

KANTIAN DISREGARD FOR NON-RATIONAL HUMANS: Immanuel Kant's Haunting Impact on Contemporary Bioethics



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ABSTRACT

I seek to emphasize Immanuel Kant's lingering and unsavory impact on medical ethics by emphasizing Kantian ethics' disregard for non-rational humans. We must be considerate when discussing individuals who have some form of dementia, conditions that irreversibly diminish the ability to use rational thought, sometimes to a degree of severity that hinders essential daily functions. I argue that to consider ourselves proponents of human equality we must treat humans with dementia as members of the kingdom of ends.



I. THE REFORMATION OF ETHICS

Immanuel Kant went to great lengths to reform the philosophical canon of morality, doing away with recognized ethical theories posited by his predecessors. He thought that humankind is too easily influenced and affected by non-moral inclinations.¹ Kant considered teleology and empiricist ethics as applied anthropology.² Kant's deontology was a new method for determining morality, basing an action's permissibility upon the action itself.³

For Kant, only rational beings possess the capability to identify moral laws.⁴ Kant wrote that the only good thing without qualification is the good will, and a good will is the will that acts in accordance with moral duty—not out of a begrudging sense of obligation but rather from the will to be good.⁵ If an individual tells the truth for the sole reason that they ought to tell the truth despite benefits or detriments, the act is good without qualification. For example, if someone tells the truth because they know that truth-telling is praiseworthy, the action is not good in and of itself.

II. HOW RATIONAL BEINGS IDENTIFY MORAL LAWS

For Kant, a law is an imperative, a declaration of an action as necessary and good. An imperative is categorical when it is absolute and universal, when all rational beings must obey it under every circumstance without condition, exception, or modification.⁶ Kant provides three formulations of the categorical imperative:

Formula One: Act only according to that maxim whereby you can at the same time will that it should become a universal law.⁷

Formula Two: Act in such a way that you treat humanity, whether in your own person or in the person of another, always at the same time as an end and never simply as a means.⁸

Formula Three: From this there now follows the third practical principle of the will as the supreme condition of the will's conformity with universal practical reason...the idea of the will of every rational being as a will that legislates universal law.⁹

1 Immanuel Kant, *Grounding for the Metaphysics of Morals* (with "On a Supposed Right to Lie because of Philanthropic Concerns"), trans. James W. Ellington (Indianapolis: Hackett Publishing, 1993), 3.

2 Kant, *Grounding Metaphysics Morals*, 2.

3 Kant, *Grounding Metaphysics Morals*, 7.

4 Kant, *Grounding Metaphysics Morals*, 24.

5 Kant, *Grounding Metaphysics Morals*, 7.

6 Kant, *Grounding Metaphysics Morals*, 25.

7 Kant, *Grounding Metaphysics Morals*, 30.

8 Kant, *Grounding Metaphysics Morals*, 36.

9 Kant, *Grounding Metaphysics Morals*, 38.

It is crucial to note that Kant's use of the word "humanity" is not to be understood as humankind in its entirety. "Humanity" refers only to rational beings, for only rational beings are ends in themselves. Kant often uses the phrase "kingdom of ends," which is a fictional kingdom where rational beings are legislative members that not only create universal laws but subject themselves to and consequently obey said laws.¹⁰ The good will, duties, freedom, autonomy, and moral behavior are properties of rational beings. Non-rational beings, including non-rational homo sapiens, do not have a place in this kingdom, and may be treated merely as means.

Consider this summary of what has been covered thus far:

- (a) The categorical imperative is an a priori moral law that binds all rational beings and must be obeyed in every circumstance without exception.
- (b) Rational beings identify the categorical imperative and will themselves to obey, not out of obligation but out of moral duty, thus becoming legislators of the kingdom of ends.
- (c) Rational beings are autonomous, and choose to act from duty despite having desires and urges that may conflict with the categorical imperative.

III. A KINGDOM OF ENDS AND ITS FIEFDOM OF NON-RATIONAL MEANS

Kant claims that all rational beings in the kingdom of ends have intrinsic worth. To be an end is to be a possessor of dignity, and dignified beings have no replacement or equivalent. However, there are non-human things that are valuable. Kant elaborates on the matter:

Whatever has reference to general human inclinations and needs has a market price; whatever, without presupposing any needs, accords with a certain taste, i.e., a delight in the mere unpurposive play of our mental powers, has an affective price ...an end in itself has not merely a relative worth, i.e., a price, but has an intrinsic worth, i.e., dignity.¹¹

If a non-rational thing is not an end in itself, then the affective price (value) of said thing comes from the want of the rational being. An insulin shot is not an end in itself and has no intrinsic worth. But, to a rational being with diabetes, the insulin shot is tremendously valuable as a means to an end. The non-rational thing possessed no value until the rational being prescribed value to the thing.

10 Kant, *Grounding Metaphysics Morals*, 40.

11 Kant, *Grounding Metaphysics Morals*, 40.



For Kant, Labrador retrievers are, like insulin shots, not rational beings and may be used merely as a means to an end. The dog has no intrinsic worth and the instrumental value it has is a function of how well it suits the inclinations of the rational beings that own it. Perhaps a family thinks \$7,000 is too much to pay for a dog's cancer treatment. As the dog is a replaceable non-rational thing, the dog is not owed moral consideration and does not constitute worth—only a market price. Perhaps the family decides to discard the old dog in favor of a new non-rational thing that is more valuable to the rational beings' inclinations, like a new puppy or retaining the sum of money.

What if we switch from dogs to non-rational humans? Consider a person who has lost the ability to live independently, and indeed has lost the ability to utilize rational thought. According to Kant, such a person, who cannot formulate and act from the categorical imperative (who cannot treat other rational beings as ends), is not a member of the kingdom of ends. Such a person does not have autonomy and may be treated merely as a means.

A human without Kantian dignity, an amoral and heteronomous human, is not a person according to Kant. Humans with significant dementia are sub-human, similar to the category Kant thinks fitting of a Labrador. In the kingdom of ends there is a fiefdom where all the non-rational beings are kept, used by the rational beings as a means to an end until they lose their prescribed value and are discarded.

IV. CONTEMPORARY BIOETHICS DERIVED FROM KANTIAN AUTONOMY

For Kant, a being has autonomy when it chooses to obey moral laws out of duty. In clinical settings, to respect autonomy is to acknowledge “the moral right of every competent individual to choose and follow his or her own plan of life and actions.”¹² Whether an individual is deemed competent to make decisions is decided by a clinician after conducting behavioral assessments. Unusual “decisions may prompt suspicion about mental incapacity; for example, a patient refuses a low-risk, high-benefit treatment without which they face serious injury.”¹³ The “capacity to decide” is assessed by testing the patient's ability to hold simple conversations, noting the patient's level of confusion or incoherence, and conversing with the patient's friends and family.¹⁴

12 Albert R. Jonsen, Mark Siegler, and William J. Winslade, *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine* (New York: McGraw-Hill Education, 2015), 62.

13 Jonsen, Siegler, and Winslade, *Clinical Ethics*, 86.

14 Jonsen, Siegler, and Winslade, *Clinical Ethics*, 62.

I argue that when determining whether a human being is entitled to having their moral rights “acknowledged,” cognitive and neurological assessments are rudimentary and subjective. Even considering the development of medical technology and advanced diagnostic methods—such as brain scans, genetic tests, and blood tests—no bodily assessment or laboratory apparatus will ever possess the capacity to prescribe or revoke moral worthiness from a human being. Kant posited a metaphysics that interlaced moral rights and the rational mind, and his discriminatory separation has seeped into the clinical setting and perverted one of the essential pillars of contemporary bioethics: the concept of autonomy.¹⁵

Let's return to the example of a person deemed mentally incapacitated. Such a person would likely fall under the authority of a conservator or a power of attorney (PoA). People under a PoA have limited control over their financial and medical affairs, and limited legal standing. Under Kantian theory, such a person has no inherent worth. Such a person is a non-rational thing that rational beings may use as they wish. Despite their ability to feel happiness, fear, pain, pleasure, and her ability to react to her environment, Kant does not recognize her as a dignified human capable of moral action or possessing intrinsic worth.

In the eyes of contemporary law, such a person's rights to liberty, security, and privacy are severely limited. Nor does such a person have much of a right to bodily integrity since their PoA controls the medications she takes, the surgeries she undergoes, and so on. While such a person technically owns things, her finances and physical possessions are no longer hers alone. In essence, such a person is no longer an agent, and may be subject to mental and physical suffering some of which is legal. I consider the treatment of many such people as inhumane.

One cannot deny that to be a caretaker of a person with dementia is taxing, and to expect that a rational being will be an exemplar of unwavering consideration, compassion, and toleration is unrealistic. To remedy the effects of providing continued care, families often send their ailing loved ones to assisted living facilities. While utilizing these facilities may be the best option for all parties involved, sending non-rational humans away because the emotional, physical, or financial burden becomes too much to bear does resemble Kant's “kingdom of ends” and my vision of its fiefdom.

People with dementia are stripped of their humanity, rights, and recognition as agents. In both Kantian ethics and contemporary bioethics, people with dementia are subject to the will of a rational being that is not themselves. How much time must pass before prescribed value runs out and loved ones with dementia become perceived burdens and

15 Jonsen, Siegler, and Winslade, *Clinical Ethics*, 12.



non-rational things? The answer to this question is decided by rational others, for people with dementia are no longer allowed the intrinsic invaluableness that they deserve as humans.

One may object that rational humans must hold autonomy over non-rational humans to promote the safety and security of the non-rational. But I refuse to accept that an individual's moral worth must be sacrificed in the pursuit of preventing harm and promoting security. Human life is tragically fragile, and if, as a society, we are to renege or dismiss an individual's intrinsic worth once they violate the standards of safety and security, we would have a society of worthless things.

V. CONCLUDING KANT'S PLACE IN CONTEMPORARY BIOETHICS

While I hold reverence for Kant, his notion of autonomy is discriminatory. The rational are not superior to the non-rational. The ability to utilize pure reason does not determine a life's value. Moreover, there ought not be any threshold or requirements when considering a human's moral worth. Merely considering characteristics and abilities to rank the value of a human life is a flagrant violation of equality and the sanctity of life. As the discipline of medical ethics continues to develop, it is critical that it not be shrouded by the Kantian shadow.

In practice, people with dementia are sectioned off from society and removed from the public eye, somewhat reminiscent of the disgraceful "ugly laws" that plagued various cities in the United States for over a century.¹⁶ If we are to consider ourselves advocates of human equality, we must champion a reformation of the treatment of those who have dementia. Contemporary bioethicists and clinicians must reassess the Kantian roots of autonomy and conclude that moral worth is not absent from the non-rational mind. Non-rational is not equivalent to amoral; non-rationality ought not bear any influence on an individual's worth, for the worth of human life is indivisible.



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¹⁶ Adrienne Phelps Coco, "Diseased, maimed, mutilated: categorizations of disability and an ugly law in late nineteenth-century Chicago," *Journal of Social History* 44, no.1 (2010): 23-37, <https://www.jstor.org/stable/40802107>.

