

## HUMAN DIGNITY AS A REMEDY FOR DISRESPECT AND SHAME IN HEALTHCARE SERVICE

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### ABSTRACT

Disrespect, humiliation, and shame often affect patients' behavior as they receive treatment because these factors can cause emotional trauma. They can also make medical delivery and service difficult for patients and clinicians because they affect patient-physician relationships. They can cause distrust and anxiety among clinicians, patients, and families. They affect contagious and chronic patients more, especially when treatment is unavailable. This work suggests that promoting human dignity in healthcare is a remedy for reducing disrespect, humiliation, and shame between patients and physicians. It sees human dignity as a universal principle inherent in many cultures and laws. It uses the datum treat others the way you would like them to treat you to discuss the topic. It concludes that the golden rule is a moral virtue. It is also relational, reciprocity, and connected to human dignity.

**Keywords:** Human dignity; Respect; Humiliation; Shame.

### Introduction

Health is a fundamental right of every individual, male or female, old and young. Health is also a global common good because the health of an individual or a community can impact the health of the global community. Treating patients and families disrespectfully is arrogant, humiliating, and shaming. It is an affront to human dignity and medical practice, which promote compassion, care, love and respect. It is also unethical to treat and talk to patients and families with bias as they access treatment. Patients accessing medical treatment need care, respect, and love. Also, the denial and biased treatment of patients or a group of people are humiliating, shaming, and disrespectful. These may cause isolation, low self-esteem, dispute, and distrust. However, attending to patients with humility, love, respect, and kindness promotes patient-physician relationships and facilitates healing and recovery. Respecting patients' rights and privileges is essential in healthcare because respect for the human person is a

fundamental ethical value. Applying this in theory and practice can be complex, difficult, and challenging. However, using the principle of human dignity based on the golden rule makes it easier in practice. Some patients and healthcare providers have complained of disrespect, shame, and humiliation. Therefore, promoting human dignity based on the golden rule will reduce humiliation, disrespect, shame, and embarrassment in healthcare services. The golden rule reminds patients and clinicians of their dignity, frailty, humanity, and vulnerability. Human dignity is an inherent attribute of every person. Human dignity and the golden rule are interwoven because they emphasize human relationships, reciprocity, and respect.

### **Human dignity from philosophical and cultural perspectives**

The notion of human dignity is a moral doctrine that says humans and other creatures have different moral values. This means that human lives are of higher importance than lower animals. This ideology rests on two hypotheses: human beings are created in the image and likeness of God as well as rational beings.<sup>2</sup> The idea that human beings are made in the image and likeness of God is rooted in Abrahamic religious traditions. In Christian thought, the inherent worth of all human beings is ultimately linked to their being created in the image of God (Gen 1:26) and their salvation in Jesus Christ.<sup>3</sup> In most faith traditions and cultures, human life is sacred from conception to natural death. Hence, in many cultures and religions, great attention is given to medical treatment and research involving human subjects. A Qur'anic account of creation of human beings in the image and likeness of God: says that God created human beings with the best shape and form (95:4), breathed his spirit into them (15:29; 38:72), created them with intelligence and autonomy (16:78; 23:78), and endowed dignity on the children of Adam (17:70). He also placed them even above his angels (2:31) and made them his *Khalifah* (representative) on earth (2:30; 33:72). Consistent with this understanding is the belief that the Qur'an acknowledges dignity in every human being, irrespective of color, sex, tongue, race, or creed. It also recognizes human autonomy. "Dignity arises from the mere fact of sharing in the human condition and is not restricted to those who believe in Islam."<sup>4</sup> However, these faith traditions practiced crusades, inquisitions, and jihad that promoted torture, killing, maiming, and enforcing their beliefs on others. These acts are contrary to the meaning and understanding of human dignity, which promotes autonomy, religious freedom, and respect for life. One should understand that culture and tradition are dynamic, likewise biblical and Quranic interpretations, as these cultures and religions are now condemning these shameful and

inhuman behaviors. It becomes pertinent that human dignity is pivotal in religious practice; this applies to medical practice. It calls on medical practitioners to recognize patients' dignity and treat them as they would like others to treat them in a similar situation because medical care came into existence because of human vulnerability. Human vulnerability is the foundation of ethics of care that is expressed as a concern, dedication, participation, and responsibility towards the sick entrusted to clinicians in their time of need. This relationship of care has twofold dimensions of the principle of justice: to promote human life and to avoid disgracing others. As Jesus taught, "Do unto others whatever you would have them do to you" (Mt7:12).<sup>5</sup>

Ancient philosophers like Plato and Aristotle concluded that human beings, in essence, are not made of matter alone but have a spiritual component that complements the physical component, "which they called soul (anima, psyche)."<sup>6</sup> Plato and Aristotle's idea of the corporal and spiritual component of the human being harmonizes with the Christian thought that the human being created by God is composed of body and soul, which separate at death.<sup>7</sup> Among the Yoruba ethnic group of Western Nigeria, *Ori* is one of the ontological constitutions of a person. *Ori* can be viewed from physical and spiritual duality. Hence, a person shares an intrinsic interrelationship and relational responsibility in the community as an object of experience and invisible.<sup>8</sup> Also, among the Igbo of South-Eastern Nigeria, *Mmadu* has a dual nature *ahu* and *mmuo* (body and spirit). They are inseparable during the human earthly journey and ineluctable constituents of *Mmadu*. *Mmadu's* existence in the world beings with his/her bodily presence. "Through his body, [*Mmadu*] is located in space and time, in an environment that is in a network of relations, and consequently of discriminations or connections, according to circumstances."<sup>9</sup> Among the Igbo human life is the highest good, human life (*Ndu madu*) is highly valued above any material thing, because without it every other thing relating to human beings is worthless and impractical, hence the saying *ndu ka aku* (life is greater than wealth).<sup>10</sup> The notion of duality indicates reciprocity, understanding, and respect for persons involved in the relationship because mutuality in human society will be chaotic without respect for persons.

Plato and Aristotle maintained that since human beings can perform spiritual activities such: as understanding, self-understanding, loving, freedom, and expressing themselves through arts, they are spiritual beings.<sup>11</sup> As expressed by Plato and Aristotle, the spiritual dimension of human beings laid a structural foundation for later philosophical and theological development of human dignity, which later gained a universal perspective. However, "the modern idea of human dignity was not yet

clearly present in ancient Greek philosophy, which justified slavery, a rigid hierarchical social order, and a sharp distinction between Greeks and other peoples."<sup>12</sup> The modern idea of human dignity was not in cultures that practice human sacrifice, caste systems, and the throwing away of twins; with the contemporary notion of human dignity, most of these barbaric acts are legislated and controlled. Stoicism gave a rational interpretation of human dignity. It claims that human beings are the only creature that has reason.<sup>13</sup> It follows that humans need respect because they are the only creatures able to "live according to nature through their reason, which means living a virtuous life." A virtuous life is possible because human reason participates in the divine reason that directs all things and can understand the natural law.<sup>14</sup> The Golden Rule (Do unto others as you would have them do unto you) is part of the cultural heritage of many cultures and religions. It covers the ethics of reciprocated relationship that shares a common origin, particularly in the Christian tradition.<sup>15</sup> The golden rule and natural law are closely related to form a common ground for promoting human dignity.<sup>16</sup> One deals with human value and respect, and the other deals with human relationships; hence the golden rule serves as an ethical principle in reducing disrespect and shame as well as promoting physician-patient relationships because of its relational reciprocity.

Furthermore, the Stoics' idea of human reason sharing in the divine reason harmonizes with the Christian notion of human beings created in the image and likeness of God, which encourages respect for life and virtuous living. A virtuous life is about respecting human life and dignity. In the first century B.C., Cicero used the term dignity to explain the difference between human beings and other animals. For Cicero, "dignity is the worth of humanity compared to animals."<sup>17</sup> In the 18th century, Immanuel Kant developed an influential account of human dignity in philosophical thought. For Kant, the inherent worthiness of human beings is based on the intellectual capacity for practical reason, "especially the capacity for autonomous self-legislation under the categorical imperative: Autonomy is then the ground of the dignity of human nature and every rational nature."<sup>18</sup> However, the Kantian approach over-emphasized freedom to mean understanding and following the moral law as a specific capacity of human beings. This implies that people without the cognitive power to understand and follow the natural law are not human beings. This idea exempts children, the mentally challenged, and embryos as persons with dignity and moral agents.<sup>19</sup> Kant's notion of human dignity differs from the concept of human dignity in Abrahamic traditions, the golden rule, and natural law. These see human beings as equal in dignity, irrespective of status and

health. The Catholic tradition further considers the human embryo to have equal dignity and respect with existing life.

The notion of human dignity among the Igbo of South-Eastern Nigeria differs from the ongoing discussion among philosophical and theological thinkers. For Igbo, life is the foundation on which human dignity stands. In contrast to the Abrahamic traditions, human dignity is inherent in God's creative and redemptive work. One may question human dignity in Igbo culture. In its history, human sacrifice and the throwing away of twins were justified. If dignity gives meaning to life and human existence in different cultures and religions, among the Igbo people, life stands before dignity. The Igbo will say, "*nnoro m ele uwa kariri onwu mma*"-to live is better than to die."<sup>20</sup> The concept of human dignity finds meaning in the etymological understanding of *Mmadu* (human being), which means the beauty of life, or human being is the beauty of life. Therefore, among the Igbo life is the dignity that human holds. This transcends all material possessions and expresses the inherent dignity of life among the Igbo, who hate the shedding of blood.<sup>21</sup> The Igbo concept of human dignity promotes respect for personal integrity and life. Life among the Igbo is sacred, and individuals deserve respect in accessing medical treatment and should not be abused, insulted, or disrespected. The gods may withdraw the medical powers of a *dibia* (doctor) who abuses, insults, or disrespects patients. This makes *ndi dibia* (doctors) see medical treatment as a sacred duty requiring dignity, integrity, and respect.<sup>22</sup> The inherent dignity of human beings is present in many cultures making human dignity a universal principle. In this context, it becomes pertinent that patients should be treated with dignity and respect as they access medical treatment because of their shared humanity which benefits their value as human beings irrespective of status.<sup>23</sup>

### **The link between human dignity and respect**

The concept of human dignity discussed above in cultural, philosophical, and theological thinking is connected with respect. A good conception of dignity needs to explain this relationship. It also needs to explain why human beings command or are given respect. This demonstrates that dignity can be damaged when people are arrogantly and inhumanely treated. Therefore, dignity stands against bias, torture, humiliation, racism, brutality, and killing. These acts damage dignity and bring disrespect, embarrassment, shame, and isolation.<sup>24</sup> Thus, dignity is connected with respect and shame; when one's dignity is damaged, reduced, or stripped off, one will feel disrespected, making the person unable to associate with others freely. The golden rule also connects with

human dignity in a relational sense because the failure of one to see the dignity in another person is the failure to see his/her dignity. For instance, in societies where the caste system is practiced, the cast groups are looked down on, scorned, called names, and even deprived of rights and privileges. Likewise, in a society where racism is practiced, minority races are sometimes deprived of both rights and privileges. These actions bring humiliation, shame, and isolation and can be followed by quarrels and violence. It also affects the relationship between the parties in marriage, healthcare, and economic and social status. Since the golden rule is relational and reciprocal, it balances the relationship between individuals of different classes, making each party understand their mutual relationship, connectedness, and humanity.

It is worth noting that human dignity is explicitly understood as an argument against discrimination. It is interesting to recognize that the insistence on human dignity in international law and bioethics matters because "biomedical practices are closely related to basic prerogatives of every human being, namely the right to life and physical and mental integrity."<sup>25</sup> Understanding human dignity in this way buttresses "the famous Kantian formula stating that persons should always be treated as an end in themselves and never as a means only."<sup>26</sup> This Kantian principle also finds meaning in the golden rule: treat others the way you would want them to treat you because everyone wants to be treated as an end and never as a means to an end. This also resonates with Catholic teaching: "Catholic health care ministry is rooted in a commitment to promote and defend human dignity; this is the foundation of its concern to respect the sacredness of every human life from the moment of conception until death. The first right of the human person, the right to life, entails a right to the means for the proper development of life, such as adequate health care."<sup>27</sup> Every individual is a subject and not an object. He/she should be treated as such, which implies respecting his/her dignity and self-worth. Human dignity and golden rule principles will enhance the physician-patient relationship. They maintain that every patient has a unique identity with relational reciprocity, no matter his/her diagnosis.<sup>28</sup> The underlying fact is that there is a connection between human dignity, respect, autonomy, and shame. Likewise, there is a connection between the golden rule and human dignity because the golden rule seeks to promote human relationships, and human dignity provides a basis for responding to new concerns about respect for human beings in medical practice and research.<sup>29</sup> These new concerns include and are not limited to: respect for vulnerable populations, non-discrimination, torture and abuse, racism, and ethnicity.



Moreover, "dignity " emerges as a collection of other ethical principles and essential values such as freedom, autonomy, citizenship, equality, and solidarity... The notion of indignity made thinking, organizing, and developing the human rights possible."<sup>30</sup> Human dignity comes before an individual's status; based on this understanding of the inherent dignity and sacredness of human life lies the principle of medical ethics and practice, which is why a human being should be treated differently from other lower species.<sup>31</sup> It shows a link between human dignity and the golden rule in that it calls on clinicians and patients to see the humanity in each other and treat each other with dignity and respect. It also calls on clinicians and patients to see the relational reciprocity of our human nature and treats others as they would like to be treated. This idea resonates with the Igbo thought that each individual carries the entire humanity in him/herself in relation to God.<sup>32</sup> It implies that clinicians should avoid any treatment they would not like in a similar situation in moral judgment. Therefore, clinicians respecting patients' dignity means respecting their dignity and professional ethics. However, diversity in culture, education, ethnicity, and religion should be considered in applying the golden rule. What one culture judges right may be wrong in another, especially when the clinician and patient have different cultural orientations. Sometimes it cannot be easy to understand individual wishes and preferences.<sup>33</sup>

### **Human dignity and respect for autonomy**

Human dignity is used in the legal, medical, and other fields of human endeavor. Despite its conceptual and rhetorical understanding, it aims to ensure, in reality, respect for the inherent value of every human being. This aim is more than simply ensuring respect for autonomy. It consists of "protecting those who are not yet, or who are no longer, morally autonomous, including embryos, newborns, and persons suffering from serious mental disorders. Because, in one way or another, the idea of dignity has to do with the spiritual dimension of human existence and relates to the conviction that what makes us human cannot be found only at the biological or genetic level."<sup>34</sup> It implies that human beings have a dignity that transcends all conventional societal realities. Human dignity focuses on the unreserved respect every human person deserves.<sup>35</sup> "Respect for a person is an integral aspect of morality and can hardly be separated from respect for a person's dignity. Respect for person affirms that every person has moral value and dignity in his or her own right. In this case, respect applies to every encounter between clinicians and patients, regardless of status. One implication of respect for person is

respect for personal autonomy."<sup>36</sup> Human dignity may suggest realizing the capacity one has to make legal claims. Therefore, to respect a person then or think of a person as possessing human dignity is to see the person as one with an autonomous right or the capacity for self-determination.<sup>37</sup> Respect for a person also extends to those without legal rights and who lack the capacity for self-determination, such as embryos; hence some thinkers and religions ascribe dignity to embryos. "[Each person] exists as a unique and unrepeatable being; he/she exists as an 'I' capable of self-understanding, self-possession, and self-determination. The human person must always be understood in his/her unrepeatable and inviolable uniqueness."<sup>38</sup> Each patient is a subjective entity with dignity that must be respected by the clinicians attending to him/her.

Dignity is not just a nominal concept invoked to address specific medical and genetic problems. For dignity to be functional in theory and practice, in medical and genetic fields, dignity needs to be further defined in terms like informed consent, physical integrity, non-violence, confidentiality, non-discrimination, and respect using rights terminology.<sup>39</sup> It also needs to apply the golden rule encouraging clinicians to treat others as though they are treating themselves.<sup>40</sup> Clinicians seeing themselves in others during treatment encounters will promote dignity and respect in healthcare. Again, human dignity becomes more applicable in weakness than power, sickness than health, and vulnerability than self-sufficiency. It becomes pertinent in the most vulnerable: embryos, newborns, children, the elderly, the sick, migrants, refugees, internally displaced persons, and the poor because every human being is vulnerable and fragile. Clinicians understanding their own vulnerability and fragility will encourage dignified and respectful treatment because they acknowledge the patients' humanity as theirs. This is paradoxical because some thinkers have defined human dignity as rational capacities, thereby denying or not ascribing dignity to those lacking logical capacity. It is also associated with the human ability to dominate nature and make autonomous decisions. Among the most vulnerable persons, such as the mentally impaired, the sick, and the unborn, dignity is not associated with their intellectual or physical abilities, good health, or beauty. It is based on their humanity and that they have a life that is an inalienable right. Moreover, medical practice always meets human beings at their utmost need. It is necessary to promote the value of persons at such times by giving them due respect and not shaming and disrespecting them.<sup>41</sup> Human dignity is needed to protect underprivileged people, especially as they access medical care. If there is a strong understanding of human dignity, the unprivileged will not be humiliated, abused, or disrespected in medical treatment<sup>42</sup> because humiliation violates



human dignity and self-respect.<sup>43</sup> Therefore, clinicians performing their work correctly must understand that each patient "no matter what his/her diagnosis is, is not a 'case' or a 'disease,' a room number," but a person with dignity and unique character.<sup>44</sup> "Patients are always more important than their diseases, and for this reason, no therapeutic approach can prescind from listening to their history, anxieties, and fears. Even when healing is not possible, care can always be given."<sup>45</sup> Above all, all medical advancement requires an ethical evaluation to avoid the disrespectful and dehumanizing use of such technologies, especially during critical medical and health situations.<sup>46</sup>

Treating patients with dignity includes and is not limited to these; patients are not to be objectified. Patients should be referred to by their proper names or preferred names and the correct pronouns. They are not to be referred by their room numbers, diagnosis, or nick-named. Objectifying patients is arrogant, disrespectful, and an affront to human dignity. The golden rule, a fundamental ethical practice in human relationships, comes to play because clinicians respecting patients implies respecting themselves. Clinicians should introduce themselves to patients before being given treatments. They should explain the nature of the treatment and its effects. They are to respect the privacy and personal feelings of the patients, knowing that they experience shame and humiliation. They should be careful about unclothing patients; when doing this, they should always have their consent.<sup>47</sup> Treating patients with dignity and respect should remind clinicians of their dignity and self-esteem, which resonates with the golden rule inherent in the nonmaleficence principle.<sup>48</sup> The principle of nonmaleficence obligates clinicians to abstain from causing harm to patients. Harm can be physical and emotional. Emotional and physical harm can cause patients depression because sometimes emotional stress can be worse than bodily injury. The definition of harm is broad; it includes humiliation, shame, offenses, arrogance, and annoyance.<sup>49</sup>

The principle of respect for autonomy is an important aspect of medical treatment. It provides patients with the capacity for self-determination. Autonomy came into existence to regulate paternalism. However, the principle has moved to a seemingly blunt end as if patients were simply bundles of self-interest in recent times.<sup>50</sup> Therefore, respect for autonomy is closely connected to human dignity. Through human dignity, human beings acquire autonomous rights in making medical decisions.<sup>51</sup> "[Respect for autonomy] is an aspect of a larger principle, namely, respect for person, which is a fundamental principle of morality."<sup>52</sup> It requires respectful treatment and proper disclosure of information that promotes decision-making. It also requires physicians in

healthcare and research to disclose information accurately to facilitate understanding and voluntariness to foster decision-making. It involves acknowledging patients' dignity and autonomous right to make medical decisions. Disrespect includes actions and behaviors that ignore, disgrace, humiliate, abuse, and inattentiveness to others' rights to autonomous decisions.<sup>53</sup> These acts are an affront to human dignity and the human person. No one accepts such treatment in accessing care. They may create hostility and distrust between physician and patient. They are contrary to the ethical principle of nonmaleficence and the golden rule. The principle of nonmaleficence supports and justifies many specific ethical and moral conducts, such as do not kill, do not cause pain or suffering, do not incapacitate, do not cause offense, and do not deprive others of the good of life.<sup>54</sup> These specifications inherently contain direct or indirect do not humiliate and do not shame. Although, the principle of nonmaleficence and its specifications in these ethical and moral codes are not absolute but *prima facie*.<sup>55</sup>

Therefore, physicians should understand that illness and human vulnerability are constituent parts of human existence, not only biological, scientific, and technological processes. They can happen to anyone. This understanding will help uphold the inherent dignity of patients and respect their autonomy.<sup>56</sup> Advancements in medicine and genetics should not make physicians ignore patients' humanness and autonomy because these are essential principles in medical ethics.<sup>57</sup> Hence human dignity makes respect for autonomy practical, and the golden rule helps its understanding in healthcare to be relational. If clinicians consider themselves vulnerable and fragile, they will treat patients with the utmost respect, knowing that respecting a patient implies respecting themselves. In applying the golden rule, caution must be exercised not to deprive the patient of his/her preference despite good intentions.<sup>58</sup>

## **Shame and Human Dignity**

Shame can seriously affect healing and recovery. Shame makes the sick close-up and lives in unworthiness, distrust, and anger. Shame is like cancer. It worsens when untreated. Treating a patient without dignity and respect brings shame and isolation, nourishing self-centeredness and depression. The variant of shame includes various negative thoughts and self-conscious experiences such as embarrassment, guilt, isolation, low self-esteem, and a sense of defect. However, shame is not the same as guilt because guilt arises when one feels wrong about an action, but shame is about the person or the person's identity and dignity.<sup>59</sup> "Shame is about self. We say I am ashamed of myself. I am guilty of something. Guilt is out

there in the real world, something you did or shouldn't have thought about. Shame is only about the self."<sup>60</sup> It becomes essential that for the treatment of a patient to be holistic, one needs to be treated with respect and dignity and allowed to express his/her autonomy. The sense of shame may make people view their health condition differently and not conform to their cherished values.

Shame is linked to human dignity because it affects self-esteem. Discrimination and humiliation bring shame, especially among patients with contagious diseases that are sexually transmitted and chronic.<sup>61</sup> People also feel the shame of being sick and poor. Many patients come to medical providers with shame, sometimes consciously and unconsciously. Shame leads to embarrassment, mortification, and humiliation. Shame can be considered the primary cause of emotional indignity. Patients feel ashamed that they cannot solve their problems but must open themselves before strangers who may or may not welcome their worries, anxieties, longings, vulnerabilities, failures, and poverty. Levinas says the patient's fundamental expression is, "Do not do violence to me; do not reduce me to your structures; help me. Without speaking, the patient asks the [health care provider] to be ethically responsible, to use the freedom invested in him/her by the patient to attend him/her."<sup>62</sup> This idea resonates with the principle of nonmaleficence that clinicians ought not to inflict pain on patients but should promote good. "Do not do violence to me" is another way of stating the Hippocratic Oath, which contains the principles of nonmaleficence and beneficence with the obligation: I will use treatment to help the sick according to my ability and judgment, but I will never use it to injure or wrong.<sup>63</sup> "Do not do violence to me" also finds meaning in the golden rule because it has been observed that clinicians who apply the golden rule are compassionate and embrace the essence of person-centered care. However, the golden rule has limitations because it requires understanding how clinicians see themselves and how the patients see them. Hence Platinum Rule has been suggested. The Platinum Rule: "doing unto patients as they would want done unto themselves."<sup>64</sup> But the golden rule is adequate in reducing disrespect and shame in healthcare, given its relationship, reciprocity, and connection with human dignity. Above all, "the canon of all communal living-regarding material possessions, etiquette, family, or international relations, and other forms of social behavior emanated from the golden rule. In medical science, the myriad of considerations that affect the behavior of physicians towards their patients requires some elaboration from the golden rule."<sup>65</sup> Therefore, the golden rule can be applied in medical ethics and the clinician-patient relationship,

making the clinicians ask themselves what treatment they would like if they were in the same situation.<sup>66</sup>

Disrespect, humiliation, and shame cause emotional harm to the patients and create an avenue for quarrels. They also cause emotional stress to the clinicians, making them uncomfortable and stressed. Shame can also have some positive potential in treatment which Carl Schneider called the revelatory capacity of shame. Some shame can be inspirational and motivating, thereby helping the recovery process. For example, when an addict discovers that he/she has fallen short of living in a manner that is congruent with the cherished values in the community, the shame he/she receives from peers and the community sometimes may provide the opportunity to reexamine and have remorse for his/her fallings. Shame has changed a person's life and value if the person has remorse and feels rueful compassion for oneself.<sup>67</sup> However, according to Northrop, "social death and actual death are imminently convergent in case of shame and stigma." The threat of shame is sometimes felt more potent than the threat of physical injury or the risk of actual death. An ashamed person sometimes lacks the cognitive power to make the right decision, act responsive, and be responsible.<sup>68</sup>

Healthcare practitioners who encounter people in this state should look beyond medical treatment and acknowledge the dignity of the patient. This will help reduce shame, isolation, and discrimination. It was not uncommon to hear stories of people who experienced the embarrassment of contracting HIV/AIDS, COVID-19, and some Sexually Transmitted Diseases (STDs) because these people may be labeled unclean and unsafe, as were the lepers in the Scriptures.<sup>69</sup> Healthcare workers and the public may be afraid to associate with infected persons after hospitalization. Thus, shame continues even with families, friends, and associates. Those labeled unclean and unsafe with HIV/AIDS or COVID-19 may be separated, isolated, discriminated against, and even denied rights and privileges.<sup>70</sup> These attitudes reduce the self-esteem of the patient and his/her dignity. For instance, people living with HIV and AIDS were fired from jobs and deprived of insurance, healthcare, and other services. Some were emotionally and physically abused. "In a 1992 survey, more than 20 percent of people living with HIV or AIDS said they'd been physically victimized due to their HIV status."<sup>71</sup> Haitians were marginalized following scientific research that shows that many Haitians have contracted HIV. HIV/ AIDS was seen as a Haitian virus, "we suspect that this may be a Haitian epidemic Virus, a National Cancer Institute Physician told the press in 1982." This led to Haitians' loss of jobs, houses, homes, and freedom to emigrate. Children were mocked, abused, and beaten in school by their peers. A child even

shot himself at the school cafeteria because of shame.<sup>72</sup> There was this slogan "Hire a Haitian- Help Spread AIDS," and "There was (sic) no AIDS in the USA until the illegal criminal Haitian dogs came."<sup>73</sup> Tagging people or a whole country with an illness or virus brings shame. It is also a slight to human dignity and the human person.

The paradoxical experience of shame is seen with the intersubjectivity of human illness.<sup>74</sup> Shame is the universal dark side of improvement and recovery. The experience of shame makes recovery which ought to be more efficient, generally a slow and challenging process. Shame is devastating because it affects the person's dignity, making them feel inferior, degraded, avoidant, closed up, and silent. "In a sense, shame is the elephant in the room: something so big and disturbing that we don't even see it, even though we keep bumping into it."<sup>75</sup> Shame also contributes to the burden of illness and sometimes may directly cause disease.<sup>76</sup> Chronic shame is connected to one's dignity and identities, such as gender, race, health status, sexuality, and ethnicity. Chronic shame is often associated with stigmatization and marginalization, leading to isolation. It also causes illness.<sup>77</sup>

Both medical providers and patients feel shame at some encounters. Patients sometimes see their health problems as inadequacies caused by their carelessness and defects. A visit to a healthcare provider exposes their innermost self and is a potential source of physical and emotional humiliation. To avoid the feeling of shame, some individuals avoid visiting the hospital or may withhold information, complain, or be prone to respond with anger. Clinicians may feel shame during patient encounters due to age differences, seeing the patient's nakedness, both male and female, and fear of being sued for medical malpractice.<sup>78</sup> In order to eliminate the sense of shame between medical providers and patients, healthcare givers need to practice relational respect. Relational respect is inherent in the golden rule about human relationships and reciprocity. "Respect is essential to the healing of shame and can be defined as honoring the otherness of the other with denying the selfness of one's being."<sup>79</sup> Respecting the otherness of others translates to respecting their dignity and applying the golden rule by treating the patient as human and attending to the patient as one would want another person to treat him/her. The golden rule is essential in reducing the risk of neglect and disrespect of patients because it deals with dignified care.<sup>80</sup> Dignified care includes respect and involves the autonomy and dignity of the patients. Medical providers are expected to provide dignified care to patients irrespective of their sex, age, personality, education, status, and wealth. Medical care that respects human dignity promotes physician-patient relationships, improves the quality of care, enhances recovery, protects patients' rights and privileges, and encourages

the proper functioning of a healthcare system.<sup>81</sup> "Dignity is a value that provides satisfaction above all else. Patients have the right to dignified care, and medical providers are responsible for delivering it. Even though it is challenging to measure dignity, which is a vague and multidimensional concept, there has been increased interest in the recent past in exploring the essence of human dignity and its relevance to healthcare practice."<sup>82</sup> The golden rule speaks about our human relationships because it helps people connect.

## Conclusion

Healthcare providers and patients often face disrespect, humiliation, and shame in providing and receiving treatments. Sometimes these acts distort interactions and make treatment and diagnosis difficult or result in medical errors, complications, conflict, and even patient death. Human dignity based on the golden rule is a remedy for reducing disrespect, shame, and disputes between healthcare providers and patients. Human dignity and the golden rule discourage disrespect, humiliation, and violence. They are core principles in many religions, cultures, and laws. They encourage relationships and respect for autonomy. They also promote relational reciprocity between healthcare providers and patients. Therefore, human dignity based on the golden rule serves as an ethical principle to reduce shame, disrespect, and humiliation between patients and healthcare workers.

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## Notes

<sup>1</sup> Mercy hospital Springfield Missouri.

<sup>2</sup> Stateman, D., (2000) Humiliation, and Dignity and Self-respect, *Philosophical Psychology*, 13, (4), p.524

<sup>3</sup> Andorno, R., (2014) Human Dignity and Human Rights in H. ten Have & B. Gordijn (eds.), *Handbook of Global Bioethics*, Dordrecht: Springer, p. 46-47

<sup>4</sup> Ibid, pp. 47

<sup>5</sup> United States Conference of Catholic Bishops Secretariat of Pro-life, Letter of the Congregation for the Doctrine of the Faith, *Samaritanus bonus*, on the care of person in the critical and terminal phases of life, p.4

<sup>6</sup> Ibid, pp. 46



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