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Dignity and exclusion

Soofi1 aims to develop an account of dignity in dementia care based on Nussbaum’s capabilities approach. He does this by drawing on the Kitwood-Bredin2 list of well-being indicators, in order to fill out her account of human flourishing to cover aspects such as practical reasoning that appear beyond the reach of those with relatively severe dementia. As Soofi points out, Nussbaum’s claim that such lost abilities can be compensated through guardianship measures is implausible. He asserts in response that his account of dignity is sufficient to address the desiderata he sets out at the start, including especially the problem of exclusionary implications any putative account should address. So far, so good, but an objection Soofi raises for his own account is that it seems unable to cover cases of severe late-stage dementia. His response is,

…that there is insufficient factual evidence to suggest that people at the very advanced stages of dementia lose all capabilities. But for the sake of argument, let’s suppose that this is true. This, however, still does not undermine the conceptual rigour of the modified version of Nussbaum’s account. This is because the list of the dementia-specific capabilities that I proposed…is open to include additional items that hold relevance to people in the late stages of dementia. The objection is viable only if we cannot find any sort of (humanlike) capacity available to people in the late stages of dementia. I highly suspect that this is not the case (p6)

The first worry here is that there is, in fact, evidence to suggest that in a subset of severe cases of dementia, all dignity-relevant capabilities are lost. For example, a study by Jaul and Calderon-Margalit3 concludes that the natural history of dementia is such that being in a permanent vegetative state (PVS) is an advanced stage of the condition in a range of cases. But, second, can Soofi’s fallback position – that we can always find additional capacities for his list – save the account? The trouble is that for any additional item we add to the account it will be in-principle possible for a case to emerge in which such a capacity is missing. Additionally, if we may add ‘any sort of (humanlike) capacity’, then we begin to lose our grip on what is a dignity-relevant capacity. Related to this is Soofi’s claim that since possession of the capabilities is a matter of degree,

…assessing the violations of the dignity of people with dementia should focus on external constraints that negatively impact people with dementia to access and exercise their extant capabilities given and despite dementia-related progressive deprivation of capabilities. (p6)

The trouble is that for a person with dementia in a PVS state, or close to it, it would be extremely difficult to assess such violations. Moreover, we should think that (dementia cases aside) respectful treatment is demanded for people with PVS, regardless of its etiology, and that the diagnostic boundary between those just short of that categorization and those so categorized, is morally trivial, especially given Soofi’s own suggestion above that the degree of respectful dignity-oriented treatment should respond in isomorphic recognition of extant capabilities.

The underlying problem here consists in using intrinsically possessed capabilities as the sole ground for status dignity; it ultimately runs into the same problem Kantian (autonomy-based) accounts have, viz., that it is too exclusionary. In response, two lines of argument seem salient. The first is to bite the bullet and acknowledge that this approach to status-dignity reaches its limit in the severe cases. Fortunately, though, going down this route does not imply a lack of ethical resources for respectful treatment. As Formosa and Mackenzie4 point out:

… even if it turns out on Kant’s account that some humans lack status dignity, such as those in a persistent vegetative state…, it does not follow that we have no *moral* duties *in regard to* those humans. There are at least two ways that a Kantian might ground such indirect duties. First, by arguing that we have a duty to those who care deeply about such humans… Second, by arguing that we have a duty to ourselves, since it is difficult to maintain a disposition of love and respect for all rational beings if we fail to care for all humans, whether or not they have status dignity. (p887)

The second line of argument – echoing Formosa and Mackenzie’s second way – is to claim that another dignity-related approach will suffice, one whose practices are based on different metaphysical principles. Michael Rosen5 has defended such a possibility. He begins with a puzzle for ethical theories like some versions of utilitarianism which claim that actions are good only if their effect is to benefit some existing person. The puzzle is prompted by his observation of the universally held belief that we have a duty to treat dead bodies with dignity and respect. His answer to the puzzle is that this duty expresses our esteem for our own worth, our own self-respect. His idea is that our duties are a part of us to the extent that ‘…we could not be the people that we are without having them. In failing to respect the humanity of others we actually undermine humanity in ourselves.’ (p157).

Rosen does admit that his position might be perceived as radical, for the motivation here is pure duty as related to our natures; the action brings no benefits. This approach will seem more than strange to both utilitarians and teleologists. Still, failing to treat someone whose capacities are unrecoverable, but who nevertheless represents the living and breathing last lap of a life, would be, to echo Rosen, dishonorable. When you think about it, perhaps this is not as radical as we might think.

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