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# Ethical Considerations Concerning the Dignity of Patients with Terminal Disabling Illness

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## Introduction

The concept of human dignity has been incorporated in the Universal Declaration of Human Rights (UDHR) since 1948 as the basis of fundamental human rights. In the preamble of the UDHR, it was emphasized that dignity is the foundation of freedom, and it was stated clearly that “recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.”<sup>1</sup>

The word Dignity is derived from ‘*dignitas*’ or “worthiness” in Latin.<sup>2</sup> Almost everyone agrees that they should be treated and treat others in a dignified manner; however, people have different views about dignity and what gives people honour and worth. There are different philosophical ideas about the meaning of this concept and its conditions; is it an inherent feature of all human beings? or is it grounded on different values throughout history? The concept of human dignity has been a fundamental yet controversial area in the field of bioethics, especially with the ongoing debate over euthanasia or “death with dignity”.<sup>3</sup>

Euthanasia is a Greek term which means “good” (*eu*) “death” (*thanatos*), and it has been subjected to debate since its inception. Euthanasia is the hastening of death to prevent or terminate the suffering of a patient with a terminal or incurable illness. There are two types of euthanasia: Active and passive. Active euthanasia is a deliberate act of the physician, usually by the administration of a lethal drug; active euthanasia is further categorized into: voluntary (upon patient request), non-voluntary (without consent of the patient), and involuntary (patient is unable to give consent). Passive euthanasia is withholding or withdrawing life-maintaining treatment.<sup>4</sup> From a legal standpoint, passive euthanasia is accepted in most

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<sup>1</sup> UN General Assembly, “Universal Declaration of Human Rights,” preamble (Paris, 1948), <http://www.un.org/en/universal-declaration-human-rights/>

<sup>2</sup> P Deepa, “Individual Dignity and Euthanasia: An Ethical Perspective,” *Global Bioethics Enquiry* 8, no 1 (2020): 47.

<sup>3</sup> Manuel Toscano, “Human Dignity as High Moral Status,” *Les ateliers de l'éthique* 6, no 2 (2011): 4-25.

<sup>4</sup> D V K Chao et al., “Euthanasia revisited,” *Family Practice* 19 (2002): 128-34.

countries worldwide, while active euthanasia is still subject to debate. Active voluntary euthanasia is illegal and is treated as a crime in most countries, while active involuntary euthanasia is legalized in some countries, such as Switzerland (which is known for death tourism; it is the practice of travelling to the country to commit suicide or assisted suicide) and Washington State in the United States of America.<sup>5</sup>

Opponents of euthanasia claim that killing a patient is an immoral act because it suggests that the person's life has lost all meaning and value, and this is fundamentally against human dignity.<sup>6</sup> According to opponents, dignity is not subjective, and the patient ought not to decide that his life is deprived of dignity, and therefore make the decision to end it. On the other hand, proponents of euthanasia claim that disabling diseases humiliate human beings, and in such case maintaining biological life against the will of the patient is arguably immoral and an act against human dignity; to respect human dignity is to respect what it means to be a human being and to respect his free choice.<sup>7</sup>

To be able to take a position in this debate, some questions should be answered. What is meant by human dignity? Is dignity conditioned? If so, what are the conditions? Is it taken away from the person under certain conditions? Or, is it unquestionably ascribed to every person? Then, another important question to be answered is whether severe disability and terminal illness deprive the patient of his dignity, and the last question is about the moral permissibility of voluntary euthanasia and how it aligns with or violates human dignity.

The main objective of the current thesis is to evaluate different philosophical theories about human dignity and how they are applied in our understanding of voluntary euthanasia. My first claim is that dignity is not dependent on intrinsic or extrinsic values; it is not lost or

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<sup>5</sup> Nargus Ebrahimi, "The ethics of euthanasia," *Australian Medical Student Journal* 3 (2012): 73-75.

<sup>6</sup> Daniel P Sulmasy, "Death and Human Dignity," *The Linacre Quarterly* 61, no 4 (1994): 7.

<sup>7</sup> Deepa, "Individual Dignity," 46.

gained. Rather, it is an inherent feature of all human beings by virtue of being human beings. In my endeavour to proceed in this argument, I am going to present a detailed history of this concept in the first chapter, and how it developed throughout history, from being tied to the individual as being a member of a certain social class, to becoming an inherent feature of all human beings. I will present and evaluate classical and contemporary thoughts.

Since disability is a unique experience, patients' understanding of their disability and its relationship to their sense of dignity should be discussed from the first person experience. In the second chapter, I will discuss the phenomenology of illness and suffering. I will also present perspectives of some patients with terminal and disabling illnesses and how they perceive disabling illness to impact their self-image and sense of dignity.

Then, my second claim is that active euthanasia, although it is an exercise of human's freedom, it also violates human dignity. I will present different philosophical thoughts about suicide and active euthanasia and I will evaluate them in relation to human dignity.

## Chapter 1: Human dignity

### 1.1 Classical philosophical views

Historically, the word dignity is derived from the Latin term “*dignitas hominis*” which meant “status” in classical Roman society. In ancient times, the concept of dignity referred to the respect and worthiness of an individual with high social status and office rank<sup>8</sup>. This aristocratic interpretation of the concept was seen in ancient Rome. At that time, there was a distinction between classes, entailing that, only those who had high social and political rank had *dignitas*, which could be gained or lost. For example, Plato’s Socrates in *The Republic* draws a distinction between Greeks and barbarians, maintaining that it is natural that barbarians are subjected to violence because they lack certain moral protection as they are slaves by nature.<sup>9</sup> In the same vein, Aristotle made a distinction between slaves and free men.<sup>10 11</sup> There was also a distinction between men and women; men only could possess *dignitas*.<sup>12</sup> In the late Empire, there was the *Notita Dignitatum* which was a list of the highest offices granted by the emperor, and this sense of dignity did not presuppose excellence or being worthy.<sup>13</sup> Therefore, the traditional conception of dignity involves expression of a relation. Stratification of the society and humiliation of individuals from lower social status were the main reasons for adopting different conceptions of dignity.

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<sup>8</sup> Hubert Cancik, “‘Dignity of Man’ and ‘Persona’ in Stoic Anthropology: Some Remarks on Cicero, *De Officiis* I 105 – 107,” in *The Concept of Human Dignity in Human Rights Discourse*, ed. David Kretzmer and Eckart Klein (Netherlands: Kluwer Law International, 2002), 19-39.

<sup>9</sup> Plato, *Republic*, in *The Collected Dialogues of Plato*, Trans. Shorey and ed. Hamilton and Cairns, (New York: Random House, 1961), 470-c.

<sup>10</sup> Aristotle, *Aristotle’s Politics*, ed. Benjamin Jowett and H.W Carless Davis (Oxford: Clarendon Press, 1920), 1.5, 1254b21-23 and 1.13, 1260a12-13.

<sup>11</sup> John F Crosby, “Extending respect to all human beings: A personalist account,” *Journal of East-West Thought* (2005): 57-66.

<sup>12</sup> Leslie Meltzer Henry, “The jurisprudence of dignity,” *University of Pennsylvania Law Review*, [S.I.] 160 (2011): 169-233.

<sup>13</sup> Nui Maynooth, “*An Assessment of the Notita Dignitatum as a Historical Source for the Late Roman Bureacracy: The Nature of The Notita Dignitatum*,” PhD dissertation (National University of Ireland, 2013), 11.

### **1.1.1 Stoics - Cicero**

The Stoics, and especially Cicero, changed this concept, arguing that it should not depend on social rank or any other factor. Cicero was the one who used the term *dignitas* to indicate the elevated rank of human beings in the universe.<sup>14</sup> He universalized this concept to refer to all human beings without referring to special political rank or social status; all human beings deserve an elevated rank in nature.

In his book *De officiis*, he wrote that reason is what distinguishes between human beings and animals and makes them superior, and because of this superiority, human beings should not behave like animals and seek sensual pleasure. For Cicero, superiority comes when man lowers his desires and is guided by reason.<sup>15</sup> Cicero concluded that, if caught in pursuing their pleasure, human beings should be ashamed because they behave like animals. He argued that sensual pleasure is “quite unworthy of the dignity of man . . . And if we will only bear in mind the superiority and dignity (*excellencia et dignitas*) of our nature, we shall realize how wrong it is to abandon ourselves to excess and to live in luxury.”<sup>16</sup> Therefore, human beings according to Cicero are elevated in nature (having dignity) in the virtue of possessing reason. Therefore, human beings have the duty to act in a way worthy of their dignity.

### **1.1.2 Medieval Thinkers**

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<sup>14</sup> Oliver Sensen, “Human dignity in historical perspective: The contemporary and traditional paradigms,” *European Journal of Political Theory* 10, no 1(2011): 76.

<sup>15</sup> Cicero, «*De Officiis*, » trans. Walter Miller (Cambridge, MA: Harvard University Press, 1913), 105-107.

<sup>16</sup> *Ibid.*, 106.



With the spread of Christianity, all individual variations were pushed aside. There became no distinction between individuals based on their gender, ethnic, or social status; only he who did not violate divine law and loved his neighbour had worthiness in God's eyes.<sup>17</sup>

Thomas Aquinas had a clearer conception of human dignity. Aquinas suggested that a person should be identified with the possession of dignity.<sup>18</sup> He also claimed that this dignity is inalienable and intrinsic to the person. However, he argued that a person could lose his dignity by committing sins and deviating from the rational order.

### ***1.1.3 Renaissance Humanism***

Renaissance humanism came to emphasize the value of all human beings and to oppose scholasticism. The concept of human dignity continued to develop and was a fundamental philosophical topic during the renaissance. In his treatise *On the dignity and superiority of man*, Gianozzo Manetti emphasized human dignity as the foundation of civilization.<sup>19</sup> The dignity of man, which is granted by God, is realized in his power over the world and nature.<sup>20</sup>

Freedom was central in the philosophy of Pico della Mirandola and Leon Battista Alberti. Mirandola underscored the freedom of all human beings in the *Oration on the Dignity of Man* and argued that the human being is particular and has a special dignity. For Mirandola, man is free to decide; he had the power to grow and continue his own creation through his actions. That is to say that man is the co-creator of himself and completes God's work. It is up to man to become like God (if he strives for high moral principles) or an animal

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<sup>17</sup> Timophei Balabanov, "The idea of human dignity in western philosophy and culture," *SHS web of conferences* 72 (2019): 2.

<sup>18</sup> Mette Lebech, *On the Problem of Human Dignity: A Hermeneutical and Phenomenological Investigation*, (Würzburg: Königshausen & Neumann, 2009), 76.

<sup>19</sup> Balabanov, "human dignity in western philosophy," 3

<sup>20</sup> Ibid.

(if he pursues his desires); it is his determination and aspiration that uncover his essence.<sup>21</sup>

Alberti indicated that dignity is actualized in the presence of a respectable occupation which benefits all citizens and leads to public recognition; thus, he glorified work and condemned illness.<sup>22</sup>

While Lorenzo Valla claimed that moral principles such as dignity are empty words, and declared that satisfying sensual pleasure is the goal and the reward for virtues,<sup>23</sup> which contradicts Cicero's concept of dignity that was stated earlier, Poggio Barcciolini, the Florentine humanist emphasized the term dignity and insisted that dignity is not dependent on the external environment of the person, but rather on his good deeds for his neighbours, and his merits.<sup>24</sup>

#### ***1.1.4 Modernity***

Thomas Hobbes maintained that the dignity of the person depends on his social worth, or "the public worth of a man, which is the value set on him by the Commonwealth, is that which men commonly call dignity."<sup>25</sup> According to this conception of human dignity, a patient with severe disability who does not contribute economically to the well-being of his society does not have dignity.

#### ***Dignity in Kant's philosophy***

In the eighteenth century, Immanuel Kant, the German idealist, revolutionized the concept of dignity. Human dignity is central in Kant's moral philosophy, and his ideas about

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<sup>21</sup> Giovanni Pico della Mirandola, "Oration on the dignity of man," in *The Renaissance Philosophy of Man*, ed. Ernst Cassirer, Paul Oskar Kristeller and John Herman Randall Jr (Chicago: University of Chicago Press, 1950), 13-20.

<sup>22</sup> L.M. Bragin, *Italian humanism. Ethical teachings of the XIV-XV centuries* (Moscow: Visshaya shkola, 1977), 184.

<sup>23</sup> Ibid., 137.

<sup>24</sup> Bragin, *Italian humanism*, 157.

<sup>25</sup> Thomas Hobbes, *Leviathan* (New York: Cambridge University Press, 1991), 63.

this concept have been subjected to different interpretations. In his well-known work *The Groundwork of the Metaphysics of Morals* (1785), he argued that the fundamental principle of moral duties is the categorical imperative (CI), which is an objective, rationally necessary, non-instrumental and unconditional principle that we ought to follow despite any other inclinations. Kant also argued that conformity to the CI is essential to rational agency. One of the formulations of the CI is the humanity formula which states that we should always treat humanity in ourselves or in others as an end in itself. The Humanity Formulation of the CI maintains that all free rational beings are owed respect and should be treated “never merely as a means, but always at the same time as an end.”<sup>26</sup> Later in the same book, he said that the ultimate moral principle may be understood as saying: rational beings have inherent worth, which is dignity, because they are free rational beings, who are able to make free decisions by reason. And since moral law is grounded on reason, rational beings are moral agents who embody the moral law itself.

Kant described dignity as “infinitely above all price, with which it cannot be brought into reckoning or comparison without, as it were, a profanation of its sanctity.”<sup>27</sup> For Kant, dignity is an inherent feature of all moral agents, and this makes rational beings ends in themselves, such that they deserve to be treated with dignity.<sup>28</sup> Although this Kantian conception of dignity was claimed to be an inspiration for contemporary philosophers, it is not flawless. Kant grounded dignity on rationality, therefore, it is possessed only by rational human beings. This implies that other non-rational human beings such as infants and patients with cognitive impairment lack dignity.

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<sup>26</sup> Immanuel Kant, *Groundwork of the Metaphysics of Morals*, trans. H J Paton (London: Hutchinson, 1983), 429.

<sup>27</sup> Ibid., 96.

<sup>28</sup> Marcio Staffen and Mher Arshakyan, “About the Principle of Dignity: philosophical foundations and Legal Aspects,” *Seqüência (Florianópolis)* 75 (2017): 43-62.

## 1.2 Contemporary philosophical views

From the previous section, we saw that classical philosophical views share the same conception of human dignity. In classical thought, dignity is either grounded on social status, freedom or reason; humans are superior to animals by virtue of reason or freedom (initial dignity), and morality is linked to the duty to realize this initial dignity. However, in the contemporary thought of dignity, human dignity is viewed as an objective and intrinsic value of all human beings; it is a “morally relevant value, one which evidently imposes on us a moral call and an obligation to respect it.”<sup>29</sup>

### 1.2.1 Human Dignity in Phenomenology

Phenomenology is the discipline that studies structures of experience as experienced from the first-person perspective. Intentionality is what characterizes experience. Phenomenology was introduced in the early twentieth century in the works of Husserl, Heidegger, and others. What makes phenomenology distinctive from traditional philosophy is the recognition of the human being and focussing on the conscious experience from the first person perspective, and, as Levinas maintained, “no one combated the dehumanization of the Real better than Husserl [the father of phenomenology].”<sup>30</sup>

#### *Emmanuel Levinas*

Levinas viewed the human person as a being always existing in the mode of concrete humanity, and his humanity is unique and not to be confounded with another person’s humanity. It is subjectivity or interiority that is fundamental to persons and is not common to others, and as he writes “We have always known that it is impossible to form an idea of the

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<sup>29</sup> Josef Seifert, *What is Life?* (Amsterdam: Rodopi, 1997), 97.

<sup>30</sup> Emmanuel Levinas, “The Permanent and the Human in Husserl,” in *Discovering Existence with Husserl*, trans. and ed. Richard A Cohen and Michael B Smith (Evanston, IL: Northwestern University Press, 1998), 131-32.

human totality, for men have an inner life closed to him who does, however, grasp the comprehensive movements of human groups.”<sup>31</sup> Opposite to Kant, Levinas argued that human dignity is not justified by reason, and reason by itself is not sufficient to qualify persons to be members in the human family with its entailed rights and duties. Human dignity is also the sense of duty, compassion, and sympathy.

In phenomenology, the meaning of something arises from concrete dealing with the world, and is not given through abstract theoretical knowledge. But, how could dignity be intuited in experience rather than being inferred? How does a person present himself to others as being worthy of recognition and respect, possessing certain rights, and having certain duties and obligations? In his phenomenological ethics, Levinas proposed that human dignity and right are grounded in the relationship with “the Other/ *Autrui*”. Levinas suggested that dignity and rights are attributes that all persons have, and they present themselves to others in the immediate encounter, which he called “the face-to-face”. This requires adopting the first-person perspective of the one who stands within this face to face encounter with another person, rather than adopting a neutral third person position, the one who stands outside the encounter looking in. This goes hand in hand with Levinas’ theory of responsibility for others that states that ‘the Rights of Man are originally the rights of the other man’. The fundamental recognition of the dignity of the Other is the recognition that he has a face.<sup>32</sup>

### ***1.2.2 Human Dignity in Personalism***

The term “person” comes from *persona*, the Latin word, which originated in Greek drama, where the mask or *πρόσωπον*, was identified with the role played by an actor in a play. Personalism had been developed as a reaction to perceived depersonalization in

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<sup>31</sup> Emmanuel Levinas, *Totality and Infinity*, trans. Alphonso Lingis (Pittsburgh, PA: Duquesne University Press, 1969), 58.

<sup>32</sup> Emmanuel Levinas, “The Rights of the Other Man”, in *Alterity and Transcendence*, trans. Michael B Smith (London: Athlone Press, 1999), 149.

idealism. This philosophical doctrine originated in the writings of Max Scheler and other philosophers who have been influenced by Scheler's writings. Personalism has more than one doctrine and school which altogether emphasize the subjectivity and centrality of the person.

Personalism is a major movement that affirms the centrality of the person in philosophical discourse, and defines a person through his dignity. Personalists posit ultimate value in personhood, and they emphasize the uniqueness and inviolability of the person. It is Personhood that carries human dignity that deserves unconditional respect. The dignity of the person as well as his status and experience are regarded by many personalists as the starting point for philosophical analysis. Personalists like John Crosby argued that respect should be extended to all persons unconditionally; contrary to Kant, Crosby maintained that rationality is not the source of human dignity.<sup>33</sup> It is also not convincing to say that human dignity consists of a certain characteristic that may be present or absent in some of us, or that it is present in excess in some persons by comparison with others.<sup>34</sup> According to personalists, dignity is an absolute intrinsic value of the person.<sup>35</sup> Therefore, personalists agree on the uniqueness of the person among other beings, and for personalists, human dignity does not depend on other variables such as social status or intelligence.

### **Max Scheler**

The concept of the person in Scheler's philosophy is complex. Scheler rejected Kant's notion of human beings as rational beings; man is *ens amans* before being "an *ens cogitans* or *an ens volens*."<sup>36</sup> In his book *Formalism in Ethics and Non-Formal Ethics of Values* Scheler

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<sup>33</sup> John F Crosby , "Extending respect to all human beings: A personalist account." *Journal of East-West Thought* (2005): 57-66.

<sup>34</sup> Peter Baumann, "Persons, Human Beings, and Respect," *Polish Journal of Philosophy* 2 (2007): 5-17.

<sup>35</sup> Davide Mazzon, "Dignity at the end of life: ethical and deontologic reflections," *Recenti Progressi in Medicina* 106, no12 (2015): 593-596.

<sup>36</sup> Max Scheler, "Ordo amoris," in *M. Scheler, Schriften aus dem Nachlass* (Berlin: Der Neue Geist Verlag, 1933), 238.

argued that formal ethics leads to a depersonalization of the human being. He agreed with Kant on the understanding of person as an end in itself and as an absolute value; however, he disagreed with Kant who grounded the person's absolute value on rationalistic grounds. Scheler tried to find a new phenomenological grounding or basis for the person and his dignity rather than a rationalistic basis. There is a relationship between personhood and actions, and action "belongs to the essence of the person that he only exists and lives in the performance of intentional acts."<sup>37</sup> The person, for Scheler, is an act-accomplishing being. The person is the unity of acts, and he is present in every act; however, he is not reducible to one single act, and the ground of human dignity is the person's absolute value as a person through the act of loving and by the way he brings meaning to the world. For Scheler, a person's actions, and therefore his moral worth, are determined by the spectrum of what he loves. This is what Scheler called the *ordo amoris*, which is the essence of the person,<sup>38</sup> and "whoever grasps the *ordo amoris* of a man, has hold of man himself."<sup>39</sup> Scheler proposed that love is a dynamic force of the person, rather than an emotion; it motivates the person to pursue good deeds rather than evil deeds. Therefore, the person is the unity of his acts, and he is not a static thing, rather, he is in a continuous modification and determination by these acts.<sup>40</sup>

However, a question arises about the personhood of patients in coma: do they cease to be persons, is self-awareness (potential or actual) a necessary condition for personhood? How is this concept related to embodiment? All these questions reflect the complexity of the

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<sup>37</sup> Max Scheler, *Der Formalismus in der Ethik und die Materiale Wertethik* (Bern/München: Francke Verlag, 1966), 389.

<sup>38</sup> Heinz Leonardy, *Liebe und Person: Max Schelers Versuch eines „Phänomenologischen„ Personalismus* (Den Haag: Martinus Nijhof, 1976), 145.

<sup>39</sup> Manfred S Frings, "The Ordo Amoris in Max Scheler," In *Facets of Eros*, ed. F J Smith and Erling Eng (Springer, Dordrecht, 1972), 40-60.

<sup>40</sup> Ron Perrin, *Max Scheler's Concept of the Person: An Ethics of Humanism* (Houndmills/London: MacMillan, 1991), 90-91.

concept of personhood. I would argue that personhood is defined in terms of consciousness and, as Charles Taylor put it, “our experience is necessarily that of embodied agents.”<sup>41</sup>

### 1.3 Chapter discussion

In this chapter, I showed the evolution of the concept of human dignity historically, and the development in its basis from being tied to external factors and certain qualities, to become an inherent feature of human beings. The idea of dignity is very ancient, and it was used to express the high social class of an individual. Later on, this concept gained moral relevance. The evolution of the concept throughout history could be attributed to an increased recognition of the worthiness of the individual. I traced the development of the concept of human dignity from the ancient world, in which dignity was a status that was gained or lost regardless of the worthiness of the individual; the term was then developed by the Stoics, especially Cicero, to become a feature shared by all rational human beings. Thomas Aquinas suggested dignity is intrinsic to the person and the only way to lose it is committing sins. The humanistic approach generally glorified freedom and the work for the benefit of the entire society. This approach looked at the social worth of the person rather than his inner worth, which means that physically disabled persons lack dignity.

A significant development of the concept took place in modernity, especially in Kant’s philosophy, in which dignity was understood as an absolute value of all rational beings and not dependent on external qualities. Many scholars believed that dignity for Kant is the absolute inner worth of all human beings; however, I would argue that Kant’s conception of dignity discriminates between human beings as it grounds dignity on reason and moral agency. When we reflect on what makes us possess dignity according to Kant, we find that it is not our humanity or contingent properties, but rather, it is our rational nature

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<sup>41</sup> Charles Taylor, *Philosophical Arguments* (Cambridge, MA: Harvard University Press, 1995), 25.



and moral capacities and dispositions. Therefore, dignity could not be regarded as a universal trait shared by all human beings; rather, it is coupled with reason and the ability of the human being to be a rational moral agent. What if this human being lacks reason and ceases to be a moral agent, as in cases of dementia or severe cognitive disabilities for example? Does such illness deprive patients of their dignity? I would argue that Kant's position is not capable of providing a broad definition of human dignity as it deprives non-rational human beings (such as mentally disabled persons) of dignity. This problem was overcome in contemporary thought through the significant development of the concept of human dignity, especially in phenomenology and personalism, which rejected the Kantian notion of dignity being rooted in rationality and broadened the concept of dignity to be shared by all persons regardless of their qualities.

As I showed, there is a clear difference between classical and contemporary philosophical thought. In classical thought, human dignity referred to the unique and elevated position of the human being in the universe, which was not rooted in his inherent value as a human being, but rather in the possession of certain capacities such as freedom or reason. Therefore, the term 'dignity' referred to a relative status.<sup>42</sup> This could have originated from the Roman *dignitas* according to which the person possesses high rank in the society by his wealth or merit. In phenomenology and personalism, however, dignity became an inherent feature of all human beings without being rooted in certain inner or outer qualities. It is also clear that dignity in classical thought yielded duties; there was an emphasis on duties, and the presence of freedom or reason yielded the duty to make proper use of them. For example, Kant put the duty of abiding by categorical imperatives before right. In contemporary thought, the human being has rights because of his absolute value.<sup>43</sup>

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<sup>42</sup> Sensen, "Human dignity," 83.

<sup>43</sup> Ibid., 84.

To conclude, as the worthiness of the person increased throughout history, the concept of dignity gained special recognition, being an intrinsic feature that cannot be lost or gained. Therefore, physical or cognitive disability should not be recognized as a violation to one's dignity. In the second chapter, I am going to discuss the concept of dignity from the perspective of ill patients. First, I will discuss the phenomenology of illness and suffering, then will present some studies about dignity as perceived by ill persons.

## Chapter 2: Dignity of ill persons

### 2.1 phenomenology of illness

The body is, as Merleau-Ponty put it, “our expression in the world, the visible form of our intentions.”<sup>44</sup> The body has unique qualities and it is what provides us with meaning. This takes us to the concept of embodied existence. Embodiment for Merleau-Ponty is an essential feature of human existence. Existing as a human being is more complex than just exerting mere biological functions. Man is understood as an embodied sense giver. The reason for paying attention to the concept of embodiment is the widespread preoccupation with the body and increasing a sense of body dissatisfaction in the modern world. Edmund Husserl distinguished between two bodies which are naturally aligned and united. The *Körper*, which is the living, objective body, the flesh; it is the object which is subjected to intervention by surgeons and technological tools. And the *Leib*, which is the body as lived; it is the first person experience of the physical body.<sup>45</sup> In case of illness, the body becomes alien when it is altered or affected by the illness; there is a separation between the *Leib* and the *Körper*, which leads to the emergence of the experience of the duality of the embodied nature.<sup>46</sup>

The concept of illness is different from disease. Illness is the self-reported physical or psychological symptoms that characterize the suffering of the patient who is suffering from impaired health state, while the term disease indicates the biological state of the body that results in the suffering of the patient.<sup>47</sup> Early in their disease, some patients with Amyotrophic

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<sup>44</sup> Havi Carel, “Phenomenology and its application in medicine,” *Theoretical Medicine and Bioethics* 32, no 1 (2011): 33–46.

<sup>45</sup> Ibid.

<sup>46</sup> Fredrick Svenaeus, “The body uncanny—further steps towards a phenomenology of illness,” *Medicine, Health Care and Philosophy* 3, no 2 (2000): 125–37.

<sup>47</sup> Luís Madeira, et al., “The Uncanny of the Illness Experience: Can Phenomenology Help?” *Psychopathology* 52 (2019): 276.

Lateral Sclerosis (ALS), which is a terminal disabling illness, report severe disability and suffering due to their symptoms, and when I examine them clinically I find only a subtle weakness that may involve a few fingers for example. This disability usually is not appreciated by family of the patient; however, it may cause severe psychological stress and make him suffer unbearably especially if this is his dominant hand (the hand which he uses in nearly all his activities).

Thus, the experience of illness does not include only bodily changes that are caused by the disease, but also the feeling of becoming ill. This encompasses changes in the familiarity of the world of the ill person, a feeling of loss of control, changes in his interaction with the surroundings, and if the disease is fatal, this brings certainty of death. This non-scientific aspect of the disease is characterized by uncanny bodily experiences and the experience of an unhomelike being-in-the-world.

The term uncanny was first used to describe the one who is not prudent or canny; today, it is used to refer to a meaningful experience of phenomenon of restlessness lived with fear.<sup>48</sup> Uncanny is the English word for the German word *unheimlich*, but the translation of this German word is challenging since, “*Heim*” means “home”, so the term could be translated as “losing the feeling of being at home”.<sup>49</sup> Shelling defined the term uncanny as the sudden opening of things that “should have remained hidden, but which came to light.”<sup>50</sup> The term was introduced to psychology and psychiatry by Freud’s essay *Das Unheimliche*. In this essay, Freud used the term uncanny as a form of anxiety that was provoked by strangeness and ambiguity.<sup>51</sup>

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<sup>48</sup> Jonathan Lutes, “The realm of the uncanny,” in *Meditations on the uncanny*, ed. Asmund Havsteen-Mikkelsen (Copenhagen: Lettre, 2010), 11–22.

<sup>49</sup> Luís Madeira, “The Uncanny of the Illness Experience,” 276.

<sup>50</sup> Ernst Jentsch, “On the psychology of the uncanny,” *Angelaki* 2, no 1 (1906): 7–16.

<sup>51</sup> Andrew Edgar, “The uncanny, alienation and strangeness: the entwining of political and medical metaphor,” *Medicine, Health Care and Philosophy* 14, no 3 (2011): 313–22.

In *Being and Time*, Heidegger was questioning the meaning of being and the search for it. He analyzed phenomenologically the being of human beings, *Da-sein* (being-there, as being-in-the-world) which is the meaningful human presence in the world. Homelessness was a recurrent theme in Heidegger's work. According to Heidegger, this uncanniness (a form of anxiety) emerges when the world becomes unfamiliar and strange and cannot be grasped.<sup>52</sup> Uncanniness in Heidegger's work refers to a state of anxiety that accompanies the awakening to the finitude of life, and becomes a turning point in one's life, and reflects the death of the former *Dasein* with its limitless ontological possibilities. Uncanniness is the key aspect to characterize the experience of becoming ill, as the changes in the body turn what was intimate and familiar into something fragile, and the ill person becomes certain of the finitude of life. I remember one of my patients who had reached a degree of disability that rendered him wheelchair bound. He once told me in one of his follow-up visits that he feels that this body does not belong to him, he feels as if he is imprisoned in this body or, as he put it, "this cage."

The uncanny has two aspects: one is the loss of familiarity of the person's own body and the surrounding world and the second is the subsequent new perception of one's body, which is now alien and is no longer one's home, and of the world.<sup>53</sup> Besides the uncanniness, the experience of illness causes other ontological and social changes. Ontologically, the ill person looks at his past as unrecognizable, and sees his future as being impossible. This is called presentification.<sup>54</sup> On the social level, the experience of becoming ill causes a social

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<sup>52</sup> Fredrick Svenaeus, "Das unheimliche—towards a phenomenology of illness," *Medicine, Health Care and Philosophy* 3, no 1 (2000): 3–16.

<sup>53</sup> Fredrick Svenaeus, "The body as alien, unhomelike, and uncanny: some further clarifications," *Philosophy, Psychiatry and Psychology* 20, no 1 (2013): 99–101.

<sup>54</sup> Fredrick Svenaeus, "Illness as unhomelike being-in-the-world: Heidegger and the phenomenology of medicine," *Medicine, Health Care and Philosophy* 14, no 3 (2011): 333–43.

detachment, inability to perform social responsibilities, and a failure to fulfil goals assigned by the society, which causes the subject to have an increased sense of alienation.<sup>55</sup>

Therefore, the concept of the uncanny is a central concept in the phenomenology of illness as shown by Svenaeus,<sup>56</sup> and this experience of uncanniness should be regarded as part of the disease, and should be recognized and approached as such.

## **2.2 Phenomenology of suffering**

Patients with serious diseases have priorities other than just prolonging their lives; their priorities include eliminating suffering, strengthening their relationships with their family members and friends, and avoiding being a burden on others.<sup>57</sup> When one of my patients was diagnosed with ALS, all she cared about was the household responsibilities and who would take care of her family when she reached the end stage of the disease.

Suffering is one of the key concepts in bioethics; in his book *Phenomenological Bioethics*, Svenaeus discusses the phenomenology of suffering in medical practice. He emphasizes that suffering is not only about physical pain, but it also involves the inability of the person to engage in the world with others and to realize his core life values because of his disability.<sup>58</sup> Every person has his own life value, for example, a thumb disability could affect the life values of a surgeon, but not for a teacher. One of my patients was a lawyer and was diagnosed with a certain type of ALS which affects speech and swallowing early in the disease, then weakness spreads to involve his arms and legs. He was only concerned with his speech problems, which will prevent him eventually from pleading before the court.

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<sup>55</sup> Edgar, "The uncanny, alienation and strangeness," 313–322.

<sup>56</sup> Madeira, "The Uncanny of the Illness Experience," 275.

<sup>57</sup> Atul Gawande, *Being Mortal: Illness, Medicine and What Matters in the End* (London: Profile Books LTD, 2014), 155.

<sup>58</sup> Fredrik Svanaeus, "To die well: the phenomenology of suffering and end of life ethics," *Medicine, Health Care and Philosophy* 23 (2020): 335–342.

Suffering can also be regarded as the inability to retain one's self image and his image in the eyes of others.

We have to take into consideration what dignity means to disabled patients, and how they perceive the loss of freedom and suffering will affect their dignity. Serious illnesses with severe disability creates increasing levels of suffering (physical and psychological) due to the state of dependence, which may be undignified to many patients. Miles Bore noticed that even when the patient has to undergo some medical procedures that are safe and have high success rates and all records will be kept confidentially, he still feels a loss of dignity, as he has to be exposed to strangers and this violates his privacy.<sup>59</sup> Let me present some other studies to discuss how patients perceive their disabling illness as affecting their dignity.

Although human dignity is independent of any other variable as affirmed by personalists and contemporary philosophers, studies conducted on terminally ill patients showed that not all patients share this conception; there is a small population of patients who have different views about dignity and how it is compromised during the course of their illness. In 2002, Chochinov and his colleagues recruited 213 terminally ill cancer patients with life expectancy less than 6 months, and they asked them to rate their perceived sense of dignity. 16 of their patients (7.5%) reported that they are concerned about the loss of their dignity; these patients reported increased psychological suffering and increased dependence on others, and they expressed loss of the will to survive.<sup>60</sup> When Chochinov and his colleagues (2006) revisited and validated the dignity model in a group of terminally ill patients receiving palliative care, they aimed at specifying various factors that compromise dignity. The main two factors that affect patients' dignity according to this study are feeling

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<sup>59</sup> Miles R Bore, "Dignity: Not Useless, Just a Concept in Need of Greater Understanding," *BMJ Rapid Responses* 327 (2003): 1419.

<sup>60</sup> Harvey Max Chochinov et al., "Dignity in the terminally ill: a cross-sectional, cohort study," *Lancet* 360, no 9350 (2002): 2026-2030.

that they are a burden to others (87.1%) and that they are not treated with proper respect (87.1%).<sup>61</sup> Gennip and his colleague (2013) conducted another study on a group of patients with serious illnesses; they interviewed 34 patients with severe diseases as cancer and early stage dementia to explore their disease experiences regarding their personal dignity. Authors concluded that disease does not affect dignity directly, rather, it affects it indirectly through affecting the way a patient perceives himself.<sup>62</sup>

Therefore, in accordance with my first claim that dignity is not violated by any other external factor such as disability, it is shown that most of the patients do not perceive disability as a threat to their dignity. However, some terminally ill patients suffer on the psychological level because of the consequences of the uncanniness they feel. They link dignity with their dependence and impaired social roles, which when lost, will result in loss of their sense of dignity.

Although most of my patients did not report an impaired sense of dignity throughout their illness, some, especially men, complained if they are dependent on their wives, sons, or daughter, or in some cases, their daughters-in-law. For them this situation impairs their sense of dignity. Another problem that is sometimes reported by some patients is the uncanniness that was discussed in the previous section, with its ontological and social consequences. However, when the patient is taught some techniques to be able to deal with his disability and perform his social activity in a less dependent way, and when he is given proper psychotherapy to accept his disability, he accepts his new bodily experience and regains his sense of dignity.

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<sup>61</sup> Harvey Max Chochinov et al., "Dignity in the terminally ill: revisited," *Journal of Palliative Medicine* 9, no 3 (2006): 666-672.

<sup>62</sup> Isis E van Gennip et al., "The development of a model of dignity in illness based on qualitative interviews with seriously ill patients," *International Journal of Nursing Studies* 50 (2013): 1080–1089.



Still the problem of freedom is a concern for some patients. Some patients perceive their disability as the cause of their loss of freedom, and consequently, feeling that this lack of freedom compromises their dignity and perceived sense of respect. Accordingly, they lose their will to live longer. This is not a new idea as it dignity was connected in some earlier classical thoughts with freedom, as was discussed in the first chapter. This leads us to discuss the concept of freedom from an existential and phenomenological point of views, and to examine the hypothesis that disability could impair freedom in its existential sense.

## **2.3 Freedom**

As shown in the previous chapter, some classical views rooted dignity in freedom, and as shown in the previous section, some patient reported an impaired sense of dignity as a result of increasing their dependency on others and the perceived lack of freedom. So, is freedom lost throughout disabling illness? In this section, I intend to discuss the concept of freedom as proposed by Martin Heidegger and Jean Paul Sartre, and whether human freedom is really lost in the course of disabling illness. The concept of freedom in Heidegger's works is obscure and is not easily understood; that is why this point in Heidegger's works is often understood through the lens of Sartre. However, differences between their use of this concept cannot be ignored; we find that Heidegger focuses on the inner freedom of the dynamic being while Sartre extends this idea and connects this freedom of the individual subject to others.

### ***2.3.1 Heidegger on freedom***

One of the fundamental questions regarding *Dasein* is “the authenticity of its existence”. In *Being and Time*, Heidegger discusses our existence in the terms of *Dasein* (Being-in-the-world) which originally and for the most part exists in the world in an inauthentic mode of what Heidegger calls everydayness. Inauthentic *Dasein* means that it chooses to not choose itself and accepts norms and traditions and other values shared by

others in the community without being able to stand out of the crowd and be different.<sup>63</sup> *Dasein* should strive to make its own self and become in its authentic mode (choosing to choose itself), and this happens by entering a state of anxiety and a continuous search for one's true self (authenticity).<sup>64</sup> This is similar to what happens during disabling illness; individuals as assigned specific social roles which usually put them in inauthentic mode of *Dasein*, and when they face disability, they are unable to perform these social roles, they suffer from anxiety because they are detached from their usual self, and they have to find their true self (authentic *Dasein*) away from social norms.

For Heidegger, authenticity refers to the ownership of one's choices and being self-determined, and freedom in its existential sense is a condition for the dynamic being; he maintained that "*Dasein* is itself in and from its own most peculiar possibility, a possibility that has been seized on and chosen by the *Dasein* itself."<sup>65</sup> Accordingly, this means that *Dasein* possesses potentiality. Therefore, in *Being and Time*, freedom can be understood in relation to this authenticity, and *Dasein*, in order to live authentically and to overcome this inauthenticity, has to free itself. Disability could be a chance to find the authentic *Dasein*.

Before *Dasein* becomes authentic, it must detach from the "they-self" to regain itself and know its possibilities; this is accomplished by anxiety. As discussed earlier, human being is thrown into the world as an inauthentic *Dasein*, and in order to attain its authenticity *Dasein* should recognize its finitude (which happens during the course of illness) and all its possibilities. This authentic existence is accompanied by anxiety. Anxiety is often regarded as an experience of losing control and a state of powerlessness: this is the negative anxiety

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<sup>63</sup> Martin Heidegger, *Basic Problems of Phenomenology*, trans. Albert Hofstadter (Bloomington: Indiana University Press, 1982), 279.

<sup>64</sup> James Magrini, "'Anxiety' in Heidegger's *Being and Time*: The Harbinger of Authenticity," *Philosophy Scholarship* 15 (2006): 77.

<sup>65</sup> Martin Heidegger, *Being and Time*, trans. John MacQuarrie and Edward Robinson (New York: Harper and Row, 1962), 287

(fear). But Heidegger in “*Being and Time*” distinguishes between fear and anxiety (Angst); fear is when there is an identifiable threat to life, but the anxiety of the *Dasein* is not the negative anxiety. Rather, it is the productive anxiety that makes one recognize his selfhood, freedom and potentialities. Anxiety in this case is an enlightening experience for *Dasein*, which becomes aware of its ownmost potentiality-for-Being and exists in an authentic mode.<sup>66</sup> Therefore, without this anxiety, *Dasein* can never attain its selfhood or freedom.

### **2.3.2 Sartre on freedom**

When Sartre said that existence precedes essence, he meant “that man first of all exists, encounters himself, surges up in the world—and defines himself afterwards.”<sup>67</sup> In 1946, Sartre gave a lecture titled “*Existentialism is a Humanism*” in which existentialism was introduced and came to prominence, and in which his views about human beings and human nature were crystallized. To Sartre, man is responsible for all his actions the moment he is thrown into this world; that is why “Man is condemned to be free.”<sup>68</sup> He is “Condemned” as he did not create himself; however, he is at liberty. This freedom gives one the ability to build his own identity. “I donate money because I am generous.” The direct explanation of this act is commonly found in my being generous (my identity); thus, we understand human actions by looking to personal identities. But for Sartre, it is the other way round. It is the action that establishes the personal identity. So instead of saying “I donate money because I am generous”, one should instead say, “I am generous because I donate money”. Therefore, human actions are not secondary to their identities; they are the foundations for this identity,

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<sup>66</sup> Ibid., 188 and 232.

<sup>67</sup> Jean Paul Sartre, *Existentialism is a Humanism*, trans. Carol Macomber (New Haven, CT: Yale University Press, 2007), 1-11.

<sup>68</sup> Ibid., 1-11.

and thus the center of what it is to be a human. Authenticity for Sartre is to live a free life with the ability to have free choice, and free man should be responsible for his actions.

According to Sartre, existence comes prior to essence, freedom is absolute, and existence is freedom. In *Being and Nothingness*, Sartre makes a distinction between two types of freedom: “Freedom to obtain” and “Freedom to choose”. The former “freedom to obtain” means the freedom to obtain what one wishes which refers to one’s ability to act in a certain way in the sensible world. The latter, “freedom to choose,” refers to the freedom “by oneself to determine oneself to wish,” or “the autonomy of choice” (philosophical concept); this latter type of freedom refers to the fundamental projects in life that one sets for himself and the meaning he gives to situations in which he finds himself; he can perceive his disability as being humiliating or “an object of pride.”<sup>6970</sup> Although both types of freedom are interrelated, Sartre emphasized the distinction between the two terms; “my freedom to choose must not be confused with my freedom to obtain.” Absolute freedom is referred only to “freedom to choose” and not “freedom to obtain” in which freedom is limited by situatedness. For a person without legs and is not free to walk, freedom to obtain is hindered but he still has the freedom to choose how he wants himself to be crippled or not crippled; freedom to choose is absolute. Another example is the slave and master; although the slave does not have equal freedom to obtain wealth as his master because he is enslaved, he has equal freedom to choose as his master.<sup>71</sup>

Sartre’s view about freedom is subjected to criticism and misunderstanding because it is impossible to achieve total freedom; choices can never be unlimited because even in the

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<sup>69</sup> Jean Paul Sartre, *Being and Nothingness: An Essay on Phenomenological Ontology*, trans. Hazel E. Barnes (New York: Philosophical Library, 1956), 328 and 393.

<sup>70</sup> Iddo Landau, “Sartre’s Absolute Freedom in Being and Nothingness. The problem persist,” *Philosophy Today* 56, no 4 (2012): 463-473.

<sup>71</sup> Sartre, *Being and Nothingness*, 550 and 594.

presence of choices, there are limited choices to choose between. Therefore, Sartre's doctrine of freedom was regarded by some scholars as self-contradictory, arguing that there is no absolute freedom; slaves and patients with physical disability do not possess freedom. On the other hand, having made the distinction between the absolute freedom to choose and autonomy of choice (ontological freedom) and the freedom to obtain (existential freedom) can relieve the tension and make Sartre's views more compatible.<sup>72</sup> It is correct that freedom to obtain is not always realized; however, the freedom to choose cannot be taken from the individual even if he has a physical disability. He still possesses the freedom to choose how to react to his disability and how to uncover new opportunities.

## **2.4 Chapter discussion**

In this chapter, I presented how uncanniness affects the ill person on the ontological and social levels, which leads to suffering not only on the physical level, but also on the psychological level. From the studies I presented, most patients did not report an impaired sense of dignity throughout the course of their illness, which supports my claim that dignity is independent of any other quality. However, only a small population of patients reported increased suffering because of their disability and lack of freedom, and this would impair their sense of dignity. This would bring to us what I presented in the first chapter, insofar as that some of classical thought had grounded dignity on freedom. So the question came next, do patients with disability really lack freedom? I presented arguments about freedom from phenomenological and existential standpoint to support or refute this opinion. From what I presented, I argued that freedom exists throughout disabling illness; it is not lost because of disability; therefore, patients still possess their dignity. Therefore, even if we argued that dignity is rooted in freedom, disabled patients would still possess their freedom to choose. On

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<sup>72</sup> Landau, "Sartre's Absolute Freedom," 463-473.

the other hand, conforming to assigned social roles put the *Dasein* in an inauthentic mode, so perhaps disability and inability to perform social roles is a chance to find the authentic *Dasein*.

In the third chapter, I will discuss the moral permissibility of euthanasia in relation to human dignity. Although classical and some contemporary views did not directly address euthanasia, they discussed it in an indirect way through the discussion of suicide. I will present classical and contemporary views about suicide, and how the evolution of the concept of dignity is aligned with the evolution of ethical debate concerning suicide. Then, I will present some contemporary views about voluntary euthanasia.

## Chapter 3: Moral debates over voluntary euthanasia

### 3.1 Classical views about suicide

#### 3.1.1 Plato and Aristotle

Plato discussed suicide in two of his works: *Phaedo* and *Laws*. In *Phaedo*, Socrates said that committing suicide is wrong because we release ourselves (souls) from bodies that the gods placed us in.<sup>73</sup> Then in *Laws*, Plato mentioned that this act is disgraceful, and those who commit it should be buried in unmarked graves; however, Plato presented four exceptions: (1) if the mind is morally corrupted and the character cannot be salvaged,<sup>74</sup> (2) if this act is commanded by judicial order, as what happened to Socrates, (3) if this act is compelled by unavoidable personal misfortune, and (4) if this act happens due to shame for participating in unjust actions.<sup>75</sup> In the *Republic*, he touched upon this issue when Socrates stated that patients who are unable to live a normal life and are not useful to themselves or the society because of their suffering, should not be given treatments for life prolongation;<sup>76</sup> this view can be interpreted as an indirect way for approving passive euthanasia as long as the person has lost his social worthiness. In *Nicomachean Ethics*, and in the discussion of how one can treat himself unjustly, Aristotle condemned suicide for two reasons: first, he morally disapproved of suicide as being an act of cowardice, and secondly, he saw suicide as being an act of injustice to the society (similar to desertion from the army.)<sup>77</sup>

It is noted that both Plato (in *Laws* and *Republic*) and Aristotle based their views on suicide mainly on the social role of the individual and his/her benefit to the society, rather

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<sup>73</sup> Plato, *Phaedo*, trans. David Gallop (Oxford: Oxford University Press, 1975), 61b-62c.

<sup>74</sup> Plato, *Laws*, trans. R G Bury (New York: G.P. Putnam's Sons, 1926), IX 854a3-5.

<sup>75</sup> Ibid., IX 873c-d.

<sup>76</sup> Plato, *Republic*, in *The Greeks*, ed. Od Hatzopoulos (Athens: Kaktos Publishers, 1992), 90-7; lines 406e-407e.

<sup>77</sup> Aristotle, *Nicomachean Ethics*, trans. Roger Crisp (Cambridge: Cambridge University Press, 2000), 1138a5-14.

than on individual inner worth. Therefore, as dignity was based on social status and worthiness in this period, suicide was rejected also for the sake of the society.

### 3.1.2 Stoics

On the other hand, the Stoics maintained that, regardless of the virtue of the person, in case it was not possible to live a flourishing life, suicide might be justified. In order for the person to be happy and to live a flourishing life, he should possess certain natural advantages such as physical health, and whenever a wise person realizes that he lacks these qualities, ending his life would neither enhance nor undermines his moral virtues.<sup>78</sup> It is not just quantity, but also the quality of life that matters, as suggested by Seneca.

This view about suicide is aligned with their conception of dignity, that it is not dependent on social status, as mentioned in the first chapter. Both thoughts about dignity and suicide revolve around the reason of the person being the root of his dignity and according to which, judgements about the quality of a life could be made.

### 3.1.3 Medieval thinkers

Christian doctrine held that suicide is a morally wrong act. St. Augustine described suicide as an unrepentable sin, and he was the first who offered the justification of prohibition, being a natural extension of the 5<sup>th</sup> commandment.<sup>79</sup> <sup>80</sup> Later, St. Thomas Aquinas defended the prohibition of suicide for three main reasons: as being contrary to our natural act of self-love whose aim is to preserve our lives, as harming the society of the person in question; and lastly, since life is given to us by God and He is the only one who has

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<sup>78</sup> Cicero, *De Finibus*, trans. H Rackham (London: William Heinemann, 1914), III, 60–61.

<sup>79</sup> Darrel Amundsen, "Suicide and Early Christian Values," in *Suicide and Euthanasia: Historical and Contemporary Themes*, ed. Baruch Brody (Dordrecht: Kluwer, 1989), 77–153.

<sup>80</sup> St Augustine, *City of God*, trans. Gerald G. Walsh, Demetrius B. Zema, Grace Monahan, Daniel J. Honan (Garden City, NY: Image Books, 1958), Book I, chapter 20.



the right to determine the duration of our earthly stay, as violation of one's duty to God.<sup>81</sup>

Therefore, we can infer that suicide, being a major sin, deprives a person from his dignity, as was suggested by medieval thinkers in the first chapter.

### **3.1.4 Modernity**

The thinkers of Modernity generally agreed with the Church's prohibition of suicide. John Locke, in the late seventeenth century, echoed Aquinas' arguments and affirmed that although God granted us natural liberty, this liberty does not include suicide.<sup>82</sup> Yet, in the eighteenth century, there were increasing attacks on Aquinas's position.

#### ***John Donne***

The first clear defence of suicide was that of John Donne's *Biathanatos*. He argued that Christian doctrine should not forbid suicide and should not hold that it is sinful for three main reasons. It is not against the laws of nature. If it contradicted laws of nature that mandate self-preservation, then all other acts of self-denial should be also sinful. It is not against reason, as there are some cases in which reason favours suicide. It is not against God; as there is no clear scripture condemning suicide.<sup>83</sup> Therefore, suicide according to his argument is not a major sin, and consequently, does not deprive a person from his dignity as was argued.

#### ***David Hume***

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<sup>81</sup> St Thomas Aquinas, *Summa Theologica*, trans. Fathers of the English Dominican Province (Notre Dame, IN: Christian Classics, 1981), part II, Q64, A5.

<sup>82</sup> John Locke, *Two Treatises of Government*, (Cambridge: Cambridge University Press, 1988), ch. 2, para. 6.

<sup>83</sup> Georges Minois, *History of Suicide: Voluntary Death in Western Culture* (Baltimore: Johns Hopkins University Press, 1999), 20–21.

Again, David Hume explicitly attacked Aquinas' position in *Of Suicide*; he regarded traditional attitudes as being rooted in misunderstandings of God's relation to humanity.<sup>84</sup> Hume distinguished between two kinds of laws: laws by which individuals govern themselves and laws by which God governs nature. God has granted individuals the power to pursue their own happiness and escape a bad life; therefore, an individual does not commit a sinful act by exercising his will. Hume's argument was grounded on the following: if suicide violated God's law, then it would be sinful to disturb these laws in some circumstances to achieve personal happiness, but God sometimes permits us to disturb his orders as he does not expect us to surrender to illnesses. The second claim is that if adherence to God's orders will grant us happiness as indicated by reason, then suicide could be seen as conforming to these laws when it is rational to achieve happiness by dying. The final claim is that if by Divine order we mean these events that happen according to God's consent, and since God can intervene in all our actions at any given point, then God seems to approve all our actions.

Beside his position against Aquinas' argument, Hume did not oppose suicide for other reasons. He rejected the thesis that suicide violates our duty towards others; reciprocity means to exchange benefits with the society, but if by living one provides only frivolous advantage to his society at the expense of his suffering, and moreover, one can be a burden to others, then this reciprocity ceases to happen. Also, Hume rejected the idea that suicide violates duty to oneself. Illness and misfortune could lead to a miserable life that is worse than death. And in response to the fear that persons might commit suicide capriciously, Hume argued that the natural fear of death embedded in ourselves would ensure that committing suicide would happen only after careful assessment of our lives and with sufficient courage. Hume's position is utilitarian in a great sense and aligned with his perspective about personal

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<sup>84</sup> Eugenio Lecaldano, "Hume on Suicide", in *Oxford Handbook of Hume*, ed. Paul Russell (Oxford: Oxford University Press, 2016), 660–668.

liberty. The concept of duty leads us to Kant's moral theory and how Kant discussed suicide in relation to dignity and morality.

### **Kantian moral theory**

Immanuel Kant was the most noteworthy opponent of suicide in Modernity. Kant's position reflected his views on the moral worth of all individuals rooted in their rational and autonomous agency, and that suicide is a direct attack on the source of this moral authority.<sup>85</sup> Rational will is root of the moral duty, and therefore it is a contradiction to assume that this will would allow the destruction of the body that executes its volitions.

### ***Self-respect as a moral duty***

Self-respect is an important subject in moral philosophy, and it has great importance in our everyday life. Its value may be taken for granted until we face a situation in which it is threatened or shaken. In the eighteenth century, Kant focused on Respect and self-respect in his moral philosophy and revolutionized these concepts. In *The Groundwork*, Kant identified certain moral duties to oneself (such as not to commit suicide) which is derived from our dignity and our duty to respect humanity. He considered the duty of self-respect as the most fundamental moral duty, and fulfilling this duty is a necessary condition to fulfilling our duty to respect others. Self-respect is a moral relation of a person to himself that reflects his intrinsic worth. Kant argued that one is always aware of his dignity as a person and of his moral obligation for self-respect, and this awareness is identified as a feeling of reverential respect for oneself. Self-respect is the motivation to do morally good deeds and be a moral person.

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<sup>85</sup> Michael Cholbi, "Kant and the Irrationality of Suicide", *History of Philosophy Quarterly* 17, no 2 (2000): 159–176.

Kant focused on dignity based recognition of self-respect, and for him, all persons are morally entitled to have this type of self-respect. There are three kinds of such self-respect; the first is the respect for oneself as being a member of the moral community, having dignity as all other members, and having moral rights that others ought not to violate. The second kind comes from the appreciation of oneself being responsible for living in accordance with his dignity as a person, and the last involves the importance of acting autonomously by defining one's own life.<sup>86</sup>

### **3.1.5 Post Kantian views and response to moral arguments about suicide**

The debate about suicide continued in post-Kantian German philosophy. Schopenhauer, like Hume, rejected all moral arguments that oppose suicide; However, his pessimistic philosophical views still led him to reject suicide. Schopenhauer argued that freedom could be achieved from suffering through denying one's will-to-life. According to Schopenhauer, the desire to kill oneself and to end one's life comes from the will's pursuit of desires, and instead of denying these desires, suicide as an act of the will affirms this striving and confirms the will-to-life.<sup>87</sup> Nietzsche also rejected moral arguments on suicide, but in contrast to Schopenhauer, he believed that in some circumstances suicide asserts one's will and it might give a meaning to one's life in a meaningless world.<sup>88</sup>

## **3.2 Contemporary views about suicide**

### **3.2.1 Existentialism - Albert Camus**

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<sup>86</sup> Thomas E Hill, "Servility and Self-Respect," *Monist* 57 (1973): 12–27.

<sup>87</sup> Arthur Schopenhauer, *The World as Will and Representation*, ed. Judith Norman, Alistair Welchman, and Christopher Janaway (Cambridge: Cambridge University Press, 2010), 425–27.

<sup>88</sup> Friedrich Nietzsche, "Thus Spoke Zarathustra," in *The Portable Nietzsche*, trans. and ed. Walter Kaufmann (New York: The Viking Press Inc., 1954), 156–158 and 183–186.

For existentialists, suicide was not discussed in relation to moral considerations, rather, it was analysed in relation to absurdity.<sup>89</sup> In *The Myth of Sisyphus*, Albert Camus wrote that there are so many causes for suicide; however, “the most obvious ones were not the most powerful.”<sup>90</sup> Camus went on to describe his thoughts about suicide and consider this act as “confessing that life is too much for you or that you do not understand it...It is merely confessing that it ‘is not worth the trouble’.”<sup>91</sup>

In his work, Camus focused on the relation between suicide and the absurd, and to what degree suicide can be understood as a solution to absurdism.<sup>92</sup> The absurd, for Camus, is the conflict between the desire for life to be meaningful and the realization that this cannot be achieved.<sup>93</sup> The absurd arises as a result of the confrontation between the person and the world.<sup>94</sup> As Camus put it, the absurd “is that divorce between the mind that desires and the world that disappoints.”<sup>95</sup> When a person decides to commit suicide, he is declaring that the value of his existence becomes questionable and life “is not worth living.”<sup>96</sup> However, not everyone responds to absurdity by adopting this nihilistic conclusion about life and its worth. For Camus, committing suicide is rejecting freedom; He believed that escaping from the absurdity of reality to death is not the answer; rather, one should embrace his life passionately. This is the existential revolt which is the constant confrontation between the person and his own obscurity.

### **3.3 Debates over voluntary euthanasia**

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<sup>89</sup> Albert Camus, *The Myth of Sisyphus* (London: Penguin, 2000), 55.

<sup>90</sup> Ibid., 12.

<sup>91</sup> Ibid., 13.

<sup>92</sup> Ibid., 13-14.

<sup>93</sup> Ibid., 15, 51.

<sup>94</sup> Ibid., 32-34.

<sup>95</sup> Ibid., 50.

<sup>96</sup> Ibid., 4.

Voluntary euthanasia has been a fruitful topic for moral debate since the second half of the 20<sup>th</sup> century. It is often discussed with respect to the individual's autonomous choice and his wellbeing. In this section, I will present two arguments in favour of euthanasia; the first is a critique of Kant's position, and the second is Peter Singer's assumption that some lives might be worse than others.

### ***3.3.1 Critique of Kant's position***

As I showed in the first chapter, Kant perceived dignity as the unconditional and innate worth of human beings in the virtue of their rational agency. Therefore, the lives of rational beings should be respected in all circumstances. In *The Groundwork of the Metaphysics of Morals*, Kant presented his argument about suicide and measured it against the categorical imperatives.<sup>97</sup> According to Kant's categorical imperatives, killing oneself to avoid a painful life is wrong and immoral for rational beings because it violates the moral law and undermines personhood. Kant opposed suicide as it contradicts the feeling of self-love which serves to preserve life; this moral duty holds unexceptionally to all rational human beings (moral agents).<sup>98</sup>

From this argument, one might infer that, since killing oneself is morally wrong, therefore, voluntary euthanasia is also morally wrong.<sup>99</sup> However, this Kantian concept has been subjected to a range of interpretations and criticism.<sup>100</sup> Most objections focus on the fact that the Kantian notion of dignity that it is linked to rationality and moral agency, as discussed earlier. Some authors argued that the Kantian approach justifies suicide for patients

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<sup>97</sup> Robert Sharp, "The dangers of euthanasia and dementia: How Kantian thinking might be used to support non-voluntary euthanasia in cases of extreme dementia," *Bioethics* 26, no 5 (2012): 231-5.

<sup>98</sup> Jousha Beckler, "Kantian Ethics: A Support for Euthanasia with Extreme Dementia." *Cedar Ethics: A Journal of Critical Thinking in Bioethics* 12, no 1 (2012): 1-3.

<sup>99</sup> *Ibid.*, 1-3.

<sup>100</sup> Iain Brassington, "Killing people: what Kant could have said about suicide and euthanasia but did not." *Journal of Medical Ethics* 32, no 10 (2006): 575.

with severe dementia, as the patient in such cases lacks rationality and ceases to be a moral agent; dementia transforms the active autonomous and moral agent into a passive non-moral agent.<sup>101</sup> Some authors even emphasize that euthanasia is morally accepted and suicide is supported by the Kantian moral law in cases of severe dementia and loss of rationality.

According to Cooley, the highest level of selfhood is the moral self, and this level is essential for the worth and dignity of human beings. This moral self and therefore human dignity are lost in dementia. Cooley in his paper argues that a patient with dementia has the duty to die to preserve his dignity and autonomy that would be lost if he loses his rational capabilities throughout the course of dementia.<sup>102</sup> Cooley builds his argument on an analogy; he presents Kant's example of the madman who threatens others and imposes danger on them because he does not have autonomy to act as a moral agent. In this case, Kant suggests that this madman instead of facing a loss of personhood, should take his own life. Cooley, by analogy, suggests that Kant would have said the same about a person facing dementia; he concludes that a 'moral agent should select self-inflicted death before she becomes incompetent because she owes it to herself as a moral agent'<sup>103</sup>. Cooley's position was further explained by Rhodes who clarifies that human dignity and moral agency are not "preserved" by suicide, because the person ceases to exist after death; rather, the person avoids becoming a "non-person" by suicide.<sup>104</sup>

This might raise a question of what it means to be a non-person; does the person lose his personhood when he loses his rationality? As clarified in the first chapter, I would argue that personhood is not lost under any condition; therefore, one does not cease to be a person

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<sup>101</sup> Sharp, "The dangers of euthanasia," 231-5.

<sup>102</sup> Dennis R Cooley, "A Kantian moral duty for the soon-to-be demented to commit suicide," *American Journal of Bioethics* 7, no 6 (2007): 37-44.

<sup>103</sup> Ibid., 34-44.

<sup>104</sup> Rosamond Rhodes, "A Kantian Duty to Commit Suicide and Its Implications for Bioethics," *American Journal of Bioethics* 7, no 6 (2007): 45-47.

if he loses his rationality. On the other hand, Robert Sharp, although he does not discuss the hypothesis of becoming a non-person, criticized Cooley's argument and wondered how terrible becoming a non-person is that suicide becomes a better alternative.<sup>105</sup> Cooley's argument, which is based on analogy, might be also criticized because dementia cannot always be compared to madness; there are types of dementia in which the patient does not impose danger on others.<sup>106</sup> Also, in the era of introducing new medical technologies and neuroscience advancement, and some neurodegenerative disorders -some cases of motor neuron disease for example- have become curable nowadays. Thus, there are increasing chances that dementia, as one of the neurodegenerative disorders, may be curable in the near future, such that euthanasia may take away the chance for the patient to be cured. Also, most of the neurodegenerative disorders, occur on a wide spectrum, and the severity of the disease varies from one patient to another, which makes the course of the disease unpredictable in some cases.

### ***3.3.2 Peter Singer: Sanctity of life vs quality of life***

Peter Singer, an influential utilitarian bioethicist, replaced the "sanctity of life" with the "quality of life" ethics, and argued that the "ethical outlook that holds that human life to be sacrosanct – I shall call it the 'sanctity-of-life view' – is under attack."<sup>107</sup> This leads him to claim that the worth of human life varies,<sup>108</sup> and that killing human beings is morally justified in some circumstances.<sup>109</sup> The principle of the sanctity of life, which maintains that human life possesses an intrinsic dignity, holds that one must not intentionally kill any other human being regardless of their ability or inability (the right to life).<sup>110</sup> The physician who

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<sup>105</sup> Sharp, "The dangers of euthanasia", 14.

<sup>106</sup> Ibid.

<sup>107</sup> Peter Singer, "Sanctity of Life or Quality of Life?" *Pediatrics* 72, no 1 (1983): 128.

<sup>108</sup> Ross Parish, "Killing People: Peter Singer on Life and Death," *Agenda* 3, no 3 (1996): 362.

<sup>109</sup> Ibid., 360.

<sup>110</sup> John Keown, "The Legal Revolution: From 'Sanctity of life' to 'Quality of life' and 'Autonomy', *Journal of Contemporary Health Law & Policy* 14, no 2 (1998): 257- 258.



intentionally ends his patient's life whatever the motive, whether injecting lethal poison or by withholding life support measures, breaches this principle.<sup>111</sup> On the other hand, the quality of life ethical view maintains that lives of certain patients may fall below a certain quality threshold because of an illness or disability, which supports the claim that some lives are not worth living.; therefore death might be of benefit to the individual him/herself.<sup>112</sup>

Singer's argument for variation in human lives' worth is presented with reference to malformed babies. In his article originally published in 1991, Singer argued that some lives are worse than others; therefore, it is morally right to kill persons with bad lives.<sup>113</sup> His book *Writings on an Ethical Life* is a collection of his most influential articles in the field of practical ethics such as on abortion and euthanasia. He presents two fundamental ethical concepts: unnecessary pain should not be inflicted upon any living being, and self-awareness is the defining characteristic of a person. Singer sees that it is ethically right to kill severely disabled neonates as they are not self-aware, but this killing should be painless (lethal injections), and not through withdrawal of care which may increase suffering of the person, and that is not humane.

Opponents of Singer refuse to judge lives of severely disabled children as worse than others, and therefore refuse to avoid having those children. Singer's argument comes from an analogy by which he responds to his opponents; Singer gives an example of man with a broken leg. According to his opponents, this broken leg should not be mended because in doing so, we judge this man's life to be less worthy than other lives. Based on this analogy, Singer approved abortion of malformed fetuses after prenatal diagnosis of severe disability. He went on in his argument and enjoined his opponents to give up medical and surgical

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<sup>111</sup> Ibid., 259.

<sup>112</sup> Ibid., 261.

<sup>113</sup> Peter Singer, "On being silenced in Germany," *The New York review of books* 38, no 14 (1991): 34-40.

measures that improve the lives of patients (as they do not agree on his notion that some lives are less worthy than others; therefore, they do not have an obligation to improve patients' lives), or to accept and support euthanasia.

However, his argument was controversial and has been subjected to criticism. First of all, the term "life worth living" is not fully understood; I agree that life with a mended leg is better than that with a broken one, but is "better life" synonymous with a "life worth living"? When we judge someone's life as being better or worse than another life, we do not associate this with worthiness of the life, which depends on many factors, not just one. Also, Singer's argument is based on an analogy in which there are two parts compared to each other, and consequently one of them is clarified. These two parts should share major crucial aspects, and areas of dissimilarities should be minor. Circling back to his argument, we find that Singer concluded that euthanasia is the same as mending a broken leg by comparing two different situations, in which there are major areas of dissimilarities.

A central objection to Singer's position is that it violates the intrinsic value of each individual and makes him subject to discriminatory judgements based on certain physical or mental criteria to determine whether his life is worthy. In response to Singer's position, Crosby maintained that human beings should be treated as irreplaceable, and this irreplaceability should be derived from the fact that we are persons, and consequently, I should not kill anyone, as I do not want to be killed.<sup>114</sup> Therefore, suicide is regarded as being a violation of a person's moral duty to respect and value his own life. It is also unclear which disability and which degree of disability hold a low quality of life; this raises other objection that sometimes patients are in error about the present and future worthiness of their lives.<sup>115</sup> Therefore, quality of life is neither a reliable nor objective tool to judge one's life.

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<sup>114</sup> Crosby, "Extending respect to all human beings," 57-66.

<sup>115</sup> Philippa Foot, "Euthanasia," *Philosophy and Public Affairs*, 6 (1977): 85-112.

### 3.3 Chapter discussion

Aligned with the evolution of the concept of dignity (that was first tied to social worth, freedom and reason, and then became recognized as an inherent value of all human beings), moral debate over suicide and euthanasia has undergone similar changes. And with increased appreciation for the intrinsic worth of human life, suicide was thought to interfere with human inner worth because human life is inherently valuable and should be respected. Since Plato and Aristotle, suicide was viewed as being wrong because it interferes with the social role of the individual. Then, medieval thinkers declared that suicide is a major sin (which consequently deprives the person of his dignity since dignity is violated by committing sins, as was discussed before). Responding to these religious considerations, modern thinkers such as Donne and Hume declared that suicide is not a major sin, which means that in their views it does not violate dignity.

Kant explicitly opposed suicide; he argued that human life is intrinsically valuable and the rational human being should never be treated as a means to an end, but as an end in itself.<sup>116</sup> Again, Kant's position was critiqued especially in cases of disease in which someone may lose his rationality, such as in dementia. However, this critique was also subjected to various objections, especially in the era of new technologies and neuroscientific advancement, where what is incurable today, may be curable tomorrow; also, the spectrum of neurodegenerative disorders is wide, and symptoms severity differs from one patient to another, which makes the course of the disease highly unpredictable in some cases.

In his argument advocating euthanasia, Peter Singer argued that the value of life is not measured by the sanctity of life, but rather by the quality of life; therefore, suicide might be allowed if the quality of life is expected to be low because of a disability or a disease. It is

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<sup>116</sup> Brassington, "Killing people: what Kant could have said about suicide," 571-574.

also argued that suicide might affirm the value of a human life when there is a medical illness that reduces the person to a shadow of his former healthy self. In his response to Singer's argument, Crosby maintained that human beings should be treated as irreplaceable, and this irreplaceability should be derived from the fact that we are persons, and consequently, I should not kill anyone, as I do not want to be killed.<sup>117</sup> Therefore, suicide is regarded as being a violation of the moral duty to respect and value one's own life. Objections also arise concerning the arbitrariness of physical and mental criteria that would deem life unworthy. All these objections would deem the quality of life ethical view unreliable tool to judge one's life worthiness.

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<sup>117</sup> Crosby, "Extending respect to all human beings," 57-66.

#### **4. Conclusion**

Human dignity is a term that seems clear at first sight, but when we look closely, we find that it is interpreted differently by various philosophers. Dignity is claimed to be an aggregation of valuable values and qualities, and to respect dignity means to accept these values and qualities that are believed to have value or worth. Another claim is that dignity comes from these values and qualities that are reflected in one's behaviour. The question then arises about the nature of these values and qualities that constitute dignity. Some philosophers simply regard dignity as something ontologically given and that all persons are born with it; others claim that the essence of human dignity consists in the values and qualities that are possessed only by the moral agent; and still others regard dignity as tied to a specific social minimum of rights. The concept of human dignity is brought up when patients with terminal illness, especially illnesses with severe disability, undergo treatment for prolonging their lives or face decisions about euthanasia.

The aim of this thesis was to evaluate different philosophical views about the concept of dignity, and how the evolution of this concept throughout history affected our understanding of the moral permissibility of euthanasia. I proposed two main arguments: the first is that human dignity is a foundational value which explains other ethical concepts; it is an inherent feature of all human beings, and it is not dependent on other qualities. To proceed in this argument, I presented the evolution of the concept and how it changed throughout history from being tied to other qualities such as social status (as in ancient Greece), reason (Stoics and Kant), and freedom (Italian humanism), to become an inherent feature of all human beings (contemporary views as argued by personalism and phenomenology). This contemporary understanding of human dignity has overcome a centuries old history of reference to other qualities or values as being the root of human dignity. This evolution is

aligned with increased worthiness of the person, which become evident in the twentieth century.

Since dignity is an intrinsic feature of all persons that cannot be lost under any circumstance, it is concluded that disability does not deprive patients of their dignity. However, illness is a unique experience that should be understood from the first person position. In the second chapter I presented the phenomenology of illness and suffering. I presented examples of real patients whom I encountered during my practice, and presented some studies in order to know how patients perceive their dignity in relation to their disability. In this chapter, I discussed how the experience of the uncanny affects patients on the ontological and social levels, in such a way as to alter his self-image and interfere with his social role. Then I presented opinions of some patients regarding how they perceive their suffering on both the physical and psychological levels, in terms of affecting their sense of dignity. In accordance with my conclusion from the first chapter, most patients did not perceive a loss or violation of their dignity because of their disability; however, a small population of patients reported their disability negatively impacted their sense of freedom. Some of my patients who reported a loss of dignity changed their opinion after lifestyle modification were made to accommodate their disability, in a way that made them less dependent on others. Others reported that the cause of their impaired sense of dignity came from their dependence on others and the lack of freedom that cannot be dealt with even after lifestyle modification. Since freedom was connected previously with dignity by some classical thinkers, and also, this connection was made by some patients, I decided to discuss freedom from a phenomenological and existential perspectives and discuss whether it is lost by physical disability. Freedom in its existential sense is not lost during disability, I concluded; although patients may lack the freedom to obtain. He still possesses his freedom

to change. Also, disability might be a chance for the person to find his authentic self that is not shaped by social norms.

Moral discussion about the permissibility of suicide dates back to ancient Greece, and it will remain an issue of debate on ethical, social, religious, and legal levels. One of the main reasons for opposing euthanasia is the fear that legalizing it may open the door for active non-voluntary euthanasia for patients refusing suicide. In this section, I will focus on the ethical discussion of voluntary euthanasia in relation to human dignity. My second argument in this thesis is that voluntary euthanasia violates human dignity. In the third chapter, I discussed classical and contemporary views about suicide, then I presented some contemporary views about euthanasia which were introduced as a hot topic for philosophical debate in the second half of the twentieth century. Along with the evolution of the concept of human dignity and increased recognition of human worth, ethical debate over suicide changed from being a wrong act as regards society (for Plato and Aristotle) to being a violation of human dignity as something that should be respected purely on its own terms. Medieval thinkers argued that suicide is a major sin that deprives one of his dignity, but these views were rejected by modern thinkers. Kant argued that the person should never be treated as a mean to an end (formulation of CI); however, since CI is based on rationality, Kant's position was subjected to different interpretations and critical responses, especially in cases of dementia in which the patient is subjected to loss of his rationality. This critique was also in turn subjected to various objections. New therapies are evolving, and what is incurable today may be curable tomorrow. Also, the spectrum of dementia or other degenerative disorders is wide, and symptoms are not exactly the same in every patient, so it is sometimes not easy to predict the course of the disease or the magnitude of the disability.

Respect for human life's inviolability has been challenged over the past decades with increasing claims with lives which pass a certain quality thresholds deserving protection.

Peter Singer, as an advocate of euthanasia, has argued that the value of life is measured by the quality of life instead of the sanctity of life; therefore, suicide might be allowed in cases of low quality of life. It has also been argued that suicide might affirm the value of a human's life when there is a medical illness that reduces the person to shadows of his former healthy self. Crosby responded to Singer's argument by affirming that all persons are irreplaceable, I should not kill anyone, as I do not want to be killed; therefore, suicide is a violation of the value of human' life.

To conclude, I have argued that human dignity is not tied to the person's social or economic contribution in his society; all persons, regardless of their different levels of abilities, should be respected and treated in a dignified way because they are persons. Therefore, the dignity of disabled patients should not be lost even if they do not actively contribute to the economic well-being of their societies. I argue also that euthanasia violates human dignity and is a declaration that an individual's life is not valuable; it also takes away the chance from patients to receive appropriate therapy



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