The Concept of Person

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Abstract

This chapter provides an overview of the concept of person and its significance for moral decision-making. The concept of person can be employed in discussions about difficult ethical issues, particularly those that arise at the beginning and end of life. Although philosophical reflections vary, self-consciousness, rationality and moral agency tend to be the main characteristics that define a person in contemporary discourse. Working with an explicit concept of person may be helpful when examining some of the ethical issues in nursing practice and healthcare. However, some of the resulting implications of using a concept of person may be counterintuitive to nursing's duty to care, especially for those who are most vulnerable.

Keywords

Human Being • Person • Potentiality • Moral agency • Rationality • Self-consciousness • Speciesism

Introduction

When you are working as a nurse and are administering an injection or checking temperature, measuring blood pressure or fixing an I.V. fluid line, changing a wound dressing or feeding a patient, do you ever wonder whether the individual in front of you – whether it be an adult, a child, or a new born baby – is a person? Is there a difference between considering someone to be a person and considering them to be only a human being? These may seem strange questions at first. However it is part

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of the very role of ethics to critically reflect, in a systematic manner, on concepts that we use daily, including those we use in nursing. The concept of human being refers to those entities who belong to the *Homo sapiens* species, whereas the concept of person is a special category that usually has a normative function, i.e. it generally implies that if an individual is a person, they should be treated with respect, their dignity should be acknowledged and their rights upheld.[1]

But what is a 'person'? When we first think about what a person is, we may envisage that a person is someone who has a sense of who they are within a context of a past, present and future. A person is someone who has an ability for thinking and communicating, who can direct their life through choices, preferences and values, who is able to evaluate actions from the perspective of right and wrong, duty and obligation, virtue and vice and who can make moral choices and take moral actions. From all of this, it can be said that there is something particularly special about persons.

However, when we begin to probe even deeper into the concept of person we come up against important perennial philosophical questions: What constitutes a person? What are the attributes and traits that are needed to be a person? Is a person a kind of entity that is rational? To whom does the concept of person apply? Is a human being *de facto* a person? Are there some human beings who are not persons? Are there some animals who are persons? How we come to answer such questions can have significant moral implications.

The task of examining the descriptive meaning and normative significance of the concept of person can be done in different ways to advance strong philosophical positions and ethical outcomes.[2] However, the goal of this chapter is not to advocate or endorse a particular view of what a person is but rather to provide an overview of the main defining elements of some of the contemporary views on the concept of person and their significance for moral decision-making in nursing and healthcare.[3]

The Importance of the Concept of Person

Generally, the development of important philosophical concepts gradually arises in response to deep searching questions about human existence. The goal of the originating discussions[4] about the concept of person were deemed to be essential and

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[1] See section on the importance of the concept of person below, pp. 70–73.

[2] Some of various concepts of person outlined in this chapter do not reflect the views of this author. This chapter is primarily intended to provide a survey of some of the main views on the concept of person.

[3] There is an enormous range of literature in the field of philosophy, theology and bioethics that examines this topic as well as a variety of concepts of person put forward by notable scholars which cannot be addressed within the limits of this chapter. This is such a vast topic with slightly varied accounts. Considerations here will be limited to the most pertinent philosophers and an overview of their ideas in this debate, rather than a detailed analysis of the complexity of their positions.

[4] A very good historical overview of the evolution of the concept of person can be found in Clark (1992).

critical for many reasons. For example, in the third and fourth centuries CE[5] the concept of person was used as a way of addressing some perplexing issues regarding the Christian religion's understanding of God as Trinity and Jesus Christ as both God and man (Zagzebski 2001 p. 404). The philosopher Boethius in the sixth century CE is accredited with providing the first philosophical definition for the term person (Clark 1992 p. 14). When he philosophically defines person as *"the individual substance of a rational nature"* (cited in Teichman 1985 p. 175), it is however still for religious reasons as it takes place in the context of a discussion on the understanding of the Trinity and the Incarnation of Jesus Christ (Clark 1992 p. 14).

Today the concept of person is not only of interest for such theological matters but can be used to justify certain positions on acute ethical issues that can affect nursing practice and health care. The great advancements in medicine and technology have led to many positive possibilities at our disposal regarding the efficacy of nursing and health care to respond to sickness and disease. Continual breakthroughs made by medical research have given the concept of person a renewed emphasis and the impetus to develop a concept of person that aims to speak to a contemporary world has gained momentum. To take a couple of examples: How do we frame a concept of person that is useful and applicable for the debates on highly charged issues such as developments in research at the beginning of life and the fact that we can generate life in a dish? If an embryo is deemed not to be a person with moral status and rights, then knowing this may make decisions to either research on it or to discard surplus embryos in the IVF (in vitro fertilisation) process much clearer, as there may be less of – or no – moral issue. In addition, the abortion debate often provides a context to examine issues regarding when life begins, how the early stages of life should be evaluated and whether we have personal life at the early stages of life. Abortion debates can often steer the conversation on the concept of person. For example, if an embryo is deemed not to be a person, then the value that is attributed to this stage of development in life may not be the same as that attributed to a child or an adult person. On the other hand, if an embryo is deemed to be a person, then clearly decisions to either research on it or to discard it would be more difficult. A concept of person could be used to question the legitimacy of scientific research on embryos, some reproductive technologies practices, and abortion.[6]

If premature babies and very young infants are deemed not to be persons, then we may have no particular moral obligations to them, or our moral obligations to them may be reduced, and they may have no or only reduced moral rights. Knowing this may bring clarity to some ethical issues regarding their care, especially if they are very sick with no prospect of recovery. On the other side, if premature babies and very young infants are deemed to be persons, then they would have the same moral rights and claims as adult persons.

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[5] Common Era. This is a general term to refer to the present calendar time. CE is sometimes used instead of AD, i.e. *Anno Domini*.

[6] Please see Chap. 9 of this book for further discussion of ethical issues at the beginning of life.

End of life issues emerging from brain stem death criteria, artificial prolongation of life by ventilation, artificial nutrition and hydration, and persistent vegetative states (PVS), for example, also focus the attention on when personal life concludes.[7] In some of these cases, if the individual is deemed to be no longer a person, then knowing this may make some end of life decisions much clearer as there would be less of a – or no – moral issue (although we would still want to treat such individuals in these situations well by virtue of what they were). On the other hand, if the individual is still deemed to be a person, then we would have particular moral obligations to them arising from their moral rights and claims.

Such ethical issues can be examined from many lenses such as principlism, and other modern and contemporary ethical theories.[8] The concept of person can also be employed in these discussions to bring clarity to nurses and other healthcare professionals and to enable them to take steps towards resolving ethical issues generated by beginning and end of life situations.

Distinguishing Persons from Human Beings

Ordinary conversation would reveal that we normally do not make a distinction between a person and a human being or consider that there may be a distinction to be made in the first place. In day to day discussions, novels, newspapers and other publications, both terms are often used interchangeably. The *Oxford Dictionary & Thesaurus* explains that the origin of the term 'person' is derived from the Latin word *persona*, which meant a mask worn by an actor (2007 p. 765). However, in philosophical circles a distinction between person and human being is generally recognised (Kadlac 2010 p. 421). The term human being refers to entities who belong to the *Homo sapiens* species whereas the concept of person is a philosophical, ethical and legal concept.[9] Therefore, for some, the categories of human being and person are not morally equivalent. To accept that there is a distinction between human being and person can lead to a number of possible positions:

Firstly, the concept of person cannot be reduced or restricted to any particular species. In principle, human beings may not be the only species that can be persons. Therefore, in theory, any entity that reveals certain properties and characteristics may be a person. Such entities could include particular animals or other life forms – should they exist – in our vast universe. By not anchoring the concept of person in any particular species we cannot be charged with the accusation of speciesism, i.e. to give preference to members of our own species because they are members of our own species (Singer 1993 p. 88). If species membership was the fundamental

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[7] Please see Chap. 10 of this book for further discussion of ethical issues at the end of life.

[8] The four principles of bioethics, as set out by Beauchamp and Childress (2013), would be an example of principlism. Deontology and Utilitarianism are examples of modern ethical theories (see Chaps. 2 and 3 of this book). Care ethics is an example of a contemporary ethical theory (see Chap. 5 of this book).

[9] Corporations can be considered to be 'persons' under law.

requirement for personhood, then it would act as a kind of firewall against other entities obtaining personhood status. By cutting lose the concept of person from human being, the potential to include other entities from other species as persons – and therefore recognise their dignity as persons – is potentially increased. Any committed supporter of animal rights, for example, would find this distinction between human being and person useful as some animals may be – or indeed are – persons and should be treated as such. This could have significant implications for using animals in research or as food items, and for the issue of captivity or the use of animals for manual work purposes.

Secondly, the distinction between human being and person may lead to the view that an individual human being, depending on their stage of development and health, may not yet be a person or may have ceased to be a person.[10] Not only can individuals become persons, they can cease to be persons and yet still go on living. In other words, they are biologically, but not personally, alive. There may also be human beings who may never become persons. If there are human beings who may not be – or indeed are not – persons, this could have important implications for their use in medical research and/or their nursing care and healthcare treatment. This does not necessarily imply that we treat 'human non-persons' badly but we may not be obliged to treat them in the same way as persons. In such situations we could refer to a distinction between welfare and autonomous rights (and by extension, duties).[11] In other words, we may want to claim that in some situations 'human non-persons' may possess welfare rights but not autonomous rights. Briefly, as Harris (2002 p. 95) explains, welfare rights are concerned about being taken care of, or being provided for, whereas autonomous rights are concerned about rights regarding making personal choices and decisions. Welfare rights are granted and protected by a state, for example a particular standard of living (UN 1948 art. 25), and can be given to those individuals who are not autonomous. Whereas autonomous rights belong to those who can make autonomous choices and decisions. Welfare rights tend to be 'positive' (e.g. the state providing a welfare benefit as in case of a long-term illness that prevents someone from the possibility of employment) rather than 'negative' (e.g. not being prohibited from autonomously deciding on ourgoals in life) (Griffin 2000 p. 28). Those who are deemed to be 'human non-persons' would not be autonomous agents with rights and duties, however they could be granted welfare rights. For example, in research ethics, when vulnerable populations such as very young children are needed to participate in medical research, there is heightened awareness of the need to ensure that they are taken care of, that they are not exploited and that their rights granted to them in law are upheld. Yet at the same time, it is generally recognised that very young children are not autonomous and therefore cannot exercise their right to give informed consent. In such situations generally valid consent can only be granted by a parent or a legal guardian.[12]

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[10] This is further discussed below with the hypothetical case study of John.

[11] See Chap. 7 of this book for a fuller discussion of autonomy.

[12] See Chap. 14 for a discussion of ethical principles relevant in the context of research.

Although philosophical reactions to the concept of person vary, self-consciousness, rationality and moral agency tend to be the main characteristic in contemporary discourse. While this broad view on the concept of person is generally shared, it has certainly been open to challenge.

Concepts of Person

The origination of the emphasis on self-consciousness, rationality and moral agency, can be traced back to the philosophers John Locke and Immanuel Kant.[13] Locke emphasises self-consciousness and capacity for thinking, whereas Kant emphasises an agency that is rational, autonomous and has the ability to act on moral principles, as defining personhood (Gillon 1985 p. 1735 ; Altman 2014 p. 250).[14]

Locke deals with the issue of identity and personhood in *An Essay Concerning Human Understanding*. For Locke (1964 p. 211/§9), the concept of person refers to *"… a thinking intelligent being, that has reason and reflection, and can consider itself as itself, the same thinking thing, in different times and places; which it does only by that consciousness which is inseparable from thinking…"*. The starting point of personal identity entails identity of consciousness rather than of substance (Locke 1964 pp. 211–213/§9–10). Self-consciousness and thinking lie at the heart of personhood. The concept of person is *"… a forensic term, appropriating actions and their merit, and so belongs only to intelligent agents, capable of a law, and happiness and misery"* (Locke 1964 p. 220/§26).

Kant's emphasis on the fundamental respect for the dignity and worth of the person is considered by many to be one of his most important contributions to the field of ethics. Persons are rational agents who can legislate moral laws and autonomously follow such laws. Therefore, persons should not be used as a mere means for our 'ends'; they should be treated with respect because of their dignity. As Kant (2002 p. 46) asserts, *"… rational beings … are called* persons, *because their nature already marks them out as ends in themselves, i.e. as something that may not be used merely as means … and is an object of respect …"*

Although Locke and Kant were not writing in the context of ethical issues affecting nursing and healthcare, their legacy continues to inform the conversation. For example, readers familiar with the discussion on the concept of person will inevitably meet the work of Peter Singer. He follows in the thought of Locke and applies it to healthcare today. Singer (1993 p. 87) considers a person to be a self-conscious, rational being. A person has a conception of him/herself as a distinct being with a past and with a future (Singer 1993 p. 91 and p. 131). According to Singer (1994 p. 218), a person is *"…a being with awareness of her or his own existence over time,*

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[13] See Chap. 2 for an outline of Kant's ethics.

[14] There are, of course, more ancient accounts on the concept of person that can be found in a variety of thinkers such as the Greek philosophers, Plato and Aristotle. However, contemporary ethical positions on the concept of person in bioethics and medical ethics are heavily influenced by Locke and Kant.

and the capacity to have wants and plans for the future." For Singer (1994 p. 206), it logically follows that not all persons are part of the *Homo sapiens* species and not all those who belong to the *Homo sapiens* species are persons. Singer's position is that the life of an embryo is not worth more than the life of a non-human animal at a comparable level of rationality and self-consciousness (Singer 1993 p. 169). An embryo is not a person in Singer's view. The same can be said of new-borns because they are not rational and self-conscious. Singer (1993 p. 169) continues further by claiming that *"if the fetus does not have the same claim to life as a person, it appears that the new-born baby does not either, and the life of a new-born baby is of less value to it than the life of a pig, a dog, or a chimpanzee is to the nonhuman animal."*

Another significant perspective on the concept of person is offered by Michael Tooley, who examines the concept of person as a descriptive term that is guided by moral concerns (Tooley 1983 p. 51). He discusses the subject of personhood in the context of having a right to life. The possession of self-consciousness is essential for him. His central contention is that *"an individual cannot have a right to continued existence unless there is at least one time at which it possesses the concept of a continuing self or mental substance"* (Tooley 1983 p. 121).

H. Tristram Engelhardt makes a distinction between strict and social concepts of person. Persons in the strict sense have moral rights and duties, whereas persons in the social sense only have rights (Engelhardt 1988 p. 177) . The strict sense of what a person is refers to agents who possess self-consciousness, rationality and moral agency (Engelhardt 1988 p. 175 and p. 178). On the other hand, the concept of person can be used as a social category which allows us to apply it to those who are not strictly persons. Entities who do not qualify as persons in the strict sense can be treated as persons in the social sense (Engelhardt 1988 p. 175). Engelhardt gives an example of infants who are not strictly persons but are treated as persons because of their social role. Normally infants are brought up in a social structure of a family and they take on a social role of a child to their parents and family (Engelhardt 1988 p. 176). It is as a result of their social relationships with those who are persons in a strict sense that we have persons in a social sense. The social sense of person can also be used to structure how those who are senile or profoundly intellectually disabled, for example, are treated (Engelhardt 1988 p. 176).

Others, however, would argue that personhood begins at human conception. The successful uniting of the sperm and ovum inevitably leads to a new entity that did not exist before. So it is argued as soon as we have a zygote, we have a person. For example, Joyce (1988 p. 199) contends that a human zygote is a person; however it is less developed. Lee and George (2005 p. 15) make the claim that persons "… are particular kinds of physical organisms." They go on to argue that a person is "… a distinct subject with the natural capacity to reason and make free choices. That subject … is identical with the human organism, and therefore that subject comes to be when the human organism comes to be, even though it will take him or her months and even years to actualize the natural capacities to reason and make free choices, natural capacities which are already present … from the beginning" (Lee and George 2005 p. 16).

However, this would be far from the dominant view in the literature which tends to deem embryos not to be persons. Even as far back as Joseph Fletcher's (1974 p. 5) seminal criteria, entities need to show certain characteristics. Fletcher lists fifteen positive characteristics, with the neocortical function being the prime one:

Minimal intelligence	Self-awareness	Self-control
A sense of time	A sense of futurity	A sense of the past
The capability to relate to others	Concern for others	Communication
Control of existence	Curiosity	Change and changeability
Balance of rationality and feeling	Idiosyncrasy	Neo-cortical function

The Potential Person

It is sometimes argued that although an embryo may not be a person, it is a potential person. Therefore, it should be given rights and the status of a person (although it is not a moral agent in the sense of being capable of making moral choices or being morally responsible). However the objection is often raised that the problem with claiming that an embryo is a potential person – and then giving it the status of a person with the fundamental right to life – is that there may be something premature in making such a claim. We would not normally give full status and responsibility of a qualified nurse to a student nurse, although we might say that a student nurse is a potential nurse. Joel Feinberg (1984 pp. 147–148) puts it very well with the following analogy: *"In 1930, when he was six years old, Jimmy Carter didn't know it, but he was a potential president of the United States. That gave him no claim* then, *not even a very weak claim, to give commands to the U.S. Army and Navy."* Therefore, it may not be enough to be a potential person to have the status and rights of a person, the individual needs to be an actual person.

Burgess (2010 p. 141) points to three types of potentiality. Firstly, there is 'passive receptivity'[15].

If it is accepted that an embryo has an active potential to become a person, then this potentiality is not something extrinsic but rather intrinsic to it. This would mean that stating that an embryo is a potential person is not the same as claiming that it is a potential nurse because the nursing is something that is extrinsic to the individual and does not define his/her very nature; the same could be said of any potential president.

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[15] Burgess' example is a piece of clay needing the guidance of a sculptor to become a statue; the clay needs something external to it to become a statue. Secondly, there is the example of 'interactive potency'. His example here is of sperm and ovum as the interactive potency in conception. Neither sperm nor ova have the potential by themselves to become an embryo. In the same way, neither of them alone is a potential embryo. Finally, there is 'active potency'. Burgess gives the example of an embryo having an active potential to become a child.

A further step can be taken by arguing that an embryo is a person with potential. As Joyce (1988 p. 199) contends, *"… every living individual being with the natural potential, as a whole, for knowing, willing, desiring, and relating to others in a self-reflective way is a person. But the human zygote is a living individual (or more than one such individual) with the natural potential, as a whole, to act in these ways. Therefore the human zygote is an actual person with great potential."*

Applying the Concept of Person to Nursing Practice (Including Case Study)

Although the concept of person may, for some, be very useful in debates about beginning and end of life issues, it might pose some difficulties for other nursing situations. Let us now consider a case below using the concept of person.

The Case of John

John O'Brien is an 81 year old man. After suffering a major stroke, he was admitted as an inpatient and has remained in hospital ever since. He has two sons and a daughter but they have not agreed on what will happen to him in the long-term. John is now suffering from severe cognitive decline, memory loss, and is very confused. He often talks about his wife as if she was still alive although she passed away two years previously. Sometimes he wants to go to work at a factory which he retired from many years ago. Every day, there is more and more evidence of his cognitive deterioration. He can't seem to remember which day of the week it is. One day, he was found staring at his own reflection in a mirror – it seemed that he didn't recognise the man looking back at him. Some days, John doesn't seem to recognise his own daughter, other days he does. The daughter says he is no longer the same. John is usually put to bed at about 9pm but does not want to go, he would rather go for a walk. When he attempts to get out of bed, he is gently put back in. Because he is trying to get out of bed the decision was taken to put him into a bed with bed rails. Now that John is getting more and more confused, his carers do not want him to go alone for walks even during the day. This has led to situations where John is in a chair for long periods of a time. A tray is kept in front of him and prevents him from getting out. For no apparent reason, one day John started to lash out at the nursing staff both verbally and physically. Now staff have resorted to using sedation which has had the side effect of more confusion, agitation, drowsiness and drooling.

Analysing the Case of John
The above scenario paints a broad picture of what can happen to those whose cognitive abilities and general competencies gradually deteriorate. Before looking at the case from the perspective of the concept of person, consider the following questions: What is wrong with John wanting to go for a walk at night, or wanting to get out of his bed or his chair? Is the reaction of the staff to John's behaviour perfectly

reasonable or are they employing unreasonable institutional routines to deal with people whose cognitive capacities have deteriorated? Are the actions of the staff impinging on John's autonomy? However, is John autonomous anymore? Or more fundamentally is John a person anymore? As we have seen there is no really uniformed view of what makes an entity a person. However, if we accept the broad common denominators of self-consciousness, rationality and moral agency as the defining features of a person, this leads to an important question as to whether John is either beginning to lose his personhood or whether John is in fact no longer a person.

We saw that the philosopher Locke emphasised self-consciousness, thinking and reflection as defining features of a person. John's sense of himself and his ability to think is gradually deteriorating. Would we still consider John to be a fully thinking intelligent being? Does John continue to show reason and reflection? Can John really make rational decisions that are based on comprehension and understanding? Perhaps John can make some rational decisions (e.g. whether to go out for a walk), but have his cognitive abilities been compromised to such an extent that we would be still happy to claim that he is a rational, thinking being?

Is John the same person that he was 10 years ago? His daughter does not seem to think so. Does John still consider himself as a self? His own sense of his life's narrative in terms of a past, present and future is certainly compromised. Following Singer's work, can we consider John to be a being with awareness of his own existence over time, and having the capacity to have wants and plans for the future? Although John might seem to indicate a preference to go for a walk at night, it is difficult to ascertain if this is his actual wish. John does not seem to have the capacity any longer to have wants and plans for the future. On this issue, Singer (1994 p. 197) contends that, *"only a person can* want *to go on living, or have plans for the future, because only a person can even understand the possibility of a future existence for herself and himself."* It is difficult to envisage John having any future plans and it is unclear whether he can consider the possibility of a future existence for himself.

We saw that Kant emphasised an agency that is rational, autonomous and has the ability to act on moral principles. Can John discern moral principles and act on them in the Kantian sense? Can John take moral decisions and perform actions that display intentionality and consent? Would we hold John morally responsible for lashing out at the nursing staff? Probably not. On the other hand, while the lashing out can be explained as a product of John's cognitive impairment, it may not be. Even if John is evidencing cognitive impairment here, to the degree that he cannot be held responsible of this lashing out, it may not mean he is therefore generally incapable of moral thought, action, or decision making.

Overall, is John's level of self-consciousness, capacity for rationality and moral agency *enough* for him to be considered a person? Or is John a lesser person now because of his condition? Although John may (soon) no longer be a person in the strict sense of the word, to use Engelhardt's term, some may want to include him in the social sense of person. In this case, it may be claimed that John has no moral duties but he has moral rights. Some may want to claim that John has welfare rights.

He will still have a right to be cared for, he needs to be looked after in terms of sub-sistence, nutrition and hygiene.

Yet, claiming that someone like John is not really a person anymore (or less of a person) may appear counter-intuitive to nursing's endeavour to offer a caring response to the sick and vulnerable. The case of John reveals that one of the prob-lems with using a concept of person is that it can have the ironic result of excluding many entities from this moral domain who we would normally think should be included.

My own thesis is that the lens of Henri Bergson's work on static and dynamic moralities (Bergson 1991) should be brought to bear on the concept of person to move the debate forward (Kearns 2007). Static and dynamic moralities generate two different types of social organisations: the closed and the open society. The closed society, with its static morality, is characterised by its close ties of social relationships and where its members care for their own group and exclude those outside its boundaries. The open society, with its dynamic morality, is characterised by a universal solidarity of the whole of humanity beyond the immediate concerns of any one social group. Dynamic morality defends a sense of solidarity for those beyond the social unit by an experience of a borderless love of universal humanity. It could be argued that certain concepts of person that exclude entities from this moral domain may inadvertently reflect, or become, the static morality of a closed society rather than the dynamic morality of an open society.

Should nursing ethics want to anchor a concept of person in a dynamic morality of an open society? If so, what would such a concept of person look like? An argu-ment could be made that a dynamic morality would demand a sense of universal solidarity with all of humanity, and therefore with those who are most vulnerable in terms of health, stages of development and decline. It would require that the formu-lation of the defining features of a concept of person would need to be able to be wide enough to include vulnerable individuals who may not be able to look after or to advocate for themselves. A concept of person may need to be articulated from the perspective of those most vulnerable rather than from the perspective of fully devel-oped articulate adults. This may lead to a more compassionate, rather than what often seems a clinical, view of personhood.

Conclusion

The concept of person can be employed when examining some of the ethical issues in nursing practice and healthcare. However, the concept of person has not yielded universal agreement when it comes to a definition and it has continued to generate numerous debates.

The concept of person can challenge us regarding both the purpose of nursing and healthcare practice and their scope; who is healthcare for? Should nursing and general healthcare only be for persons strictly defined? Should nursing and general healthcare be for social persons as well? With the increasing develop-ment of medicine and the limited resources available to meet expectations, such questions may become more and more pressing for nursing. Understanding how concepts of person and their ethical implications differ is important for nurses

when engaging in discussions and debates with others about such questions. However, if the concept of person is used to offer a straight-forward framework for deciding on ethical issues in nursing, we need to be on our guard about this and keep in mind the famous statement by H. L. Menckent: *"For every human problem, there is a solution that is simple, neat, and wrong"* (cited in Huberts et al. 2008 p. 57).

Key Learning Points
1. The concept of human being refers to an entity who belongs to *Homo sapiens* species; whereas the concept of person is a moral (and metaphysical) category. Therefore, the concept of person can be applied to human beings and other entities that display certain characteristics.
2. The concept of person is sometimes employed in ethical debates about beginning and end of life issues. For example, an argument in favour of using embryos for research is to claim that they are not persons; an argument against using embryos for research is to claim that they are persons or potential persons.
3. Concepts of person – Some Key Points:
    A. Boethius: Rational nature of the individual (substance)
    B. Locke: Self-consciousness and capacity for thinking
    C. Kant: Rational agent who can legislate moral laws and autonomously follow such laws
    D. Fletcher: Fifteen positive characteristics with neocortical function being the prime
    E. Singer: Self-conscious, rational being having plans for the future
    F. Tooley: Possessing a concept of a continuing self
    G. Engelhardt: Two senses of person – strict sense (possessing self-consciousness, rationality and moral agency) and social sense (category that can be applied to those who are not strictly persons)

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