

Number	LANCS-D4.3-RN-Human-Dignity	A-PI--
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Title	Research Note (RN) for D4.3
Subtitle	Issues in Focus : Human dignity

PROBLEM	<input type="checkbox"/>	SOLUTION	<input type="checkbox"/>	Research Note	<input checked="" type="checkbox"/>	Selected Annotation	<input type="checkbox"/>
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Categories: | | |

Summary:

This note addresses human dignity and its relationship with self-determination, and takes issue with examples of assistive ICTs, bionics, implant technologies and body art.

CONTEXT

The respect for the dignity of humans is intimately tied in with respect for self-determination. Particular complications arise in relation to the deployment of advanced ICTs whereby operators, carers, relatives and anyone in a supervising role can configure devices and systems to intercept and interrupt the goings-on of other persons and, thereby, make decisions on their behalf which may leave them compromised in some way.

FACTS

The example of brain-machine interfaces (BMI), and body-brain modification technologies more generally, provides a case in point, in particular, for persons with severe motor impairments and the use of assistive ICTs including robotics in the care of elderly and frail persons. Another area of deployment are modifications are for military or other commission, command and control purposes.

(Key readings include, Bibel et al, 2004; Bostrom, 2005; Holm, 2007; Coeckelbergh, 2010; Cortés et al, 2008; European Communities, 2007; Bell et al, 2009; European Group on Ethics in Science and New Technologies to the European Commission, 2005; Garreau, 2005; Giordano, 2010; Giordano and Gordijn, 2010; Hildt, 2010).

COMMENT

With respect to assistance in caring for elderly and frail persons, questions are raised such as:

- to what extent do technologies, designed with the aim to improve the autonomy of persons, create new dependencies on assistive ICTs and, in fact, less autonomy?
- to what extent are elderly and frail persons willing to give up their autonomy and some of their dignity for improved social engagement made possible with assistive ICTs?

BMIs for severe motor impairments raise a range of problematic questions such as:

- how to obtain informed consent, say, from 'locked-in' persons.

- what the risks are of psychosocial affects relating to disappointment and frustration when a BMI fails to deliver in spite of extensive training, when devices and systems are withdrawn after a successful trial, and so on.
- what the hopes and promises are, and the extent to which quality of life can actually be improved with more independence, privacy and social participation.

Modification of bodies and minds are not inevitably enhancements, nor are they necessarily conceived to improve function, efficiency, and so on. Modifications can be on a continuum with tattooing, piercing and other body arts, chosen for reasons of experience, identity and body(self)-image, rather than efficacy strictly speaking.

- In what sense is freedom of morphology a dignity issue, an issue of social belonging, a phenomenological issue (phenomenology of body experience)?

Commission, command and control purposes of modification and enhancement raise questions such as:

- how decisions are made about commissioning someone to be modified for enhancement purposes
- who 'owns' their capabilities and who is responsible for their capabilities off duty.
- how decisions are made about 'decommissioning' them when they are no longer in command and control.