VULNERABILITY AND HUMAN DIGNITY IN TIMES OF THE COVID-19 PANDEMIC

JORGE ALBERTO ÁLVAREZ DÍAZ

ABSTRACT. VULNERABILITY AND HUMAN DIGNITY
IN TIMES OF THE COVID-19 PANDEMIC
Bioethics has revealed many fundamental concepts. Two of them are essential: vulnerability and dignity. Vulnerability is associated with the idea of integrity in the field of clinical research ethics, which begins at the second half of the twentieth century. From its part, dignity appears at the very origins of Western culture, in Classical Greece, and draws its contemporary sense from the Enlightenment. A brief, descriptive, and interpretive historical overview is made on the development of these two terms. Faced with the Covid-19 pandemic, their contemporary meaning is explained.

KEY WORDS. Dignity, vulnerability, pandemic, epidemic, Covid-19.

INTRODUCTION

The word "clinic" has a profound tradition in medicine. The obvious must be remembered assuming that current Medicine is inherited from the Hippocratic School of classical Greece: there were no hospitals or clinics. The doctor visited the home of the sick people, who used to be bedridden if they were in a severe clinical condition. In Latin "*clinĭcus*" means "of the patient" or "of the bed". This term derives from the Greek "*κλινικός*" or "*klinikós*", which in turn derives from the word "*κλίνη*" or "*klínē*", which would be equivalent to "bed". The feminine form in Latin is "*clinĭce*" which derives from the Greek "*κλινική*" or "*kliniké*". Therefore, the word "clinic" stems from the Greek "*kliniké*", which referred to the activity carried out by the doctor next to the patient's bed.

Clinical activity change in structure by the twentieth century: research emerges. Research tools were generated (the two most relevant methodological aspects, such as the creation of design and the generation of biostatistical tools) during the first half of the last century.

Departamento de Atención a la Salud, Universidad Autónoma Metropolitana, Unidad Xochimilco, México. / bioetica_reproductiva@hotmail.com / http://orcid.org/0000-0001-9935-8632

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The need to regulate research from a bioethical and, increasingly, from a bio-legal viewpoint becomes evident during the second half of the century. Thus, the meaning of the term "clinic" is submitted to an important change and is currently understood as the activity carried out in and with humans. This makes a clear difference compared to non-human research, called "preclinical research" (non-human animal models, isolated organs, tissue and cell cultures, purely computational, or "*in silico*").

At present, two clinical activities must be properly discussed: clinical practice and clinical research. It must be remembered that another human body is involved in both. Two fundamental criteria differentiate research from practice. The former is very old and subjective, while the latter is very recent and objective. The first subjective and old criterion is the professional's intention: if the goal is that the patients directly obtains a benefit after the intervention in the other body, one stands in the field of clinical practice; if the intention is that the research subject collaborates in increasing knowledge after the intervention in the other body, one is in the field of clinical research. Noteworthy is that the terminology changes: in the first case, there's a patient, in the second a research subject. The latter criterion, objective and contemporary, deals with the validation of the applicable procedure. If the procedure has been previously validated, it is in the field of clinical practice; if the intervention is carried out precisely to validate the procedure (preventive, curative, or diagnostic), it is in the field of research. To sum it all, clinical practice refers to the application of a previously validated procedure in patients to generate a benefit to their health, while clinical research refers to the use of research to apply procedures that require validation on the body of research subjects to increase knowledge (and thereby improve in the future the health of other people).

Two aspects follow this explanation. The first is that there are different types of committees in the field of bioethics. México has hospital bioethics committees in charge of bioethical problems derived from clinical practice, as well as research ethics committees reviewing the application of ethical criteria in research projects or protocols. The second aspect is directly related to this text, that is, the concepts analyzed here have different sources: vulnerability has a recent origin in clinical research, while dignity has a much older tradition that has consequences in the clinical practice.

VULNERABILITY

A first approach to the meaning of a term may be the one provided by the dictionary. In its online version, the *Oxford Advanced Learner's Dictionary* defines it as: "the fact of being weak and easily hurt physically or emotionally [1]." Something similar happens in Romance languages. The *Dictionary of the Spanish Language* of the Royal Spanish Academy defines vulnerability by saying that it is the "quality of vulnerable", and defines this term "Who can be hurt or injured physically or morally [2]." From its part, the *Dictionnaire de l'Académie française* defines *la vulnérabilité* in a similar way to the Spanish Academy, as the "Caractère de ce qui est vulnérable", and it says this term refers to "Qui peut être blessé. Il signifie figurément qui peut être attaqué, qui offre prise [3]." In this brief overview, it is clear that this word refers to the possibility of suffering some kind of harm.

In the bioethics field, the term vulnerability stems from the ethics of clinical research. Although it has a recent history, we must clarify briefly its conceptual density. It can be studied from different standpoints: historiographically; its place in the development of mentalities; reviewing some key authors or documents. Analyzing the documents, it is often considered that the Nuremberg Code was the first document that proposed an ethical framework for conducting clinical research (although its creation was for legal purposes for trials carried out at the end of World War II). However, although its first article (out of a total of ten) mentions the need for consent, it does not consider the idea of vulnerability in any of its points.

The next document that appears in history has no legal claim, since it is merely ethical. This is the "Declaration of Helsinki", enacted by the World Medical Association and accepted for the first time in 1964. Such version did not consider vulnerability as a clear concept either. As the inspiration for this Declaration has been, since inception, to regulate research carried out worldwide, it has had several revisions and updates: 1975 (Tokyo), 1983 (Venice), 1989 (Hong Kong), 1996 (Somerset West), 2000 (Edinburgh), 2002 (Washington; clarification note to paragraph 29), 2004 (Tokyo; clarification note to paragraph 30), 2008 (Seoul), and 2013 (Fortaleza). The concept of vulnerability is introduced in the 2000 review.

Analyzing the story involves leaping backward, forward, and even sideways as we try to understand something. In this case, we must slightly go back to remember that after a series of scandals in biomedical and psychosocial research carried out in the United States, it was necessary to establish which investigations comply with ethical aspects in order to be able to finance them through the federal government. For this reason, a legal document is produced, The National Research Act, where several points are established. One of them regulates the establishment of the National Committee for the Protection of Human Subjects of Biomedical and Behavioral Research, formed by a group of experts from different fields to solve various issues presented by the government. The last report prepared by this Committee (the first in the national history that analyzed bioethics problems) is the famous Belmont Report [4]. This 1978 document is remembered for having proposed three principles, each with practical recommendations: the principle of respect for people is complied with by informed consent; the principle of beneficence is complied with by evaluating the risk/benefit ratio; and the principle of justice is complied with by an equitable selection of the sample. Also, it is the first document in clinical research ethics with special considerations on vulnerability.

When it considers informed consent, it states that it must meet three fundamental characteristics: information, understanding, and voluntariness. Regarding the last point, the following is clarified: "Also, inducements that would ordinarily be acceptable may become undue influences, if the subject is especially vulnerable [5]." When addressing the assessment of the risk/benefit ratio, the Belmont Report notes that "When vulnerable populations are involved in research, the appropriateness of involving them should itself be demonstrated [6]." Finally, when dealing with the theme of subject selection, it explains the point more broadly:

> One special instance of injustice results from the involvement of vulnerable subjects. Certain groups, such as racial minorities, the economically disadvantaged, the very sick, and the institutionalized, may continually be sought as research subjects, owing to their ready availability in settings, where research is conducted. Given their dependent status and their frequently compromised capacity for free consent, they should be protected against the danger of being involved in research solely for administrative convenience, or because they are easy to manipulate as a result of their illness or socioeconomic condition [7].

As already mentioned, the review of the Declaration of Helsinki that includes the theme of vulnerability was carried out in Edinburgh in 2000. Paragraph 8 of the first section (A. Introduction) read the following:

> Medical research is subject to ethical standards that promote respect for all humans and protect their health and rights. Some research populations are vulnerable and need special protection. The particular needs of the economically and medically disadvantaged must be recognized. Special attention is also required for those who cannot give or refuse consent for themselves, for those who may be subject to giving consent under duress, for those who will not benefit personally from the research and for those for whom the research is combined with care [8].

The Declaration has been revised a couple of times during the first century of this new millennium to modify specific paragraphs and, on two more occasions, it has been fully analyzed. The Declaration itself urges that the most recent version be cited, which is currently the one revised in 2013. Its section of "Vulnerable Groups and Individuals" dedicates a pair of paragraphs on the topic. Paragraph 19 says that "Some groups and individuals are particularly vulnerable and may have an increased likelihood of being wronged or of incurring additional harm. All vulnerable groups and individuals should receive specifically considered protection." Further, paragraph 20 points out that "Medical research with a vulnerable group is only justified if the research is responsive to the health needs or priorities of this group and the research cannot be carried out in a non-vulnerable group. In addition, this group should stand to benefit from the knowledge, practices or interventions that result from the research [9]."

It is important to note that the Tokyo and Seoul versions of the Helsinki Declaration consider vulnerability as a characteristic that is somehow homogenized, since it now considers groups. This nuance is important compared to the current version, which introduces the idea that vulnerability can characterize groups but also individuals.

This means that a group that could be considered vulnerable may have an individual (generally several individuals) who is not so vulnerable. Furthermore, the reverse situation may occur: a group that could not be considered vulnerable could have an individual (or several) who clearly is. In the first case, if we think of the black community in the United States, one could think of a vulnerable group due to ethnicity, but Barak Obama or Will Smith do not have the same probability of being violated as other people. For the second situation, it could be thought that the white community would not be vulnerable, but reality shows that some white people are homeless and, by living in very poor conditions, they can be violated more than the rest of the members of their group.

Going back a bit to move forward again, we find the CIOMS Guidelines. Its first version dates from 1982 [10], and it was the second document in the world of clinical research ethics to introduce consideration on human vulnerability. Addressing the point of informed consent, the document says: "However, many investigations, and particularly those intended to subserve the interests of underprivileged communities and vulnerable minorities including children and the mentally ill, would be debarred if these preconditions were accepted as mandatory criteria for recruitment [11]." Later, on the same subject of consent, it clarifies that "The limited application of the informed consent procedure, and its vulnerability to abuse, render it inadequate as an exclusive means of protecting the human rights and welfare of research subjects, and it fails most decisively when the population from which the subjects are drawn is most vulnerable [12]." Finally, by addressing the theme of "Other vulnerable social groups" it clarifies that "The quality of the consent of candidate subjects who are junior or subordinate members of a hierarchically-structured group requires careful consideration, as willingness to volunteer may be unduly influenced by the expectation, whether justified or not, of adventitious benefits. Examples of such groups are medical and nursing students, subordinate laboratory and hospital personnel, employees of the pharmaceutical industry, and members of the armed forces [13]."

These guidelines have also had a series of revisions and updates, carried out in 1993 and 2002. Further, in 1991, guidelines focused on epidemiological studies were published and revised in 2008. The most recent revision integrates and updates all previous versions and was published in 2016 [14]. Guideline 15*:* "Research Involving Vulnerable Persons and Groups" indicates that: "When vulnerable individuals and groups are considered for recruitment in research, researchers and research ethics committees must ensure that specific protections are in place to safeguard the rights and welfare of these individuals and groups in the conduct of the research." Comments on such guideline begins with some general considerations, followed by some characteristics that could make it reasonable to assume that certain people are vulnerable; for example: those with a limited capacity to consent, people in hierarchical or institutionalized relationships, and women in some circumstances (that could increase while pregnant). The guideline concludes that individuals and groups in situations of vulnerability should receive special protections. As it can be seen, the fact that there may be vulnerable people and groups has been revisited in the updates of the Guidelines.

The last step back to rebuild the complex contemporary landscape is to remember the repercussions of the Belmont Report. To the three principles already mentioned, another was added by Beauchamp and Childress: autonomy, beneficence, nonmaleficence, and justice [15]. The book was published the year after the report and reached its eighth edition in 2019. It continues to be a reference, and the four decades that separate this moment from that moment allow us take stock on what has happened so far. It was undoubtedly a milestone, so much as the Beauchamp and Childress proposal was extended to bioethics, although the historical and legal origin of the principles was meant for clinical research, what the authors called "biomedical ethics". The 1980s saw the dissemination of this proposal, and whoever approached bioethics, the language to be learned was that of principles. Ultimately, the language of principles became hegemonic during that decade. This took a turn in the 1990s. At the beginning, two philosophers published an article in which they made an in-depth critique of various aspects of Principilism [16], while acknowledging that Beauchamp and Childress had been incorporating criticisms in successive editions of the book. In the first five years of the decade, two books appeared in the same year, 1994. In good measure, it was the death sentence of the hegemonic principles originated in the Belmont Report and developed by Beauchamp and Childress. The first of them questions whether four principles can solve all the bioethical problems, concluding that it was not possible [17]. The second book makes it clear that the principles have scope but severe limitations, which in the face of a specific problem, such as the request to terminate a pregnancy, can be used to explain and justify any course of action (agreeing or refusing to do so), and many other principles could be proposed for some fields of health care [18]. In this environment, in the last five years of the decade, a research project (1995-1998) that brought a very interesting conclusion was carried out: if North American bioethics has four principles, the European has its own. The proposed principles are autonomy, integrity, dignity, and vulnerability [19]. Although two decades have passed since its publication, this proposal has not penetrated as deeply as that of Beauchamp and Childress, and its contribution has been barely analyzed [20].

A relevant point is that an attractive proposal emerges with the turn of the century and the millennium: vulnerability can be considered a founding principle for bioethics. This idea is not minor, since the Universal Declaration on Bioethics and Human Rights, proposed in 2005, contains Article 8, which covers: "Respect for human vulnerability and personal integrity," indicating that: "In applying and advancing scientific knowledge, medical practice and associated technologies, human vulnerability should be taken into account. Individuals and groups of special vulnerability should be protected and the personal integrity of such individuals respected [21]." Vulnerability was established as a principle for European bioethics and universalized through the Declaration already mentioned. If it is something so important, why did humanity took so long to realize?

Barry Hoffmaster, professor in the Department of Philosophy at The University of Western Ontario, London, argues that bioethics has not paid attention to vulnerability for three reasons [22]:

First. Vulnerability clashes head-on against the individualistic ethics of Western society, which gives meaning to the idea of autonomy (autonomy is not by chance the only principle shared between North American and Europe; the concept of autonomy is not harmonized with the idea of fragility and dependency conferred by the recognition of vulnerability).

Second. Bioethics does not usually emphasize the theme of the body, although corporality is an essential element of human life (vulnerability is a more basic feature related to the materiality of the human constitution; from the idea of "*nous*" of the Greeks, traversing the idea of subjectivity and rationality, this has been assumed as a superior function).

Third. Ethics has been mostly rationalist, and therefore dismissed feelings as suspicious or traitorous and, in any case, unreliable (vulnerability has to do with a feeling of fragility that equals humans and generates awareness of weakness and mortality).

After this development and the presentation of this series of considerations, it is necessary to provide a certain operational content for the idea of vulnerability. Although there are several proposals, one that may be appropriate for this text is the one made by the group coordinated by Nicolas Tavaglione, professor at the Geneva University [23]. The historical development of vulnerability within the ethics of clinical research is associated with the idea of integrity and, generally, in the ethical proposal documents is admitted that vulnerable people or groups deserve special attention, care, or protection. In the Tavaglione group's proposal, vulnerable people can be defined as those who are most likely to be harmed, that is, to be denied adequate satisfaction of certain legitimate claims. The conjunction of these two points entails what they call the "Special Protection Thesis". They claim that those most likely to be denied adequate satisfaction of their legitimate claims deserve special attention, care, or protection. This thesis should be enriched as follows: if the individual or X group has a greater probability of being denied adequate satisfaction of some of their legitimate claims of physical integrity, autonomy, freedom, social provision, impartial quality of government, self-respect or communal belonging bases, then X deserves special attention, care, or protection.

With all these considerations, we can now take a different look at an editorial in the prestigious journal *The Lancet,* published at the beginning of April, when the first quarter of the pandemic making history in 2020 was just ending. Thinking about redefining vulnerability, the text considers that vulnerable groups of people are those who are disproportionately exposed to risk. The editor adds that whoever is included in these groups can change their situation dynamically. Someone not considered vulnerable at the start of a pandemic may become vulnerable depending on the policy response. The risks of a sudden loss of income or access to social support have consequences that are difficult to estimate and represent a challenge in identifying all those who could become vulnerable. Certainly, amid the Covid-19 pandemic, vulnerable groups are not just older adults, people with comorbidities, or the homeless, but also people from socioeconomic groups who may have difficulty coping financially, mentally, or physically with the crisis [24]. Inevitably, the biopsychosocial model is thought dynamically: the biological, psychological, and social aspects of individuals and groups can be transformed while going through a pandemic such as Covid-19, modifying what could be conceived as increasing or decreasing gradients of vulnerability.

DIGNITY

The inquiry can start by looking again at dictionary definitions. The *Oxford Advanced Learner's Dictionary* offers three possible meanings: "1. A calm and serious manner that deserves respect. 2. The fact of being given honor and respect by people. 3. A sense of your own importance and value." The *Spanish Language Dictionary* provides an etymology (from the Latin "dignĭtas", "-ātis") and eight meanings, of which the six first ones are resumed: "1. Quality of dignified. 2. Excellence, enhancement. 3. Seriousness and decorum of people in the way they behave. 4. Honorary position or employment of authority. 5. In cathedrals and collegiate churches, a prebend that corresponds to an honorary and preeminent position, such as the deanery and the archdeaconry. 6. Person with a dignity (prebend)." The *Dictionnaire de l'Académie française* clarifies on the etymology "XIIe siècle. Emprunté du latin dignitas, -atis, « mérite, estime, considération », « charge, dignité publique », « honorabilité »." It offers three meanings: "1. Valeur éminente, excellence qui doit commander le respect. 2. Attitude de reserve et fierté, inspirée par le respect de soi-même. 3. Fonction ou distinction qui confère un rang eminent dans la société."

The concept analyzed in the previous section underscores that the etymology of dignity places this word in a very long tradition. For this reason, it is also relevant to analyze the specialized meaning of this term to grasp its enormous relevance for bioethics and other fields (for example, that of human rights, since these types of rights exist because humans have dignity). Dignity in a specialized meaning comes from classical Greece. Since then and until the Enlightenment, it can be acknowledge as a sociological concept, while the metaphysical-ontological concept appears in the Enlightenment [25].

The etymology can be traced to the Indo-European. It is often assumed that the term has its origins in "*dek*," which became "*axios*" in Greek. It had different forms in Latin: "*dignitas*," "*dignus*," "*honestas*", and "*auctoritas*." Cicero is often cited as the thinker who attributes dignity as an inherent condition of human nature. He must be reread to see the bias of the interpretation of the classical meaning, which is related to social rank. The following is read in *De officiis*, paragraphs 105 to 107 of the first book:

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> But it is essential to every inquiry about duty that we keep before our eyes how far superior man is by nature to cattle and other beasts: they have no thought except for sensual pleasure and this they are impelled by every instinct to seek; but man's mind is nurtured by study and meditation; he is always either investigating or doing, and he is captivated by the pleasure of seeing and hearing. Nay, even if a man is more than ordinarily inclined to sensual pleasures, provided, of course, that he be not quite on a level with the beasts of the field (for some people are men only in name, not in fact)—if, I say, he is a little too susceptible to the attractions of pleasure, he hides the fact, however much he may be caught in its toils, and for very shame conceals his appetite.
> 106
> From this we see that sensual pleasure is quite unworthy of the dignity of man and that we ought to despise it and cast it from us; but if someone should be found who sets some value upon sensual gratification, he must keep strictly within the limits of moderate indulgence. One's physical comforts and wants, therefore, should be ordered according to the demands of health and strength, not according to the calls of pleasure. And if we will only bear in mind the superiority and dignity of our nature, we shall realize how wrong it is to abandon

> ourselves to excess and to live in luxury and voluptuousness, and how right it is to live in thrift, self-denial, simplicity, and sobriety.
> 107
> We must realize also that we are invested by Nature with two characters, as it were: one of these is universal, arising from the fact of our being all alike endowed with reason and with that superiority which lifts us above the brute. From this all morality and propriety are derived, and upon it depends the rational method of ascertaining our duty. The other character is the one that is assigned to individuals in particular. In the matter of physical endowment there are great differences: some, we see, excel in speed for the race, others in strength for wrestling; so, in point of personal appearance, some have stateliness, others comeliness [26].

Thus, by reading Cicero, we can realize that the interpretation that dignity is inherent in human nature is not the most appropriate. If some humans are so only "in name", it is because some do not behave as such, that is, they perform acts unworthy of their condition as humans. They would correspond to those behaving closer to animals, indulging in bodily pleasures. Such actions would lead these humans to lose their dignity.

With this argument, it can be noted that Cicero states that humans have a "*dignitas*", that is, a level or rank higher than the rest of the animals. Not only because they are humans, but due to their behavior: unworthy acts would place humans on the same level as beasts. If we continue with this text by Cicero, we can corroborate this interpretation.

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> Again, there are two orders of beauty: in the one, loveliness predominates; in the other, dignity; of these, we ought to regard loveliness as the attribute of woman, and dignity as the attribute of man. Therefore, let all finery not suitable to a man's dignity be kept off his person, and let him guard against the like fault in gesture and action. The manners taught in the *palaestra,* for example, are often rather objectionable, and the gestures of actors on the stage are not always free from affectation; but simple, unaffected manners are commendable in both instances. Now dignity of mien is also to be enhanced by a good complexion; the complexion is the result of physical exercise. We must besides present an appearance of neatness—not too punctilious or exquisite, but just enough to avoid boorish and ill-bred slovenliness. We must follow the same principle in regard to dress. In this, as in most things, the best rule is the golden mean [27].

In another of his texts, *De legibus*, paragraph 59 of the first book, the term "dignity" also appears, but with the meaning that it will retain for many centuries:

> 59
> For the man who is himself to be acquainted with, for the first time think that he shall meet with divine talent, an upon itself its own just as the statue is set, dedicated to think such things, smaller the love, the gift of the gods we always

> worthy of anything, and shall do and shall find out, that, and, finding himself, he must never stop looking and the whole of woman attempted to understand who is, what was the manner established by the nature of the suborned the wisdom of the means of winning for them as much joy as it has come into the life of that time to gain, since in the beginning of all things, as it were trimmed up with a welter of their understanding of the mind and spirit with the mind conceived, I was a good man and had been put under the command of the very charge of which they can see the wisdom of it famous: that they shall be happy [28].

On this occasion the dignity, the rank, is granted to him by his *animus* or "*mens*"; it is a gift, a divine gift. This thesis is applicable to all classical literature: humans are hierarchically superior to animals, while being inferior to the gods. It is still not something inherent to the human condition or nature, since those who do not try to resemble the gods (obviously, without succeeding), can fall to the level of animals. On the other hand, some humans do not have dignity, either because their condition does not allow them to have it (for example, having been born slaves), or as they have the possibility of such achievement it, they lead a life similar to that of animals (for example, indulging in bodily pleasures in an unseemly, unworthy life). For all of the above, dignity in the ancient or classical world is not a property or characteristic inherent to every human being only for the condition of being one. The meaning is social, according to the rank they hold.

The sociological meaning continued throughout the European Middle Ages, through theology. It has been said on countless occasions that dignity as a quality of every person is linked to the Catholic Christian tradition (and by extension, to non-Catholic Christianity). The explanation would be that humans, a creation in divine likeness, have the quality of dignity. It is not the most appropriate definition. The medieval meaning of the term dignity corresponds to the rank acquired by similarity or not with God [29].

This can be clarified in biblical texts. In the Parable of the Prodigal Son, upon returning home, the son thinks to tell his father: "I will get up and go to my father, and I will say to him, 'Father, I have sinned against heaven and before you; I am no longer worthy to be called your son; treat me like one of your hired hands [30].'"

Another typical text is the one referring to the healing of the servant of the centurion's wife, an event reported by Luke and Matthew. Jesus was in Capernaum, and a servant much loved by a centurion lies sick, about to die. Jesus goes to heal him, but the centurion sends him a message, which according to Luke says: "And Jesus went with them, but when he was not far from the house, the centurion sent friends to say to him, 'Lord, do not trouble yourself, for I am not worthy to have you come under my roof; therefore, I did not presume to come to you. But only speak the word, and let my servant be healed [31]." In Matthew, it is narrated: "The centurion answered, 'Lord, I am not worthy to have you come under my roof; but only speak the word, and my servant will be healed [32].") This biblical passage gave rise to a text that became part of the mass, within the liturgy of communion, and is repeated to this day: "Lord, I am not worthy that you should enter under my roof, but only say the word and my soul shall be healed." It clearly refers to the unworthy condition of the human being in sin.

All this gave rise to a theology of dignity and unworthiness. If in Greek society dignity was gained or lost according to social rank, the interpretation is the same in medieval times, but with a theological meaning. We have shifted from the criteria of ancient society to that of Christian theology. Also, the meaning of sociopolitical power of those specially invested is not lost, in particular the clerical, which is why we speak of "ecclesiastical dignities."

In the Renaissance, Humanism opens another historical stage, with the same reminiscences. An essential character is Pico della Mirandola and his work *Oratio de hominis dignitate*. It is also often believed to contain the contemporary meaning that every human being is worthy, which is yet another misinterpretation. When a lay or secular interpretation is made, one can analyze that Pico exposes what refers to the issue of dignity in the first part of the book, where he advocates the thesis stemming from ancient times: dignity refers to the hierarchy held by humans in the order of the universe.

Humans stand between higher and lower creatures. Thus, they would be a microcosm that synthesizes the entire cosmos. If the interpretation is theologically biased, freedom is usually given great weight, posing that if humans are free, then they are endowed with dignity as something that is intrinsic to them. However, what Pico actually says is that humans, at their discretion, can rise or fall in their "*dignitas.*" That is, dignity is not something fixed, since it moves with humans' exercise of their freedom. In other words, Pico would consider that dignity is not an intrinsic property of humans but something that must be conquered through the correct use of freedom [33].

A profound change occurs during the Enlightenment. It then acquires a metaphysical-ontological meaning: dignity is a condition, a quality, an intrinsic property of every human. Liberal revolutions achieve, among other things, the abolition of servile laws. In Greek "*doûlos*" is opposed to "*eleútheros.*" These terms go to Latin, and "*servus*" has the antonym "*liber.*" "*Doûlos,*" "*servus,*" means slave, while "*eleútheros,*" "*liber*" means free. Although Romance languages usually translate "*servus*" by "*servant,*" one must not forget that they designate exactly the same thing: beings deprived of their freedom. In the classical world, "*liber*" was "*dignus,*" and "*servus,*" was "*indignus,*" In the Enlightenment, the "*dignitas*" of the free man is typical of every human. If dignity and freedom are intrinsic to every human, then slaves should not exist.

Kant's metaphysics achieved this turn. In 1797, Kant says in *The Metaphysics of Morals* that:

> Humanity itself is a dignity; for a man cannot be used merely as a means by any man (either by others or even by himself) but must always be used at the same time as an end. It is just in this that his dignity (personality) consists, by which he raises himself above all other beings in the world that are not men and yet can be used, and so over all things. But just as he cannot give himself away for any price (this would conflict with his duty of self-esteem), so neither can he act contrary to the equally necessary self-esteem of others, as men, that is, he is under obligation to acknowledge, in a practical way, the dignity of humanity in every other man. Hence, there rests on him a duty regarding the respect that must be shown to every other man [34].

Previously, Kant had coined the concept of "moral law" in 1785 in his *Groundwork for the Metaphysics of Morals* [35]. In this book, Kant formulates moral law in three primary ways, two of them with a pair of variants. These five main formulations enunciate the moral law differently to explain why dignity is an individual's ontological property.

a) Formula of Universal Law: "Act only in accordance with that maxim through which you can at the same time will that it become a universal law [36]," with its variant Formula of the Law of Nature: "So act as if the maxim of your action were to become through your will a universal law of nature [37]." b) Formula of Humanity as End in Itself: "Act so that you use humanity, as much in your own person as in the person of every other, always at the same time as end and never merely as means [38]."

c) Formula of Autonomy: "the idea of the will of every rational being as a will giving universal law [39]" or "Not to choose otherwise than so that the maxims of one's choice are at the same time comprehended with it in the same volition as universal Law [40]," with its variant, Formula of the Realm of Ends: "Act in accordance with maxims of a universally legislative member for a merely possible realm of ends [41]."

Thus, we can affirm that the idea that dignity is an individual property reaches full maturity in Kantianism, which only occurs in the late eighteenth century. This idea is fundamental in ethics and for law. Human Rights Declarations presuppose that beings endowed with dignity deserve respect, and one way to achieve this is by respecting their rights. It should be clear that no declaration of human rights provides us with a definition of what dignity is. Instead, such declarations assume an affirmation of Kantian arguments.

Leaping again forward to today's world, it is well known in social studies that population surveys can contribute to the development of public policies (although they never replace participation in them), and even political decision-making. The World Health Organization (WHO) conducted a survey in 41 countries with a total of almost 106,000 participants from open population. The research sought the relative importance of eight domains of the concept of quality that have nothing to do with clinical aspects, what the WHO calls "responsiveness of health systems." These responsiveness domains were divided into personal (dignity, autonomy, communication, and confidentiality) and structural domains (quality of basic services, choice, access to social support networks, and timely care). The study shows that, regardless of the country or the type of sub-population studied, communication ranks first, followed by dignity, with access to social support networks in third, with a greater convergence between the sub-populations of the same country than between different countries [42]. Other studies carried out especially in the context of nursing or care in general, show important complementary approaches. In another research, starting from the assumption that the dignity of patients includes feelings, physical appearance, and behavior, we can conclude, through qualitative methods (complementary to quantitative ones, such as the open population surveys already mentioned), that patients are vulnerable to the loss of their dignity in the hospital environment [43].

These relationships are an extension to the idea that if human beings are worthy, they deserve to live under certain conditions. This is a diametrically opposite twist to the classical world: it is the conditions that are worthy or unworthy, not the people. One can have a decent home or an unworthy salary. This explains why it is understood that concepts such as "*dignified life*" or "*dignified death*" are used in the field of health.

A dignified life can be associated with the affirmation that one has so when certain conditions are met. One of those conditions has to do with the fulfillment of the objectives of medicine. Many people, including health professionals, assume that medicine and doctors exist to save lives, which is yet another misconstruction. Saving lives cannot be a goal since all patients are bound to die at some point (as are all health professionals). If this is so, what can the goals of medicine be? A global project with a sensible proposal was carried out in the mid-1990s. Medicine would have four goals: preventing preventable conditions, curing curable conditions, treating non-curable conditions, and avoiding premature death by seeking a peaceful death [44].

From that moment on, the WHO has been reflecting as well on what are known as the "social determinants of health". Medicine does not fulfill these objectives in the same way across all levels of the population, which is why it is essential to raise the living standards of the whole society, eradicating poverty and increasing the formal and non-formal educational level of everyone. These two factors turn out to be the most protective in the field of health.

Finally, after this historical review on the concept of dignity and its impact on the world of health, we can affirm undoubtedly that it is crucial in the face of the Covid-19 pandemic. Regarding the dignified life, we cannot consider that poverty conditions can promote dignity. On the contrary, they attempt against it, and so they must be fought [45]. Living conditions in many countries have to be modified so that people are not forced to migrate or be displaced, an issue that is also relevant in this pandemic [46]. The other side, that of care, should not be forgotten, since safeguarding the dignity of health personnel is crucial [47]. A well-ordered society should not neglect those who care for it. Above all, when faced with deaths, the issue of dignified death should not be ignored [48,49]. It has been difficult to understand that medicine not only cures or prevents, and people must be aware that it must also do something for rehabilitation and palliation. Palliative care is a necessary (but not sufficient) condition to dignify the end-of-life process.

Durante la elaboración de este trabajo no existieron conflictos de interés.
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