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A Good Death: Dignity-based argumentation at the end of life

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ABSTRACT: Patients, doctors, and families faced with end of life decision-making face a myriad of interpretations about what constitutes a good, dignified death. For this reason, I argue that argumentation theorists can and should enter this fray in an effort to map the axiological (ethical and aesthetic) modes of argumentation at play and offer a means for the creation of commonplaces that might make decision-making in this vein more productive and fulfilling for those involved.

KEYWORDS: argumentation theory, bioethics, commonplace(s), dignity, end of life decision-making, deliberation, justification, principlism, rhetoric

1. INTRODUCTION

Used in such diverse arenas as international human rights treaties, emerging controversies concerning new medical technologies, and the meaning and value of a *good death*, dignity plays a role in symbolically constructing what it means to be human. At the same time, a deep and abiding ethical pluralism seems to shade life in democratic contexts such that an essentialist notion of human value seems either archaic or hegemonic. Adam Schulman (2008) suggests that “deliberate reticence as to the foundation and content of human dignity has arguably served liberal democracy well, fostering tolerance, freedom, equality, and peace” (p. 15) but he is also quick to point out that “our ever-increasing facility at altering human nature itself poses an acute challenge to any easy-going agnosticism on the question of the ground and content of human dignity” (p. 16). We may, following Schulman, need to revise the permissive *agnosticism* that inheres in liberal discourse concerning the role that dignity might play in ethical deliberation if such a concept is to have any role in a pluralist, democratic context. Schulman’s criticism of unfettered biotechnological progress makes human dignity seem like the lynchpin for future ethical conduct. It is for this reason that Ruth Macklin’s (2003) claim that “dignity is a useless concept in medical ethics and can be eliminated without any loss of content” (p. 1420), strikes some as so shocking. From Macklin’s perspective, bioethics has the tools it needs, including robust principles that allow us to make judgments about new trends, practices, and techniques in both clinical and research settings without investing in any appeal(s) to dignity in either its agnostic or essentialist forms.

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I enter this fray with an interest in destabilizing the hard distinctions being drawn between an agnostic and nearly meaningless conception of dignity (rearticulated by Macklin in her rejectionist framing of dignity summarized above) and one that returns to a more foundational and essentialist interpretation of human life. These options seem untenable. As we continue to deliberate about the role of medicine, the doctor-patient relationship, and the appropriateness of technological change, both of these poles, perhaps inhabited only by caricatures, must be transcended, collapsed, perhaps even synthesized. I shall argue that one can have a conception of human dignity that does work without engaging in a hegemonic essentialism. I shall also argue that one can have dignity that is not merely an empty signifier, an abstract and nearly meaningless term. Dignity plays an important social role but finding this role will require a more nuanced understanding of how dignity itself could be used to discursively construct that which we cannot measure quantitatively—the value of human life.

My argument can be summed up as follows: dignity plays a symbolic role in structuring ethical debates at the end of life. It is a term that comes up time and again in ethical literature and public debate. It is both a marker of ethical substance and a commonplace for ethical deliberation. For these reasons, dignity should and must be taken seriously by scholars interested in public discourse and argument. Because it structures a wide array of public controversies as a critical focal point (as most of the authors cited in this essay suggest), it should be taken seriously by both ethicists and scholars of rhetorical argument and public discourse. As Rebecca Dresser (2008) points out,

a belief's [in this case dignity] popularity is not necessarily evidence of its validity, of course. But widespread popularity is a reason for critics to consider that belief carefully, instead of dismissing it outright. (p. 508)

This provides at least one justification for looking to dignity as a core public commonplace for ethical deliberation whether it is philosophically sound or medically useful, particularly in the clinic (although I am unwilling to simply give in to this claim). Finally, what I hope to offer here may be of use primarily to argument-based and rhetorical analysis of end of life decision-making. Understanding how a commonplace for deliberation, such as dignity, can and should play a role in end of life encounters between patients and physicians is the first step toward building a theory of argument that might enhance bioethical interventions into medical practice. This view, informed by my understanding of argument and rhetoric as overlapping fields of study (one interested in inferential connections, the other interested in the construction of arguments and even shared zones of persuasion and transformation) stands in stark contrast to at least one way of doing ethical analysis. This method, made evident in Macklin's work, is one that looks for principles that can structure the physician-patient relationship. I shall argue that this relationship is structured by more than a set of principles (although these do have their place) and that only by combining the interests of various fields including rhetoric, argument, and bioethics, can we understand the role that dignity might play.

Such a focus in rhetoric and argumentation is best summed up by Karl Wallace (1971) who suggests that the rhetorical scholar

A GOOD DEATH

focuses upon speech and language behavior that reflects the communal experience to which men become subject and to which men appeal in deliberating upon their mutual problems (p. 6).

It is for this reason that I foreground one key element in the works of Chaim Perelman and Stephen E. Toulmin—the pluralism that inheres in public modes of argument and discourse—in my attempt to articulate the importance of dignity in bioethical disputes about the end of life. It will be my argument throughout this paper that the best way to understand the role that dignity plays is to feature it as a kind of backing that, while not exact, mathematical, algorithmic, or the like, is still important as a commonplace or topic for public deliberation. To quote Wallace again, “the great task of rhetoricians in the generation ahead is to reinstate the study of the materials of public argument” (p. 11). Taking the problems in bioethics concerning the role of dignity in ethical deliberations as an exigency, I proceed to uncover the rhetorical role of dignity as *material for public argument* or *commonplace for deliberation* as opposed to a principle of medical ethics. Such a restructuring of the concept is an essential first step to making it useful and to ending the debate about whether it in fact does play a role in medical decision-making in and beyond the clinic.

2. THE CRITIQUE OF HUMAN DIGNITY

In this section, I briefly detail the features of Macklin’s argument in order to create grist for section two. My reading of her work is certainly informed by my own occupational interests as a rhetorician and should not be read as a thorough rejection of all of her ideas. Instead, I view her take on dignity as one informed by her own disciplinarity. My argument in favour of breaking down the distinction between a rhetorically inflected argument theory and bioethics is for a particular purpose—animating a research trajectory that takes public discourse and deliberation seriously and spans these disciplines.

Macklin’s main concern seems to be that the term dignity creeps into ethical discourse, particularly when discussions of new technologies enter the scene. She takes on the question of dignity by first examining touchstone documents such as those that establish the importance of human rights in the international community (e.g. the U.N.’s universal declaration of human rights). As she considers these and other documents she notes that “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” (p. 1419). Here, Macklin contends, dignity does no important work that is not better covered by “the central features in the principle of respect for autonomy” (p. 1420) and is nothing more than a mere “restatement” of other principles in bioethics or a “slogan” with no real content (p. 1419).

Macklin’s concern that arguments from dignity are not ethically weighty is shared by Dieter Birnbacher (2005) who claims that invocations of dignity in response to the practice of human cloning are “not matched by corresponding arguments” (p. 50). Indeed, for Birnbacher, dignity is “a piece of rhetoric devoid of cognitive content” (p. 51). Opposing the view that dignity can and should play an important role in establishing the value of human life and the rights that emerge from such value, Brinbacher retorts that dignity is a highly conservative concept, one that is based on a non-reflective adherence to the status quo. He writes that “The invocation of human dignity appears to be a

deliberate misnomer, a specimen of ‘conceptual politics’” (p. 54). As such a specimen it is utilized to maintain a notion of the human form and life that is fundamentally incapable of dealing with new trends in biotechnology.

If Birnbacher’s critique were limited to dignity’s conservative instantiation, I would accept it; however, he means to indict not only the deeply conservative and static notions of dignity which creep into public controversies, but also its application as an ethical concept writ large. For instance, Birnbacher suggests that

the ideas of generic human dignity developed in antiquity, in the Renaissance period and in the enlightenment are moral ideals rather than moral principles. They tell us how the human species should ideally develop but not what kind of humans we should feel obligated not to bring into existence. (p. 53)

Birnbacher’s point seems to be that because dignity is an ideal, it speaks only to *imagined* horizons of human development rather than acting as a principle that might be applied in a specific context to undermine a particular action (in this case human cloning).

There is at least one initial way to respond to Macklin and Birnbacher on the issue of practicality. Dresser (2008) argues that

the proper meaning of the concepts Macklin prefers, such as autonomy, respect for persons, discrimination, and abuse, are sufficiently imprecise to generate extensive scholarly debate over how they should be defined and applied (p. 507).

In other words, the very claim that dignity is somehow vague and that principles are more precise and give better, more direct responses to ethical questions is rendered suspect as soon as one considers the robust debates that occur all the time concerning the extent of personal autonomy, even the advisability of too robust a conception of respect for persons.¹ Agreement, consensus, and total clarity are not requirements for ethical weightiness. In fact, one might argue that ethics is directed more toward disagreement and argument than it is to the production of final principles upon which all future action will be directed. The search for a kind of algorithmic clarity denies the historical importance of dignity and other ideals like it that help to direct the tide of human history by framing discussion and protecting individuals from the vicissitudes of the moment.

My primary claim in the current essay is that one of the key components of dignity IS the symbolic function it plays in defining social relationships. Missing this point, Macklin and Birnbacher too quickly condemn the concept. In addition, in the case of Macklin at least, there is a sense that respect for persons and their autonomy are principles that do work as opposed to the ideal of dignity which will always evade us as a weighty and useful component of ethical theory and discourse. This claim seems somewhat untenable given that these principles are never directly defended in Macklin’s editorial. Instead, there is a presumption that these principles are isomorphic with dignity and, therefore, dignity can be removed from the discussion. To this and related questions and arguments, I now turn.

¹ For example, see David H. Smith (1996) for a critique of the principle of respect for autonomy.

3. DEFENDING DIGNITY

In this section, I attempt to construct and outline a different take on human dignity that draws on work from bioethics that appears to have a rhetorical and argumentative sensibility as well as work from argumentation theory proper. The primary concern here is with producing a means to articulate a sense of dignity with some ethical bite outside of the program of ethical justification articulated by Macklin. My primary claim here is that such a notion of dignity will make it a centerpiece of ethical deliberation rather than principled justification.

I begin with a discussion of Teresa Iglesias' (2001) work. She purports to give the most direct and foundational defense of dignity. Her historical analysis of the term and her evidence for its centrality in ethical discourse *can be used* to defend a conception of dignity that falls well outside the dichotomous options mentioned in the introduction to this paper. Ultimately, her arguments fall just short of the argumentation theory I am here trying to develop. It is for this reason that I then turn to Daniel C. Dennett (2008). When read in context with Dennett's arguments concerning dignity as central to our shared "belief environment" (p. 43) a fuller account of the symbolic and material consequences of the concept of human dignity will become clearer.

Iglesias grounds her defense of dignity in the historical development of the term. According to Iglesias, the term dignity has had two basic historical usages that are related to one another but indicate different trajectories for its use: a limited notion of decorum and rank and a more universal conception of human worth. She writes,

In this universal sense the word 'dignity' captures the mode of being specific to the human being as a human being. This latter meaning, then, has a universal and unconditional significance, in contrast with the former that is restrictive and role-determined. (p. 120)

Iglesias indicates here that the more egalitarian usage of dignity applies to everyone and in some sense defines who and what we are as humans. Here, as in many attempts to define dignity, is the move to modernize its usage, to free dignity from its aristocratic past (beginning as Iglesias points out in her text with the Romans) and to bring it into the context of pluralist democratic governance. There is no doubt that the term dignity potentially still carries the more aristocratic register of the past; however, one of the critical tests of my thesis must be the extent to which dignity can be defended in a pluralist context. This is primarily due to the fact that contemporary bioethics and argument theory must attend to a pluralist conception of human life as it is our matrix of human interaction. It is for this reason that I now turn to Dennett as he has the good fortune of responding to rather than writing before Macklin's argument. In addition, he along with several other authors cited below, is primed to answer her claims from within bioethics and clinical argumentation whereas Iglesias' arguments deal more with the human rights context.

Dennett's primary claim is that "symbols play an important role in helping to maintain social equilibria, and we tamper with them at our peril" (p. 48). Dignity plays a symbolic role in defining the relationships between all human beings, and in particular, between doctors and patients. The key question that dignity can answer for our society is how to balance the often morally neutral and relativistic effects of science and technology with what he calls our "belief environment" (p. 43). Human life and human dignity are

essential in the ongoing dialectical tension between our traditional self-conception as humans and our scientific discoveries. For him, the loss of dignity may very well undermine what he calls our “belief environment.” This he defines as

the manifold of ambient attitudes, presumptions, common expectations—the things that are ‘taken for granted’ by just about everybody, and that just about everybody expects just about everybody takes for granted (p. 43).

For Dennett, the symbolic function of dignity is the protection of these “ambient attitudes” that make up our existence. Of course, some of the most important attitudes we hold deal with end of life decisions and the unnecessary incursions of technology into the end of life experience. In other words, just because we can do something does not mean we should do it or that it will conform with our hopes and ideals about human life (whether they are shared or themselves the topic of deliberation at a given moment).

Taking Dennett seriously but also reframing his more conservative stance, I argue that dignity is enhanced when traditions, rituals, practices, and understandings that are important to our self-conception are defended, maintained, and even interrogated. It is this last term that indicates a change in register from Dennett’s view that dignity helps us to maintain traditional conceptions of human life. I include the possibility of interrogation and argumentation about what dignity entails. As a commonplace, it takes the role of structuring deliberation. Alternatively, the recognition of autonomy, something that seems more connected to the idea of freedom and equality than to dignity, is important insofar as it lets patients make decisions about their care provided they are competent to do so.² Dignity provides patients, doctors, the medical industry, and society as a whole a chance to step back and think about the practices that support or undermine our self-conception, our social rituals, and our sense of who we are. In other words, the principle of respect for persons (grounded in the concept of autonomy) might offer an admonition against paternalism and prescribe such things as informed consent, but it offers no real pressure when it comes to the overall “belief environment.” This environment is created and sustained through time not by the creation of principles, laws, and dictates, but by forming and framing larger wholes in which these other things are given meaning and gain cultural capital.³

In order to nuance Dennett’s position, it is important to turn to argumentation theory proper. Stephen E. Toulmin’s (2006) argument in favour of field dependence and the changing forms of backing used in different contexts has definite application here. Toulmin argues that backing is a variable construct: “for the moment all we are trying to show is the *variability* or *field-dependence* of the backing needed to establish our warrants” (p. 96). I do not have the space to either defend or review the protracted debates concerning backing and field theory in this paper. Suffice it to say that backing is one key feature of the Toulmin paradigm and it indicates the need to consider carefully how arguments in inter-field settings (i.e. contexts in which different norms are in play)

² See Allen E. Buchanan and Dan W. Brock (1989) for an account of competence as it relates to patient well-being and self-determination.

³ While I am not directly making use of Pierre Bourdieu’s sense of cultural capital here, there is some overlap with his sense of circulating language practices that give certain individuals and certain ideas capital in a social setting. Bourdieu (1991) develops a rich and textured view of the various practices and forms of cultural capital that inhere in the political field in his *Language as Symbolic Power* (171-202).

A GOOD DEATH

may be relying on different groundings for their justification. As Toulmin (2003) points out, the key lesson of his intervention is that

to interpret this absence of numerical exactness as a lack of precision, in the sense of definiteness, and to criticize extra-scientific discourse as essentially vague and hazy, is to take a highly questionable further step (p. 82).

This further step is the rejection of a certain field of discourse (e.g. ethical, legal, moral, political, social, scientific, etc.) based on the norms and practices of one field. Chaim Perelman and Lucie Olbrechts-Tyteca (2003) make a similar observation:

if essential problems involving questions of a moral, social, political, philosophical, or religious order by their very nature elude the methods of the mathematical and natural sciences, it does not seem reasonable to scorn and reject all the techniques of reasoning characteristic of deliberation (p. 512).

In other words, the move to select one logic framing, one backing, or one grounding for argumentation is fraught with the danger of limiting argumentation to a single standard. More broadly, the argument that Perelman and Toulmin are making has to do with the plurality of traditions, fields, schemes or what have you that produce arguments and take on their own argument forms.

While ethics does have a structure and a logic all its own, individuals are definitely situated in and among a variety of different ways of life and norms of argumentation. To select only one as a commonplace is to reduce the potential for open-ended argumentation that can become a building block for community and collective decision-making. One potential commonplace in the context of the end of life might be the principles that protect individuals from paternalistic interventions by physicians or family members (e.g. respect for persons, advance directives, etc.). Another might be the broader framing of dignity that includes a variety of interpenetrating beliefs about appropriateness and maintaining or intervening into various views of death and how we should die. Selecting one framing or backing is to select just one vantage point from which to invent arguments (inferential justifications) and rhetorical products (means of persuasion). While Toulmin develops a field theory that enhances our appreciation of individual fields and their norms, dignity is a construct that might cross various fields or that has at a minimum a broader circumference than the principles of bioethics. I argue here in favour of inter-field ideals or commonplaces that structure argumentative exchanges at the nexus points between such fields as medicine, ethics, and public conceptions of death. Dignity might be backing in all of these situations or might tend more to the public conception of death. I am unwilling to advance Toulmin's overall argument in favour of fields but it is a useful heuristic for understanding how various modes of thought might limit out other conceptions (in this case medical ethics outlawing dignity) that are essential to effective deliberation.

Dignity's role in the discussion about the aesthetics and ethics of death discussion is as a kind of backing or commonplace for argumentation. Instead of asking whether a certain procedure (such as removing life-sustaining nutrition or allowing it to continue) is acceptable under current guidelines of medical practice, we might instead ask whether such a procedure conforms with our notions of a dignified death. Dignity here would add several layers of meaning making to the conversation that would have to rely on different

backing and different inferential logics than those invoked in the proceduralist conception of patient autonomy and consent. It would have more to do with our environment, our social setting, our expectations, our wishes, and our aesthetic feelings about a certain situation. What bioethics offers, under Macklin's interpretation, is the possibility of making decisions based on the competent and rational judgment of the patient informed by the expertise of a physician. What dignity offers (following Dennett and our application of argumentation theory here) is the idea that discussion may not end with the question of what can be allowed or even should be allowed. It may also continue into the realm of what such decisions mean for our overall environment of beliefs and practices, whether such actions violate the norms of our social order and to what effect, and the extent to which our notion of the human being is structured through making these kinds of decisions about the end of life on a regular basis.

Indeed, as F. Daniel Davis (2008) points out, "the tendency to seek ethical justification" in principles,

is the mark of an impoverished bioethics—a bioethics in need of an account of humanity more probing and comprehensive than that which undergirds the now-prevalent theories of ethical justification (pp. 32-33).

Dignity represents not only our concern with human value, not only our concern with freedom, autonomy, informed consent, and the like, but also defines the scope of our potentiality as human beings in the first place. To remove dignity from our ethical discourse, to retreat to mere principlism, is to forget that principles take shape within our individual biographies, within the symbolic actions we take, in our beliefs about who we are and who we will become. As Holmes Rolston III (2008) points out, the symbolic power of dignity inheres in the unique narrative of the individual structured by their social location: "That we humans have such potential to forge endless thoughts and imaginations, to incorporate these into our unique biographies, is evidence of our dignity" (p. 142). As an ideal, dignity does ethical work because it acts as a commonplace for developing humanness. It is from this context that the values and principles that make up bioethical inquiry emerge. Arguments from dignity may be appeals to an abstraction but this abstraction marks key transition points in human history when we deliberate about what it means to be human, how this meaning inheres in our actions, and how it can and should help us to define adequate ethical principles for the protection not just of respect, informed consent, and autonomy, but our varied conceptions of humanity. Perhaps this is why dignity strikes some as too abstract. Unlike the ethical algorithms of principlism, the ethical ideal of dignity is both a judgment about appropriateness and about aesthetic or symbolic fit with that which is important to us.

Finally, this rhetorically inflected argumentation theory pushes dignity out of the arena of ethical justification and principlism and into the realm of ethical deliberation. It is this turn that gives dignity weight, that makes the move to undermine or reject it so problematic, and that undermines our ability to debate about shifts in our self-conception. In other words, principles are barriers erected to protect things like autonomy and self-determination. Ideals, summed up in a conception of dignity, provide a framework for evaluating both what feels and looks right. This combining of the aesthetic and ethical dimensions of human dignity is an issue taken up by Nick Bostrom (2008) who argues that "the ethical fades here into the aesthetic (and perhaps into the sentimental), and it is

not clear that there exists any sharp line of demarcation” (p. 200). The end of the line here is the notion that ethics is deliberative as well as principled, a commonplace as well as a set of pragmatic tools, both material and symbolic in its implications, and importantly, pluralist in its orientation.

4. DIGNITY AT THE END OF LIFE

Having provided an answer to Macklin and Birnbacher as well as an alternative conception of dignity, I now turn to a brief application of my ideas to a specific issue. What I would like to accomplish here is a brief discussion of end of life decision-making as this relates to the conception of dignity I have mapped above. While this topic has received a great deal of discussion and debate within the bioethics community already, it bears some mention here, as I hope to continue to develop my claims about dignity in the context of a case study centered on dignity and end of life situations, decisions, and rituals. It is no accident that end of life decisions are mentioned by Macklin in her criticism of dignity. She argues that “References to dignity emerged in the 1970s in discussions about the process of dying, in particular, the desire to avoid burdensome, life pro-longing medical treatment. Often couched in terms of ‘the right to die with dignity’” (pp. 1419-1420). Macklin of course suggests that in these cases, dignity was of little help in making determinations about the right course of action. Dennett responds to Macklin directly on this point, countering that dignity, and the belief environment that surrounds it, plays a role far beyond the principle of respect for persons. He writes,

For instance, a person in a persistent vegetative state might be suffering, or might not, but in either case we have plenty of grounds for adopting a policy that creates a comforting buffer zone that errs on the side of concern. And, once again, the long-range effect on community beliefs is just as important or even more important than any locally measurable symptoms of suffering. (pp. 48-49)

What Dennett offers here is dignity in two forms. First, there is the dignity of the individual in a permanent vegetative state. Second, there is the dignity of the human community of which this individual is a part. Dignity refers to the overall situation or environment in which individuals interact. It is the ground for deliberation about right action in the abstract that can then inform the development of principles in the concrete world of the individual sufferer. Here is more evidence that dignity refers to something beyond the principle of respect for persons. What should be done with this individual is not simply a question of whether their autonomy or self-determination is maintained. Also at issue is what our actions in response to this person do to our conception of who we are as a community. Iglesias denies the second understanding of dignity here. She argues instead that “dignity belongs primarily to the individual. The human community finds its ultimate concreteness in the human individuals by which it is constituted” (p. 129). I agree with Iglesias that each individual is the bearer of dignity but it does not seem contradictory to also hold that the community has dignity that can be and is violated by certain decisions. Balancing these two modes of dignity is of central concern primarily because Iglesias is correct to note that “In the name of the ‘dignity of the whole’ (of a ‘whole’ group) others have come to suffer the atrocities to which the Declaration [the U.N. Human Rights Declaration] refers” (p. 129). I take this claim seriously but also believe that it is only when the individual and the community can negotiate a space in

which dignity can be maintained for both that we have reached the pinnacle of social organization. This is why dignity must be understood as a dialectical concept, one based on social deliberation about appropriateness, fitness, and even beauty in relation to medical decision-making.

It should come as no surprise given this exchange between Macklin and Dennett that end of life decision-making, whether it concerns death with dignity (e.g. refusal of life-sustaining treatment, physician-assisted suicide, etc.) or the dignity of dead bodies (e.g. retrieval of organs, disposal of remains, the very definition of death), is controversial. Even determining what it is we mean by death is certainly a task not to be taken lightly.⁴ Robert M. Veatch (2000) argues that the “real meaning of death” remains “an intractable morass of conflicting technical, legal, conceptual, and moral arguments” (p. 54). Veatch also offers an excellent description of the various roles played by individuals in these situations that provides some support for my contention that dignity is both a material and symbolic marker of ethical human interaction. He suggests that at the onset of death, from the beginning of the process of dying when patients know that the end is coming to the time when they have perished, the relational elements between the dying patient, their doctor(s), and their families and friends take on new meanings and new weight. He argues that in such contexts “We assume new social roles” (p. 55). These roles, whether they be as caretaker of the body, as a widow (his example), or as the bereaved (also his example), are in my estimation imbued with the accoutrements of dignity as an ideal. Appropriately filling such roles is more than a question of respect for the dead person. It is also a question of what looks and feels right, what maintains the human value we all share when we act in certain ways. Given dignity’s close association with questions of appropriateness and decorum, it is easy to see why we judge some individuals harshly, either because they do not accept death in the way we expect or because their family and friends do not act as they should in response to their dying kin. Either way, all such contexts are given meaning and importance by a conception of dignity rather than other bioethical principles.

To ignore dignity would leave such rich situations as grieving, deciding how and when one should die when faced with a terminal condition, taking on appropriate new roles before and after death, and acting in relationship to both live and dead bodies empty of their ethical content. Ideals provide us with a sense for the situations we find ourselves in and can provide a map (or perhaps a tradition) for thinking and acting in them. Dignity plays such a role for all of us but its answers are never clear and succinct. Dignity may emerge as a feeling (e.g. now is the right time), a sense of prudence (e.g. nothing else will work for me or for my dying spouse, now is the time to remove treatment), a method of decision-making and deliberation (e.g. what is the right course?) in end of life situations and many others. As many of the authors I have cited suggest, one could easily move to the level of genetics or new technology in general and ask a similar array of questions. The same commonplace—that of dignity as marker of humanness and human value as well as dignity as a conception of appropriateness but without its ancient aristocratic associations—can provide direction in multiple situations. Instead of providing answers or principles, dignity provides a context for evaluation, for making decisions.

⁴ For a description of just how complicated defining death can be, see Ronald E. Cranford (2004). He provides an excellent account of the various transformations that have occurred in our definition(s) of dead bodies.

A GOOD DEATH

Finally, what we have seen here is that there are bioethicists who are working out the problems of bioethical argumentation and using concepts that are close to those that we utilize in argumentation theory and rhetorical analysis. Such an observation is one that should give us hope for continuing to develop the connections between these fields and that should provide us with the tools necessary to produce an adequate appreciation for the differences in argument frames or fields that might cause confusion or rejection by one side of a dispute. Macklin is correct to point out that dignity has not functioned well in the context of working out ethical justifications for certain actions within the clinic. Instead of ending here, we might continue to consider how dignity can play other roles, such as grounding or backing for arguments that have more to do with aesthetic and communal norms or as a commonplace for deliberation. Its role is not, therefore, as an ethical principle in the field of bioethics. Alternatively, it is a useful concept in the field of public discussions about end of life decisions as well as a whole host of other problems faced by contemporary society. It is for this reason that dignity might be saved from its untimely end. In other words, the force of my argument is not to suggest that Macklin's limited claim is incorrect but rather than her limited claim is just one way to consider the role of dignity, among many others. Much work is left to be done in working out a robust conception of dignity and applying it to a variety of controversies that I hope to pursue, alongside other scholars, in future research.

[Link to commentary](#)

REFERENCES:

- Birnbacher, D. (2005). Human cloning and human dignity. *Ethics, Law and Moral Philosophy of Reproductive Biomedicine* 1(1), 50-55.
- Bostrom, N. (2008). Dignity and enhancement. In: *Human Dignity and Bioethics: Essays commissioned by the President's Council on Bioethics* (173-206). Washington, D.C.: www.bioethics.gov.
- Bourdieu, P. *Language & Symbolic Power*. John B. Thompson (Ed.). Gino Raymond and Matthew Adamson (Trans.). Cambridge, MA: Harvard University Press, 1991.
- Buchanan, A.E. & Brock, D.W. (1989). *Deciding for others: The ethics of surrogate decision making*. Cambridge: Cambridge University Press.
- Cranford, RE. (2004). Death, definition and determination of: Criteria for death. In: Warren Thomas Reich (Ed.), *Encyclopedia of Bioethics, 3rd edition* (602-608). Simon & Schuster Macmillan.
- Davis, F.D. (2008). Human dignity and respect for persons: A historical perspective on public bioethics. In: *Human dignity and bioethics: Essays commissioned by the President's Council on Bioethics* (19-36), Washington, D.C.: www.bioethics.gov.
- Dennett, D.C. (2008). How to protect human dignity from science. In: *Human Dignity and Bioethics: Essays commissioned by the President's Council on Bioethics* (19-38). Washington, D.C.: www.bioethics.gov.
- Dresser, R. (2008). Human dignity and the seriously ill patient. In: *Human Dignity and Bioethics: Essays commissioned by the President's Council on Bioethics* (505-512). Washington, D.C.: www.bioethics.gov.
- Iglesias, T. (2001). Bedrock truths and the dignity of the individual. *Logos* 4(1), 114-134.
- Macklin, R. (2003). Dignity is a useless concept. *BMJ*, 327, 1419-1420.
- Perelman, C. and Olbrechts-Tyteca, L. (2003). *The New Rhetoric: A treatise on Argumentation*. Notre Dame: University of Notre Dame Press.
- Rolston III, H. (2008). Human uniqueness and human dignity: Persons in nature and the nature of persons. In: *Human Dignity and Bioethics: Essays commissioned by the President's Council on Bioethics* (129-154), Washington, D.C.: www.bioethics.gov.

JOHN J. RIEF

- Schulman, A. (2008). Bioethics and the question of human dignity. In: *Human Dignity and Bioethics: Essays commissioned by the President's Council on Bioethics* (3-18), Washington, D.C.: www.bioethics.gov.
- Smith, D.H. (1996). Ethics in the doctor-patient relationship. *Medical Ethics* 12(1), 179-197.
- Toulmin, S.E. (2006). *The Uses of Argument, updated edition*. Cambridge: Cambridge University Press.
- Veatch, R.M. (2000). *Transplantation Ethics*. Washington, D.C.: Georgetown University Press.
- Wallace, K.R. (1971). The fundamentals of rhetoric. In: Lloyd F. Bitzer and Edwin Black (Eds.), *The Prospect of Rhetoric: Report of the National Developmental Project*. (3-20). Englewood Cliffs, N.J.: Prentice Hall, Inc.