

# **Luck Egalitarianism, Social Determinants and Public Health Initiatives**

**Andreas Albertsen**

**Department of Political Science, Aarhus University**

[\*\*aba@ps.au.dk\*\*](mailto:aba@ps.au.dk)

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## **Abstract**

People's health is hugely affected by where they live, their occupational status and their socio-economic position. It has been widely argued that the presence such social determinants in health provides good reasons to reject luck egalitarianism as a theory of distributive justice in health. The literature provides different reasons why this responsibility-sensitive theory of distributive justice should not be applied to health. The critiques submit that 1) the social circumstances undermines or remove people's responsibility for their health 2) that responsibility sensitive health policies would adversely affect those who are worst off and 3) that the luck egalitarian approach to health distracts from the important task of rectifying socioeconomic influences on people health and provides individualistic solutions to collective problems. But for each of these variants of the critique luck egalitarianism provides suitable answers. The literature on social determinants is not detriment to the project of applying luck egalitarianism to health distributions.

Keywords: Social Determinants, Health Inequality, Luck Egalitarianism, Distributive Justice, Social Justice

## **Social determinants and health**

According to epidemiological research social determinants explains many of the existing health inequalities (Townsend et al. 1988; Marmot and Wilkinson 2006).<sup>1</sup> This means that people's health is highly influenced by their employment status, living conditions, and income. The idea of social determinants influences contemporary thinking on how to understand and evaluate health inequalities. The social determinants in health suggest that health inequalities cannot properly be understood or eliminated through a narrow focus on access to healthcare. They suggest a need for broader public health initiatives understood as collective interventions aimed at promoting and protecting the health of the public (Dawson 2011, 3). Social determinants also matter when conducting moral evaluation of health inequalities (Sreenivasan 2009; Wilson 2009; Wolff 2009). It is commonly thought that that our evaluation of a distribution depends on how it came about (Daniels 2008; Hausman 2007; 2013; Segall 2010). Therefore an important part of the normative literature has discussed how to incorporate the literature on social determinants within discussions of distributive justice in health.

A number of scholars have recently argued that the social determinants literature is problematic for attempts to apply luck egalitarianism, an influential view on distributive justice, to the sphere of health and healthcare (Brown 2013; Daniels 2008; 2011; Cavallero 2011; Feiring 2008; Wikler 2004). Luck egalitarianism is sometimes referred to as a responsibility-sensitive egalitarianism since it asserts that distributions are just, if, and only if, they reflect nothing but people's exercise of responsibility (Knight 2009, 230; Lippert-Rasmussen 1999). The critiques of luck egalitarianism drawing on the social determinants literature vary. Some stress how social determinants undermine responsibility, others that luck egalitarian policies would adversely affect the worse off, and others still focus on the discursive effects of an approach emphasising personal responsibility. These critiques are discussed in what follows.<sup>2</sup> In taking up this discussion, the article addresses a critique which is both recurrent and so far unaddressed by those sympathetic towards luck egalitarianism. Before doing so, it should be acknowledged that this critique may seem puzzling to some. One reason could be that the influence from social determinants may be interpreted as the kind of circumstances that people are not responsible for, thus something for which luck egalitarianism requires compensation. But given that the critique has been raised both often, recently, and by important scholars in the field, it should not be taken lightly. Instead it

should be analyzed and evaluated with the purpose of understanding and evaluating what this critique brings to the discussion. This article acknowledges the positive insights from the literature on social determinants, but rejects that they provides reasons to reject luck egalitarian approaches to health.<sup>3</sup> The criticism, though common, cannot uphold such a conclusion.

### **The social determinants critique of luck egalitarianism**

This section reviews the recent literature using the literature on social determinants to formulate critiques of luck egalitarianism in health. The aim is to obtain a clearer understanding of the content and strength of such a critique. The critiques fall into three categories which are labelled: *Undermining responsibility, adverse effects on the worse off and discursive consequences.*

#### ***Undermining responsibility***

One widespread way of criticising luck egalitarianism is to cast doubt over the extent to which people are responsible for their own health. In relation to social determinants such doubt comes in two versions. Some authors express the view that social determinants makes futile claims that people are responsible for their bad health. The second version claims that even though we can talk of people being responsible, their choices are very much influenced by social factors. While these ideas are distinct, it may not always be easy to identify which of the two versions an author is arguing for. For the sake of completeness of the discussion both versions are included. Included in this section are a number of authors who raise such issues *and* who consider it a strong reason to reject luck egalitarianism in health.<sup>4</sup> After describing the content of the critique, it is argued that the latter claim is unconvincing.

#### ***Eliminating responsibility***

First, critiques pointing to how social circumstances mitigate against people's responsibility will be examined. Brown argues that *'those who are subject to more social deprivation are more likely to have their freedom limited'* (Brown 2013, 3–4). According to Brown people's social circumstances mitigate their *'fitness to be held responsible'* (Brown 2013, 3–4). When people in deprived circumstances are not fit to be held responsible, we cannot substantiate the claim that they are responsible for their own bad health. The reasoning is that we cannot, in a meaningful way,

attribute them responsibility for their own bad health. In his treatment of the subject Fleck reaches a similar conclusion:

*'If we are reflective about the personal, political, economic, and social circumstances of these individuals, we will realize that making judgments about personal responsibility for bad health outcomes is extraordinarily complex and opaque to outside judgment'* (Fleck 2011, 7).

According to Fleck, the social determinants imply that to rely *'on judgments of personal responsibility for health to control costs by denying "less responsible" individuals needed healthcare or erecting financial barriers to needed care would be neither just nor compassionate'* (Fleck 2011, 8). Fleck's use of quotation-marks around responsibility underscores that it is responsibility that is not sufficiently present (if at all). In her discussion of luck egalitarianism Feiring argues in a similar vein that in the light of social circumstances: *'It may not, then, be reasonable to hold that lifestyle choices are informed and deliberate in the way that ought to be conditions for personal responsibility.'*

All authors raise these issues in articles critical towards luck egalitarianism in health (Brown 2013, 2; Feiring 2008; Fleck 2011, 4). The authors are sceptical towards luck egalitarianism because they hold social circumstances to militate against the idea that people are responsible for their health disadvantages. The authors clearly think both that social determinants undermine people's responsibility and that this is suitable as a critique of luck egalitarianism in health. But upon consideration, this is not at all straightforward. To illustrate why consider the description of luck egalitarianism given by the critics themselves. Feiring describes the luck egalitarian position in health as the view that *'inequalities in health expectancies that stem from differences in lifestyle that reflect personal priorities are justified, and might not be compensated'* (Feiring 2008, 33). Similar statements can be found in the writings of Fleck and Brown (Brown 2013; Fleck 2011, 4). Such formulations illustrates why Fleck, Feiring and Brown could be correct that the presence of social factors eliminates responsibility, and still be wrong that this is a problem for luck egalitarianism in health. If luck egalitarianism is a theory with a certain view on how to evaluate distributions reflecting choices for which people are responsible, then the central claims of such a

theory is not undermined if it turns out people are not responsible for their own adverse health. Most descriptions of luck egalitarianism make no assumptions regarding the extent to which people are responsible for their choices and the distributions brought about by such choices (Arneson 1989, 86; Cohen 1989, 934; Knight 2006; Temkin 2011, 57). In the health context, luck egalitarianism should not assume responsibility, but rather continue to be a theory about *how to respond* to the presence (or absence) of responsibility (Albertsen and Knight 2014). Luck egalitarianism should thus not be troubled if the empirical claims underlying this critique are true.

If social circumstances result in people's relative positions being unfairly unequal, luck egalitarianism is committed to consider such inequalities as unjust. If people are not responsible for their own bad health, luck egalitarians would consider it a concern of justice to remedy this situation. This means that if the factual claims to which the critics appeal is true, if it is indeed the case that social factors not traceable to people's choices affect people's relative positions, then they are disadvantaged in a way that luck egalitarianism must consider problematic.

### *Influencing choices*

Doubts regarding responsibility in healthcare are not always expressed as the above. Some critics stress how people's choices regarding health are heavily influenced by circumstance. *'It is hard to identify any action that is not partly determined by circumstance understood as the social contexts in which the individual finds herself or her traits of character (included the ability to choose)'* (Feiring 2008, 34). Going beyond the broad terms of circumstance, Feiring's discussion on obesity is instructive. She argues that *'poverty, class and income are key-determinates of obesity and weight-related disease'* (Feiring 2008, 35). A similar view is expressed by Buyx and Prainsack who argue *'that health behavior cannot be taken as subject to individual choice only, but rather is shaped significantly by upbringing, education, wealth and many other social and environmental factors'* (Buyx and Prainsack 2012, 82). They describe it as an empirical uncertainty, and furthermore stress that the heavy influence from circumstances on people's health-related choices *'is also one of the main objections to the arguments of luck egalitarians'* (Buyx and Prainsack 2012, 82 n49). The claims examined here are different than those cited in the previous section. Attributing responsibility is not considered impossible, but the strong influence from

social circumstance is stressed. Several answers seem available to the luck egalitarian. Three of which will be examined here.

First, it should be stressed that luck egalitarianism delivers an answer which is in principle clear. It tells us something about how we should deal with matters of responsibility. So even if we are in fact unable to disentangle actual choices, from choices which are heavily influenced by circumstances, the principled luck egalitarian answer remains. That we (currently) lack the ability to identify genuine choices, does not take anything away from a principled view regarding how we should assert distributions if we could.

A second possible answer would be that luck egalitarianism would not need to rely on claims regarding people's health choices being genuine or completely shielded from influencing circumstances. Luck egalitarianism could take up the task of defining what counts as circumstances in the relevant context in order to be able to take into account the extent to which choices were influenced by circumstances.<sup>5</sup> After all, as Cohen, the famous luck egalitarian, remarked in a related context, there is difference between claiming that something is influenced by factors beyond our control, and the stronger claim that it is wholly determined (Cohen 1989, 914). One prominent suggestion on how to do this has been developed by Roemer. He argues that if we want compare people's effort in obtaining some good (for example health); we should compare them with people in similar circumstances to make judgements about responsibility (Roemer 1993; Roemer 1995; Roemer 1998; Roemer 2003; Roemer 2012). Roemer proposes that we classify people into types, which are relevantly similar in their circumstances, and then consider people as being responsible for the degree to which their choices differ from the mean of their type. Though space does not allow for a thorough discussion of such proposals, it is mentioned as a prominent attempt to handle the disentanglement of choice and circumstances.

In light of the above it could be submitted that sometimes the relevant information is simply hard to acquire. Or perhaps we can only obtain it through procedures which we would, upon consideration, not want to evoke. Cohen's remark in that regard is instructive: *'It can be bad policy to seek to promote justice, whether because that would in fact not promote justice or because seeking to promote it would prejudice other values'* (Cohen 2008, 381). The last part of the sentence constitutes the third possible answer available to luck egalitarianism. It addresses situations where luck egalitarian policies conflict with other values. Luck egalitarians care about

such situations because luck egalitarians need not be monist. Most luck egalitarians are pluralist with a genuine concern for other aspects than distributive justice (Arneson 1989: 81; Cohen 1989: 906; Knight 2009: 232; Rakowski 1993:74; Temkin 2003: 769) Such a pluralism would, as the Cohen quote suggest, allow luck egalitarians to reject introducing specific policies, that conflicts with such other important values. Depending on the nature of the influence exercised by social circumstances it would seem that luck egalitarianism have suitable answers at hand.

### ***Adverse effects on the worst off***

The next critique from the social determinants literature points towards possible regressive effects of luck egalitarian policies. It is a central element in luck egalitarianism, that if people make choices that create costs, they should not be allowed to pass those costs over to others.<sup>6</sup> The claim examined in this section is that luck egalitarian policies to mitigate such cost-displacement are regressive in its effect, making worse off those who are already least well off.

In his criticism of luck egalitarianism, Cavallero writes on responsibility sensitive allocations of healthcare that they *'will tend to be regressive in its effects, hitting the worst off the hardest and thus ... tending to aggravate the burdens of those who are already unjustly disadvantaged'* (Cavallero 2011, 401). This critique grants that we can identify some risky choices and hold people responsible for them. According to Cavallero, responsibility sensitive provisions of healthcare trying to mitigate cost-displacement from risky behaviours are likely to have adverse effects on those who are socioeconomically worst off (Cavallero 2011, 401). Even though Cavallero frames his argument in terms of healthcare provisions; it would still be applicable if we are concerned with distributions as health as such. Most luck egalitarians in health focus on health rather than healthcare (Albertsen and Knight 2014; Le Grand, 2013; Segall 2010, 1, 90–93; Voigt 2013).<sup>7</sup> The critique would still be able to argue that responsible-sensitive policies disadvantage people, who are responsible for their own bad health, but who are not responsible for their disadvantages in other spheres of life. The luck egalitarian has two options: To deny that introducing such policies would be bad; or to deny that luck egalitarians are committed to introducing such policies. Regarding the second option, could there be luck egalitarian reasons for refusing the implementation of such policies under those circumstances? An example may clarify the issue: Consider a community with two groups of citizens each accounting for half of the population.

Group A is employed, earns good money and lives in good houses. Assume that all this can be considered group A's circumstances. For reasons unrelated to those circumstances, A-people takes good care of their health. Consider then group B. B-people's circumstances are quite worse: they struggle with unemployment, modest employment benefits, and shabby housing. For reasons unrelated to those circumstances, B-people lives unhealthy lives.

Cavallero's argument rests on the idea that luck egalitarianism must endorse making B-people worse off than they already are through responsibility-sensitive policies in the healthcare setting. Should luck egalitarians endorse such responsibility-sensitive policies? Only a very peculiar kind of luck egalitarianism would support such a verdict. An isolationist theory of luck egalitarianism concerned only with distributions of healthcare resources could endorse such policies. Other versions of luck egalitarianism in health would not endorse such policies. The main alternative to an isolationist theory would be an integrationist one: a theory caring about distributions of health or healthcare resources along with distributions in other spheres of people's lives (Albertsen and Knight, 2014). All else being equal, such a theory can evaluate distributions of healthcare resources. But when all else is not equal, as it is not in Cavallero's example, this must be taken into account. Including the social circumstances into the equation would lead a luck egalitarian to reject introducing measures which would make the overall distribution even more unequal. The integrationist luck egalitarian may thus argue that we should eliminate the social circumstances, and could then not endorse introducing responsibility-sensitive healthcare allocations while leaving social circumstances as they are. The claim that luck egalitarian policies would have regressive effects seems upon consideration to be unwarranted.

### ***Discursive consequences of luck egalitarianism***

The above critiques all argue that luck egalitarianism is wrong. They provide reasons for that conclusion, and, so far, luck egalitarian counter-arguments have been offered as to why the critics' argumentation is ultimately unconvincing. The critique examined in this section is of a different nature. It can be understood as claiming that even if luck egalitarianism can be salvaged from the critiques above; we should still avoid evoking it as a theory of evaluating health inequalities. The main reason is that its focus on personal responsibility overlooks or distracts from more pertinent issues. In its strongest form, the critique finds that luck egalitarianism is not only misleading, but



that it also must suggest solutions of the wrong kind.

### *Victim blaming and stigmatization*

Consider first the claim that the emphasis on personal responsibility is wrongheaded or distracts attention from more pertinent issues. This is stressed by Schmidt who argues that discussions about responsibility for health and disease tend to *'distract the attention of policy makers away from addressing the underlying and hugely important social determinants of health'* (Schmidt 2009, 130). A point also emphasized by Buyx and Prainsack (Buyx and Prainsack 2012, 48). Voigt raises similar concerns and writes that this issue has received relatively less attention in the literature (Voigt 2013, 154). According to Voigt, there is one understanding of responsibility in public debates and another in the luck egalitarian literature. The latter is nuanced, but the former is *'emphasizing the importance of individual choice while understating the relevance of social structures that may constrain such choices'* (Voigt 2013, 154). One possible consequence could be that people with so-called lifestyle diseases are stigmatized by the luck egalitarian emphasis on personal responsibility. As Daniels puts it, it might *'make it look as if we are blaming the victim'* (Daniels 2008, 76).

This is an important point to raise, with avoiding stigma being a genuine concern in much debate over health policy (MacLean et al. 2008; Puhl and Heuer 2010). However, one should hesitate to write off luck egalitarianism based on mistaken views about which policies it would recommend (Knight 2009, 154–155). As argued earlier, it is not the case that luck egalitarians would support the introduction of such policies. The point about how a pluralist luck egalitarianism can take such costs into account could be raised here as well. But the concern is justified to some extent. Philosophers of any kind should be observant to whether their moral theories are open to abuse. Putting it this way, however, also shows the limit to the critique since almost any normative theory would be open to misinterpretation. Luck egalitarians are not alone in that regard.

### *Endorsing the wrong solutions*

While the discursive concerns above are interesting, a related but more substantive point is suggested in the literature. The introduction highlighted how the literature on social determinants

in health is often applied to suggest the need for a broader approach to health policies. An approach with prevention and policies located outside the traditional sphere of healthcare as important elements. Many would consider it bad if luck egalitarianism was unable to embrace such policies. Daniels hints towards such a critique when he writes:

*'If individuals are to be held responsible for the externalities of their lifestyle choices, viewed as analogous to 'expensive tastes', then we depart from Rawls's account of a division of responsibility. We fail to meet social responsibilities but we (erroneously) insist on individual ones' (Daniels 2011, 277).*

While this point has some resemblance to the earlier critiques, it also goes beyond that. The concern here is whether the luck egalitarian approach to evaluating health inequalities are somehow committed to solutions more focused on the individual.<sup>8</sup> So even if luck egalitarians care about distributions of health and the effects social determinants have on people's health and ability to take care of their health, luck egalitarians are unable to satisfactorily address the social determinants of health. Luck egalitarians may claim that the influence from social determinants is a bad thing, and perhaps even something which makes it impossible to hold people responsible for their health level. But luck egalitarians cannot, the critique suggests, make positive demands towards removing social determinants. Such a conclusion should and would upset many luck egalitarians since it would render their position unable to justify many important real world policies. The first answer to provide in this context resembles a point stressed by Lippert-Rasmussen in another. He argues that even if an injustice is best understood as being between two individuals, it does not imply that we should have an individualistic approach in removing such injustices (Lippert-Rasmussen 2013, 63). I consider that point to be correct and to be applicable to this context as well. Even if we are concerned with individual responsibility (and lack of it), this does not tell us whether the actions taken to eliminate unfair distributions should be collective or individualistic.

As a second reply, consider Segall's argument that luck egalitarian policies might be more willing to include broader measures than other views on health inequalities (namely those focused more narrowly on healthcare). He argues that since luck egalitarians are concerned with unchosen

disadvantages, and do not subscribe to any special primacy to healthcare provision, luck egalitarianism would readily embrace broader initiatives than those commonly thought of as part of the healthcare system (Segall, 2010: 81). Luck egalitarianism would often have both health-based reasons, and other reasons to eliminate the social circumstance in question. Both of these springs from the luck egalitarian commitment to removing the influence from unchosen circumstances on people's relative position. However, some formulations of the luck egalitarian view on health come close to a view without such commitments. When Roemer argues that we should indemnify people from their circumstances, critics could ask if we shouldn't instead be concerned with removing those circumstances rather than to merely counteract or compensate their effect (Roemer 1993; 1998). But pointing towards Roemer's formulation is not enough to confirm that Daniels' critique is correct. Removing the effects of bad luck on people's relative position does not exclude doing so by removing the social circumstances which produce them. In a pragmatic sense, luck egalitarians can prefer the strategy best serving the purpose of eliminating the extent to which people's lives are affected by bad luck. Thus, it seems not to be correct that luck egalitarians cannot recommend broader measures in dealing with inequalities in health and their social determinants. Luck egalitarians can then affirm, rather than resist, the policies suggested by the proponents of this critique.

## **Conclusion**

The article examined critiques of luck egalitarianism in health based on the social determinants in health literature. The critique from social determinants comes in very different versions. But importantly, luck egalitarianism provides sufficient answers to such critiques. Debating this type of critique is important because it is quite common among those critical of luck egalitarianism in health, and, furthermore, because it relates the normative literature to one of the most important recent epidemiological discussions. Presenting luck egalitarian answers to this critique is an important task for anyone sympathetic to luck egalitarianism in health.

But the discussion should also give pause for thought among those sympathetic to luck egalitarianism. What makes this critique so common? I would suggest that it could be explained by a central miscommunication in the academic dialogue regarding the implications of luck egalitarianism in health. The discussion over luck egalitarianism in health has focused almost

exclusively on how the presence of personal responsibility should affect the allocation of scarce healthcare resources (Anderson 1999; Maily 2005; Rakowski 1993). As such, the discussion has focused on who should get the available hospital bed, and on whether smokers and people who have consumed alcohol in excess should be treated differently because of their past behaviours. For critics it has been natural to question whether a distribution of healthcare resources in accordance with people's behaviour would risk overlooking the social factors influencing such behaviours. Perhaps this article can contribute towards eliminating the miscommunication and thus improve the understanding of how luck egalitarianism can incorporate and appreciate the important literature on social determinants in health.

## Notes

<sup>1</sup> For an interesting critique of the social determinants literature, see Deaton 2013

<sup>2</sup> I draw a distinction between critique of luck egalitarianism and the more general debate regarding individual responsibility in health, for such discussion see Daniels 2011; Boddington 2009; Goldberg 2012; Harris 1995; Magnusson 2010; Minkler 1999; Resnik 2007; Vansteenkiste et. al. 2014; Wikler 1987; Wikler 2002.

<sup>3</sup> For such recent attempts see Le Grand 2013; Roemer 1998; Segall 2010; 2013; Voigt 2013. Others have offered reasons unrelated to social determinants, such reasons will not be considered here. See for example Andersen et al. 2013; Hausman 2013; Nielsen and Axelsen 2012; Nielsen 2013; Vincent 2009

<sup>4</sup> As opposed to views that take the social determinants to limit the relevance of luck egalitarianism in health, but mainly cites other reasons for rejection it. Such as Bognar and Hirose, 2014: 131-133.

<sup>5</sup> See also Voigts excellent discussion of smoking Voigt 2010 and Roemer's (Roemer, 1993; 1998)

<sup>6</sup> In the broadest sense covering any disadvantage. See also Mason 2006, 158. For an intriguing discussion on the concept of cost see Andersen 2014.

<sup>7</sup> The exceptions being Dworkin, 2000; Hunter 2007.

<sup>8</sup> Mason has an important discussion on the complaint that luck egalitarianism is individualistic Mason 2006.

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