Chapter One

There Are Universal Ethical Principles That Should Govern the Conduct of Medicine and Research Worldwide

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In this chapter, I defend the claim that the very notion of morality requires the recognition of at least one overarching, universal moral principle that I call the principle of respect for human dignity. I begin by placing the contemporary universalist versus particularist debate in historical perspective, demonstrating that the current discussion is a continuation of a long-standing argument in moral philosophy. I then outline the conception of human dignity that underwrites the universal principle defended here, arguing that some such overarching principle is essential to the very notion of morality. Nevertheless, while the principle of respect for human dignity acts to constrain moral discourse in the broad sense, I demonstrate that the notion of human dignity is nevertheless amenable to particularist interpretations and applications.

Introduction

It is fitting that a book dedicated to contemporary debates in bioethics should open with a discussion of one of the most basic and fundamental questions in moral philosophy, namely, whether there are or can be any universal moral principles. How one responds to this question indicates a great deal about what one thinks about the nature of morality, the process or moral reasoning, the goals of moral discourse, and the possibility of moral progress. Indeed, this question has implications for the nature of the relationship between ethics and the law and the rule of law locally, nationally, and internationally.

In this chapter, I will defend the claim that there is at least one universal moral principle that has been described variously in the history of moral philosophy (at least since Kant, 1785/1948) as the principle of humanity, principle of respect for persons, and principle of human dignity. This is not to say that all of these formulations are equivalent; anyone who has read even a little philosophy has discovered that philosophers are wont to make distinctions and to write treatises on the same, even though such distinctions at times make little if any practical difference. Nevertheless, for the purposes of this discussion, these various formulations of what might be termed the fundamental principle of morality will be treated as roughly equivalent. I will focus on the concept of human dignity in an attempt to demonstrate both the necessity of some such general principle to our understanding of the nature of morality and the process of moral discourse, as well as
to outline how such a general moral principle is nevertheless amenable to more particular and local interpretations and applications. Although the concept of human dignity has been much discussed and debated in recent years, it is still invoked widely in various national and international ethical and legal codes, including many that pertain to healthcare and health research. Combining aspects of the various formulations listed above, the universal principle defended here will be called the principle of respect for human dignity.

Now, such a general principle is admittedly abstract, and it is not immediately clear what it captures in terms of moral content, or how the principle would be applied to give moral guidance in specific cases. Defenders of principlism, or some version of it, generally argue that more specific action guiding principles are derived from some such fundamental principle. For example, Downie and Telfer (1969) refer to particular principles that deal with such actions as truth-telling and promise-keeping—and the many other specific requirements of morality—as reflecting the existence of moral rules, while the general, universal principle (respect for persons is their preferred formulation) serves as the “supreme regulative principle” for such specific rules (p. 15). A similar taxonomy underlies the famous four principles of bioethics—autonomy, beneficence, nonmaleficence, and justice—popularized in various editions of Beauchamp and Childress’ (1979/2009) Principles of Biomedical Ethics. However, we cannot simply assume the existence either of some universal moral principle or of any specific requirements of morality per se, for there are those who deny the existence of both (Rorty, 1989; Dancy, 2004).

Particularism is the view that there are no general, universal moral principles that apply to all cultures; neither does moral reasoning consist in looking to such general principles for guidance when deciding on a morally appropriate act in any given situation. “I do not think there are any plain moral facts out there in the world,” states Richard Rorty (1989), “nor any truths independent of language, nor any neutral ground on which to stand and argue that either torture or kindness are preferable to the other” (p. 173). According to the particularist, what is “right” or “wrong” is culturally or situationally relative; as such, a reason that might be given to claim that a certain act is right in one situation might, in a different circumstance, serve as a reason to argue that the same action is wrong (Dancy, 2004). This being the case, particularism is akin to one or more species of ethical or moral relativism (Benbaji & Fisch, 2004; Capps et al., 2008). If the claim we are defending is that there are universal moral principles (at least one, in any case) that apply irrespective of particular context, then arguments must be marshaled in support of that claim. The purpose of this chapter is to outline such an argument.

In what follows, I begin by describing the current universalism versus particularism debate in moral philosophy, a debate that has been ongoing in various guises for much of the history of Western philosophy. As Daniel Callahan (2000) has noted: “There are only a limited number of ways of understanding morality, most of them by now historically repetitive. They may be dressed up in new clothes, or have had their hair cut since last year, but in their most naked state they have a familiar looking visage: haven’t I seen that face somewhere before?” (p. 37).

Given this rich and somewhat repetitive history, it would be presumptuous to suggest that some original insights on this age-old argument are about to be presented here. Nor will we cover all of the key historical and intellectual moments that have brought us to where we are today. Nevertheless, it will be necessary to touch upon a few historical details, particularly as they relate to the concept of human dignity, in order to appreciate some of the key differences in the understanding of the nature of morality and the process of moral reasoning that underlie the current debate. The latter part of the chapter will elaborate the claim that the very notion of morality requires at least one universal moral principle, which, for present purposes, is labeled the principle of respect for human dignity.

The Universalism–Particularism Debate in Historical Perspective

Almost two decades ago, physician-ethicist Edmund Pellegrino (1993) published a short article titled “The metamorphosis of medical ethics,” in which he recounted briefly the history of medical ethics and the
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major changes in theoretical and critical perspectives then occurring that he believed threatened to reshape bioethics in succeeding years. In recounting this metamorphosis, Pellegrino divided the history of medical ethics into four overlapping periods: the quiescent period, the period of principlism, the period of antiprinciplism, and the period of crisis. By far the longest is what he called the quiescent period stretching all the way from Hippocrates in ancient Greece until the 1960s in the United States—a period that he believed was enriched over the centuries by contact with Stoic and religious traditions.

The 1960s saw the advent of modern, technologically driven medicine and with it the ethical challenges presented by such developments as artificial ventilation, nutrition, and hydration, the allocation of expensive and scarce resources like kidney dialysis, and many other complex problems. On Pellegrino’s reading, the 1960s and 1970s saw the beginnings of a metamorphosis in which the quiescent period of bioethics was subjected to critical philosophical inquiry and when a second period of principle-based ethical theories reshaped the virtue-based ethic of the Hippocratic tradition. This, to use the now familiar terminology, was the rise of the period of principlism. However, by the early 1990s, Pellegrino believed this period had already come to an end. Indeed, in his view, modern medical ethics was then at the end of a third period of antiprinciplism, in which competing moral theories were challenging the primacy of principles in bioethical decision-making.

According to Pellegrino, the fourth period of this metamorphosis, which he dubbed a period of crisis, was just beginning at the time he wrote his article, a period in which “the conceptual conflicts in ethics and the scepticism of moral philosophy challenge the very idea of a universal, normative ethic for medicine” (p. 1158). It is this supposed period of crisis that serves as the backdrop to the present volume of contemporary debates in bioethics, and gives rise to the question of the very existence of universal moral principles discussed here.

The metamorphosis of medical ethics that Pellegrino describes occurred over a period of little more than three decades at the end of the twentieth century. However, this rapid transformation serves as a kind of microcosm for a much larger and longer debate that has animated the history of moral philosophy from ancient times forward, culminating to some extent with the Enlightenment (see MacIntyre, 1981, especially Chapters 1–6). What Pellegrino describes then as a quiescent period for medical ethics, was an often-tumultuous period as far as the broader history of moral philosophy is concerned. The Enlightenment project of establishing morality on a solid rational base thus parallels Pellegrino’s period of principlism. Indeed, Kant’s (1785/1948) categorical imperative—particularly the practical formulation that requires that we “treat humanity, whether in our own person or in that of any other, never simply as a means, but always at the same time as an end”—is still considered by many as the quintessential moral principle.

However, just as Pellegrino’s period of principlism gave rise almost immediately to an antiprinciplist backlash, the post-Enlightenment period, beginning in the late eighteenth century and stretching all the way to the post-modern present, has been one of continuous philosophical debate about the nature of knowledge in general, and the possibility of moral knowledge in particular. Thus, Pellegrino’s period of crisis for contemporary bioethics, which started a mere two decades ago, has its roots in the previous two centuries of what might be described variously as a post-Enlightenment era of epistemic, existential, and moral turmoil.

Whether we are now in a period of a particularly acute moral crisis is thus a matter of perspective. Antiprinciplists and particularists will not see the current state of moral knowledge, whether in bioethics or otherwise, as a matter of crisis, as this is all there is as far as morality is concerned. To put the point somewhat facetiously, since in principle there are no moral principles, there cannot be a crisis if no principles can be established. Supporters of principlism, on the other hand, may or may not see this as a crisis. On the one hand, some like Pellegrino will see the rejection of principlism in bioethics as the loss of a basis of moral authority, opening the door to unbridled relativism and the potential for anarchy and nihilism, as far as ethics is concerned. Others, however, will see the current anti-principlism backlash as just one more skirmish in a larger intellectual debate that has been ongoing since the Enlightenment, if not longer.
Despite such sceptical attacks on knowledge in general, and moral knowledge in particular, science has continued to advance, and even moral sceptics like Rorty (2007) admit that post-Enlightenment developments such as the abolition of slavery and the emancipation of women represent genuine moral progress. On this latter view, then, the current period in bioethics does not represent any particular crisis, but is rather one more chapter in an ongoing debate about the nature and possibility of moral knowledge. An equally facetious way of characterizing this latter perspective is that since, in principle, moral thinking requires principles (at least one, in any case), there can be no crisis occasioned by the particularist’s supposed rejection of principlism.

The position defended here is that the very idea of morality requires the existence of at least one overarching moral principle that we have called the principle of respect for human dignity. In order to appreciate the nature of this claim and the notions of moral knowledge, the process of moral reasoning, and the goals of moral discourse to which it gives rise, we need to touch briefly on some of the key historical developments of the concept of human dignity which culminated in the Enlightenment thinking of Kant and his contemporaries, and which are reflected in subsequent philosophical debates still ongoing today.

Emergence of the Concept of Human Dignity

Although the actual phrase human dignity first appears in Renaissance literature only shortly before the Enlightenment, the ideas of human excellence and superiority over the rest of nature have existed since antiquity. Greek and Judeo-Christian notions of human superiority thus represent the roots of the Western concept of human dignity, albeit with decided ethno-centric and religious overtones. Thus, the human excellence mentioned in Hellenistic thought tends to focus on Greek superiority over other barbarous peoples, while the Judeo-Christian variety focused on those who found salvation through the Church. In the early Middle Ages, Christian theology and Greek philosophy merged, first in neo-Platonic interpretations of the gospel such as that of St. Augustine, and later, after the rediscovery of Aristotle in the West, in the philosophical theology of St. Thomas Aquinas. It is this hybrid notion of human superiority and excellence that gave rise to the notion of human dignity that was crystalized eventually in Renaissance humanism (Baker, 1947; Kristeller, 1972).

The exaltation of human beings simply because of their humanity rather than as god-like beings thus has its birth in Renaissance humanist thought, albeit with strong religious overtones. However, with the advance of scientific knowledge during the Enlightenment, there was increasing emphasis on the regularities of nature discoverable by human reason, and a concomitant de-emphasis of the centrality of divine law. Once the idea of Natural Law came to be formulated in terms of subjective rights inherent in individual persons—as it did, for example in the thought of John Locke—it made sense to think of human beings as worthy of respect simply on the basis of their being human.

The challenge for eighteenth century moralists, like Hume, Kant, and their contemporaries, was to reaffirm morality on a nonreligious base. Like his contemporaries, Kant wrote from the perspective of one with access to a rich historical tradition concerning the subject of human dignity, but faced the challenge of a scientific age that both undermined the traditional metaphysical underpinnings of that concept, and with it, seemingly, the very foundations of morality.

Kant (1785/1948) believed that the basis of morality had to apply universally, and as such it could not be discovered in the contingent phenomenal world. Thus, he posited the existence of an ideal noumenal realm that he called the kingdom of ends, which is populated by analytic and eternal truths. It is there he purports to discover both the ubiquitous human capacity for autonomous self-legislation of the moral law—the very basis of human dignity in his view—and with this capacity, the supreme principle of morality, namely the categorical imperative. In Kant’s view, it is this capacity for autonomous choice that gives humanity its dignity.

Human dignity is still invoked in this universal sense, such as when we speak of the basic moral worth possessed by all human beings; it is this notion that underwrites the principle of respect for human
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dignity that is the focus of this chapter. To refer to dignity in this manner is to invoke a species-referenced conception that ascribes worth to human beings simply on the basis of their humanity. When used in this sense, we mean to convey the idea that all human beings have basic moral worth irrespective of any contingent historical, traditional, or cultural circumstance. One does nothing to earn basic dignity, and one can do nothing to lose it. Just being human invests one with this basic moral worth irrespective of rank or station. Although history is replete with examples of moral atrocities in which this basic human dignity has been denied or otherwise violated, no such action can erase this fundamental worth. Indeed, the very notion of “crimes against humanity” presupposes such a fundamental and universal moral norm that can be violated and which we are all responsible to protect.

Our concept of morality is predicated on the assumption of the intrinsic moral worth or dignity of humanity. The essence of morality is to guard, protect, and advance this fundamental value. A crime against humanity thus not only violates the dignity of the individual persons who are subjected to torture, ethnic cleansing, rape, unsanctioned biological experimentation, or whatever other atrocities one might imagine, but violates the very notion of what it is to be human, which we all share. As such, a crime against humanity is a crime against us all. If the human community fails to respond to such atrocities, we lose something of ourselves in the process. In point of fact, the human community has responded by invoking just such a notion of dignity as reflected in the Preamble to the Universal Declaration of Human Rights (1948), in the European Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine (1997), in the Report of the President’s Council on Bioethics (2002) titled “Human Cloning and Human Dignity”, and in various other national and international charters. The essence of this conception of dignity is not that people have a right to be treated with dignity, but rather that people have rights because they have dignity. Some such notion is part and parcel of our contemporary understanding of the very nature of morality itself.

Kant’s contribution to our current understanding of human dignity is significant, as he helped to articulate the notion in nontheological language. Nevertheless, his attempt to establish the universal basis of morality on a nonreligious ground ultimately failed. The concept of dignity that he developed and tied to the capacity for rational autonomy required an excursion into speculative metaphysics after all. Although his transcendental deduction of the categorical imperative ostensibly circumvented religious metaphysics, many of his post-Enlightenment critics found it difficult to buy his alternative metaphysical deduction that occurred in the mysterious kingdom of ends. Indeed, Kant himself found it difficult to make the return trip from the transcendental noumenal realm where he ostensibly discovered the supreme principle of morality, to the actual phenomenal world that we all inhabit and in which that principle is supposed to provide practical guidance. Thus, in one infamous essay, he argues that the categorical imperative would require one to tell the truth to a murderer who was searching for the whereabouts of innocent victims, even though doing so would predictably result in the death of these innocent others. In Kant’s view, to tell a lie, even to a murderer in an attempt to protect innocent victims, would be to treat the murderer merely as a means rather than as an end, and as such would violate the categorical imperative. It is this kind of inflexible application of principle without any consideration for the contingencies of actual life situations that has vexed particularists who understandably have little patience with such wooden formalism.

As John Arras (2010) notes in his entry from the Stanford Encyclopedia of Philosophy, not only is such an insensitive and formalistic approach to ethical decision-making fodder for the particularist, but also it frustrates contemporary principlists: “Blundering into a situation armed with inflexible and invariant moral principles that must hold everywhere and always in the same way, no matter what the facts on the ground, is … a big mistake, although identifying actual theorists who are guilty of such ham-handed blundering might prove to be a challenge.”

In fact, Kant himself, the grandfather of contemporary principlist theorists, appears to commit just such a ham-handed blunder, much to the chagrin of many of his principlist posterity. So, while Kant has captured something about the very essence of morality in his formulation of the categorical imperative, he appears
to confuse the form of moral discourse with its content in his wooden and inflexible application of that principle. As Arras correctly notes, few contemporary principlists commit this same blunder. Instead it is mainly the particularist critics who confuse the form of moral discourse, the process of moral reasoning, and the content of moral judgments when they reject such Kantian caricatures of principlism.

The Dynamics of Dignity and Moral Particularism

Although appeals to human dignity still figure prominently in various contemporary bioethical documents, conventions, and treatises such as those noted previously, the concept often receives short shrift in contemporary bioethical discussions, especially in the United States. Callahan (1999) notes that the idea of human dignity is “typically scorned by secular minded American bioethicists as too vague to be useful and too weighted with the baggage of religion to be safely used in a pluralistic society” (p. 281). This apparent vagueness has prompted Ruth Macklin (2003) to reject the notion outright as a “useless concept.” Neither Callahan nor Macklin are moral sceptics. Indeed, Callahan (2000) has argued that “an underlying universalism is inescapable” in contemporary morality, and Macklin (1999) has argued forcefully against scepticism and relativism in ethics: “My own view,” she says, “is that without ethical principles as part of a framework, there can be no systematic way to justify ethical judgments.” She also argues, “the key to rebutting ethical relativism lies in understanding that an ultimate moral principle can be consistent with a variety of specific standards and rules that can be found in the moral codes of different societies” (p. 43).

I share both Callahan’s and Macklin’s views about the nature or morality and the necessity for some underlying, universal moral principle. However, I do not share their aversion to the concept of human dignity. In various writings (Pullman 1996, 1999, 2002a, 2002b, 2004a, 2004b, 2010), I have explicated a notion of human dignity that can serve as an underlying universal principle for morality but which is nevertheless amenable to a variety of standards, rules, and codes that might arise in different social and cultural contexts. Like Robert Paul Wolff (1973), I believe that in the categorical imperative, Kant “touched the very heart of morality” (p. 175). The principle of respect for human dignity defended here is thus intended to capture the essence of the categorical imperative. Unlike Kant, however, I do not believe we need to wander into speculative metaphysics (religious, secular, or, otherwise) in order to establish the priority of this principle for moral discourse. Instead, I argue that basic dignity functions as a meaning constraint on moral discourse (Pullman, 2004a, 2004b). By this, I mean that the very notion of morality entails a commitment to the fundamental moral worth (i.e., dignity) of all humanity. As such, I follow a tradition in moral philosophy that maintains that the proposition “all human beings qua humanity are possessed of dignity” functions as a logical primitive or fundamental axiom in moral discourse (Goodin, 1981, p. 97). It is a postulate of moral experience, albeit a very unique postulate. Writing half a century ago, at about the time Pellegrino identifies as the birth of contemporary principlism, Pepita Haerzli (1961/1962) sums up the point this way: “moral experience, though it is our only means of discovering this postulate, is not to be treated as though it were the cause or the ground of the postulate. On the contrary, the postulate is to be treated as through it were the cause and the ground of moral experience, on the justification that moral experience can be explained only completely by this postulate” (p. 223). Respect for the fundamental moral worth of all humanity (i.e., respect for human dignity) functions as a presupposition or pre-understanding of our moral experience as expressed in our linguistic communities. It is what Habermas (2003) describes as “a prior ethical self-understanding of the species, which is shared by all moral persons” (p. 40). “It is not merely out of a desire to spread our own way of life that we demand universal acknowledgment of a certain fundamental dignity in all human beings,” states Fleischacker (1994), “we cannot avoid believing that those who do not recognize human dignity are wrong about something, that they have failed to recognize something about the very nature of morality” (p. 17).

Although it is one thing to claim that the notion of basic human dignity is essential to the very notion of morality as we now understand it, we are nevertheless
still faced with the question of how that notion provides moral guidance in particular life situations. How does the principle of respect for human dignity overcome the kind of ham-fisted formalism of which Kant was guilty in his attempt to apply the categorical imperative? How does such a formal principle provide normative direction in the wide variety of particular historical, social, and cultural circumstances that characterize the human situation? Given the focus of this volume, how does the principle of respect for human dignity inform contemporary debates in bioethics?

The beginnings of an answer to such questions can be found in a companion notion of dignity that is also extant in our ordinary moral discourse. Unlike the formal, universal conception that underlies the principle of respect for human dignity defended here, this companion conception is contingent on a variety of historical, social, and cultural perspectives. This is the notion of dignity we have in mind when we speak of living and dying with dignity, of conducting ourselves in a dignified manner, or even the dignity that might be attached to a certain station or office in life such that holding that position might qualify one as a “dignitary.” This is a dignity that might be gained or lost through personal effort, failure, or even through good or bad fortune. At times, we speak of a debilitating illness as robbing a person of his or her dignity, while in another situation, we might say that someone else bore the burden of a similar illness with dignity. Health psychologist, Alan Radley (2004), sums up some aspects of this conception of dignity as it arises in the medical context this way: “dignity is something worked out between people, an idea that makes its appearance in the practices of sufferers and observers. It is therefore contingent upon social relationships, both between medical professionals and patients, and between sufferers and carers” (p. 183).

While we have used the term “basic dignity” to identify the formal, universal, noncontingent conception of fundamental moral worth articulated to some degree by Kant, we can refer to this latter, companion, contingent conception under the rubric of personal dignity. Two immediate caveats are in order: First, basic and personal dignity as described here are not two different concepts of dignity; rather, they are complementary conceptions of a single unified concept. Basic dignity as such is a formal notion that articulates something fundamental about the nature of morality itself; personal dignity then expresses something of morality’s content. To paraphrase something Kant said in a somewhat different context: “Basic dignity without personal dignity is empty; personal dignity without basic dignity is blind.”

A second immediate caveat has to do with the term personal, for it is important not to confuse it with the term individual. Rather, the intent of the notion of personal dignity is to capture the fact that the self is a socially constructed entity. Our understanding of personal dignity is tied to notions of self-respect and self-esteem, and is intimately related to the complex social and psychological processes involved in self-formation and self-expression, not just as individual persons, but also as a society at large. Indeed, depending on the context, it might be appropriate to use the term social dignity to describe this socially constructed conception. The point here is that this conception of dignity captures the broad range of complex factors that contribute to our understandings of who we are, both corporately and individually.

Perspectives on personal or social dignity vary with historical, cultural, and traditional experiences and values, as individuals and communities engage in the ongoing process of defining and redefining who they are and the kinds of people they are striving to become. Indeed, our understanding of moral progress is tied to some degree to this process of social construction and individual identity, as various cultures and societies throughout human history have engaged in practices and developed customs that express how they perceive themselves in a different light. To allude to an example mentioned earlier, the abolition of slavery in the United States in the nineteenth century represented an intentional act of the American people to define themselves in a different way. Like any other major social transformation, this change was resisted by many. Indeed, many slave owners were indignant that others would judge them for a practice they believed to be morally acceptable. It took a civil war to effect a social change that the vast majority of contemporary Americans now see as a matter of moral progress. Abolition served to recognize the basic dignity of every human person while at the same time providing the opportunity to enhance
the personal and social dignity (i.e., communal self-perception) of all Americans.

The foregoing example illustrates, to some degree, the manner in which the conceptions of basic dignity on the one hand, and social or personal dignity on the other, work together in a kind of dynamic interaction. In nineteenth-century America, there was a certain subset of the population who saw nothing inherently wrong with the practice of slavery. Indeed, for many, there may well have been a sense of personal dignity attached to the social status achieved from being a slave owner. However, given the role that the principle of respect for basic dignity plays in moral discourse, all such particular understandings of social and personal dignity are constrained finally by the presupposition of the basic fundamental moral worth of every human being. It was this basic conception that served to ground and motivate the social change that was eventually effected.

The slavery example illustrates how basic dignity acts as a constraint on the manner in which various social and individual practices expressive of particular self-understandings are manifested in various times and places. However, given that the relationship between basic and social or personal dignity is dynamic, we should expect that at times particular social and personal self-understandings and expressions of dignity might have a reciprocal effect on our understanding of basic dignity. Here we can think of the manner in which the laws on therapeutic abortion have evolved in various Western democracies over much of the past half century. Kant’s efforts to distance morality from religious metaphysics notwithstanding, it is a historical fact that the Judeo-Christian faith has continued to play a defining role in many Western democracies, even after the Enlightenment. Hence, the notion of basic dignity that has constrained moral discourse in these broader communities is still often articulated with strong religious overtones. This explains, to some degree, the continuing aversion to the notion of basic dignity within American bioethics. Thus, many Western democracies have prohibited therapeutic abortion on largely religious grounds as a violation of the sanctity of human life, where this latter phrase serves as a religiously informed surrogate for the basic conception of dignity. Nevertheless, over time, as the notion of the separation of church and state evolved from a political ideal to a practical social principle, it became evident that on a range of social issues, individual persons should have the liberty to decide for themselves what was expressive of their own particular values on such issues as the moral status of the early-term fetus, and on the permissibility of therapeutic abortion. Here, the right of various individuals or social groups to express their own perceptions of what constituted a dignified life for them has pushed back against what was perceived to be an overly restrictive, inflexible, and religiously based conception of basic dignity; hence many formerly restrictive laws were relaxed accordingly. This is not to say that the notion of basic dignity was lost in the process; only that it was separated to some degree from its historical association with a particular religious tradition. While the principle of respect for basic dignity continued to constrain moral content, it did not dictate specific normative content in the manner it had done so previously when articulated in largely religious terms.

Individual persons in most Western societies now have greater liberty to decide for themselves how to dispose over early-term fetuses. Nevertheless, the vast majority of jurisdictions continue to place some restrictions on what constitutes appropriate actions vis-à-vis later-term and viable fetuses that are for all intents and purposes equivalent in biological status (if not legal status) to newborn infants. The latter is an area of ongoing discussion and debate in contemporary bioethics, and illustrates again the dynamic interaction that takes place within the full concept of human dignity between the formal, basic principle of respect for human dignity, and the particular expressions of that dignity as articulated across various social and cultural circumstances (Pullman, 2010).

**Conclusion**

Not every contemporary issue in bioethics can or should be reduced to a discussion of the dynamic tension between the basic, universal, principle of respect for human dignity, on the one hand, and the socially and culturally contingent expression of social or personal dignity on the other. The key point for our current discussion of contemporary debates in
bioethics is to note that some such universal moral principle is both necessary to the nature of moral discourse in general, while at the same time recognizing that such a principle is amenable to a variety of particularist expressions, depending on social or cultural circumstances. When we consider such contemporary issues as human cloning, patents on human genes and embryos, the buying and selling of human organs, in vitro fertilization, eugenics, and so forth, the nature of moral discourse behoves us to consider how our discussion and responses are informed by our understanding of the common dignity we all share. Indeed, this is essentially what is captured in the various universal declarations of human rights and human dignity mentioned previously. Each such document recognizes the moral imperative to treat all humanity with dignity and respect irrespective of social or cultural circumstance. At the same time, the dynamic flexibility afforded by such a notion allows that not every social or cultural group, let alone every individual, will arrive at the same answers to these questions.

The conversations we have about such questions and the answers we provide will have implications for how we think about our common dignity, and could well open up possibilities for further conversations, while perhaps foreclosing the kinds of conversations we might have on such matters in the future. Given the potential of contemporary reproductive technologies, within the not too distant future we could see the advent of human cloning, the creation of human–nonhuman chimeras, germ-line changes to the human genome, and so forth. What we perceive to be essentially human today could be something quite different tomorrow. How we think about our basic human dignity and its normative consequences could also be affected. It is no small matter as to how we conceive of the nature of morality, and the role of moral principles in such discussions.

The ongoing moral discourse that occurs within and between communities on these and other issues presupposes something like the principle of respect for human dignity. Without some such common understanding, we have no means of articulating a common moral vision as a social group, nation, or broader international community, no way to measure moral progress or regress, and no basis for judging the actions of other nations, social groups, or even individuals as either morally praiseworthy or blame-worthy. Ultimately, without such principles, we have no basis on which to sustain the ongoing conversation that defines and articulates our common humanity.

References


