

November 1994

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### Recommended Citation

Sulmasy, Daniel P. (1994) "Death and Human Dignity," *The Linacre Quarterly*: Vol. 61: No. 4, Article 7.  
Available at: <http://epublications.marquette.edu/lnq/vol61/iss4/7>

# Death and Human Dignity

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"Death with dignity," has often been invoked in arguments regarding euthanasia and assisted suicide.<sup>1,2,3,4</sup> Only a few authors have reflected seriously about what this phrase actually means.<sup>5,6,7</sup> Yet, an understanding of death with dignity seems critical to an understanding of the ethics of caring for the dying. Differences in the positions various authors hold regarding the morality of euthanasia and assisted suicide are almost always traceable to deep differences in the moral presuppositions which lie just beneath phrases like "death with dignity."

But fruitful debate cannot begin with an unexamined slogan. And small errors at the beginning of an argument lead to grave errors in the conclusions.<sup>8</sup> Just as an understanding of the theory of the molecular biology of cystic fibrosis will ultimately lead to better patient care, so an understanding of the theory of human dignity and its relationship to the morality of human illness and death will ultimately lead to better patient care. The stakes are high. The medical profession cannot afford to ignore critical discussion of the fundamentals in the debate about euthanasia and assisted suicide.

In this paper, I will examine and criticize several theories about human dignity. I will suggest an alternative interpretation. I will then show what it means for doctors and patients to apply that interpretation to end of life decisions.

## What Is Human Dignity?

Dignity is defined in the dictionary as "the quality or state of being worthy, honored, or esteemed."<sup>9</sup> It is something one may have, or something one may perceive in another, or in oneself. Dignity, therefore, has both an essential and a perceptual aspect. To be perceived to have less than the esteem of which one is worthy is to suffer an *indignity*. To treat oneself or others with less than the proper esteem is to behave in an *undignified* manner.

Since morality concerns right and wrong behavior towards others, dignity is fundamental to morality. In asking why one should treat other human beings as worthy, honored, or esteemed, one is really asking a variant of the question, why

be moral? Almost everyone accepts the idea that the word "dignity" has enormous moral importance, and it is often invoked in the euthanasia debate. But people seem to differ in their views about what gives other people worth, honor, and esteem. Space considerations obviously preclude a full discussion of what gives a person dignity. But one simple way to examine the suitability of any particular theory about dignity would be to perform a thought experiment: to assess the morality of the logical consequences of adopting one or another theory. I will therefore sketch an outline of what sort of moral world would follow logically from accepting each of four common conceptions of human dignity—conceptions that are often prominent in arguments about death and human dignity. I do this in order to indicate, in a preliminary way, why each of these four views is inadequate.

Arguments about the most appropriate ethical system abound. Yet, it would seem that consistency is a minimal requirement of any system worth considering.<sup>10</sup> Therefore, dignity ought to mean the same thing whether one is dealing with the ethics of race relations, child abuse, or euthanasia. A moral argument based upon a concept of dignity that cannot be consistently applied in all areas of morality is not an acceptable argument.

**1. Social worth** - Some might suggest that human dignity depends upon social worth. Hobbes wrote that "the public worth of a man, which is the value set on him by the Common-wealth, is that which men commonly call DIGNITY."<sup>11</sup> But it follows from such a Hobbesian conception of human dignity that the unemployed, the severely handicapped, the mentally ill, and all others who cannot contribute to the economic well-being of society have lost their dignity, if they ever had it. This conception stands in obvious opposition to the increasing tendency of our society to recognize the dignity of such persons, and would not seem to be what most people mean by the term. If human dignity is not lost when one loses one's economic value to society, then this Hobbesian conception must be rejected.

**2. Freedom** — Some might suggest that human dignity depends upon freedom. But human dignity cannot be derived solely from the fact that human beings have free choice. Human freedom is respected because human beings have dignity, and not the other way around. To believe otherwise is to suggest that those who have lost control of certain human functions or have lost or never had the freedom to make choices, have no dignity. This would mean that infants, the retarded, the severely mentally ill, prisoners, the comatose, and perhaps even the sleeping have no human dignity. This seems to be a false basic moral intuition.

In reply, some might suggest that what counts is the capacity for control and freedom, and not the exercise of control and freedom. It has been suggested that some individuals without full control and freedom nevertheless deserve to be treated with dignity either because they have a potential for such a capacity (so that children, for instance, come to be regarded as placeholders for actual persons), or they have a history of having exercised such a capacity (so that the demented, for instance, come to be regarded as remnants of persons).<sup>12</sup> But these arguments seem based upon quite tenuous stretches of the concept of dignity



based on freedom. Who would feel dignified and secure as a placeholder or a remnant? Further, these arguments still cannot answer why those with neither a history nor a potential for free, rational choice (such as the severely mentally retarded) are worthy of human dignity. In contrast, consider why it is that although suicidally psychotic patients have lost the freedom to choose between life and death, other human beings intervene to save them. This is done precisely because in losing their freedom, these patients have not lost their dignity. Human dignity is not to be equated with human freedom and control. The famous photograph of the Rev. Martin Luther King, Jr. sitting in an Alabama prison cell is a portrait of human dignity in the face of lost freedom and control.

**3. Pleasure and Pain** — Some might suggest that human dignity depends upon the amount of pleasure and pain in a human life. Certainly, however, most people are able to tell stories of the extraordinary lessons in human dignity they have learned from persons whose lives have been racked by pain, and most people could also tell stories of the undignified lives of human beings who have spent all their human energy solely in the pursuit of pleasure. Basing morality squarely on a balance between pleasure and pain inevitably leads one to accept the morality of certain acts of euthanasia,<sup>13</sup> but this seems to be an anemic account of human dignity, and not one that most persons would hold among the basic underlying assumptions of a moral system.

**4. A Subjective Account** — Some might suggest that human dignity is something individuals are free to define as they wish. But this assertion leads to numerous philosophical problems. First, the concept of a moral term implies that it has universal meaning.<sup>14</sup> Human dignity either means the same thing for all human beings or it has no moral meaning at all. If moral terms were to mean whatever anyone wants them to mean, all meaningful moral conversation would stop. Second, to say that morality is not objective is performatively self-refuting. It is self-contradictory to make an objective claim about a subject that one asserts is not objective. Third, to say that human dignity is subjective is to claim that one person can never reliably recognize the dignity of another person, because the other person's dignity depends upon that person's subjective mental states, which are potentially subject to constant flux. Finally, under this conception, those who are incapable of exercising subjectivity would have no dignity — the severely retarded and the comatose, for example. And this does not seem to sit well with our considered judgments about morality. Thus, human dignity cannot be a purely subjective concept.

#### **An Alternative Basis for Dignity**

Almost everyone agrees that human beings have dignity. But what is it? Every one of the above attempts to say that human dignity consists of "x" — whether of social worth, or of freedom, or of pleasure, or of our individual subjectivity is, to some extent, a pre-logical assumption. Each requires a leap of moral belief. None can be proven. Yet this does not mean that they cannot be argued for. One can show that each attempt to say that human dignity consists of *this* human power or *that* human characteristic leads to an awkward set moral conclusions.

Thus, one ought to reject the above conceptions of human dignity. I propose



instead the following alternative: Human dignity has its basis in the moral proposition that every human life has intrinsic meaning and value. In other words, human beings have dignity simply because they are human beings. To say that human dignity consists of something else, of some characteristic that some of us have and some of us don't, or that some of us have in greater abundance than others, leads to unacceptable conclusions.

If human beings have dignity simply because they are human, the following are also true:

- a) Everyone, by definition, has dignity. Dignity is thus supremely *democratic*.
- b) Dignity is truly *inalienable*. No person and no circumstance can take dignity away from any human being.
- c) Dignity is also truly *qualitative*. It does not admit of degrees. It is the same for everyone.

One also should note that it does not follow from this conception that human lives have infinite value. The fact of human mortality precludes the possibility that human lives are infinitely valuable. Human dignity then depends on the recognition that human lives are neither infinitely meaningful and valuable, nor ever devoid of meaning and value. As Shakespeare has put it, a human being is "the beauty of the world; the paragon of animals; and yet to me, what is this quintessence of dust?"<sup>15</sup>

It also follows that no one can claim the right to declare that any human life is devoid of meaning and value. One may act in opposition to human dignity, but to freely choose to assault human dignity is to act immorally. A person may be treated in an undignified manner, even enslaved, but human dignity is not destroyed by human immorality. Pleasure does not increase human dignity, and pain does not diminish it. One may be deprived of happiness, and not of one's essential human dignity.

To respect human dignity is to come to terms with what it means, honestly, to be human. Honorable human action is the fruit of a correct perception of the essence of human dignity — one's own, as well as that of others. Perceptions can be more or less correct. Actions can be more or less honorable. But the essence of human dignity is nothing more or less than the esteem and honor human beings deserve simply because they are human.

### Human Death and Human Dignity

Therefore, those who suggest that one can never allow a person to die, and that one must continuously strive to maintain mere biological life at all cost, no matter how much the patient is suffering, are acting against human dignity and therefore, acting immorally. Such actions amount to a denial of the truth of human mortality and therefore a denial of the truth about the value and meaning of human life — a denial of human dignity. Whether an inevitable death is avoided out of fear, or out

of a bizarre interpretation of "the sanctity of life," holding biological life to be a supreme moral value, such deaths are undignified. To continue to fight when overmastered by disease, when there is no goal except living itself, can be mere hubris. It is not death with dignity.

On the other hand, to kill a patient, even if that patient is dying, is to suggest that the patient's life has lost all meaning and value, and is therefore also to act against human dignity — to act immorally. Since human dignity is not dependent upon social worth, or freedom, or pleasure, matter how much these may be diminished by the circumstances in which a dying person may be found, human dignity is not lost. And since human dignity is not subjective, no one is capable of deciding idiosyncratically that his or her own life has no more dignity. It is immoral for a person to decide that any life, including one's own, has no meaning or value. It is only possible to wilfully act with the intention of causing a person's death by a mechanism that originates in one's own actions if one has decided that the person's life either has no meaning and value or has merely instrumental, not intrinsic, meaning and value. To do so is to act immorally — to act against human dignity.

If one does not believe in human dignity, if one believes that human beings are meaningless chemical events in the evolution of the universe, then further discussion is pointless. But if one does believe in human dignity, one also recognizes that there are many forces, originating in nature and in human choice, that conspire to assault human dignity. Death itself is the pre-eminent assault. The fact of human mortality is perhaps the ultimate question about human dignity. If human beings have such meaning and value, why do human beings die?

The answers to this question are many. Some answers are religious. Others refer to the greater good of humankind or the ecological good of the planet. But the fact that human mortality is so troubling a question, troubling enough to be raised at all, implies deeply held beliefs about the essence of human dignity. If no one held such beliefs, no one would bother to ask the question.

One must remember that human dignity has both an essential and a perceptual aspect. Dignity means both the esteem in which one is held and the esteem of which one is worthy. Sickness certainly mounts an assault upon human dignity. One may *perceive* that one has lost one's dignity, or may be perceived as having lost one's dignity, when one is forced to strip naked before a doctor, forced to reach for a bedpan, covered with vomitus, bleeding, incontinent, demented, or otherwise needy. Disease humiliates us. Death humiliates us. But these assaults are disturbing precisely because they raise the question of whether human life ultimately has any meaning or value, any dignity.

### **Medicine and Human Dignity**

Medicine exists precisely to serve the dignity of persons whose dignity is called into question by disease and injury. To heal is to remind persons that sickness and limitation do not destroy their essential dignity; that their lives continue, in spite of it all, to have meaning and value. When it is possible to eliminate the assault on dignity wrought by disease, doctors cure. When it is possible to mitigate the



assault wrought by disease, doctors palliate and help patients maintain function. When the assault can neither be eliminated nor mitigated, healing does not cease. Doctors continue to heal by reminding the sick of their essential meaning and value even when the pills and needles and machines no longer have a function. Hence the medieval aphorism: to cure sometimes, to relieve often, and to comfort always, remains an apt description of the essential goals of the medical enterprise. It is not easy to remind the dying of their dignity. But that is precisely what it means to comfort the dying.

From the perspective of the patient, to *choose* death in the face of assaults on human dignity is to believe the falsehood that one's life has lost all meaning and value. This premise is necessary in order to justify killing oneself, or to justify asking to be killed. Some may respond by suggesting that euthanasia is justified whenever one determines that one's life no longer has enough dignity, but to do so, such persons would need to measure dignity in terms of either pleasure, or freedom, or control, or social worth or claim that dignity is purely subjective. But as argued above, to use any such measure is to suggest that the essence of human dignity consists in something other than simply being human, and this leads to morally awkward conclusions. Euthanasia and assisted suicide are freely chosen, willful assaults upon human dignity, based upon the premise that a human life has no meaning or value.

On the other hand, to *accept* one's own death (once it has become inevitable) is to accept the truth that one's life is not of infinite value. It is supremely honorable to face one's mortality. To face one's mortality is to act with, and not against, human dignity. To resist death or to accept death for the sake of something greater than one's own life is also supremely honorable, because it is also a recognition that one's life is not of infinite value. To die with dignity is to die honorably, announcing and not renouncing one's own essential dignity.

Medicine, as a truly human profession, must also recognize its own dignity. To fail to ever allow patients to die, for example, is to fail to recognize the limits of medicine. Medicine does not grant immortality. On the other hand, to kill patients is to make an undignified and false move beyond the limits of medicine. The goal of the physician is to make the right and just healing act for a particular patient in his or her particular circumstances.<sup>16</sup> Killing patients is neither right, nor just, nor an act of healing. It is outside the bounds of medicine.<sup>17</sup>

### **Death and Dignity — A Personal Account**

Like most physicians, I have had patients die under my care. Not one has ever asked me for euthanasia or assisted suicide. I would like to think that this is because I have struggled to never let my patients believe the falsehood that they had somehow lost their human dignity because they were suffering or dying or had diminished control over one or another of their bodily functions. I have sensed their suffering in such circumstances, and I have reached out in acts of compassion. I have seen many patients die prolonged yet dignified deaths, full of the knowledge both that their lives had value, and that their lives were not of infinite value. These patients faced their mortality with courage, hope, and love. Watching them and their families confront the mystery of death has been a



deeply transformative experience for me as a physician. I was not always able to control all of their pain, despite my best efforts. Some died after a few days in coma. Some died incontinent. Some died demented. With their consent, I withheld and withdrew therapies that would have needlessly prolonged their dying. But I have never killed a patient, nor aided a patient in suicide.

In contrast to these truly "good" deaths, I have had some patients who have approached their deaths in despair and fear. I struggled with these patients, acknowledging but never ratifying their emotions. I worked to let them know that they were not dying alone. I made sure they knew that even if no one else would be there, I would be there for them. I struggled to let them know that they had not lost all dignity; that they remained connected to the human community by the bonds of love even as they were leaving. Sometimes my efforts were successful, and they died in peace. Sometimes I was not successful, and these patients remained fearful and despairing to the end. I have mourned their deaths most of all. But I never once gave up trying to heal the aspects of their suffering that morphine can never touch — their need to believe in their own value and meaning — their own dignity. This is a daunting task — to heal the misperceptions of the dying about their own value; to remind them that they are not grotesque creatures who have ceased to have importance because they are naked, covered in feces and blood. But this is what medicine does at its limit. This is what it means to heal the dying. There could have been no greater assault on their human dignity, and ultimately no greater suffering, than if I had looked even one of them in the eye and said, "Yes, you're right. Your life has no meaning or value. I'll kill you now if you'd like me to do so."

### **Is Suffering Ever Unbearable?**

Some may argue that I am proposing a supererogatory standard, demanding of patients more than they can bear. But this sort of counterargument cannot withstand careful scrutiny.

First, I have argued that my account of human dignity is more defensible than the alternatives, and that my position regarding euthanasia and assisted suicide follows from my account of human dignity. Moral words are universalizable and prescriptive.<sup>18</sup> This means that if I am correct, my account of dignity applies in all situations. The task for the proponents of euthanasia and assisted suicide is to prove that human dignity means something other than what I have suggested, not just with respect to euthanasia and assisted suicide, but with respect to *all* moral questions.

Second, despite the fact that doctors have been able to kill for much longer than they have been able to cure, the overwhelming majority of persons who have died in the last 2,500 years have neither killed themselves nor have they been killed by their physicians. This suggests that the burden of proof is on the proponents of euthanasia and assisted suicide to show, despite the development of morphine, non-steroidal anti-inflammatory drugs, anti-depressants, patient-controlled analgesia, nerve-blocks, epidural analgesia, biofeedback, and other contemporary techniques, coupled with the account of human dignity that I propose (which is perfectly compatible with the withholding and withdrawing of any



and every modern life-sustaining therapy in the dying), that people today are forced to suffer *more* than their ancestors. The only other alternative, if one suggests that death without access to euthanasia or assisted suicide is supererogatory, is to argue that every patient who has died a natural death during the past 2,500 years without being offered these options has acted supererogatively. Both of these options seem false. Declaring euthanasia and assisted suicide immoral is not demanding of patients more than they can bear.

### **Is This a Purely Religious Argument?**

Some might object that because this argument is compatible with traditional Jewish and Christian conceptions of human dignity, it is essentially a religious claim and is therefore irrelevant as a public argument. But this is fallacious. First, many arguments in the public arena are compatible with religious beliefs, and are not eliminated from public debate solely for this reason. The concept of human rights, for instance, is compatible with Jewish and Christian belief. There is no "proof" that human rights exist. We all accept this as a matter of common moral "faith." The fact that this unprovable concept is compatible with religious belief is not a reason to eliminate arguments based on human rights from the public forum. Likewise, an argument based upon the unprovable concept of human dignity proposed in this paper ought not be dismissed simply because it is compatible with religious beliefs about human dignity.

Second, the argument in this paper stands independent of religious conviction. One can hold the concept of human dignity proposed in this paper without adherence to any credal confession. This argument does not depend upon scripture, doctrine, or the opinions of any pope, priest, rabbi, or minister. The fact is that arguments must start somewhere, and if dignity is to figure in arguments regarding euthanasia it must have a meaning. I have argued that the conception of human dignity presented here is better than any of the alternatives. The burden of proof now lies with those who propose other concepts of human dignity to show that their concepts can be consistently applied throughout a moral system without leading to contradiction and without clashing with our considered moral judgments.

### **Conclusion**

Many arguments against euthanasia and assisted suicide have been based upon considerations of the social consequences.<sup>19,20</sup> Many of the counterarguments have been attempts to show that safeguards can be constructed to place wedges along the "slippery slope."<sup>21,22</sup> This paper has presented arguments about why euthanasia and assisted suicide are intrinsically immoral acts. Euthanasia and assisted suicide are immoral because these actions directly attack the bedrock human value which makes all other human values possible — the inherent dignity of human life.

The demand for euthanasia and assisted suicide is, in some ways, an ironic demand for a quick technological solution to the problems technology itself has created. But this amounts to a form of denial. It is a stubborn refusal to accept the

truth about medicine — its value, its meaning, and its limits. It is at the same time a stubborn refusal to accept the truth about being human — its value, its meaning, and its limits. It is absolutely true that physicians must be more affectively responsive and sympathetic to the needs of the dying and absolutely true that physicians need to muster more compassion for the dying. But affect without truth is not mercy. It is mere sentimentalism. The dying need healing from their doctors. The dying must always be assured by doctors that they have not lost their human dignity — that they continue to have worth, honor, and esteem. The dying need doctors who recognize that their lives have a measure of meaning and value which is far from infinite, but never nil. The dying do not need to suffer the final indignity of a sensitive but unthinking doctor wielding a syringe filled with 100 mEq of KCl, or a prescription for 100 secobarbital capsules which reads, "Take these when you need them, and if you wake up in the morning, call me."

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