



Dignity

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It is important to consider, albeit occasionally, issues, words or concepts commonly utilised in medicine. Dignity is a word or, probably more correctly a concept that one now only occasionally encounters. Death with dignity is used in justification of euthanasia, while some arguments may claim that cloning is an affront to human dignity. Dignity is also regularly referred to in aspirational, philosophical or legal texts. (*SA Fam Pract 2003;45(6):34-36*)

An excellent South African example is the Bill of Rights in the Constitution of the Republic of South Africa. The introduction reads:

"This Bill of Rights is the cornerstone of democracy in South Africa. It enshrines the rights of all the people in our country and affirms the democratic values of human dignity, equality and freedom"...

While one could reflect on many of the issues here, few however could argue the potential importance of the Bill of Rights and the significance given to human dignity by those who drafted it. The importance of dignity is further emphasised as the Bill of Rights later goes on:

"Everyone has inherent dignity and the right to have their dignity respected and protected"...

Dignity is also regularly encountered in documents related to medicine, particularly codes of practice and mission statements. The Patients' Rights Charter, a summary of the Bill of Rights, formulated by the Department of Health, from the Department's perspective, also addresses dignity as follows:

"Everyone has the right of access to health care services that include (amongst other things) a positive disposition displayed by health care workers that demonstrates courtesy, human dignity, patience, empathy and tolerance"...

Few would dispute the importance of these documents, and based on them the concept of dignity appears to assume great importance. Intuitively, respecting a person's dignity is appealing and this intuition is supported by these important documents. I have little doubt that any doctor goes to work in the morning with the intent to treat anyone with anything but dignity. Most, if not all, of us would be horrified to think that we had treated a patient with indignity. For the sake of the argument, let us assume that patients are entitled to be treated with dignity.

The problem is what does dignity mean? Does it require

definition? Of course it requires definition, or at least an attempt at conceptual clarification. If we as doctors are expected to treat patients with dignity, then we must surely understand the concept? Otherwise how do we treat patients with dignity, or indeed refrain from infringing a patient's dignity? Unfortunately dignity, despite being an intuitively attractive concept, is a nebulous concept and notoriously difficult to define. Although we think we know what it means, it seems to elude strict definition.

The word "dignity" is derived etymologically from the Latin word *dignus*, meaning worthy. The *Oxford English Dictionary's* definition is "*dignity (n) true worth, excellence*". Unfortunately, neither of these contributes much to one's understanding of the word or concept.

It is perhaps easier to get a feel for the concept by appealing to examples. Attempts have been made to explain the concept of dignity in a narrative formulation based on empirical evaluation of groups of individuals' understanding of the word dignity. If you were interviewed and asked what was meant by dignity, what would your answer be?

Anyone who has been in a degrading situation knows exactly what dignity is: it is what was lacking when it was most needed. Shotton and Seedhouse feel that when we are in situations where we feel foolish, incompetent, inadequate or unusually vulnerable, we lack dignity. This may occur in two types of situations, either in circumstances ill-fitted to our competencies or in circumstances where we are normally capable, but fail to achieve what we routinely achieve. Although acknowledging that loss of dignity probably reflects a continuum, they suggest four broad categories of loss of dignity. Where dignity is maintained, where it is lost in a trivial way and easily regained, serious loss that requires substantial effort to restore dignity and devastating loss of dignity where it is impossible to regain dignity without help. The reader is encouraged to think of relevant examples of each scenario.

Dignity, or at least human dignity, seems to be connected to the idea that humans have certain fundamental needs, desires and attributes. Thus, to treat a person as a person is to recognise and respect these needs, desires and attributes.

When we ask questions about what human dignity is, we cannot avoid turning to *Kant's* doctrine of "Respect for Persons". *Kant* believed that we should use a person never simply as a means, but also treat them as an end. To understand what *Kant* meant by this we must explore the term "means" and the term "end". The word "end" seems to have been used by *Kant* to mean "that which is valuable in itself". In contrast, to regard something as valuable as a means, is to regard it as valuable merely for what one can get out of it – it is no more than useful. Applying this to persons, we can say that the meaning of the injunction, to treat and regard people not merely as means but also as ends, is that we ought to treat them as valuable in themselves and not only as useful instruments to our own goals. Thus, human "dignity" (inner worth) should not be confused with "honour" (public worth), which results from external evaluations.

This still leaves some confusion; for example, what do we still mean by "valuable in itself"? To regard something as valuable in itself, we must cherish it for what it is, we must care about its essential features, i.e. those that make it what it is. Thus, respecting persons seems to be synonymous with respecting the features that make us human and give us our human natures. *Kant* felt that the distinctive feature of a human was rational will. This faculty gives human beings the distinctive ability to choose for themselves, and to formulate purposes, plans and policies of their own. People alone can act from reasons, as opposed to acting on external causes. *Kant* claimed that it was inconsistent with treating an individual as a free and rational being to ever use him as a mere means to the satisfaction of our own goals. To do so denies an individual his or her autonomy, thus in respecting an individual's autonomy, to an extent, one is treating that person with dignity.

There are many ironies regarding dignity. Not least of which remains a difficult concept to clarify. Until we reach conceptual clarity, respecting or maintaining a patient's dignity can and will not be a practical priority. Despite its apparent importance and probably as a result of a lack of its tangibility, maintaining dignity is easy to neglect when there are more easily definable and identifiable clinical, technical or managerial problems to be resolved. This is most likely to occur where resources are stretched and again one is working with the most vulnerable of patients.

Next time you see that somebody has used "dignity" casually in conversation or more formally in their code of practice or mission statement, ask them what it means. Their response or lack thereof may well reflect how seriously they take the wording of the document. □

Please refer to the CPD questionnaire on page 53.

Sources and further reading

1. Wynn R. Hello Dolly, hello Dolly: Human cloning, ethics and identity. *Pro+Choice Forum*. <http://www.prochoiceforum.org.uk/re4.asp>
2. Keown J, LicPhil LG. Human dignity, autonomy and mentally incapacitated patients: a critique of *Who Decides?* <http://webjcli.ncl.ac.uk/1999/issue4/keown4.html>
3. Shotton L, Seedhouse D. Practical dignity in caring. *Nursing Ethics* 1998; 246-255.
4. Seedhouse D, Gallagher A. Undignifying institutions. *J Med* 2002; 28:368-372.
5. Marais ED. Concept clarification in professional practice - dignity. *Journal of Advanced Nursing* 1994; 19:947-953.



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