Human dignity in healthcare: A virtue ethics approach

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Abstract

The term 'dignity' is used in a variety of ways but always to attribute or recognise some status in the person. The present paper concerns not the status itself but the virtue of acknowledging that status. This virtue, which Thomas Aquinas calls 'observantia', concerns how dignity is honoured, respected or observed. By analogy with justice (of which it is a part) observantia can be thought of both as a general virtue and as a special virtue. As a general virtue observantia refers to that respect for human dignity that is implicit in all acts of justice. As a special virtue it concerns the specific way we show esteem for people. Healthcare represents a challenge to observantia because those in need of healthcare are doubly restricted in expressing their dignity in action: in the first place by their ill health and in the second place by the conditions required by healthcare (hence the sick are termed 'patients' rather than 'agents'). To be understood properly, especially in the context of healthcare, the virtue of observantia needs both to qualify and to be qualified by the virtue of misericordia, empathy or compassion for affliction. The unity of the virtues requires a simultaneous recognition of the common dignity and common neediness of human existence.

Keywords: Thomas Aquinas, dignity, virtue ethics, healthcare ethics, observantia

Varieties of dignity

The word dignity, as Daniel Sulmasy has ably demonstrated, is used in a variety of senses (Sulmasy 2009; Sulmasy 2013). These include (but are not exhausted by) 'attributed dignity', that dignity that people possess in virtue of their place in society (as when we respect the position of a doctor or a judge or a Head of State, say); 'intrinsic dignity', that dignity which we ascribe to all human beings simply in virtue of being human (and which is invoked as the basis for universal human rights); and – in Sulmasy's delightful terminology – 'inflorescent dignity', that dignity which people possess to a greater or less extent inasmuch as they lack or possess, gain or lose special qualities, excellences or virtues (this is the kind of dignity we acknowledge by medals for bravery or awards for lifetime achievements).

Sulmasy's analysis is very helpful, though one should note that having a variety of usages is not special to the word 'dignity'. Any word that is remotely interesting is used in more than one context and with more than one sense. There are some technical words that only have one narrow and specific meaning, but the words of ordinary language generally express a range of related meanings. Their use in different contexts is not equivocal nor is it simply metaphorical but it is what Thomas Aquinas called analogical (*Summa Theologiae* I, q. 13, a. 5, see McCabe 1964). The different senses of a word are related by analogy.[1]

Analogical terms often have a central or fundamental meaning in relation to which other meanings are best understood. For example you can have a healthy diet, a healthy complexion or a healthy human being, but it is the physical health of the flourishing human person that is the central meaning determining the others. A healthy diet is what is conducive to the health of a person and a healthy complexion shows that a person is healthy. These are secondary meanings. Sulmasy has helpfully shown that the most fundamental meaning of human dignity is intrinsic dignity: the dignity

[1] There is a lively controversy among Thomists as to whether the idea of analogy concerns the structure of the universe or whether it concerns the use of language. Without entering into this debate it is clear at the very least that many terms in ordinary language are not predicated with a single meaning.

we have inherently and in common on the basis of our human nature (Sulmasy 2013; see also Vlastos 1982; Gormally 2002; Andorno 2009). Nevertheless, Thomas Aquinas pointed out that the context in which we first learn a word does not necessarily provide its most fundamental meaning (*STh* I, q. 13, a. 6 ad 1). So what is first in order of learning is not necessarily first in order of logic. This is a general truth and is also applicable to the word 'dignity', where it is the attributed use which is often the first to be learned, notwithstanding that the intrinsic dignity has priority in relation to moral understanding. It is therefore possible to 'agree with Waldron (1999; 2011) that it is the second attributed sense, dignity as public status or acknowledgement, which was the first to appear historically, and yet think that over time we have come to discover a more fundamental meaning' (Jones 2013: 532; see also Jones 2010: 99-103).

The aim of this paper is to set out a virtue ethics approach to the concept of human dignity. Sulmasy has shown one way in which virtue relates to dignity, in that there is a dignity that we recognise in someone who possesses virtue – what he terms 'inflorescent dignity'. This paper considers another way in which dignity and virtue are related: not that there is dignity in having virtue but that there is a virtue in respecting dignity. Dignity concerns the status that someone possesses for some reason (and there are a variety of kinds of reason). The present paper concerns not the status itself but the virtues of acknowledging or showing respect for that status. It reflects on the dispositions or character traits that incline us to show respect for someone else – to be respectful.

The virtues of acknowledging dignity

For any sense of dignity, there will be some *basis* for the dignity (why it is regarded as merited), there will be some forms of behaviour that are regarded as *befitting dignity* (decorum, dignified behaviour by the person appropriate to rank or status), and there will be forms of behaviour by which others *acknowledge dignity* (show respect). A good person will possess virtues that dispose him or her to acknowledge the dignity of others.

The ideas of dignity and respect are inherently related. Dignity at first expressed the well-known and overt high-standing of someone within the community. 'The Latin *dignitas* is related to *decus* (decent, decorous) and is related to a Sanskrit root which connotes fame, honour, or glory' (Jones 2010: 99). Concomitantly, respect is from the Latin re-spicere, to look back, to review or to regard, so that it comes to mean having regard to someone who has this standing. To possess dignity is to be worthy of regard.

The account of these virtues developed here draws on the thought of Thomas Aquinas, although not because he had a particularly well developed account of human dignity. Human dignity in its most fundamental sense, intrinsic dignity, does not play a prominent role in Thomas's moral thinking. It is of course possible to give an account of intrinsic human dignity in terms taken from Thomas Aquinas as Luke Gormally (2002), among others, has done, and this is wholly in conformity with the spirit and character of Thomas's thought on the origin, nature and destiny of human beings. However, Thomas himself did not generally frame his moral thought in this way and so we need to do some work in order to show what a Thomist account of human dignity would look like. Nevertheless, if we wish to relate dignity to the concept of virtue then it is worth doing this work, for Thomas Aquinas is not only a thinker of great significance in the Western philosophical tradition but is also perhaps the most sophisticated proponent of the concept of virtue as a key element of moral thought, in some respects surpassing even Aristotle.

Current philosophical accounts of human dignity and respect for persons owe much to the philosophy of Immanuel Kant, as it is argued that 'Kant was the first major Western philosopher to put respect for persons, including oneself as a person, at the very centre of moral theory' (Dillon

2014; see Shell 2009; Hauskeller 2010). Without denying that there is much insight to be gained from engaging with Kant's thought on this topic, the themes of honour, dignity and respect long predate the eighteenth century. Taking virtue theory as a starting point, and drawing on the writings of Thomas Aquinas, offers a new perspective that has the potential to enrich the current debate.[2]

Thomas Aquinas follows Tully in giving the name *observantia* to that virtue by which we acknowledge someone's dignity. 'It is by *observantia* that those who excel in some kind of dignity (*homines aliqua dignitate antecedentes*) are treated with dignity (*dignantur*) through worship and honour' (*STh* II-II, q. 102, a. 2 sed contra). *Observantia* is a virtue related to justice (*STh* II-II, q. 80): it properly observes a person's status or dignity, and so pays the person the respect that is his or her due. Thomas takes *observantia* as having two parts, *dulia* (*STh* II-II, q. 103), which I will translate as 'respect', which is that virtue by which we demonstrate our esteem for someone as appropriate to their status, and *obedientia* (*STh* II-II, q. 104), which is our disposition of obedience towards those who have authority.

As stated earlier in this paper, the first kind of dignity *in order of learning* may well be attributed dignity. It is clear from the context that attributed dignity is what Thomas has in mind in his discussion, and in particular that he is concerned with the dignity of office, which is why he can so easily resolve *observantia* into respect *for* superiors and obedience *to* superiors. This example also provides Thomas with the basis to distinguish *observantia* (honouring superiors) from religion (honouring God) and piety (honouring parents). Nevertheless, while Thomas has in mind at this point only one kind of human dignity, his scheme is applicable to dignity in all its various senses, including intrinsic dignity. There is a virtue of observing people's dignity, and this virtue will both dispose us to actions by which we show our respect for them and, in at least some circumstances, will dispose us to do what they ask. Note that respect (*dulia*) is distinct from obedience, both in that we may find ways to show respect to someone even if we cannot specifically do what they ask, and in that doing what someone asks does not necessarily betoken respect. Indeed it is frequently possible to show, by the manner in which we do what they ask, that we do not hold someone in esteem or respect even if we are required to do what they have requested.

In relation to healthcare both these elements of observing people's dignity will be important, but before looking at respect and obedience in this context, it is useful to draw attention to another distinction Thomas makes, between what he calls special virtue (*virtus specialis*) and general virtue (*virtus generalis*). This is best illustrated by an example. Courage is a virtue of our assertive emotions that enables us to act well in fearful situations, and centrally, according to Thomas, to act well in the face of death. It relates specifically to facing fears and not, for example, to acting well in the face of objects of desire that require us to temper our passion, or in the face of perplexing situations that require practical wisdom, or in circumstances in which we are required to judge fairly between people. Courage is a virtue specific to some situations, and that is what Thomas terms a *special virtue*. But in another way all acts of virtue require some strength of character or determination not to be swayed, some element of assertiveness, and in that way courage, or

[2] It is not within the scope of this article to sketch the points of contact between this virtue-based approach and that of Kant, but there is clearly a possibility for dialogue between these traditions in relation to human dignity and the respect that is its due. Indeed more generally, the artificial division of ethics into distinct 'schools' or 'ethical theories', while it is common in philosophical education, is at best a stepping stone on the way to a more comprehensive understanding. Ethical traditions can engage with one another and this is an important means of progress in moral and philosophical understanding. This is possible because 'through the exercise of philosophical and moral imagination someone may on occasion be able to learn what it is to think, feel, and act from the standpoint of some alternative and rival standpoint, acquiring in so doing an ability to understand her or his own tradition in the perspective afforded by the rival. ' (MacIntyre 1994: 23)

something like courage, is a *general virtue*, an aspect of all good actions (*STh* II-II, q. 123, a. 2). In a similar way, according to Thomas, temperateness, practical wisdom and justice are also general virtues, aspects of every good action (*STh* I-II, q. 61, a. 4).

Thomas explicitly states that obedience (which is a part of *observantia*) can be considered a general virtue if we understand it as obedience to the authority of the precepts of the moral law, in that every good action is the kind of action that could be mandated by the moral law (*STh* II-II, q. 104, a. 2). He does not say, but we might reasonably say, that the virtues of *observantia* and respect are also general virtues inasmuch as all good actions towards human beings can be understood as showing respect for the dignity of human nature. This sense of *observantia* as a general virtue shows how respect for human dignity can be understood as the foundation for observing, in particular, all human rights whether or not these rights seem directly concerned with dignity (Vlastos 1982). This is the way that human dignity is invoked in the preamble to the *Universal Declaration on Human Rights* (1948). All good actions display a kind of respect. Nevertheless, if there is a sense in which *observantia* and respect can be general virtues, they are certainly also special virtues. *Observantia* is the virtue that inclines us to acknowledge the particular status or dignity of a person, and within this, the virtue of respect (*dulia*) specifically inclines us to show by signs and tokens the esteem or honour that is someone's due. As everyone possesses a certain dignity in virtue of their humanity, then everyone is due a certain level of respect.

Another aspect of Thomas's treatment of respect that is useful for us is his insistence that respect (*dulia*) is something corporeal (*STh* II-II, q. 103, a. 1). It is not just a disposition that remains in the head but is essentially related to public expressions, visible honours, signs or tokens of respect. Respect is essentially the giving of public witness to someone's excellence or dignity. It might, on occasion, remain unexpressed, but of its nature it seeks expression.

Thomas considers respect to be concerned with showing honour to someone who is superior to us in some way. This presents him with a problem in relation to the Christian injunction to show respect to everyone (*STh* II-II, q. 103 a. 2 obj 2 quoting 1 Peter 2.17). He answers this by saying that in everyone there is something that makes it possible to deem him or her to be better than ourselves. There is no doubt something in this, but what Thomas does not do, at least not at this point, is relate this universal duty of respect to the universal dignity common to all human beings. Nevertheless, though Thomas did not relate the two concepts himself, we can easily see how the virtue of showing respect to everyone can be related to intrinsic human dignity. If there is a dignity that is possessed by all human beings then *observantia* will incline us to acknowledge this in everyone we encounter.

How can we understand the virtue of obedience in relation to intrinsic human dignity? If obedience, in Thomas's understanding, is a matter of obeying those in authority, how can this be of relevance to all human beings? Obedience has a twofold relevance. In one way, as a general virtue, obedience means obedience to the precepts implied by human dignity, honouring human dignity by doing what the moral law requires or, as we might say these days, by respecting human rights. In another way, as a special virtue, obedience means accepting the authority that each human being has in respect to his or her own person. To coerce someone against his or her will, except when this is done by an officer of the community for the common good, is often a failure to respect the person as a free individual.

This sense of obedience as respect for a person's authority is very close to the modern idea of respect for autonomy, with the slight nuance that it respects autonomy as a way of respecting the person. Of course, obedience to the authority of a free individual to make decisions about his or her life is only one aspect of virtue, but nevertheless, it is a true virtue and one should acknowledge the advances that have occurred in recent years in relation to this virtue. It is not generally compatible

with respect for someone to make decisions on his or her behalf that he or she could and should make, and this shows that paternalism is a form of injustice, a failure to listen to and to show respect to the person whom we are seeking to help.

The dignity of action and the shame of dependence

The focus of this paper is to reflect on how the virtue of acknowledging human dignity, *observantia*, which includes both respect and obedience, has application in healthcare. Healthcare presents special challenges to *observantia* in part because it restricts a person's ability to express his or her dignity. The concept of dignity includes not only the meriting of certain treatment by others but also the fact that there are characteristic ways of acting that befit dignity, and this is true of all senses of dignity. What counts as dignified behaviour will vary between cultures but in general it will be well-controlled behaviour. A lack of the ability to control one's behaviour therefore restricts one in acting in a way that befits dignity. This is why the loss of control is perceived as a threat to self-respect, that is, to the ability to acknowledge one's own dignity.

Ill health causes a loss of control for two reasons: in the first place, due to the ill health itself, a person may have less control over his or her body, his or her emotional life, or his or her mental faculties. It is perhaps in relation to incontinence, mental illness and dementia that this lack of control is most acutely felt, but all obstacles to physical or mental self-control are more or less challenges to the recognition of one's own dignity. A second reason that ill health causes loss of control is that the requirements of delivering healthcare place various restrictions on people's freedom. This is especially so in a hospital, which is a controlled environment to which people submit in order to receive care. It is no accident that the sick in hospital are called not agents but patients. They are restricted in their ability to act and are reduced to those who are acted upon, both by the disease and by the doctor.

Not only does the delivery of healthcare restrict the kinds of behaviour through which people characteristically express their dignity or self-respect; it also restricts the ways in which respect can be shown to the person. One of Thomas's great insights is that the virtue of respect concerns the public showing of honour or esteem (*STh* II-II, q. 103, a. 1). Respect may be shown in different ways in different cultures, but it is always something that is shown: demonstrated in signs and actions. The same practical restrictions that frustrate a person in acting as they would wish to express their self-respect also frustrate healthcare professionals in their wish to show respect. One obvious example is restriction of time. A characteristic sign of respect in any culture is taking time and effort to listen attentively to someone. High social status gives one the right to speak and others the duty to listen. By analogy, the virtue of respect for the dignity of all persons disposes us to listen to each person and not to ignore or overlook them. However, the demands of caring for many people in a busy hospital will restrict a professional's ability to spend time with a patient, and hence the ability to show respect by showing a willingness to listen.

The ways in which healthcare professionals can meet this challenge will be examined further below, but because this analysis emphasises the relation of dignity to *activity*, it is necessary to say something about the place in human life of inactivity, of dependence, of receptivity, and of affliction.

Human dignity and human dependence

In a paper published some years ago, I discussed the meaning of suffering in the practice of medicine (Jones 1999). That paper drew attention to the virtue of *misericordia*, the virtue of appropriate compassion or, we might say, empathy for the needs or suffering of another. In the same year that this paper was published, the virtue of *misericordia* was also made the focus of a major work by

Alasdair MacIntyre. In *Dependent Rational Animals* (1999), MacIntyre laments the way that the philosophical tradition has neglected the importance of need or dependence as an aspect of human life. This is shown, especially since the Enlightenment, in discussion of human beings solely in terms of their freedom, rationality, or autonomy. Such one-sided anthropologies not only threaten the status of those human beings who are less able to give expression to their rational powers, but also misunderstand the common nature of all human beings, and the virtues of receiving as well as of giving help.

A saner strand of philosophy (prominent especially though not exclusively among Christian thinkers) has understood the human situation as one of dignity and dependence: a dignity that is common to all human beings but equally a neediness that is common to all (Jones 2010: 103; Van Der Graaf and Delden 2009: 155-157). While some individuals in the prime of life may think themselves independent and even self-made or self-sufficient, we are all dependent not only physically but also culturally, and hence intellectually, on a wider community and a longer tradition. Our relative independence is in fact dependent on others in a great multitude of ways. Recognition of this reality helps show the flaw in identifying dignity too closely with ability or autonomy. All human beings are more or less dependent on one another and accounts of human dignity should not seek to obscure this fact.

This analysis shows why the fear of indignity is associated with disability and dependence, as for example among those seeking euthanasia (Jones 2013: 533; see Chapple et al 2006). However, it also shows why such a loss of self-respect and loss of respect by others in not inevitable. The view that dependency is necessarily something of which to be ashamed reflects a false anthropology and one with invidious consequences.

The unity of the virtues

MacIntyre has done a great service in drawing attention to the virtue of *misericordia*, which he sees as the acknowledgement of an important aspect of our human existence: our mutual dependence. *Misericordia*, in MacIntyre's understanding, should be distinguished from pity which implies a kind of condescension, the giving of the strong to the weak, and hence a kind of assertion of strength or status. This condescension is the attitude celebrated by Aristotle, the pagan virtue of large-souled-ness that delights in giving help but is ashamed to receive help (*Nicomachean Ethics* 1124b 9-10, quoted by MacIntyre 1999: 127). In contrast Thomas Aquinas sees vulnerability and awareness of one's own need as encouraging *misericordia*, through what later writers would call solidarity. Thomas Aquinas, here as in a number of places, is closer to Augustine than he is to Aristotle, and also is closer to the reality of the human situation which is one both of dignity and of neediness. If there is a virtue of acknowledging the dignity of a person, and indeed the common dignity of all people, this will both qualify and be qualified by the virtue of acknowledging the neediness of human existence, and in particular acknowledging the needs of the person before us. According to Thomas, the virtues do not make sense in isolation from one another but form a unity to which each makes a contribution.

Observantia and *misericordia* are complementary virtues. Whereas *observantia* keeps a respectful distance, *misericordia* draws us closer to the person. Whereas the object of *observantia* is the status of the person as worthy of respect, esteem or deference, the object of *misericordia* is one in need or suffering and the alleviation of that need or suffering. *Observantia* on its own, if such a thing were possible, could lead to a kind of neglect – respect for autonomy as a form of abandonment. *Misericordia* on its own (again, if this were possible) could lead to a paternalism where the person's needs were allowed to obscure his or her dignity. These virtues should not be understood as lacking any internal limit, for the essence of virtue is balance, but rather the presence of the other virtue

allows each to function as it should - to be itself. This is a particular example of a general truth that the virtues function as a unity and should be understood in relation to one another.

Within healthcare, which is shaped by a desire to attend to the needs of the sick, and a tradition of the dignity of the doctor's role, there must therefore be a simultaneous acknowledgement of the dignity of the sick, and indeed also of the needs of the doctor. Though at this point in time it is the doctor who helps the patient it would be a foolish mistake, and a failure in virtue, to imagine that patient shared any less in human dignity or that the doctor was immune from the vulnerability of the human condition.

Respecting dignity in healthcare

What then are the implications of these reflections on the virtue of *observantia*, as qualifying and qualified by *misericorida*, for the practice of healthcare?

One important implication is that virtuous healthcare professionals will be inclined to show respect to their patients, in the sense of honour or esteem, even though practical restrictions will constrain the ways in which they can do so. There will always be some ways in which respect can be shown: for example, in relation to how a person is addressed and in not presuming familiarity. In relation to making use of what measures are available to give privacy. In sitting in a chair next to a person rather than standing over him or her. In apologising for any lack of courtesy or kindness one has shown in the past. The way in which respect is shown may be culturally specific and a doctor should seek to be sensitive to this, but key to virtue in this area is the disposition to show respect - to bear witness to the dignity of the patient. A useful prompt would be to ask: in what ways would respect be shown if this were a person of especially high social status? And if this is how high social status is acknowledged, what is the decent respectful degree of public acknowledgement that every person is due?

Both patients and doctors are aware of practical restrictions on the ability to show respect, but this gives added significance to occasions where respect can be shown, for showing respect in these contexts demonstrates that the apparent indignities that the patient has to bear do not in fact betoken a lack of respect, and so do not imply a lack of respect-worthiness. If respect is not shown when it can be shown, then all that the patient has to bear from ill health and from healthcare become tokens of a lack of respect – a kind of institutional humiliation.

This also explains why respect for patients cannot be reduced to respecting their autonomy. Obedience to a person's authority in their own case is indeed one aspect of *observantia*, and this will include supplying genuine needs, addressing wishes and obeying refusals. Yet even here it will be important that acceding to patient wishes, where this is possible, is truly an expression of respect for the patient rather than, for example, mere self-protection on the part of the doctor. Furthermore, in addition to respecting the wishes of the patient, as argued above, the virtue of respect (*dulia*) also requires that respect is shown visibly in the way that the patient is related to and treated. When patients complain that they are not treated with respect they do not only or primarily mean that their requests have not been followed.

For the same reason healthcare professionals (and those who manage healthcare delivery) should seek to provide ways in which patients can express their own sense of self-respect, through exercising control of their immediate environment. This duty might again be thought of in relation to respect for autonomy, but to understand it properly it needs to be related not only to the dignity of being able to make choices, but to the way in which personal dignity or self-respect is typically expressed and reinforced by behaviour. Here also because the behaviour is important more for

what it betokens than for the proximate aim or content of the activity, the ability to exercise control even in very limited ways can have great significance. This is not to identify human dignity with autonomy, and is certainly not to attribute dignity in proportion to capacity, but is rather to see the significance of helping a person to express their sense of dignity to whatever extent they are able.

This paper has not sought to delineate all the ways that healthcare professionals might express this disposition of *observantia*. Clearly this will depend on the needs of the patients and the forms of treatment or care that the professional provides. Its concern has been to explore the concept that showing respect is an expression of virtue, and to demonstrate that those who fail to acknowledge the dignity of the patient do the patient an injustice.

Discussions of human dignity in relation to healthcare typically focus on whether the variety of meanings of the concept undermines its usefulness (Macklin, 2003), or whether clarity and content can be given to the concept (Andorno 2009; Sulmasy 2009; Van Der Graaf and Delden 2009). Philosophers have rarely attempted to take with full seriousness the concerns about respect for dignity that are often voiced by patients themselves. Contrast, for example the Commission on Dignity in Care (2013) or the reports cited by Foster (2011: 69-79) with the report of the Nuffield Council on Bioethics *Dementia: ethical issues* (2009). While the Nuffield report is in many ways a sensitive and thoughtful document, it takes as the basis of its ethical framework autonomy and wellbeing and relegates dignity to an afterthought. Dignity language is affirmed as 'useful' and 'valuable'; however, the authors say 'its importance and value can be derived, we believe, from the ethical framework we have set out' (Nuffield Council 2009: 33, paragraph 2.56). This is a mistake, for concern about dignity is not only about respect for wishes or opportunities for flourishing; it is also about acknowledgement at a general level: giving the respect or esteem that is each person's due. This concern is not derived from other ethical principles but is, as Thomas would say, the object of a special virtue. Indeed this is particularly so in relation to conditions such as dementia where it is more of a challenge to express respect and self-respect.

Even those philosophers who defend the concept of dignity often focus on the causes or nature of intrinsic human dignity rather than on how dignity is to be honoured in practice. Arguably the emphasis has been too often on the general virtue of respect for human dignity; that is, on human dignity as the basis of human rights, to the neglect of the special virtue of showing respect for people in practice by signs and tokens. The aim of this paper has been to encourage interest in the virtue of acknowledging human dignity, *observantia*, and in particular that part of *observantia* which consists in the virtue of respect (*dulia*). The paper has also argued that *misericordia*, a virtue that has received some attention in the last few years, should both qualify and be qualified by *observantia*; that is to say, that the acknowledgement of human dependence should both inform and be informed by the acknowledgement of human dignity.

References

Andorno, R. 2009. 'Human dignity and human rights as a common ground for a global bioethics', *Journal of Medicine and Philosophy* 34:223–40.

Chapple, A., S. Ziebland, A. McPherson and A. Herxheimer. 2006. 'What people close to death say about euthanasia and assisted suicide: a qualitative study', *Journal of Medical Ethics* 32:12. 706–710.

Commission on Dignity in Care. 2013. *Delivering dignity: securing dignity in care for older people in hospitals and care homes*, Commission on Dignity in Care for Older People, a collaboration established by the NHS Confederation, the Local Government Association and Age UK.

Dillon, R.S. 2014. 'Respect', in E.N. Zalta ed. *The Stanford Encyclopedia of Philosophy* (Spring 2014 Edition), URL = <http://plato.stanford.edu/archives/spr2014/entries/respect/>.

Foster, C. 2011. *Human Dignity in Bioethics and Law* Oxford: Hart.

Gormally, L. 2002. 'Human dignity: the Christian view and the secularist view', in ed. J. de Dios, V. Correa, E. Sgreccia *The Culture of Life: Foundations and Dimensions. Proceedings of the 7th Assembly of the Pontifical Academy for Life*, Vatican City: Libreria Editrice Vaticana, pp.52-66.

Hauskeller, M. 2010 'Believing in the dignity of human embryos' *Human Reproduction and Genetic Ethics* 16.1: 53-65.

Jones, D.A, 1999. 'The encounter with suffering in the practice of medicine in the light of Christian revelation', in L. Gormally ed. *Issues for a Catholic Bioethic*, London: The Linacre Centre, pp. 159-172.

Jones, D.A. 2010. 'Is the creation of admixed embryos "an offense against human dignity"?' *Human Reproduction and Genetic Ethics* 16.1: 87–114.

Jones, D.A. 2013. 'Is dignity language useful in bioethical discussion of assisted suicide and abortion?' in C. McCrudden ed. *Understanding Human Dignity* Oxford: Oxford University Press, pp.529-542.

MacIntyre, A. 1994. 'Moral relativism, truth and justification' in L. Gormally ed. *Moral Truth and Moral Tradition: Essays in honour of Peter Geach and Elizabeth Anscombe* Dublin: Four Courts Press.

MacIntyre, A. 1999. *Dependent Rational Animals: Why Human Beings Need the Virtues*, Peru, IL: Carus Publishing Company.

Macklin, R. 2003. 'Dignity is a useless concept,' *BMJ* 327: 1419–20.

McCabe, H. 1964. 'Appendix 4: Anology' in Thomas Aquinas Summa Theologiae: Volume 3 - Knowing and Naming God, (1a. 12-13) London: Eyre & Spottiswoode, pp.106-107.

Nuffield Council on Bioethics, 2009. *Dementia: ethical issues* London: Nuffield Council on Bioethics.

Shell. S.M. 2009. 'Kant's concept of human dignity as a resource for bioethics' in in E.D. Pellegrino, A. Schulman, and T.W. Merrill, eds. *Human Dignity and Bioethics*, Notre Dame, IN: University of Notre Dame Press, pp.333-349.

Sulmasy, D.P. 2009 'Dignity and bioethics: history, theory, and selected applications', in E.D. Pellegrino, A. Schulman, and T.W. Merrill, eds. *Human Dignity and Bioethics*, Notre Dame, IN: University of Notre Dame Press, pp. 469-501.

Sulmasy, D.P. 2013 'The varieties of human dignity: a logical and conceptual analysis' *Medicine, Health Care, and Philosophy* 16(4):937-44.

Universal Declaration on Human Rights (1948)

Van Der Graaf, R. and J. J. V. Delden, 2009. 'Clarifying appeals to dignity in medical ethics from an historical perspective,' *Bioethics* 23(3):151–60.

Vlastos, G. 1982. 'Human worth, merit, and equality,' in J. Feinberg, *Moral Concepts* Oxford: Oxford University Press, pp. 141–52.

Waldron, J. 1999. *The Dignity of Legislation* Cambridge, Cambridge University Press.

Waldron, J. 2011. 'How law protects dignity', *NYU School of Law, Public Law Research Paper* (December 2011), No. 11–83.

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