Dignity, older people, and robots.

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Abstract: This paper explores the relationship between dignity and robot companions for the elderly. It highlights concerns about the maintenance of the dignity of vulnerable elderly people, and points out some of the contradictory uses of the word ‘dignity’. Some authors have resolved the contradictions by identifying different senses; contrasting the inviolable dignity inherent in human life to other forms of dignity, such as dignity of merit, dignity of moral or existential stature, and dignity of identity which can be present to varying degrees. The Capability Approach (CA) is focused on here for its provision of a tangible approach to what it means to live a life worthy of human dignity. There are real ethical concerns that robot pets could lead to a reduction in the amount of human contact experienced by the frail elderly, and that they involve deception. However, if the CA is used as a framework for the assessment of the possible effects of robot pets on human dignity, it can be argued that robot pets could expand the capabilities that are accessible to older people. Further evidence is needed, but robot pets such as the Paro seal robot could give frail elderly people with dementia the possibility of improved health and reduced anxiety, and might offer increased opportunity to form attachments to things outside themselves, and to engage in forms of social interaction.

Keywords: dignity, robot pet, Capability Approach, Paro, evidence-based ethics

1. Introduction

Could an elderly woman, living alone with only robots for company, be said to have a life worthy of human dignity? The development of robots for the care and companionship of the elderly is motivated by the desire to promote independent living, and as a way of reducing the burden of care on the diminishing numbers of care workers. It might be thought that a life facilitated by robotic assistance and care would be better than one in which an elderly person was subject to the control of insensitive, disinterested, or even cruel human carers. However, it is not clear that a life dependent on robots, and bereft of human companionship, can be considered as one that is dignified.

In this paper, we explore the relationship between dignity and robot care for the elderly. Concerns about the dignified treatment of the elderly are often raised in the media. At the same time there is also a growing interest in the development and provision of robots for the care of the elderly. Will robot care enhance the dignity of elderly people, or do robots pose a threat to their dignity? Also, what is dignity, and what does it mean to enhance, threaten, or violate someone’s dignity? We may have an intuitive understanding of the ways in which behaviours and events might affect a person’s dignity, but the concept of dignity itself is not an easy one to define. In this paper, the Capability Approach to dignity [1] is found to provide useful and tangible framework for our discussions.

2. Concerns about dignity

Unfortunately, vulnerable elderly people are not always treated well by their fellow human beings. A disturbing example of poor
treatment was provided in April 2012 by a BBC Panorama program. A hidden camera provided documentary evidence of the treatment of Maria Worroll, an elderly care home resident with Alzheimer’s and arthritis. Incidents were recorded in which “care givers” neglected to speak to her as they washed her, and where they roughly pulled and moved her “like a slab of meat” (Mirror, 23rd April 2012), and even slapped her.

There have been a number of reports and initiatives related to dignity and care. In February 2011, the Parliamentary and Health Service Ombudsman published a report, called ‘Care and Compassion?’ that looked into NHS care of older people. The report focuses on 10 example cases, and describes shocking examples of poor treatment. One example is that of Mrs H who lived in her own home until she fell at the age of 88 and was admitted to hospital, and subsequently moved to a care home. She arrived at the care home, strapped to a stretcher, soaked in urine, and dressed in other people’s clothing held together with paper clips.

In response to this report, a Commission for improving dignity in care was established as part of a joint initiative from the NHS Confederation, Age UK, and the Local Government Association and published its draft report in February 2012. The draft report emphasised the need for patient centred care, for recognising the needs and preferences of the elderly person, for promoting independence, and for listening to and involving the older person’s family, friends and carers. The National Pensioners Convention released a Dignity Code in February 2012 that identified various practices and actions which are unacceptable to older people. Unacceptable practices include “Treating older people as objects or speaking about them in their presence as if they were not there”, and “Being abusive or disrespectful in any way”, and “Using unnecessary medication or restraints”. Behaviours to be encouraged include examples such as “respect for individuals to make up their own minds”, and “comfort, consideration, inclusion, participation, stimulation and a sense of purpose in all aspects of care”.

Although reports such as these highlight concerns about the dignified treatment of the elderly, they fail to provide a clear definition of what ‘dignity’ is. Greater clarity and agreement about what it is to live a life of dignity is needed if we are to be able to assess whether or not robots are likely to promote, or diminish the dignity of older people.

3. What is dignity?

In a provocative article, Macklin [2] claimed that the concept of dignity means no more than respect for persons and their autonomy, and is so ill-defined as to be useless. Pinker, in a criticism of a report on ‘Human Dignity and Bioethics’, similarly derides dignity as “a squishy, subjective notion, hardly up to the heavyweight moral demands assigned to it” [3].

Others have acknowledged the contradictory aspects of dignity. Schroeder [4] points out that dignity is used to support conflicting positions in debates about euthanasia. The ‘Death with Dignity’ campaign appeals to the notion of dignity to support arguments about the right to avoid prolonged end of life suffering. At the same time, anti-euthanasia groups base their objections to assisted suicide on the dignity of human life. There is also a contradiction between the idea that dignity is something that every human possesses, and people’s awe for inspiring human beings such as Nelson Mandela who seem to epitomise dignity. Similarly, if all humans have dignity, why is it so often claimed that poor and degrading treatment of the elderly strips them of their dignity? Nordenfelt [5] considers the paradox involved in the classical example of the concentration camp, in which the prisoners are degraded, and “robbed of their dignity” by the inhuman treatment they receive, and the emphasis in legal instruments for human rights on the inviolable dignity of human beings.

Some authors have attempted to resolve such contradictions by distinguishing between
different uses of the word ‘dignity’. Schroeder [6] for instance identifies five forms of dignity; Nordenfelt [5] identifies four, and Bostrom [7] three. All begin with a distinction between the inviolable, or universal dignity, which belongs to all human beings and is closely related to human rights, and other forms of dignity that can be held to varying degrees.

The forms of dignity that can be held to varying degrees include the following as identified by Nordenfelt [5] in the context of healthcare: dignity of merit, dignity of moral or existential stature, and dignity of identity. Dignity of merit refers to the dignity associated with social status, which is associated with a person’s rank or position in life. Dignity of moral or existential stature can be held to varying degrees, depending on the moral value of a person’s actions. Finally, Nordenfelt’s dignity of identity is “the dignity we attach to ourselves as integrated and autonomous persons” (p75). Such dignity relates to a person’s self-respect, and can be affected by the behaviour of others, for it “can be taken from us by external events, by the acts of other people as well as by injury, illness and old age”. However, Nordenfelt suggests that dignity of identity can also be affected even if an individual does not feel humiliated, for he argues that the dignity of an elderly person with late stage dementia can be tarnished by degrading treatment even if that person is not aware of such treatment.

It is clear that the concept of dignity, particularly as it relates to older people, is a complex and multifaceted one. One approach to dignity that provides a usefully specific account of what it means to live a life worthy of dignity is that of the Capability Approach (CA) that stems from the work of Amartya Sen, and Martha Nussbaum. Nussbaum’s version of CA [1] incorporates a list of 10 central capabilities, which she argues to be necessary for a life with dignity. An individual’s set of capabilities are the set of opportunities they have for choice and action: a distinction is made between capabilities and functionings because a person with a specific capability can choose not to realise it as a functioning. The distinction captures the difference between a person who is starving, and a person who is fasting, for the starving person has no choice. Nussbaum’s list of central capabilities include those of life, bodily health, control over one’s environment, being able to have attachments ‘to things and people outside ourselves’ and to be free from fear and anxiety, and that of affiliation and ‘being able to live with and toward others’. The important point here is the emphasis on creating an environment that gives an individual access to capabilities, whether or not they choose to exercise them.

The CA is formulated as an approach to global justice that is intended to capture the best elements from other ethical traditions, but without a deontological requirement for rational thought, or a utilitarian focus on happiness. The CA has formed the basis of previous ethical assessments of robot care (e.g. [8]), but before it can be applied here, we will outline the robotic applications we are to consider.

4. Robots for eldercare

There are three main categories of robot that have been developed, or are being developed, for the care of the elderly [9]: (i) Assistive robots and robotics (ii) Monitoring and supervising robots and (iii) Companion robots. For the purposes of this paper, we focus on Companion robots.

**Companion robots:** There are a growing number of ‘companion’ robots. These can be quite large (about the size of a person), as in the case of robots such as the Gecko CareBot which are primarily designed to monitor the safety of their charges, but which can also function as a companion. The CareBot can hold rudimentary conversations, and provide verbal reminders, and is described on its
website as ‘a new kind of companion that always stays close to them enabling friends and family to care from afar’.

More often companion robots are small robot pets. The Paro seal robot is probably the best known robot pet. Designed to look and sound like a baby harp seal, it is covered with anti-bacterial fur, is warm, and is about the weight of a human baby. Its sensors enable it to respond to being stroked, and it can express ‘emotions’ in response to its treatment by moving its tail, body and eyes. It is designed as a therapeutic robot for use with the elderly, and its behaviours are intended to encourage nurturing behaviour. Other robot pets include the Sony AIBO dog, and Omron NeCoRo, a robotic pet. There are also interactive robotic dolls such as Primo Puel, and Babyloid, both developed in Japan with the elderly market in mind.

5. Capabilities and robot care for the elderly

How might a companion robot impinge on the dignity of an older person, especially on the dignity of an older person with some form of mental impairment? Concerns have previously been expressed about the possible risks of such robots in terms of the deception they involve [10], and the loss of human contact that could result from their use. Sparrow and Sparrow [10] argue that robots are ‘incapable of meeting the social and emotional needs of older persons’. They argue further that ‘not only is it misguided to believe that robots could offer care or companionship to older persons but that that desire to place them in these roles may actually be unethical’. Their concerns are based: (i) on the expectation that increased use of robots in elder care would reduce the amount of human interaction experienced by older people, and (ii) on the deception implied by the idea of robot companions. Robot companions involve deception at present because they are not capable of real friendship, love or concern, and there is no reason to believe that they will become capable of these in the near future. Other real concerns relate to the possibility that the relatives of those with diminished cognitive capacity might feel that encouraging those with dementia to interact with and form attachments to robots affect their ‘dignity of identity’ as discussed by Nordenfelt [5].

Such concerns are important ones, and need to be considered. At the same time, the CA account of dignity makes it possible to envisage some positive benefits that could result from robot companions. Robot pets could allow elderly people, especially those with the cognitive limitations associated with later stages of dementia and Alzheimer’s, increased access to certain capabilities. In particular, the provision of robot pets for the elderly could facilitate increased access for them to the central capabilities of ‘Emotion’ and ‘Affiliation’, as well as that of ‘Bodily Health’. The capability of ‘Emotion’ here refers to having the opportunity to ‘have attachments to things and people outside ourselves’, and ‘Affiliation’ includes being able to ‘engage in various forms of social interaction’.

A robot pet like the Paro seal could enable someone with advanced dementia to form an attachment to something, and to reduce their fear and anxiety as a result. Similarly, such a robot could act as a social facilitator, helping other people to find a way of interacting with the dementia sufferer, and increasing their opportunities for social interaction. It is also quite possible that a person’s bodily health could be demonstrably improved as a consequence of caring for a robot pet. Of course, all of this would depend on the actual effects of interacting with the robot. There is some evidence of the benefits that can result from the use of Paro robots, e.g. [11], and other pet robots, e.g. [12]. However, as noted in a recent review [13] much of the evidence relating to Paro robots has been reported by those involved in its development. The benefits of robot pets would also depend on
the particular needs and interests of the vulnerable older person in question. As Nussbaum [1] acknowledges, ‘good care for a person with a mental impairment (including elderly people with dementia or Alzheimer’s) is individualised care.’

The emphasis in the CA is on the capabilities afforded to the individual. It is suggested here, that robots which extend the range of opportunities ‘to be and to do’ for elderly people should be encouraged. At the same time, they need to be introduced with caution, ensuring that they do not reduce opportunities for social interaction, and that they result in improved mental states, without feelings of humiliation and reduced self-respect. There is a need here for an evidence-based approach, in which empirical evidence is collected of the extent to which the expected benefits of robot pets are obtained in actuality.

6. References


