

# 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 health-care
- personal responsibility/opportunity can play a constructive role in motivating people to stay healthy and take good actions