

The death of dignity is greatly exaggerated: Reflections 15 years after the declaration of dignity as a useless concept

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Abstract

Fifteen years ago, Ruth Macklin shook the medical community with her claim in the BMJ that dignity is a useless concept. Her essay provoked a storm of reactions. What have we learned from the debate? In this article I analyse the responses to her essay and the following debate to investigate whether she was right that “[d]ignity is a useless concept in medical ethics and can be eliminated without any loss of content.” While some of the commentaries misconstrued her claim and argue against strawmen, others forcefully maintained that the concept of dignity has functions beyond “respect for persons and their autonomy.” One important point that came out of the debate is that dignity is a generic concept that covers more ground than “respect for persons or their autonomy.” In particular, dignity seems to have a wide range of protective functions as well as having reciprocal, relational, and social aspects. Dignity appears more attributional and normative than respect for persons and autonomy. While the claim that dignity is unclear, vague, and can be used sloganistically seems highly relevant, it is argued that this vagueness fulfils important functions in ethics. Moreover, dismissing dignity because of its lack of clarity has implications for “respect for persons” and “autonomy,” which are also used vaguely and sloganistically. No doubt medical ethics should use as a clear concept as the context requires. Nonetheless, dignity still seems to be a widely used generic concept in ethical debates and doing as much ethical work as “respect for persons” or “respect for autonomy.” Therefore, the death of dignity seems to be greatly exaggerated.

KEYWORDS

autonomy, dignity

1 | BACKGROUND¹

Human dignity is frequently referred to as a foundational value in international charters on human rights, such as the

¹This article was written before the COVID-19 pandemic. Clearly, the pandemic may be used as an input into the debate on dignity. That, however, is a topic for a separate article. The article is based on a presentation prepared for a session at the IAB in Bengaluru in 2018. I am most thankful to Ruth Macklin, Vilhjalmur Arnason, and Søren Holm for fruitful collaboration and for valuable comments.

- Universal Declaration of Human Rights;
- International Covenant on Economic, Social and Cultural Rights;
- International Covenant on Civil and Political Rights;
- Convention on the Rights of the Child;
- Declaration on the Elimination of Discrimination against Women;
- European Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine;

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- Declaration of Helsinki;
- World Medical Association International Code of Medical Ethics; and
- Universal Declaration on Bioethics and Human Rights.

Moreover, a wide range of national legislation makes explicit reference to dignity as a core value underlying medical practice, especially in legislation on biotechnology.

Despite the prominence of the concept in soft and hard law, in international and national law, dignity has been heavily criticized by philosophers and others, e.g., because the concept lacks clarity, is redundant as a moral idea, has religious overtones, and because of its speciesism.² Already Schopenhauer decreed that the phrase “dignity of man” was “the shibboleth of all the perplexed and empty-headed moralists who concealed behind that imposing expression their lack of any real basis of morals, or, at any rate, of one that had any meaning. They cunningly counted on the fact that their readers would be glad to see themselves invested with such a dignity and would accordingly be quite satisfied with it.”³ More recently Steven Pinker has been concerned with “the stupidity of dignity” pressurizing and perverting public agendas and that the progress of a free society in that the concept can be colonized by a religiously inspired agenda that co-opted the notion of dignity to justify what he calls “an obstructionist bioethics in relation to medical progress.”⁴

Hence, Ruth Macklin is not alone in claiming that dignity is a useless concept having “no meaning beyond what is implied by the principle of medical ethics, respect for persons: the need to obtain voluntary, informed consent; the requirement to protect confidentiality; and the need to avoid discrimination and abusive practices.”⁵ According to Macklin, dignity “is nothing more than a capacity for rational thought and action” which is well covered by the principle of respect for autonomy.

Macklin’s article generated a storm of responses. Many were strongly in opposition to Macklin’s arguments, defending dignity as an important concept in medical ethics. While several of the comments missed Macklin’s point, some were targeted and made her reconsider her stance.⁶

What can we learn from the reactions to Macklin’s article and the reflection on the debate? Where does dignity stand in today’s bioethics discourse? These are key issues of this article, which will focus on three questions:

1. What can we learn from the immediate reactions to Macklin’s article?
2. What can we learn from the following scholarly debate and use of Macklin’s argument?
3. Based on (1) and (2), is dignity a useless concept (compared to “respect for persons or their autonomy”)?

2 | RESPONSES: IT’S DEAD, BUT IT WON’T LIE DOWN

The analysis of the 33 responses that were published by the BMJ shows that they address a wide range of issues.⁷ Several of the comments argued that dignity cannot be replaced by autonomy. However, this was not Macklin’s point. She argued that dignity does not do anything that “respect for persons or their autonomy” cannot do.

However, quite a few comments pointed out that dignity covered ground that respect for persons or autonomy could not cover, especially with respect to dead human beings. While Macklin argued that the respect for the dead was not directed towards the cadaver but was respect for the relatives, commentators pointed out that this respect was directed towards the dead (human being) and independent of whether they have relatives or not.

According to the commentators, dignity covers ground beyond respect for persons or autonomy, and this is of ethical importance. Moreover, several comments pointed out that no other term was more appropriate in medical practice and a wide range of examples were given where dignity was meaningful.

There was broad agreement in the rapid responses to Macklin’s essay that the term “human dignity” is a vague or ambiguous concept frequently used as a mere slogan. Nonetheless, the responses to this were diverse. Some responded by explicating dignity or by giving explicit definitions of dignity, while others argued that the vagueness may be useful in medical ethics. In particular, it was pointed out that the function of the concept of dignity was to avoid suffering. Moreover, others argued that other concepts in medical ethics are vague as well, including autonomy, persons, and patients’ rights and that may still be useful.

Table 1 gives a detailed overview over the various types of responses to Macklin’s essay.

3 | CONTINUED DEBATE OVER DIGNITY

By November 24, 2018 Macklin’s seminal article had reached 869 citations in Google Scholar and was cited 26 times in PubMed. An analysis of the 26 citing articles in PubMed shows a great variety of reactions and references to her essay. While the rapid responses were mainly critical of Macklin’s claim, the following

²Waldron, J. (2014). What do the philosophers have against dignity? *NYU School of Law, Public Law Research Paper* (14-59); Rosen, M. (2012). *Dignity: Its history and meaning*. Cambridge, Mass.: Harvard University Press.

³Schopenhauer, A. (1995). *On the basis of morality* (E. F. J. Payne, trans.). Indianapolis: Hackett Publishing, p.100.

⁴Pinker, S. (2008). The stupidity of dignity. *The New Republic* (May 28), pp. 28–31.

⁵Macklin, R. (2003). Dignity is a useless concept. *BMJ*, 327(7429), 1419–142.

⁶Macklin, R. (2004). Reflections on the Human Dignity Symposium: Is dignity a useless concept? *Journal of Palliative Care*, 20, 212–216; Macklin, R. (2018). Rethinking the concept of dignity. Paper presented at the 14th World Congress of Bioethics, Bengaluru, India.

⁷Mutiple authors (2003). Dignity is a useless concept. Responses to Ruth Macklin’s essay. Retrieved from <https://www.bmj.com/content/327/7429/1419/rapid-responses>.



TABLE 1 Responses to Macklin's article published at BMJ's rapid response web page

Topic	Quote	Author(s) of response
Philosophers' tasks	"It may be well-intentioned for a philosopher to point out the abuses and pitfalls in the use of an entrenched concept; to declare it useless and harmful is more often a gesture of arrogance."	Thomas Ming Amy Price, Aaron Lai (Oxford)
Autonomy is not sufficient	"Another value is necessary. That value is dignity." "One may treat a patient with respect in the ways the author refers to, like honoring their autonomy, and still not treat them with the dignity they deserve."	Ann Gallagher (Surrey) Stephen M Taylor (Grand Prairie, Texas)
Dignity is more than autonomy (and persons)	"You can highly respect a person and their autonomy by your actions, words and thoughts, and as a doctor you will also be striving for their well-being, but you cannot guarantee that this will not 'mess' with their sense of dignity." "Dignity cannot and should not be reduced to respect for autonomy or for persons. Rather it constitutes an otherwise missing value which enables practitioners and theorists to discuss aspects of medical practice which other values do not address." "To say that a person has dignity is to imply that that person has value and is worthy of respect, which is different than saying that someone else has a duty to respect that person." "one way in which I would construct the counter argument is to talk about the deceased person's 'abiding interests' ... Here I am presuming that it is possible to identify a person's interests independently of their autonomous wishes, if so there is no reason to suppose that a person's interests end on their death." Recognition of dignity, not mere assigning. Culture must respond to and support a "life in dignity" even if the human being does not acknowledge the situation. Respect for dignity goes beyond respect for autonomy or persons. It goes beyond death and includes cadavers.	Miles R Bore (Newcastle, Australia) Ann Gallagher (Surrey) Mary Catherine Beach, Patrick Duggan, Gail Geller, Phoebe R. Berman (Baltimore) Simon Woods (Newcastle upon Tyne) Also: Peter RJ Cheyne (Fukuoka) Kirk Allison (Minnesota) Idris Baker (Leicester) Stanley M. Giannet (Florida)
No other words cover better situations in practice	No other word (than indignity) deals better "with being chronically incontinent of urine and faeces, slobbery, and smelly; with uncontrollable laughing or crying, with being unable to remember loved ones and friends, with being imbecilic; with losing one's hard-won personage, by which you achieved some sort of lovable identity."	Ronald F Ingle (South Africa)
Dignity is a moral status assigned to others (= a social construct)	"I would however argue that there is a meaningful sense of dignity that has nothing to do with autonomy. Dignity reflects a moral status that moral agents assign to others. It is conferred on a human being by other human beings." "[d]ignity is a moral creation."	Arthur L Caplan (Philadelphia)
Defining dignity	"To have dignity is: To be outwardly of right mind and body so as to have self respect (whether privately felt or endowed by virtue of onlookers)." Dignity is transitive: "You are only dignified if I dignify you (care for you, love you, hold you worthy or in esteem, etc.). Therefore the use of the word reflects how I treat you." "Dignity is more than an affirmation of one's autonomy. It consists of a psychospiritual connection with the patient: a connection that involves empathy, presence and compassion." "Dignity is precisely, an inherent moral characteristic of human beings It does not depend, unlike many other characteristics, on the status, actions, capacity, or position of the human being. It is that characteristic, as a result of which all humans are deserving of, or due, respect." "Part of what it is to be human is that we are, inherently, in relation to each other. Although dignity is not strictly intrinsic, we are characterised by a dignity conferred on us by our common humanity." "The living human being is endowed with dignity precisely because he or she is a subject of a rational nature."	Jamie S J Wilson (Dundee, UK) William G Notcutt (Great Yarmouth) Stanley M. Giannet (Florida) Idris Baker (Leicester) Norman M Ford (Melbourne)

(Continues)

TABLE 1 (Continued)

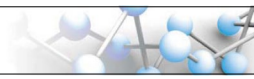
Topic	Quote	Author(s) of response
Dignity is vague, but useful	"Yes, the concept is not well defined, but it clearly exists and seems very human. It cannot be fully accounted for by other concepts such as respect and autonomy"	Miles R Bore (Newcastle, Australia)
	Dignity is "a premise, [that] has founded contemporary standards of medical care." "Respect for dignity is thereby a requisite for high quality medical assessment, treatment, and good patient outcomes."	Lydia E. Mayer (Boston)
	Cannot be formally defined, but is experienced and defined through clinical practice every day.	Jayson Rapoport (Rehovot, Israel)
	Vagueness is not the same as useless. "I am also bugged by the appeals to 'patient's rights' in the context of regulating managed care insurance schemes. But 'patient's rights' is not therefore useless."	Joseph C. d'Oronzio (Columbia)
	"Dignity may be a useless concept to a professor of bioethics, but is of vital importance to clinicians and patients in redressing the balance between scientific development and proper consideration of the needs of the individual. It is an essential component of the quality of care."	Alexander E Limentani (Kent)
Function: Dignity avoids suffering	"Past and present abhorrent events testify well to the overwhelming suffering caused by the failure to think and act in a humane manner."	Francis P. Crawley (Brussels), Chifumbe Chintu (Lusaka), Amin Kashmeery (Riyadh)
Dignity is easy to understand and to convey	Dignity "is a term that patients and relatives understand and place value in. As with 'obscenity' dignity is hard to define but instinctively understood."	Stephen J Fletcher (Bradford)
Dignity is not worse than other concepts in bioethics	"Criticisms of dignity apply also to other values in medical ethics. 'Autonomy' and 'respect for persons' are good examples. They also appear as vague, ill-defined and sometimes sloganistic in codes, reports and in legislation."	Ann Gallagher (Surrey)
	"[D]ignity' is no more or less vague than many other terms employed in medical ethics."	Mary Catherine Beach, Patrick Duggan, Gail Geller, Phoebe R. Berman (Baltimore)
	"Person" and "autonomy" are also multivalent and should equally be excluded from the ethical lexicon.	Kirk Allison (Minnesota)
	"Like many other terms in ethics and philosophy, dignity can be used as an empty slogan, or a cover for intellectual undress, but this does not invalidate the idea."	Anthony Staines (Dublin)
Dignity as a tertium quid	"It might help to consider dignity as a spiritual concept, where 'spirituality' refers to that which connects the one with the whole, thereby linking the deeply personal with the universal."	Larry Culliford (Brighton)
Easier to give an account of violation of autonomy than of dignity	"While it is difficult to know what violating human dignity might mean, it is not difficult to specify conduct that would fail to treat persons as autonomous agents."	Alexander M. Capron (WHO)
General versus particular sense of the term dignity	Using the term "dignity in the particular sense of treating individuals in a dignified fashion" is different from "the use of the term in a general fashion, as is conveyed by calls to safeguard human dignity from scientific changes."	Alexander M. Capron (WHO)
Overused and incoherent concept	"The notion dignity is issued from a metaphysics of being in the image of God and has been translated in human rights discourse as the condition of equality between men."	Mylène Baum (Leuven)
Historical replacement of other concepts	Replacing "sanctity of life" and "sacredness" becoming a "surrogate for the value of an individual life irrespective of physical condition" in bioethics' clinical and principled turn.	Tom Koch (Vancouver)
	Dignity replacing immortality: "I am rather fond of the phrase 'human dignity' in the context of death and dying as a very useful secular version of immortality."	Joseph C. d'Oronzio (Columbia)

debate has been both critical, supportive, and applying the claim in specific debates.

Some use Macklin's essay to invalidate human dignity as a formula to *stop, ban or restrict the use of various biotechnologies*. For example, Macklin's article is used to show that the claims that germline

editing would violate human dignity are invalid and based on a logical fallacy.⁸ In another example, Macklin's article is used to support the

⁸de Miguel Beriain, I. (2018). Human dignity and gene editing: Using human dignity as an argument against modifying the human genome and germline is a logical fallacy. *EMBO Rep*, 19(10), e46789.



claim that arguments against the development of synthetic human entities with embryo-like features (SHEEFs) based on “on vague statements about human dignity” do not produce “a robust account of what would be wrong about such cases and how.”⁹ Others refer to the uselessness of dignity in elaborating counterarguments against dignity-based arguments against the creation of human–nonhuman chimeras.¹⁰

Other scholars use Macklin's arguments in *various bioethics debates*. For example, Schuklenk and colleagues apply Macklin's argument as a starting point for arguing that dignity cannot be used to clarify ethical arguments about assisted dying.¹¹ In particular it is argued that the unclear language of dignity can “cloak potentially controversial moral consideration—individual autonomy on the one hand, and some quality inherent within agents, in virtue of their being human on the other.”¹² Others argue that dignity is not needed in order to protect against degradation and humiliation. Statman, for instance, argues that the normative notion of *self-respect* is a sufficient response to the problem of humiliation.¹³

The debate in the BMJ has also been used to *assess and defend the concept of dignity*. Some scholars use Macklin and others' critique of dignity as a starting point to explicate and defend its relevance and importance. For example, Quentin Genuis argues that dignity is donated to all human beings “inviolable and independent of autonomy, rationality, or capability.”¹⁴ And after careful analysis, David Resnik argues that dignity is still useful as it can be used to differentiate between patenting human embryos or totipotent embryonic stem cells, which violate human dignity, from patents on pluripotent or multipotent stem cells, that do not.¹⁵

Galvin and Todres use Macklin and others' critique to elaborate seven dimensions of dignity (spatial, temporal, embodied, mood, interpersonal, identity, finitude dignity) and to establish a phenomenologically based concept of dignity referring to a “common ‘wound’ (vulnerability) and common honour (value).”¹⁶ Daryl Pullman divides basic and personal dignity, and uses the elasticity of the former to explain the ambiguity and vagueness of dignity and to warn against undermining expansion of basic dignity (in the case of fetocide).¹⁷

Carlo Leget uses the history of the concept of dignity to identify two versions of dignity in Roman Antiquity. The first is a practical and social meaning of dignity according to which the concept is used to establish a practice that sustains a certain social order. “Dignity is used in order to distinguish human beings from one another and to place them in a certain order or ranking.”¹⁸ In addition to this *social and relational dignity*, Leget identifies a second meaning: *intrinsic dignity*. In this second meaning, the concept of dignity is used in order to distinguish human beings from other beings that surround them, by humans' intrinsic and characteristic rationality. This type of dignity is not based on a practice, but on an idea. Additionally, he identifies a contemporary and *subjective dignity* which is related to a person's experience of self-respect.¹⁹

3.1 | Modifying and improving the concept

Macklin and others' critique is also taken into account or used to improve dignity-based arguments in bioethics, for example for handling the sexuality of intellectually disabled children and adolescents.²⁰ Baertschi acknowledges the critique of dignity, but argues that “there exists a quite useful place for this notion in our ethical thought, albeit a modest one.”²¹ Despite acknowledging that dignity is an opaque and amorphous concept, Harmon argues that we should expand the concept to include animals and plants, and find a minimal consensus to “achieving some modicum of dignity.”²²

Others on the other hand, discuss dignity together with other concepts, such as “sanctity of life” and “inviolability of life,” and some, such as Heywood and Mullock, dismiss these in favour of “reverence for life.”²³

3.2 | Appreciating the merits of vagueness

On a quite different note, Harvey and Salter accept Macklin's and others' criticism of the concept of human dignity. However, they argue that it is exactly the vagueness, diverseness, and imprecision that makes the concept useful for governance purposes: “the concept of ‘human dignity’ has political utility, making space for the relative stabilisation of its meaning as a product of power relations in the policymaking process.”²⁴ On a similar note, Roberto Andorno points

⁹Chan, S. (2018). How and why to replace the 14-day rule. *Curr Stem Cell Rep*, 4(3), 228–234.

¹⁰Palacios-Gonzalez, C. (2015). Human dignity and the creation of human–nonhuman chimeras. *Med Health Care Philos*, 18(4), 487–499.

¹¹Schuklenk, U., van Delden, J. J., Downie, J., McLean, S. A., Upshur, R., & Weinstock, D. (2011). End-of-life decision-making in Canada: The report by the Royal Society of Canada expert panel on end-of-life decision-making. *Bioethics*, 25 Suppl 1, 1–73.

¹²Ibid.: 44.

¹³Statman, D. (2000). Humiliation, dignity and self-respect. *Philosophical Psychology*, 13(4), 523–540.

¹⁴Genuis, Q. I. (2016). Dignity reevaluated: A theological examination of human dignity and the role of the Church in bioethics and end-of-life care. *Linacre Q*, 83(1), 6–14.

¹⁵Resnik, D. B. (2007). Embryonic stem cell patents and human dignity. *Health Care Anal*, 15(3), 211–222.

¹⁶Galvin, K., & Todres, L. (2015). Dignity as honour-wound: An experiential and relational view. *J Eval Clin Pract*, 21(3), 410–418.

¹⁷Pullman, D. (2010). Human non-persons, fetocide, and the erosion of dignity. *J Bioeth Inq*, 7(4), 353–364.

¹⁸Leget, C. (2013). Analyzing dignity: A perspective from the ethics of care. *Medicine, Health Care and Philosophy*, 16(4), 945–952.

¹⁹Ibid.

²⁰Fernandes, E. K., & Fernandes, A. K. (2014). The demands of human dignity: Sexuality in the young person with intellectual disabilities. *Linacre Q*, 81(4), 343–362.

²¹Baertschi, B. (2014). Human dignity as a component of a long-lasting and widespread conceptual construct. *J Bioeth Inq*, 11(2), 201–211.

²²Harmon, S. H. (2009). Of plants and people. Why do we care about dignity? *EMBO Rep*, 10(9), 946–948.

²³Heywood, R., & Mullock, A. (2016). The value of life in English law: revered but not sacred? *Leg Stud (Soc Leg Scholars)*, 36(4), 658–682.

²⁴Harvey, A., & Salter, B. (2012). Anticipatory governance: Bioethical expertise for human/animal chimeras. *Sci Cult (Lond)*, 21(3), 291–313.

out that human dignity functions as a bioethical instrument for integrating key principles into a human rights framework in international documents such as UNESCO's Universal Declaration on Bioethics and Human Rights.²⁵ While not free of shortcomings, dignity manages to obtain and foster agreements more than any similar concepts.

There are also results from *empirical studies of dignity*. Some researchers have investigated the attitudes and beliefs amongst US physicians. Of the surveyed physicians 90% reported that dignity was relevant to their practice and a clear majority found the concept of dignity as useful also in reflecting on specific cases of end-of-life decisions.²⁶

In a qualitative study of published literature and interviews Nora Jacobson identifies a taxonomy of dignity and elaborates "a theory of dignity as a quality of individuals and collectives that is constituted through interaction and interpretation and structured by conditions pertaining to actors, relationships, settings, and the broader social order."²⁷ Jacobsen also identifies a list of violations of dignity and measures to promote dignity.

Others, such as Chambers and colleagues, note that, despite Macklin and others' dismissal, dignity is used in declarations, policy and quality measures. Accordingly, they investigate how service users of the Mental Health Act (MHA) experience being detained. They find that service users considered their dignity and respect compromised by: (1) not being "heard" by staff members; (2) a lack of involvement in decision-making regarding their care; (3) a lack of information about their treatment plans particularly medication; (4) lack of access to more talking therapies and therapeutic engagement; and (5) the physical setting/environment and lack of daily activities to alleviate their boredom.²⁸ Although one may argue that many of these issues can be addressed within an autonomy-based framework, it can be maintained that at least some ((4) and (5)) are not.

Others use *dignity as an analogue* to analyse and understand other (vague) concepts. Caulfield and Ogbogu use dignity as an analogue to argue that "the term commodification ... is rarely defined, and its applications in stem cell policy debates are both varied and imprecise."²⁹

Several of the references *only refer to the position or the debate*³⁰ and point out the importance of clarifying the concept in order to avoid its rhetorical, elusive and even counterproductive effect.³¹ In any case, it is clear from the debate following Macklin's essay that it has had a significant impact in the bioethics literature. The interesting question then is what the responses and the subsequent debate have taught us.

4 | RESPECT FOR PERSONS OR THEIR AUTONOMY

One thing that stands out from the debate is that Macklin was widely interpreted to say that the concept of dignity could be replaced by the concept of autonomy. Here is what she wrote:

*In this and other documents "dignity" seems to have no meaning beyond what is implied by the principle of medical ethics, respect for persons: the need to obtain voluntary, informed consent; the requirement to protect confidentiality; and the need to avoid discrimination and abusive practices.*⁵

In this she defines "respect for persons" in terms of:

1. Autonomy-elements:
 - a. Voluntary informed consent
 - b. Protecting confidentiality
2. Avoiding harm element:
 - a. Need to avoid discrimination and
 - b. abusive practices.

Hence, many of the critiques of Macklin's essay were wrong in assuming that she meant that dignity could be replaced by autonomy. Macklin had included protective aspects, which were also pointed out in the Belmont report, i.e., that respect for persons encompasses "two basic ethical convictions: first, that individuals should be treated as autonomous agents, and second, that persons with diminished autonomy are entitled to protection."³²

However, Macklin must take part of the responsibility for the assumption that dignity equals or can be replaced by autonomy, as she frequently writes that dignity is "no more than respect for persons or

²⁵Andorno, R. (2007). Global bioethics at UNESCO: In defence of the Universal Declaration on Bioethics and Human Rights. *J Med Ethics*, 33(3), 150–154.

²⁶Antiel, R. M., Curlin, F. A., James, K. M., Sulmasy, D. P., & Tilburt, J. C. (2012). Dignity in end-of-life care: results of a national survey of U.S. physicians. *J Pain Symptom Manage*, 44(3), 331–339.

²⁷Jacobson, N. (2009). A taxonomy of dignity: A grounded theory study. *BMC Int Health Hum Rights*, 9, 3.

²⁸Chambers, M., Gallagher, A., Borschmann, R., Gillard, S., Turner, K., & Kantaris, X. (2014). The experiences of detained mental health service users: Issues of dignity in care. *BMC Med Ethics*, 15, 50.

²⁹Caulfield, T., & Ogbogu, U. (2011). Stem cell research, scientific freedom and the commodification concern. *EMBO Rep*, 13(1), 12–16.

³⁰Ashcroft, R. E. (2005). Making sense of dignity. *J Med Ethics*, 31(11), 679–682; Cook, M. (2005). Is American bioethics lost in the woods? *PLoS Med*, 2(4), e121; Liras, A., & Arenas, A. (2010). Bioethics in biomedicine in the context of a global higher education area. *Int Arch Med*, 3, 10; Sykora, P., & Caplan, A. (2017). Germline gene therapy is compatible with human dignity. *EMBO Rep*, 18(12), 2086; Winter, S. F., & Winter, S. F. (2017). Human dignity as leading principle in public health ethics: A multi-case analysis of 21st century German health policy decisions. *Int J Health Policy Manag*, 7(3), 210–224.

³¹Caulfield, T., & Chapman, A. (2005). Human dignity as a criterion for science policy. *PLoS Med*, 2(8), e244.

³²United States National Commission for the Protection of Human Subjects of Biomedical Behavioral Research. (1978). *The Belmont report: ethical principles and guidelines for the protection of human subjects of research* (Vol. 2): Dept. of Health, Education, and Welfare, National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, p.4.



FIGURE 1 Elements of respect for persons and dignity where the elements of dignity stem from Jacobson³⁵ [Colour figure can be viewed at wileyonlinelibrary.com]

their autonomy” and several examples where she claims that “dignity seems to be nothing other than respect for autonomy.”³³

5 | DIGNITY BEYOND RESPECT FOR PERSONS

However, the critics also were insistent that a wide range of aspects and elements that do not fall under the concept of respect for persons fall under the concept of dignity. One example of this is the taxonomy and dignity and the extensive list of “violations of dignity” presented by Nora Jacobson (see Figure 1).³⁴ If Jacobson and others are correct, there are a wide range of elements that are not covered by “respect for persons or their autonomy.”

Hence, if dignity is a generic term that covers more ground than “respect for persons or their autonomy,” then Macklin is wrong in her conclusion: “Dignity is a useless concept in medical ethics and can be eliminated without any loss of content.” Then dignity can be useful exactly in covering aspects that go beyond respect for persons. Figure 1 tries to illustrate this.

This also shows that dignity cannot be very specific as it is a general concept including a wide range of elements including respect for autonomy and persons. While there may be legitimate debates over the extension of the number and the content of the various elements of dignity, dignity may still be useful as a generic concept.

However, Macklin clearly has a point that dignity may be too unclear, vague, or sloganistic for specific purposes. In those cases, scholars should be specific on what they mean when they use the term dignity. However, the same appears to be the case for “respect for persons”³⁶ or “autonomy”³⁷ for that matter. Some important issues in medical ethics are muddled because it is unclear what is meant by terms such as “autonomy” and “person.”

6 | CONCEPTS: THEIR EXTENSION AND THEIR FUNCTION

Hence, as “respect for persons or their autonomy” may not cover the ethical issues that dignity is supposed to have addressed, the announcement of its death may be premature. First, as illustrated in Figure 1, respect for persons or autonomy does not encompass the same protective function that was previously attributed to dignity, e.g., in preventing oppression, humiliation, extermination, extinction, ethnic cleansing, or eugenics.

Second, respect for persons or autonomy fails to cover some human beings that dignity may include. Third, reciprocal aspects of dignity may not be addressed by respect for persons or autonomy (in

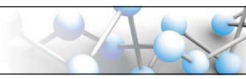
³³Macklin, op.cit. note 6.

³⁴Jacobson, op.cit. note 28.

³⁵Ibid.

³⁶Maclagan, W. (1960). Respect for persons as a moral principle—Part I. *Philosophy*, 35(134), 193–217; Cranor, C. (1975). Toward a theory of respect for persons. *American Philosophical Quarterly*, 12(4), 309–319; Frankena, W. K. (1986). The ethics of respect for persons. *Philosophical Topics*, 14(2), 149–167.

³⁷May, T. (1994). The concept of autonomy. *American Philosophical Quarterly*, 31(2), 133–144; Young, R. (2017). *Personal autonomy: Beyond negative and positive liberty*: Routledge.



the traditional sense), such as mutuality, and/or recognition of other persons. Dignity may imply reciprocity, mutuality, and acknowledgement of other persons in ways that are not inherent in respect for persons or autonomy.³⁸ Related to this, and fourth, the norm-forming function of dignity may not be covered by the concepts of respect for persons or autonomy. Attributing dignity to human beings that are not autonomous and where their personhood is in question may have a significant function in constituting, forming, and enhancing crucial, social, and moral norms.

Additionally, in certain contexts conceptual vagueness is considered to be an asset, e.g., in legislation, where normative concepts need to be flexible and durable. As pointed out, the vagueness of the concept of human dignity is conceived of as a governance advantage.³⁹ Human dignity, “precisely because it is understood in so many ways, facilitates the drafting of international aspirational statements.”⁴⁰

Another potential function of dignity may be that the concept of dignity corresponds to *specific moral intuitions* not covered by respect for persons and autonomy. Others may argue that the merits of the concept of dignity lie in its ability to reinforce social institutions. This is not the place to scrutinize all potential functions of dignity nor to provide the final answer to the issue of dignity. However, one important lesson that comes out of the responses and debate following Macklin’s essay is that dignity has some preventive and protective function. Dignity may help in avoiding shame and humiliation,⁴¹ maltreatment and abuse,⁴² and care deficits.⁴³

Hence, dignity may be (sloganistically) dead, but functionally it will not lie down. It appears to have some functions that are needed. The concept of dignity seems to do some work that is not done by respect for persons and their autonomy.

7 | DISCUSSION

While several of the comments on Macklin’s essay misconstrued her claim, many also provide relevant arguments that the concept of dignity covers ethical ground not addressed by “respect for persons or their autonomy.” Macklin’s plea to avoid using dignity as a slogan without content seems highly justified. She may also be right that dignity can be a vague concept. However, she appears to miss the point that the concept of dignity may be vague because it is a generic or overarching concept. As indicated, dignity may be used more generically than autonomy and other related concepts. In particular, it has several normative functions that the other concepts do not have. It tends to cover conditions where a human

being may lack autonomy or even personhood. Moreover, it has a function of forming and upholding social norms that respect for persons or their autonomy may not have. Dignity is not only something you have, but also something you attribute or promote. It says as much about the attributor as about the attributed. So go the arguments.

Accordingly, much of the debate boils down to whether there is a place for broad or vague concepts in medical ethics. Macklin and others may very well argue that we should specify whatever we want to avoid or protect living or future human beings against. They would agree with the list of violations in Figure 1 and argue that we should specify these and protect people against such violations. However, this goes for “respect for persons,” “autonomy,” “confidentiality,” “discrimination,” and “abusive practices” as well. Autonomy is a heavily debated concept⁴⁴ and “respect for persons” appears both vague⁴⁵ and sloganistic in many cases (see, for example, Ann Gallagher’s comment in Table 1). Autonomy and respect for persons need specification and clarification as well. The reason to single out dignity does not seem to be sound. Even with much narrower concepts, such as informed consent, we have ended up defining a dozen types of consent.⁴⁶ However, this does not make the concept of consent obsolete or useless. On the contrary, some argue, even vague moral concepts may have quite precise functions. Correspondingly, it is widely accepted that disease is a broad or even vague concept, and that precise definitions can only be given specific subsets or aspects of disease.⁴⁷ Nonetheless, we have not abandoned it as a key concept in medicine and health care.

What the responses and the debate demonstrate is that to some people dignity is (at least) as specific as respect for person or autonomy. Dismissing such attempts as driven by hidden religious convictions, does not do the trick, as the arguments refer to a wide range of secular meanings and definitions. Even more, within specific areas dignity is given precise definitions, such as in law,⁴⁸ in the bioethics and regulation of biotechnology,⁴⁹ or in measuring its specific impact in palliative care.⁵⁰

⁴⁴May, op.cit. note 38; Young, op.cit. note 38.

⁴⁵Cranor, Maclagan, Frankena, op.cit. note 37.

⁴⁶Hofmann, B. (2009). Broadening consent—and diluting ethics? *J Med Ethics*, 35(2), 125–129.

⁴⁷Walker, M. J., & Rogers, W. A. (2018). A new approach to defining disease. *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, 43(4), 402–420; Hofmann, B. (2001). Complexity of the concept of disease as shown through rival theoretical frameworks. *Theor Med Bioeth*, 22(3), 211–236.

⁴⁸Düwell, M. (2017). Human dignity and the ethics and regulation of technology. *The Oxford handbook of law, regulation and technology*, 177–196; McCrudden, C. (2008). Human dignity and judicial interpretation of human rights. *European Journal of International Law*, 19(4), 655–724; Riley, S. (2017). *Human dignity and law: legal and philosophical investigations*: Routledge.

⁴⁹Düwell, op.cit. note 48; Foster, C. (2011). *Human dignity in bioethics and law*: Bloomsbury Publishing.

⁵⁰Borhani, F., Abbaszadeh, A., & Moosavi, S. (2014). Status of human dignity of adult patients admitted to hospitals of Tehran. *J Med Ethics Hist Med*, 7, 20; Chochinov, H. (2002). Dignity in the terminally ill: a cross-sectional, cohort study. *The Lancet*, 360, 2026–2030; Chochinov, H. M., Hassard, T., McClement, S., et al. (2008). The patient dignity inventory: a novel way of measuring dignity-related distress in palliative care. *J Pain Symptom Manage*, 36(6), 559–571.

³⁸Leget, op.cit. note 19.

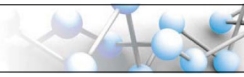
³⁹Harvey, op.cit. note 24.

⁴⁰Caulfield, T., & Brownsword, R. (2006). Human dignity: a guide to policy making in the biotechnology era? *Nature Reviews Genetics*, 7(1), p. 75.

⁴¹Killmister, S. (2010). Dignity: not such a useless concept. *J Med Ethics*, 36(3), 160–164.

⁴²Barclay, L. (2017). Dignitarian medical ethics. *Journal of Medical Ethics*, 44(1), 62–67.

⁴³Chambers et al., op.cit. note 29; Mandelstam, M. (2011). *How we treat the sick: Neglect and abuse in our health services*: Jessica Kingsley Publishers.



Another reason for the vigorous defence of dignity may be due to specific normative functions of the concept. For example, it is forcefully explained how the foundational role of dignity in the Universal Declaration of Human Rights has been to protect against totalitarianism and atrocities of war⁵¹ and that this protective function is ever more important in times where totalitarian tendencies may be seen even in traditionally admirable democracies. Hence, its harm-protecting function that reaches beyond what is covered by “respect for persons and their autonomy” (Figure 1) seems to be an important impetus for its defence.

Moreover, the word “dignity” refers to many things, which can make debates quite confusing and counterproductive. Some may refer to dignity as what justifies the duties of human beings to act according to their rational nature, almost in the same vein as the ancient virtue ethicists. Others may use the term to describe the place of the human being in the cosmos, as in Renaissance philosophy. Contemporary applied ethicists may use autonomy-centered conceptions of dignity or see dignity as measures of human self-constitution.⁵² No doubt, when such historically robust conceptions of dignity are at play (with other and more specific conceptions), it may hinder communication and fruitful reflection. However, clarifying the various specific conceptions of dignity and their interconnection and interplay appears to be important.

8 | LIMITATIONS

There are of course many limitations with this study. Although I have covered all rapid responses to Macklin’s essay in the BMJ, clearly I have not analysed the whole dignity debate. There are definitely important parts of the debate that I have not been able to address. The reader may judge whether my selection is biased.

Moreover, scope and space have limited how deep into the various arguments and aspects of the dignity debate I have been able to go. Several scholars may certainly think that I have not presented or elaborated their views sufficiently. Here I must apologize in advance. The point of this article has not been to solve the issue of dignity, but to investigate what came out of the responses and the directly related debate. The general debate on dignity will continue, but hopefully this article can provide a useful overview of the reception history of Macklin’s article.

From the dignity debate referring to Macklin, I chose to restrict the analysis to references registered in PubMed. In so doing I have missed a lot of references in the grey literature (including the blogosphere). However, the analysis has revealed a strong degree of repetition in arguments and perspectives (saturation), and this article

may still include the majority of the normative aspects even if it is not exhaustive.

If it is correct that dignity covers relevant normative ground and has normative functions that are not covered by “respect for persons or their autonomy,” then Macklin is wrong in her conclusion that dignity “is a useless concept in medical ethics and can be eliminated without any loss of content.” Actually, we could say the same about respect for persons and autonomy

As demonstrated in the literature there are many uses,⁵³ types,⁵⁴ and forms⁵⁵ of dignity. To be more explicit on dignity may be one way to reduce or avoid ambiguity, vagueness, and superficial dismissal of a concept that may still have some function in bioethics.

9 | CONCLUSION

The debate following Macklin’s essay has shown that she has been unable to convince either the medical or the ethical community that “[d]ignity is a useless concept in medical ethics and can be eliminated without any loss of content.” Although many of the commentaries misconstrued her claim, several of them provide relevant arguments that the concept of dignity has functions beyond “respect for persons and their autonomy.” According to the debate dignity is a generic term that covers more ground than “respect for persons or their autonomy.” In particular, dignity seems to have a wide range of protective functions as well as having reciprocal, relational and social aspects. Dignity appears more attributional and norm-formative than respect for persons and autonomy.

While there is agreement that dignity is unclear, vague, and can be used sloganistically, it is argued that this vagueness fulfils potentially important functions in ethics. Moreover, dismissing dignity because its lack of clarity has implications for “respect for persons” and “autonomy,” which are certainly also used vaguely and sloganistically.

Certainly, medical ethics should use as clear concepts as the context requires. Nonetheless, dignity can be a useful generic concept in ethical debates in the same manner as “respect for persons” or “respect for autonomy.” Hence, *the death of dignity seems to be greatly exaggerated.*

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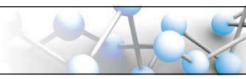
⁵¹Düwell, M. (2011). Human dignity and human rights. In P. Kaufmann, H. Kuch, C. Neuhaeuser, & E. Webster (Eds.), *Humiliation, degradation, dehumanization* (Vol. 24, pp. 215–230). Dordrecht: Springer; Düwell, M., Braarvig, J., Brownsword, R., & Mieth, D. (2014). *The Cambridge handbook of human dignity*. Cambridge: Cambridge University Press.

⁵²Riley, op.cit. note 48.

⁵³Schroeder, D. (2008). Dignity: Two riddles and four concepts. *Cambridge Quarterly of Healthcare Ethics*, 17(2), 230–238.

⁵⁴Waldron, op.cit. note 3; Nordenfelt, L. (2004). The varieties of dignity. *Health Care Analysis*, 12(2), 69–81.

⁵⁵Jacobson, op.cit. note 28; Van Der Graaf, R., & Van Delden, J. J. (2009). Clarifying appeals to dignity in medical ethics from an historical perspective. *Bioethics*, 23(3), 151–160.



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