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Robyn Warner

"Locke, Brock, Personhood and its Consequences in Justice for the Severely Demented Elderly"

In his *Essay Concerning Human Understanding*, Locke gives an outline of what he believes to constitute a person. He states:

Person stands for a thinking and intelligent being, that has reason and reflection, and can consider itself as itself, the same thinking thing, in different times and places; which it does only by that consciousness which is inseparable from thinking, and, as it seems to me, essential to it; it being impossible for anyone to perceive without perceiving that he does perceive (Locke, 211).

In the vast literature on Locke, no one seems to have picked up and analyzed or critiqued this striking idea of what constitutes personhood. It is interesting to pause a while and take a closer look at Locke's view of personhood. Locke states that in order to be considered a person, one needs "reason and reflection." However, I feel that such rationality is not a necessary requirement of personhood. By stating that rationality is a requirement of personhood, Locke leads himself into problems concerning some groups of people such as the severely mentally disabled. For example, the mentally handicapped may not be considered to have rationality, but surely can still be considered as persons. The question of what it is to be a person can be seen to have some very profound ethical implications.

Dan Brock, a contemporary bioethicist, appears to argue along the same lines as Locke as to what constitutes personhood. However, Brock's view is narrower than Locke's and can be seen as more plausible. In his essay, "Justice and the Severely Demented Elderly," Brock puts forth the notion of what it is he believes to be a person. He states:

... it is implausible to maintain that a person still exists in the case of a human being who has suffered a complete and irreversible loss of consciousness.... Personhood is incompatible with the complete absence of *any* present or future capacity for purposive agency, social interaction, or conscious experience of any sort whatever. Human beings who have suffered this tragic loss lack even the capacities for pleasure and pain, and for goal-directed action or behavior, of animals that are uncontroversially held to lack the capacities for personhood (Brock, 364).

It appears that Locke and Brock hold similar criteria as to what constitutes personhood, although Brock's view is narrower than Locke's and seems to be more

plausible due to the fact that he does not include rationality as a criterion for personhood. Both maintain that consciousness is a must for personhood and, further, that a semblance of self-consciousness is required which allows the being to perceive that it perceives, therefore having the capacity for goal-directed behavior. Brock, however, goes on to discuss the question of personhood in the context of health care and the severely demented elderly. He deals with the question of what health care and expenditure of resources are owed on grounds of justice to the severely demented elderly.

Brock describes severely demented patients as being capable of conscious experience and thus capable of suffering and pain, as well as of enjoying some simple pleasures. However, he goes on to state that the radical destruction of memory breaks the patient's felt or experienced links with his/her past and prevents the establishment of new links with the future, as it becomes present and then past experience (Brock, 371). The dementia that destroys memory in the severely demented destroys their psychological capacities to forge links across time that establish a sense of personal identity across time, and hence they lack personhood. Locke additionally emphasizes this type of psychological continuity as being a criterion of personhood.

Having lost the psychological continuity necessary to personhood, Brock states that these patients have lost the capacity to envisage a future for themselves and, in turn, the capacity to have desires about, or for, that future (Ibid., 373). He believes that this implies, therefore, that the severely demented have lost an interest in any treatment whose ultimate purpose is to prolong or sustain their lives. But since these patients remain sentient and capable of conscious experience, they retain an interest in the quality of that experience so long as they remain alive and in that present condition. In particular, they retain an interest in receiving those healthcare treatments and other measures that may relieve or palliate any pain or suffering of a physical, psychological, or emotional sort they might otherwise undergo. They also retain an interest in receiving any measures that may provide some pleasures in their lives (Ibid., 375). Brock points out, however, that this is an interest in receiving pleasure under the assumption that (or while) they continue to live; it is not an interest in continuing to live in order to receive any pleasures that might be possible for them (Ibid.). He argues that just as there is no serious moral reason to bring non-person beings (such as animals) into existence simply for the sake of the pleasure they might have, there is no reason to prolong the life of non-persons (whether animals or human beings) for the sake of the pleasure they might have.

Brock states that if a person somehow learns he/she is going to become severely demented, some alterations need to be made in the planning of resources to be allocated for future health care. He believes that these changes will occur in the health care a person will want to provide should he/she later suffer severe dementia. The concern will be with palliative care (directed at relieving or preventing suffering and maintaining comfort), not with life-sustaining care. According to Brock, justice in health care for the severely demented requires access only to palliative care; the ends of promoting persons' opportunity or prolonging their life can no longer be achieved for the severely demented.

I would like to argue against Brock's standpoint--that there is no reason to prolong the life of such severely demented patients--on two fronts. The first is that a theory of personhood as outlined by both Locke and Brock fails to take into consideration

the fact that people are involved in a web of personal and social relationships which constitute a large part of their personhood. As Caroline Whitbeck states in her article, "A Different Reality: Feminist Ontology," "the person is a relational and historical being whose creativity and moral integrity are both developed and realised in and through relationships and practices" (Whitbeck, 64). Further, she notes that the bodies, intellects, emotions, souls, characters, and configurations of relationships that constitute who we are can be adequately understood only in relation to one another. If the essence of a person can be seen as embedded in this intricate network of personal relationships, then the question of whether or not there is a reason to prolong the life of severely demented patients can be seen in a completely different light. Even if (as is the case with severely demented patients) the capacity to build psychological connections back into the past or forward into the future is lacking in such individuals, and they cannot establish the continuity of a single person who experiences the different pleasures and pains over time, this does not mean that the patient is abstracted from the inter-personal network of which he or she is part. In short, the patient continues to be someone's spouse, someone's mother, someone's sister.

In the article, "Body, Mind, Gender," Eve Browning Cole talks about the "relational self" (Browning Cole, 460), which she defines as "the self presented as involved in and importantly constituted by its connectedness to others" (*Ibid.*, 462). She states that each of us is connected by invisible threads to an indefinite number of specific other human beings, and that the relationships in which we now stand are of deep significance in defining who we are, how we think and how we act. Whitbeck goes even further, in stating that relationships to other people are fundamental to being a person, and that one cannot become a person without relationships to other people (Whitbeck, 64). She describes these relationships as *lived* relationships, not legal or biological relationships. Such a concept is in great contrast to the individualistic view of a person held by Locke and Brock. Whitbeck states that one might suppose that if any aspect of a person's well-being could be construed individualistically, it would be health; however, the fact that the World Health Organisation constructed a concept of maternal-child health illustrates that the health of the mother and child are so intimately connected that neither can be influenced without influencing the other (*Ibid.*, 65).

Locke and Brock's theory of what constitutes personhood seems to ignore the network or community in which humans are involved as being a vital constituent of personhood. The absence of self-consciousness does not undermine or remove a severely demented patient's inter-connectedness to the community of which he or she is a part. The invisible threads by which such a patient is connected to an large number of specific other human beings are not severed just because those patients have lost the self-consciousness which enables them to envisage a future for themselves and, in turn, a capacity to have desires about (or for) that future. The patient remains embedded in the intricate web of personal relationships which define, to a large extent, his/her personhood; to subsequently deny such a patient health care to sustain or prolong his or her life would be to disregard this social connectedness.

It may be argued here that whether or not a severely demented person is to be kept alive depends on what the other persons who are closely related to the demented patient want and that, therefore, the question of whether the patient should be allowed to live should depend on the wishes of those to whom the patient is related. However, the idea of the relational self can be taken further to illustrate the fact that relationships between people place moral responsibilities on both parties. Since other people are largely connected to the severely demented patient and are a large constituent of the patient's personhood, these people are responsible for ensuring some aspect of the patient's welfare.

Whitbeck puts forth the "responsibilities view" (*Ibid.*, 66) of ethics, which takes the moral responsibilities arising out of a relationship as the fundamental moral notion. This view regards people as beings who can (among other things) act for moral reasons, and who come to this status through relationships with other people. She states that, in general, relationships between people place moral responsibilities on both parties, and these responsibilities change over time with changes in the parties and their relationships. Each party in a relationship is responsible for ensuring some aspect of the other's welfare (or, at least, for achieving some ends that contribute to the other's welfare or achievement) (*Ibid.*).

Subsequently, in the context of justice for the severely demented elderly, the people to whom the demented patient is related have a moral responsibility to ensure the patient's well-being and welfare, and therefore to carry out those measures which are necessary to sustain the patient's life. Brock seems to be concerned with humans who can no longer act for moral reasons and hence are not able to participate in the web of moral responsibility. In light of such a concern, it seems that according to the "responsibilities view" of ethics, an individual should take account of the wishes of those to whom he/she is related in making out an advance directive (in which he/she decides in advance what measures should be taken in the future if he/she becomes severely demented). Further, those people related to the person need to take into account the wishes of the person in determining what treatment is appropriate should the person become incompetent. It is also important to note that in the light of the "relational self," the person's own values will be shaped by the values and actions of those with whom he/she relates.

Such a relational concept of personhood seems to undermine Brock's notion that there is no moral reason to sustain and prolong the life of the severely demented. In addition, it seems to question the criteria that both Brock and Locke put forth for defining personhood. Brock argues that the severely demented can no longer be considered persons, because they lack any attendant capacity to build psychological connections back into the past or forward into the future, and they cannot establish an experienced continuity of a single person who experiences the different pleasures and pains over time. However, if one considers inter-connectedness (to other people and to the culture of which one is a part) as a vital constituent of personhood, the question of whether such severely demented patients are actually persons still remains open. It is these relationships in which people are involved that provide the continuity that Locke and Brock attribute to self-reflective consciousness. Further, if the possibility remains that such patients can be considered as persons, there is a moral reason why measures should be taken to sustain or prolong their lives; Brock himself states that "only persons have any rights against others that health care be provided to them" (Brock, 360).

I would like to take issue with a further claim made by Brock which likens the severely demented elderly to animals. He states that it is widely agreed, for example, that dogs and horses are not persons because they lack some important properties or capacities that humans normally possess. Animals such as dogs and horses are sentient beings--they are conscious and capable of experiencing pleasure and pain, and (in particular) they can be made to suffer (Brock, 371). What they presumably lack is the capacity for, or experience of, self-consciousness, a conception of themselves as (and experience of being) a single self-conscious individual who persists through time. Brock asks why it is held to be wrong to cause pain and suffering to animals, whereas the more serious act of killing animals is not held to be wrong at all. He believes that the explanation lies in the difference between humans and animals:

... while each can be caused pain, which is immediately experienced as unpleasant and unwanted, only humans but not animals have plans and desires about their future, and indeed have desires that they have or experience that possible future, which can all be frustrated, or at least left unsatisfied, by being killed. It is this capacity to envisage and desire a future for oneself that I believe best explains why killing a normal human adult wrongs that person (*Ibid.*, 372).

To Brock, severely demented humans approach more closely the condition of animals than of normal adult humans. He even goes so far as to state that in some respects the severely demented are worse off than animals such as dogs and horses, who have a capacity for integrated and goal-directed behavior that the severely demented lack.

I believe that it is impossible to make such a comparison between the severely demented elderly and animals. Stating that severely demented patients approach more closely the condition of animals than of normal human adults is to completely ignore the intricate web of personal relationships of which these patients are a part, and to deny the network or community in which they are involved. Further, by disregarding the interconnectedness amongst people, Brock denies the moral responsibilities of those related to such patients to ensure the patient's welfare and well-being. Whitbeck states that "when the relationships between parties are significant, the moral responsibilities arising out of relationships are of central importance" (Whitbeck, 67). Brock's error seems to lie in the fact that he fails to recognize that an important constituent of personhood is the inter-connectedness amongst people--the fact they do not stand alone, but are a part of an inter-related community which shapes and defines their identity. By comparing such patients to animals, he reduces personhood purely to a matter of psychological capacity while ignoring the fact that people are very much a product of the community of which they are a part. Further, in ignoring this relational view of personhood, Brock denies the moral responsibilities that accompany relationships.

The theory of what constitutes personhood, as set forth by Locke and Brock, can have worrisome ethical implications and consequences. The question of what is required to be a person is an extremely important one. It defines how patients such as those who are severely demented should be dealt with: whether they should be given health care

to try and sustain or prolong their lives, or whether there is no real moral reason to do this and they should just be given enough health care to alleviate and relieve suffering, without trying to prolong their lives. Different courses will obviously be followed if the patient is taken to be a person, since a moral obligation exists to attempt to prolong the life of a person, rather than a being who is not considered a person. Since Brock takes the view that the severely demented elderly should not actually be considered as persons, he believe that measures should not be taken to prolong or sustain their lives, since there is no moral reason to do so. However, I have argued that the people who are now demented are still persons and, therefore, still deserve all the respect to which persons are entitled. They are not reduced to the status of animals, as Brock implies, and cannot be abandoned or used for the purposes of others. What is perhaps less clear, however, is how this respect is to manifest itself in treatment decisions. Further, feminist philosophers such as Caroline Whitbeck have argued that there are, in fact, moral responsibilities arising out of relationships, and that the fulfillment of the responsibilities for the welfare of others that attends to one's relationship to them is essential to the maintenance of moral integrity, since each person's moral integrity is integrally related to the maintenance of the moral integrity of others. Brock's error is in ignoring the role of the network or community in which humans are involved as being a significant influence in what constitutes a person. He reduces personhood to merely psychological capacities, and in so doing ignores moral responsibilities of related people to the severely demented elderly.

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