Perspectives
Social inequality in health, responsibility and egalitarian justice

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ABSTRACT

Are social inequalities in health unjust when brought about by differences in lifestyle? A widespread idea, luck egalitarianism, is that inequality stemming from individuals’ free choices is not to be considered unjust, since individuals, presumably, are themselves responsible for such choices. Thus, to the extent that lifestyles are in fact results of free choices, social inequality in health brought about by these choices is not in tension with egalitarian justice. If this is so, then it may put in question the justification of free and equal access to health care and existing medical research priorities. However, personal responsibility is a highly contested issue and in this article we first consider the case for, and second the case against, personal responsibility for health in light of recent developments in philosophical accounts of responsibility and equality. We suggest—but do not fully establish—that at the most fundamental level people are never responsible in such a way that appeals to individuals’ own responsibility can justify inequalities in health.

Keywords: individual behavior, public health, socioeconomics factors

The aim in this essay is to bring recent political philosophical discussions of responsibility in egalitarian and luck egalitarian theory to bear on issues of social inequality in health. We will consider how personal responsibility affects the question of when social inequalities in health are unjust. An answer to this question is of relevance to issues of how to prioritize within institutions of health and health care, including access and coverage of universal health care and the allocation of medical research funds.

A considerable part of social inequality in health can be explained by differences in lifestyle. In the case of, e.g. cardiovascular disease, the majority of the absolute differences (~70–80%) between social groups can probably be attributed to traditional risk factors which are related to lifestyle.¹–³ So we know that smoking, lack of exercise, eating fatty food, etc. lead to increased risk of various diseases, and that such lifestyle behaviors are more common among the socioeconomically worse off. We therefore know that some health inequalities stem from differences in lifestyle. But are such differences not a matter of individuals’ own responsibilities?

So why are social inequalities in health unjust, insofar as they reflect differences in lifestyle?

Such intuitions seem pretty common. In the epidemiological literature we find perhaps most famously Whitehead’s article on ‘The concepts and principles of equity and health’,⁴ in which she distinguishes between ‘health-damaging behavior if freely chosen, such as participation in certain sports and pastimes’ and ‘health-damaging behavior where the degree of choice of lifestyles is severely restricted’. She suggests health inequality stemming from the former not to be viewed as inequities (unjust), but only those stemming from the latter. The intuitions furthermore seem to match a widespread theory within modern political philosophy known as luck egalitarianism: the idea that it is unjust for individuals to bear the consequences of circumstances over which they have had no control.⁵

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a person to be worse off than others through no choice or fault of her own.\textsuperscript{5,6} This implies that if she is worse off due to her own choices, then the inequality is \textit{not} unjust.

The essay will run as follows: we will first frame the luck egalitarian intuition and contrast it with theories of justice in health that are \textit{insensitive} to responsibility. Secondly, we will consider the challenge of responsibility and discuss an attempt to moderate the claim that individuals \textit{generally} are responsible for their lifestyle-related diseases. Thirdly, we will consider some metaphysical discussions of responsibility. Here we will suggest the strong claim that responsibility, in the sense that affects \textit{distributive} justice, is impossible. Fourth, as this is a strong claim, we will elaborate on what it implies. First, however, a few remarks of clarification.

First, we will assume that insofar as we are concerned with inequality, we should be concerned with inequality in health. (Luck) egalitarians have come up with different suggestions as to what it is that people should have equal shares of—\textit{including welfare,\textsuperscript{5} resources\textsuperscript{7} and capabilities\textsuperscript{8}}—but each of these suggestions seems to imply that we should be concerned about the distribution of health. Secondly, (luck) egalitarians are most often value pluralists as there are difficult issues of balancing concerns of equality with efficiency. It is beyond the scope of this article to come up with suggestions as to how to balance these concerns. What we are concerned with is whether there are \textit{individual responsibility-based} reasons not to care about some inequalities in health. Thirdly, though it is common in social epidemiology we will not use the term \textit{inequity}. This term is usually associated with a distinction between socially caused inequalities and biological variations, such that the latter are not to be considered \textit{inequities}. In line with the luck egalitarian literature, where this distinction is generally considered to be morally arbitrary (because we are responsible neither for the social environment or the genes we are born with), we will address whether inequalities are \textit{unjust}, and this they may be for both social \textit{and} biological reasons.\textsuperscript{5}

\textbf{The luck egalitarian intuition}

Imagine that Peter and Thomas are equally capable of performing, and Peter decides to only be part-time employed in order to get more time to cultivate his garden. We may then tend to believe that the resulting income inequality between the two is \textit{not} unjust. Similarly, we might say that the potential health inequality between the two is not unjust, if it results from Peter’s decision to smoke, and Thomas’ decision not to smoke. Even though many people seem to share the luck egalitarian intuition,\textsuperscript{3} initially it seems we have reason to be \textit{more} concerned about inequality in health than in income when these are due to lifestyles. One reason for this is the potential conflict between responsibility and the ideal of free and equal access to health care, which is roughly illustrated in Elisabeth Anderson’s \textit{abandonment objection}.

‘Consider an uninsured driver who negligently makes an illegal turn that causes an accident with another car. Witnesses call the police, reporting who is at fault; the police transmit this information to emergency medical technicians. When they arrive at the scene and find that the driver at fault is uninsured, they leave him to die by the side of the road.\textsuperscript{10}’

Contemporary discussions therefore often focus on whether distributive justice in health should be sensitive to responsibility at all.\textsuperscript{10,11} If one denies responsibility in health, the challenge is to justify health as \textit{special} in the sense that it avoids matters of responsibility. But such theories, however strong they might be, are rather avoiding the question of responsibility than answering it, and more importantly, it is far from clear that the \textit{abandonment objection} is a decisive objection to luck egalitarianism.

In a recent book Shlomi Segall has defended a luck egalitarian approach to justice in health and health care. He concludes that in order not to \textit{abandon the imprudent}, luck egalitarianism needs to be combined with a model of meeting basic needs.\textsuperscript{12} But insofar as it is possible, he maintains, costs associated with imprudent behavior, such as smoking, eating fatty food and dangerous sporting-activities, can fairly be passed on to the imprudent themselves. For a broad range of reasons, however, the costs should be charged \textit{ex ante} and not \textit{ex post}. This means, for example, that when a smoker ends up in a hospital, with say lung cancer, then she and her fellow smokers have already paid for the treatment through taxes imposed on each single pack of tobacco. It therefore seems possible never to \textit{abandon the imprudent}, and yet pass on the costs of imprudent behavior in accordance with the luck egalitarian intuition.

However, personal responsibility for health does not only affect the question of access to health care. It determines whether and when inequalities are unjust. So if we accept that individuals are responsible for (some) lifestyle choices, such as smoking, then it follows that the inequality in health between those who smoke and those who do not is not unjust. To accept this may have quite serious implications, e.g. on publicly funded research: why give a high priority to say research on lung cancer, if, as suggested, 95.1\% of lung cancer patients are smokers or former smokers, and hence, \textit{ex hypothesi}, responsible for their own situation?\textsuperscript{13}
This, however, is not a conclusive objection. It can be argued that such research should have a high priority, but that the costs should also be paid ex ante by smokers. It seems therefore that responsibility-sensitive universal health care (and research) is possible without abandoning the imprudent. But again, this is not an answer to the basic question: are individuals responsible for their increased risk of lifestyle-related diseases, and if not, then following the luck egalitarian intuition, we would not want them to pay themselves for the treatment of and the research into these diseases.

Of course, we might be willing to accept selective taxation of unhealthy lifestyles for paternalistic reasons. For example, it has been shown that tobacco consumption goes down when the tobacco prices go up.\(^{14}\) By taxing tobacco we can potentially reduce the number of smokers for the smokers’ own good. But accepting such a policy is possible quite independently of considerations of personal responsibility, and it is likely that we will recommend different levels of taxation depending on whether our aim is to prevent smoking or to hold smokers responsible for the costs of their smoking. Therefore, in order to consider how personal responsibility affects the question of when social inequalities in health are unjust it is important to keep these matters apart.

**Degrees of responsibility**

However elegant the solutions we find to secure responsibility-sensitive universal health care, personal responsibility for health and the luck egalitarian intuition still imply that social inequalities in health are not unjust when stemming from differences in lifestyles. So, if we believe that it is unfair to hold smokers responsible for the costs of their smoking, it might be better to challenge the assumption that smokers are, or always are, responsible for their smoking. We might instead ask whether lower socio-economic groups’ higher risk of morbidity and premature death is a result of their social circumstances or of their lifestyle choices?

Making this distinction seems to be Whitehead’s ambition when considering the difference between ‘health-damaging behavior if freely chosen (...’), and ‘health-damaging behavior where the degree of choice of lifestyles is severely restricted’.\(^4\) How then, can we capture such a difference in a responsibility-sensitive theory of justice? The American economist John Roemer has suggested that degrees of personal responsibility may be sensitive to social class. If say a university professor and a steelworker have smoked the same amount of cigarettes for an equal number of years, then the university professor is simply more responsible than the steelworker, since smoking is more common among steelworkers and the single steelworker therefore is more exposed to circumstances where smoking occurs.\(^{15}\)

This approach, however, is sensitive to serious objections. As Norman Daniels has pointed out there seems to be something counter-intuitive about letting responsibility be sensitive to what others do. For example, since skiing is more common among rich people, the approach would imply that a poor person is more responsible for his broken leg in a skiing accident than is a rich person.\(^11\) This seems counter-intuitive.

**Conditions for responsibility**

A more fundamental examination of the question of personal responsibility for health needs to consult the more direct philosophical attempts to find the right conditions for responsibility. What, basically, does it take for a person to be responsible?

In the philosophical literature it is traditionally said that a person must control her actions in order to be responsible: she must be able to do otherwise. But whether a person can do otherwise inevitably depends on whether her actions are caused by herself. An often raised objection is therefore that if the world is deterministic, then she cannot be causing her own actions.

However, in contemporary philosophy it has been argued that we need not settle the question of determinism before assessing responsibilities.\(^{16}\) Determinism rests on the assumption that if we have complete knowledge of the world at time T1, then that knowledge in conjunction with complete knowledge of the laws of nature enables us (in principle) to know everything about the world at any later time, T2.\(^{17}\) But we need not accept such a strong claim to rule out responsibility. This is because of another idea that underlies the thought that determinism makes responsibility impossible, namely what Susan Hurley has labeled the regression requirement:\(^{16}\)

For a person to be responsible for something, X, she must be responsible for the causes of X.

This requirement matches the common sense intuition that we cannot be responsible for something we have not caused (controlled or influenced), like the color of our eyes. Responsibility therefore seems to require responsibility for causes in the regressive sense, which means that in order for a person to be responsible for the causes of X, she must also be responsible for the causes of these causes and so on.
Now, if we (quite plausibly) assume every event to be a result of previous causes—whether the world is deterministic or merely probabilistic—then the requirement has quite far-reaching consequences: Whatever we do is a result of previous circumstances such as social circumstances and our genetic composition. Since the requirement is regressive it implies that we should be responsible for not only these circumstances and that composition, but also the causes thereof—things that happened even before we were born, which is clearly implausible. We can never meet the condition of regression, and we can therefore never be responsible at the most fundamental level.\(^{18}\)

The point is therefore not that there are social circumstances under which individuals are more responsible than under other such circumstances, which otherwise seems plausible from a sociological point of view. Rather, we are never truly responsible for anything, and luck egalitarianism therefore implies that all (relevant) inequalities are unjust, *ceteris paribus*.

However, this conclusion only follows on the assumption that *causality regression* is what responsibility requires. But this is contestable. Very prominent in contemporary political philosophy has been the suggestion that what matters for responsibility is rather whether a person’s acts are consistent with what she really wants (or who she really is).\(^{19}\)

Ronald Dworkin has thus suggested that we can theoretically test for responsibility by offering a preference-changing pill.\(^{20}\) If we are to determine whether a smoker is responsible for smoking, we need to know whether she would take such pill if it existed, such that she would then no longer prefer to smoke. If she is willing to take the pill then she is not responsible, but if she is not willing to take it, then she is. In the latter case, being a smoker is then to be viewed as a part of who she really is.

If such an approach is plausible, then even though it is possible to ascribe responsibility to some individuals, it is noteworthy that it hardly implies that individuals in general are responsible for their increased risk of lifestyle-related diseases. Rather, it seems, behaviors leading to increased risk of diseases are often characterized by something the individual—at least to some extent—aims to suppress. An American study shows that 79% of those who smoke would like to give it up (http://www.gallup.com/poll/7270/most-smokers-wish-they-could-quit.aspx).

Nonetheless, this approach to responsibility is vulnerable to different objections. Most importantly, if we perform all our acts for reasons beyond our control, then what we hypothetically would do (whether we would take the pill) seems similarly to be a result of reasons beyond our control. This seems to match the common sociological view that *what we want to be* is heavily influenced by social attitudes in our environment. The approach therefore needs to account for how a person can come to form beliefs about what she wants in hypothetical scenarios in such a way that is not decisively vulnerable to this objection.

**Implications**

Many people tend to find the conclusion that responsibility is ultimately impossible somewhat unattractive. It is contestable what it fundamentally takes for an individual to be responsible, and in this article we can therefore by no means establish this conclusion. But given it’s strong plausibility, it is important to clarify what it actually implies. T.M. Scanlon has made a very useful distinction between what he calls *attributive* and *substantive* responsibility. Responsibility in the former sense simply implies that it is appropriate to make a person subject for moral appraisal. In the latter sense responsibility regards substantive claims about what people are required to do for each other.\(^{21}\) This distinction is very useful since if *real* responsibility is impossible, then it does not follow that we should not be subject to moral criticism. Rather it is a good thing to criticize each other, insofar there are reasons to believe we thereby change our behavior in desirable ways. Similarly, the impossibility of responsibility does not imply that we cannot have a system of punishment, but only that the criminal is not ultimately responsible. Naturally, we would still want to punish the criminal, since we would still want to prevent crime.

Scanlon’s distinction is therefore helpful since the conclusion that responsibility is impossible mostly affects *substantive* responsibility, which is what regulates *distributive* justice. But it leaves it open for us to ascribe *attributive* responsibility to individual actions, and assess them as blame- or praiseworthy.

So regarding ‘lifestyle diseases’ it is also clear that there is nothing wrong *per se* about appealing to individuals’ own responsibility for taking care of their health. The point is rather that whether we should do so ultimately depends on whether it actually leads to good consequences, i.e. whether individuals actually tend to change behavior as intended, which is an empirical question.

If we accept the conclusion that responsibility is fundamentally impossible it follows from luck egalitarianism that all otherwise relevant inequalities are unjust— *ceteris paribus*. The latter reservation, however, is quite important, since we may have other reasons not to correct for inequality, such as reasons of efficiency, incentive regulation and, especially important in a health context, how to balance our aim for equality with respect for personal freedom. Clear-cut suggestions are beyond the scope of this essay. If one does not wish to put too many restrictions on the freedom to smoke,
one might be left with a rather limited scope for policy-making. But even though there might then be nothing we can legitimately do about the health inequality between, e.g. smokers and non-smokers it should not be thought that the inequality is just—ceteris paribus. First, given medical progress there might later be something we can do about it. Secondly, when this inequality is unjust, it explains why we should give free and equal health care access to individuals affected by diseases for which lifestyle choices are a risk factor. Or, at least, we do not find responsibility-based reasons not to do so.

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