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UPDATE

Concept of human dignity: controversies and possible solutions

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Abstract

Controversies on the imprecision and ambiguity of the concept of human dignity in bioethics arise from the problem of the foundation of morality and its limited application in solving contemporary issues. In this context, rival positions coexist: some propose to abandon the concept altogether, some insist on its justification through human rights or principles, and others give up such justification. This research aimed to analyze such controversies considering that the imprecision and ambiguity in the concept of human dignity can be addressed by four stances: 1) reversing the traditional relationship between human dignity and human rights, as supported by Schroeder; 2) considering human dignity as the ability to maintain standards and principles, as suggested by Killmister; 3) basing human rights on human dignity, as considered by Andorno; 4) appealing to principles derived from the concept of human dignity, as defended by Albuquerque.
Keywords: Personhood. Human rights. Personal autonomy. Bioethics.

Resumo

Conceito de dignidade humana: controvérsias e possíveis soluções

A imprecisão e ambiguidade do conceito de dignidade humana em bioética decorrem do problema da fundamentação da moralidade e dos limites de sua aplicação em questões contemporâneas. Nesse cenário, convivem posições rivais, como as que propõem abandonar o conceito, as que insistem em justificá-lo por meio dos direitos humanos ou de princípios, e as que abrem mão dessa justificativa. Esta investigação examina tais controvérsias, considerando que a imprecisão e a ambiguidade do termo podem ser enfrentadas por meio de quatro posições: 1) invertendo a relação tradicional entre dignidade humana e direitos humanos, como sustentado por Schroeder; 2) considerando a dignidade, tal qual Killmister, como capacidade de manter padrões e princípios; 3) mantendo, como Andorno, a relação tradicional entre direitos humanos e dignidade; e 4) apelando a princípios derivados de tal conceito, como defendido por Albuquerque.
Palavras-chave: Pessoalidade. Direitos humanos. Autonomia pessoal. Bioética.

Resumen

Concepto de dignidad humana: controversias y posibles soluciones

La imprecisión y la ambigüedad del concepto de dignidad humana en bioética derivan del problema de la fundamentación de la moralidad y de los límites de su aplicación en cuestiones contemporáneas. En este escenario, conviven posiciones rivales, como las que proponen abandonar el concepto, las que insisten en justificarlo por medio de los derechos humanos o de principios, y las que renuncian a esta justificativa. Esta investigación examina tales controversias, teniendo en cuenta que la imprecisión y la ambigüedad del término pueden ser enfrentadas por medio de cuatro posiciones: 1) invirtiendo la relación tradicional entre dignidad humana y derechos humanos, como defiende Schroeder; 2) considerando la dignidad, tal como Killmister, como la capacidad de mantener estándares y principios; 3) manteniendo, como Andorno, la relación tradicional entre derechos humanos y dignidad; y 4) apelando a principios derivados de tal concepto, como defiende Albuquerque.
Palabras clave: Personeidad. Derechos humanos. Autonomía personal. Bioética.

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The controversy over the concept of human dignity is one aspect of the complex contemporary idea of morality. The lack of consensus on the main issues of life, such as the meaning of suffering, and the impossibility of envisioning solutions to moral debates using secular, rational and logical arguments mark the current context.

The dispute opposes authors in disagreement not only on certain issues, but also on the very nature of the concept [1], as moral pluralism disregards a basic morality. Its rhetoric is often hostile, separating the field between opponents: on the one hand, defenders of abortion, for example, are considered murderers; on the other, supporters of unwanted pregnancies [2]. Inevitably, the tough positions inhibit dialogue and, consequently, the defense of a particular concept ends up a principle petition, a sophistry aiming to prove something not self-evident [3] or a circular argument. Thus, most moral debates remain unsolved [1,4].

However, successful societies recognize basic rules, such as prohibiting murder and condemning lies or breaking promises. Applied socially, these rules achieve the goal of morality – human flourishing –, preventing and limiting conflicts, suffering and hostility. Thus, many distinct conceptions exist, they converge in understanding that principles, virtues, rights, and responsibilities are minimum conditions for a belief system to deserve the name "morality" [5,6].

An expression of this convergence is the paradigmatic case of the slave trade, considered morally unacceptable regardless of what a given culture thinks about the practice [5,6]. This judgment seems to aspire to a common morality, even if different cultures have their own morals [5].

Secular societies face a dilemma: on the one hand, the acknowledgment of moral pluralism, typical of these societies; on the other, the definition of representative values. These two points seem irreconcilable, as they carry the risk of unprotecting people or flirting with moral imperialism [7], alongside the issue of deciding between rival universal principles [4].

Even facing this dilemma, plural societies ratify respect for the person and their dignity as the only way to resolve moral disputes [7], recognizing self-realization and self-determination [7,8], a civilizing advance that is the basic premise of Western democracy [9]. Human experiences of exclusion, suffering and discrimination also taught that classic civil rights acquire "equal value" – in the Rawlsian sense – for all citizens when complemented by social and cultural rights [10].

However, widespread optimism regarding the idea of human dignity – central to international law documents, including bioethics, and to recent national constitutions [10-16] – still comes up against the definition of the concept and its application. Attempts to overcome this limitation are expressed in at least two trends: replacing the term due to its vagueness and imprecision, speaking, for example, in "respect for autonomy"; and criticizing its insufficiency, which, used in a Kantian sense, excludes those unable to choose and act freely.

In bioethics, four stances on the concept stand out: 1) reverse the traditional relationship between human dignity and human rights, according to which the latter would be supported by the former, proposed by Doris Schroeder [11]; 2) consider human dignity as the ability to maintain standards and principles, suggested by Suzy Killmister [12]; 3) maintain the traditional relationship between human dignity and human rights, defended by Roberto Andorno [8,14,17]; and 4) appeal to other principles derived from the concept of human dignity, advocated by Aline Albuquerque [13].

Schroeder and Killmister start from philosophical perspectives to overcome the limitations of the concept of dignity, looking for secular solutions they recognize as important for bioethics. Albuquerque and Andorno start from the law, based on the inseparable relationship between human dignity and human rights and its decisive contribution to health care.

Imprecision, ambiguity, and scope of the concept of human dignity

The misconception of abandoning the concept

The matter of the concept's utility for the ethical analysis of medical practice triggers intense debates. For some, the concept of dignity would be useless because it vaguely recovers more precise notions, such as autonomy and respect for the person, or is reduced to mere slogans that add

nothing to the understanding of the subject, such as "the right to die with dignity."

It is reasonable that, considering the vagueness of the term, an attempt be made to replace it with a more precise one. After all, in health care, human dignity as an intrinsic value would be similar to the capacity for thought and choice already found in the principle of respect for patient autonomy, expressed in the need for free and informed consent, the protection of confidentiality, non-discrimination, and prohibition of abusive practices [18]. However, although its inaccuracy and certain distortions are recognized, the concept of dignity is far from useless [6,10-14,16].

First, because people understand, without further explanations, what is at issue when talking, for example, about "dignified treatment" [6]; and second, because the inaccuracies attributed to the notion of dignity result from its definition according to Kant [11]. Furthermore, replacing it with "respect for the person" is a false solution – respect is its consequence, not dignity itself [14] –, and "autonomy" has several meanings [19], expanding the problem instead of solving it. Finally, there is one last and greater objection: such replacement would exclude persons incapable of autonomous choices from the right to dignity [8]. Human dignity is a complex concept, with different values from other ethical principles, such as autonomy [20], and therefore cannot be replaced or abandoned.

Dignity in Kant: the problem of its scope

Kantian ethics is an ingenious system whose purpose is to base morality on purely rational grounds. Although not systematically important in Kant, the most emblematic definition of dignity comes from the author [10]: it is the common idea that each person deserves basic moral consideration because of the dignity they have.

In Kant [21], the "formula of humanity"– the categorical imperative – is a recurring stipulation, where each person must be treated as an end in itself, and not as a means, just like the "general formula," in which action is morally valid only if it can become universal law. The idea of each rational being as an end in itself forbids any action against them without their consent: treatment "as a means" requires the consent of the affected person [15,22], and only one who is an end in itself has dignity, as they have intrinsic value, not a price [21].

In Kant's perspective, all rational beings are subject to the law ordering they treat themselves and others always as "ends in themselves," and this submission makes them true universal legislators [23]. It is each person's (moral agent) self-governing ability that attributes intrinsic value to them [22]. Therefore, *autonomy is the foundation of human nature and all rational nature* [24], and also of human dignity [4].

Endowed with will, all rational beings can choose and act freely, according to the moral law. This alone does not determine by itself which acts are mandatory, being used to test the maxims of the action and knowing what to do [22]. Moral choices are not previously defined. Otherwise, what is the meaning of freedom? Only after testing the maxim of the action will each person know how to act. Rational capacity, characteristic of all moral agents, is not the act of choosing the action, but the criteria with which to choose what to do [22].

For bioethics, one of the problems with this notion is its scope. If it is right to consider dignity as an intrinsic value of the rational being capable of choosing and acting, then not all human beings have it. The difficulty arises, most of all, from the fact that this definition supports human rights and international and national documents related to them (including those on bioethics). These enshrined dignity as an intrinsic value, without distinction, recognizing that all human beings have rights. But the Kantian notion, although founded on secular and rational bases, contradicts these documents [11].

As discussed, the "humanity," the person's rational nature, is what has value as an "end in itself" [21]. It refers to special characteristics, such as choosing autonomously, and thus not all human beings have it. Dignity is not intrinsic to the human species, but to rationality, and this is why the Kantian notion of dignity is not speciesism [23].

If human rights derive from human dignity [6,13,14], then not all human beings must have them, consequently nullifying their universal character [10]. Do those unable to make free and autonomous choices have rights? Whom are life-related human rights intended for? Although dignity, in a Kantian sense, acquires a transcendental quality independent of empirical conditions [21], appealing to this notion limits the scope of the concept enshrined in those documents.

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Seeking solutions: four stances on the concept of human dignity

Schroeder, Killmister, Andorno and Albuquerque were chosen because they recognize human dignity as central to the field of bioethics and health care, despite the limitations, addressing it from different perspectives. The awareness of these limitations, however, does not prevent the concept from being properly applied to controversial issues, such as a possible global bioethics, or complex ones, such as "death with dignity" and non-humiliating treatment.

Schroeder's position

Two puzzles surround the concept of human dignity: the support of rival positions on the same subject and the loss of what is intrinsic. Solving them may clarify its use in the field of bioethics [25].

Situations related to end-of-life care, such as euthanasia and assisted suicide, exemplify the first puzzle. Dignity is claimed both by those who defend "death with dignity" and by those who consider these acts morally unacceptable for hurting the intrinsic value of human life [25].

The second puzzle is precisely related to this concept of intrinsic value, according to which dignity cannot be lost or diminished – either you have it or not. It cannot be lost, for example, in the face of unbearable suffering. "Death with dignity" would be independent of the pain, embarrassment, and anxiety that a person may experience; their dignity would remain inviolable. But if so, why do some appear to have more dignity than others? This means that you can lose it, or even never have it [25]?

Schroeder's solution to these puzzles is to distinguish the various meanings of the term and avoid its indiscriminate use – without this distinction, it remains ambiguous and imprecise. There are four recognized meanings of human dignity: Kantian (intrinsic value); aristocratic (referring to honor, distinction, and glory); behavioral (action according to society's expectations, good education); and meritorious (referring to character, virtue, virtuous actions) [25].

The first puzzle is cracked by considering that there are two distinct meanings in use. Generally, oppositions to euthanasia and assisted suicide appeal to the Kantian sense, while favorable positions tend to the meritorious sense, aligned to the person's effort and values. The second puzzle is similarly solved: Nelson Mandela's struggle for human rights, for example, stems from a concept that considers different degrees of dignity, also aligned with the meritorious (virtuous) sense, according to courage, wisdom and justice, and the behavioral sense, given its balance regarding suffering [25].

However, even if it removes inaccuracies and ambiguities, this distinction is insufficient to solve the problem of justifying human rights by human dignity. In this regard, Schroeder maintains the impossibility of such justification, stating three reasons [11]. The first is the paradox. The concept of human dignity is charged with religious significance, but secularization has weakened its self-evident character, requiring justification. Therein lies the paradox: without a religious basis, human dignity is no longer an axiom, being embroiled in infinite regression [11].

In secular societies, if the concept of dignity is not self-justifying, how can it justify human rights? Without appealing to religious authority, it is harder to maintain that all human beings have inherent dignity and, therefore, human rights. The secular alternative is the Kantian notion, which is also insufficient, given its limited scope. This is Schroeder's second reason [11].

The Kantian notion fails if the aim is to guarantee human rights for all. Both reasons are expressed if the four meanings of human dignity are combined in two, opposite and irreconcilable: inviolable and aspirational dignity. The former, founded on religious or Kantian bases (unconditional character), is inviolable because invested by God in all human beings or intrinsic to every rational being. The latter relies on behaviors, virtues, merit (conditional character), insofar as virtuous actions characterize it [11].

The only sustainable meaning is that of inviolable dignity on a religious basis – all others, including the aspirational one, will exclude some human beings. Secular alternatives that address the universalization of human rights are moot if justified by human dignity [11]; such a justification is risky. And that is Schroeder's third reason.

Why insist on this justification? In moral and legal discourse, attacks on the concept of human dignity are tougher than on human rights, so that these can be defended in themselves [25]. Moreover, States that have signed international treaties have accepted universal rights [11].

In this sense, Schroeder's proposal is to reverse the traditional relationship between human dignity and human rights, considering that human dignity would give content to human rights, and not the contrary. To devise and protect these rights, according to the author, one must identify dehumanization with empirical instances, such as humiliation and degradation acts. These instances can help to define individual human rights and develop ways to guarantee them, due to the impossibility of establishing a single list of human rights for all contexts [11].

The conceptual limitations of human dignity do not diminish its role in debates on bioethics. Schroeder moves away from the common temptation, doomed to failure, to justify the concept, focusing instead on reframing the relationship between dignity and human rights. By separating the two terms, the author subverts the common order and re-positions dignity as the content of human rights, which then find their own place escaping the limitations of the first concept. The proposal is attractive as it allows empirical instances of indignity, such as humiliation, degradation, and dehumanization, to support specific human rights.

Killmister's position

The imprecision and ambiguity of the concept of human dignity stem from its indistinct meanings [10,12]. However, distinction and clarity are insufficient to make it useful as a guiding principle in health care. The concept must bound to other values, understanding dignity as the person's ability to live according to their own standards and principles [12].

Identifying such a link begins by distinguishing between two meanings of dignity: the Kantian and the aspirational meaning. The next step is to bring together and reconcile these two radically opposed interpretations. In the Kantian sense, dignity is inviolable (unconditional); in the aspirational sense, involving behavior and (conditional) merit, it can be lost [12]. The latter, however, is closer to the idea of living according to one's own standards and principles.

In medical ethics this is observed, for example, when euthanasia advocates appeal to the right to "die with dignity," or when patients in crowded rooms complain about the violation of their dignity, or even when they experience as humiliation [9,12] being half-naked, in a wheelchair, in a hospital corridor. If dignity means that human life has intrinsic value, there remain fewer ways to argue that it requires certain treatment standards beyond basic needs – if it is inviolable, it cannot be lost [12].

Reconciling these opposing meanings of dignity depends on recognizing that, alone, they are problematic. The formalism of the Kantian notion does little to guide actions, as it ignores what is beyond basic needs – however, it guarantees a minimum standard of treatment (not treating people as a means). The aspirational approach, on the other hand, captures particularities, but disregards the unconditional character of dignity. A person who has never controlled their bowel functions, for example, would not have their dignity compromised by having dirty bed linen, as this does not hurt their standards and principles [12].

What reconciles these rival meanings is defining dignity as a capacity – a latent potential for action. In the Kantian sense, this is feasible because dignity as an intrinsic value of every rational being stems from the capacity for autonomous choices; in the aspirational sense, self-regulatory action can be frustrated, for in some situations acting according to one's own values is impossible and, therefore, dignity can be lost. Here, the aspirational approach provides content to the Kantian notion and receives a formal character back [12].

Capacity remains even in the impossibility of immediate accomplishment (ability) – for example an injured athlete who may lose the ability, but not the capacity, to compete [12]. Dignity as capacity would resolve the impasse between rival senses, reconciling them. Everyone has the potential to act based on principles – for example, although it is impossible to remain virtuous when facing torture, the person's capacity remains intact [12].

This conception also removes inaccuracies and ambiguities. As highlighted, appealing to

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the concept of dignity can support opposing judgments regarding euthanasia. If the notion of dignity as the capacity to maintain principles and standards is used by rival positions, the debate takes place within the same concept [12]. This is the link that unites them.

Such a link, however, does not solve the problem of scope of the Kantian notion, as it is restricted to people capable of conceiving their own standards and principles, excluding, for example, patients with severe dementia or in an irreversible coma. Killmister's [12] definition ends up exclusionary, thus the author stresses that dignity is not the only or even the most important guide for medical practice. We must recognize, even if it pains us, that in health care there are people who do not enjoy dignity. This recognition is better than justifying universality by appealing to religious bases or neglecting conceptual limitations [12].

Killmister's perspective [12] is effective in the complex and multifaceted reality of health care. Deliberations for decision-making in this reality involve a sophisticated articulation between context, people involved and their culture. Perhaps the strength of the proposal lies in exposing this articulation and in recognizing its limits.

Although reconciling the two rival positions is useful for bioethics, the problem of excluding some human beings remains. The alternative of considering that dignity is not the only principle of health care is more pragmatic than the proposal discussed. However, it would be simpler to assign relational property to the concept, that is, to consider how each person understands dignity.

Andorno's position

The use of human dignity in international documents related to bioethics reflects the concern to respect the inherent value of each individual. The biomedical field is closely related to basic human rights, such as the right to life, integrity, privacy, and access to health care. Therefore, it is unsurprising that, despite limitations, the concept of human dignity is central to bioethical debates [8,14]. To understand this centrality, we must distinguish the two roles it plays: political principle and moral standard of patient care [8].

The first upholds, from the international human rights system that emerged in 1945, that all people have intrinsic dignity and basic rights. It is not a capricious invention of legislators' discretion, but a moral duty of States – at least of the signatories to international treaties –, which must recognize and guarantee these rights [8].

The second incorporates the more concrete and specific perspective of the patient as a person – the subjective component of dignity, a consequence of each one's intrinsic value recognized as a subject, not an object. Patients – placed in a situation of greater vulnerability, as dependent on others' care – expects health professionals to consider their dignity. Paradoxically, this is more explicit in weakness than in power, in vulnerability than in self-legislation [8].

The first and foremost task of human dignity as a principle is to indicate which practices are incompatible with civilized societies. But respecting it operates on two levels. First as a negative requirement, when certain acts are absolutely prohibited and, thus, no balance is allowed with other goods or principles, such as torture. And second, as a positive requirement, in improving people's quality of life (through better schools and hospitals, for example) [8].

Alone, human dignity cannot solve bioethical challenges; it needs other, more concrete notions – such as the terminology of "rights" – that increase its applicability [14]. Thus, the relationship between dignity and human rights is crucial since one must respect equally every human being (dignity) according to concrete standards (human rights).

But if human rights are admittedly more concrete than human dignity, why appeal to it? Because international law recognizes that these rights derive from human dignity [8,17]. The three declarations of the United Nations Educational, Scientific and Cultural Organization concerning bioethics are such examples: *Universal Declaration on the Human Genome and Human Rights* [26], *International Declaration on Human Genetic Data* [27] and *Universal Declaration on Bioethics and Human Rights* [28].

Andorno's position reiterates the importance of the concepts of dignity and human rights for bioethics, despite their conceptual limits. Unlike

Schroeder, however, the author emphasizes their traditional relationship, considering that human rights derive from human dignity and provide content necessary for its operationalization.

The multiple roles played by human dignity are not a sign of weakness, but of its capacity to permeate diverse bioethical spheres, considering its objective (unconditional) and subjective (conditional) aspects. This capacity is evident if we consider that States accept the authority of human rights from several international and national documents. Although lacking logical rigor, Andorno's proposal may be right in considering that the controversies about the two concepts have little practical effect [14].

Albuquerque's position

Dignity guides moral prescriptions both within the scope of private ethics – the individual's intrinsic value – and collective ethics – the value of intertwining the social fabric and harmonious coexistence –, besides supporting international documents on bioethics. This important role, however, does not guarantee its operationality as a concept [13].

We must ascribe normative content to dignity through derived principles as being intrinsic to every person does not bear such content. At least three principles derive from it: the prohibition of humiliating, inhuman and degrading treatment; non-instrumentalization; and respect for the person [13].

Using principles is justified because "value" is not a deontological concept, as permission or prohibition, but axiological, comparative, as it does not determine what should be done. Human dignity must emanate principles that conform a normative dimension, which can be expressed by human rights. Combined with human dignity, these principles and rights can be applied to bioethical issues [13].

Two challenges, also recognized by previous stances, derive from this perspective: to solve the paradox between inviolability of human dignity, as an intrinsic value, and its violation in specific cases – a paradox to which the appeal to principles is also subjected, and resolve the problem of conflicting principles on bioethical issues.

In the first challenge, the solution lies in separating axiology and norm: in the former, dignity is an intrinsic value and cannot be lost; in the latter, violation is possible in cases of inhuman treatment in health care, for example. The second challenge can be solved by weighing social interests and impacts on human relationships in specific cases. Bioethical issues arise from specific contexts, considering principles derived from dignity, and when these are conflicting, one must define which will prevail [13].

The principle of not subjecting the person to humiliating, inhuman and degrading treatment is connected to dignity as an intrinsic value, as it is not limited to specific human capacities such as the cognitive one, that is, surpasses autonomy. Even more, it reaches another element: humiliation. The humiliating situation of a patient lacking basic care in a hospital bed is separate from their autonomy, on their ability to recognize the situation as such, and the same goes for any kind of inhuman or degrading treatment that causes the patient physical or psychological suffering [13].

However, the boundaries defining these treatments involve subjective factors. Humiliation is an individual experience, and identifying it depends both on the particular perception – what each one considers humiliating –, and on the external perception, socially constructed to protect those unable to express their will or to recognize humiliation or people who voluntarily debase themselves. This protection pertains to the principle that prohibits humiliating treatment [13]. Thus, measures derived from human dignity refer to the duty not to humiliate or subject someone to inhuman or degrading treatment, regardless of their desire or cognitive ability.

The second principle, that of non-instrumentalization, has a Kantian basis [21]: people's duty to treat each other as an end in themselves, and not as a means. Consent delimits non-instrumentalization, but it is not an absolute demarcation, as someone could consent to a certain act and still be instrumentalized. For example, when a patient who agrees to participate in research receives placebo treatment even though medication for their illness exists [16].

The third principle – respect for the person – derives from human dignity insofar as it expresses

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the capacity for autonomous choice, in the Kantian sense. According to Albuquerque [13], the *Belmont Report* established the principle with two resulting prescriptions: everyone should be treated as an autonomous agent, and those who in any way have their self-determination compromised are entitled to protection.

For bioethics, patients must have the power to lead life according to their choices, unless these are clearly harmful to others. However, not all people are capable of autonomous choices – either because they never had that capacity or because they lost it due to various reasons. These patients need protection [16], despite the impossibility of autonomy.

Albuquerque's proposal [13] focuses on combining principles derived from dignity with human rights to provide the former with normative content, solving part of the problems related to its application in bioethics. The three principles considered support the understanding of dignity, in both its unconditional – respect for the person and non-instrumentalization – and conditional character – prohibition from humiliating, inhuman and degrading treatment. By separating axiology and norm, they weaken the constant tension between inviolable and violable dignity.

However, two limitations stand out. First, the Kantian notion of dignity used in the first two principles, partially recovering Schroeder's position, comes up against the problem of scope. Second, the prohibition of humiliating treatment depends partly on who experiences it (subjective element), and partly on external judgment (objective element), as in Killmister [12]. If so, it creates a paradox: if the humiliating treatment precludes the victim's perception, there is no point in admitting it; but if it depends on that perception, then appealing to the objective element is useless. Even so, the use of principles has the merit of giving applicability to human dignity in the field of bioethics.

Final considerations

The importance of the concept of human dignity in bioethics is undeniable, despite its limits and difficult justification. On the one hand, international documents and national constitutions attest to its decisive role in plural and secular societies; on the other, its limitations prevent its application in these same societies, either in defining minimum standards in health care or in shaping a global bioethics.

The concept of human dignity is indeed vague, and the problem of its justification is insoluble, as highlighted by Schroeder [11]. Rational justification fails insofar as the most emblematic notion of dignity, the Kantian one, excludes some individuals, and the limits of the relationship between this notion and aspirational dignity are insurmountable. Hence the attempt to reverse the traditional relationship between dignity and human rights.

Killmister [12] addresses the issue by proposing that only understanding the concept of human dignity as the ability to live according to one's own standards and principles can render it useful as a guiding principle in medical practice. Only in this way could a link be established between the Kantian (inviolable dignity) and aspirational (violable dignity) perspectives, overcoming their irreconcilable character.

Albuquerque [13] and Andorno [8,14,17] ratify the importance of the concept for bioethics, starting from the perspective that human rights are based on human dignity, moving away from Schroeder. Albuquerque [13] resorts to principles derived from dignity, providing it with content through human rights. In health care, she highlights the principle of not subjecting the person to humiliating, inhuman and degrading treatment, expressing the appropriate link between human dignity, principles derived therein, and human rights.

Andorno [8,14,17] considers human dignity as a political principle – all human beings have basic rights (objective component) – and as a moral standard of patient care (subjective component). Here, its conditional character is highlighted: patients expect recognition of their dignity due to their vulnerability. Albuquerque's [13] and Andorno's [8,14,17] positions come close when establishing human rights as a link between unconditional dignity (axiomatic/political dimension) and conditional dignity (normative dimension/moral standard of care).

The four positions are interesting in the quest to resolve the limitations of the concept of

human dignity in bioethics, either by appealing to human rights and principles, by considering dignity a capacity, or by departing from the foundational justification. However, none of them overcome the problem of the relationship between inviolable (intrinsic) and violable (conditional) dignity. Perhaps here, paradoxically, lies their relevance: recognizing that discussions on conceptual limits of human dignity are secondary to their application in bioethics.

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Participation of the authors

José Dimas d'Avila Maciel Monteiro designed the study and wrote the article. Rui Nunes supervised the study and collaborated in the final review .

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