

Reflections on COVID-19 from St. Patrick's College Maynooth

Treating People with Dignity by Dr. Gaven Kerr

The British Medical Journal recently published a debate in which a professor of bioethics argued that age should be a legitimate factor in considering how to ration medical resources in the treatment of patients with coronavirus. Closer to home there have been questions raised as to how exactly we are treating our older generation, especially those in care homes, at risk of coronavirus. This debate brings to light some important considerations concerning human dignity which ought to inform any medical decisions that we may make, but these considerations are often overlooked in favour of a crude cost/benefit analysis for determining medical treatment.

At times such as the current coronavirus pandemic, it's inevitable that difficult decisions must be made when it comes to medical treatment. Often such decisions are informed by, amongst other things, the stage and state of life of the patient, with the result being that some are identified as being more deserving of treatment than others. But the idea of singling out some patients as being more deserving than others is shot through with problems, not least in that it fails to recognise the equal dignity and right to life of every patient.

The right to life is not a right that one has because it is granted by some competent authority, e.g. the Irish State, our constitution, the EU etc. Rather one has a right to life based on what one is, and all those competent authorities simply recognise and validate that right to life. In the case of human beings, we are rational substances endowed with intelligence and capable of determining our own ends for ourselves. Hence to treat any human as a means to one's own ends is to fail to treat him or her as human.

Accordingly, we can only treat our fellow humans as ends in themselves and never as instruments for our own ends. But if that is the case, the only way that we can treat our fellow humans is as unique individuals of value who matter in themselves and not simply for what they can do for us. Each and every human then is to be valued for the good that he or she is. And if that is the case, the idea of dividing up human beings and judging that one group is more deserving and thus endowed with greater dignity than the other, is to fail to treat such humans as human.

The presumption of treatment in favour of those who are deemed more deserving by whatever criterion, e.g. age, is to fail to treat those whom we deem unworthy as the unique good that each and every human is. In short it is to neglect the dignity of every human being and accord dignity only to some suitably identified individuals. Accordingly, there can be no humane treatment of patients suffering from coronavirus unless that treatment is guided by a respect for the dignity and thereby the right to life of every human being suffering from the virus.

With that in mind, we cannot make medical decisions on the basis of any kind of utilitarian cost/benefit analysis; rather we must pool together all of our resources and make the difficult (and unpopular) decisions that will ensure that any patient, regardless of stage or state in life, gets the treatment that they deserve as the centres of value that they are.

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