Affirmative Case: Human Dignity

By Justin Dasher

Resolved: In the field of biomedical engineering, restraint ought to be prioritized over scientific advancement.

This case argues that in the medical field practitioners must abide by certain ethical restrictions or duties, and that prioritizing advancement violates the ethical obligations of practitioners and researchers. It focuses primarily on Kant’s deontological standard and the history of bioethics and the dangers that occur when they are not followed.

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness. It is because I agree with our founding fathers, that each and every individual possesses innate value and rights that I stand ready to affirm this resolution: In the field of biomedical engineering, restraint ought to be prioritized over scientific advancement.

Definitions:

“Biomedical engineering.” Merriam-Webster.com Dictionary, Merriam-Webster,<https://www.merriam-webster.com/dictionary/biomedical%20engineering>. Accessed 5 Aug. 2021.

“the application of engineering principles, practices, and technologies to the fields of medicine and biology especially in solving problems and improving care (as in the design of medical devices and diagnostic equipment or the creation of biomaterials and pharmaceuticals)”

Resolution Analysis 1: Restraint Is Subtle

It’s important, when analyzing the resolution to note one of the key characteristics of restraint: when it is working, it is virtually invisible. While scientific advancement is tangible and obvious, restraint has a far more subtle—not to be confused with less important—role than scientific advancement. We live in one of the most restrained societies of all time, but we rarely notice it. We only ever notice the absence of it.

Resolution Analysis 2: Ought

I really want to emphasize that word, as its importance to this resolution cannot be overstated. Ought is not simply a question of how people act, or a general observation about what usually works. It is a moral imperative. As such, when we evaluate this resolution we must ask ourselves, “What are we morally obligated to do?”

Value: Human Dignity

Human Dignity can be broadly understood as the rights, value, and intrinsic worth of each individual simply on account of their humanity. When we consider the moral obligations of Biomedical Engineers, there is no higher calling than the preservation and protection of human dignity. We achieve human dignity by following the moral law, or my:

Criterion: Deontology

The renowned German Philosopher Immanuel Kant summed up deontology this way in his Metaphysics of Morals:

Immanuel Kant Quotes. Good Reads. <https://www.goodreads.com/quotes/34313>. Accessed 19 Dec 2021.

“Act in such a way that you treat humanity, whether in your own person or in any other person, always at the same time as an end, and never merely as a means.”

Simply put, we have a moral duty to respect the dignity and rights of others. To use someone as a means to an end is morally reprehensible, when science treats humans as a resource, a path to more advancement, it is destructive and immoral. This manifests in medical science most obviously in clinical trials and imposes restrictions on medical practice such as informed consent and avoiding risk on patients.

Contention 1: Prioritizing Scientific Advancement Harms Human Dignity

Restraining scientific advancement by the moral law protects human dignity by ensuring that our medical practice preserve and enable the rights and value of each and every individual. But, when we prioritize advancement and treat humans as nothing more than test subjects, there are disastrous results we can see this in:

Application 1: Lola and Nana

In 2008 it was revealed that a scientist by the name of He Jiankui had conducted gene-editing experiments on two embryos, the twins Lola and Nana. The aim of this experiment was to eradicate the genes related to HIV, thus curing the disease. Yet, when the experiments were revealed to the World Health Organization, they quite rightly led to public outrage and condemnation. Why? Because over the course of the experiment He violated basic ethical principles, the consent waiver was inadequate and incomplete, and the twins incurred significant risk, the larger ramification of which we still do not know.

This is a perfect example of what it means to use someone as a mere means. It’s when we lose respect for their individual dignity and treat humans as a resource. This example clearly illustrates that we must have ethical restrictions, that restraint ought to be prioritized over scientific advancement.

Contention 2: Prioritizing Restraint Preserves Human Dignity

We’ve seen the damage that occurs when restraint is not prioritized. However, as discussed in the first resolutional analysis, it’s much less obvious when restraint is actually working, so I want to illustrate this in the broadest sense possible through:

Application 2: The Western Medical Shift

In the early 1900s the Western world found itself in a technological boom and medical revolution. But it was not all as good as it seemed, as addressed by Bioethicist Kasia Kozlowska on August 3rd 2018:

Kasia Kozlowska (author, clinical researcher, and licensed child and adolescent psychologist who has authored and co-authored works on Bioethics and medical care) “Rethinking Health Care Ethics” <https://www.ncbi.nlm.nih.gov/books/NBK543570/> Accessed 11/17/2021

The world of health care ethics did not remain that simple for long. New problems were emerging faster than the medical profession, without an immediate, large-scale, and immediate effort, could itself address. The result was a developing, and growing, gap between the profession’s established practices, ethical and otherwise, and the public’s need to address the problems that emerged as modern medicine extended its scientific and clinical powers. The gap was soon filled by the founding in 1969 of the Hastings Center/Institute of Society, Ethics and the Life Sciences, a signal event in the development of modern health care ethics. The new field that took shape was called *bioethics*—a term explicitly chosen to encompass not only medicine and the rest of health care, but the entire field of the (human) life sciences (Callahan 1971, 1973). The Hastings Center—located in the village of Hastings-on-Hudson, just north of New York City—took the lead in setting the direction, methods, and intellectual standards of bioethics through its own journal, the *Hastings Center Report* (Callahan 1971, 1973). The Kennedy Institute of Ethics at Georgetown University, another bastion of bioethics, was founded two years later, in 1971.

This led to the founding of the Hastings Institute which attempted to address growing lack of restraint. So began the Western shift towards Bioethics. The medical field began working to fulfill their moral obligation and restraint began to be prioritized in western law. In 2005 it was codified in the Universal Declaration on Bioethics and Human Rights, and in 2015 UNESCO published *Global Bioethics: What For* which continued to normalize and develop Biomedical Ethics. This shift toward restraint and human dignity is only to continue to grow and develop. While certain bad actors like China remain as seen in the case of Lola and Nana, the world is quick to condemn such behavior and limit it whenever possible.

Possible Responses

Problems with Deontology

The most common critique of Kantianism is its inflexibility, allowing for no individual adjustment to a given situation. If it is wrong to lie, it is wrong to lie in every instance no matter the context (even to save a life.) This is relevant in biomedical ethics as the stringency of the rules that Kant creates may deny practitioners’ ability to use and conduct the full range of medical treatments and experimentation that while potentially invaluable subject the patients and test subjects to significant risk. As well, its stringency often denies the nuance of genuine human interaction, the use of lying, and even the potential need to coerce certain patients into getting a treatment that is necessary for the preservation of their health and wellbeing.

For more problems with Deontology, see “Deontological Ethics”, *The Stanford Encyclopedia of Philosophy* (Summer 2021 Edition), Edward N. Zalta (ed.), <https://plato.stanford.edu/archives/sum2021/entries/ethics-deontological>.

Scientific Advancement Better Achieves Human Dignity

Another approach is to point out how except in niche instances scientific advancement has done an incredible amount to improve human dignity, such as prosthetics, x-rays, etc. As such, if one disproves deontology they should be able to show that while restraint may in some instances help human dignity, advancement vastly outweighs it.