Dignity based on creation, not capability

November 4, 2010

WACO—Discussions about dignity and dying benefit from a clear understanding of dignity's source and meaning, a founding member of the President's Council on Bioethics told a Baylor University gathering.

Gilbert Meilaender, professor of Christian ethics and chair of the theology department at Valparaiso University, a Lutheran school in Indiana, spoke to a symposium on "Human Dignity and the Future of Health Care," sponsored by Baylor's Institute for Faith and Learning.

Meilaender distinguished between the kind of dignity marked by exceptional achievement and the kind inherent in every person created by God.

Understood in the first sense, he asserted, dignity invites comparison to other people or to standards of excellence. But understood in the other sense, "grounded not in relation to each other but to God," all people stand as equals, he insisted.

Secular modern and postmodern commitment to equal dignity of all people, understood apart from any religious underpinning, is "a commitment in search of a rationale," Meilaender said.

When it comes to death and dying, both aspects of dignity must be considered, he asserted. Each death is part of "an inevitable trajectory of decline" common to all life in a fallen world, but at the same time, "at the point of death, each is singular and unique."

Declining health and diminished capacities may rob an individual of dignity

in comparison to other people. But those factors have no impact on the dying person's standing before God, nor do they take away the rights inherent in his or her equality before God, he asserted.

Christians, particularly, should recognize the dual reality of death as both friend and enemy, Meilaender said. On the one hand, it represents the natural end of a journey, recognizing "we are not meant to live here forever," he said. At the same time, it means the loss of earthly attachments and painful loss for those who are left behind.

During a panel discussion on faith in practice, Helen Harris, senior lecturer in the Baylor School of Social Work, reflected on her 13 years spent in hospice ministry.

"When dealing with end-of-life issues, it's important to recognize who the expert is, and it's not you," Harris said. "The expert in the room is the patient—and the family—the people who are going through the experience."

Chaplains, social workers and pastoral caregivers should be informed by faith—both their own and the faith of the person who is dying, she said. One challenge caregivers face in dealing with terminal patients relates to hope, she observed.

"We may need to redefine hope. If it is not hope to get well, maybe it is hope to live well in the meantime," she said.

Another panelist and professor in the Baylor School of Social Work, James Ellor, emphasized the capacity of each individual for transcendence, keeping in mind the physical, social, emotional and spiritual dimensions of living.

"Just because a person does not have cognition," he said, "that does not mean they do not have a spiritual nature."

Current medical practice often tends to objectify and dehumanize patients, as in “the kidney in Room 5,” said Stephen Post, director of the Center for Medical Humanities, Compassionate Care and Bioethics at Stony Brook University in New York.

Institutional pressure to minimize time with patients to maximize revenue leaves patients feeling demeaned and doctors feeling demoralized, Post noted.

“The loss of compassion is bad for clinicians, and it’s bad for patients,” he said.

But in a setting where physicians are encouraged to engage in attentive listening and to “look for the personhood in people,” care improves at all levels.

“Compassionate care is a matter of choice and an expression of commitment to maintaining a healing space, regardless of the practice environment,” he said.

“Where doctors are compassionate, it results in early and more accurate diagnoses, as well as more efficient treatment planning and adherence.”