Social Practices, Public Health and the Twin Aims of Justice: Responses to Comments

Madison Powers*, Kennedy Institute of Ethics, Georgetown University
Ruth Faden, Johns Hopkins Berman Institute of Bioethics

*Corresponding author: Madison Powers, Kennedy Institute of Ethics, Georgetown University, 420 Healy Hall, 37th & O Street NW, Washington, DC 20057 USA, Tel: 202.687.6821; Fax: 202.687.8089. Email: powersm@georgetown.edu

Articles by Lyn Horn and Alison Thompson highlight several points crucial to understanding how our theory figures in wider debates about social justice as well as the particular relevance of our theory for assessing the overall practice of public health (Horn, 2013; Thompson, 2013). We begin with these two articles, first to respond to and concur with many of their central points, and second to set the stage for dealing more efficiently with some points raised in the other articles.

As Lyn Horn emphasizes at the outset, and as Diego Silva also highlights, our twin aims of justice are presented as a theoretical framework that can be used for the assessment of a variety of social practices (Horn, 2013; Silva, 2013). This is perhaps one of the crucial, foundational points of our theory and one that we shall be highlighting more as we turn our attention to issues of global justice in our next book.

Our theory is a non-ideal theory in the sense that it is not a view that articulates principles of justice that are themselves offered as the right set of principles for the regulation of some ongoing form of social relations or social practice such as a nation-state. We do not criticize that theoretical approach; it is simply a different theoretical undertaking from the one we pursue. In the way we draw the distinction between ideal and non-ideal theory, the twin aims are not distributive principles of any sort but evaluative standards by which any proposed distributive principles should be assessed.

Consider first the first aim. The relevant elements of well-being are put forward as a way of explaining the overarching point or purpose of any account of justice, including a set of distributive principles of the sort Rawls defends. We along with other critics advance the Aristotelian argument that it is not possible to know what distributive principles are superior or how best to interpret them without articulating what any distributive pattern enables affected individuals to be and do (Sen, 1980). One of the main functions of our account of the core elements of well-being is the evaluation of distributive principles and institutions in light of its overarching aims.

Elizabeth Anderson similarly asks what the point or purpose of any broadly egalitarian theory of justice should be (Anderson, 1999). For reasons somewhat different from the Aristotelian point, she concurs in the judgment that the right kind of answer is not found in some preferred pattern of distribution of resources. The point of such a theory instead lies in an overarching commitment to eliminating certain forms of oppression or other background injustices, which for her, matter because they undermine the equality of citizens necessary to an ideal of democratic equality.

While we take democratic equality to be one important consideration, we endorse a wider view of the point of justice. We are concerned with well-being and the impediments to its realization, more broadly. For us, the point of justice is not elucidated by well-being required for the task of citizenship but rather by the constitutive requirements of a decent human life. For example, our account of well-being includes what are sometimes called relational goods, the value of which lies in the fact that some ways of living in relation to others is a condition or state of affairs that is eudaimonically valuable or 'good for' individuals. These elements include living a self-determining life, free from domination and control by others, and forms of social and political standing that involve the respect of others who view and treat each as moral equals.

Our second aim is concerned with the design and reform of social arrangements in order to combat impediments to all of the core elements of well-being that arise within densely woven patterns of systematic disadvantage. These are all too familiar features of real-world social arrangements. Accordingly, the second aim of our non-ideal theory makes clear that it targets for high priority the inequalities that are produced by multiple, overlapping causal mechanisms and result in deprivations of multiple dimensions of well-being, typically leading to cascading social disadvantages that, over time, tend to lock in a low level of life prospects for those thus affected.

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The twin aims then jointly define the point and purpose of any possible set of distributive principles and they inform the priorities that such principles should embody under non-ideal, real-world conditions. Moreover, the twin aims are evaluative standards meant to be applicable to the assessment of a range of social practices and institutional arrangements and the distributional principles by which they are organized. For us, the applicability of the evaluative standards is not just to the basic structure of a single nation-state, as Rawls defines it, but also to social practices that are short of or less comprehensive than the basic structure of a society, as well as practices that go beyond the confines of the nation-state and extend to the global order. Our focus on the wide range of relevant social practices subject to assessment by our theory reinforces the point that a variety of norms and institutional organizational factors that are not primarily distributive in their purpose or function should be subject to scrutiny. Insofar as such arrangements profoundly and pervasively affect the relevant life prospects enumerated within our account of the core elements of well-being, our theory applies.

Our broadened scope raises a concern that both Lyn Horn and Alison Thompson note—the prospect of 'mission creep' (Horn, 2013; Thompson, 2013). Public health institutions, as well as other domains of public policy, regularly have impact on dimensions of well-being in addition to the one with which they are focally aligned. Many social determinants of one element of well-being are also important determinants of other elements, and improvements in one element often depend critically on improvements in another. For example, improvements in health can require improvements in reasoning, and vice versa. Strict conformity to the ideal of radically 'separate spheres' of justice in public health, in which health institutions only focus on the resources and determinants that are institutionally aligned with health, can result in policies that fail to achieve the goal of improved health. Moreover, without attention to other aspects of well-being in the design and assessment of policies and practices, the strategies employed to improve health can fail to advance, and even undermine, the aims of justice with regard to its other dimensions.

It is appropriate that public health focus on the health of populations. The kinds of expertise and social and political authorities needed to advance the different core elements of well-being are sufficiently different to require institutional divisions of labour. However, as Horn and Thompson illustrate, one of the central implications of our theory for public health is that it is never appropriate for public health agencies and officials to ignore the other elements of well-being in assessing the design and impact of policies and practices. Although there are no easy or algorithmic answers, their foetal alcohol syndrome and human papilloma virus vaccine examples show what is problematic about failures to consider elements such as respect and self-determination in the single-minded pursuit of health alone.

Thus, while we are sensitive to the risk of mission creep we think that the greater, more pervasive risk is lack of moral attentiveness to policies that neither do the best they can to secure the conditions for improved public health or pursue public health in ways that undermine other aims of justice. Horn and Thompson provide useful examples of the sort of practical guidance in the direction of appropriate moral attentiveness we hope our theory provides (Horn, 2013; Thompson, 2013).

Our theory's rejection of separate spheres is predicated on a pluralist account of the core elements of well-being that is relevant in the assessment of any social practice. This pluralist picture raises two kinds of questions. One is a question about how to understand the source of value of each of the elements, a topic addressed by Akira Inoue (Inoue, 2013). The second question pertains to the relationship between potentially competing elements of well-being such as self-determination and health, a topic taken up by A. M. Viens and Diego Silva (Viens, 2013; Silva, 2013).

As Akira Inoue notes, our theory does start with the assumption that health is valued for its own sake, and not merely instrumentally, for example, as a strategic adjunct to some other end such as fair equality of opportunity. Inoue points out, rightly, we think, some difficulties in pressing the claims we make about the value of health and about our theory relying on a kind of moderate essentialism. Here, Inoue lands on something we have been struggling with for some time. His analysis reinforces our recent thinking about the need to replace our description of the dimensions of well-being as *essential* elements in favor of the more accurate characterization of them as *core* elements of well-being. The label of moderate essentialism is potentially misleading because it can suggest a number of different contrasts. For example, we describe our theory as moderate principally for the purpose of emphasizing that we do not make health a necessary condition for a good life, but instead only a valuable condition that is characteristically present in any ideal we might construct for understanding the elements of a decent human life. Health, then, is something that anyone would want whatever else he or she might want and a theory of the ends of

collective political action that omits that element seems to us deficient.

At the same time, Inoue is right that the moderate essentialist label does not sit comfortably with our core idea that health is valued for its own sake, and he offers a number of very good reasons for this conclusion. For example, what distinguishes the sufficientarian aspect of our theory from prioritarianism is the set of reasons that each type of theory takes as explaining the added weight given to the interests of badly off individuals and groups (Inoue, 2013). In our view, it is not the fact that some fare worse than others, as prioritarian theories claim, that justifies priority but rather it is the fact that the condition of the badly off is *so* bad. Deprivation below some threshold, rather than the gap between the condition of the better off and the worse off, underlies the first aim of our theory. It is true, however, that we part company with sufficiency theories that claim that once a sufficiency standard is met, there are no further concerns with inequality. We develop a number of arguments that explain when some inequalities continue to matter, but these arguments merely supplement our claim that avoidable deprivations in core elements of well-being are in themselves sources of injustice. Thus, Inoue is right that we should abandon the unhelpful, ambiguous label of moderate essentialism, and thereby make clear that health and other core elements of well-being are independent sources of normative force within our theory, quite apart from any additional concerns of justice that some forms of inequality may also occasion (Inoue, 2013).

Often in our writing we place considerable weight on self-determination and the sort of recognition respect that we equate with having certain kinds of social standing among others. Articles by A. M. Viens and Diego Silva press on the question of how our pluralist account of well-being incorporates such values, including the extent to which the task of realizing sufficiency of well-being resides in the hands of individuals or those who have a larger hand in the design of social arrangements (Viens, 2013; Diego, 2013). These are large issues some of which we have recently taken on in this journal (Powers *et al.*, 2012) and elsewhere (Faden and Powers 2011; Powers and Faden, 2011).

Viens notes that we place a special priority on those who are below the level of sufficiency because they are bound up in densely woven webs of disadvantage, but he misplaces the rationale for that priority. His speculation is that we in fact are taking inequality itself as a target of special concern, and not deprivation, as we have said in response to Inoue. What the systematic disadvantage argument adds to the sufficientarian claim are three further points. First, if one deprivation is unjust, then, all other things being equal, the injustice of multiple forms of deprivation adds further reasons of the same kind—namely well-being reasons and not inequality-related reasons—to devote more attention to those experiencing them. Second, clusters of deprivation tend to magnify deprivations in each element of well-being from which the theory derives its central normative force. Third, deprivations in any aspect of well-being, and especially in multiple aspects of well-being, matter additionally for the reason that they are disadvantaging. They undermine the full range of life prospects that our theory picks out as centrally important for political institutions and other forms of collective response to address.

Viens also echoes Thompson's concerns about public health targeting among disadvantaged communities. Such targeting may be not only self-defeating in terms of public health objectives, but it may run afoul of other elements of well-being on our core list (Viens, 2013). Indeed, the problem of whether to target HIV testing in the late 1980s to higher risk women was one of the issues in public health that prompted us to advocate, as a matter of justice, concern for stigma and loss of social standing as well as diminishment of self-determination in the design of public health programs.

But Viens raises the specific problem of targeting that may involve policies that run counter to the preferences of those sought to be helped. When we do so, are we not paternalistic in some morally troubling sense of the term, and how exactly do we reconcile that prospect with our stated commitment to self-determination? We take up the general theoretical issues surrounding the reconciliation of self-determination with public health programming in an article published in *PHE*. Here, we make a few brief remarks that point in the general direction of our answer.

As Viens notes, we might deflect the paternalism charge by arguing that public health policies are not designed with an individually paternalistic objective in view, but rather with the aim to address populations as a whole. One of us has explored arguments of this sort elsewhere (Faden and Shebaya, 2010). We put that issue aside here and note instead that we have argued that while our pluralist account of well-being makes room for self-determination on the list of core elements, it is not the decisive concern of justice. Other concerns may be more weighty, and in particular we argue that not all interferences with liberty are on a moral par. Some interferences that run counter to individual preferences impinge on a class of basic liberties of such weight within an overall conception of a worthwhile life that

they are entitled to strong presumptions against such interference. On the other hand, not all liberties generate comparable presumptions of the sort that other accounts of the ethics of public health take to be self-evident. Again, the issues raised here are far beyond the brief space we have here to reply. Our central point here is that the distinction among liberties, and the thought that the importance of self-determination, understood as control over the broad contours that give a life its central meaning, mark out a subclass of liberties that are entitled to a presumption within public health, applies both to programs that target those who are systematically disadvantaged and to programs designed for the population as a whole. Other liberties, however, are not similarly entitled.

Diego Silva points to the tension between our commitment to self-determination and the importance we place on realizing other dimensions of well-being, and not merely creating social conditions favorable to individuals choosing to be healthy (Silva, 2013). Moreover, Silva detects a potential ambiguity in the way we articulate our view: do we favor creation of social conditions for realizing the various goods, perhaps through the efforts of individuals on their own behalf, or do we further advocate as an aim the successful realization of various goods such as health, perhaps by means other than individual choice? Our answer, of course, has to be both, and for a number of reasons, the two claims are not incompatible.

First, our theory starts with concerns about well-being affected profoundly and pervasively over the course of a life time. For us, childhood is not merely a special case for justice; rather, it is a foundational one. Individual life prospects for health, cognitive functioning, attachments to others and so on are crucially affected by social organization from the earliest stages of life. Securing sufficient levels of well-being in each of its elements in childhood is a central requirement of justice, not only because the well-being of children matters but also because of the implications of well-being in childhood for well-being over the life course. Self-determination is not irrelevant in childhood, particularly as children mature. However, the primary causal pathway to deprivation in childhood is not a series of social impediments to children making better choices for themselves and tensions between self-determination and the other core dimensions of well-being are not a prominent concern.

Second, even for adults, there are many determinants of well-being, including health, for which mechanisms for individual choice and decision do not offer feasible means for successful realization. We need clean air and water, health and safety regulations for modes of transportation and for pharmaceuticals and food. The list goes on, and we have said a bit more elsewhere recently in defense of an outcome-based account of justice in contrast to a capability theory that focuses on a social guarantee of conditions in which individuals can pursue health according to their own preferences and a corresponding account of the mission of public health as largely driven by interventions that better enable individuals to make healthy choices (Powers and Faden, 2011).

Finally, Silva brings up the intriguing possibility that individuals might have a duty to achieve well-being for themselves in each of the dimensions. Our theory thus far has had little to say about the problem of assignment of duties in a world of overlapping social practices, each of which can exert profound and pervasive influence on the core elements of well-being. We are mindful of the extent to which problems of assignment of duty among the potential bearers of agential responsibility is the Achilles heel of all social structural theories of justice and leading theories of human rights. These are among the central challenges raised by participants at the conference in Zurich and the contributors to this symposium, and the issues they raise are ones we are currently addressing as we revise and extend our theory in our next book. The comments we have received could not have come at a better time for us, and for that we are grateful.

Conflict of interest

None declared.

References

Anderson, E. (1999). What is the Point of Equality? *Ethics*, **109**, 287–337.

Faden, R. and Powers, M. (2011). A Social Justice Framework for Health and Science Policy. *Cambridge Quarterly of Health Care Ethics*, **20**, 596–604.

Faden, R. and Shebaya, S. (2010). Public Health Ethics. *Stanford Encyclopedia of Philosophy*, available from: http://plato.stanford.edu/entries/publichealth-ethics/ [accessed 12 February 2013].

Horn, L. (2013). Powers and Faden's Theory of Social Justice Applied to the Problem of Foetal Alcohol Syndrome in South Africa. *Public Health Ethics*, **6**, 3–10.

Inoue, A. (2013). Is Moderate Essentialism Truly Moderate? *Public Health Ethics*, **6**, 21–27.

Powers, M. and Faden, R. (2011). Health Capabilities, Outcomes, and the Political Ends of Justice. *Journal of Human Development and Capabilities*, **12**, 565–570.

Powers, M., Faden, R. and Saghai, Y. (2012). Liberty, Mill, and the Framework of Public Health Ethics. *Public Health Ethics*, **5**, 6–15.

Sen, A. (1980). Equality of What? In McMurrin, S. M. (ed.), *The Tanner Lectures on Human Values, Vol. I.* Cambridge: Cambridge University Press, pp. 197–220.

Silva, D. S. (2013). Powers and Faden's Concept of Self-Determination and What It Means to 'Achieve' Well-Being in Their Theory of Social Justice. *Public Health Ethics*, **6**, 35–44.

Thompson, A. (2013). Human Papilloma Virus, Vaccination and Social Justice: An Analysis of a Canadian School-Based Vaccine Program. *Public Health Ethics*, **6**, 11–20.

Viens, A. M. (2013). Disadvantage, Social Justice and Paternalism. *Public Health Ethics*, **6**, 28–34.