
Charles Foster’s book on *Human Dignity in Bioethics and Law* appeared 10 years after the publication of D. Beyleveld’s and R. Brownsword’s account on *Human Dignity in Bioethics and Biowlaw* that forcefully (re)introduced the subject of human dignity into the medical law discourse in the English-speaking world. Foster’s goal is equally ambitious as he aims at convincing the reader that human dignity is not only at the very heart of all human rights debates concerning biomedicine, but that it constitutes a bioethical ‘theory of everything’ (TOE). In order to achieve his goal he presents a useful analysis of the legal developments and scholarly debates concerning human dignity in the field of bioethics that have taken place in recent years. Foster’s book seems to stem from frustration at the fact that these discussions have failed to sufficiently recognise the power and the potential that the idea of human dignity carries in bioethics and medical practice, especially in comparison to the four principles advocated by Beauchamp and Childress. Thus, Foster embarks on a journey to convince the sceptics that ‘the sound of a well-tuned Beauchamp and Childress choir is the voice of dignity’. He is determined to prove that dignity is the direct route to the right answer in most of the cases commonly surveyed in bioethics. The study is rich in true and hypothetical examples from medical practice against which he repeatedly tests his claims. Since many understandably share Foster’s dissatisfaction with the tools provided by applied ethics in the field of biomedicine, the idea of human dignity is becoming increasingly attractive. Foster’s book constitutes an interesting contribution to this debate.

The book consists of twelve chapters of diverging length which can be divided into four larger parts, devoted to: 1) outlining Foster’s main argument (chapter 1); 2) summarising the historical and recent theorisation of the idea of human dignity while engaging with its supporters and critics (chapters 2-4); 3) highlighting the pervasiveness of human dignity in legal instruments, case law and professional ethics (chapters 5-7); and finally 4) demonstrating the usefulness of the concept in specific areas of bioethics, namely consent and confidentiality, medical research,
resource allocation, human enhancement and cloning, reproductive medicine, end of life, and body parts (chapters 8-12). The breadth of Foster’s analysis reflects his aim to create a comprehensive vision of human dignity as a fundamental, all-encompassing, and paramount concept in bioethics. However, one cannot but have the impression that this thematic comprehensiveness is achieved at the expense of depth and finesse of the reasoning and argumentation. For instance, on no more than 3 pages devoted to issues related to resource allocation the author states that a holistic dignity assessment would help use the Quality Adjusted Life Year system of resource allocation in a more humane (yet rational) way. However, he does not deal with any counter-arguments suggesting that a similar outcome could potentially be achieved by applying principles of justice or benevolence, or other value balancing exercise. He rightly mentions that Art. 8 should be utilised more in this context, but does not explain how. This would have been extremely interesting and valuable in light of recent decisions in cases such as Condliff, especially that Foster has written about resource allocation issues before.

Foster’s point of departure is the realisation that ‘principlism’ proves inadequate and insufficient in what he calls ‘hard cases’ in medical ethics. This, in his view, is true in particular of the concept of autonomy which has mistakenly been given a central place among the four principles of biomedical ethics and wrongly trumps dignity. One of his main arguments in favour of dignity rather than autonomy is that autonomy cannot protect patients lacking mental capacity or generally people whose cognitive abilities have been compromised (e.g. PVS patients). This is also why he rejects all theories of human dignity based on the prerequisite of reason and rationality of the human being, and in particular Kant’s moral philosophy. The core of Foster’s argument, outlined in the first chapter of the book, seems to go as follows: the notion of human dignity is sometimes the only concept that is of any use. Utilising it properly entails: a) giving dignity a substantive meaning; and b) proposing a practical model for its development. Foster defines human dignity as ‘objective human flourishing’ or ‘human thriving’, although he simultaneously takes an anti-anthropocentric view of dignity. He crucially argues that the meaning of thriving and hence the meaning of dignity can only be

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8) Ibid., p. 3.
9) As such these arguments have been developed in Ch. Foster’s previous book Choosing Life, Choosing Death: The Tyranny of Autonomy in Medical Ethics and Law (Oxford: Hart Publishing, 2009).
10) Supra note 2, pp. 6, 23.
11) He quotes the argument by Debes claiming that we cannot rule out dignity for chimps and whales if we discovered that they are rational. But then he devotes a lot of time and space to claiming that rationality is not the decisive characteristic when dignity is concerned. Ibid., 8.