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## Commentary on Rief

Claudio Duran

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# Commentary on John J. Rief's "A Good Death: Dignity-based argumentation at the end of life"

CLAUDIO DURAN

*School of Social Sciences  
York University  
4700 Keele Street  
Toronto, Ontario, M3J 1P3  
Canada  
cduran@yorku.ca*

## 1. INTRODUCTION

When OSSA asked me whether I was prepared to comment on this paper, and I only got its title with the request, I was not in an emotional position to make a decision at that moment as a couple of days before my mother had died. I decided to leave my reply for a few weeks since I was not even sure that I could attend the conference. Certainly, my sadness impeded any definite judgment then. Several weeks had gone by when I got another notice about the request. This time I thought that, given the death of my mother, this paper could provide an opportunity to reflect upon the period when she was ill in a Nursing Home, especially the last two months when it became clear that she would die soon. Throughout the ten months of her illness, the family engaged in many emotional arguments about her situation. There were many arguments of the same kind with her doctors and caregivers as well, and last but not least, with her friends, and some people that we had met in the Nursing Home. Another important consideration for accepting to comment on the paper was the fact that its title includes the concept of "dignity": certainly, this concept had been central in most, if not all, of the arguments that took place during the period of my mother's illness.

I will proceed by quoting the dictionary definitions of dignity because some of these definitions are very close to the way we understood it in our argumentations. Below I will attempt to relate these definitions to the theoretical discussions developed in the paper I am commenting upon here.

According to *Webster's Ninth New Collegiate Dictionary* dignity means:

1: the quality or state of being worthy, honored, or esteemed 2 a: high rank, office, or position b: a legal title of nobility or honor 3 archaic: DIGNITARY 4: formal reserve of manner or language.

Cases number 2 and 3 in the above definitions, do correspond to what Teresa Iglesias refers to as a limited historical aristocratic usage. Case 4 above does not relate to

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the way we understood dignity. Case 1 is not sufficiently clear, but at least provides the notions of worthy and esteemed that indeed underlie our own way of using the concept.

However, the Spanish dictionary *Pequeno Larousse Ilustrado* gives to dignity the exact meaning involved in our argumentations. According to this dictionary, “dignidad” means, besides the traditional aristocratic meaning found in Webster’s dictionary: “Respeto de si mismo.” That is to say, in English, “self-respect.”

This was the main idea involved in all of the arguments that we held between each other, with doctors, caregivers, friends, and other people during the illness of my mother. I should perhaps clarify here that she had suffered a stroke that left her relegated to a wheel chair, and with an advanced dementia. She could only recognize some of the immediate members of the family, but not grandchildren and great-grandchildren, and not able to know what her condition was or know that she was in a Nursing Home. She lived in different moments of her past and related to us at those moments. She did not live in the here and now.

It could be claimed, therefore, that she could have no sense of self-respect as she could not be aware of her condition. However, she did relate to her needs, protest when she felt that she was not being taken care of adequately, and refuse things that altered her sense of personal decision making. Beyond that, we felt that even if there is no fully conscious sense of self-respect, members of the family who knew her so well could contribute to a respectful care of her, that is, we could be the representatives of her self-respect. I know that this is a contentious issue, among the several important issues discussed in John Rief’s paper, but I believe that a case can be made that dignity entails a strictly individual aspect as well as a community aspect: this is discussed in Rief’s paper, and I will be addressing his work more specifically by quoting a key point there.

## 2. DIGNITY-BASED ARGUMENTATION

Before I do so, I must say that I have read this paper with great interest and have learnt a good deal from attempting to understand the controversy between theorists who advocate that dignity should be an essential concept involved in end of life argumentations and those who oppose that view. I was not aware of these debates, and find them to be extremely important in order to be prepared to participate, as members of contemporary society, in decisions of all kinds pertaining to the way we should relate to being ill and in need of medical treatment, and most especially, if we are related to people that are close to death, and thus in great need of adequate decisions about it. This is an issue that relates to everyone, and one that must be essential in a liberal and democratic society, as the author makes clear in his paper. Since reading and commenting on the paper has been a learning opportunity for me in the context of the death of my mother, I will concentrate on this specific issue. As mentioned above, I now proceed to quote the passage that became most important for me:

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 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

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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.' 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.

The author goes on to claim that dignity must be understood as a dialectical concept. I would like to side with John Rief on this point, but also to clarify the issue of respect based on the definition of dignity as self-respect. I believe that the others, including the community as a whole, must respect the self-respect inherent in everybody, including their own individual self-respect. I mean, the respect of the community for the self-respect of the, in this case, the dying person, is the reflection of a society that sees itself with respect. This can happen when there is a democratic possibility of development, and in the case of this conference, when there are democratic possibilities for argumentation.

### 3. CONCLUSION

This last point takes me now, and in conclusion of my comments, to the relation between the author's discussions and argumentation. Certainly, John Rief has conceived his paper, as the title says, in terms of "dignity-based argumentation at the end of life." He cites important authors in the argumentation theory tradition, such as Perelman and Toulmin, as essential in order to understand real arguments as practiced by real people. He wants to move away from strictly axiomatic ethical theorizing in order to move into the realm, as he claims, of ethical deliberation. I understand this claim in the sense of evaluating people's decision of dying with dignity not on principles that are applied almost mathematically, but on the real situations they are involved in, including the arguments that take place.

However, and as rather critical points of the paper, I must say that I have missed here an exposition and discussion of real arguments as they happen to real people. This point is particularly sensitive to me because of the great number of arguments that my family was involved in for those 10 months since my mother became so ill. One other critical point, is that I have missed a discussion of the role that emotions play in the so extraordinarily sensitive argumentation that John Rief presents in his very important and illuminating paper.

[Link to paper](#)