

PERSONHOOD: TOWARD A FOUNDATION FOR MEDICAL-ETHICAL DECISION MAKING

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I

The quest for a viable moral stance on issues relating to medical practice and particularly to life-and-death decisions has been much hindered by the general confusion and uncertainty characteristic of moral philosophy during the twentieth century. It has become clear in the minds of increasing numbers of individuals, professional philosophers and medical professionals as well as ordinary people, that the authoritarian absolutistic moral schemes of the past are no longer adequate. The authority on which they were based has lost its appeal; the claims they made to indubitability have ceased to convince; and the policies in which they issue strike more and more persons as inhumane or unenlightened.

These weaknesses in the authoritarian or absolutistic approaches led, during the second and third quarter of our century, to a radical swing of the moral pendulum toward relativistic theories of several sorts. The wide dissemination of anthropological knowledge about societies where moral attitudes and practices differ from ours led us to question the ethnocentric assumption that Western Judeo-Christian moral beliefs are the only true ones. Some anthropologists themselves encouraged the rise of cultural relativism by urging an attitude of tolerance toward other "ways of being human." The belief that the moral beliefs and practices of one society are just as good as, and no better than, those of any other was taken a step further by large numbers of persons who maintained that morality has no objective foundation. The social, political, and military turmoil of the period undoubtedly aggravated the tendency toward relativism. The trend was furthered by the philosophical and literary efforts of the existentialists, and by the widely read

advocates of situation ethics and the "new morality."

Among the practitioners of technical philosophy the disillusionment with absolutes found expression in such schools of philosophy as emotivism, which maintained that moral sentences do not really say anything, but merely express or betray how the individual feels about the situation, and imperativism, which regarded moral utterances as nothing more or less than attempts to persuade, command, or badger. For the policy-maker these approaches are worse than unhelpful—and for most intelligent people they are much less than plausible.

The last ten or fifteen years have seen a gradual fading of cultural relativism as anthropologists gain perspective on the discoveries of their discipline. The serious fallacies and biases of the skeptical meta-ethical theories have meanwhile become all too evident, yielding a return to constructive work in moral philosophy. In the place of the virtual vacuum of a quarter century ago there is now a bewildering plethora of moral theories, many of them specifically constructed with one eye on the very pressing area of medical/ethical problems. Some theories show signs of having been devised to deal with a specific issue, e.g. abortion, and as a result they work less well with other issues, e.g. severely defective neonates or irreversibly comatose adults. And the moral actions recommended by the various theories vary radically—indeed they yield diametrically opposed conclusions concerning how particular medical/moral dilemmas should be resolved. Out of such vigorous intellectual activity, real progress in dealing with these crucial issues is likely eventually to be achieved. But in the meantime, while the disputes go on, decisions have to be made, and are being made, sometimes with less responsible guidance than might be possible. In the heat of moral discussion, policy-makers are left either to make their own decisions based on whatever feelings, habits, or moral/religious convictions they may have, or else arbitrarily to latch onto one or another of the positions which are clamoring to be heard.

There is an urgent need for a moral position which can actually be used to guide decision-making, a position which is neither relativistic nor arbitrary, and within the general framework of which constructive moral discussions can work out the details of what morality requires. It must be grounded in a general understanding of what constitutes goodness or value, and how the springs of value relate to human life and action. It must be objective in the sense that it is based on principles derived from human reason, and not from some particular sectarian or parochial tradition. It should strive for principles upon which thoughtful human judgment can increasingly converge toward agreement. Our principles must be such that any unbiased and informed person can understand them and appreciate the rational force of the reasoning upon which the obligations they entail is based. The principles must be capable of application to a wide range of medical/moral situations, and must yield the same conclusion in all relevantly similar cases. The practices in which they issue must be such that their rational justifications can be recognized by any disinterested and reasonable person. When exceptions are made, we must be able to show that reason requires the same exceptions to be made in all relevantly similar cases. And our moral position must recognize that no set of rules can capture every nuance of all the moral requirements involved in the great variety of individual medical cases. Thus the use of even the best set of general moral principles must involve intelligent, thoughtful, and compassionate human judgment and not mindless, mechanical application of rules.

I propose to sketch very briefly the general outlines of such a moral position in this paper. A full treatment of the position I propose is a large project which cannot be undertaken here. It is to be hoped that these few general remarks will suggest the framework of a theory clearly enough that the directions of the detailed implications will be evident. It is further to be hoped that this attempt might contribute in some small way to charting a course

through the tangle of competing medical/moral proposals, rather than simply adding another contender.

II

I begin with the claim that all value has its source and locus in a certain type of conscious awareness. In a world where nothing is aware, there would be no intrinsic value, and indeed no actual instrumental value although the potentiality for instrumental value might exist. In such a world there might be chemical affinities or even elementary organic strivings, but distinctions of value which we express by such concepts as good and bad would not be appropriate. The only intrinsic, inherent value that ever exists occurs in the conscious experience of some being capable of the necessary level of awareness. The value which we attribute to material things is not intrinsic value. Material things have no value whatever apart from the relations in which they stand to conscious beings. Only insofar as things enter into or affect the conscious experience of conscious beings do we appropriately attribute extrinsic or instrumental value to them. All intrinsic value occurs in conscious experience, and it is the conscious awareness of value-discriminating beings which is the foundation and occasion of all the value there is. This does not mean that anything which some being capable of value-discrimination appreciates deserves to be called good. Some experiences which we may enjoy, such as inflicting pain or humiliation on an enemy, are not to be judged good, all things considered, even though the inherent having of them may seem good to the individual experiencer.¹ As moral beings we will certainly judge that some experiences, delightful as they may be in themselves, are experiences which we ought not to have because they contribute to so much suffering or cause so much evil.² But the point is this: it is the occurrence of certain types of conscious experience which constitutes all intrinsic value, and which gives to material objects and conditions (including the

bodies and the organic processes of human beings) the instrumental value that they have. This means that nothing is good in itself except the relevant type of value experiences and that the capacity for conscious experiences of this kind is what makes possible any value that ever occurs. It means also that whatever has this capacity is immeasurably precious and is in fact in the final analysis the source, the origin, and the locus of all that is good.³

It is, indeed, this capacity for the creation of intrinsic value which is the ground of the very high value which has always been placed upon human beings. It has usually been supposed that the mere fact that anything was human conferred upon it inherent value, but this is a mistake. Humans are precious because (and therefore just insofar as) they are the loci (actual or potential) of the capacity for the creation and enjoyment of intrinsic value. The belief is also widespread that human life itself is ultimately valuable and thus ought to be preserved at all costs and under all circumstances. This too is a mistake. Life is valuable because that which is not alive lacks a fundamental necessary condition for realizing the kind of awareness which is the basis of all value. But mere life, i.e. mere organic metabolism, is of no value in itself; it is valuable only because (and thus only insofar as) it contributes to the capacity for value-realizing conscious awareness.

On the basis of these principles we may go on to assert that any being which possesses the capacity for value-discriminating and value-creating awareness also possesses inherent *prima facie* rights, and in particular the right to have its life preserved and its capacity for the realization of value protected. We must call them *prima facie* rights because there are occasions when the rights of two or more individuals may conflict and it will be necessary to decide which claim takes precedence. But other things being equal, the very fact that an individual is capable of value-realizing awareness means that s/he possesses rights which other individuals and society must recognize and not violate.

III

For convenience in referring to it, let us give the name "personhood" to the capacity for the type of awareness which appreciates and realizes value, so that we may say that whoever is a person or whoever possesses personhood is a being of inherent value, an example of the only kind of thing in the world which is valuable in itself. Specifying just what the identifying marks of personhood are is a difficult but most important task deserving the attention of philosophers and medical policy makers as they attempt to evolve appropriate ethical principles to guide life-and-death medical decisions. Kluge makes use of the concepts "person" and "personhood" and defines them in terms of rational awareness, but is particularly concerned with the presence or absence of the neurological structure which is the basis of such awareness. His account of personhood is helpful, but omits any reference to a person's capacity to enjoy and appreciate and thus to create value, and indeed explicitly excludes capacities for emotions and aesthetic responses—traits which I would argue are indispensable and central.⁴ Joseph Fletcher offers a more detailed and complete list of traits which he intends as criteria of what he usually calls "humanhood," but sometimes designates as "personhood."⁵ His list is perhaps the most satisfactory in the literature to date, despite the vagueness and possible redundancy of some of his categories. But Fletcher also fails to notice that it is the capacity to appreciate and create value which is the whole foundation of the value and the rights which we ascribe to persons. And his use of the term "humanhood" is less satisfactory than the term "personhood" since one of the primary reasons for attempting to develop a foundation for medical/ethical decision making is to enable us to distinguish between what is "merely" human, i.e. what has human form but lacks the special capacity, and what is a person in the sense of possessing the capacity for value-creating awareness.

Some writers such as Thompson⁶ uncritically assume what many plain people also frequently assume, namely, that being human and being a person are the same thing and consequently are unable to discover the principles which make possible the distinctions which are the pivotal ones in the discussion of medical/moral issues.

Since it is the presence or absence (in greater or lesser degree) of what we are calling personhood which marks the presence or absence of rights, it is important that we become as clear as we can concerning what distinguishes a person from what is not a person. What is needed is a set of specific criteria as explicit and as satisfactory for these purposes as, for example, the so-called "Harvard criteria" of brain death are for their purpose. In fact, it is unlikely that any such simple set of distinguishing marks can be specified. The progress of our understanding of human and animal nature has led us increasingly to recognize that everything is a matter of gradation and degree and that practically none of the distinctions we find it useful to draw are sharp, all-or-nothing distinctions. Even the "Harvard criteria" are vague in some measure, and clearly the lesson we learn from the quest for criteria of brain death is that even the distinction between being alive and being dead is a matter of degree and not an all-or-nothing distinction. It is this difficulty of discovering undisputable marks which unambiguously distinguish what is a person from what is not which perhaps leads such thinkers as Lomasky to argue that the concept of personhood is irrelevant to medical moral issues.⁷ It does not seem to occur to him that we often have to make distinctions where the issues are not sharp and unmistakable. What we shall have to say in making such distinctions is not that whatever unmistakably has certain features clearly is a person entitled to certain rights and whatever unmistakably lacks these features is not a person and thus is not entitled to them. Rather, we shall have to

recognize that these features may be present or absent in greater or lesser degrees and thus the rights which belong to persons may also be a matter of degree. It is clear enough that the mature, alert, rational adult who thinks, judges, evaluates, discriminates, and appreciates is a person. It is equally clear that the amoeba which merely absorbs nourishment and procreates by cell division is not a person. That there is a relatively uniform continuum between the one and the other has been increasingly plausibly argued as biology has progressed in its understanding of organic relationships. The assumption that it is necessary and possible to draw such sharp distinctions has given rise to such impossible issues as the theological question of the point between the amoeba and the human at which the difference of kind presumed to be characterized by the presence of a soul appears, or the question in the case of an individual of the point between conception and birth (or later) at which the soul might be infused. The progress of biology makes it clear that no unambiguous or fully justifiable answer can be expected. In moral philosophy such attempts at sharp distinctions have generated the current discussions of the moral status of non-human animals, a question which arises precisely because certain highly intelligent non-human animals seem to possess in incipient and rudimentary form characteristics which, fully developed in humans, are the marks of personhood. The lesson we must learn is that there are gradations everywhere, sharp objective distinctions nowhere, and many border-line cases where we will inevitably have difficulty deciding. What is required is the use of intelligence in Dewey's sense of the term, to examine each case on its own merits. Our standards must take these facts into account and thus we must think in terms of the presence in greater or lesser degree of the distinguishing marks of personhood rather than expect that these marks will be always either fully present or entirely absent.

It is clear that everyone who discusses these matters agrees that

what is essential in personhood is such features as the ability to perceive, to feel, to think, to understand, to judge, to enjoy, to suffer, to appreciate, to communicate with others, and to respond to and interact with the environment.⁸ Obviously, all of these capacities admit of degrees. Usually for the purpose of dealing with life-and-death issues in medical practice, we need only concern ourselves with the attempt to detect this type of awareness, or the complete potentiality for it, at a minimal level, although for other purposes the more intense, fully rational, active, vivid and more highly sensitive level of such consciousness is of greater interest. Furthermore, it is not merely the full presence, even in the lowest degree, of these qualities of awareness which is required for the recognition of inherent rights. A sleeping human being who may lack any conscious awareness at the moment is nevertheless a person because s/he is a potential locus of such value-creating awareness. Similarly, a young child, whose powers have yet to mature, or who is not yet able to judge, think, understand, appreciate, or even to interact with its environment in anything more than rudimentary ways, is a person because the full potential for personhood is present. It is persons, that is, beings with the capacity for the kind of conscious awareness which appreciates, discriminates, and enjoys value and which creates value through its powers of appreciation, that we recognize as the loci or centers of value in the world and thus it is to persons that inherent rights belong.

IV

We have argued thus far that a moral position useful in guiding medical/moral decisions derives from the nature of a certain type

of value-appreciating and value-creating conscious awareness. Since such conscious awareness is the exclusive locus of intrinsic value, whatever has the capacity for such awareness is itself valuable and must be recognized as possessing inherent rights.⁹ If these claims are correct, we have in them a general framework of morality which can be applied to a wide range of moral issues and in particular to those related to medical practice. There is space here to consider only one or two such applications. I would like to show how these principles apply to decision-making concerning the moral issues of euthanasia and infanticide.¹⁰

It should be clear from the very beginning that life-terminating practices are (*prima facie*) not justifiable in any case where the type of consciousness which we have designated as personhood is present. Every individual in which personhood is fully present, or in which the complete potentiality of personhood is present, has *prima facie* rights among which is the right to live. The practice of euthanasia (whether active or passive) or infanticide on such individuals is destructive of what has intrinsic value, and thus violates inherent (*prima facie*) rights of such individuals.

It also follows from our principles that any individual which has permanently lost or has never possessed personhood is not a locus or a potential locus of intrinsic value. Since it is the presence, either actually or in its complete potentiality, of personhood which confers upon those (and only those) who possess it the rights of persons, anything which does not possess personhood lacks those rights (although it may possess certain other rights).¹¹ Thus there are circumstances under which the termination of the life of such an individual through euthanasia or infanticide is morally justifiable. The comatose, brain-damaged patient whose condition is such that there is no reasonable expectation of recovery of personhood—even though s/he does not satisfy the "Harvard criteria" of brain death—need not be continued on the life-support equipment which maintains organic

metabolism but which cannot make the individual a person again. Similarly, infants which are so grossly malformed or damaged that there is no reasonable expectation that the kind of awareness that we are calling personhood will ever be achieved need not be sustained. In some such cases, as we shall see, morality not only permits withholding life-sustaining procedures, but requires that positive steps be taken to bring a prompt and humane end to the life of the damaged organism.

The moral justification for such acts is clear enough. It is the possession of personhood, i.e. of the capacity for value-appreciating and value-creating conscious awareness, which distinguishes anything as a being of intrinsic value, and which therefore is the ground of the attribution of rights such as the right to live to any organism. An organism which does not possess the capacity or the complete potentiality for such awareness is not a person and therefore lacks the intrinsic value and the inherent rights of a person. The difficulty in justifying acts of euthanasia and infanticide with regard to such individuals is not a moral difficulty but a practical one: ascertaining whether or not in a particular case personhood or the complete potentiality for personhood is present or absent. This is a problem which must involve conscientious and humane expert medical judgment. Many cases will be relatively easy to decide because the condition of the patient will be such that either achievement or recovery of personhood is fairly certain, or its permanent absence is fairly certain. But many cases will not be clear-cut and the judgments made will be less than certain. Obviously, in these difficult cases every precaution must be taken to make certain that the decision is as completely well-informed, objective, and reasonable as is possible. The decision making process must include the use of a thorough range of diagnostic procedures, consultation with various professionals whose expert specialized knowledge is relevant, and

the sharing of the responsibility for making the judgment among several disinterested experts. Where there is an appreciable measure of doubt, the decision must **always** (*prima facie*) be in favor of maintaining life rather than of terminating. But given the moral principles which follow from the concept of personhood, these decisions are practical and not moral ones. They have to do with determining the medical condition of the individual so that we may ascertain how the moral principles apply. They are certainly not easy judgments to make, and there will be instances where informed, conscientious experts are certain to disagree. But the decisions are not different in kind from those which physicians and others regularly make. The surgeon who is attempting to decide whether or not to operate, weighs all the evidence available in order to attempt to predict whether the patient's chances of survival or of enjoying improved health are better if he operates or better if he does not. Such predictions are not infallible, and yet they have to be made, and they are made with considerable accuracy by skilled and conscientious persons. The situation is not fundamentally different when euthanasia or infanticide is being considered. When a patient is severely damaged, or grossly defective, from accident or disease, and there is substantial doubt that personhood can be recovered or achieved, the physicians and other experts must weigh all the available evidence in order to attempt to predict, not whether or not there is reasonable hope that the patient's life can be maintained, but whether or not there is reasonable hope that the patient can attain or regain personhood. If the answer is negative, the moral obligation to maintain life disappears, and it becomes morally justifiable (although, of course, not necessarily morally obligatory) to withhold or withdraw treatment or even to take positive steps to insure the prompt and painless death of the organism. Indeed, if the decision not to maintain the patient has been made, morality often requires that positive steps be taken, since in many cases this would be very much more humane than

withdrawing treatment and waiting for the patient to die. The practice of some hospitals of withdrawing feeding from defective babies so that they slowly starve to death is not morally acceptable.¹² This inhumane practice is used because law does not at present permit the more humane positive steps. Obviously changes in legislation are necessary to bring the law into conformity with the requirements of morality on these issues.

There has been space here only to outline briefly the notion of personhood, and to suggest how principles to guide in the making of certain medical/ethical decisions can be evolved from a recognition that persons are the only things in creation which have intrinsic value. The basic claims about the ultimate locus of all intrinsic value in the type of value-creating awareness which I have called personhood are relevant to the whole range of ethical issues related to medical practice, although I have had space here to illustrate their application to only two issues. They imply that the primary emphasis in medicine must be on preventive and rehabilitative treatment designed to restore individuals to health and fully functioning personhood rather than on maintaining individuals whose chances of recovering personhood are minimal. They also suggest that progress needs to be made in helping both medical practitioners and ordinary people toward a more realistic attitude about human life, an attitude which accepts the naturalness of death and which aims at a full, robust, and satisfying life during the years when personhood is vigorously present rather than length of years or a clinging to life under conditions where the possibility for enjoyment of significant good has passed. The locus of all that is good is the value-enjoying and value creating conscious awareness of persons. It is this which grounds our concern for humane medical practices. It is this, also, which must guide our policies with regard to all human needs.

Notes

¹Indeed we may say that such experiences are intrinsically good, but that their extrinsic value is so negative that they ought not to be sanctioned.

²Strictly speaking, we will condemn certain types of behavior, despite the enjoyment they may bring to those who practice them, because they violate the rights of persons. Persons have certain rights which are not to be violated even though the violation might inflict relatively minor suffering on the victims and might yield substantial enjoyment to the perpetrator. It is not simply a matter of the greatest balance of enjoyment over suffering. The complex nest of issues which arise in connection with conflicts of rights requires detailed treatment. Unfortunately it cannot be undertaken here.

³When I speak of a certain type of consciousness which **creates** value and when I refer to the relevant kind of awareness as not only value-appreciating but as value—**creating**, it must not be thought that the objectivity of the qualities of the objects or events which are appreciated is being denied. There might exist a world in which there was no conscious awareness and in such a world it might be the case that "full many a gem of rarest ray serene, the dark, unfathomed caves of ocean bear;" and that "full many a flower is born to blush unseen, and waste its sweetness on the desert air." Indeed, prior to the appearance in the evolutionary process of humans on earth, our world is presumed to have been just such a world—aside from the consciousness of God. Now the gem and the flower in this world were valuable only in a potential, instrumental sense—i.e. in the sense that they contained qualities capable of evoking an experience of appreciation in beings able to value and appreciate. Thus we may say that the value of the gem and the flower is created by the valuing activity of awareness in a way similar to the way in which colors as qualities of visible objects are made visible by light. In darkness an object may have the potential for appearing red or blue, but it actually does appear such only when illuminated by light. Similarly, a world where nothing was conscious might have qualities which are potentially of instrumental value in the sense of being capable of being valued or appreciated by conscious beings, but it is the awareness of these qualities and conditions, or it is the contribution these qualities or conditions make in making possible the existence of value-appreciating and value-creating awareness (even though no one might be aware of or appreciate them) which makes them actually valuable. (A set of conditions which makes it possible for conscious beings to

exist has actual, not merely potential, instrumental value just because it does support the kind of consciousness which is precious in itself, even if no one is conscious of the existence of the set of conditions. For example, vitamins contributed to the existence of beings capable of value-creating awareness long before anyone was aware of the existence of vitamins. Thus vitamins had actual instrumental value even though no one was conscious of their existence. But this value derives from the relationship of vitamins to value consciousness.) Thus the gem and the flower which were never seen, actually had no value even though they had the potential for value. Actual intrinsic value exists only in conscious experience, and the potentiality for value which material objects have is actualized (and thus they actually **have** that value) only when related to conscious awareness. This is why it is appropriately claimed that all value has its source and locus in the relevant kind of conscious experience.

⁴Eike-Henner W. Kluge, *The Practice of Death* (New Haven: Yale University Press, 1975), pp. 88-94, *et passim*.

⁵Joseph Fletcher, *Humanhood: Essays in Biomedical Ethics* (Buffalo: Prometheus Books, 1979), pp. 7-18.

⁶Judith Jarvis Thomson, "A Defense of Abortion," *Philosophy and Public Affairs*, Vol. 1, no. 1, (1971), pp. 47-66.

⁷Loren E. Lomasky, "Being a Person—Does it Matter?" *Philosophical Topics*, Vol. 12, No. 3. Reprinted in Joel Feinberg: *The Problem of Abortion* (Belmont, California: Wadsworth Publishing Co., 1973), pp. 161-172.

⁸It should be clear that what is being discussed here is that large and not fully specifiable list of characteristics which constitute the value discriminating and value creating capacity which we are calling personhood. It should also be clear that no list of necessary and sufficient conditions for the presence or absence of personhood is to be expected. It is the fact that such an unmistakable list has not and probably cannot be produced which leads Lomasky and others to abandon personhood as a fruitful concept. What must be understood is that sharply demarcated criteria are no more to be expected here than are points of sharp demarcation between what counts as normal or abnormal human behavior, or between what counts as organic or inorganic in the realm where complex molecules approximate to the traits of simple organisms. Gradation and degrees are everywhere; sharp distinctions are nowhere. Thus what we must be satisfied to specify is a list of typical characteristics which belong to persons and which enable us to point to the value discriminating and value creating awareness which we all know in our selves and recognize in others.

These traits are clearly present in adult, fully functioning human beings and are the source of the value we place on such persons and the rights we recognize them as having. Whether the presence of such traits in incipient and undeveloped form in certain other animals entitles those animals to rights in proportion to the level of development of the traits in the animals is an interesting and important question; one which unfortunately there is not space here to explore.

⁹Kant's categorical imperative is based on a somewhat similar claim, that only one thing in all creation is good without qualification, namely what he called the good will. It is precisely because every normal human being is at least potentially the locus of the good will that persons are objects of respect according to Kant's moral theory. Even though Kant recognizes that most humans never actually behave in such a way as fully to exemplify this one thing in creation which is good without qualification, nonetheless, every one of them has the potential. Therefore, Kant insists that we must "act so as to treat humankind, whether in thine own person or in that of another, always as ends in themselves and never as means only." *Fundamental Groundwork of the Metaphysics of Morals*, Second Section (57-58).

¹⁰The theory of value and of morality based on the concept of personhood applies also to other medical/moral decisions such as abortion and suicide, but additional considerations must be introduced. In the case of abortion there is not only the question whether or not, or at what point of development, the fetus counts as a person, or in what degree or measure the potential for personhood is present, but also the conflict between the *prima facie* rights of the mother, who is a fully developed person, and those of the fetus whose potentiality for personhood during the early stages of development is only incipient. In the case of suicide, the justification is not usually on the basis of the absence of personhood but on grounds of some intolerable condition which renders life valueless despite the presence of a measure of personhood. Development of the additional principles requisite for the application of the theory to abortion and suicide will have to be the subject of a different paper.

¹¹The question of whether or not animals have inherent rights is extensively debated today. It is widely recognized that animals are entitled to the kind of consideration from persons which excludes inflicting needless pain or suffering. Although it is likely to be admitted that it is morally permissible to kill a kitten, we would surely claim that it would not be morally permissible to torture it. It has often been remarked that the consideration from us to which animals are

entitled is proportional to their capacity to enjoy and to suffer. Our recognition of such rights on the part of animals amounts to our recognition, whether explicit or implicit, of the presence in rudimentary form of some of the features whose fully developed presence in normal humans qualifies them to be designated as persons. But other animals, at least those which exist on earth, are not persons. Any rights which our analysis of their nature leads us to conclude that they may have are not personal rights, even though such rights may turn out to be grounded in the rough approximation of some of their traits to ours. (Creatures which look like animals but think and appreciate like humans, or even better, might conceivably exist elsewhere in the universe, and despite their possible resemblance to earthly non-human animals, might be persons.)

¹²Although such patients are not persons and thus not entitled to the rights of persons, they are animals, and although we recognize that it is morally permissible under certain circumstances to kill animals, we also acknowledge that it is not morally right to inflict needless suffering on animals.