

Death, Dignity and Degradation

I. Introduction

Many people believe that diseases and injuries which cause a significant deterioration in mental capabilities are undignified. A significant number of these people profess that they would rather die than live in a childlike state brought on by Alzheimer's disease or some ailment with similar effects. They claim to find little to value in such undignified states. While I would not deny that the intrinsic value of persons in such impaired cognitive states is much less than what was possessed before the onset of their injury or illness, I do not believe such states are undignified.¹ There are Kantian philosophers, most notably David Velleman, who insist that the complete absence or a considerable loss in reasoning capabilities results in an undignified state.² However, I think there is considerable linguistic evidence for maintaining that the lack of reason and value, or their presence but at low levels, is not undignified. For example, despite their having little or no reason, we don't consider newborns, very young children or the retarded to be undignified, while we do so label adults who could act but don't in ways that respect the value of themselves or others. This suggests that to be undignified one must have the capacity to act appropriately and fail to do so. I believe that we can infer from this that adults whose rational capacities are destroyed by disease are no more undignified than those individuals who early in life don't have the capacity to respond to value.

¹ It would be a mistake to think that intrinsic value cannot diminish. The proper contrast is that of intrinsic value with extrinsic value, not contingent value. Intrinsic value can increase, decrease and disappear.

² Thomas J. Hill may also hold something like the view that I am attacking. See Hill's "Self-Regarding Suicide: A Modified Kantian View" in his *Autonomy and Self-Respect*. (Cambridge: Cambridge University Press, 1991) pp. 85-103. Velleman's discussion is in his "A Right of Self-Termination?" *Ethics*. Vol. 109 No. 3 (1999), pp. 606-628.

But if the lack of normal adult human cognitive capabilities is not undignified, then why do so many people claim such states of diminished rationality are undignified? And why would a good number of people want to take measures to hasten their death rather than remain in such states? Could the culprit be that the terms “dignity” and “undignified” are ambiguous?³ If that is the case, then those who find Alzheimer’s disease undignified may be meaning by “undignified” something different than those who think otherwise. Another possible explanation is that there is a defensible asymmetry, the absence of reason is not undignified early in life but the loss of reason late in life is an affront to the value that one had. Those philosophers who speak of a narrative structure to a life, the writing of the last chapter(s) prevented by a disease or injury are likely to defend an asymmetry thesis.⁴ I am not attracted to either of these theses. I will offer two alternative explanations for why people wrongly maintain that the loss of one’s rationality leaves one in an undignified state. First, the problem may be that people confuse the desire to be remembered by friends and family as one was in one’s prime with a desire to avoid undignified states. But not wanting people’s last and perhaps most vivid memories to be of one’s debilitating illness is compatible with maintaining that such an illness is not undignified. Secondly, perhaps most of the blame can be laid upon a phenomenon that is akin to moral luck.⁵ This analogue

³ One can find in *Webster’s 3rd International Dictionary* (unabridged) two senses of “dignity.” The dictionary defines “dignity” as “the quality or state of being worthy: intrinsic worth” and also as “behavior that accords with self respect or with regard for the seriousness of occasion or purposes.”

⁴ See Ronald Dworkin’s account in his *Life’s Dominion: An Argument About Abortion, Euthanasia, and Individual Freedom*. (New York: Alfred Knoph, 1993). Also, J. David Velleman’s “Well-Being and Time.” Reprinted in his *The Possibility of Practical Reason*. (Oxford: Clarendon Press, 2000) pp. 56-84.

⁵ See Thomas Nagel’s “Moral Luck” in his *Mortal Questions*. (Cambridge University Press, 1979) pp. 24-38.

leaves people feeling ashamed when they should not, just as the bad moral luck of faultlessly running over a young child with one's car leaves a person feeling guilty when he should not. The problem is that the misplaced shame is elicited by events very similar to those that should justifiably incite shame. One should indeed be ashamed of acting childlike when one could have acted otherwise. Unfortunately, when people either ponder the very real prospect of someday suffering a disease that robs them of choice and leaves them acting increasingly more and more like an irrational young child, or are actually already experiencing the onset of the early stages of such a disease, their emotional responses are not so fine-tuned that they can prevent feelings of shame any more than they could "turn off" the guilt resulting from the car accident.

Readers would be mistaken if they thought that the question of the correct use of "undignified" is an idle semantic debate. In the final section of this paper, I will argue that how people understand "dignity" and "undignified" will determine to a considerable extent the degree to which they will fear the prospect of the actual onset of injury or illness-caused mental deterioration.

It would also be a mistake to think that what I have said about confusing "undignified" with "not dignified" commits me to *denying* that the cognitively impaired have less dignity. I agree with the Kantians that they have less dignity than those with the capacity for rational action. However, in the paper's final section, I will take issue with those Kantian-inspired philosophers, particularly David Velleman, who believe that such states are an offense and that dignity may even require the destruction of individuals in order to spare them degradation.⁶ My

⁶ See Velleman's "A Right of Self-Termination?" Op. cit.

understanding of what it is to degrade an individual is to treat that being as if it had less value than it really does. When a person's rational capacity is destroyed by a disease or injury, there is less or no value present to be degraded. In order for something to be degraded, the value and the offensive state or act must coincide. I don't think Velleman's account appreciates this feature of degradation.

I offer one further argument against Velleman's claim that such less than rational states and acts are degrading and an offense. If someone is facing an impending decline and doesn't believe the state will be an offense to his dignity, few of us would try to persuade her that she is wrong. Yet as Velleman himself admits, whether or not someone's dignity has been disrespected is not at her discretion. My contention is that the widespread reluctance to convince someone that she would be wrong not to maintain that the limitations that her future disease imposes would be degrading, suggests that many of us consider it an error on Velleman's part to consider such conditions to be an offense to the dignity a person had possessed.

II. Undignified States and the Appropriate Response to Value

While I would accept that it is impossible for anything without value to have dignity, I doubt that the lack of value or the considerable loss of value in a human being makes that individual undignified. To be described as "undignified" does not mean to lack reason or to act in a certain way due to the absence or paltry possession of reason. Instead, to be "labeled" undignified means to fail to respond appropriately to the value of oneself or others when one is capable of doing so.

Our linguistic intuitions give some support to this thesis. Consider a man who misbehaves at a funeral, thereby failing to show the proper respect to those gathered at the ceremony as well as to the memory of the deceased. Or imagine a woman who engages in the

most perverse acts of prostitution and thus fails to respect herself, treating her sexuality as something which could be exchanged for a high enough price. These two people are rightly described as undignified because they fall short of a standard that they could reach. But it strikes the ear as very odd to say that infants, very young children and the retarded are “undignified.” In fact, it seems not just wrong but a category mistake to label any of them as undignified. This fits my account that being “undignified” does not mean “acting in a way that is without reason and value,” but rather means “a failure of those who *can* respond appropriately (rationally) to value to do so.” Thus the behavior of babies and the retarded is not undignified for they do not possess a rational faculty that they can offend against by failing to exercise. A conclusion I draw is that if the absence of rationality or the possession of just a minimal amount of rationality in the very young and retarded is not considered undignified, then the parallel deficiency of those who later in their life become cognitively disabled ought likewise not be considered undignified.

I am not denying that the Kantian is correct in identifying our dignity with our possession of rationality.⁷ Where I do want to part ways with Kantians such as Velleman is in their failure to distinguish the absence of dignity from being undignified.⁸ A brief discussion in this and the next

⁷ Sometimes, Kant seems to identify our value, what he calls our “dignity” with just moral rationality rather than rationality in the broader sense. He writes: “Therefore, morality, and humanity so far as it is capable of morality, is the only thing which has dignity.” *Groundwork of the Metaphysics of Morals*. Tr. H.J. Paton (New York: Harper and Row, 1964) p. 102.

⁸ The use of “undignified” in the following Velleman quotes is characteristic of a widespread failure to distinguish the absence of dignity from being undignified: “Rather, we think that a person’s death is acceptable if he can no longer live with dignity. The operative concept is undignified life, not dignified death.” “A Right to Self-Termination?” *Op. cit.* p. 617. “Pain that tyrannizes the patient in this fashion undermines his rational agency, by preventing him from choosing any ends for himself other than relief. It reduces the patient to the psychological

paragraph about the difference between being *not dignified* and *undignified* is in order. The word “not” and the prefix “un” aren’t always semantically equivalent. A being can lose a good deal of dignity or possess *no* dignity without being *undignified*, just as an entity might be characterized as *not* conscious without being *unconscious*. The label “unconscious” implies a capacity not being exercised, while the description “not conscious” doesn’t. While trees and zygotes are not conscious, they aren’t unconscious. Trees, zygotes and babies are devoid of dignity in virtue of lacking reason, but they are not undignified. “Undignified” “means having the capacity to respond to value and failing to do so.” Trees and very young children cannot be undignified. It may be that judgments of undignified behavior are relativized to the capacity to respond to value, those with less capacity would only be judged more undignified than others when they fail to a greater degree to live up to their potential than the nonimpaired do. We will return to this possibility later.

Further support for my thesis about the proper understanding of “undignified” can be drawn from what I call the *Shame Test*.⁹ When an individual acts in a manner that others, upon

hedonist’s image of the person - a pleasure-seeking, pain-fleeing animal – which is undignified indeed.” Op cit. p. 618.

⁹ See Alan Gibbard’s account of the difference between guilt and shame in his *Wise Choices, Apt Feelings: A Theory of Normative Judgment*. (Cambridge: Harvard University Press, 1990) pp. 136-139. Gibbard seeks to correct a popular misconception that guilt is internalized and shame is not. Shame can be private. Gibbard’s illustration of this involves a young boy ashamed of his virginity. He is the only one who knows of this (alleged) inadequacy. Gibbard offers the following rough sketch of the differences between guilt and shame: “Guilt normally involves a consciousness of having done wrong and shame a consciousness of personal inadequacy....Shame stems from things that indicate a lack of the abilities, powers or resources one needs if one is to be valued for one’s cooperation and

reflection, think he should feel ashamed of, then his conduct is *likely* to be undignified even if he is not embarrassed by his condition. We believe that a competent adult who misbehaves at a funeral ought to be ashamed of the lack of respect he showed. If he is not bothered by his conduct, we think he should be. His ignorance is regrettable for it prevents a sense of shame from shaping his conduct. But we do not believe that the very young child or severely retarded individual should be ashamed of their lack of control. Nor would we want the terminally ill who have become not just bedridden, dependent, and incontinent, but have started to lose their memory as well as their capacity for moral rationality, to be ashamed of their conduct.¹⁰ They don't have the capacity to act otherwise, so if they don't find their condition undignified on top of being unwelcome, we certainly shouldn't want them to become ashamed of their behavior. Thus according to the Shame Test, they are not in an undignified state.

So those at the last stage of life – perhaps in pain, bedridden, incontinent, drooling, irritable, unpleasant, confused, forgetful and cognitively deficient in other ways, are no more in an undignified state than the newborn with many of the same traits. No doubt it is an unwelcome condition, and of little or no value, but it need not be seen as an undignified state.¹¹ Admittedly,

reciprocity. Guilt stems from things that indicate insufficient motivation.”

¹⁰ Perhaps being undignified and being ashamed are here pried apart merely because people do not want to add to the misery of those in such decrepit states.

¹¹ Nathan Salmon suggested to me that the reason we might find those with impaired faculties to be undignified is that they had a chance early in the disease to prevent their decline but did not opt for death. But this would only explain why people find cognitively debilitating diseases that have a *gradual* onset undignified. However, many people tend to consider the prospect of living in such impaired states as undignified even if they are due to sudden strokes for external injuries

there is a use of “undignified” which some people would apply to such states of mental deterioration. I am at times tempted to claim that this is a misuse of the word because of not only the Shame Test and our linguistic intuitions that suggest it is an error to identify the lack of value with being in an undignified state, but the availability of a psychological explanation (to be discussed in the next section) of why we extend “undignified” and the accompanying feelings to settings where we shouldn’t.

My claim that such a loss of capacity is not undignified would be strengthened if dignity is not to be identified with rational capacity as the Kantians assume. The strict Kantian conception of dignity would then be incorrect because some people with less reason than others could still be more dignified than some of those with more reason. There exists some linguistic support for the thesis that a person’s dignity does not strictly correspond to the degree of his rationality, and that a state of diminished rationality should be considered neither undignified or diminished in dignity. This additional evidence suggests that our judgments of dignified behavior are relativized to the capacity to respond to value, those with less capacity would only be judged less dignified than others when they fail to a greater degree to live up to their potential than the nonimpaired do. Consider the descriptions of someone as “suffering the ravages of a disease in a dignified manner” or “despite the debilitating illness, never conducting himself in an undignified manner.” If dignity were the name for a person’s value and his value decreased with the loss of his rationality, then someone who carries himself as well as he possibly could when a cognitively debilitating disease begins to take hold, should still be judged to have less dignity than someone not suffering any loss of rationality who acts to the best of his abilities. But many of us are reluctant to make such a judgment. Consider someone cognitively declining late in life who

doesn't whine about his condition, nor excessively burden friends and families, doesn't deny to himself or others his ongoing decline, does not obstinately refuse to step down from posts that he can no longer fulfill, yet still makes great efforts to maintain the obligations that he can and to honestly avoid depressing loved ones who are saddened by his illness. A good number of people would be reluctant to state that such a person is less dignified than he was before. And even more people would be unwilling to say he was undignified. His illness may even have brought out something noble and heroic about him that had never manifested before. Many people don't believe that he has suffered a loss in dignity, just as they don't think those of their fellow citizens who are mentally healthy but possess below average rational capabilities are less dignified than their fellow citizens whose rational capabilities are more acute.¹² If the cognitively undamaged but less rational carry themselves as best as is possible given their rational endowment, they are often held to be no less dignified - or perhaps it is more accurate to say no more undignified - than the more rational.

So there is some plausibility to the claim that determinations of dignity are also to be relativized to capacity. This would explain the reluctance of a number of people to say of the less rational who carry themselves as well as possible that they are less dignified than the more rational. However, our linguistic intuitions aren't as clear about this as they are concerning "undignified." There are cases in which it doesn't strike the ear as odd to say someone whose very limited cognitive capacity caused him to act in ways that the rational would not, possessed

¹² Christopher McMahan has suggested that this criticism may not be that effective if "dignity" is treated as a threshold concept. That is, those above the threshold are all considered equally dignified and so any differences in their capacities do not affect judgments about the degree of dignity that they possess.

less dignity than the latter. For instance, it doesn't seem to be a category mistake to say that a very young child is less dignified than a normal adult, while it does seem a mistake to describe such a youngster as "undignified."

Perhaps some of our usage can also be interpreted as evidence for an ambiguity in our language. I do not deny that *some* common and philosophical usage supports an understanding of "undignified" contrary to the interpretation that I advocate. So while my primary aim in this essay is to show that such a use of "undignified" is incorrect for it is at odds with the dominant use, my fall back position and more modest goal is just to disambiguate a sense of the word which would lead us to believe it was fine for someone not to believe such a debilitating condition is undignified on top of being unwelcome. Why someone might be better off adhering to the second interpretation of "undignified" will be discussed in section IV. But before broaching that issue, I want to briefly address the asymmetry thesis and then suggest a pair of possible explanations for why people mistakenly diagnose Alzheimer's disease and the like as undignified conditions.

III. Why Mentality-Impairing Diseases are Wrongly Considered Undignified

Even those people who think that to suffer Alzheimer's disease is to be forced into an undignified state tend not to think that very young children who couldn't act otherwise are undignified. Could this asymmetry be due to the fact that the youngsters have the potential to become dignified in the near future if the normal course of affairs transpires? No, for they wouldn't be undignified if they were severely retarded and thus devoid of potential. Could the reason those who view only Alzheimer's disease and like ailments that occur later in life as undignified be that it offends against what the individual could have been in the absence of such misfortune? I doubt this explanation is correct because the retarded do not *offend* against the

value of what they could have been. Could the asymmetry be accounted for on the basis that a comparison is being made to a norm? I doubt this too because even if Alzheimer's disease became typical in an increasingly older population, it is likely to still be considered by many to be undignified. So why then should the senior citizen's loss of mental capacity offend against what he was and with better luck could have remained? Perhaps it is because the disease threatens an individual's projects and the narrative structure of his life.¹³ The debilitating end prevents people from writing the last chapter of their life as they would like. Euthanasia and physician-assisted suicide may then be seen as allowing people to rewrite what would otherwise have been the penultimate chapter. This explanation need not be opposed to the rather common claim that an individual's debilitated condition is an affront to what he once was.¹⁴ According to this line, if someone was rational and ceased to be so, the resulting condition is degrading. Some readers might maintain that one of the last two positions is obviously correct and there is no need for anything else to be said in its defense. My hope is that these positions can be undermined, or at least weakened, by the Shame Test and the two explanations that I now will offer of why people mistakenly think cognitively disabling diseases produce undignified conditions.

One mistake which some people may make is to confuse wanting to be remembered in a certain way with believing that having diminished capacities is an undignified state. Death may indeed guarantee the former. But if it really was lingering in an undignified state that one was concerned about when *not* wanting others' last memories to be of oneself as mentally

¹³ See Velleman's "Well-Being and Time" Op.cit. See also Dworkin's *Life's Dominion*. Op.cit.

¹⁴ See Velleman's "A Right of Self-Termination?" Op. cit. p. 617.

incompetent, then even if no friends or family were to see one in such a state, this would still be an affront against value and thus disrespectful of one's dignity and therefore grounds for dying. The person has just as little rationality, and thus as little dignity in the Kantian scheme, whether seen only by the hospital staff in a private room devoid of visitors, or in an accessible room in full view of colleagues, friends and family. However, my suspicion is that remove someone when terribly ill from the view of others, and the sense of urgency in hastening death may vanish. This suggests that the charge of being in an undignified state draws a lot of its force from the desire of people to be remembered as they were when healthy and mentally sharp, and not from a belief that it would be an affront against their value to allow any further deterioration. An analogy might be helpful. Most of us want to be photographed when looking our best. This, of course, doesn't mean that an unflattering snapshot captures us in an undignified state. Likewise, we want that last "mental snapshot" others take of us to be when we are at or near the height of our mental powers and value. But the prospect of their last and perhaps most vivid memories of us being when our value was diminished, while greatly unwelcome, need not make our condition at that time any more undignified than was our not looking good at the time of the before-mentioned photo.

The second and perhaps the major culprit for overextending the word "undignified" and the accompanying feelings of shame is something analogous to one aspect of the problem of moral luck.¹⁵ We often feel guilty about things that we should not. A person may not be to blame for a death of a pedestrian but since his car played a causal role in the death, he feels horrible. Perhaps the nature of our psychology is such that there is an equivalent phenomenon regarding

¹⁵ See Nagel's "Moral Luck" op. cit. pp. 28-29.

shame. The phenomenon is evident in the fact that some people are embarrassed, though we believe that they shouldn't be, by photographs taken of them in the nude when they were very young children. We can, on the other hand, easily imagine types of nude photographs that had they posed for as adults would rightly be a source of embarrassment and shame. So it seems that many of us just can't help but extend the pejorative label of "undignified behavior" and the accompanying shame to a state which we would have no control over. The reason that we might feel that the diminished patient is suffering is perhaps really due to an unwarranted extension from the disgrace of an adult acting like a child when he *can* act otherwise but does not. Yet just as one should not feel guilty about bad moral luck, so no one should be ashamed of "bad dignity luck" brought on by the ravages of disease. The changes are unwelcome, but not undignified.

Now it would be a mistake to think that I am arguing that people should never choose death to avoid the late stage of any illness. It may indeed be acceptable for an individual to die if he has lost a great deal of value.¹⁶ His then choosing death would not be an affront to his value as would be the case if someone with his mental capacities intact chose death because he was just tired of life or found the future proportion of pleasure to pain to be unfavorable.¹⁷ And I certainly do not want to be construed as being opposed to the early and humane death of an individual who is suffering as a result of unbearable and untreatable pain. Such an individual has

¹⁶ However, I will suggest at the end of this paper that on a constitution account of personal identity this may undermine the claim that it will be the same individual at the beginning and end of Alzheimer's disease.

¹⁷ Hill presents a nice discussion of a number of scenarios in which the choice of death could be criticized for it does not do justice to the individual's value. "Self-Regarding Suicide." Op. cit. pp. 86-89. Velleman provides a fascinating discussion of the interplay of the derived value of someone's interests and the unconditional value of that person in his "A Right of Self-Termination?"

disintegrated as a person; all the meaning-giving roles he was once able to rationally integrate into a single life are no longer possible because he is consumed by his pain and obsessed with its relief. So I shouldn't be seen as a proponent of the view that there are always moral grounds for opposing every patient who wants a physician's help in dying.¹⁸ My point is only that an early death should not be chosen because such a mentally diminished condition is thought to be undignified.¹⁹

IV. The Benefits of the Alternative Account

Leaving aside for the moment which account of "undignified" does more justice to common usage, is there any reason why the reader should prefer my interpretation of "undignified" over the alternative? I think there is. Acceptance of my account would bring with it a reduction in people's fears of certain debilitating illnesses that are common late in one's life. If one has an undignified state to look forward to, this would add to the dread of coming to be in such an infirmed state and would also increase the misery of those in such states but still cognizant enough to be aware of their decline in mental capabilities. Of course, if it were undeniable that "undignified" means "the absence or low levels of value and dignity," then I would just be arguing for a change in the word that amounts to its replacement with a homonym

¹⁸ While suicide and euthanasia may be morally defensible, legalization of active euthanasia and physician-assisted suicide is another matter. Velleman suggests that it might be the case that no policy guidelines can be written that would prevent those who should not die from being pressured into a premature death. See his "Against the Right to Die." *Philosophy and Medicine*. 17 (1991) pp. 79-68.

¹⁹ Of course, if one is irreversibly unconscious, then one's life is devoid of value and death is warranted by default for continued life is pointless. It is also expensive for the family, a waste of the hospital's resources, and keeps the family from reaching some sort of closure.

and would be telling people to care about something other than they do and perhaps rightly should. But I don't think that my thesis is so far off the mark. At worst, I imagine that I might have to accept that the word is ambiguous. Of course, my preferred interpretation is not that "undignified" is ambiguous, but that it is misused by some laymen and philosophers. But if it is ambiguous, then it might still be arguable that though there is a semantic pull in more than one direction, the greater pull is in the direction of my interpretation. Moreover, I will suggest below that we would do well to drop the alternative usage for the result would be less suffering, shame, anxiety and premature death.

If one understands undignified behavior as I suggest, as a failure of someone to show respect for his value (or that of others) when he is able to do so, then the unwelcome end of life conditions envisioned by many are not undignified. It is no more undignified to have value and lose it than never to obtain it. Thus to take one's life, or ask that it be ended to avoid the mental deficiencies that illnesses or injuries reduce one to, should not be based upon the principle of preventing the further loss of dignity or the distasteful continuation of an undignified life. There may very well be reasons for those who are suffering in say late stage cancer to die, reasons that don't offend against a person's value, but they do not include that continued life would be undignified.

While it will sound noble to some to defend suicide as a stand that people should take to prevent either the subversion of their remaining value or out of respect for the value that they once had, this attitude may make matters worse for many people in or approaching such states. Not only will such conditions be a source of embarrassment and shame to many, but it may influence some of these people to opt for an earlier death than they otherwise would for they feel ashamed to be seen in a condition that others think undignified. The word "undignified" packs

considerable emotive force. Most people will go to great lengths to avoid a state referred to as “undignified.” If states of diminished mental activity are considered undignified, the dread and anxiety promoted by the possibility and then actual onset of such conditions will be greater and some people will perhaps even be pressured into too early a death. But they may have well preferred the last stage of their life limited to certain child-like pleasures than to no life at all, if such child-like states were not considered undignified in their own eyes and those of others. However, if “undignified” is understood as “having the capacity but failing to choose the appropriate response to value,” then the actual or impending loss of value, while unwelcome, does not entail an undignified state and thus the disgust and embarrassment that accompany such a condition are unwarranted.

V. Why Cognitive Impairments do not Degrade or Offend Dignity

I have distinguished “undignified” from “not dignified.” Readers may grant my analysis but still insist that the lack of dignity provides people with a reason to die. This is because even if the diminished state is not undignified, it still degrades and offends against the dignity the person once had. Velleman captures these sentiments in the following passage:²⁰

When a person cannot sustain both life and dignity, his death may indeed be morally justified. One is sometimes permitted, even obligated to destroy objects of dignity if they would otherwise deteriorate in ways that would offend against that value...Librarians have similar practices for destroying tattered books – and honor guards, for destroying tattered flags – out of respect for the dignity inherent in these objects...Of course, the value inhering in mere things, such as books or

²⁰ Velleman. “A Right of Self-Termination?” Op. cit. p. 617.

flags, must be different from that inhering in persons by virtue of their rational nature. (Actually I am inclined to believe that the dignity of books or flags is borrowed from the dignity of personhood; but this is a question beyond the scope of this present article.)²¹ But all of these values belong together as a class, the class of dignity values, whose defining characteristic is that they call for reverence or respect. These examples suggest that dignity can require not only the preservation of what possesses it but also the destruction of what is losing it, if the loss would be irretrievable...Respect for an object of dignity can sometimes require its destruction.²²

On the assumption that certain views of personal identity are correct - and I actually have doubts that they are for I prefer a Baker-inspired account of personal identity – I would then agree with Velleman’s Kantian-inspired analysis that late stages of some diseases can leave people with little or no dignity. However, I don’t believe that their condition is an offense. To offend against some value, that value must exist. But the patient who is losing or has lost his cognitive capacities has little or no value to offend. Velleman does not defend a four-dimensionalist or “block” view of time in which the patient’s diminished present condition coexists in a timeless sense with the earlier valued state. Then one could perhaps make the claim that his deterioration at any time offends the dignity that he had at another because both coexist in a nontensed sense. In fact, Velleman is not always consistent on the matter. He suggests the offense is against a person’s earlier value and at other times he suggests the degradation must be

²¹ The sentence in parentheses was actually a note in Velleman’s article. I added it to the main text to make things easier and clearer for the reader.

²² Velleman. “A Right of Self-Termination?” *Op.cit.* p. 617.

concurrent with the value that is degraded. The latter interpretation receives support from his claim “The view stated in my essay is that assistance in dying is morally justified to spare the patient from degradation. This view could hardly justify withholding such assistance until there was nothing left to degrade.”²³ But this suggestion that the value must coexist with the offense for there to be degradation doesn’t mesh well with his claim that “The moral obligation to bury or burn a corpse for example, is an obligation not to let it be an affront to what it once was.”²⁴

Maybe the idea is that the person was rational and dignified and their present debilitated condition offends against the *memory* of the way the person was. But if we think about this, it doesn’t make much sense. How can one offend a memory? Friends, colleagues and relatives have memories of how the patient was before the onset of the mind impairing disease or injury. That is, they have a representation of how rational and dignified the person was. But they may also have photographs and tapes of how the person was and it would make no sense to say that the individual’s condition offends against those representations. The difference in the patient’s earlier and later state may very well engender sadness, but I don’t see how the later state can offend, degrade or diminish the person’s earlier dignity.

²³ Velleman. “A Right of Self-Termination?” Op.cit. p. 617.

²⁴ Velleman. “A Right of Self-Termination?” Op. cit. p. 617. However, on what has been called the “Termination Thesis,” the corpse is not identical to a body that had earlier been alive. A corpse is the remains rather than a later stage of what had been a living body. See David Hershenov’s “Do Dead Bodies Pose a Problem for the Biological Account of Identity?” *Mind* 114, 2005. So Velleman can’t claim treatment of the corpse offended against its earlier value. There may be reasons to treat the corpse in a manner deemed respectful, but this is because the remains are human and not because the corpse is identical to something that once had considerable value.

It may be thought that to have dignity and then lose it gives one a reason to die for the resulting state is not only presently degrading but it *diminishes* the dignity one earlier possessed.²⁵ I disagree with this, maintaining instead that an individual's later state with little dignity (say due to Alzheimer's disease) cannot be a present offense or degrading since there is no or little dignity presently left to degrade, and it can't affect the individual's earlier possession of dignity since those states no longer exist. I understand degradation to involve people being treated by others or themselves as if they have less dignity than they really do. If some entity lacks dignity, then it cannot be in a state of degradation. Slaves were degraded because they had the dignity of human beings but were treated as if they were farm animals. What it is important to highlight is that their degradation was contemporaneous with their possession of dignity. The degradation they experienced, and the constraints upon their living dignified lives when enslaved, couldn't diminish the dignity they possessed and exercised before their enslavement. So if people (patients) lose their rational capabilities, their state and the resulting treatment that they received at the hands of others won't be degrading or a denial of their dignity since that dignity had already been lost or greatly diminished. While I don't deny that the prospect of existing in the future in a debilitated condition is an unwelcome state of existence, I don't see how this can be degrading, nor can diminish the person's earlier dignity. So I don't see how hastening their deaths can protect their dignity.

Some readers may confuse a debilitated state *overshadowing* an earlier state with its influencing the dignity of the earlier state. That is, patients will be remembered as enfeebled and not as they were in their prime. But this is very different from saying that their present debilitating condition *diminishes* their earlier dignity. I discussed earlier in the paper that we all

²⁵ This interpretation was put to me by an anonymous reviewer.

want to be remembered at our best. But how we are remembered can't impinge upon whether we had dignity for most of our life. And how we are remembered can't alter the facts about the degree of dignity we had earlier. So a disease is not a threat to one's earlier dignity nor an offense against it.

It might be thought that later states of dignity (or their absence) can affect the degree of dignity of the past, much as present events may seem to make efforts in the past vain or meaningful. One frequently hears in wartime that abandoning the fight would render futile or pointless the earlier deaths of soldiers. Many different kinds of struggles or difficult times are thought to be redeemed by what comes later. For instance, if a troubled marriage is saved as the couple grows and they come to enjoy years of happy marriage, that may be thought to give meaning to their earlier struggles which would not be the case if they divorced and then each found the same amount of happiness in second marriages. But there are two disanalogies here between meaning and dignity. The first is that the dignity of an act or state seems to be an intrinsic property while meaning seems to be more of a relational property. Secondly, past events like those in the above examples don't go from meaningless to meaningful or from meaningful to meaningless but rather have their meaning determined by later events that render the earlier travails pointed or pointless. Earlier the jury was still out on the meaning of the events in question. But in the case of the loss of dignity in the diminished patient, there was already established dignity in the past. It can't be taken away by what comes later. If one lived a rational life for decades, the loss of that ability doesn't mean one wasn't earlier rational and dignified. So the analogy of bestowing meaning on the past is different from the dignity of the past.

Sometimes something like the above idea is put forth in terms of one's life having a narrative structure. It is claimed that the last chapter of one's life can affect how well the life

went as a whole as well as what we should say about the earlier chapters. Someone might think an end devoid of dignity will diminish the dignity of earlier parts of the life just as the last chapter of a novel will affect our judgment about how well the first chapters of a novel were written. The earlier chapters can't be judged by themselves as if they were self contained short stories for they set the stage of what is to come and how masterful they are will depend to some extent upon how well they prepared the reader for what later transpires. While one might want to treat stages of one's life like chapters in a book, I would again suggest we distinguish dignity from questions of meaning. What happens later in one's life will determine whether the earlier years were spent wisely and will affect our judgment about how well the life went as a whole. Books can go on for too long or end too soon. I don't deny that is true also for lives. I haven't insisted that people should always cling to life. But this is not because *past* dignity is at stake. If someone possessed rationality in the Kantian sense earlier in their life, they possessed dignity. If their life ends well and their earlier choices and efforts pay off, that doesn't mean they were any more rational than someone whose choices don't pay off if the only difference is luck in the outcomes beyond their control. And if fortune smiles and events turn out well, that good ending doesn't determine the rationality and dignity of the earlier conduct. So while activities early in life may turn out to be vain or meaningful, that shouldn't impact upon whether that agent was earlier reasonable and dignified.

If I am right that past dignity can't be diminished and that to degrade someone or some value is to treat it as if has less value than it in fact does, then an object cannot be degraded unless there are disrespectful actions. A disease is not degrading, it is just that its unwelcome effects are like those that would be disrespectful if they were the result of human actions rather than blind nature. But even if an incapacitating disease could be degrading, it would only be at

the first onslaught for there would later be no value to offend. While such later conditions are of little value and there may be little point to live in such states, they are not degradations or offensive.

Velleman's insistence that the patient's diseased condition is a degradation may be a result of his being misled by the factors I discussed earlier about viewing things as undignified when they weren't. Or perhaps the problem lies in a mistaken analysis and misappropriation of his own examples of artifacts that are destroyed for the sake of dignity. This may lead him to think that the deterioration that nature over time tends to induce in humans, books and flags can be an offense even in the absence of any disrespectful actions. My contention is that Velleman misunderstands his own examples. For example, the flag is not an offense against its earlier condition. As Velleman himself notes, it doesn't really have intrinsic value, its value is borrowed. But even if its value is borrowed, its later stage is not an offense against its earlier state of (considerable) borrowed value. There is an offense because the flag is a symbol and it stands-in-for or represents our acts, in particular, our speech acts. Rather than continuously (verbally) reaffirming our belief and respect for the country's citizens and values, the flag flying high does so for us. But when the flag deteriorates, it is as if it stands-in-for an undignified action on our part. And just as we should cease doing or saying anything undignified, or, perhaps more accurately, should act when such an omission is undignified, we should stop the flag from symbolizing undignified speech acts by its destruction. It can't stop itself, but since it stands in for our actions, we can destroy it and our behavior is undignified if we don't. So there is an offense in the case of the artifacts, but it lies not where Velleman supposes. It is not an action or state of the deteriorated that offends against a previous condition; rather, it is an offense of those who are cognitively capable to show the simultaneously existing people or values proper respect.

So Velleman's analysis of the artifact is flawed and thus should not be extended analogously to diseased people who allegedly offend against their *previous* value. Their states and acts are unfortunate, unwelcome, unenviable, and possess little dignity, but they are not undignified or degrading.

If Velleman were right that we might "even be obligated to destroy objects of dignity if they would otherwise deteriorate in ways that offend against that value," then people who are aware that they might have such unfortunate states in their future would be wrong not to view them as degrading. But I doubt many of us would want to convince them that they were wrong. And this is not because we believe that it is up to the future patients to decide where their value lies. As Velleman correctly stresses, whether or not someone possesses dignity is not at their discretion. He writes:

The dignity of a person is a value that differs in kind from his interest. Unlike his interest, for example, his dignity is a value on which his opinion carries no more weight than anyone else's...he is in no better position to judge it than others.²⁶

Contrast the attitude we take to a person's future mentally debilitating disease with that which we harbor towards a base act like prostitution that the same person was planning to engage in the next day. We would certainly want to convince that person that the activity planned for the next day was an offense to her dignity. We would argue with her that she shouldn't so degrade herself. However, our reluctance to try to convince the same woman that her future medical condition would be degrading suggests that we believe Velleman to be wrong to hold that such mental impairments in patients would be offensive to their earlier, far more valuable condition.

I mentioned earlier that the view *we* could suffer late stage Alzheimer's disease (and

²⁶ Velleman. "A Right of Self-Termination?" Op. cit. p. 611. See also 612-613, 617

cognitively comparable injuries and diseases) presupposes certain views of personal identity that have a compelling rival. If one thinks we are essentially animals and persist as long as life processes aren't interrupted, then we could survive late into Alzheimer's disease. Likewise, if it is maintained that we are essentially entities with the capacity for conscious thought, but that the self-consciousness that characterizes personhood is a contingent rather than a necessary trait of ours, then we could also end up in such a debilitated state. But if we are essentially persons, we could not survive the loss of our capacity for self-consciousness. The resulting creature, existing with no sense of past or future, wouldn't be identical to us but would just be the organism that had earlier constituted us. So any provisions that a person made for such a future would actually be not determining his own fate but that of another individual with which he had been intimately connected and spatially coincident. I can't defend such a position of personal identity here.²⁷ But since it is a well-known and plausible view, readers shouldn't be too quick claim that the emergence of certain cognitively minimal states would be undignified affronts to the earlier rational person since there wouldn't be the diachronic identity needed to sustain this claim.

In conclusion, let me state what I have not argued for as well as what I have advocated. I do not deny that the narrative structure of an individual's life is intimately tied to the meaning and value of that life. I also don't deny that if a disease renders a person incapable of authoring the last chapter of her life as she would like, her life is less valuable than it would otherwise have been. And while I maintain that states of very diminished capacity possess less dignity, I insist that they are not undignified or offenses or degradations. But I am not insisting that one should want to stay alive in such states. My contention is only that one shouldn't want to die because

²⁷ Interested readers should see Lynne Rudder Baker's *Persons and Bodies: A Constitution View*. (Cambridge: Cambridge University Press, 2000).

such states are undignified or offenses against one's value. They are neither.