

Evaluating Health Inequalities: Residual Worries

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Adina Preda and Kristin Voigt should be commended for bridging the gap between moral philosophy and health policy. While I am convinced by much of their analysis of what they call the Health Equity as Social Change (HESC) model, I am not certain they are correct to claim that “in the HESC model, ‘avoidability’ appears as both a necessary and sufficient condition for health inequity” (Preda and Voigt, 8). I will explain my hesitation, and then explain some further qualms about Preda and Voigt’s arguments concerning the evaluation of health inequalities.

To start, I want to flag one claim that HESC proponents make that I think is mistaken but which Preda and Voigt seem to accept. This is the claim that whatever is unfair is unjust. Early in their paper, Preda and Voigt quote the Commission on the Social Determinants of Health as saying: “Where systematic differences in health are judged to be avoidable by reasonable action they are, quite simply, unfair. It is this that we label health inequity. Putting right these inequities...is a matter of social justice.” This in turn suggests that unfair health inequalities are perforce unjust. Preda and Voigt seem to accept this. For example, after asking whether “health inequalities are unfair when they result from a fair albeit unequal distribution of social goods,” they go on to restate this question as “Is there any theoretical framework that can support the claim that these inequalities are unjust?” By contrast, I would prefer a conceptual scheme on

which inequalities can be unfair but nevertheless just. (By calling an unfair situation *just* I mean that there is no pressing social duty to rectify the unfairness). For example, consider a society that must choose between restoring the mobility of a few people and treating non-debilitating arthritis in a great many others. I believe it can be right to treat arthritis so long as the group that suffers it is large enough. But I also believe this is unfair to the person with the mobility impairment, since she is (let us assume) worse off than anyone suffering from arthritis. So this strikes me as an unfairness that is nevertheless just. Likewise, I would urge Preda and Voigt to consider adopting this conceptual scheme more generally, for it permits one to acknowledge that inequalities can have demonstrable moral downsides even while a society is not unjust for allowing them. (I will return to this point shortly).

Although I do not detect much evidence for the ascription in their article, Preda and Voigt claim that the HESC model holds that an inequality in health must be avoidable in order to be unjust. I fully agree with their argument against this claim. They explain that even when it is impossible to prevent or eliminate an impairment in *health*, it may be possible to “address its negative effects.” For example, even if it were impossible to eliminate my severe near sightedness, eyeglasses could still eliminate its severe effects on my life. In light of this, it would be a mistake to foreclose questions of health justice simply because impairments *themselves* cannot be eliminated. This suggests that HESC should focus on what Preda and Voigt call the “amenability” of health impairments, rather than their avoidability. HESC is therefore wrong to hold that in order for a health inequality to be unjust, it must be avoidable. But what now about

amenability? Is that a necessary condition? Preda and Voigt do not answer this question, but they do note that “Some philosophers would argue that it is possible to consider an inequality unfair even if there is nothing that can be done about it.” Here again I think my alternative conceptual scheme is useful, for I can say that a non-amenable condition can be unfair without being unjust.

Preda and Voigt next suggest that even if one grants for the sake of argument that avoidability *is* a necessary condition for injustice, it does not follow that it’s a sufficient condition. As they put it, “the fact that something *can* be done about [health inequalities] is not enough to indicate that it *should* be done.” This is true, but I think at least some HESC proponents agree. To see this, consider that Preda and Voigt quote, but do not flag, a key qualification that Michael Marmot repeatedly issues when discussing avoidability. For instance, Preda and Voigt quote Marmot et al. as claiming that “if systematic differences in health for different groups of people are avoidable by *reasonable* action, their existence is, quite simply, unfair” (emphasis added). Likewise, they quote Marmot as saying that “My position in the public debate is that, as a doctor, I regard as unfair health inequalities that could be avoidable *by reasonable means*” (emphasis added). I may be wrong, but I have always read these claims of Marmot’s as suggesting that if inequality-reduction has intolerable costs for other morally worthy aims, then the inequality can be avoidable in a purely descriptive, logistical sense without being “reasonably avoidable.” If this is a faithful interpretation of Marmot, then avoidability as Preda and Voigt construe it would *not* be sufficient, on Marmot’s HESC view, to render an inequality unjust. At the very least, I would want to hear Marmot

confirm that he has the purely descriptive, logistical sense of “avoidability” in mind before I agree with Preda and Voigt that he views avoidability as a sufficient condition for injustice.

Depending on how much moral content one builds into the notion of “*reasonable* avoidability,” I see nothing wrong with viewing it as a sufficient condition for injustice. It strikes me as a grave injustice if I simply stroll by the drowning toddler in Peter Singer’s famous example, and I think the same can be said for the neglect of serious health needs across the globe, so long as redressing them would not be unreasonably demanding. (Unfortunately, I do not have a neat way of distinguishing reasonable demandingness from unreasonable demandingness.)

Preda and Voigt next suggest that there are (only?) two possible accounts of why health inequalities that result from social inequalities are problematic or unjust. First, they might be unjust because they are the result of social arrangements that are unjust on independent grounds. Second, health inequalities might be unjust in themselves, regardless of the social rules and conditions that engendered them. Preda and Voigt criticize each of these options. Regarding the first, they say that if the distribution of social factors really is independently unjust, then “it is not clear why we should focus on *health* inequality rather than social inequality more generally.” They do not deny that the resulting health inequalities can “strengthen” the case for social change, but they do claim that health inequalities “cannot be put forward as the main reason for such redistribution unless it can also be argued that inequalities in health are problematic or unjust in themselves.” Is this correct? Suppose toxic power plants are always situated in

minority communities because these communities alone lack the social standing and political and economic resources to stop this. If the toxins then create serious health problems, I do not see why this should not be among the main reasons for redressing the social conditions that led to the unfair siting practices. It may be true that *sometimes* the main problem lies solely with the background inequalities. But Preda and Voigt defend a much stronger (and to my mind much less plausible) thesis.

The second possibility Preda and Voigt consider is the view that health inequalities can be unfair and unjust even when the social arrangements that create them are “otherwise” fair and just. Following others in the literature, they call these “residual” inequalities. Preda and Voigt are skeptical that residual inequalities can be morally problematic. They do not offer a complete argument for this, and at one point they lean on Norman Daniels’s view that (as Preda and Voigt describe it) “decisions about the fairness or unfairness of health inequalities depend on a prior normative judgment about the distribution of social determinants from which they result. If the latter are fairly distributed, the former are of no independent moral concern.” This view of Daniels’s has always puzzled me. For the principles of justice he wishes to rely on upon to evaluate background social arrangements are the modified Rawlsian principles that include Daniels’s own Fair Equality of Opportunity (FEO) principle. Yet the FEO principle condemns as *prima facie* unjust any departure from normal species functioning. So I don't see how Daniels’s principles for judging background social arrangements could ever treat a residual health inequality as “of no independent moral concern”; the FEO principle seems to guarantee that such inequalities are always of

independent moral concern. In light of what I offered above, perhaps what Daniels should have said is that while FEO treats residual inequalities as perforce unfair, they need not be unjust, especially if eliminating them impinges unreasonably on other aims of justice. In any case, I think Preda and Voigt should be reluctant to argue against residual health inequalities on the basis of what Daniels has to say about them. That is another reason why I am not yet convinced by their arguments concerning the moral evaluation of health inequalities.