

CARING FOR PEOPLE

The ethic of caring and the Christian idea of man¹

by

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1. The ethic of caring as practical anthropology

All ethics – and thus also the ethic of caring – is practical anthropology, that means: every ethic is based on a certain concept of human beings. We can also say: an idea of man. We could also say: ethic is applied anthropology, but this could lead to a misunderstanding, as if we would develop a certain view of man – in a way a theory about man – and realize that in a kind of second practical step. Anthropology and ethic, however, are not like theory and practice, for the simple reason that ethic itself is a form of theory and not practice.

Ethic is different than morals or ethos. Morals are the sum of all moral principles and standards of a society or a group. We speak about ethos when we think about a moral attitude or principal approach of a single person or a certain group. We speak for example about the ethos of caring, that is the professional ethos of professional caring specialists. This ethos can be codified, as it is done for example in the ethic codes of the International Council of Nurses (ICN).

When we hear the word ethos, however, we do not have in mind codified rules and principles, but the internal attitude towards the profession of caring, the motivation to choose that profession and the everyday professional work, we have in mind attitudes and behavior, which could be called the traditional virtues. In neo- German : *professional attitudes*. Today we love to speak about values, despite the fact, that the concept of value – I will speak about that later – should be clarified and revised in more detail.

Ethic is not identical with morals or ethos, but the theory of morals resp. the theory of ethos. It is asking about the reason for moral standards and values, and it is criticizing and revising previous morals. Ethic is important, when a certain kind of morals is not a matter of course any more, or when the practical significance of moral principles, standards and values are not clear and controversial in a certain situation. Ethic is, if we may say so, a science of conflict. It is looking for procedures how to settle moral conflicts with discussion and

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arguments. That is the task of ethic in everyday clinical work and in everyday work of caring within a council of ethic or a committee of ethic.

If ethic in general is a critical theory of morals, than the task of ethic of caring is the critical reflexion of caring procedures and planning considering moral aspects². It is not only a question of ethical reasons or following ethical justification for caring actions and the behavior of caring staff in general or in a certain case. We also have to revise from an ethical point of view the institutional and organizational framework conditions, under which caring is taking place. The caring ethic as ethical theory of the ethic of caring is also dealing with attitudes and behavior of caring staff and their imbeddedness in an ethical culture of institutions or organizations offering care.

Caring ethic is part of the so-called functional ethics. Further examples for functional ethics are economic ethic, legal ethic, political ethic, media ethic and of course medical ethic and bio-ethics. There are many connections and intersections between caring ethic and other functional ethics³. Ethic in daily caring is not only overlapping with medical ethic, but also with ethics of social work. Ethic in caring management has something in common with economic ethic, social ethic and political ethic. Ethic in caring pedagogy is interchanging with a general pedagogical ethic. Ethic in the science of caring is part of science ethic and research ethic.

There are different principal understandings of ethic. According to an important tradition ethic is the theory of a good life, whereas good life does not necessarily mean a convenient and comfortable life, but life, which can be considered in general a life full of meaning and happiness. Finally you can only say at the end of life, if it was meaningful and happy. Today we love to speak about a successful life. If single actions and decisions, which somebody made for him- or herself or for others during life were good, can be judged only, according to this theory which is based on the Greek philosopher Aristoteles, when this life is ending, in principal only, when somebody is already dead.

Also medical and caring decisions can be embedded in this theory of a good life. Then we do not only have to ask, if a certain therapeutic or caring measure is feasible according to the state of art, but if it is useful and beneficial for the patient effected or for the caring person in a certain situation of life, considering for example the general state health constitution, the progress of the illness and the life expectancy of the patient.

² Comp. *Ulrich H.J. Körtner*, Grundkurs Pflegeethik, Wien ²2012.

³ Comp. *Reinhard Lay*, Ethik in der Pflege. Ein Lehrbuch für die Aus-, Fort- und Weiterbildung, Hannover ²2012, S. 144ff.

Such an understanding of ethic has enormous anthropologic preconditions. It assumes, that man is a rational being, striving for real happiness and sense of life. It assumes further, that man will always emulate the good, which he or she thinks to recognize. Man may be mistaken, but rationally he will not act against something which has been considered to be reasonable.

Any ethic in general assumes that man is a rational being, which is acting rationally and or is able to do so. Every ethic assumes, that man has a will of his own, that he will not only act spontaneously, but with considerations, that he can therefore choose between different possibilities of acting, which again assumes the element of freedom. Every ethic assumes, that man will pursue his own interests, but that he is still able to recognize the interests of others, to understand them and to consider them. That man has also a conscience and can differentiate between good and bad in a moral sense of the word, which is a basic precondition of all ethic. To that extent it is true, that every ethic is based on a certain concept of man or a certain anthropology.

But there is a complex interaction between the concept of man and ethic. Practical experience forces us again and again to doubt about our concept of man. Experience is teaching us, that man does not always act rationally. Everybody wants to be healthy and live as long as possible, but man does not always lead a healthy life. The road to hell is paved with good intentions, as we all know. And patients or inhabitants of a caring institution or a retirement home are not always “compliant”.

And history has a lot of examples for humanity, selflessness and kindness, but also many examples for unfathomable wickedness, violence and contempt for mankind. So we have completely opposed ideas of mankind, leading us to the final question: is man good, helpful and noble in the depth of his heart, or is the radical evil sleeping inside, which can be domesticated only with great efforts by civilization, but which is breaking out again and again?

And a further question: do we understand mankind and humanity above all as a condition of health and the concept of normality, or do we understand human beings only, when we choose suffering, disability, declination of the so-called normality as a starting point⁴? But what does that mean for achieving the good or successful life and therefore for achieving ethic?

Or with a practical question: what is the point of view for caring and medicine dealing with illness, suffering and disability, of old age, dying and death? Is the dominating view one which is oriented on deficiencies, concentrating on what is not possible or not possible any more? Or are we concentrating on existing resources, which should be used and strengthened? Should ill and frail persons, and also persons with severe physical or mental disabilities be pitied, or can they also lead a happy life with a certain meaning, or can they at least experience moments of happiness and joy of life? Are they a burden for other people or the society in general? Or can they be a gain? Or is sometimes everything true: that life for them can be sometimes a burden and sometimes happiness as it is for healthy people?

So when we ask about the concept of man in caring and medicine and about the significance of the idea of man for caring and medical ethic, we must not limit ourselves by considering only the patient's or the caring staff's point of view. We have to clarify the self-image of caring staff and doctors, their own view of mankind, of acting and the sense of life. How do we handle our own strengths and weaknesses, with our own mistakes, with failure and guilt?

For an ethical reflection of our own understanding of man or our own idea of man, which is the base of caring or medical measures, it is critically important to observe our own language and communication with the patient, the relatives and in the team. What do we say about a person, when we classify him or her as a confused person? What do we mean, when we say, somebody is a "difficult patient"? What does it mean for doctors and patient, when a patient is – allegedly on an objective base- called "requiring dialysis or artificial respiration? Who defines that requirement?

⁴ See also *Ulf Liedke*, *Gegebenheit – Gabe – Begabung? Systematisch-theologische Notizen zum Diskurs über „Behinderung“ und zu einer inklusiven Anthropologie für alle Menschen*, PTh 98, 2009, S. 466–482.

In principal language is not only reflecting reality but also creating it. When I consider somebody to be mentally disabled, he will become what I expect. Many similar examples could be mentioned. How we speak about people in our every-day life tells a lot about our concept of man and leads to the fact, that man is created based on that concept. The example of language, however, is showing very well, that ethic is not only the application of a certain anthropology or a concept of man, but that criticizing existing concepts of man are the most important tasks of ethic. Criticizing concepts of man, however, starts with our language and our communication.

The complex interaction of ethic and concept of man can be also seen in medical progress. Modern reproduction medicine enables fertility in the petri dish, and modern intensive medicine can delay death. Now completely new anthropological questions are arising: is a zygote in the petri dish already a human being, a person with unalienable right of life and dignity of life? Or is this only the embryo after nidation in the uterus? Or are dignity and being a person termini, which are valid only after the birth of a person? And what about the so-called brain dead? Are they really dead, or are they still dying persons –and that means still alive? Can we still hold up our traditional ideas, with which we can allegedly make a clear distinction between life and death? Or do we have to reconsider our anthropological convictions, also in practical life, when we talk for instance about organ removal?

There might be different, sometimes even controversial answers, because we are involved in different concepts of mankind and different ethical ideas. Ethic is also a conflict science, because it is dealing with the conflict of ethic and concepts of man.

And the Christian concept of man – or should be better say, the Christian ideas of man, are involved as well.

2. The Christian concept of man

As there is not only one concept of man in medicine or psychotherapy, there is not only one Christian or biblical concept of man, which is referred to very often, especially in the deaconry. The stereotypical idea about one Christian concept of man is not a historical construction,

because that concept of man has changed during history. It is among other things the result of dealing with Enlightenment, with the results and progress of modern natural and human sciences, of social upheavals, for example the transition from the agrarian to an industrial economy and then to the post-industrial service, and knowledge society. Besides also in anthropological questions and on the field of dogmatics there are significant differences between the various Christian confessions. This is concerning the concept of nature, the understanding of human freedom and the term of sin. As a result answers of churches and individual Christians can be different in the field of ethic. The Christian concept of man has a certain plurality, which is sometimes existing within the confessions. So it makes more sense to talk about Christian ideas of mankind and not only about one concept of mankind.

We have mentioned already the effect of medical progress on anthropology. But there are other social and cultural changes forcing us to check again traditional anthropological basic statements. Let's mention changes in the relation between sexes, the dissolution of traditional marriage and family types and the development of new models of cohabitation and family, today's view of homosexuality, which is leading partly to dramatic changes in the labor world and the influence of professional biographies, increasing life expectancy, the decrease of the birth-rate and the demographical development in European societies linked with both, changes of age and aging, of dying and the culture of dying in our post-industrial society.

The Dutch writer Harry Mulisch is giving quite a paradoxical answer in his novel *Selbstportrait mit Turban* (1997) when asked what is man: "The answer is: "what is man?". When asked what is man, the answer and the question are the same, because "man is no answer but a question"⁵.

Anthropology is asking, what is man. The philosopher Ludwig Wittgenstein, however, is giving rise to the concern, that if there is an answer, which cannot be expressed, the question cannot be expressed either⁶. How can be man be a question, if we do not know the answer to

⁵ Quoted after Jochen Hörisch, *Eine Geschichte der Medien. Von der Oblate zum Internet*, Frankfurt a.M. 2004, S. 423.

⁶ Comp. Ludwig Wittgenstein, *Tractatus logico-philosophicus* (edition suhrkamp 12), Frankfurt a.M. 121977, Nr. 6.5 (S. 114).

that question? Theology is asking for the answer, for which man is the question. The religious symbol for that answer is the word “God”. The answer, which is referring to the word “God”, however, does not hush the question, which is man, but is provoking this question again. The First Epistle of John says:” Beloved, we are God’s children now, and what we will be has not yet appeared; but we know that when he appears we shall be like him, because we shall see him as he is” (1Joh3, 2f). Rudolf Bultmann is referring to this passage from the Bible: “ We are not what we seem to be, what we mean to be. We are what we are in the light of God’s grace. We are, what we are never here and now, but what we are never here and now, *that is our real being.*”⁷

In psalm 8 the anthropological basic question, what is man, is taking a surprising turn. The prayer of the Old Testament asks :”What is man, that you, God, may think about him, and the child of man, that you administer to his needs?” (Psalm 8,5). When praying we are addressing the question about the core of man not to man himself, but to God. Not the contrast between his magnitude and his nullity, which is mentioned in the Psalm, is giving the final decision of man according to the Bible, but that he is God’s creation. His position in the universe is not deserved because of special features and abilities, but because of grace. And the question of the Psalm, why man has deserved to be noted and cared for by God, is expressing thankful and humble surprise. Only when we feel this surprise, which is including for example the treating doctor and the caring person, the dignity of man is captured in its full capacity according to theological convictions.

The question of the concept of man is not only concerning the nature of man. Anthropology is always looking for the final reasons, which could justify the existence of man. If a human being cannot justify his existence in itself, for example because it is not yet born, because it is mentally disabled or retarded, because it is in coma or it has permanently lost conscience, who or what shall justify his right to live then?

The answer, which is given by the reformatory tradition of Christianity is: God justifies the life of every man. Man is the man justified by God, and that is why he does not have to justify

⁷ *Rudolf Bultmann*, Weihnachten (1953), in: *ders.*, Glauben und Verstehen, Bd, III, Tübingen 1960, S. 76–80, hier S. 79. See also the explanations of Gerhard Sauters zur Verborgenheit des Menschen und seines neuen Lebens in Christus (*Gerhard Sauter*, Das verborgene Leben. Eine theologische Anthropologie, Gütersloh 2011, S. 147ff.).

himself or his life. That is the main element, which the Protestant church is introducing into the ecumenical discussion about the Christian concept of man.

But as the Christian concept of man is controversial in general, the reformatory concept of man is especially controversial. The radical nature with which the protestant tradition is talking about the justification of the sinner only because of the grace of faith, this radical nature is corresponding with its view of the sin. The radical “evil” (Immanuel Kant) is seen so radically, that even the justified sinner is claimed to be justified and sinner at the same time – “simul iustus et peccator”. Anyway that is the paradoxical and strange sounding statement of Martin Luther, which did not yet lose its offensiveness until today.

Only when we recognize ourselves as justified sinners, that is requiring forgiveness and having the privilege of being forgiven, only then will we understand the being of God according to protestant reading. The being of God which is fathomless love. Only then the world can be understood as the good creation of God, the knowledge of which can be darkened by sin or be not believing.

3. Successful life?

A strong already mentioned tradition, which is still valid, understands ethic as the theory of good or successful life. This is also often heard in church and deaconry. “Happiness” could be understood as a secular equivalent of blessedness, which is mentioned in the Bible. Just think of the beatitudes of the Sermon on the Mount (Mt5,3-11). But there is still the question if the terminus of the successful life is really so biblical and Christian, as it is claimed.

The protestant theologian Gunda Schneider-Flume is denying the idea of life with the reservation of success as not corresponding with the Bible and she has good reasons to do so. She is criticizing the “Tyranny of successful life”⁸. Schneider-Flume is referring among others also to the critical attitude of the protestant theologian Henning Luther about the myth of holism⁹. Actually we have to ask with Luther if the modern ideals of perfection and holism, which are presently reflected in the utopian idea of health, are not really more disturbing than healing. “Do they not damage our livable life? Our life with all fractions, mistakes, failures, weaknesses? Do not the illusions of perfection and holism hinder us to live? Do these

⁸ Gunda Schneider-Flume, *Leben ist kostbar. Wider die Tyrannei des gelingenden Lebens*, Göttingen 2002.

⁹ See Henning Luther, *Identität und Fragment. Praktisch-theologische Überlegungen zur Unabschließbarkeit von Bildungsprozessen*, in: *ders.*, *Religion und Alltag. Bausteine zu einer praktischen Theologie des Subjekts*, Stuttgart 1992, S. 160–183.

illusions threaten us to fail? Is the myth of holism a complete lifelong lie, which is suffocating and killing our timid and imperfect attempts to live?”¹⁰

Critical questions have to be addressed to the postulate and self-conception of a so-called holistic medicine, even when their critical attitude towards theory and practice of the so-called orthodox medicine leading to atomization and depersonalization of ill persons can be agreed in principal. Not illnesses or ill organs, but ill persons are the target of medical measures. The ill person, however, is not only an object of illness and healing, but their subject, as psychosomatic medicine is claiming with full rights.

The concept of a holistic medicine shall be discussed critically considering anthropological premises and therapeutic measures. An approach of holistic medicine should be discussed critically, however, whenever it is based on the thesis, that man is intact and good at the bottom of his heart, so that he could heal himself and the task of therapeutic measures are just abolishing barriers on the road to complete self-realization¹¹. Theologically the psychosomatic thesis of illness as a self-healing process cannot be accepted without reserves¹², because it includes the understanding of health and healing, which is comparing health with self-centered integrity, and thus with salvation in a religious sense, so that healing resp. self-healing is salvation resp. self-salvation.

That does not mean that there should not be any success in life. “But the ability to realize plans and enterprises successfully or not successfully, does not grant any justification, that life as a whole can be judged as successful and thus allow tyranny of successful life to dominate.”

¹⁰ *Henning Luther*, *Leben als Fragment. Der Mythos von der Ganzheit*, WzM 43, 1991, S. 262–273, hier S. 263.

¹¹ See also *Ulrich Eibach*, *Heilung für den ganzen Menschen? Ganzheitliches Denken als Herausforderung von Theologie und Kirche*, Neukirchen-Vluyn 1991, S. 50ff.

¹² See *Dieter Beck*, *Krankheit als Selbstheilung. Wie körperliche Krankheiten ein Versuch zur seelischen Heilung sein können. Mit einem Nachwort von Elisabeth Kübler-Ross*, Frankfurt a.M. 1985.

¹³. Dieter Schellong mentioned a few years ago, that the jargon of successful life is mean, because that would imply, that there is an unsuccessful life, which can be judged only in a negative way.¹⁴

The death of Jesus on the cross is contradicting the thesis of successful life, because it contains nothing of a successful life. At least according to marcinic illustrations Jesus did not succeed at the end of his life to give a meaning to his suffering and to integrate death into life in a harmonic and self-determined way as it is always propagated in spiritual welfare, counseling and palliative books.¹⁵ Easter proclamation, however, is saying, that the value of a life and its dignity are not depending on success or failure of human life and self-realization, but on the participation in the life of God and its abundance.

Actually it is the experience of a fragmented life, of failure and „disrupted biographies“¹⁶, with which deaconry and church are dealing again and again. Not only the conflicts of life, but experience of failure and guilt, of suffering and powerlessness are bringing people into the church. People need advice and support in life, they need to clarify ethical questions, but they also need consolation and solidarity in situations, which cannot be changed by human actions or at least not immediately. But also the so-called contingencies of life cannot always “be coped with”, but sometimes they can just be endured or supported and endured by other people. In the sense of Bonhoeffers assessing the border between resistance and tolerance in a special case,¹⁷ church and deaconry should not only support people when looking for new acting possibilities, but also encourage them to mourn and lament.

These considerations have practical consequences for medicine and care, because salvation and healing are different things according to Christian understanding, even when they have a certain connection. For the understanding of salvation according to the New Testament it is important, that eternal salvation and welfare on earth cannot be separated all the time, but a

¹³ G. Schneider-Flume, a.a.O. (Anm. 8), S. 12.

¹⁴ *Dieter Schellong*, Die Krise der Ehe und die Weisheit der Theologie, in: Einwürfe, hg. v. Friedrich-Wilhelm Marquard, Dieter Schellong, Michael Weinrich u. dem Chr. Kaiser Verlag, Bd. 1, 1983, S. 14–89, hier S. 68f.

¹⁵ See G. Schneider-Flume, a.a.O. (Anm. 8), S. 105: „Man muß immer wieder darauf hinweisen, dass Jesus von Nazareth diesem Ideal nicht gerecht geworden ist.“

¹⁶ G. Schneider-Flume, a.a.O. (Anm. 8), S. 49, im Anschluß an *Ulrich Beck/Elisabeth Beck-Gernsheim*, Individualisierung in modernen Gesellschaften – Perspektiven und Kontroversen einer subjektorientierten Soziologie, in: *dies.* (Hg.), Riskante Freiheiten. Individualisierung in modernen Gesellschaften, Frankfurt a.M. 1994, S. 10–39.

¹⁷ See *Dietrich Bonhoeffer*, Widerstand und Ergebung. Briefe und Aufzeichnungen aus der Haft, hg. v. Chr. Gremmels, E. Bethge u. R. Bethge in Zusammenarbeit mit I. Tödt (DBW 8), Gütersloh 1998, S. 333f.

distinction has to be made, as there is a distinction between the fragmented present time and the coming future with final salvation. Recovery and health are not the essence but the promise of future salvation according to the New Testament. The completion of the future will take place in God's realm. It is understandable to strive for health, but in a paradoxical way salvation may occur especially in suffering and physical weakness.

Salvation according to the New Testament does not basically mean the restoration of individual integrity, but of relation. Salvation means participating in the essence of God, which is love according to Christian understanding.¹⁸ The present realization of salvation is therefore not primarily the physical integrity or its restoration, but the participation in the love of God, in the ability of relation. The salvation is essential capacity for love, which does not only include the ability to love, but also the power to be loved and to let love. Now the difference between illness and health becomes irrelevant, because this new ability to love can be experienced in illness and health and nothing can separate the faithful from the love of God.¹⁹

As Christianity is not only distinguishing between salvation and welfare on earth, but is also bringing them in a relation towards each other, the efforts to achieve healing, the preservation and restoration of health is legitimate and also required in the sense of brotherly love. The parallel distinction between salvation and health and the understanding of the unavoidable fragmentation of our earthly life are relieving, however, all forms of healing from all open or hidden claims of salvation. Salvation is not a useful target for therapy or caring, neither in the sense of a holistic nature nor in the sense of an optimization mania, which makes medicine a servant of technical perfection of mankind – the so-called Enhancement. Healing should not become a doctrine of salvation.

As life itself all efforts for healing can be only fragments. Former times knew that better than a medicine, which is mesmerized by an utopian idea of health. Medicine has to be relieved from soteriologic and faith from medical-therapeutic claims. Faith and the belief in salvation are concerning man as a whole including his physical dimension,

¹⁸ See 1Joh 4,16.

¹⁹ See Röm 8,31–39.

but a therapeutic understanding of faith should be avoided²⁰. Without any doubts praying and spiritual welfare are important for the concept of multi-dimensional healing and caring measures. A healing mass and healings with faith, however, are not a therapeutic alternative for medical treatment. We also have to ask critically if pushing spiritual healing could not mean the same health ideology as it is common in society and thus only supporting it ideologically.²¹

The limits of all healing power can be seen at the latest when dealing with the reality of incurability and death. How merciful or not merciful therapeutic concepts may be is seen also when dealing the incurability. Feeling compassion with the incurable and dying means introducing health into suffering. “in order to stay healthy”, was explained by Heinrich Schipperges, “you have to agree with the world as a whole”²². Being faithful to the incurable, however, makes this agreeing impossible. Not agreeing but protesting against death and suffering is appropriate for faith and healing based on faith.

When the old theme of *Christus medicus* may be the symbol and model of a Christian understanding of healing and caring, then it is the Christ, who is crying for the dead Lazarus:²³ In the crying of Christ grief and anger are mixing. In the resurrection of Lazarus protest against death and his precursors, illness, can be felt. At the same time it is referring to the higher completion of our fragmented being, which cannot be done by human healing power, but for which they may become a sign. Every healing is a fragment, and that is why it is going beyond that fragments.

4. Dignity, respect and compassion

²⁰ Zur Kritik am Heilungsverständnis Drewermanns vgl. U. Eibach, a.a.O. (Anm. 11), S. 117ff.

²¹ Zur Kritik siehe vor allem *Ulrich Bach*, „Heilende Gemeinde“? Versuch, einen Trend zu korrigieren, Neukirchen-Vluyn 1988.

²² *Heinrich Schipperges*, Gesundheit – Krankheit – Heilung, in: *Franz Böckle* u.a. (Hg.), *Christlicher Glaube in moderner Gesellschaft*, Bd. 10, Freiburg/Basel/Wien 1980, S. 51–84, hier S. 81.

²³ See Joh 11,35.

Basic termini of ethos and ethic in caring are dignity, respect and compassion. That is why we have to ask ourselves in the following which impulses are initiated by a Christian understanding of man by these three termini.²⁴

We like to talk about ethical values. But this is not a very precise language. Dignity, or better, the dignity of man is not a value in the sense of Immanuel Kant, which can be measured and compared with other values or exchanged against them. As every man has an unassailable dignity means, that he can never be degraded to a mere object or used for external purposes. Caring staff are to be precise unique persons with dignity and individuality, they are never just labor force or human capital. Patients are human beings and not a merchandise, as it is sometimes used in “patient material. Freedom or the right of self-determination, as human rights in general, can be called a moral asset.

It is also confusing to call respect and compassion values. The ethical tradition is differentiating between moral assets, obligations and virtues. Respect is not a value, but an obligation in the classical sense, an ethical requirement, compassion or empathy, however, are virtues according to traditional termini.

Let’s talk about the terminus dignity. There has to be a distinction between the general word dignity and the human dignity. Somebody or something, who or which has dignity, is distinguished from other persons or things. We talk for example about the dignity of a position. When we stand up in a meeting, when the Federal President is entering the room, we are respecting above all not the person but the function which is embodied in the person. Dignity linked with a social rank or a function is showing on one hand the difference between men and on the other sight it may be lost, because the function is lost, or because somebody has not proven himself worthy of a function.

Compared with the terminus of dignity the terminus of human dignity has an essential democratic base. Every person, according to the Declaration of Human Rights, is born equal and with the same rights. Before God and the secular jurisdiction all men are equal. In the language of the Bible: God is not partial (Apg 10,34). All men are the image of God. In our language: human dignity belongs to man because he is a man. It cannot be acquired or lost. It is an inborn and undeniable dignity.

²⁴ See in more detail *Ulrich H.J Körtner*, Würde, Respekt und Mitgefühl aus Sicht der Pflegeethik, in: *Österreichische Pflegezeitschrift* 66, 2013, H. 11, S. 24–27.

In practical words: in medicine and care people require help and care in an equal way and they are entitled to our devotion, no matter if they are rich or poor, have an academic degree or if they are simple workers, if they have an Austrian passport or not, if they believe in the God of the Christians, the Muslims or in no God at all. And they all have the same right to be respected by us, the old lady from the council house like the prominent member of high society.

The core of human dignity is the right of freedom and self-determination. We may call this also autonomy. The principals of patient autonomy and of informed consent are based on that rule. They do not only concern therapy but are also used in philosophical, theological and legal discussions about the principal correspondence of autonomy and human dignity. In that case the loss of autonomy could be considered the loss of human dignity, which has consequences for the question if and under which circumstances life of a man – for example in irreversible persistent vegetative state- can be terminated, or what are the consequences in case of brain dead.

Following Immanuel Kant autonomy could be interpreted as an essential expression of human dignity, but the latter shall be distinguished – according to a theological understanding based on the Bible- again from autonomy. The biblical tradition is talking about man being an image of God, which cannot be reduced to moral ability, so that man is essentially determined to lead a self-determined and conscious life. But there we have a problem how Kant is connecting human dignity with autonomy. Our being a person, who has the ability to communicate with other persons, is granted with our physical existence. Also patients in a persistent vegetative state, people with severe dementia and unborn children are persons according to that understanding, who have a right to be involved as persons into our human communication society and to remain there, even if they cannot participate in moral discussions or even when they cannot communicate verbally at all. Also non-verbal communication is a form of human and person-connected communication.

The concept of relational autonomy, which has been developed in feministic ethic, is contradicting the abstract understanding of autonomy, which considers men as isolated beings.²⁵ Man is a being with relations as has been explained especially in the philosophy of dialogical personalism. This understanding of man is also corresponding with biblical traditions. An I cannot exist without a You. Modern development psychology and psychoanalysis are proofing, that the human self in its individuality is a social self at the same time. The terminus of relational autonomy means, that the self in its self-determination is depending on others. This is also valid for medicine and care.

That is why there is no necessary contradiction between autonomy and dependence, as it is typical for any doctor-patient relation. The undeniable pre-condition for a successful therapy and for successful caring is confidence. Confidence, however, according to the medical ethic specialist and theologian Dietrich Rössler is accepted dependence.²⁶ The actual dependence of the patient in need of help, however, must not lead to an incapacitation of the patient. The relation between doctor and patient must strengthen self-determination of the patient within the framework of his accepted dependence.

Whoever has human dignity is entitled to receive respect, respect of the person and of his or her convictions and decisions. Existential and social conflicts are not only explained by the fight for self-preservation, but also by the fight of recognition. Also in medicine and care we observe a daily fight for recognition. It is not only money and power, but also recognition and respect of a person and recognition of performed work. Not only patients and their relatives, but also care personnel, doctors and other professionals in the health care business are fighting for recognition, and not only on an individual level, but also on the level of professional representation and interest protecting associations.

The message of the New Testament about unconditional justification and acceptance of man by God is speaking about that fight for recognition. This should be experienced and realized in deaconry work.

²⁵ See *Catriona Mackenzie/Natalie Stoljar* (Hg.), *Relational Autonomy. Feminist Perspectives on Autonomy, Agency, and the Social Self*, Oxford 2000.

²⁶ See *Dietrich Rössler*, *Akzeptierte Abhängigkeit. Gesammelte Aufsätze zur Ethik*, hg. v. Friedemann Voigt, Tübingen 2011, S.116.

I would like to limit myself now to the following points of views: on one side I want to talk about the significance of the body for a person, and about the cohesion between respect and self-respect.

As far as the human body is concerned, I would like to emphasize, that human persons are always linked with their physical existence²⁷. Human dignity is part of the human person, who is existing in a certain space and time, that means physically. That is why the right of life and physical integrity and health are the core of human rights. The philosopher Georg Wilhelm Friedrich Hegel states with full rights, that violence against my body is violence against myself.²⁸ When care personnel and doctors are handling the body of a patient, they are handling a person, the carrier of that body. Especially caring for unconscious persons or patients in a persistent vegetative state should consider this fact. Body care, caring and medical measures do not only mean handling the human organism, but also caring for a person. Body contacts are a form of inter-human communication. The respect for man and his dignity includes also respectful physical handling of the body. This obligation for respect is valid beyond the death of a person. Respectful handling of a corpse is expressing our respect for a person, who lived in that body and whose body shows the traces of life and suffering.

The second point of view which I would like to mention is the connection between respect and self-respect. To respect the dignity of man in the person of the other but also in its own means, that you respect yourself and your own life, your own body and your own health. Demanding respect has an ethic justification only, when the self-respect of the one who is demanded to show respect, is respected too.

There might be situations, in which we appeal to the self-respect of a person. But just appealing will not evoke the self-respect of a person, which is closely linked with self-esteem. When we think about the ethic obligation of respect when dealing with patients and relatives and also when communicating among ourselves, we should also ask the question, how self-respect and self-esteem of a person could be enhanced and supported and which factors could weaken or seriously endanger self-respect and self-esteem.

²⁷ See in more detail *Ulrich H.J. Körtner*, Leib und Leben. Bioethische Erkundungen zur Leiblichkeit (APTLH 61), Göttingen 2010.

²⁸ See *Georg Wilhelm Friedrich Hegel*, Grundlinien der Philosophie des Rechts (1821), Werke 7, Frankfurt a.M. 1996, S. 112.

In this connection I refer to patient safety. After a long time of denying treatment mistakes or in case of their becoming public, looking for a scapegoat and punishing, we start reconsidering this problem now. When we ask for a failure culture in health care systems and when we try practical concepts in order to realize it, we know from the very beginning, that the occurring and avoiding of mistakes are the issue of the overall organization of a hospital or a care institution. It is not important to identify individual guilty parties, but to learn from mistakes in order to avoid them in the future. Last but not least the self-esteem and the self-respect of a person, who made an obvious mistake, must be supported or even developed again, so that this person can remain a respected member of a team instead of expelling this person and provoking a burnout.

Let's talk about the principle of compassion. If a person wants to help others, care for them, compassion and empathy is required. The role of emotions is very controversial in ethic. Presently the role of emotions and feelings are especially emphasized by concepts of narrative ethic.²⁹ Narrative ethic is not only stressing the significance of a life story of moral players, we all have our stories, but beyond that it is stressed, that experience and perception of moral phenomena are mainly explained by stories, by descriptions of emotionally based individual situations which have paradigmatic significance.

Empathy can be enhanced by appropriate examples and stories. Especially biblical stories have an enormous power. Just think about the parables of Jesus of the Good Samaritan or of the rich man and the poor Lazarus. In these stories we can find a narrative anthropology. Empathy itself, however, is not a sufficient base for ethos and ethic in care. You can do the wrong thing in care out of pure compassion, you might even kill out of compassion. People can be overwhelmed by compassion to the extent, that they lose the distance, which is necessary for professional work.

²⁹ See for example *Johannes Fischer*, *Sittlichkeit und Rationalität. Zur Kritik der desengagierten Vernunft* (Forum Systematik 38), Stuttgart 2010, bes. S. 146ff.

5. Final conclusion

Human dignity, respect and compassion are the typical and essential characteristics of care ethos, also of Christian care ethos. They have to be completed, however, by care and justice. But these values might also show a certain tension among themselves. The respect for the dignity and autonomy of a patient may get into conflict with the feeling of care, compassion or empathy may become paternalism, that is dictation and manipulative behavior with the patient. On the other side the one-sided emphasize of autonomy might lead to keeping back the necessary help and devotion for the patient. There might be situations, in which it is ethically justified to protect people from themselves, and not only in the case that third parties are endangered. Today, however, medical and care ethos, which is basically assuming, that it knows better what is good for the patient, is rejected by the public for good reasons. With the principle of justice the principle of care might get into conflict, because care is always linked with partiality. Christian anthropology and Christian ethic know especially about the ambivalence of life and the ambivalence of ethic. To live with these ambivalences, tensions and possible conflicts in care and medicine can contribute to a Christian concept of man.

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