

Health and Social Justice

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Theories of social justice applied to health care have typically focused on justifying health care (medicine and public health) as a special social good. Rationalizing greater equality in health care is typically the point of departure for most approaches to medical ethics, even those that include health assessment. In general, these approaches have paid relatively little attention to universal concerns of social justice with respect to *health* itself. This article focuses on the question of why *health*, as opposed to *health care*, has special moral importance for social justice.

Philosophical theories in medical ethics have been reluctant to give health (in contrast with health care) special moral importance for at least one primary reason: they share the assumption that health is not an appropriate focal variable for assessing social justice. Egalitarian theories “propose that persons be provided an equal share of certain goods such as health care, but ... are cautiously formulated to avoid making equal sharing of all possible social benefits a requirement of justice.”^{1(p.339)} Liberal theorists of justice are disinclined to focus on health because, as the great theorist of social justice, John Rawls, purports, “no society can guarantee health to its individuals.”^{2(p.62)} A primary contention in his famous book, *A Theory of Justice* is that “natural goods like health are not primary goods – those that are rational to want, regardless of whatever else one wants.”^{2(p.62)} He adds that “health and vigor, intelligence and imagination, are natural goods; although their possession is influenced by the basic structure, they are not so directly under its control.”^{2(p.62)} Norman Daniels argues that “health is an inappropriate object, but health care, an action which promotes health, is appropriate ... a right claim to equal health is best construed as a demand for equality of access or entitlement to health services.”^{3(p.7-8)} Daniels and others emphasize that a “right to health embodies a confusion about the kind of thing which can be the object of a rights claim.”^{3(p.7-8)} Such reasoning illustrates the strong bias against health as a focal variable in current ethical theory. Because medical ethicists are so reluctant to treat health as a special good, there has been little discussion of a philosophical account of what health is and what its most important aspects are.

A contrasting argument is that health has special moral importance because of its status as an end of political and societal activity. According to Aristotle, society's obligation to maintain and improve health rests on the ethical principle of "human flourishing"⁴⁻⁸ – the ability to live a flourishing, and thus healthy, life.⁴⁻⁸ Because flourishing and health are inherent to the human condition, they cannot be traded for monetary compensation.⁴⁻⁸ Indeed, certain aspects of health sustain all other aspects of human flourishing because without being alive, no other human functionings are possible, including agency, the ability to lead a life one has reason to value.⁹⁻¹¹ Therefore, it can be argued that public policy should focus on capacity to function, and health policy should aim to maintain and improve this capacity by meeting health needs. This view of the good life values health intrinsically and more directly than non-intrinsic or solely "instrumental" social goods such as income or health care. It gives special moral importance to health capability, which is an individual's capacity for health functioning that accounts for what a person is capable of doing and being.

This line of reasoning – focusing on human capability – contrasts with the concentration on health care in assessing equality of opportunity; whereby health care "is special because of its impact on opportunity."³ It also differs from the utilitarian view that health care is important for maximizing the sum total of utilities, and from procedural views that focus on guaranteed due process. None of these approaches guarantee a right to health. The distinction is rooted in the different points of focus that these theories espouse. Capability, in line with Aristotelian reasoning, describes what individuals are able to do and be, offering a realistic sense of their freedom to pursue the lives they have reason to value. These distinctions have major implications for policy analysis. Under the capability point of view, society is morally obligated to attach importance to averting or ameliorating loss in physical functioning even if a person's subjective utility assessment is quite high and even if opportunity of employment still exists. Thus, a person's capacity to function – rather than to be happy or to have employment opportunities – should be the gauge for assessing public policy.

The distinction between a capability approach to health care and other well-known approaches has implications for assessing social inequalities and evaluating social policies in the context of broader health determinants. Under the capability point of view, health care is important and therefore, special, due to its role as one of many determinants of health. It therefore must be socially guaranteed. It is not the only determinant however, as Michael Marmot and his colleagues' work has so powerfully demonstrated,¹²⁻¹⁴ and one must not assume that more and better health care is all that is needed to improve health. Thus, health care must be assessed alongside other determinants. Its main impact on

health may well depend on the type of care and sometimes on other factors. Understanding the complementary roles of society's many resources that impact on health presents a challenge to the health policy community. A forthcoming book on the subject discusses the capability theory and its relevance to this challenge.¹⁵

References

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