

GUEST COMMENTARY

THE DIGNITY OF HUMAN LIFE: SKETCHING OUT AN “EQUAL WORTH” APPROACH

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Abstract

The term “value of life” can refer to life’s intrinsic dignity: something non-incremental and time-unaffected in contrast to the fluctuating, incremental “value” of our lives, as they are longer or shorter and more or less flourishing. Human beings are equal in their basic moral importance: the moral indignities we condemn in the treatment of e.g. those with dementia reflect the ongoing human dignity that is being violated. Indignities licensed by the person in advance remain indignities, as when people might volunteer their living, unconscious bodies for surrogacy or training in amputation techniques. Respect for someone’s dignity is significantly impacted by a failure to value that person’s very existence, whatever genuine respect and good will is shown by wanting the person’s life to go well. Valuing and respecting life is not, however, vitalism: there can be good and compelling reasons for eschewing some means of prolonging life.

Key Words

Human dignity, equality, moral status, quality of life, value of life

Introduction

What is life? And in what sense, or senses, might the lives of human beings—their activities or simply their presence, whether lively or quiescent—have a claim on our respect? Here I offer a brief illustrated sketch of one approach to the concepts of human life and the dignity of human life—with, of course, no illusion that these and their applications are addressed in anything like the depth they deserve.

The word “life” covers a range of meanings, including *whole life-span*: lives can be *long*, or *cut short*. Alternatively, “life” can refer to our existence *at some moment*, as when we speak of “signs of life.” Then again, it can refer to *spheres* of life: aspects of life on which we will sometimes focus—*work* life, *married* life, *reproductive* life. And it seems these spheres can themselves have “dignity” or a claim on our respect, apart from any dignity attached to our being here at all.

However, the term “life,” when used simply on its own, often refers to our *whole* life, including when we are very young, asleep or very ill, or otherwise mentally *hors de combat*. Life normally involves a huge range of bodily activities, many of which remain quite unknown to us, impressive as they doubtless are. Note, though, that in some cases, a living “whole” or organism may have merely a *tendency* to act: a frozen embryo, perhaps in the future a frozen adult, is alive but “halted in mid-stream,” retaining the tendency to resume bodily activities if treated in a certain way.¹

Life can be seen, then, as either the *process of functioning* as a whole or as existence with the *tendency* to function: “functionality,”² whether or not currently expressed. With all these senses of “life,” we are, of course, referring to *bodily* existence—the existence of the kind of beings we are: embodied wholes, not disembodied ghosts. While reflecting on the mind and its possible expressions after death may help us better understand our bodily selves, the survival of a mind awaiting a body to animate is not “life” in the normal sense of the term. It is the bodily lives of whole human beings and their dignity understood in this worldly terms that I am concerned with here.

Equal Human Dignity

If “life” for the purpose of this paper means either entire life-span or existence at some particular time, what does “dignity” mean? I will use the term as a placeholder for whatever makes it morally/reasonably *appropriate to honour* the subject of that dignity. Although dignity refers to morally/reasonably appropriate honouring, the subject or “moral person” is often being honoured for something other than moral virtue.³ While someone can certainly grow in *acquired* dignity or excellence in regard to moral/other traits, the sense of dignity I mostly want to discuss is the *intrinsic*, “core human” dignity ascribed to the kind of being we are and seen indeed as grounding the moral enterprise of making choices befitting that dignity of others and ourselves.

Many of us subscribe to some notion of *human equality*, believing that human beings are “equal” in some sense, not in abilities or attainments, but (*mutatis mutandis*) in basic rights and, more generally, in basic standing or moral importance. We think that, for example, human beings are *irreplaceable* by any other human being, irrespective of any similarities⁴ apart from their humanity and features inseparable from that. This kind of dignity attaches to everyone, including deeply immoral people, who do not lose their human rights or turn into some lesser, “subhuman” or “subpersonal” kind of being. For that matter, our own activities in practice, as opposed to our orientation to more admirable activities, are not always something to be proud of, as few of us would deny. It is what I am oriented *towards* in terms of rational/relational flourishing, not how I behave in fact, which gives me my core human dignity as opposed to any acquired dignity, bearing in mind that however special a kind of being we are (and it *is* very special), many of our choices are quite mundane or flawed morally or otherwise.

Dignity and Shame

The word “undignified” is a somewhat “lesser” word—one less likely to have strong moral connotations—than either “dignity” or “indignity.” Sometimes, we look or feel undignified in ways not immediately related to our moral choices or those of others, even if our shame or embarrassment does have something to do with the imagined or actual presence of other people. Loss of control over bodily functions is one obvious example. The shame or embarrassment we feel may be no one’s fault and not particularly a *moral* issue, unless by that we simply mean that those around us, where they cannot prevent our plight, should respond with kindness and tact. Different

societies will have different ways of doing this, just as they and the individuals in them may see different situations as undignified.

Other times, however, shame attaches to our *choices* which, either in fact or in someone's perception, are in some *moral* sense unbecoming. Then the danger is that any shame felt by us or others can elicit a radical turning away from what our human dignity now requires—even, in the most extreme cases, turning us or others against our very lives. We see this with honour killings and suicides connected with scandals of some kind, whether relating to criminal behaviour or to non-criminal but socially frowned-on behaviour, such as extramarital affairs. Of course, the dignity of the person is far better served by facing, if need be, some degree of social shame and/or punishment, avoiding both self-harm and harm inflicted by violent individuals or groups. Such scenarios may sound remote from our own experience, but in secular Western countries, too, feelings of shame and fear can trigger a life-ending response, often involving a pregnancy a girl or woman feels driven to abort. One moral indignity, such as sexual exploitation, can lead to another, even if the pregnant woman may still sense, in her desperation, that her own dignity is once again being violated.

Moral Indignities

Moral indignities inflicted by others come in many forms, bearing in mind that we can also be mistaken in feeling disrespected. Again, the fact that I can undergo genuine moral indignities (and behave in a morally unfitting way myself) testifies to the dignity, and perhaps the *intrinsic* dignity, which is being dishonoured. This also applies to situations where other people are not so much hostile as indifferent to us or, at least, to something about us which deserves more consideration. Nor does it seem that the victim must perceive the moral indignity as what it is (slaves, for example, may have internalised others' view of them) or even be mentally capable of perceiving it in the longer term. The moral indignities we condemn in the treatment of elderly people with dementia, for example, are a sign that, despite their cognitive impairment, they have dignity that is being violated. As Alexander Pruss points out:

It is no indignity for a rock to have mud poured over it. Making fun of a monkey does not harm the monkey. Moreover, only a being with great dignity can suffer a great indignity. Thus, that some beings suffer horrendous indignities entails that these beings have great dignity.⁵

Note that moral indignities can be licensed by the person himself/herself, whether at the time or in advance, while remaining moral indignities. For example, some have entertained the possibility of treating permanently unconscious people in ways intended to help other people but which, nonetheless, seem to demean the one so treated. They have mooted the idea of people volunteering, in advance of entering a permanently unconscious state, to be used in dangerous non-therapeutic experiments,⁶ while one author suggests that women might volunteer to be surrogate mothers, should they fall into an unconscious state.⁷ If the living human being has intrinsic human dignity, then surely such actions will violate that dignity, despite being carried out with the subject's prior consent. There is little respect in the first case for the value of one's remaining health⁸ as an aspect of the welfare of the kind of being one is or, in the second case, for the rich social meaning that human pregnancy and the human acts initiating pregnancy should carry. Our intrinsic dignity and what

inherently violates that dignity is not up to us to determine, any more than it is up to others. Moreover, moral indignities we request or authorise can have bad effects on those in a similar condition to our own. We will come back to this later on.

Dignity and Foetal Anomaly

Questions of dignity often arise in relation to end-of-life care, often care of the very elderly. Less often, end-of-life care will be *perinatal* care of babies diagnosed prenatally as having a life-limiting condition.⁹ Here again, terms like dignity or related terms like “honour” and “respect” are sometimes used by women who continue the pregnancy after the child’s condition is disclosed. Thus, one woman describes her devastation at hearing the result of her ultrasound scan, followed immediately by the offer of abortion:

I felt as though no one in the medical profession valued our baby because of her genetic makeup...I wanted to love and honour the life of our little girl and I wanted everyone else to do so too.¹⁰

It is striking that parents who, in contrast, choose abortion in these heartrending situations tend to use the word “honour” more in relation to the baby’s remains or memory or perhaps her spirit, not the living child, focused on while she was still alive.¹¹ The child scheduled for abortion may be *loved* while she is still alive, but the questions remain: is her dignity fully respected and is her “being” fully appreciated? These are painful questions, but for love to be fully respectful and unsentimental, it would seem there must be full appreciation of the loved one’s presence, not just a desire to confer some benefit on the loved one: in this case, the perceived benefit of death. Alexander Pruss¹² identifies three aspects of love—appreciation, beneficence, and a desire for “union” of some kind—which do not seem to be unambiguously present where death is sought as a benefit for the loved one (we will return to this below). The significantly worse emotional aftermath for women of abortion, compared to continuing the pregnancy where the child has a life-limiting condition,¹³ may suggest that wanting to honour one’s child in death is no substitute for knowing that one honoured and accepted her unreservedly in life. (Worth noting is the strongly dualist tone to many parents’ reflections following these profoundly disturbing abortions, where the “real” child is seen more as the child’s spirit “released” by death than as the living, bodily unborn child herself.¹⁴)

Incremental “Value”; Intrinsic Dignity

Returning to the perspective of those who continue the pregnancy after a terminal diagnosis, the remarks of one mother suggest that “value” is being used in a sense more like “intrinsic dignity,” one different to the sense in which life’s “value” would seem to be variable and incremental. Susan says of her son Frankie:

All of us have an inevitable death in the offing. Frankie was no different from the rest of us. We began to see that we could not measure the value of our baby’s life in terms of years or even months or days.¹⁵

The mother of another child, Corinne, had this to say:

We were transformed by the experience of embracing life without putting expectations or limits on her value.... Our devotion to a child who was brought into this world

not because of what she could do for us but for the dignity she brought simply as a human being and member of our family emphasized to [our other children] their own worth...They know now more concretely the unconditional love we have for each of them and that their worth is not predicated by their looks or accomplishments.¹⁶

Often, when we talk about the *value* or *worth* of life, we are really talking about life's intrinsic dignity, a dignity which is non-incremental and time-unaffected, in contrast to the fluctuating, incremental "value" of our lives¹⁷ as they are longer or shorter and more or less flourishing. Life is no different from other "human goods" or aspects of human fulfilment in that we can have more or less of it—more or less life, as we might have more or less friendship, say, or more or less knowledge. There is no problem with saying that thirty more years of life are, in themselves, more valuable for me than three minutes more of life, or with saying that those thirty years are, in themselves, worth more to me—since physical "full-being" is a dimension of human flourishing—if my health is good, rather than poor. (Note that I am not speaking here of the moral and social sense in which, sometimes, more importance may be achieved in three minutes—say, in terms of making peace with estranged family members—than I may have achieved in the past thirty years.)

Childhood is for later adulthood; there is a real sense in which my life as a developed adult is worth more to me in the short term than my life as a three-year-old child, when, however, I had significant *long*-term interests in developing those more mature capacities, projects, and relationships. However, when it comes to the intrinsic, core *dignity* of life, then three minutes, three years, or even thirty years cannot add to or subtract from this dignity in any way. Morally, I matter in my very being, and this applies to every minute and every second, just as I am no more or less a human being if I have a minute or second more to live.

Fulfilling Humankind

What might this intrinsic dignity be, though? Remember that even the youngest and most damaged human being is a member of the human kind: a special *rational* kind, different from any other kind of animal we know. Her body, simply as a human body, is oriented to rational fulfilment, even if such fulfilment will be unattainable for the remainder of her life. Even a baby missing much of her brain is "missing" that part because that part is one she *should have*, as other parts testify (for example, her lower brain which "ought" to support the missing part or indeed her vocal cords which "ought" to help her speak when she is old enough to do so). A dying baby is no less a rational kind of being for the fact she is too sick to grow up to think, just as she is no less a mammal for the fact she is too sick to feed from her mother or to grow up and perhaps feed a baby of her own.

Health and sickness are value terms to be applied to particular kinds of being whose flourishing depends on particular features. We do not let the illness define the person, as if it made him or her a different kind of being, but it is by looking at other humans and how they function and flourish that we understand illness and how it might be treated. Something similar can be said of non-human animals, but while it is a pity that some seagulls cannot fly, it is vastly more of an issue if a being who should be able to *think* is injured in that or some other function. We can value animals' lives

and their health without denying the very obvious chain of being in our world where humans are clearly at the top of that chain and seagulls far below.

As human beings, we differ amongst ourselves in many ways, including the precise form our health interests take: a baby, but not an adult, has an objective, long-term interest in growing up (including sexual maturation), while a girl, but not a boy, has an interest in acquiring the capacity to conceive and gestate a child. However, we are all the same basic *kind* of being, whose form of fulfilment is shared by those of our own kind (with some adjustments for age and sex) and whose fulfilment is always morally important, as the *same* fulfilment in the life of one and the same living being. The status of human life cannot be demoted by disease to that of the life of a lower animal. Human beings have interests in a far richer range of goods than non-rational animals, whose range is very much their own. When things go badly for us, there is more of which we are deprived: more value *missing*, for the very reason that there is also more value (“dignity”) *present* in the orientation to rationality that we always possess. Our interests matter, not as free-floating entities, but as *our* interests—those of the persisting members of the rational bodily kind that we always were.

Valuing Human Existence

If we respect and even love our fellow human beings, we should appreciate them in a special way and, so I am claiming, strongly value their existence as irreplaceable beings. Respect for someone is significantly dented by a failure to value that person’s very existence, whatever genuine respect and good will is shown by wanting the person’s life to go well. As Stephen Brock observes:

It would be a mistake to think that in “wanting good for some being” what is wanted must always be other than the being that it is wanted for. This would make little sense. In loving a friend, one does not just want other goods to exist, for him; one surely also wants him to exist, for him. One wants his wellbeing. A necessary element of this is his simply being... the object of love of friendship, as such, is not only a being for which good is wanted, but also a good that is wanted—for itself.¹⁸

Part of complete respect and love for someone is the perception: it is good that you exist. Nor need this always be linked to any beneficent *action*, even in the context of health care. Rather, the carer will sometimes be simply acknowledging and appreciating the sheer presence of the person cared for, as something valuable in itself. Life can and should be valued, even at moments when it is not being actively promoted.

Dignity and Deliberate Ending of Life

If the dignity of human life must always be acknowledged, is that ever compatible with deliberate *ending* of life or deliberate lethal force applied to the person? Certainly, no one should be killed, not as a current aggressor or as someone who may deserve punishment for a past crime, but simply because they are in our way and/or their death can serve our ends. To treat people simply as obstacles to our plans, for example, and deliberately end their lives for that reason is not to treat them as having equal human dignity to our own. And as regards the value of life, as opposed to the perceived utility of death to other people, it would be quite wrong to suggest that

the lives of prisoners on Death Row, for example, had *no value*. A society troubled enough to want to execute its criminals needs to find a better argument than that.

In contrast, with euthanasia the message may indeed be that life has *no value or dignity*, or at any rate that no value or dignity is present of a kind that prevents the deliberate taking of the life in question. It is one thing to say that life is not “good” (long or flourishing) enough to justify burdensome means of life extension; it is something else entirely to say that life is not “good” enough and does not have “dignity” of a kind to prevent its deliberate termination. A conundrum for legislatures where euthanasia can be requested in advance of loss of mental capacity is what to say about the elderly person who now has dementia but seems quite contented: should such a person be euthanised merely because he or she requested it earlier, no doubt on the basis that life with dementia was seen as lacking dignity? If society carries out choices made, perhaps quite explicitly, on the grounds that life in such conditions has no dignity, is not society *seeming* at least to *endorse* that unflattering view of the person’s life? And what does such endorsement say about the dignity of other people living with dementia?

A similar argument can be made about other conditions where the person is mentally competent and expects to remain so but recoils from dependency or “being a burden”: what message does it give to endorse that choice but not the choice of healthier suicidal people, where the message given rather is that their lives have value *despite* how they themselves view their lives? Yes, aspects of one’s medical care—even good, respectful¹⁹ medical care—may be “undignified” in the more trivial sense mentioned earlier, and one may *feel* them, at least in anticipation, as shameful and/or morally unfitting. However, to say that those aspects and the very life they support *are in fact* shameful or morally unfitting seems a kind of insult,²⁰ however unintended, to others living with the relevant condition.

Nothing about us makes us infallible guides on the value of our lives or, indeed, on other aspects of our welfare. If I say that friends are unimportant and money is all that counts, my opinion is one thing; reality is another. Just as I can disrespect friendship or knowledge, I can disrespect the value and dignity of my own life, whether now (because I see *current* dependency as a state lacking dignity) or in some imagined future (because I see *future* dependency and perhaps cognitive impairment as constituting such a state).

Dignity and Autonomy

Of course, many will claim that appeals to the dignity of life, at least in the case of competent patients, should give way to appeals to the dignity of *choice or personal autonomy*. And certainly, there are cases, such as refusal of unwanted treatment, where health care providers and the State do need to step back and allow people to make their own decisions and their own mistakes in a matter that concerns them first and foremost. That said, there are forms of harm, especially deliberate harm, of oneself and others with regard to which no State and no health care provider can afford to remain passive, let alone become involved. Homicide and suicide are paradigmatic cases of personal choices of pressing public concern. That includes cases where people are killed “for their own sake”: because they wanted this, and/or because—in their view and/or their carers’ view—their life has “no dignity.” We might ask: is this

any less a failure of respect than using someone after loss of consciousness in harmful or lethal research, or perhaps to train medical students in, say, amputation? Is it any less harmful and demoralising to society, bearing in mind that many more people will feel suicidal for one or other reason²¹ than will want to die in lethal research—not to mention those likely to be killed non-voluntarily once euthanasia, in particular, has been legalised?²² The latter scenario may not be morally worse than, but certainly adds to, the moral disvalue of life-ending projects shared between doctors and those patients who are competent to choose death.

It is worth remembering that even our legitimate concern to defer to people's preferences where possible is often a matter of respecting the person rather than valuing the preferences themselves. People are more than their preferences, which can be unworthy of them to form and unworthy of us to endorse, even in those kinds of cases where we do need, at least, to “step aside.” The faculty of choosing, like our other mental faculties, is valuable precisely as (albeit imperfectly) geared towards genuinely good ends: forms of human fulfilment such as life and health, knowledge, and friendship that at times we freely pursue. Choices should respect oneself and others; there are also some limits to the leeway that society should allow people to choose in ways that show—whatever the good faith of those who make those choices—especially serious disrespect. Even if some latitude must be allowed in the service of privacy and freedom to choose well (including under personal pressure), whether that applies to a particular kind of choice will depend entirely on what is being chosen.

Caricatures of Respect for the Dignity of Life

All that said, there are many ways in which respect for the dignity of life is often misunderstood and indeed caricatured, both as regards end of life situations and refusal of treatment during pregnancy. Respect for the dignity of life does not mean “vitalism”: taking all conceivable means to prolong life. There are many cases where life-prolonging interventions should be withheld or withdrawn, whether because these are rejected by a competent patient (who has first responsibility for his or her own health) or simply because the burdens they create for the patient are unwarranted by any slight benefits they may bring. Life is not the only human good, and we are often entitled to pursue other goods (for example, “quality time” at home with our families), even when life and health will be foreseeably impacted. Respect for the dignity of life means, in the first place, *refraining*—refraining from deliberate attacks on life (including deliberate attacks by omission) where there is no question of crime or attacks on others on the part of the person killed.

Similarly, with pregnancy, respect for the dignity of life—applying simultaneously to two separate, though intimately linked, living beings—does not require promoting at any cost the perceived health interests of either the woman *or* her baby. We might think of caesarians, which might be refused²³ by a competent woman confronting a difficult labour: whether she is right or wrong to refuse in a particular case, her guardianship over her baby, and also over her own body that would be invaded, surely extends this far.

Conscientious Refusal of Life-Saving Treatment

Other interventions may be refused by the patient and/or the doctor because those interventions are judged by the patient or the doctor to be morally unjustified. For example, a cardiac patient might refuse a heart transplant out of concerns about the determination of death in “beating heart cadavers.” Returning to pregnancy, a woman carrying triplets or quadruplets might refuse “pregnancy reduction,” i.e. a lethal injection for one or more of the fetuses she is carrying. She might refuse this even to promote the safe delivery of her other babies, and even this could also safeguard her own health, which might be threatened by a multiple pregnancy. Pregnancy is, it can be argued,²⁴ a human relationship, not a relationship between two things or between a person and a thing. Just as the woman should not be reduced to a “carrier” (she is a pregnant mother, not a subhuman object), so her baby or babies should not be reduced to “carried contents” of the womb or “products” of their own conception. The dignity of the woman’s life, her child’s life, and their pregnancy relationship demands more respect than that.

Conclusion

The dignity of life should be perceived as a matter of second nature, producing some degree of awe in us that protects us from temptations to take life unjustly or helps us resist these if they arise. Beginning in our own minds, there is an onus on us to think of each other’s existence in respectful terms or, at very least, not in *disrespectful* terms. In the practical arena, we respect the dignity of life by, first of all, “stepping back”: this is about choices we should *not* make in the first instance, as opposed to those we should. Choices to end life, or to assault lethally an innocent person who is attacking no one, are choices to avoid, whether the individual is a suicidal elderly person, a pregnant woman, or the foetus she is carrying. That said, when such negative duties have been respected, there are many strong, if contingent, *positive* duties to support human life, whether via healthcare or in other ways. And going beyond duty, there are many further positive opportunities to promote the welfare of old and frail and disabled people and pregnant women and babies, whether these are members of our own families or of the wider family from which we all come. The *absolute* moral implications of the dignity of human life may be wholly or largely negative, but a world in which only such negative duties were recognised would be a poor world indeed.

Endnotes

1. Such treatment need not be practically available for the frozen being to be still alive: if treatment for reviving frozen embryos (or adults) has not yet been developed, or if the last person who knows how to give this treatment has just died, this does not change the vital status, as opposed to the prospects, of the beings in question.
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3. Pellegrino, E.D., A. Schulman, and T.W. Merrill, eds. 2009. *Human Dignity and Bioethics*. Notre Dame, IN: University of Notre Dame Press.
4. As Stephen Brock points out, irreplaceability is not the same as uniqueness: “We do not have to suppose that every person makes a unique or outstanding ‘contribution’ to the world—as though, if no category were overlooked, every person would find his or her way into the book of world records. Even if this were true, it would not establish the person’s value as one who exists just for

his or her own sake. It would only establish the value of something that the person has—some quality or work. What we are seeking is something else: the value pertaining to the very subject, the person himself or herself, in his or her sheer ‘selfhood.’” Brock, S. L. 2005. Is Uniqueness at the Root of Personal Dignity? John Crosby and Thomas Aquinas. *Thomist* 69: 173-201.

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11. The word “dignity” appears once in the 46 parents’ narratives in *Our Heartbreaking Choices*, a collection on abortion for medical reasons, and only then in relation to the right to choose, though the words “honor” and “respect” are used in the narratives in relation to dead if not to living babies. Brooks C., ed. 2008. *Our Heartbreaking Choices: Forty-Six Women Share Their Stories of Interrupting a Much-Wanted Pregnancy*. Bloomington: iUniverse.
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14. Watt, H. 2017. Abortion for life-limiting foetal anomaly: beneficial when and for whom? *Clinical Ethics* 12: 1-10.
15. Kuebelbeck and Davis, 2011, 48.
16. Corinne’s Story, at http://www.prenatalpartnersforlife.org/Stories/HPE_Corrine.htm Accessed 13 September 2018.
17. Watt, 2015.
18. Brock, 2005.
19. Genuine moral indignities will in contrast be present in the person’s care if this is callous or perfunctory in some way and thus unresponsive to the person’s intrinsic dignity.
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23. The woman’s special guardianship of her baby’s body as well as her own separate body should certainly be recognised in cases where she competently *refuses* interventions, whether rightly or wrongly. When it comes to *requesting* interventions from others, which will sometimes be unnecessary and/or harmful, we are in a different situation. A request for thalidomide for morning sickness would be one example.
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Join us for our 27th annual conference, *Bioethics & the Body*. Distinguished speakers will examine foundational concepts and bioethical considerations related to the myriad ways in which we view, interact with, manipulate, and analyze our physical bodies. Plenary sessions will focus on understanding the human body through a theological lens, disability and issues of identity in a bioethical context, the goals of medicine with respect to disease, pregnancy and prenatal testing, and the biological and technological merging of the human and nonhuman.

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