

Randomised controlled trials—commonly vast and costly and infinitely more sophisticated than Lind's round dozen in *Salisbury's* "apartment for the sick in the fore-hold"—are now the norm in the evaluation of drugs; and recent efforts to grade their quality and transform complex literature into robust evidence based guidelines now command widespread respect. That too was marked at the Edinburgh symposium, which celebrated, along with James Lind's, the contribution to evidence based medicine of the late James Petrie, the founder and first chair of the Scottish Intercollegiate Guideline Network (SIGN, [www.sign.ac.uk](http://www.sign.ac.uk)).<sup>5</sup>

But clinical arithmetic still has its adversaries, more subtle in their forms and ways than the grandees of British medicine long ago. In a spirited polemic an academic neurologist, Charles Warlow, persuaded many of those present that the regulation of clinical trials had become a barrier: that the 18 relevant pieces of legislation and 44 new sets of regulations delayed or simply prevented useful work, yet nevertheless failed to eradicate abuse by a tiny and culpable minority.

And money still talks too, although the individual financial interests of an 18th century elite have been replaced by those of "Big Pharma." In the Cochrane Collaboration considerable concern exists about the possible contaminating influence of commercial interests ([www.cochrane.org/docs/](http://www.cochrane.org/docs/)

[commercialponsorship.htm](http://commercialponsorship.htm)), coinciding with a worrying decline in non-commercial funding of large scale trials.<sup>6</sup> And Bodenheimer's bleak verdict that "trials conducted in the commercial sector are heavily tipped towards industry interests"<sup>7</sup> should make us even more wary.

Had their ghosts revisited Edinburgh for that Halloween symposium, the rational and radical altruists of the medical Enlightenment might have assured its participants that there are still some good brave causes left.

Colin Currie *senior lecturer in geriatric medicine*

University of Edinburgh, Geriatric Medicine, Department of Clinical and Surgical Sciences, Edinburgh EH16 4SB  
([drcolincurrie@hotmail.com](mailto:drcolincurrie@hotmail.com))

Competing interests: Edinburgh graduate, former naval doctor, and ex-Presbyterian.

- 1 Stewart CP, Guthrie D, eds. *Lind's treatise on scurvy*. Edinburgh: Edinburgh University Press, 1953:145.
- 2 Buchan J. *Capital of the mind*. London: John Murray, 2003:1.
- 3 Herman A. *The Scottish enlightenment*. London: Fourth Estate, 2002:276.
- 4 Tröller U. "To improve the evidence of medicine": the 18th century British origins of a critical approach. Edinburgh: Royal College of Physicians of Edinburgh, 2000.
- 5 Petrie JC, Harlen J. SIGN comes of age: but what next? *Health Bull* 1997;55:362-4.
- 6 Chalmers I, Rounding C, Lock K. Descriptive survey of non-commercial randomised controlled trials in the United Kingdom, 1980-2002. *BMJ* 2003;327:1017-9.
- 7 Bodenheimer T. Uneasy alliance: clinical investigators and the pharmaceutical industry. *New Engl J Med* 2000;342:1539-44.

## Dignity is a useless concept

*It means no more than respect for persons or their autonomy*

Appeals to human dignity populate the landscape of medical ethics. Claims that some feature of medical research or practice violates or threatens human dignity abound, often in connection with developments in genetics or reproductive technology. But are such charges coherent? Is dignity a useful concept for an ethical analysis of medical activities? A close inspection of leading examples shows that appeals to dignity are either vague restatements of other, more precise, notions or mere slogans that add nothing to an understanding of the topic.

Possibly the most prominent references to dignity appear in the many international human rights instruments, such as the United Nations' universal declaration of human rights.<sup>1</sup> With few exceptions, these conventions do not address medical treatment or research. A leading exception is the Council of Europe's convention for the protection of human rights and dignity of the human being with regard to the application of biology and medicine.<sup>2</sup> In this and other documents "dignity" seems to have no meaning beyond what is implied by the principle of medical ethics, respect for persons: the need to obtain voluntary, informed consent; the requirement to protect confidentiality; and the need to avoid discrimination and abusive practices.

References to dignity emerged in the 1970s in discussions about the process of dying, in particular, the desire to avoid burdensome, life prolonging medical treatment. Often couched in terms of "the right to die with dignity," this development led to the enactment of statutes in the United States that officially recognised the right of patients to make advance directives. The first such statute, the California Natural Death Act 1976, began: "In recognition of the dignity and privacy which patients have a right to expect, the Legislature hereby declares that the laws of the State of California shall recognize the right of an adult person to make a written directive instructing his physician to withhold or withdraw life-sustaining procedures in the event of a terminal condition." In this context dignity seems to be nothing other than respect for autonomy.

Commenting on the appearance of this vague usage in connection with end of life treatment, a US presidential commission observed: "Phrases like ... 'death with dignity' ... have been used in such conflicting ways that their meanings, if they ever were clear, have become hopelessly blurred."<sup>3</sup>

An altogether different use of dignity in relation to death occurs when medical students practise doing procedures (usually intubation) on newly dead bodies.

Some medical ethicists charge that these educational efforts violate the dignity of the dead person. But this situation clearly has nothing to do with respect for autonomy since the object is no longer a person but a cadaver. There may be reasonable concern about how the dead person's relatives would feel if they knew that the body was being used in this way. But that concern has nothing to do with the dignity of the dead body and everything to do with respect for the wishes of the living.

The US President's Council on Bioethics, appointed by President George W Bush, issued its first report in July 2002. Its title, *Human Cloning and Human Dignity*, illustrates the prominent place the concept of dignity occupies in the committee's discussions. In one of many references the report says that "a begotten child comes into the world just as its parents once did, and is therefore their equal in dignity and humanity."<sup>4</sup> The report contains no analysis of dignity or how it relates to ethical principles such as respect for persons. In the absence of criteria that can enable us to know just when dignity is violated, the concept remains hopelessly vague. Although there are many persuasive arguments against human reproductive cloning, to invoke the concept of dignity without clarifying its meaning is to use a mere slogan.

■ *Appeals to dignity are either vague restatements ... or mere slogans*

The president's council is equally concerned about existing modes of assisted reproduction. Draft documents specify scientific experiments that the committee would like the US Congress to prohibit in a law to be called the "Dignity of Human Procreation Act."<sup>5</sup> One can readily identify procreative acts between two human beings that are abusive or degrading. But it is a mystery how modes of in vitro fertilisation can have or lack dignity.

Human genetics is another prominent area where concerns about violations of dignity exist. One chapter of a report by the Nuffield Council on Bioethics is entitled "Genetics, freedom and human dignity."<sup>6</sup> To its credit, this report goes well beyond the US President's Council in specifying a meaning of dignity in research on behavioural genetics. The report refers to the sense of responsibility as "an essential ingredient in the conception of human dignity, in the presumption that one is a person whose actions, thoughts and concerns are worthy of intrinsic respect, because they have been chosen, organised and guided in a way which makes sense from a distinctively individual point of view."<sup>6</sup> Although this renders the concept of human dignity meaningful, it is nothing more than a capacity for rational thought and action, the central



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Dignity has its origins in religious and human rights writings

features conveyed in the principle of respect for autonomy.

Why, then, do so many articles and reports appeal to human dignity, as if it means something over and above respect for persons or for their autonomy? A possible explanation is the many religious sources that refer to human dignity, especially but not exclusively in Roman Catholic writings. However, this religious source cannot explain how and why dignity has crept into the secular literature in medical ethics. Nor can the prominence of the concept in human rights documents, since only a small portion of the literature in medical ethics addresses the links between health and human rights.

Although the aetiology may remain a mystery, the diagnosis is clear. Dignity is a useless concept in medical ethics and can be eliminated without any loss of content.

Ruth Macklin *professor of medical ethics*

Department of Epidemiology and Population Health, Albert Einstein College of Medicine, 1300 Morris Park Avenue, Bronx, NY 10461, USA (macklin@aecom.yu.edu)

Competing interests: None declared.

- 1 United Nations. *Universal declaration of human rights*. Geneva: UN, 1948.
- 2 Council of Europe. *Convention for the protection of human rights and dignity of the human being with regard to the application of biology and medicine*. Strasbourg: Council of Europe, 1997.
- 3 President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. *Deciding to forgo life-sustaining treatment*. Washington, DC: US Government Printing Office, 1983:24.
- 4 President's Council on Bioethics, Human Cloning and Human Dignity. *An ethical inquiry*. Washington, DC: President's Council on Bioethics, Human Cloning and Human Dignity, July 2002. [www.bioethics.gov/topics/cloning\\_index.html](http://www.bioethics.gov/topics/cloning_index.html) (accessed 8 Dec 2003).
- 5 Regalado A. In vitro fertility proposals by Bush council stir controversy. *Wall Street Journal* 2003 November 21:B1.
- 6 Nuffield Council on Bioethics. *Genetics and human behaviour*. [www.nuffieldbioethics.org/publications/pp\\_0000000015.asp](http://www.nuffieldbioethics.org/publications/pp_0000000015.asp) (accessed 9 Dec 2003).