

a better place, we might dismiss such dark thoughts as paranoid fantasies, but as David Matas shows in “Ethics of Contact with China on Transplants,” the Chinese have made it impossible to exaggerate the dangers of losing sight of the giftedness of human life. With the collusion of the international community, the Chinese Communists have given new meaning to the term “Red China,” turning the murder of thousands of persecuted Falun Gong practitioners, among others, into a lucrative trade in organs.

With horrors like this on display, I found it somewhat comforting to learn that the Church has shown a reluctance to embrace organ transplantation as an unalloyed good. As Romanus Cessario notes in “Organ Donation and the Beatific Vision,” the Church has been rather cautious in her pronouncements on organ donation. Although this caution owes much to the Church’s concern for the dignity of all human persons, including the dying, there is in it also a profound recognition of the order of charity. According to this order, we must love first things first and second things second if we are to love first and second things well. Christian love is not egalitarian. Rather, “it displays preferences

for one neighbor over the other. This inevitably preferential mode of loving takes into account both God and the person who loves: ‘the nearer the “object” is to either of these,’ says Aquinas, ‘the dearer it is’” (208). Only such a caritative ethics can serve as a bulwark against the “tsunami of moral relativism that now threatens to submerge the moral conscience of the Western world” (197–198), a moral relativism that would shame us for withholding our organs if it saw fit to demand them of us.

More could be said about this important collection of essays. Like the topics it broaches, it cannot be ignored. If I could, I would put a copy in the hands of every legislator and educator, religious leader, and opinion maker. For although it would make them uncomfortable, it might also make them wiser.

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***A Defense of Dignity:
Creating Life, Destroying Life, and Protecting the Rights of Conscience***
by **Christopher Kaczor**

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The use of the term “dignity” has been hijacked by those hoping to pervert its moral significance, particularly when it comes to bioethical debates. Consider the public discourse over physician-assisted suicide and the efforts by those who seek to mask its cruel reality with the phrase “death with dignity.” In recent memory, medical ethicist Ruth Macklin has declared dignity to be a “useless concept,”¹ and Harvard psychologist Steven Pinker has lamented “the stupidity of dignity.”² In response, Christopher

Kaczor’s *A Defense of Dignity: Creating Life, Destroying Life, and Protecting the Rights of Conscience* is both a welcome rebuttal to their arguments and an apologetic for the robust, thick conception of human dignity in medical ethics today.

In this volume, Kaczor—William E. Simon Visiting Fellow at Princeton University, a professor of philosophy at Loyola Marymount University in Los Angeles, and a columnist for the *NCBQ*—offers a rigorous analysis of some of the most critical areas

where dignity is up for debate or being threatened. In mounting his defense, Kaczor addresses issues stemming from embryo adoption and artificial wombs to ectopic pregnancies, organ donation, and fetal surgery, among others. Many of the chapters in the book first appeared as essays in the Notes & Abstracts section of this Journal.

Detractors such as Macklin and Pinker have attempted to define dignity down to mere respect for persons or equate it with autonomy. Pinker has memorably argued that dignity is relative, fungible, and harmful. Kaczor, however, begins his defense by persuasively evidencing that *autonomy* as a guiding ethical principle is relative, fungible, and harmful; dignity is not. He opts for Daniel Sulmasy's three-pronged approach to the use of "dignity" to designate three attributed qualities: dignity, intrinsic dignity, and human flourishing. While its functionality as a concept manifests itself in different capacities, each of these usages allows us to see that "the concept of dignity does a better job than the concept of autonomy in describing and accounting for the intrinsic value of every human being" (6).

Prior to examining the usefulness of dignity in a particular situation or circumstance, we must begin by determining who has dignity and how it is bestowed. While it is common for dignity to be understood simply as one's properties, abilities, or usefulness in any particular moment, such a conception is not only shallow but constantly in flux—effectively limiting one's ability to have a consistent and coherent understanding of what it means to have dignity. That is why Kaczor believes that primary to an understanding of dignity is accepting that "our dignity should be based on who we are, the kind of being that we are, rather than on how we are functioning in the moment. Dignity should be based on our membership in the human family, rather than on any particular performative activity" (7). As human beings, we belong to the same *kind*, and it is this shared nature that allows us to mutually know and respect human dignity in others and ourselves.

Based on Kaczor's understanding of dignity, what then do we owe the youngest

and most helpless members of our kind, whose dignity is so often threatened, be it in the womb or the laboratory? Some, such as Julian Savulescu and Guy Kahane, argue for the principle of procreative beneficence, by which those aiming to have a child should opt to "select the child who is expected to have the most advantaged life" (38).³ For adherents to this principle, techniques such as in vitro fertilization and preimplantation genetic diagnosis improve the welfare of an expected child by ensuring that only selected embryos are used in the hope that they will produce a child with the highest quality of life. Besides eugenic concerns, Kaczor rightly observes that the practice of IVF actually increases the likelihood of birth defects and grossly misuses wealth that could be used to provide aid to those who are *already* suffering and impoverished.

Others have argued that the practice of ectogenesis—the growth of fetuses in artificial wombs—could reduce the demand for abortion and allow unwanted or imperfect embryos to be gestated outside the womb, where they may develop fully rather than face destruction. Kaczor carefully navigates the intricate considerations of this proposal. While he does not reject the practice outright, he tailors specific scenarios in which the practice might be morally justifiable by distinguishing between complete and partial ectogenesis. Complete ectogenesis entails the "generation and development" of an embryo who is fully gestated outside of the womb and whose life is entirely severed from the procreative act, whereas in partial ectogenesis gestation might continue in an artificial womb after an initial period of "development within the maternal womb." While the very existence of such technology would raise new possibilities for producing children without the involvement of their biological parents, the use of partial ectogenesis in limited circumstances might allow for the true rescue of embryos in cases of ectopic pregnancy or other severe risks to the health of the mother. In these situations, where the intent is not to sever the child from his or her biological connections, Kaczor, I believe rightly, grants that ectogenesis might provide an ethical defense of dignity for all parties.

What then might we make of other fetal surgeries, like “selective reduction” in a multiple pregnancy, meaning the abortion of one fetus in the hope of increasing the chance that another will live? When, if ever, is this permissible? Might it be ethically permissible to harm or destroy one fetus in utero to save another whose life is also at risk? Once again Kaczor aptly evidences how the decision to end one life in the hope of saving another is pure doublethink and is indefensible.

At the other end of the spectrum, there is a growing push to allow the practice of medicine to be used to assist and even accelerate the dying process. Drawing on arguments from both faith and reason, Kaczor rejects the idea that one has the right to end his or her own life, as the act violates the Hippocratic ideal of doing no harm as well as theological commands against murder—which is effectively what suicide is: self-murder.

Perhaps the strongest—or at least most salient—chapters of the book are its final ones, on the protection of conscience and the right to conscientious objection. A common critique today, particularly against Catholic physicians working in secular medical institutions, is that conscientious objection to prescribing birth control, performing abortions, or even referring patients to other clinicians for such treatments conflicts with a physician’s professional obligations. It is not uncommon for fellow practitioners or outside commentators to assert that providers who are unwilling to offer such services should choose a different profession altogether. Yet as Kaczor points out, the disputed services are not essential to a health care system at large, and requiring conscientious objectors to leave the practice of medicine altogether would weaken the medical profession overall

and harm more people than it would serve.

Meanwhile, some have argued that since mentally stable patients have a right to refuse treatment, the inverse should also be true: patients should have a right to demand treatment. Yet as Kaczor quickly notes, this thinking could easily lead to patients demanding that their doctors perform operations that are unquestionably against medical norms, such as amputating healthy limbs or performing female genital mutilation. The health care worker is motivated by concern for other individuals, and the idea that one must sacrifice of one’s personal convictions to practice medicine (or that a health care system must sacrifice its institutional identity) must be wholly rejected.

A Defense of Dignity: Creating Life, Destroying Life, and Protecting the Rights of Conscience serves as a well-crafted manual on some of the most divisive issues on the frontier of medical ethics. Christopher Kaczor deftly brings together Church teaching, philosophical tradition, and medical analysis to present a defense of dignity that is as sophisticated as it is accessible.

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¹ Ruth Macklin, “Dignity Is a Useless Concept,” *BMJ* 327.7429 (December 20, 2003): 1419–1420.

² Steven Pinker, “The Stupidity of Dignity,” *New Republic*, May 28, 2008, 28–31.

³ Julian Savulescu and Guy Kahane, “The Moral Obligation to Create Children with the Best Chance of the Best Life,” *Bioethics* 23.5 (June 2009): 278.