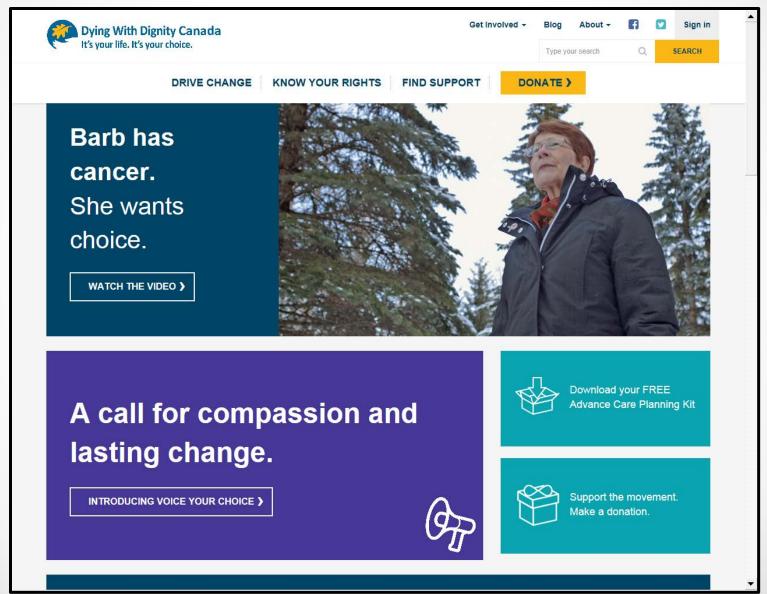
- ✓ For dying well, dignity refers to the patient's worth for respect
- ✓ Proponents for dying well with dignity:
  The terminally ill patient has the worth for respect when choosing euthanasia: respect for the patient's autonomy
  - Death with Dignity Acts in Oregon (1994) and Washington State (2008)
  - o Organizations such as *Death with Dignity* and *Dying with Dignity*

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https://www.deathwithdignity.org/

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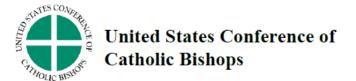


https://vimeo.com/129845732

- "There is a lot of fear in my mind associated with considering my life coming to an end as I expect that it would come to an end with this sarcoma and that's with a lot of pain, with a lot of organ shutdown," she says. "So it's terrifying to think that, if I don't have choice, it could be very nasty, both for myself and for my family members."
- When the Supreme Court of Canada struck down this country's laws against assisted dying, Barb Gibson-Clifford cheered in her kitchen.
- o "I was overwhelmed a bit," she says. "It felt so powerful to me that the nine judges were in consensus and spoke as an entity."

- ✓ Opponents of euthanasia: The patient loses (some of) the worth for respect when choosing euthanasia: misuse of autonomy (as in other cases of morally unjustifiable sucide)
  - o Christianity, Kant and others

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#### To Live Each Day with Dignity:

A Statement on Physician-Assisted Suicide

To live in a manner worthy of our human dignity, and to spend our final days on this earth in peace and comfort, surrounded by loved ones—that is the hope of each of us. In particular, Christian hope sees these final days as a time to prepare for our eternal destiny.

Today, however, many people fear the dying process. They are afraid of being kept alive past life's natural limits by burdensome medical technology. They fear experiencing intolerable pain and suffering, losing control over bodily functions, or lingering with severe dementia. They worry about being abandoned or becoming a burden on others.

Our society can be judged by how we respond to these fears. A caring community devotes more attention, not less, to members facing the most vulnerable times in their lives. When people are tempted to see their own lives as diminished in value or meaning, they most need the love and assistance of others to assure them of their inherent worth.

The healing art of medicine is an important part of this assistance. Even when a cure is not possible, medicine plays a critical role in providing "palliative care"—alleviating pain and other symptoms and meeting basic needs. Such care should combine medical skill with attention to the emotional as well as spiritual needs of those facing the end of life.

#### A Renewed Threat to Human Dignity

Today there is a campaign to respond to these fears and needs in a radically different way. It uses terms like "death with dignity" to describe a self-inflicted death, generally using a drug overdose prescribed by a doctor for the purpose of suicide.

This campaign to legalize doctor-prescribed suicide has been rejected by most policymakers in our society. Although Oregon passed a law in 1994 allowing physicians to prescribe deadly drugs for some patients, similar proposals were rejected by legislatures and voters in all other states for many years. The claim of a constitutional right to assisted suicide was firmly rejected in 1997 by the U.S. Supreme Court, which upheld state laws against the practice as legitimate safeguards for innocent human life and the ethical integrity of medicine.

- " Today, however, many people fear the dying process. . . . They fear experiencing intolerable pain and suffering, losing control over bodily functions, or lingering with severe dementia."
- "Learning how to face this last stage of our earthly lives is one of the most important and meaningful things each of us will do, and caregivers who help people through this process are also doing enormously important work."
- "[E]ach of us has a right to live with dignity through every day of our lives."



"When . . disappointments and hopeless misery have quite taken away the taste of life; when a wretched man . . . longs for death but still preserves his life . . . from duty; then indeed his maxim has a moral content." (Groundwork of Metaphysics of Morals, 4:398)

"Suicide is not permitted under any condition." (Lectures on Ethics, 27:372)

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Dying well with dignity: respect for people and their autonomy to opt for euthanasia

Steve Pinker: "The problem is that 'dignity' is a squishy, subjective notion, hardly up to the heavyweight moral demands assigned to it." ("The Stupidity of Dignity" in New Republic in 2008)

Ruth Macklin:
"Dignity is a
useless concept:
It means no more
than respect for
persons or their
autonomy"
(Editorial, British
Medical Journal, 2003)

Living well with **dignity**: It is our duty to ourselves and the meaning of life to persevere through suffering to the last days of our life

President's Commission on Bioethics, Human Dignity & Bioethics, 2008

 Sulmasy: "To kill oneself in the face of death . . . is precisely the opposite of what it means to face death with dignity."

In response to Macklin's criticism, philosophers tend to attempt once-andfor-all rebuttals by straightening out the concept through stipulating a set of fixed connotations.

- David Gelernter: dignity is a religious idea (sanctity) ("The religious character of human dignity," Human Dignity & Bioethics, 2008)
- Sulmasy: a model of three types of dignity ("Dignity and Bioethics, ibid., 2008")
- Nordenfelt: a model of four types of dignity ("The Varieties of Dignity," Health Care Analysis, 2004)

I argue that they overlook the peculiar nature of dignity, which should be understood as more than a set of static stipulative definition.

- ✓ Dignity is a very general concept, comparable to a philosophical principle, from which we might derive different theorems, or general applications in different specific contexts.
- ✓ Given the generality of this concept as a principle, how we use it would be a function of its interaction with our understanding of the specific contexts which are informed by our (non-systematic) intuition.
- ✓ Dignity for dying well =

  A general concept of dignity + applied to + specific contexts

- ✓ In the process of mastering the concept, there would be a reciprocal process of adjustment (in John Rawls' sense) between this general concept and our intuition about the specific contexts. (This point is important, as I will illustrate it below.)
- ✓ E.g. how to understand the meaning of taking the prescribed lethal drugs by a terminally ill patient in a room administered by the Swiss organization *Dignatas?* Is it a decision/action with dignity?

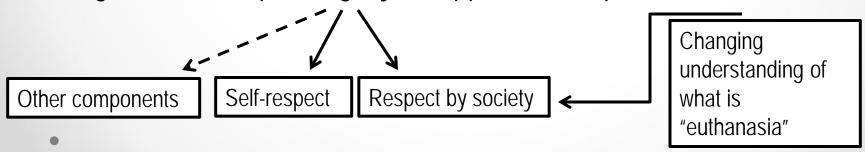
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A room inside the Dignitas clinic in Switzerland, where terminally ill patients are helped to die

http://theday.co.uk/health/author-leads-campaign-for-assisted-suicide

- ✓ But what is the justification for this dynamic & dialectic understanding of the concept?
- ✓ My answer is that the very nature of the concept itself requires us to see it in this way. It concerns with the alignment of the objective and the subjective dimensions of the concept.
- ✓ It is from within the concept that we need to understand it in this proposed way.
- ✓ A general concept of dignity + applied to + specific contexts



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In "The Varieties of Dignity" Nordenfelt notes four types of dignity:

- The *Menschenwuerde* as possessed by all human beings and cannot be lost as long as the persons exist;
- 2) The dignity of merit as depending on social rank and formal positions in life;
- 3) The dignity of moral stature as the result of the moral deeds of the subject;
- 4) The dignity of identity as the integrity of the subject's body and mind (sometimes dependent on one's selfimage)

Oxford English Dictionary

- The state or quality of being worthy of honour or respect
- 2) A high rank or position
- Composed or serious manner or style
- 4) Sense of pride in oneself; selfrespect

- Nordenfelt does not address the objective (social) and the subjective (individual) dimensions of dignity.
- 2) Self-respect corresponds to the individual attribution of dignity to oneself.
- 3) Societal recognition and respect is the objective dimension.
- 4) The two dimensions need **not** coincide.
- 5) But a full-blown sense of dignity requires the **alignment** of the objective and the subjective dimensions.

- 1) Consider Barbara's case from Dying with Dignity Canada again.
  - "I was overwhelmed a bit," she says. "It felt so powerful to me that the nine judges were in consensus and spoke as an entity."
- 2) Consider the case of a **traitor** who worked for the enemy during the WWII.
  - Self-respect lacking the support of social recognition
- 3) Consider the case of the **Netherlands**. Euthanasia was legalized in 2002.
  - Social recognition lacking (for some) the support of self-respect by thousands of the elderly

- Ending life with self-respect is not dignified enough. Full-blown dignity for dying well occurs only when it is supported by social and self respect.
- 2. For exponents of euthanasia, one way to proceed with the (subjective/objective) alignment is to change our perception of the specific nature of euthanasia (so as to ground social support).
  - A general concept of dignity + applied to + specific contexts

    Changing understanding of what is "euthanasia"

3. In my words, the reciprocity mechanism internal the concept of dignity (as a principle applied) would be triggered off.

- 1. "Suicide with dignity": almost an oxymoron, difficult to secure the societal support
- 2. "Physician-assisted <u>suicide</u>": worse, dragging physicians into a difficult position
- 3. "Physician-assisted <u>death</u>:" better, this changes not only the language but also the perception of the issue at hand.
- 4. Death in the PAD could be seen as a natural process (as in the case of advance directive for passive euthanasia), this would distance the physician from the (conventional speaking) more controversial issue of the patient's attempt to commit suicide.
- 5. The term "PAD" for some could be seen as a response to the reciprocal process of defining dignity for dying well built in the notion of dignity as a principle.

- "Euthanasia" literally means "good death." Here "death" refers to the exact moment when one dies. Seeing a good death as a process of dying well may also change our understanding of the issue at hand.
- 2. Dying as a process overlaps with the span of living, forming a part of it.
- 3. Dying well can be seen as living well (e.g., painless) to the last minute.
- 4. The slogan of the Swiss Dignatas: "To live with dignity, & to die with dignity."
- 5. If PAD is seen as physician-assisted <u>dying</u>, the part taken by the physician in the process is open to different understanding, which need not be limited to the medical interference with the last critical moment of death (or patient being killed or letting die). This helps to secure the societal support (the objective dimension of dignity) through changing our understanding of the issue (as a reciprocity).

- Where does all this lead?
- Ruth Macklin reduces dignity for dying well to "respects for autonomy." This static definition overlooks the peculiar nature of dignity as a dynamical/dialectical concept.
- Exponents and opponents of euthanasia, if they attempted rebuttals to each other by suggesting similar static reductionist definitions, would be in the same boat with Macklin.

- 1. Frontline medical professionals: When the deathbed requests by the terminally ill patients are rejected (for euthanasia), has the patients' dignity been compromised?
- No straight "yes" or "no" answer, depending on how one sees and creates the specific contexts (hospice and palliative care) as a response to the recriprocal mechanism built in the dynamic concept of dignity.

