

# PREFACE

## PERSONHOOD AND HEALTH CARE

This book arose as a result of a pre-conference devoted to the topic held June 28, 1999 in Paris, France. The pre-conference preceded the Annual Congress of the International Academy of Law and Mental Health. Other chapters were solicited after the conference in order to more completely explore the relation of personhood to health care. The pre-conference was held in honor of Yves Pélacier who led so many of our French colleagues in medicine, philosophy, and ethics as Christian Hervé notes in his Tribute.

As health care is aimed at healing persons, it is important to realize how difficult it is to construct a theory of personhood for health care, and thus, a theory of how healing in health care comes about or ought to occur. The book is divided into four parts, Concepts of the Person, Theories of Personhood in Relation to Health Care and Bioethics, Person and Identity, and Personhood and Its Relations. Each section explores a critical arena in constructing the relation of personhood to health care. Although no exploration of this nature can be exhaustive, every effort was made to present both conflicting and complementary views of personhood from within similar and different philosophical and religious traditions.

## PART ONE: CONCEPTS OF THE PERSON

Tracing the origins of the concept of person from antiquity through present day, Jean Delemeau provides an historical sketch of the development of a wide range of meanings. Although its meaning has changed over time, in general "person" demarked an individual with character and specificity. There has yet to be a consensus about a definition, however. Delemeau maintains that the concept remains at the core of our contemporary debates about health related matters such as abortion, genetics, and euthanasia. Whether we regard persons as a bundle of neurons or as possessing inherent value and dignity will greatly inform and influence these debates.

Acknowledging that ethics calls upon us to respect and treat persons in accord with their deserts, Lenn Goodman focuses upon the worth of persons. He argues that these deserts are objective claims that are based upon a person's subjecthood. Deserts include and exceed traditional human rights; they impart human dignity that it is protective of the name, honor, privacy, and intellectual as well as bodily integrity of persons, and they demand that persons be respected. Using a number of contemporary social and health-related issues as examples, (e.g., mental illness, self-mutilation, teen prostitution, suicide, pornography), Goodman illustrates the application of these deserts to therapeutic work related to the body and mind.

David Novak examines how the image of God can serve as the foundation of personhood and human rights, particularly within the context of Judaism. To this end, he raises the question of the ends of human action and recognizes that the term "telos" has altered its meaning from that of substance in ancient times (i.e., a state of being, for example,

happiness) toward personhood in Modern times. Novak maintains that the image of God is of immediate ethical significance because it is teleological in that it identifies the proper ends for persons. Novak proposes that questions regarding personhood are best answered by an ontology and theological anthropology emerging from the doctrine of creation of the human person as the *image of God*, and that God is therefore the ultimate source of ethics.

Drawing upon his extensive background in Natural Law Theory, Novak argues that the concept of the person derives from being an image of God as instilled in both nature and in revelation. Using Levinas' insights about the need of the other person as revealing that person and ultimately revealing the way in which honor and dignity is due to that person, Novak continues to stress that natural law is revealed through human interaction.

Jean Bernard focuses upon the defining features of "personhood." Recounting scientific progress, he notes two definitions: one, based upon our genetic make-up and, two, based upon the nervous system involving brain function and capacity. Beyond these biological definitions, personhood has come to command "respect" that is based in a recognition of the liberties that all persons share. Bernard thinks, though, that this notion of respect ought to be supplemented with the concept of human "dignity" that is inherent in persons from the time of conception and endures long beyond physical death. Human dignity will be explored in later chapters in more detail.

After these more general reflections that accept a special moral place for persons and health care aimed at their good, the section continues with more skeptical concerns ranging from those who still hold that a theory of personhood is important to those who hold that such a theory is a fruitless pursuit.

Thus, on a less accepting note, Tom Beauchamp examines why theories of personhood seem to fail. He draws a distinction between "metaphysical" and "moral" conceptions of personhood that is ordinarily overlooked. For a number of reasons, he finds each conception problematic, as he finds the vagueness of the concept of "person" itself problematic as well. However flawed, though, Beauchamp stops short in discounting philosophical theories of metaphysical and moral persons; his intent, rather, is to expose their difficulties. He acknowledges the importance of such theories in the provision of health care and in morality generally. Yet he is convinced that the best way to approach the problems is to stay focused on each moral problem as it arises.

By contrast, Edmund Erde focuses an "originating question" – specifically, what do we mean by "person." In vogue for several decades following WWII, Erde employs facets of ordinary language philosophy to explore, among other things, the meaning of the term "person," how the "originating question" figures in but goes wrong in bioethics and, ultimately, to dissolve the force of the question. Erde argues that we ought to reject a vain and pointless quest to define personhood and proposes, instead, that we focus upon what we value about persons – e.g., fetuses, pregnant women, brain dead patients – and why.

One way out of this conceptual impasse is to re-examine the question from the point of view of new knowledge gained in genetics. If, after all, persons are specific and unique individuals, much of that specificity comes from their genetic makeup. Yet Tuija Takala

notes that genetic knowledge holds great promise for medicine but also raises pressing ontological, epistemological, and moral questions that threaten our conception of ourselves as persons – e.g., Is everything pre-determined by our genetic make-up? Should we view ourselves as ill if we are genetically predisposed toward a certain illness? What about our free-will and action? Overall, what impact ought genetic knowledge have on us? Tuija Takala favors a conception of "personhood" that, although based in Enlightenment thinking, has application to and instills meaning in the very questions we face today.

Given that the concept of personhood has become intimately connected with fundamental ethical questions about the value of life – e.g., killing versus letting die, John Harris attempts to define and examine this notion to determine why, among other things, the lives of persons, as distinguished from animals for example, make urgent moral claims upon us. He considers and evaluates a number of characteristics (e.g., potentiality, gradualism towards moral status) to arrive at a unique defining feature, notably, "a creature capable of valuing its own existence." His approach through the way we behave ethically leads then to the next section of the book.

## PART TWO: THEORIES OF PERSONHOOD IN MEDICINE AND BIOETHICS

Paul Ricoeur analyzes medical ethics within the context of the judicial system. He advances that medical ethics is a treatment pact of trust between two people – the suffering patient who asks for help and the physician who has the knowledge and agrees to provide assistance. This pact is governed by a system of norms and regulations that comprise a professional code of ethics. Ricoeur draws a parallel between these two levels of medical ethics and that of the judicial system, specifically, between a particular judgment made by a court of law and the legal norms on which that judgment is based.

Hubert Doucet notes that respect for the person is the core of the bioethical enterprise in both the United States and in France, indeed in all of Western thought. Yet, usage of the concept creates difficulties and contradictions for discipline. Only recently have we begun to recognize personhood and, in some instances, it has come to be a means by which medical care is excluded from some (e.g., human embryos, fetuses, anencephalic infants). In response, Doucet explores promising directions, proposed by Hans Jonas and Jean Ladriere, regarding how this might be overcome. Rejecting the strict methodological reductionism of contemporary biomedical science, the task of bioethics ought to be enlarged to incorporate into its framework an anthropological understanding of persons.

Acknowledging that the right to self-determination is a necessary condition for realizing one's autonomy, Ruud H. J. ter Meulen considers whether this right is a *sufficient* condition. Arguing to the contrary, ter Meulen opts for a broad conception of autonomy that is based, not upon a rationalistic and individualistic conception characteristic of traditional bioethics. Rather, he envisions that persons conceive themselves within a broader social, cultural, and spiritual context that decreases fragmentation among persons within society and facilitates the growth of mutual ties.

Complementing the other contributors in this section, Simonne Plourde focuses upon the concept of "personhood" within the context of medicine and bioethics. Beginning with an historical sketch, she traces the evolution of the concept from antiquity through present day and pays particular attention to its discussion in the works of contemporary theorists Emmanuel Mounier, Gabriel Marcel, Emmanuel Levinas, Paul Ricoeur, and Lucien Seve. Plourde argues that the concept of personhood is of central concern within the context of recent and emerging biotechnological advances that have transformed our lives, both positively and negatively. Yet traditional definitions of personhood seem inadequate to provide answers to the fundamental questions these advances pose or resolution to the dilemmas that medical practitioners now routinely face and require re-examination.

Many previous reflections suggest a relational concept of the person. Jiwei Ci argues that uninformed appeal to the Confucian relational concept of the person can be helpful to its role in health care, but a more critical view of it shows that Confucianism suffers from both epistemic and ethical flaws (e.g., it assumes that relations among persons are hierarchical in their scope and quality). Ci considers whether Confucianism might be restructured to remove these flaws but reasons that doing so would no longer render it distinctively Confucian. Unfortunately, then, Confucianism does not represent an attractive alternative to liberal individualism that also has its own inherent flaws. In his view both represent first-order theories that rest on second-order theories (epistemic justifications) that are essentialist rather than constructivist. This means that both theories assume that their view of persons is grounded on Nature or the way things are, rather than on social construction and the relativity of social systems. Nevertheless, Ci advances that Confucianism does have something useful to contribute toward our understanding and resolution of contemporary bioethical problems, namely, a specific idea about the conduct of human relations between physician, patient, and family.

Godfrey Tangwa discusses personhood within the context of the African and Western philosophical tradition. Despite recognition of stages in the maturation process, a hierarchical society, based upon title, age, experience, etc., and current physical, mental and socio-politico-economic changes that persons experience, Tangwa argues that the moral worth of a person within the African tradition remains constant and unchanging throughout his or her lifetime. Critical to his sketch of the differences between African views and Western views is the notion that Western philosophy has focused on the patient, on the moral worth of the individual or groups toward which agents act, and the victims of agent's action. Instead, he argues, the African view focuses on the agency of all human beings as persons. While Africans recognize the development of human life from infancy to maturity, they would never agree with Engelhardt's description of fetuses and the retarded as being "outside" secular moral concern since they are not moral persons. Greatly influenced by science, technology, and commercialism (e.g., profit, materialism) and all too ready to classify persons, countries, and cultures as advanced versus backward, developed versus developing, etc., the Western tradition does not appear to hold personhood in the kind of reverence found in African thought and culture.

Tangwa speculates about how desirous it would be to infuse the technologically advanced and efficient Western medical tradition with the moral sensibility of the African tradition. Although there is no simple formula, Tangwa sketches an initial step about how this might be accomplished.

Emphasizing the climate of fundamental change in modern medicine (e.g., technological advances, genome analysis, structural and financial crisis), Ulrike Kostka recognizes an opportunity and need for critical discussion about the scientific and technical rationality that has served as the basis and aims of medicine throughout history. This paradigm need not be entirely abandoned, she thinks, but it might be supplemented by additional concepts such as psychosomatic medicine, homeopathy, and the science of public health. Kostka speculates that medical and theological ethics might serve well to facilitate the necessary dialogue among the parties involved (e.g., Healthcare providers and patients) about the basis and aims of medicine. In making this claim, Kostka returns the reader to the earlier more theoretical examinations as well as preparing for the specific example of person and identity within health care.

### PART THREE: PERSON AND IDENTITY

Judith Lee Kissell warns that biotechnological advances have radically altered or "morphed" our conception of persons, transforming persons from subjects of reverence whose inherent dignity requires protection to objects of economic worth and property value (e.g., ownership of eggs and sperm may be transferred, body parts may be sold, etc.). To ensure regard for persons involved in technological interventions, Kissell advances that we have readily imposed the requirements of informed consent and sought justification of our actions from the value neutrality aspect of liberal political philosophy. These measures, though, do little to cultivate critical reflection about personhood that is indicated by our new-found capabilities or restore meaning and value to persons involved with them.

Taking up the specific problem of identity for persons in health care, Eric Matthews examines personal identity within the context of mental health. He focuses upon a "disturbance of personal identity," specifically, a condition in which persons have a fully formed identity albeit, due to neurological or social factors (e.g., interaction with other persons during childhood), it has disintegrated or has become flawed. Matthews then draws some ethical, legal, and therapeutic conclusions about our approach in treatment of such disorders. He argues, for example, that effective treatment will depend upon identifying what prompted the person's disturbance of identity and, through therapeutic guidance, counseling them as to how it might be restored.

Recognizing that the concept of personhood is central to psychiatric illness (i.e., how persons destructure and reintegrate themselves), but that it tends to be overlooked in everyday practice (i.e., patients are often classified and categorized by psychiatric disorder, e.g., DSM III), Guyotat focuses upon personhood within the context of Dissociative Identity Disorder (DID). This illness is characterized as a problem of identity, wherein several beings co-exist within the same body. More fundamentally, Guyotat interprets it as a break in the



<http://www.springer.com/978-1-4020-0098-0>

Personhood and Health Care

Thomasma, D.C.; Weisstub, D.N.; Hervé, C. (Eds.)

2001, XV, 451 p., Hardcover

ISBN: 978-1-4020-0098-0