Daniel Wikler, “Personal and Social Responsibility for Health”

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Introduction

• there are actions that people can take to improve or preserve their health, such as adopting healthier lifestyles

• division of labor in the pursuit health:
  – society: maintain health system for prevention and therapy, create healthy social and physical environment, provide information on risk factors
  – individual: use this information along with own knowledge and common sense to maintain their health and reduce need for care

• public health perspective:
  – avoiding diseases and disabilities that result from personal choices is just as important as avoiding other problems
  – prevention, management, and cure might require different strategies
  – need to respect personal liberties

• but other perspectives are possible: we could differentiate whether it is a social responsibility to deal with health needs based on whether the individual is responsible for the need

• personal responsibility has increased in prominence in health policy in recent decades

• initially: personal responsibility in the context of externalities - people who took risks with health should assume more of the burden
more recently: personal responsibility in the context of international and public health - if SES gradient arises because different strata take care of their health differently, is it still a social responsibility?

delimiting the sphere of public health: do we need to respond to health needs that arise voluntarily? e.g., spend resources on curbing tobacco use (voluntary) or infectious diseases (involuntary)?

this article argues that currently personal responsibility for health is still on the periphery and it should stay there

conclusion: individuals should be encouraged and enabled to remain healthy through informed and prudent habits of living, but illness and injury should be a shared burden

The Potential Significance of Personal Responsibility for Health

the idea of personal responsibility of health has become more prominent with the epidemiological transition

noncommunicable diseases now more important than infectious diseases that required strong state intervention

many noncommunicable diseases and risk factors (like smoking) are most responsive to individual lifestyles

behavioral factors can be important even for infectious diseases like AIDS

some ways to assign personal responsibility:

- enforce healthy choices through legal rules like seatbelt laws
- give lower priority to treatment of avoidable diseases
- potential risk takers should insure in advance against the added risk

correlation of health and socioeconomic status has long been recognized

we might be able to greatly improve the health of people with lower socioeconomic status

it’s not obvious that we should do so

there are costs and benefits

we also need a moral account: do inequalities constitute an injustice?

are all inequalities unjust?

how much does personal responsibility for inequalities matter?
Luck, Egalitarianism, and Personal Responsibility in Recent Political Philosophy

- some conservative critics of public health measures say that we ought to care more about personal responsibility rather than social structure
- political and philosophical liberal-conservative debates are somewhat distinct
- personal responsibility can be meaningful in Rawlsian theories as well, but implications are unclear
- post-Rawlsian philosophy (e.g., Sen and Dworkin) takes personal responsibility more seriously
- remain egalitarian but only in contexts where personal choice does not play a role
- luck egalitarianism (Jerry Cohen, Arneson)

A Role for Personal Responsibility for Health?

- in general, personal responsibility is very important in our moral and political culture
- personal actions have a large impact on health outcomes
- this article argues that personal responsibility deserves but a peripheral role in health policy
- two ways to argue this:
  - personal responsibility should not be emphasized in the theory of justice
  - we should not move from the general theory of justice to health
- luck egalitarianism has some counterintuitive consequences:
  - no compensation to those who make prudent choices but get a negative outcome or those who are constrained to make choices with bad outcomes
  - compensation to those who involuntarily get a bad but not really bad outcome even if they are rich
- personal responsibility and the significance of choices should not be entirely dismissed, they can be important on instrumental grounds
- it is also rather unclear what actions count as voluntary
• assigning responsibility can have adverse effects

• fault-finding can be arbitrary

• small choices lead to big consequences in health: disproportionate punishment when assigning personal responsibility

• in arguments for personal responsibility for unequal outcomes, interpersonal differences are often exaggerated

• personal responsibility can still play a positive role in the promotion of health

• free choice is inherently desirable

• fostering a sense of personal responsibility of health can be part of a program for “empowerment”

Conclusion

• some people freely take actions that are bad for their health

• the intuitions supporting moral judgement of these people are insufficient to justify a strong emphasis on personal responsibility in rationing healthcare

• personal responsibility/opportunity can play a constructive role in motivating people to stay healthy and take good actions