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Treating the Body as a Thing: Hans Jonas on Human Experimentation

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In 1967, the German-born Jewish philosopher Hans Jonas found himself confronted with a new and complex ethical topic: human experimentation. Although the use of human beings as experimental subjects had been universally decried in 1947 at the Nuremberg trials, roughly twenty years of “laissez-faire” research on human subjects quietly ensued in America, where the utilitarian wartime rationale of ends justifying means had carried over into the laboratory.^[1] A spotlight was abruptly shone on this experimental era in the mid-1960s by the pioneering anesthesiologist Dr. Henry K. Beecher, who was concerned that ethically inappropriate research would dampen medical progress. “I believe the type of activities to be mentioned will do great harm to medicine unless soon corrected,” Beecher wrote, referencing twenty-two instances of academic or government-funded experiments on persons who were either insufficiently informed of adverse risks, or otherwise completely unaware that they were subjects of experimentation, from which they also suffered physical harm.^[2] Beecher’s point was that such experiments were not merely egregious outliers, but actually represented the prevalent research norm in leading academic centers across America. If scientists did not begin to ethically self-regulate their research, he thought, then medical and societal progress might soon become drastically hampered by external impositions.

Beecher’s exposé was intended to secure the continuation of legitimate medical-scientific research, not to bring about strict regulations that would limit its advance. Yet it served as the spark which ignited deeper considerations of human experimentation from an *ethical* perspective, which was relatively non-existent at the time.^[3] In light of this, Jonas was invited to comment “philosophically” on the ethics of medical experimentation on humans at a conference sponsored by the American Academy of Arts and Sciences (AAAS) in 1968. It was not a subject he was immediately familiar with, having just published his first book on the philosophy of the organism while working full-time as a professor of philosophy at the New School for Social Research in New York.^[4] However, the invitation to offer philosophical reflections on experimenting with human subjects—which became the title of his lecture—brought him face to face with the rapidly transformed world of medical progress and,

specifically, with experimentation on the living being as its hidden premise.^[5]

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The root ethical issue with human experimentation, as Jonas saw it, was “not so much that we make [the person] thereby a means (which happens in social contexts of all kinds), as that we make him a thing—a passive thing merely to be acted on, and passive not even for real action, but for token action whose token object he is. His being is reduced to that of a mere token or ‘sample.’”^[6] The person is depersonalized: he is made into an object or thing to be “acted upon for an extraneous end” (236), not treated as the agent or subject that he is by nature.

Jonas considered medical experimentation on human subjects to be an objective violation of “the personal dignity and sacrosanctity” of the human being, even if consent was given (219). His reasoning was simple: experimentation not only *uses* the human being for the sake of garnering knowledge, but *renders* the human being *into* an object or thing to be acted upon. As a matter of fundamental moral principle, human beings ought not to be treated as things. Therefore, however useful or noble the telos of human experimentation, it nonetheless violates the person involved. For Jonas, this type of “dealing” with human beings was fundamentally an “infringement of a primary inviolability,” the justification of which “must be by values and needs of a dignity commensurate with those to be sacrificed,” namely, the sanctity of the human being, who ought never to be used as a “thing” (220).

Jonas insisted that “for whatever purpose,” human experimentation “is always *also* a responsible, nonexperimental, definitive dealing with the subject himself” (220). That is, experimentation is not simply an act performed on or within a person’s body, but an act engaging the person as a *self* or *subject*. Any dealing or interaction with persons entailed a fundamental moral obligation: to treat the person as his own end and never as mere means, in order to uphold the sacredness and personal dignity of every human being. Jonas took this as a moral *archē*, an inviolable first principle. Yet, the majority of his scientific and medical contemporaries did not seem to share this starting point. To them, experimentation was obligatory, and so the use of human subjects was not merely a justifiable concession, but a necessary sacrifice for the sake of the common good. This was framed in the language of the “rights of society” or the interests of “society, science, and progress,” which needed to be protected against excessive restrictions that favored the rights of the individual.^[7] Thus, for the scientific-medical community, experimentation bore a moral urgency; to abstain from such a pursuit seemed to constitute a sort of moral failure or omission.

Jonas took issue with this Hobbesian framework, wherein individual good was sacrificed for the sake of societal rights (i.e. scientific progress). He expressed grave doubts not only about the adequacy of the “social contract” in general, but also, and more importantly, about the way that the supposed necessity of experimentation was promoted as the more urgent good in need of protection (221). *Progress* was elevated as the more fundamental moral imperative, not the protection of human sacrosanctity. In Jonas’s view, this was backwards. To *allow* for human experimentation was the “permissive counter-rule” that stood in need of justification, against the “primary and axiomatic” “prohibitive rule” accompanying human dignity (220). Yet for

most scientists and physicians, the goal of medical progress *already* overrode the objection to using human subjects as “guinea pigs.” “Such a claim must be carefully assessed, especially when it is swept along by a mighty tide” (220), Jonas cautioned, for the absolutization of progress into a moral principle failed to take into account that experimentation upon human beings remained an ethically unacceptable infringement of the primary inviolability of the human person.

Despite this, Jonas was not advocating for an end to research on human subjects. Rather, he wished to call into question the overwhelming moral imperative toward its pursuit, illustrating just what was at stake with this predominant view, particularly as it was overtaking the medical field. Prompting his reflections were no mere conjectures, but concrete statements made by esteemed medical physicians concerning a matter that went on to radically transform the face of medicine: a change in criterion for the pronouncement of death.

Just one month prior to Jonas’s lecture in September 1968, a report advocating for a redefinition of death was published by a committee of the Harvard Medical School led by Henry K. Beecher, entitled “A Definition of Irreversible Coma: Report of the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death.”^[8] This report argued that irreversible coma, which indicated “a *permanently* nonfunctioning brain,” was to be “a new criterion for death,” rather than the traditional criteria of permanent cessation of heartbeat and respiration.^[9] Patients deemed irreversibly comatose were described as being in “a kind of limbo between life and death—not alive, because they were in a coma and incapable of breathing on their own; but not dead, because their heart and lungs, albeit with mechanical assistance, continued to function.”^[10] By advancing the moment of death as coinciding with this condition, physicians could ethically pivot toward treating their patients differently: no longer as subjects of intensive care, but as corpses, ending the uncertainty over whether it was unethical to cease resuscitative efforts on such patients.^[11] Additionally, such a redefinition of death enabled a novel possibility: it would eliminate legal and ethical controversy over obtaining vital organs for transplantation, which could be used in then-experimental efforts to save patients who were gravely but not irremediably ill.

Beecher was the driving force behind this life-saving “solution” to the increasing number of irretrievably comatose patients in hospitals at the time. In a paper delivered at a previous conference on medical experimentation, Beecher argued that redefining death would not only ease the decision to turn off respirators, but also make useful the “tissues and organs of the hopelessly unconscious patient ... to restore the otherwise hopelessly ill but still salvageable individual.”^[12] He contended that the use of organs and tissues for successful transplants would advance the welfare of both science and society, insisting: “A strong case can be made that society can ill afford to discard the tissues and organs of hopelessly unconscious patients; they are greatly needed for study and experimental trial to help those who can be salvaged.”^[13] In Beecher’s estimation, failure to enact this change of view “verge[d] on the unethical,” for it meant that “the curable, the salvageable, [would] thus be sacrificed to the hopelessly damaged and unconscious who consume the time and space and money better devoted to those who could be helped.”^[14]

Jonas found much food for thought in Beecher’s choice of language, viewing it as representative of the tacit utilitarian logic underpinning the medical research paradigm, which used human beings in experimental ways for the advancement of medical progress. Giving a nod to the upright intentions behind Beecher’s words, Jonas nevertheless argued that the very use of such language, even if innocent, betrayed the ethical problem latent in using patients in experimental ways: the commodification of the body, viewed in terms of the value of its parts. Implied in Beecher’s insistence that “society can ill afford” to dispose of comatose

bodies was the notion of the body as property that can or even ought to be at the service of another when it no longer serves its original “proprietor”—and not in the form of a generous bestowal, but as a matter of routine obligation. The intention behind this line of thinking was to ameliorate the future conditions of society, a noble aspiration which Jonas nevertheless considered supererogatory, not obligatory. For Jonas, this was the further problem built into the medical research paradigm: an inherent dynamism aimed at melioration, which tended to conflate technological possibilities with necessities at the expense of human dignity.

Jonas was not an “enemy” of research, but rather was extremely wary of unquestioned consent to progress with a capital “P,” which was not an ethically neutral endeavor where human life and dignity was at stake.^[15] He considered the improvement of society—the inherent drive towards melioration—to be a noble or gratuitous goal, but not an obligatory one. Yet modern society was afflicted by a syndrome of its own making, the expectation of “active and constant improvement in all the domains of life: the waging of the battle against nature, the enhancement of the human estate” (230). Jonas considered this “technological syndrome” to be deeply problematic, for the one-sided interests of progress tended to pre-determine not only the content of thought, but the very way in which thinking occurred in modern society.^[16] In terms of the medical realm, Jonas likewise viewed the goal of *improving* the power to cure as gratuitous rather than necessary. “Let us not forget that progress is an optional goal, not an unconditional commitment,” he insisted, “and that its tempo in particular, compulsive as it may become, has nothing sacred about it” (245). Aware that his views would be taken as unfavorably crippling the advance of research and slowing the rate of progress, Jonas wished to be clear about his point: “Let us also remember that a slower progress in the conquest of disease would not threaten society, grievous as it is to those who have to deplore that their particular disease be not yet conquered, but that society would be threatened by the erosion of those moral values whose loss, possibly caused by too ruthless a pursuit of scientific progress, would make its most dazzling triumphs not worth having” (245).

Jonas viewed human experimentation as a permissible yet extraordinary means of action, requiring a high bar of justification. For him, mere “consent” or permission to be a subject of experimentation did not right the reification that occurs in human research. “The ‘wrong’ of [experimentation] can only be made ‘right’ by such authentic identification with the cause that it is the subject’s as well as the researcher’s cause—whereby his role in its service is not just permitted by him, but *willed*” (236). By aligning one’s will with the intended goal of the experiment(er), the experimental subject’s personhood can be preserved, Jonas argued. In this way, the subject of experimentation thus remains an agent (an actor who participates in the experiment for his own sake), no longer depersonalized as a sample to be “acted upon for an extraneous end” (235). Jonas argued that if a healthy person wanted to partake in non-therapeutic medical experimentation, they must freely, willingly, and knowingly “[appropriate] the research purpose into [their] own scheme of ends” (236), thus intending to offer themselves for the sake of a greater good, whether that of increased medical knowledge, compassion for human suffering, desire to help the human condition, etc. Moreover, the research must never be performed for “a less than adequate cause” (236). In terms of experimentation on ill patients, however, Jonas maintained that it should occur, if at all, *only* with reference to their particular disease, and ideally offer a chance of therapeutic benefit. Non-therapeutic experimentation ought never to be done on a sick patient as a matter of principle, especially if it is to be done without their knowing.

Jonas furthermore insisted that the sick ought not to be recruited for medical experimentation in the first place. Instead, researchers ought to solicit first among those who were healthier, more educated, and more highly motivated to offer themselves freely for the sake of a cause,

since their consent to experimentation was less marred by any “lower resistance or captive circumstance,” such as ill health, vulnerability, desperation, etc. (237). By proposing such a seemingly “forbidding rule” for research, Jonas was intentionally advocating for a “shift from idealism to docility, from high-mindedness to compliance, from judgement to trust” (237). A “slower rate of progress” was not detrimental to societal well-being, he contended, but rather was a fitting price to pay “for the preservation of the most precious capital of higher communal life” (237), i.e., the dignity of its members. As Jonas put it:

Our descendants have a right to be left an unplundered planet; they do not have a right to new miracle cures. We have sinned against them if by our doing we have destroyed their inheritance—which we are doing at full blast; we have not sinned against them if by the time they come around arthritis has not yet been conquered (unless by sheer neglect). (230–31)

With respect to Beecher’s proposal to redefine death, Jonas felt compelled to emphatically reject both the proposal and the reasons behind it, for it would authorize physicians to keep a patient on a respirator, “thereby maintain[ing] the body in a state of what would have been ‘life’ by the older definition (but is only a ‘simulacrum’ of life by the new)—so as to get at his organs and tissues under the ideal conditions of what would previously have been ‘vivisection’” (243–44). In the eyes of progress, the unconscious patient constituted a prime subject for experimentation. Indeed, Jonas noted how transplantation interests foisted an urgency upon the matter of delineating the boundary between life and death so as to capitalize on it—knowledge which may however be impossible to attain with certainty (244). Moreover, he reproached the medical profession for its “tempting sophistry” in viewing “the hopeless case [as] expendable (because in prospect already expended) and therefore especially usable” (240). “[P]rogress or not,” wrote Jonas, the unconscious patient “must never be used, on the inflexible principle that utter helplessness demands utter protection” (240). At its best, human experimentation held the potential to benefit society and help the individual persons involved. But at its worst, human experimentation operated with complete and utter disregard for the dignity of the human subject, particularly where the human being was tacitly viewed as mere material to be used or acted upon.

The view that the human body was a useful societal resource once personhood was putatively absent or lost was deeply problematic for Jonas both ontologically and ethically. Apart from “obvious pragmatic motivation,” Jonas noted how Beecher’s logic contained a “curious revenant of the old soul-body dualism” in the form of a body-brain dualism: personhood equated with a functioning brain, and the body merely a subservient and eventually dispensable tool.^[17] This neuro-centric logic has easily pervaded the twenty-first century too, evident not only in considerations of the severely comatose patient, but also embryonic and fetal life, those who are dying or near death, and persons with dementia or other disorders of consciousness—instances where personhood is reduced to brain function and therefore no longer present.^[18]

Yet Jonas argued that the fragmentation of the living human being into brain/personhood on the one hand and physical body on the other betrayed a dualism blind to the reality of organismal unity and wholeness. For Jonas, the human body, even if “extracerebral” or absent a functioning mind, still belonged to the identity of the personal individual *qua* whole organism.^[19] Jonas argued that as long as the human body is a *living* body, it is inseparably bound with a *self*, an irreducible internal identity that demarcates the living being as unique,

unified, and whole. There is no separation between a human being's body and his *self*, his subject-hood or personhood—even if higher cognitive functions are underdeveloped or damaged. The category of *self-hood*, intrinsic to living beings, is why human beings are not *things*—inanimate objects or mute material to be used. For Jonas, even living “things” such as animals, plants, or bacteria bear a self-hood analogous to that of human beings, simply by virtue of their aliveness. In order to protect human beings and the human body from being devalued and treated according to the category of “thinghood,” a more adequate theoretical understanding of embodiment, wholeness, and organismal identity was needed. One's body, regardless of its developmental stage, ability, or level of consciousness, remained coextensive with one's self-hood, which “nobody—neither society, nor fellow man, nor posterity—is entitled to” (230).

^[1] See David J. Rothman, *Strangers at the Bedside: A History of How Law and Bioethics Transformed Medical Decision Making* (New York: Basic Books, 1991).

^[2] Henry K. Beecher, “Ethics and Clinical Research,” *The New England Journal of Medicine* 274, no. 24 (June 1966): 1354.

^[3] Prior to the mid-1960s, formal consideration of the ethics of experimentation on human beings was lacking. The legal-medical human rights concept of *informed consent* was yet to be incorporated into American medicine and research, despite its articulation in 1947 as the first of the Nuremberg Code's ten principles.

^[4] Hans Jonas, *The Phenomenon of Life: Toward a Philosophical Biology* (Evanston, IL: Northwestern University Press, 2001); first published in 1966 by Harper & Row.

^[5] This lecture was delivered in September 1968 to a noteworthy audience of scholars gathered by the AAAS—Beecher among them—who had begun to make substantial contributions to thinking about the medical, legal, and ethical aspects of human experimentation. It was later published together with the conference proceedings in the AAAS's journal, *Daedalus*: Hans Jonas, “Philosophical Reflections on Experimenting with Human Subjects,” *Daedalus* 98, no. 2 (Spring 1969): 235. All subsequent in-text citations are from this publication.

^[6] Hans Jonas, “Philosophical Reflections on Experimenting with Human Subjects,” *Daedalus* 98, no. 2 (Spring 1969): 235. All subsequent in-text citations are from this publication.

^[7] Jonas cited an example from Wolf Wolfensberger, who wrote: “The controversy regarding conduct of research has served to increase the tension between the long-range interests of society, science, and progress, on the one hand, and the rights of the individual, on the other. It is important that this tension should be a creative one resulting in a higher order of problem-solving that safeguards both interests, rather than a solution that gravely impedes the progress of science. Society must preserve the delicate balance between these interests, realizing that the cost of excessive restriction of research can come very dear,” in “Ethical Issues in Research with Human Subjects,” *World Science* 155 (1967): 48.

^[8] “A Definition of Irreversible Coma: Report of the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death,” *Journal of the American Medical Association* 205, no. 6 (August 1968).

^[9] *Ibid.*, 337.

^[10] Rothman, *Strangers at the Bedside*, 159–60.

^[11] As one commentator put it, this new criterion for death explicitly meant the transformation of “a class of bodies under intensive care from ‘patients’ into ‘corpses.’” Mita Giacomini, “A Change of Heart and a Change of Mind? Technology and the Redefinition of Death in 1968,” *Social Science and Medicine* 44, no. 10 (1997): 1465.

^[12] Beecher presented his views at an earlier AAAS conference on medical experimentation held in November of 1967. Jonas was greatly prompted by Beecher’s speech, evinced by his heavily annotated copy of the conference Proceedings, found in the Hans Jonas Archives at the Universität Konstanz, Germany, Box HJ 10-5-4, accessed 8 July 2019. Beecher’s speech was later published as: Henry K. Beecher, “Ethical Problems Created by the Hopelessly Unconscious Patient,” *New England Journal of Medicine* 278, no. 26 (June 1968): 1425–30.

^[13] Beecher, “Ethical Problems Created by the Hopelessly Unconscious Patient,” 1430.

^[14] *Ibid.*, 1429.

^[15] As Daniel Callahan, bioethics pioneer, notes: “Jonas should not by any means be construed as an enemy of research. He was writing in the context of the 1960s debate on human subject research, and was holding only that the cost in time lost because of regulatory safeguards to protect the welfare of research subjects was a small, but necessary, price to pay to preserve important moral values and to protect the good name of research itself. But he was also making a larger point about absolutizing disease, as if no greater evil existed, of a kind that legitimized an unbounded assault. Not everything that is good and worthy of doing, as is research, ought to be absolutized. That view distorts a prudent assessment of human need, inviting linguistic hyperbole and excessive rationalization of dubious or indefensible conduct.” Daniel Callahan, “Is Research a Moral Obligation? Plagues, Death and Aging” in *What Price Better Health? Hazards of the Research Imperative* (Berkeley: University of California Press, 2003).

^[16] For Jonas, the philosophical nature of this “unceasing dynamism” of technological society was born in the scientific revolution with the conflation of theory and practice, and the transformation of the purpose of knowledge from contemplation to power. See his 1958 essay titled “The Practical Uses of Theory” in *The Phenomenon of Life*, 188–210.

^[17] See Hans Jonas, “Against the Stream: Comments on the Definition and Redefinition of Death,” in *Philosophical Essays: From Ancient Creed to Technological Man* (New York: Atropos Press, 2010), 134-142, cited here at 140–41.

^[18] For a presentation of the prevalence of this logic in 21st-century medicine, see Charles Camosy, *Losing Our Dignity: How Secularized Medicine is Undermining Fundamental Human Equality* (New York: New City Press, 2021).

^[19] Jonas, “Against the Stream,” 141.

