

**IMPUTABILITY, ASCRIPTION, RESPONSIBILITY:
MORAL IDENTITY AND ORGAN TRANSPLANTATION**

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Introduction

I want to thank the Society of Fellows, and especially Dr. Geoffrey Rees, for organizing this discussion of a timely and important topic. We are only given a few minutes in which to speak our peace, as it were, and, given that, I will get at it straight away. My task, as I understand it, is to come at our topic, occasioned by the now famous case of facial transplantation in France, from the perspective of ethics, and additionally, those forms of ethics informed by the depth and ambiguity of religious traditions.

My tactic is to shift the question of transplantation from the ways it is often put within so-called medical ethics in order to focus attention on the connection between moral identity and the conditions of responsibility rooted in bodily being in the world. That is to say, it is usual nowadays within the discourse of medical ethics to come at the issues found in medical practice and technology by asking about the consequences of procedures, the rights of patient, and also matters of informed consent and the like. These are all important matters, of course. The discussion swirling around the transplant in France hit upon all of them, and others too. Yet this perspective does not, I think, really get at what is most important. We also need to consider transplantation and

personal identity, or for my remarks, moral identity, since there are many other forms of “identity” one could explore (legal, numerical, species, etc.).

I hope that a shift in focus from the usual agenda of medical ethics can help further the discussion on this complex and yet engrossing question. As we will see, the question of “transplantation” has shifting ethical significance when we look at the conditions for the ascription and imputation of responsibility basic to ideas about moral identity.¹

Identity and the Conditions of Responsibility

In asking about moral identity and conditions of responsibility we are asking “who” is it one is speaking about when transplantation is at issue, and so what is the connection, if any, between the body of that person and their moral identity. This is of course a somewhat confusing question. We normally associate “who” someone is as a moral agent in good measure with their bodily presence and identity. It is hard to imagine how a human being could be a moral agent without a body. If someone can and does exercise capacities of acting and relating in the world that makes changes in self, others, and the world, we assume, rightly, the body as part of those capacities. In other words, if we are rightly to impute actions to others or to ascribe them to ourselves, then it seems jolly natural to assume a variety of rational, volitional, evaluative, and also bodily capacities.

The connection between body, face, and identity is actually nestled in the linguistic roots of the very idea of “person” itself. The “prosopon” in the ancient world

¹ The conditions for ascription and imputation of responsibility as well as the means (social/linguistic) and limits on these ways of identifying a responsible agent are of course hotly debated by philosophers and theologians. For my own take on these matters see William Schweiker, *Responsibility and Christian Ethics* (Cambridge: Cambridge University Press, 1995).

was the mask worn by the actor in a mime-drama and thus was a mediation between what lies “behind” the mask and the *dramatic personae* of the mask which identified the character. In this sense, the conception of the “person” is an identity marker; but it is an identity tied to bodily presence. The “person” is a way to designate the subject of actions and relations, the individual to whom these acts and relations can be imputed or ascribed identified with the mask, the face. It is little wonder, then, that both in terms of human development and, as I will note below, our most visceral responses to others, moral and otherwise, are distinctively bound to the “face.”

Things are more complex than we might assume, however. The connection between moral identity and the body—and to the relevance of bodily integrity that might be disrupted through transplantation—is tenuous. It is manifestly the case in life, as opposed to the stage, that we can speak about the moral identity of a person even when certain physical markers of identity are changed or even lost. Think here of the wonderful movie by Woody Allen, *Zelig*, in which the main character’s physical appearance changes whenever he needs to fit in socially. Yet he is the same individual, morally speaking, throughout the story. There is also the great literary tradition of metamorphosis, in Ovid or Kafka or the *Odyssey*, where Odysseus’ men are changed into pigs, or (for one more example) Giovanni Battista Gelli’s *The Circe*: moral identity and its continuity is explored precisely with respect to change in form, including bodily even species form. Consider also how in some cases we learn more about a person, their character as an individual, in how they endure the adversity of the loss of limbs or some other physical trauma. It is also the case that we continue to impute responsibility to a person, assume a continuity of a person’s identity, even as he or she naturally ages. My

mother, near the end of her life and suffering from arthritis and a stroke, was the same person as the little girl who grew up in Hitteman, Iowa, even though she was at the end of her life. Some traditions, say Hinduism, even impute continuity of moral identity to an individual through successive incarnations in different forms of life, and this is basic to ideas about *karma* and liberation. Or in the biblical religions, both Judaism and Christianity, the real marker of identity is found in acts of covenant fidelity or infidelity, rather than physical markers. This is seen most pointedly in Christian discourse, for instance, in that Christ is not initially recognized bodily after the “resurrection,” but only through acts of feeding and teaching and speaking.

The point I am driving at through these references to cultural artifacts like Woody Allen films, a person’s experiences, and also religious traditions is that the connection between the moral identity of a person and the continuity of their physical appearance is complex and yet also tenuous. What seems most important for the idea of “moral identity,” that is, that we can identify ourselves or identify someone else as the author of deeds for which she or he is then responsible, is that an individual meets conditions required to “ascribe” actions to her or him and also that others can impute actions to that individual. One of those conditions is bodily existence, especially with respect to the capacity for action in the world. Yet bodily existence is not the only condition or even the most salient one. This fact, which we have retrieved through cultural artifacts, experiences, and even religious traditions, lodges an ambiguity—or at least a profound complexity—at the very core of commonly held ideas about moral identity.

That fact that the “body” is not the only or even the most salient condition for moral identity could lead us to conclude that the question of transplantation, even the

transplanting of a “face,” is not as morally important as often assumed. Insofar as we can impute responsibility to an individual through time and insofar as she or he ascribes responsibility to self as a continuous individual throughout a life-history, then, one might conclude, not much is at stake in this question. Of course, we would still have to debate what is meant by “a continuous individual throughout a life-history,” which is no simple matter. Without entering into a long discussion, I tend to think that the continuity of selfhood is not something simply lodged inside of us, (say) in consciousness, or to use older language, the “soul,” but rather, is linked in very complex ways to discursive, practical, and social media in and through which self-understanding arises.² But that too is a debatable point. Yet however we conceptualize continuity in selfhood, some such idea does seem important for moral identity. That being so the body seems to carry less significance, morally speaking. We should then allow all kinds of transplants, including those undertaken simply and solely to enhance appearance. Can that conclusion be ethically adequate? I do not think so.

The Face and Responsibility

At least in our cultural context, the “face” has a specific and unique status, something I hinted at above by referring to the ancient idea of the “*prosopon*,” whereby the character which the actor represents is signaled by just the mask. The face of a beloved, or the face of a heinous villain, or the face of parent or child can and does evoke a range of aesthetic and moral responses to the whole person. We know this is true not only experientially, but also in terms of developmental psychology and a range of social

² On this point I have been persuaded by the hermeneutical turn in accounts of subjectivity as found, for instance, in the work of Paul Ricoeur. See his *One Self as Another*, trans. K. Blamey (Chicago, IL: The University of Chicago Press, 1992).

scientific work. That is also why the idea of someone changing faces carries with it the famous “yuk factor;” it hits us at a visceral level in a very different way than say the transplantation of a kidney or a lung.

This seems the case, I suggest, because for our culture at least, the “face” is a living synecdoche for a whole person: a part of them is experienced but the whole of the person is meant. This is true of the human face in way different than other body “parts.” While we know, for instance, that someone who is horribly injured in the face, say, the woman who was mauled by a dog, is the same “person” as she was before the accident, something more is at stake in the “face” than in other parts of the body. And this is why, I presume, the woman found her condition so extraordinarily trying and, what is more, spoke after the operation of once again feeling like a regular member of the social community. The “face” is powerfully indexed to social practices of inclusion and exclusion. In other words, insofar as some form of social “recognition” is basic to human self-understanding, as thinkers from Hegel to Charles Taylor have noted, then the face does indeed have a distinctive, maybe unique, importance in human life.

Precisely what the difference between the face and other aspects of our bodies is for moral identity proves of course difficult to isolate other than that as a culture we associate, experientially, the whole person with the visage, the face. But this experience—even if somewhat vague or confusing—seems to resonate through our moral discourse about responsibility: one faces adversity; one must face up to one’s duties; acts of kindness or care can put a “human face” on relations, to turn one’s face from another is an act of rejection, and the like. And we speak of moral duplicity and vice this way: someone is two-faced, for instance. Indeed, some thinkers, most recently Emmanuel

Levinas, have used the idea of the “face” to designate the irreducible claim of the “other” that constitutes the most basic condition of responsibility.³ The special status of the “face” is also found in religious traditions. In the biblical texts, for instance, one can set one’s “face” to carry out some task, or go “before the face of the Lord,” or see God in the “face” of the Christ, or the spirit of God “moving over the face of the deep” in the creation story, or to realize that no one can really see God face to face and live.

Given this complex resonance of the face as a marker *for the whole person*, a resonance found in experience and cultural traditions, it is not surprising, then, that the woman in France, as I understand it, felt that the tragedy that had befallen her disrupted her ability to interact and be with others. There were aesthetic and also moral dimensions to her plight. The basic need for social recognition within the dynamics of self-understanding and self-esteem, and so also one’s moral identity, were challenged and thwarted. This has been confirmed by her interviews following the procedure. It suggests that we have good reason to draw some distinction between transplantation of the “face” and other acts of transplantation.

In all cases, we want, morally speaking, to ensure the conditions of responsibility for a person, those conditions needed for someone to ascribe responsibility to themselves and for others to impute it to them for their actions. This is necessary to insure that an individual is never excluded from the moral community. Surely the plight that befell this woman did not exclude her from moral consideration, nor, for that matter, would other bodily or psychological disasters. Yet with the “face” there is stronger warrant to resist the idea that transplantation can be used purely for purposes of enhancement or even

³ See most recently, Emmanuel Levinas, *Humanism of the Other*, trans. N. Poller, intro. R. A. Cohen (Chicago, IL: University of Illinois Press, 2003).

ought to be the first option in a therapeutic response. The idea that we should store or collect “faces” for the purpose of the aesthetic enhancement of people’s lives, is, I judge, finally not morally tenable. The only plausible warrant for such transplants, and the French example is a good test case, is the rehabilitation of the person’s moral identity as basic to the very conditions of their being responsible beings. In some cases, transplantation, in my judgment, will not be warranted even for therapeutic reasons; in all cases the transplantation of a face purely for reasons of enhancement is not ethically acceptable.

Of course, in an aesthetically driven culture like ours in which the enhancement of beauty and the satisfaction of preferences are supreme values, my judgments might be seen too restrictive and too morally rigorous. Yet, they are based on insights drawn from deep resources in our civilization which, I judge, bear genuine moral wisdom and in fact resonate with and articulate moral experiences.⁴ The decisions that medical professions and individuals must make case by case, then, turn in good measure on how one evaluates the moral sources of our culture regarding the conditions of responsibility and moral identity. My concern has been to preserve the sense of our humanity against a much too easy manipulation of the body under the conditions of technological advances driven by sheer preference and the ubiquity of aesthetic values in this culture.

⁴ For the use of cultural and religious sources in moral understanding and their importance for advancing a renewed form of humanism in a global context, see William Schweiker, *Theological Ethics and Global Dynamics: In the Time of Many Worlds* (Oxford: Blackwell Publishing, 2004). Also see *Humanity Before God: Contemporary Faces of Jewish, Christian and Islamic Ethics*, ed. M. Johnson, K. Jung, and W. Schweiker (Minneapolis, MN: Fortress Press, 2006).

Conclusion

By setting aside some of the usual consideration of “medical ethics,” I have tried in these brief remarks to isolate points at which the question of transplantation, especially of the face, touch deeper concerns about the very conditions of responsibility and thus ideas about moral identity. Yet throughout my reflections I have indirectly tried to get at a more basic and salient point: what is really at stake in this culture, at this time, and around this topic is the extent to which we do or do not take the moral identity of a person as most definitive of an individual’s life or if some other marker of identity—say, aesthetic self-presentation or cultural acceptability—is most deeply valued. If we do take moral identity as most definitive, then the face has a special status with respect to other body parts and must be considered in that special light when considering transplantation. There is little room, in my judgment, for the use of face transplants in terms of enhancement, and, what is more, strong conditions even for its therapeutic use, rooted in our ideas about moral identity and the conditions of responsibility.

My worry is that in a culture obsessed with the body we might too easily miss the way in which our bodies, particularly the “face,” draw significance from their capacity to indicate the moral character of an individual. Such a mistake, I think, leads to a diminishment of our humanity.