MEDICAL ETHICS AND HUMAN DIGNITY OF THE PATIENT

ETICA MEDICA E DIGNITÀ UMANA DEL PAZIENTE

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ABSTRACT

English
In medical ethics, the concept of human dignity is often discussed in relation to issues concerning the beginning and end of life. To this end, a critical analysis of human dignity is conducted, and the results of this study have then been applied to specific medical-ethical issues.
To formulate a constructive and contextualized proposal on human dignity, considering its implications for medical-ethical issues, it is important to ask a question: what is meant by the concept and principle of human dignity?
The study will conduct a critical analysis of some theological and philosophical theories on the meaning of the concept of human dignity, as well as on the principle of human dignity.

Italian
Nell'ambito dell'etica medica, il concetto di dignità umana viene spesso discusso in relazione a questioni riguardanti l'inizio e la fine della vita. A tal proposito si conduce un'analisi critica sul tema della dignità umana, e i risultati di tale studio sono stati poi applicati a specifiche problematiche medico-etiche.
Per formulare una proposta costruttiva e contestualizzata, sulla dignità umana considerando le implicazioni che questa avrebbe sulle questioni medico-etiche, è importante porsi una domanda: cosa si intende per concetto e principio di dignità umana?
Nello studio, verrà condotta un'analisi critica di alcune teorie teologiche e filosofiche sul significato del concetto di dignità umana, nonché sul principio di dignità umana.

KEYWORDS
Human dignity, ethics, pedagogy, medical education.

Dignità umana, Etica, Pedagogia, Formazione medica.

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1. Introduction

In recent decades, the debate on human dignity has been intense and has touched on many areas of interest such as philosophy, theology, medicine and law. Topics covered ranged from the conceptualization of human dignity, the relationship between human dignity and human rights, and how to interpret a principle of human dignity in medical treatment. In many countries, human dignity is a stated ethical principle that should guide medical care, think for example of the Swedish Health and Medical Services Act which states that medical care must be provided with respect for the value and dignity of all human beings (Sacchetti, Setola, Lindahl, 2024). At the international level, references to dignity are common and the importance of regulation in medical treatment is also present in the Universal Declaration on Bioethics and Human Rights (Kirby, 2008). Article one states: "All human beings are born free and equal in dignity and rights." The concept of human dignity plays a significant role in many guiding documents for medical practice, the concept, interpretation and application of this principle. These arguments present multiple interpretations and criticisms from a scientific point of view: some have argued that the term dignity means only respect for autonomy, therefore a concept in medical treatment that is not very useful, others argue issues related to medical ethics and dignity.

2. The question of medical ethics

The terms medical ethics and bioethics can be understood as similar and are sometimes used interchangeably, but bioethics is described as a more recent version of medical ethics (Jonsen, 2000). Medical ethics includes a critical and ethical analysis of health care issues, including medical-ethical issues related to specific technical-medical issues (think of organ transplantation or abortion), those relating to the relationship between health professionals and patients, and finally those relating to social ethics (De Fiore, 2025).

“[…] discussions in bioethics still tend to focus mainly on issues of medicine, life sciences and new technologies [...]" (Chadwick, et al., 2011).

Chadwick et al. have a broader consideration of the term bioethics, since it includes perspectives on the relationship between humanity and nature, so there is no clear line between medical ethics and bioethics. The twentieth century is characterized by remarkable advances in scientific inventions, such as the discovery of the DNA code, organ and heart transplants, and the use of ventilators. These innovations in medicine have raised new and urgent ethical concerns. Albert Jonsen, in his

description of the history of medical ethics, points out another important change, as he argues that the most radical novelty of this period is that medical ethics is no closer to the long tradition that could be defined as benign paternalism to focus on respecting patient autonomy (Jonsen, 2000, pp. 116-117). What has been said highlights how, during the second half of the twentieth century, medical-ethical issues have acquired public awareness also with regard to issues related to patients' rights, and it is for this reason that, starting from the 60s and 70s, medical ethics and bioethics have become multidisciplinary research areas in which philosophers, Theologians, scientists, and medical experts discussed new and urgent ethical issues. In particular, it was at the Kennedy Institute that the term bioethics was used to describe a multidisciplinary field in which science and ethics were combined to discuss the complex dilemmas of medicine from the point of view of moral philosophy (Reich, 1994). It is in this perspective that philosophy and theology took on an important role in the discussions, so much so that some important theologians contributed greatly to the medical-ethical and bioethical discussion (Ramsey, 1970; Fletcher, 1954; McCormick, 1981; Peters, Lebacqz, Bennett, 2008). Complex ethical questions were addressed both from a philosophical or theological perspective, and in practical terms (think for example of issues related to decision-making). As far as methodological approaches are concerned, the author Jonsen A. R. emphasizes that the ethical current follows a Catholic tradition, so those who belong to this movement rely on at least two methods when considering ethical issues within medical practice:

1. natural law: it could be understood as the provision of a framework in which moral concerns could be discussed and understood by any rational person;
2. Case studies: it provided a model based on concrete cases in discussions on medical-ethical issues.

Concept of ethics as an academic discipline	
Fields of interest	Descriptive ethics
	Regulatory ethics
	Metaethics
	Applied Ethics

Table 1. The concept of ethics as an academic discipline

Medical ethics is a form of applied ethics. Well, medical-ethical issues over time have been discussed from different perspectives, the ethics of virtue or the ethics of responsibility, nevertheless it can be said that medical ethics and bioethics are areas of research in which a principled approach has prevailed. Tom Beauchamp

and theologian James Childress in their work Principles of Biomedical Ethics , published for the first time in 1979, identify four principles inherent in biomedical ethics (Beauchamp, Childress, 1994).

1. autonomy: respect for a person's right to make his or her own decisions and the right to decide on his or her own treatment;
2. Non-maleficence: the duty not to hurt others and to minimize suffering.
3. Charity: caring for patients' needs, such as relieving pain.
4. Justice: All patients have the same right to treatment (equality).

In addition, the authors specify how these four principles are drawn from the second a common and universal morality, therefore shared by all people everywhere as well as being independent of other values (think for example of religion or culture). In the 1980s and 1990s, some ethicists were concerned about what they saw as a gap between ethical analysis and medical practice, such as the work of Jonsen A. and Toulmin S., The Abuse of Casuistry: a History of Moral Reasoning (Jonsen, Toulmin, Toulmin, 1988), in which the authors distance themselves from principialism and instead refer to Aristotle and emphasize the importance of phronesis, The understanding that ethics is about practical knowledge and concrete situations and therefore differs from episteme, which refers to eternal truths and universal principles. The authors argued that a critical and comparative analysis of cases is more appropriate for reaching agreement and resolution in bioethical issues than discussing different ethical principles. In this work we suggest a method that is based on the analogy between previous cases and new and similar cases in order to be able to provide indications on how to act when dealing with an ethical problem always taking into account the specific case and its specific circumstances.

3. Human dignity in the medical field

"The experience of human dignity is a way of understanding and establishing both the meaning and the implications of dignity" (Carozza, 2014, p. 626).

Pellegrino E. addresses the way in which human dignity can be understood in a complementary way (Pellegrino, 2009). The author emphasizes how an abstract idea is capable of including what he himself calls the lived experience of human dignity. Lived experience is understood to mean the way in which human dignity is perceived by human beings when they respond to evaluations of their worth and dignity by others or by themselves. The concept of human dignity is an abstract idea that is necessary as a critical tool for understanding its full meaning. Think, for

example, of the concrete experiences lived during the Second World War, which offer perspectives on dignity that a purely conceptual analysis would not be able to provide. The author points out that the lived experience of human dignity from the perspective of clinical encounters manifests itself as intersubjective dignity, which means that the patient's sense of dignity is interrelated to the way others behave towards him (Pellegrino, 2009, p. 522). Dresser R. argues the lived experience from the patient's point of view, of how this can be respected or not in the clinical encounter (Dresser, 2008). The author identifies four areas in which the dignity of the patient can be compromised or honored:

1. privacy
2. communication
3. personal knowledge,
4. dependency.

She also states that dignity is compromised only when patients become the object of study (reduced privacy) or loss of recognition (dependence) is present. In conclusion, the author states that in healthcare, autonomy has been considered important to empower the patient and allow him to avoid being devalued, and for this reason it has been promoted as a central ethical principle. Despite this, patients still feel devalued when they receive medical care so they conclude

“[…] the lack of emphasis on the protection of dignity has hindered efforts to improve the medical experience of patients" (Dresser, 2009, p. 511).

Ultimately, Dresser analyzes the lived experience of dignity from the patient's point of view, while others have studied dignity in health care from a different perspective.

“[…] dignity is a standard for patient care" (Andorno, 2013, p. 971).

The author defines this area of research as subjective, focusing on the consequences that an idea of dignity can have in medical treatment in relation to patient care.One of the most well-known research studies in the field of research focused on dignity as a standard for patient care. This study was conducted by Chochinov et al. in 2002 and highlighted how dignity, in terms of self-perception, should be a central goal in the treatment of patients, understood as "the person he is". The author states that to ensure good patient care it is necessary to have a good

understanding of the dignity of the patient, and identifies fundamental components:

1. Attitude: stresses the importance of health professionals examining their attitudes;
2. respect, kindness, compassion, awareness and recognition of the patient's situation;
3. Honest and open dialogue: capable of improving patient care.

What has been said highlights that the center of attention is the psychological dimension of dignity, how the patient feels and how it is perceived. The focus shifts to the psychological dimension, so dignity can be described both as something that is lost and as something that cannot be lost. Jacobson N. makes a distinction between human dignity, understood as something indestructible, and social dignity, necessary for the experiences or feelings of patients. Human dignity is, therefore, the foundation of social dignity, and is related to human rights. Nordenfelt L. has identified the concept of dignity in the following categorizations:
- dignity as merit,

- dignity as moral stature,

- dignity of personal identity,

- universal human dignity.

“[…] the possibility of dignity and equality in the face of disability, fragility and dependence" (Kittay, 2005, p. 93).

In this work, he conveys how experiences of disability challenge philosophical perspectives and argues that some arguments in favor of the justification of dignity can be exclusionary. Furthermore, following a constructive proposal, he argues that dignity is

“[…] linked to our ability to care for one another and to the fact that we are cared for by another person who is himself worthy of care" (Op. cit., p. 112).

Thus, for Kittay, as for many philosophers, human dignity is placed in the moral sphere. Care, he argues, is a typically human trait and as such is a valid basis for human dignity as, for example, moral autonomy (Op. cit., p. 113). A further point of view to be analyzed, in addition to the research calibrated on the inductive

approach inherent in dignity, could be that inherent in the relationship between dignity, medical ethics and bioethics. Aschroft R. identifies four approaches in this regard:

- refers to those who consider the discourse concerning dignity as incoherent,

- it is aimed at those who have reduced dignity to autonomy,

- relates dignity to abilities, Ashcroft, in this regard, writes:

"[…] they consider dignity as a concept in a family of concepts about capacities, functioning, and social interactions" (Ashcroft, R. E. 2005, p. 679).

- considers dignity as a metaphysical property possessed by all human beings, therefore, dignity is seen as the justification of human rights. The latter group, for the author, is the most common in European bioethics and in the theological analysis of dignity.

An important aspect that deserves to be considered is that while in the European debate the reference to dignity is widespread and accepted, in the American one it is not, so much so that authors such as Beau-champ and Childress have rejected dignity as an ethical principle to be considered in bioethics, while in Europe dignity is considered an intrinsic value that can never be lost or degraded. as necessary for the very understanding of dignity understood as constructed in human relationships (Rendtorff, Jacob and Kemp, 2000, pp. 31 – 38). Finally, it is necessary to mention Foster C., as he offers in the book "Human Dignity in Bioethics and Law", a complete overview of research on dignity and bioethics, in which he argues that human dignity is a redundant principle in bioethics but at the same time it is the only principle to be considered, since for the author, the definition of dignity is human flourishing (Foster, 2015).

Conclusions

The concept of human dignity is closely related to the principle of ethics and moral value. This conception differs from a conception of intrinsic dignity in which dignity belongs to the person as such and is not attributed by others or due to his moral value. The idea of intrinsic dignity is also connected to an egalitarian ideal. Kant proposes a vision of human dignity in which the humanity in each person should be treated as an end and never simply as a meaning. Being treated as an end places limits on what can be considered a morally justified act towards another human

being, finally, the Kantian proposition is also often interpreted as respect for autonomy. In the context of medical ethics, this interpretation of the principle is important, as the principle of dignity is understood as recognition and respect as a member of the human community, as well as respect for dignity as respect for human rights. Regarding medical ethics, a criticism has been raised that the principle of human dignity can lead to inhumane treatment of an individual. Such criticisms have also affected the religious understanding of human dignity as formed in the Judeo-Christian tradition, as it could be seen as in stark contrast to the important values of a liberal society. In addition, criticism has been expressed that dignity is a concept with an unclear meaning or a meaning that can be reduced to respect for autonomy. Respecting the dignity of patients can mean respect for their autonomy, and this interpretation of dignity is important with regard to patient empowerment.

Author contributions

Antonio Ascione: introduction and conclusion
Giovanni d'Elia: par. 3
Michele Corriero: par. 2

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