

A Tale of Two Dignities

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As is usually the case with life issues, each side seem to talk a different language. The same is true in the debate on physician-assisted suicide (PAS). From those of us who oppose PAS we hear that “all life has dignity” while from those who support the practice we hear about “death with dignity.” What is the difference?

Dignity comes in two forms based on its origin—intrinsic and extrinsic. Intrinsic dignity comes from within ourselves simply because we are human persons. All human life has dignity, from the moment of its conception until the moment of its death. No one can say, “These lives have dignity and those lives don’t.” The idea is to view every human person, despite any differences in race, belief, ability, lifestyle, etc. with equal dignity. That means no one life is better or more important than another when it comes to protecting that life. From this concept arises altruism, as well as other fundamental principles like all men being created equal and having equal protection under the law. This concept informs our long-held prohibitions against not only murder but also suicide, for intrinsic dignity cannot be taken away by anyone, not even by us from ourselves.

Extrinsic dignity comes from the outside and is based on how we or others define it. This type of dignity is based on opinion, so it is always changing. This is the dignity that those who promote PAS are talking about. They say that if people or their families or their physicians think a person’s life no longer has dignity, then that person should have a right to death with dignity—to kill themselves. From this concept arose ones that we long ago rejected, like slavery, and others that we callously accept, like aborting children, particularly those with Down Syndrome.

Why do they decide their lives no longer have dignity? One study asked people over 60 if they would rather die than have certain conditions. Around 54% thought being incontinent (needing to wear an adult diaper) was worse than death; 50% thought the same of not being able to get out of bed, and 46% thought it of having dementia. Only 4% felt that constant moderate pain was worse than death.

Extrinsic dignity is not only subjective, but it greases the slippery slope into worse atrocities. We are truly naïve if we believe that PAS will be restricted to people who are happy to kill themselves rather than live if less than healthy. We only have to look to where PAS is legal to see what happens. An elderly woman in Vermont is admitted to a rehabilitation center after a fall and is told repeatedly by the staff that she has the option to end her life. In Quebec, a man in his sixties with early cancer is denied antibiotics to cure a bladder infection because the doctor didn’t think he was worth treating; the man died from the infection. A Dutch doctor caring for a woman with dementia drugged her coffee and tried to euthanize her. When she woke up and fought to free herself, he called in her family to hold her down while he injected her. A review board cleared him of any wrong-doing.

How easily we move from viewing ourselves as having no dignity to viewing others that way. How easily doctors move from fulfilling patient death requests to deciding themselves who deserves to die. Extrinsic dignity is subjective and shifting while intrinsic dignity is objective and constant. It must remain the foundation of all medical practice.