Prioritizing by the Roadside, at Bedside and in Health Policies: Luck Egalitarianism and the Role of Social and Personal Responsibility in Health

Andreas Albertsen

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PhD Dissertation

Politica

ISBN: 978-87-7335-190-1

Cover: Svend Siune
Print: Fællestrykkeriet, Aarhus Universitet
Layout: Annette Bruun Andersen

Submitted September 25, 2014
The public defense takes place December 12, 2014
Published December 2014

Forlaget Politica
c/o Department of Political Science and Government
Aarhus University
Bartholins Allé 7
DK-8000 Aarhus C
Denmark

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Acknowledgements

Writing an acknowledgement should not be taken lightly. This is especially true if you are, like me, not quite the expert in communicating appraisal as we go along. According to Michael Waltzer, citations and acknowledgements are a matter of distributive justice. They are a way of recognizing and saluting those who have contributed to the work at hand. Justice should, as we know, not be taken lightly.

I have a long list of people to whom acknowledgment and gratitude are surely due. Some of my debts are academic in the sense that they are owed to those who have advised, facilitated or inspired my work. Others are owed to people who have made my time as a PhD memorable and enjoyable. Some people, unsurprisingly, belong in both categories.

I have been very grateful for the efforts of my supervisors Søren Flinch Midtgaard and Søren Serritzlew. They have offered valuable insights into life in academia, tirelessly discussed papers and given advice on the project as a whole. Their belief, attention and encouragement have influenced my project tremendously. I would also like to thank them for their admirable interest in my life outside the university.

Office mates are an important part of life as a PhD. For reasons not attributable to me I've had a quite large number of those. I would like to thank Jakob Tolstrup for taking the time, during the stressful last months of his PhD, to teach me the ropes of life as a PhD. From the section of Political Theory I've been spoiled by the office company of David V. Axelsen, Jens Damgaard Thaysen and Kristian Jensen. David is an inspirational character and an impressive philosopher. Always at hand when comments are needed or if there is a pressing need to discuss the relative merits of journals (and isn't there always?). Kristian's ability to juggle family, empirical research and all that jazz while being ever attentive to the needs of those around him is a true inspiration. Kristian is often the first man in our three person office (in fairness, this is an educated guess - I am usually an impressive third). Jens is a hard-working guy and furthermore a patient, careful and inspiring co-author. Highly productive and always fun to be around - Jens never fails to provide detailed, written and useful comments.

Doing a PhD in Political Theory is a privilege and a pleasure at this department. The Political Theory section provides comments an atmosphere of collaboration and company which is second to none. I'm grateful to Lasse Nielsen for numerous discussions and comments related to our mutual research topic of distributive justice in health. That we disagree about many academic things

never adversely affected this discussion. Per Mouritzen is always available for a chat and is a constant reminder that philosophy should address the larger social issues. Rasmus Sommer Hansen is gifted, fun, supportive and always able to supply a useful example and a luck egalitarian angle in a tight spot. Morten Brœnder made me feel welcome from the very first day and always provides friendly atmosphere and good advice regarding life as a PhD. Tore Vincents Olsen have been a pleasure to work alongside. Always sharing his knowledge or providing advice regarding life in academia. It has been an inspiration to have Kasper Lippert-Rasmussen around while writing my thesis. His helpful suggestions and comments have improved and strengthened my way of reasoning. The section as a whole should also be applauded for giving me the opportunity to lecture in Philosophy of Social Sciences this autumn, something which I have enjoyed a lot.

The Department of Political Science and Government is, it must be admitted, much more than the section of Political Theory. For interesting talks by the coffee machine, Friday-breakfast, Friday beers, beers on other days, lunch debates and festive times I would like to thank the PhD group as a whole, but especially: Camilla Staniok, Helene Fisker, Martin Bisgaard Christiansen, Lasse Laustsen, Aasne Kalland, Kim Sass Mikkelsen, Poul Aaes Nielsen, Lasse Lykke Rørbœk, David Erbo Andersen, Marie Kjœrgaard, Maria-Louise Clausen, Magnus Rasmussen, Merete Bech Seeberg, Michael Seeberg, Henrik Seeberg, Ekatherina Zhukova and Camilla Bjarnøe Jensen.

While a number of people are acknowledged in the articles constituting this thesis, some have contributed to different aspects of the project in a way which doesn't really come across from those acknowledgements. Raffaele Rodogno, Tim Meijers and Martin Marchman Andersen have commented on and contributed to the development of my project several times.

As head of the PhD school Peter Munk Christiansen has been a great help on numerous occasions and should be credited for his efforts in upholding a great PhD School. Personally I would especially like to thank Peter for the flexibility and understanding shown when duty called and I served as a member of the local municipality for around 5 months.

But the department isn't just scholars. It wouldn't be the same, or perhaps it wouldn't be at all without the administrative staff which makes everything tick. Gratitude is indeed also owed to Inge Rasmussen and Malene Poulsen for their effort in making it possible for me to visit conferences. I am also very thankful to Kate Thulin, Ida Warburg, Lone Winther, Helle Bundgaard, Anne-Grethe Gammelgaard, Else Jespersen and Anja Dalsgaard for excellent and skilled feedback on manuscripts and help with numerous other things in relation to teaching. To Henrik Friis Back gratitude is due for making a lot of stuff work

around here and for always organizing great things around the place, really creating a feeling of togetherness. A very special mention to Annette Bruun Andersen, whose patient and skilled work with the manuscript in the final months before submitting was extremely valuable.

During my time as a PhD I have meat a number of gifted students. Teaching them (or in some cases) teaching with them has been a great experience. I hope that many of them will put their hunger for knowledge and their gifted minds to good use.

Thanks and gratitude are also owed to a number of people and institutions who have hosted me during my PhD. In 2013 I spent a formidable and surprisingly sunny spring in Glasgow. I owe a lot of gratitude to Carl Knight, who took on the role as my supervisor during the research stay (along with the role as co-author, fellow Arsenal-supporter and provider of all sorts of tips for the Scottish life). His generous comments, advice and good company made my stay in Glasgow both productive and something I recall with great fondness. In March 2014 I was a visiting researcher at the Fondation Brocher in Geneve. Working and writing in the beautiful surroundings was inspiring and made a huge difference for my thesis. I met some great people there and hope one day to be able to beat Greg Bognar, Jasper Littmann, Leigh and Susanne in Petanque once more.

To my friends outside academia I offer both thanks and apologies; thanks for patience and apologies for the times I have been absent(minded). In the last hectic months of writing this thesis I have probably missed some birthday parties, football matches and phone calls but I'll make up for all that in due time.

I am grateful to my family, Annette, Preben and Johannes, for their continued support and interest in my work. I really appreciate that you encourage me to follow my dreams – something which is surely more impressive when those dreams continuously happen to involve spending years in the company of books and philosophical arguments.

To my partner, Nynne, it feels distinctively underwhelming to express gratitude in writing. But for what it is worth: Thanks for taking such a genuine interest in the strange world of academia. Dinner conversations over reviewer-reports, journals, (lack of) job-opportunities and far-fetched thought-experiments must have been exhausting at times. Your support, understanding, patience and egalitarian intuitions have been a rock solid foundation and source of inspiration during this project. I can only hope that many years lie ahead in your lovely company. I promise to make every possible effort towards realizing that.

Chapter 1: Introduction

The burden of disease is unequally distributed both between and within countries. There are a number of reasons why such health disparities may concern us. In some parts of the world people die of diseases which are treatable at little cost, while elsewhere the longevity of some illustrates the unfulfilled potential of the rest of the population.[1] Poor and sick people in destitute conditions clearly invite discussions about distributive justice when compared to the richer parts of the world. But the health inequalities in well-off societies are remarkable as well: In Denmark the quartile of men with the least education can expect to live 9.9 years less than the quartile with the most education. That inequality is widening, as it was 5.5 years in 1987.[2] In the United Kingdom, each of the five northern regions has poorer health and higher mortality than each of the four southern regions.[3] In the United States, socio-economic health inequalities are growing.[4] In some countries, health inequality is gendered, as women on average outlive men.[5]

The following example illustrates how stark such inequalities can be: A Glaswegian takes the train from well-off Jordanhill in western Glasgow towards Bridgeton in East Glasgow. 30 minutes, a mere seven stops later, he is

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[1] Hideki Higashi et al., 'Burden of Injuries Avertable By a Basic Surgical Package in Low- and Middle-Income Regions: A Systematic Analysis From the Global Burden of Disease 2010 Study,' *World Journal of Surgery*, July 10, 2014, doi:10.1007/s00268-014-2685-x; Christopher J L Murray et al., 'Global, Regional, and National Incidence and Mortality for HIV, Tuberculosis, and Malaria during 1990–2013: A Systematic Analysis for the Global Burden of Disease Study 2013,' *The Lancet*, July 2014, doi:10.1016/S0140-6736(14)60844-8; WHO, *World Health Statistics 2014* (Geneva: World Health Organization, 2014), 14, http://public.eblib.com/EBLPublic/PublicView.do?ptiID=1741840.

[2] Finn Diderichsen, Ingelise Andersen, and Celie Manuel, *Ulighed i sundhed : årsager og indsatser.* (Kbh.: Sundhedsstyrelsen, 2011), 31.

[3] J. M. Hacking, S. Muller, and I. E. Buchan, 'Trends in Mortality from 1965 to 2008 across the English North-South Divide: Comparative Observational Study,' *BMJ* 342, no. feb15 2 (February 15, 2011): d508–d508, doi:10.1136/bmj.d508.

[4] G. K Singh, 'Widening Socioeconomic Inequalities in US Life Expectancy, 1980-2000,' *International Journal of Epidemiology* 35, no. 4 (July 12, 2006): 969–79, doi:10.1093/ije/dyl083; Lawrence R Mishel, Jared Bernstein, and Heidi Shierholz, *The State of Working America: 2008-2009* (Ithaca, N.Y.: ILR Press, 2009), 344.

[5] Steven N. Austad, 'Why Women Live Longer than Men: Sex Differences in Longevity,' *Gender Medicine* 3, no. 2 (June 2006): 79–92, doi:10.1016/S1550-8579(06)80198-1; WHO, *World Health Statistics 2014*, 68.

still in Glasgow but much is different there. For each of the seven stops which separate the two parts of Glasgow, life-expectancy has dropped 2.0 years for men and 1.2 years for women. In Jordanhill, men live, on average, for 75.8 years, and women 83.1. In Bridgeton, the corresponding numbers are 61.9 and 74.6.[6] Thus, large health inequalities thrive even within short distances.

As the numbers illustrate, the health disparities within well-off countries are both remarkable and widespread. Such inequalities exist in countries where healthcare systems take up a vast amount of the national spending and which are often in parts or in whole financed through taxes.[7] In the EU healthcare spending takes up on average 9% of GDP, while in the US twice this proportion is spend.[8] Considering how much money is currently spent in health care systems, we might wonder whether we are spending them in the right way. Such thoughts give rise to moral questions; not least concerning what we owe to each other and what constitutes a just or unjust distribution of health. This thesis contributes to the ongoing debate on distributive justice in health by providing a luck egalitarian reply to the following question:

- *What constitutes a just distribution of health?*

Luck egalitarianism is a responsibility-sensitive approach to distributive justice, which leaves considerable room for people's exercises of responsibility to affect how they fare compared to others. Luck egalitarianism is not a theory of health as such. Rather, it is a general theory of distributive justice. Furthermore, it is one in which significant disagreement over the correct formulation remains. [9] Saying something about what luck egalitarianism means in the context of health presupposes saying something about luck egalitarianism in general. Therefore the thesis addresses both how luck egalitarianism is best construed, as well as what theoretical and practical insights can be gained by applying it to health. As a consequence of such reflections, the thesis also engag-

[6] G. McCartney, 'Illustrating Health Inequalities in Glasgow,' *Journal of Epidemiology & Community Health* 65, no. 1 (January 1, 2011): 94–94, doi:10.1136/jech.2010.120451.
[7] Elias Mossialos and Julian Le Grand, *Health Care and Cost Containment in the European Union* (Aldeshot ;;Brookfield [Vt.] USA: Ashgate, 1999).
[8] OECD, *Health at a Glance: Europe 2012* (Paris: OECD, 2012); World Bank, 'Health Expenditure, Total (% of GDP),' 2013, http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS; WHO, *World Health Statistics 2014*, 150.
[9] Richard J. Arneson, 'Luck Egalitarianism Interpreted and Defended,' *Philosophical Topics* 32, no. 1/2 (2004): 1.

es with the following sub-questions in order to provide a luck egalitarian answer to the above question:

- *What is the most plausible view on luck egalitarianism?*
- *What role does personal responsibility have in the luck egalitarian approach to health?*
- *How are we to apply luck egalitarianism to health?*
- *Does luck egalitarianism have plausible implications when applied to specific areas of health?*

The thesis answers, or contributes to answering the above questions through a number of articles on luck egalitarianism and luck egalitarianism in the context of health and healthcare. These articles and the present summary constitute my PhD dissertation. The articles are appended in full to the summary, but they will be briefly presented when it fits into the grander scheme of things. Articles already published or accepted for publishing are reprinted with permission from the respective journals and publishers. I acknowledge and appreciate their kind cooperation, which makes it possible to present my thesis here as a whole. In order to facilitate a more fluid discussion in this summary. The articles' titles are shortened for future in-text reference (listed in brackets in the list).[10] The shortened titles are italicized in the text.

1. Thaysen, Jens Damgaard; Albertsen, Andreas (Working Paper). 'When Bad Things Happen to Good People: Luck egalitarianism and Justified Choice'. (Justified Choices)
2. Albertsen, Andreas (2013). 'Lader Held-Egalitarismen fanden tage de uansvarlige sidste?', *Politica*, 45 (2), pp. 158–173. (Lader Held-Egalitarismen)
3. Albertsen, Andreas; Midtgaard, Sören Flinch (2014). 'Unjust Equalities', *Ethical Theory and Moral Practice*, 17 (2), pp. 335–346. (Unjust Equalities)
4. Albertsen, Andreas. (2013) 'Feiring's Concept of Forward-Looking Responsibility: A Dead End for Responsibility in Healthcare.' *Journal of Medical Ethics*. doi:10.1136/medethics-2013-101563. (Feiring)
5. Albertsen, Andreas (Working Paper). [11] 'Fresh Starts for Unhealthy Behaviour. Should We Provide Them and Who Should Pay?'. (Fresh Starts).

[10] Articles where the shortened name is in Danish will be presented in italics and surrounded by quotation marks in the text.
[11] The article is listed as Working Paper, but it has received a revise and resubmit decision from Public Health Ethics.

6. Albertsen, A., and C. Knight (2014). 'A Framework for Luck Egalitarianism in Health and Healthcare.' *Journal of Medical Ethics*. doi:10.1136/medethics-2013-101666.
7. Albertsen, Andreas (2014). 'Brugerbetaling, Ventelister og Afgifter: Personligt Ansvar for Egen Sundhed?' *Politica* 46, no. 2: 135–51. (Personligt Ansvar)
8. Albertsen, Andreas (2012). 'Personal Responsibility in Oral Health: Ethical Considerations.' *Journal of Forensic Odonto-Stomatology* 30, Suppl 1: 12–20. (Ethical Considerations)
9. Albertsen, Andreas (Forthcoming). 'Tough Luck and Tough Choices: Applying Luck Egalitarianism to Oral Health', *Journal of Medicine and Philosophy*. (Tough Luck)
10. Albertsen, Andreas (Working Paper). 'Who Should Get the Liver? Luck Egalitarianism and Transplant Decisions'. (Transplant Decisions)
11. Albertsen, Albertsen (2014). 'Luck Egalitarianism, Social Determinants and Public Health Initiatives.' *Public Health Ethics*, September 16, 2014. doi:10.1093/phe/phu022.
12. Knight, Carl; Albertsen, Andreas (Working Paper). 'Rawlsian Justice and Palliative Care'. (Palliative)

The summary of the thesis is divided into eight chapters. Starting with some preliminaries over health and justice, and then continuing with setting out some methodological and conceptual considerations. The purpose of those sections is to present some of the thoughts that have guided this project, along with the methodology of political theory. The main part of the thesis is structured around three topics, each of which will be treated in three separate chapters. The topics are: luck egalitarianism, personal responsibility in health and luck egalitarianism in health. For each topic a broader theoretical landscape will be described, before turning to the ways in which the thesis contributes to our understanding of the topic. This means that in each chapter first the existing literature will be introduced while pointing towards shortfalls and ambiguities there, before the contribution from the thesis is presented. In the chapter on luck egalitarianism one version of luck egalitarianism is presented, and a controversial aspect is argued for, namely that it applies to all distributions, including equalities. In the chapter on personal responsibility in health, two alternatives to luck egalitarianism is criticised before a luck egalitarian view on luck egalitarianism in health is set out. The chapter on luck egalitarianism in health utilizes the preceding conclusions, and develops them in the context of health. Considering luck egalitarianism both in general and in the context of specific health issues it is argued that luck egalitarianism has plausible implications in the context of health. Two distinct broadenings of the luck egalitarian approach to health is argued for. One broadening that encompasses a wide

range of ways in which people can be held responsible for their unhealthy behaviour, moving the debate beyond its preoccupation with denying treatment. The other broadening calls our attention to what our responsibility-sensitive commitments means when we move beyond the provision of healthcare, and considers broader measures relevant to health such as public health initiatives. Thus, articles constituting the thesis are addressing each of the three topics. Three articles contributes to our theoretical understanding of luck egalitarianism, two to the literature on personal responsibility in health and seven to the debates over luck egalitarianism in health. Such a luck egalitarian account is a plausible approach for evaluating health distributions and health policies.

Chapter 2: Health and Justice

Before presenting the content of the project, it is important to give some preliminaries about the discussion. The purpose of such preliminaries is to focus the discussion at the topic at hand. The starting point of this endeavour is the distributive decisions regarding priority-setting in health. Decisions are constantly made which prioritize resources in one direction rather than another. In political deliberations, health concerns compete with other important concerns of society, such as education. In health budgets, politicians or bureaucrats allocate funds to different priorities such as prevention, treatment and research. In the delivery of care, healthcare personnel decide between competing claims of patients. The latter kind of prioritization happens both in a busy emergency room on a Friday night, and in the allocation of organs based on a waiting list principle. Thus, prioritization is part and parcel of the healthcare system and health policies. This thesis examines our reasons for prioritizing in the context of health and healthcare using a broad conception of what it means to give priority to some compared to others. Thus, lower priority describes situations where one person's interests are given lower consideration than other persons' interests in the context of health. Lower priority can understood as a broad notion covering instances where people are treated less (or not at all), at a higher price or asked to wait longer. It also covers situations where public health initiatives or research projects related to diseases are preferred over others. The project takes a special interest in situations where lower priority is given for reasons related to person responsibility.

While some may feel uncomfortable with the thought of rationing healthcare or giving priority to some needs over others, it seems inevitable in a world of scarce resources.[12] Therefore, the least we can do is to give people's needs due consideration and go through a principled deliberation over how to make the tough choices facing us in this context. We owe it to each other and especially to those who are given lower priority that these decisions are made in a sound way and based on principles which we would upon consideration embrace as just. Such discussions about prioritization are clearly distributive. They address how we should distribute available resources and how we should balance the claims of those in need. This is connected to broader de-

[12] Greg Bognar and Iwao Hirose, *The Ethics of Health Care Rationing: An Introduction* (Abingdon, Oxon ; New York, NY: Routledge, 2014); Klemens Kappel, *Medicinsk etik: En filosofisk diskussion af bioetiske grundproblemer* (København: Gyldendal, 1996).

bates about distributive justice understood as debates about how we should distribute the goods and burdens, however defined, within whatever sphere we believe it to be applicable (a community, society or perhaps on a global scale).

While disagreements remain over the connection between distributive justice and health, there is widespread agreement that health disparities should be discussed in the context of distributive justice.[13] This doesn't mean that all health inequalities are unjust; it expresses the far weaker claim that health disparities are something we could and should evaluate through distributive principles. Whether we consider specific health inequalities to be just or unjust can have real world importance. In a world of scarce resources whether a health disadvantage is unjust is a reasonable guide as to whether we should direct funds towards its prevention, cure and further research on how to accomplish that.[14]

While many different ideas are present in discussions about who should be given priority in healthcare and health policies, this thesis is strongly connected to one prominent idea in political and theoretical debates about health inequalities: the idea of personal responsibility. It is a common thought that personal responsibility matters in in the prioritization of scarce goods. It is a recurrent finding that individual behaviour regarding nutrition, alcohol consumption

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[13] S Anand, 'The Concern for Equity in Health,' *Journal of Epidemiology & Community Health* 56, no. 7 (July 1, 2002): 485–87, doi:10.1136/jech.56.7.485; Norman Daniels, *Just Health Care*, Studies in Philosophy and Health Policy (Cambridge [Cambridgeshire] ; New York: Cambridge University Press, 1985); Norman Daniels, *Just Health : Meeting Health Needs Fairly* (Cambridge; New York: Cambridge University Press, 2008); Daniel M. Hausman, 'What's Wrong with Health Inequalities?,' *Journal of Political Philosophy* 15, no. 1 (March 2007): 46–66, doi:10.1111/j.1467-9760.2007.00270.x; Daniel M. Hausman, 'Egalitarian Critiques of Health Inequalities,' in *Inequalities in Health: Concepts, Measures, and Ethics*, ed. Nir Eyal et al., Population-Level Bioethics Series (Oxford: Oxford University Press, 2013), 95–112; Shlomi Segall, 'In Solidarity with the Imprudent: A Defense of Luck Egalitarianism,' *Social Theory and Practice* 33, no. 2 (2007): 177–98; Shlomi Segall, 'Is Health (Really) Special? Health Policy between Rawlsian and Luck Egalitarian Justice,' *Journal of Applied Philosophy* 27, no. 4 (November 2010): 344–58, doi:10.1111/j.1468-5930.2010.00499.x; Shlomi Segall, *Health, Luck, and Justice* (Princeton, NJ: Princeton, 2010); Sridhar Venkatapuram and Michael Marmot, 'Epidemiology and Social Justice in Light of Social Determinants of Health Research,' *Bioethics* 23, no. 2 (February 2009): 79–89, doi:10.1111/j.1467-8519.2008.00714.x; Sridhar Venkatapuram, *Health justice* (Cambridge: Polity Press, 2011); Jonathan Wolff, 'Disadvantage, Risk and the Social Determinants of Health,' *Public Health Ethics* 2, no. 3 (November 1, 2009): 214–23, doi:10.1093/phe/php033.

[14] Presumably most diseases could arise in ways or circumstances which give rise to both disadvantages which are just and disadvantages which are unjust. The general thought of the sentence should be clear nonetheless.

and smoking accounts for a large proportion of the burden of disease. [15] The concept of lifestyle-diseases seems to open up such discussions over personal responsibility in health as a rationing criterion.[16] This is not to say that people are in the relevant sense responsible for such choices in health, but it is mentioned because such changes in the pattern of disease are often highlighted as one of the reasons for an increased focus on personal responsibility in health.[17] Giving people lower priority for reasons related to personal responsibility is not only something which is considered by academics, it is also part and parcel of a wide range of real world policies and practices.

Consider how German health insurances allow increasing the degree of out-of-pocket payment for those, who've failed to continuously get their oral

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[15] Mildred Blaxter, *Health and Lifestyles* (London ; New York: Routledge, 1990); George Davey Smith, David Blane, and Mel Bartley, 'Explanations for Socio-Economic Differentials in Mortality,' *The European Journal of Public Health* 4, no. 2 (1994): 131–44, doi:10.1093/eurpub/4.2.131; Karien Stronks et al., 'Behavioural and Structural Factors in the Explanation of Socio-Economic Inequalities in Health: An Empirical Analysis.,' *Sociology of Health and Illness* 18, no. 5 (November 1996): 653–74, doi:10.1111/1467-9566.ep10934524. Most of the sources quoted here however, maintain that the influence from social circumstances is more important.

[16] Susanne R Rasmussen et al., 'The Total Lifetime Costs of Smoking,' *European Journal of Public Health* 14, no. 1 (March 2004): 95–100; Frank A. Sloan, *The Price of Smoking* (Cambridge, Mass: MIT Press, 2004); Kenneth E. Thorpe et al., 'Trends: The Impact Of Obesity On Rising Medical Spending,' *Health Affairs*, October 20, 2004, doi:10.1377/hlthaff.w4.480. For a famous dissenting view see Pieter H. M. van Baal et al., 'Lifetime Medical Costs of Obesity: Prevention No Cure for Increasing Health Expenditure,' *PLoS Medicine* 5, no. 2 (2008): e29, doi:10.1371/journal.pmed.0050029.

[17] Alexander W. Cappelen and Ole Frithjof Norheim, 'Responsibility in Health Care: A Liberal Egalitarian Approach,' *Journal of Medical Ethics* 31 (2005): 476–80, doi:10.1136/jme.2004.010421; Bognar and Hirose, *The Ethics of Health Care Rationing*, chap. 6; A M Buyx, 'Personal Responsibility for Health as a Rationing Criterion: Why We Don't like It and Why Maybe We Should,' *Journal of Medical Ethics* 34, no. 12 (December 1, 2008): 871–74, doi:10.1136/jme.2007.024059; A. Buyx and B. Prainsack, 'Lifestyle-Related Diseases and Individual Responsibility through the Prism of Solidarity,' *Clinical Ethics* 7, no. 2 (July 19, 2012): 79–85, doi:10.1258/ce.2012.012008; Rudolf Klein, 'Acceptable Inequalities,' in *Acceptable Inequalities?: Essays on the Pursuit of Equality in Health Care*, ed. Peter Collison and David G Green (London: IEA Health Unit, 1988); M. Minkler, 'Personal Responsibility for Health? A Review of the Arguments and the Evidence at Century's End,' *Health Education & Behavior* 26, no. 1 (February 1, 1999): 121–41, doi:10.1177/109019819902600110; S J Reiser, 'Responsibility for Personal Health: A Historical Perspective,' *The Journal of Medicine and Philosophy* 10, no. 1 (February 1985): 7–17. Even Daniels lists the importance of personal responsibility to these discussions Daniels, *Just Health Care*, 56, Norman Daniels, 'Individual and Social Responsibility for Health,' in *Responsibility and Distributive Justice*, ed. Carl Knight and Zofia Stemplowska (Oxford; New York: Oxford University Press, 2011), 272.

health check-up over a specific period.[18] In the US state of West Virginia, whole families can be disadvantaged if they (or their children) miss appointments.[19] In the Netherlands personal responsibility for illness as a rationing criterion is a possibility given by the letter of the law[20] and in Florida obese can be denied treatment qua being obese.[21] If we consider as well proposed policies such as increasing insurance premiums on smokers,[22] or letting alcohol consumers wait longer for a liver transplant than those who need a liver for other reasons[23] it's clear that giving lower priority based on people's responsibility for their health needs is a thought with much relevance.[24] The question addressed in this thesis thus takes its cue from the debates over where to draw the line between societal and personal responsibility in health.

Interestingly, and this is a key motivation behind this project and its approach, this strikes a chord with a recent development in contemporary philosophy. The role of personal responsibility has been a central theme in discussions about distributive justice for about 20 years, especially in the so-called luck egalitarian tradition.[25] Roughly formulated, luck egalitarians hold that dis-

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[18] Harald Schmidt, 'Bonuses as Incentives and Rewards for Health Responsibility: A Good Thing?,' *Journal of Medicine and Philosophy* 33, no. 3 (June 1, 2008): 209, doi:10.1093/jmp/jhn007.

[19] Daniels, 'Individual and Social Responsibility for Health,' 267.

[20] Gustav Tinghög, Per Carlsson, and Carl H. Lyttkens, 'Individual Responsibility for What? – A Conceptual Framework for Exploring the Suitability of Private Financing in a Publicly Funded Health-Care System,' *Health Economics, Policy and Law* 5, no. 02 (September 2, 2009): 203, doi:10.1017/S174413310999017X.

[21] Nir Eyal, 'Denial of Treatment to Obese Patients—the Wrong Policy on Personal Responsibility for Health,' *International Journal of Health Policy and Management* 1, no. 2 (2013): 107–10, doi:10.15171/ijhpm.2013.18.

[22] R M Veatch and P Steinfels, 'If National Health Insurance Is Enacted--Who Should Pay for Smokers' Medical Care?,' *The Hastings Center Report* 4, no. 5 (November 1974): 8–10.

[23] Daniel. Brudney, 'Are Alcoholics Less Deserving of Liver Transplants?,' *Hastings Center Report* 37, no. 1 (2007): 41–47, doi:10.1353/hcr.2007.0001; Walter Glannon, 'Responsibility and Priority in Liver Transplantation,' *Cambridge Quarterly of Healthcare Ethics: CQ: The International Journal of Healthcare Ethics Committees* 18, no. 1 (2009): 23–35, doi:10.1017/S0963180108090051.

[24] Some surveys show medical personnel support some such measures, see. B. Bringedal and E. Feiring, 'On the Relevance of Personal Responsibility in Priority Setting: A Cross-Sectional Survey among Norwegian Medical Doctors,' *Journal of Medical Ethics* 37, no. 6 (February 18, 2011): 357–61, doi:10.1136/jme.2010.038844.

[25] Nils Holtug, Klemens Kappel, and Kasper Lippert-Rasmussen, *Det retfærdige samfund : om lighed som ideal i etik og politik* (København: Arnold Busck, 1997); Carl Knight, *Luck Egalitarianism* (Edinburgh: Edinburgh University Press, 2009); Carl Knight and Zofia Stemplowska, 'Responsibility and Distributive Justice: An Introduction,' in *Responsibility and Distributive Justice*, ed. Carl Knight and Zofia Stemplowska (Oxford

tributions are just if they reflect the choices people make, rather than luck or circumstances. Thus, it is hardly surprising that there have been several attempts in recent years to develop luck egalitarian approaches and insights in the context of health and healthcare.[26] The thesis offers a development and contribution to this literature, maintaining that luck egalitarianism has plausible implications over a number of health cases and also as a general approach to distributive justice in health. After these considerations about the chosen topic, the next section will proceed with matters of terminology and methodology.

University Press, 2011), 1–23, http://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780199565801.001.0001/acprof-9780199565801; Will Kymlicka, *Contemporary Political Philosophy: An Introduction*, 2nd ed (Oxford ; New York: Oxford University Press, 2002), chap. 3; John Roemer, *Theories of Distributive Justice*, 1st Harvard Univ. Press pbk. ed. (Cambridge Mass: Harvard University Press, 1996), chap. 7, 8.

[26] Cappelen and Norheim, 'Responsibility in Health Care'; David Leslie Harold Hunter, *A Luck Egalitarian Account of Distributive Justice in Health Care* (PhD thesis, University of Auckland., 2007), https://app.box.com/shared/a1nq4n4bbp; Julian Le Grand, 'Individual Responsibility, Health, and Health Care,' in *Inequalities in Health: Concepts, Measures, and Ethics*, ed. Nir Eyal et al., Population-Level Bioethics Series (Oxford: Oxford University Press, 2013), 299–306; Segall, 'In Solidarity with the Imprudent: A Defense of Luck Egalitarianism'; Segall, *Health, Luck, and Justice*; Shlomi Segall, 'Equality of Opportunity for Health,' in *Inequalities in Health: Concepts, Measures, and Ethics*, ed. Nir Eyal et al., Population-Level Bioethics Series (Oxford: Oxford University Press, 2013), 147–63; Kristin Voigt, 'Appeals to Individual Responsibility for Health,' *Cambridge Quarterly of Healthcare Ethics* 22, no. 02 (March 14, 2013): 146–58, doi:10.1017/S0963180112000527.

Chapter 3: Methodology

The purpose of this chapter is to set out some methodological considerations relevant for the task at hand. As the thesis is written in the tradition of normative political theory, the details of such an approach is the focus in this section. Some are general observations relevant for much political theory, while others are more topic-specific, related to the discussion of luck egalitarianism in the context of health.

Notably the research question addressed in this thesis is a normative one. Inquiring about what makes a health distribution just is a normative inquiry. Thus, the object of inquiry is how the world ought to be, rather than how it actually is.[27] This has important implications for how to seek out an answer to the research question. That the question is normative rather than empirical does not mean that it doesn't take an interest in the world as it is. But while examining existing practices, laws or institutions might inform or inspire the reasoning it cannot settle the question at hand. Knowing the size of health inequalities, the cause of specific diseases or the relative effectiveness of health initiatives does not by themselves provide us with the answers to how we should evaluate inequalities.[28] Instead there is a need for normative or moral discussions in order to answer the research question.

Its normative nature makes this inquiry somewhat different from that of other parts of the social sciences, where the purpose there often is to explain or explore how the world works.[29] The process of developing hypothesis about how the world is and testing whether they can be falsified is the hall-mark of much empirical political science.[30] That political theory as conducted here cannot answer its research question in such a manner remains an important source of scepticism towards normative such projects. Some doubt that we can

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[27] Nils Holtug, 'Metoden i politisk teori,' *Politica* 43, no. 3 (2011): 277.

[28] For interesting discussions of what we may learn from such empirical assessments, see Angus Deaton, 'What Does the Empirical Evidence Tell Us About the Injustice of Health Inequalities?,' in *Inequalities in Health: Concepts, Measures, and Ethics*, ed. Nir Eyal et al., Population-Level Bioethics Series (Oxford: Oxford University Press, 2013), 13–26.

[29] For an interesting argument, that these modes of inquieries have many things in common see, Lasse Nielsen, 'Om Metoden I Normativ Politologi,' *Tidsskriftet Politik* 16, no. 3 (2013): 45–54.

[30] Martin Hollis, *The Philosophy of Social Science: An Introduction* (Cambridge [England] ; New York, NY, USA: Cambridge University Press, 2002), 75.

discuss normative matters in a scientific way. How are we, one might wonder, able to prefer one claim over the other and how should such a discussion be conducted?

The most common response to such doubts would be to evoke the idea of reflective equilibrium. The idea features prominently in Rawls' *A Theory of Justice*[31] and is often considered the closest we come to a standard theory of how to approach political theory.[32] It should be understood as a view regarding how principles are justified. Rawls considered a principle to be justified when it fits into what he called a wide reflective equilibrium.[33] Identifying or reaching such equilibrium is a process, which is not so unfamiliar. Scanlon describes it as having three steps. The first step involves forming considered judgements regarding specific cases.[34] Not all our intuitions are equally useful in conduction such moral reasoning. Not all of them are as such considered. Judgement made while scared, drunk, pressed for time or while having vested interest in the outcome of a discussion are very unlikely to be the kind of reliable considered judgments needed for moral reasoning.[35]

Reflecting over such considered judgement we can attempt to formulate principles which explain or account for our considered judgements. Forming principles to account for our considered judgements is the second step of the process.[36] Forming such principles is not necessarily a one-way process. We could in doing so come to doubt our considered judgements. Daniels describes this process as one where we, 'work back and forth between judgements we are inclined to make about right action in a particular case and the reasons or principles we offer for that judgement.'[37] When we reach a fit between our considered judgement and our principles we have a narrow reflective equilibrium.

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[31] John Rawls, *A Theory of Justice*, Original ed. (Cambridge, Mass.: Belknap Press, 1971), 17–22; 46–50.
[32] Norman Daniels, 'Reflective Equilibrium,' ed. Edward N. Zalta, *The Stanford Encyclopedia of Philosophy* (Stanford, 2013), http://plato.stanford.edu/archives/win2013/entries/reflective-equilibrium/.
[33] The distinction between broad and narrow was not employed in A Theory of Justice, something which Rawls considered an omission, John Rawls, *Justice as Fairness: A Restatement* (Cambridge, Mass: Harvard University Press, 2001), 31. Also discussed by Daniels, Daniels, 'Reflective Equilibrium.'
[34] Bognar and Hirose, *The Ethics of Health Care Rationing*, 21.
[35] Holtug, 'Metoden i politisk teori,' 286; Rawls, *A Theory of Justice*, 47–48; Thomas M. Scanlon, 'Rawls on Justification,' in *The Cambridge Companion to Rawls*, ed. Samuel Richard Freeman (Cambridge, U.K. ; New York: Cambridge University Press, 2003), 143.
[36] Scanlon, 'Rawls on Justification,' 140.
[37] Daniels, 'Reflective Equilibrium.'

But reaching this point is not sufficient. It may show us that we have found an equilibrium for a judgement and a principle, but not that these fit our other judgements and principles.[38] This shortfall brings forth the idea of a wide reflective equilibrium takes. As the name suggests, here a broader range of considerations are taken into account. Here we seek to align our_considered judgements, relevant facts, principles, and background theories. Background theories are philosophic and scientific theories regarding psychological, sociological and biological affairs.[39] The idea of reflective equilibrium reflects the thought that we can evaluate our principles and beliefs through assessing how well they fit together, seeking out a situation where they are not in conflict. Such a process involves reconsidering judgements (or principles) when they seems implausible in case of conflicts, where our judgements or principles in one case seems implausible when considered in another.[40]

McDermott makes the interesting point that this is actually structurally similar to much empirical research. We approach what we want to know based on what we already know. In empirical social science we do it from a background of expectations about the world, in political theory we approach from our considered beliefs.[41] In both cases, the process can end up showing a clear need to rethink what we had hitherto believed about the world (either about how the world is or about how it ought to be). The idea of reflective equilibrium reflects a back-and-forth movement where we readjust our broader theories and/or our intuitions until they are in alignment. The ideal reflected here is that we want to hold coherent or consistent views.[42] Rawls considers his contribution to be nonfoundationalist in the sense that it does not take any set of values or judgements as carrying the normative weight, instead emphasising how our considered judgements cohere with our other judgements, as a reason for why

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[38] Ibid.

[39] Holtug, Kappel, and Lippert-Rasmussen, *Det retfærdige samfund*, 17.

[40] While some may surely feel somewhat dissatisfied whit this less than firm way of discussing and reasoning, perhaps the words of Rakowski can offer some comfort: 'Those who feel disheartened by this conclusion should ask what result they would have preferred. We are, after all, rational animals with nothing to rely on but our ratiocinative powers. We cannot escape the responsibility of determining for ourselves what is right, for any putative authority, whether a voice from heaven or counsel from within, may and should be called upon to justify its edicts on matters of importance' Eric Rakowski, *Equal Justice* (Oxford: Clarendon, 1993), 9.

[41] Daniel McDermott, 'Analytical Political Philosophy,' in *Political Theory: Methods and Approaches*, ed. David Leopold and Marc Stears (Oxford ; New York: Oxford University Press, 2008), 14.

[42] To the movement toward reflective equilibrium as process is in line with Rawls remarks that we may never reach equilibrium, or that the one we reach may be unstable Rawls, *A Theory of Justice*, 20.

something is justified.[43]Working within the framework of reflective equilibrium will often involve the applications of several tools prominent in much political theory. Holtug has listed three important aspects of the methodology: conceptual analysis, consistency and intuitions. These are presented here alongside a tool very much associated with intuitions: the hypothetical cases often employed in analytical philosophy, as one way of testing our considered judgement in one case with our considered judgements in another.

Conceptual analysis is a process of discussing and clarifying what we mean by a given concept.[44] In conceptual analysis different meanings of a concept are disentangled to avoid conflating them. This gives clarity in a given discussion and advances it without the risk of disagreements and misunderstandings arising from different understandings of a concept. We need not to say that one understanding of a concept holds the true meaning of that concept, but rather that it is appropriate for our present purposes to use one specific understanding rather than another. When the concept of personal responsibility in health is discussed later, it is in the latter sense of a conceptual analysis, to give an account of what it means for the current purpose.[45] The second important aspect raised by Holtug is consistency.[46] Its importance was introduced in the presentation of a reflective equilibrium, but more can be said about its importance. The general idea, and presumably the reason for its important role in the reflective equilibrium approach, is that we wish to avoid holding inconsistent views.[47] Consistency narrows the scope of acceptable views to only those which are consistent and furthermore invites us to reassess our current convictions and the relationship between them. We do not only consider whether we would on reflection accept the principles A and B, we also consider whether we can, consistently, hold both principles at once.[48] The third and arguably most controversial element in the methodology of political theo-

[43] Rawls, *Justice as Fairness*, 31. Holtug, however, remarks that many tools employed in an reflective equilibrium approach, such as intuitions, could be used by foundationalist approaches Nils Holtug, *Persons, Interests, and Justice* (Oxford: Oxford University Press, 2010), 9.
[44] Holtug, *Persons, Interests, and Justice*, 8.
[45] Arneson remarks how different conceptual meanings are often conflated in the discussion about personal responsibility and distributive justice. Richard J. Arneson, 'Luck Egalitarianism - A Primer,' in *Responsibility and Distributive Justice*, ed. Carl Knight and Zofia Stemplowska (Oxford; New York: Oxford University Press, 2011), 32. This makes the clarification even more needed.
[46] Holtug, *Persons, Interests, and Justice*, 8.
[47] Bognar and Hirose, *The Ethics of Health Care Rationing*, 23.
[48] Holtug, 'Metoden i politisk teori,' 283.

ry is intuitions.[49] Intuitions in political philosophy are very different from the everyday use of that word. [50] A person selecting lunch at a restaurant or taking a potential shortcut to a friend's house might say that they 'followed their intuitions', but in those cases they mean that intuitions are gut feelings or sudden unreflective impulses. In political philosophy, intuitions are quite the opposite. They are more akin to Rawls' considered judgements. Views we would hold under reflection and form in circumstances facilitating such reasoning.

Intuitions are clearly connected to one final element, which often features in discussions and arguments about normative political philosophy: the use of hypothetical cases. Both in analytical philosophy and, interestingly, in medical ethics, such cases are a very important part of the reasoning. The cases used are more often than not hypothetical. For people untrained in philosophical reasoning, it might be considered strange that thought experiments and hypothetical cases are so common.[51] They are, however, introduced with the specific purpose of teasing out our intuitions about a specific example with the broader aim of discussing, testing[52] or developing a principle. The cases are hypothetical because the real world is often confusing, nuanced and complex. Reducing complexity through discussing hypothetical cases is a step we take to make sure that our moral reasoning is not clouded by all those other factors which we are not, for the moment, addressing.

Surely, this means that the examples given are more artificial and less nuanced than the world, but too many details come with a loss of clarity. In her treatment of cases in medical ethics, Spranzi argues that for principled discussions we should employ 'tamed' cases. That is cases which are stripped of their specific characteristics and recounted in a more general manner.[53] Such cases focus on the general rather than the unique, and we strive to present them without the appeal to emotions often present in the cases employed by newspapers. Holtug describes how hypothetical cases are employed with the pur-

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[49] Kasper Lippert-Rasmussen, 'Eksperimentel Politisk Fiosofi,' *Politica* 43, no. 3 (2011); Peter Singer, 'Ethics and Intuitions,' *The Journal of Ethics* 9, no. 3–4 (October 2005): 331–52, doi:10.1007/s10892-005-3508-y.

[50] Holtug, *Persons, Interests, and Justice*, 9; ibid., 286.

[51] Recall how G.A. Cohen felt when he first experienced such examples as a student in Oxford: *'I left the seminar in a state of apprehension. The big frog from the small pond was at sea, and likely to sink without a trace'* G. A. Cohen, 'Isaiah's Marx, and Mine,' in *Finding Oneself in the Other*, ed. Michael Otsuka (Princeton, N.J: Princeton University Press, 2013), 2.

[52] Both in the sense of testing their viability and their scope, the range of topics to which they can be applied.

[53] Marta Spranzi, 'The Normative Relevance of Cases,' *Cambridge Quarterly of Healthcare Ethics* 21, no. 04 (July 24, 2012): 485, doi:10.1017/S0963180112000254.

pose of isolating the very thing being discussed.[54] He further notes that this idea is very similar to the approaches employed in other parts of the sciences. Here it is also important to keep all else equal, in order to focus on the very issue examined. Consider how medical researchers, when testing a new drug, compare the treatment group, which receives the drug, with a control group, which is otherwise similar but does not receive the drug. The same reasoning underlines how social scientists control for other variables by holding them constant in their statistical analysis. We can also identity it in the experiments of political science, where we strive to isolate the effect of the stimulus.[55] The mode of reasoning is similar across the cases. To acquire knowledge about a specific thing, we need to isolate it from other concerns which would distract our interpretation of the case in front of us.[56]

To illustrate the way this form of reasoning is employed in the context of political philosophy, consider a discussion over whether a criminal record should lower one's chance of receiving an organ transplant. We could then describe and discuss a case of two persons, Richard and Ben, one a convicted criminal and both needing a transplant. While in a complex world people are likely to differ on a wide range of features, we are, as already indicated, best served by abstracting from these for the purpose of discussion. Surely we could add to the discussion factors such as differences in ability to benefit, that one of the men provides for a family of four, an age difference of 50 years, or that one of them has earlier received an organ and needs a new transplant because he failed to take the prescribed drugs. If we did add all those features to the discussion we would provide a more realistic and detailed description, but it would arguably be harder to make any judgments. But most importantly, whatever judgment we reach upon considering the case in light of the wealth of details just suggested may reflect many things and say little about how having a criminal record should affect the chances of receiving an organ.[57] When constructing hypothetical cases we thus strive to isolate the factor under discussion. This reasoning is often reflected with formulations such as *all else being equal,*[58]and as stressed, it is not unfamiliar in other branches of research.

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[54] Holtug, 'Metoden i politisk teori,' 286.
[55] Søren Serritzlew, 'Det Politologiske Eksperiment: Hvorfor, Hvornår Og Hvordan?,' *Politica* 39, no. 3 (2007): 275–93.
[56] Bognar and Hirose, *The Ethics of Health Care Rationing*, 22; Holtug, 'Metoden i politisk teori,' 286.
[57] Even if we decide against treating Ben and Richard differently, this could be because the reasons to differentiate against them provided by the criminal record where outweighed by other concerns.
[58] Some prefer the Latin expression ceteris paribus.

This mode of reasoning is employed several times in the thesis, for example in *Transplant Decisions* where the principled luck egalitarian case for giving lower priority to those whose need for a new liver is related to their past consumption of alcohol is developed through a case where a number of relevant background factors are held as being equal. In the *Feiring* article similar cases differing only on when they transpired is put forward to criticise Feiring's view that we should not take the past into account when giving priority in health. The article *Tough Luck* discusses how one's occupation may be a plausible barrier to taking care of one's teeth. A hypothetical example is presented, but ultimately oral hygiene understood as diet and tooth brushing are at least not in a straightforward way affected by one's occupation.

To end the discussion over hypothetical cases, a short remark on one critique off such reasoning. The use of hypothetical cases in political theory is sometimes criticized for being wrongheaded in that it assumes away many important aspects of the real world. Critics submit that the stylized cases overlook or ignore some of the most important injustices in the world, namely those associated with race, class and gender.[59] However, this concern doesn't really address the use of such cases in reasoning, but rather the topics to which they are applied. Hypothetical cases can be used to discuss anything, also the differences highlighted by its critics. It could further be submitted that the current literature often addresses the grey areas where existing theories disagree about what justice requires.[60] Such discussions might concern something of great theoretical and principled importance, though maybe not of immediately recognizable importance to real world issues.

Following considerations about method in political theory, some remarks on discussions about justice are needed. As this project approaches discussions of health from the perspective of distributive justice it would seem appropriate to address how such discussions over justice are conducted. In discussing distributive justice (in health or elsewhere), it is important to stress what it means that a given state of affairs is just or that justice requires compensation. Cohen's thought on the matter is instructive: Saying that x represents an injustice means that *'the world is less than fully just by virtue of it'*.[61] This is, Cohen notes, different from the claim that x represents an injustice *'and should be rectified by the state.*[62] Such expressions make it clear that discussions about justice are con-

[59] Chris Armstrong, *Rethinking Equality: The Challenge of Equal Citizenship* (Manchester: Manchester University Press, 2006), 69.
[60] Holtug, *Persons, Interests, and Justice*, 12; Knight, *Luck Egalitarianism*, 2009, 154.
[61] G. A. Cohen, 'Expensive Tastes Ride Again,' in *Dworkin and His Critics : With Replies by Dworkin*, ed. Justine Burley (Oxford: Blackwell, 2004), 4.
[62] Ibid.

cerned with what makes the world good and bad from a normative perspective. In discussions about distributive justice egalitarians discuss whether this or that feature of a distribution makes it bad with respect to equality. Such discussions are different, and should be different, from discussions about the extent to which we could correct an injustice and who should bring this about. This should not be taken to mean that discussions about justice are irrelevant to real world practices. Deliberating over distributive justice often also involves considerations about whether the state could and should introduce policies to mitigate the aspects which are bad with respect to equality.

Cohen stressed that it is important to acknowledge how these questions are separate, and in that regard his distinction between *principles of justice* and *rules of regulation* is important. While we might accept the reasons for keeping our discussions of principles of justice apart from concerns such as those just mentioned, we would certainly also need our discussions of justice to have some sort of relevance for more practical measures. Cohen introduced the idea of *rules of regulations*.[63] Principles of distributive justice describe when people's share is just, while the rules of regulation describe steps it would be permissible and/or prudent to take in pursuit of such ends while showing due concern to values other than distributive justice and the facts of the world around us.[64] Rules of regulation are different from the question raised above, where distributive justice was contrasted from questions about what the state should do. This is the case since a rule of regulation can express a specific balance of our distributive concerns in respect to other values (such as freedom), considerations which can be made even before we make decisions regarding whether the state should intervene to correct something. The advantage of proceeding in such a way is, in line with the reasoning earlier, that it minimizes the risk that our empirical beliefs about how the world is affect our normative judgments regarding how the world ought to be.

Why Health? And How? Topic Specific Methodology

The above considerations are somewhat general, in the sense that they would apply to many projects addressing normative discussions of distributive. They

[63] G. A. Cohen, *Rescuing Justice and Equality* (Cambridge Mass.: Harvard University Press, 2008), 3.

[64] For a critique of this distinction see David Miller, 'Political Philosophy for Earthlings,' in *Political Theory: Methods and Approaches*, ed. David Leopold and Marc Stears (Oxford ; New York: Oxford University Press, 2008), 29–48. For Cohen's position Cohen, *Rescuing Justice and Equality*, 229–273.

are stated as questions and considerations that are relevant to this thesis even though they would also apply to other projects in this tradition. In addition to such quite general thoughts about political theory and distributive justice, there are considerations of method, which are more specifically related to the task of applying luck egalitarianism to health. The following section presents a number of considerations and methodological choices made in this project. The section addresses general considerations about applying luck egalitarianism, why health is of special interest from a luck egalitarian perspective, and how the specific areas addressed in the discussion have been selected.

Luck egalitarianism is a heterogeneous theory. This has implications for this thesis, since Applying luck egalitarianism to health involves discussions about what the most plausible view on luck egalitarianism is. Therefor the thesis engages with questions over what the most plausible view on luck egalitarianism is.

Methodological considerations arise when we decide in which areas it would be most interesting to apply luck egalitarianism. Where would we have most interest in exploring the consequences of such an application? We have at least two reasons to be interested in applying luck egalitarianism to health. People interested in luck egalitarianism (sympathetic or otherwise) will probably be interested in knowing whether it yields plausible conclusions in many areas. But they have a particular interest in the application of luck egalitarianism to health. At least they should have, because for luck egalitarianism health could be considered a hard case. Thus, here luck egalitarianism is applied to an area in which it is at least initially *unlikely* to yield plausible conclusions. Consider, for example, how critics of luck egalitarianism point to its implications in a health context in order to question its egalitarian credentials.[65] On the other hand, if luck egalitarianism can yield plausible conclusions in a context where that was thought to be less likely, it would strengthen the theory as a whole. The second kind of reason to apply luck egalitarianism to health springs not from inside the luck egalitarian literature, but from current debates about priority-setting in health and healthcare. Both in political and academic debates personal responsibility is a much debated subject in relation to health.[66]

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[65] Elizabeth S Anderson, 'What Is the Point of Equality?,' *Ethics* 109, no. 2 (1999): 287–337; Marc Fleurbaey, 'Equal Opportunity or Equal Social Outcome?,' *Economics and Philosophy* 11, no. 01 (1995): 25–55; Segall, *Health, Luck, and Justice*, ix.

[66] Gene Bishop and Amy C. Brodkey, 'Personal Responsibility and Physician Responsibility — West Virginia's Medicaid Plan,' *New England Journal of Medicine* 355, no. 8 (August 24, 2006): 756–58, doi:10.1056/NEJMp068170; B J Boughton, 'Compulsory Health and Safety in a Free Society.,' *Journal of Medical Ethics* 10, no. 4 (December 1, 1984): 186–90, doi:10.1136/jme.10.4.186; Alexander Brown, 'If We Value Individual

Such academic literature and such policy debates may benefit from the application of a responsibility-sensitive theory of distributive justice to these questions.

Thought should also be given in which areas of healthcare and health policies it would give the most interesting insights to apply luck egalitarianism. The thesis takes up three vastly different areas in the discussion of luck egalitarianism in the belief that such applied discussions will give us a better chance of assessing the credentials of luck egalitarianism in health than more abstract discussions. Furthermore, the thought is that discussing luck egalitarianism in different settings gives us a more nuanced picture of the abilities and limitations of this theory in this context. However, these general considerations leave open which areas to discuss.

Responsibility, Which Policies Should We Favour?,' *Journal of Applied Philosophy* 22, no. 1 (March 2005): 23–44, doi:10.1111/j.1468-5930.2005.00290.x; Alexander Brown, *Personal Responsibility: Why It Matters*, Think Now (London ; New York: Continuum, 2009), 92–95; 143–146; Buyx, 'Personal Responsibility for Health as a Rationing Criterion'; O. Golan, 'The Right to Treatment for Self-Inflicted Conditions,' *Journal of Medical Ethics* 36, no. 11 (August 16, 2010): 683–86, doi:10.1136/jme.2010.036525; John H. Knowles, 'The Responsibility of the Individual,' in *Doing Better and Feeling Worse: Health in the United States*, 1st ed (New York: Norton, 1977), 57–80; Julian Le Grand, *Equity and Choice an Essay in Economics and Applied Philosophy* (London ;;New York, NY, USA : HarperCollins Academic, 1991); Howard M. Leichter, ''Evil Habits' and 'Personal Choices': Assigning Responsibility for Health in the 20th Century,' *The Milbank Quarterly* 81, no. 4 (January 1, 2003): 603–26; Minkler, 'Personal Responsibility for Health?'; M. Minkler, 'Personal Responsibility for Health: Contexts and Controversies,' in *Promoting Healthy Behavior : How Much Freedom? Whose Responsibility?*, ed. Daniel Callahan (Washington, D.C.: Georgetown University Press, 2000); Reiser, 'Responsibility for Personal Health'; Schmidt, 'Bonuses as Incentives and Rewards for Health Responsibility'; Harald Schmidt, 'Personal Responsibility in the NHS Constitution and the Social Determinants of Health Approach: Competitive or Complementary?,' *Health Economics, Policy and Law* 4, no. 02 (March 9, 2009): 129, doi:10.1017/S1744133109004976; ibid.; Kerith Sharkey and Lynn Gillam, 'Should Patients with Self-Inflicted Illness Receive Lower Priority in Access to Healthcare Resources? Mapping out the Debate,' *Journal of Medical Ethics* 36, no. 11 (November 2010): 661–65, doi:10.1136/jme.2009.032102; Lance K. Stell, 'Responsibility for Health Status,' in *Medicine and Social Justice: Essays on the Distribution of Health Care*, ed. Rosamond Rhodes, M. Pabst Battin, and Anita Silvers (Oxford ; New York: Oxford University Press, 2002); P A Ubel et al., 'Allocation of Transplantable Organs: Do People Want to Punish Patients for Causing Their Illness?,' *Liver Transplantation: Official Publication of the American Association for the Study of Liver Diseases and the International Liver Transplantation Society* 7, no. 7 (July 2001): 600–607, doi:10.1053/jlts.2001.25361; Daniel Wikler, 'Personal and Social Responsibility for Health,' in *Public Health, Ethics, and Equity*, ed. Sudhir Anand, Fabienne Peter, and Amartya Sen (Oxford; New York: Oxford University Press, 2004), 109–35.

In this thesis the guiding principle has been to discuss the plausibility of luck egalitarianism over a wide range of health issues. The purpose of discussing different areas is to evaluate and explore the implications of luck egalitarianism in areas which differ on important parameters. Many health discussions involve the allocation of scarce healthcare resources in situations of dire need. Who should receive the life-saving treatment when we cannot save all is a question which is important to much reasoning in this context. The importance of such discussions arises because in such situations the consequences of denying treatment are severe. To address issues of *scarcity* and *high stakes* the issue of allocating livers for transplantation is discussed in *Transplant Decisions*.[67] But even if such dramatic discussions are both a part of real worth allocation of healthcare resources and of the existing academic debate over prioritization, the discussion should also reflect that often discussions about who to give priority are much less spectacular. For that reason there is also a need to explore how the theory fares in less dramatic circumstances. The thought is that this enables us to explore what the different settings mean for the plausibility of luck egalitarianism. To accommodate for this observation discussions over more pedestrian topics must also be included. To accommodate such a need the thesis undertakes the discussion of oral health. This is the topic of *Tough Choices* and *Ethical Considerations*.[68] As argued, it was included in the discussion because of (rather than despite of) it's somewhat pedestrian nature. But allocation of (primarily) healthcare resources cannot exhaust the topics which must be discussed in this thesis. Much recent literature in epidemiology, especially the literature on social determinants, suggests that over health is not only influenced by what happens once we are admitted to hospitals for treatment. Social determinants literature stresses how place of residence, employment status and general socioeconomics position affect our health.[69] That reason alone suggests the need to discuss how luck egalitarianism fares regarding public health initiatives aimed at mitigating the influence from social determi-

[67] Andreas Albertsen, 'Who Should Get the Liver? Luck Egalitarianism and Transplant Decisions,' n.d.

[68] Andreas Albertsen, 'Tough Luck and Tough Choices: Applying Luck Egalitarianism to Oral Health,' *Journal of Medicine and Philosophy*, forthcoming 2014; Andreas Albertsen, 'Personal Responsibility in Oral Health: Ethical Considerations,' *Journal of Forensic Odonto-Stomatology* 30 Suppl 1 (November 2012): 12–20.

[69] David Blane, 'The Life Course, the Social Gradiant and Health,' in *Social Determinants of Health*, ed. M. G Marmot and Richard G Wilkinson (Oxford; New York: Oxford University Press, 2006); M. G. Marmot et al., 'Health Inequalities among British Civil Servants: The Whitehall II Study,' *Lancet* 337, no. 8754 (June 8, 1991): 1387–93; Venkatapuram and Marmot, 'Epidemiology and Social Justice in Light of Social Determinants of Health Research.'

nants.[70] The need to address such a topic is also strengthened by the fact that it is a recurrent criticism of luck egalitarianism that it is unable to accommodate this important development of our understanding of health.[71] Luck egalitarianism needs to be discussed in the context of such developments and it seemed fitting that the thesis address such developments as well. For those reasons *Social Determinants* address such questions. Even though the topics – liver allocation, oral health and social determinants - are distinct there is some similarity in the way they are discussed. For all topics, empirical knowledge regarding patterns and causes of disease informs the discussion. Potential ways of implementing responsibility-sensitive policies are also discussed in all three contexts.

Finally, a point regarding how the thesis contributes to the ongoing debate about luck egalitarianism in health. As argued above there is surely something to be gained from considering the implications of luck egalitarianism in specific health contexts. This, however does not remove the need to discuss and consider the larger picture. There is also a need to consider the contribution in a more general fashion. For those reason the thesis also provides a distinct framework for luck egalitarianism in health. In *Framework* a number of theoretical choices facing any luck egalitarian theory in health are presented along with suggestions for how they should be answered. These are questions such as whether we care about distributions of health or healthcare, should be pluralist in our values and how to consider concerns for health in relation to other distributive concerns.[72] Supplementing such more general discussion '*Personligt ansvar'* evaluates the strengths of different institutional proposals for holding people responsible for their self-inflicted health disadvantages in the light of prominent criticisms of personal responsibility in health.[73] In the end, the final chapter concludes to answer the research questions regarding luck egalitarianism and distributive justice in health.

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[70] Angus Dawson, *Public Health Ethics : Key Concepts and Issues in Policy and Practice* (Cambridge; New York: Cambridge University Press, 2011).

[71] R. C. H. Brown, 'Moral Responsibility for (un)healthy Behaviour,' *Journal of Medical Ethics*, January 11, 2013, doi:10.1136/medethics-2012-100774; Eric Cavallero, 'Health, Luck and Moral Fallacies of the Second Best,' *The Journal of Ethics* 15, no. 4 (May 28, 2011): 387–403, doi:10.1007/s10892-011-9109-z; Daniels, *Just Health*; Daniels, 'Individual and Social Responsibility for Health'; Leonard M. Fleck, 'Whoopie Pies, Supersized Fries,' *Cambridge Quarterly of Healthcare Ethics* 21, no. 01 (December 13, 2011): 5–19, doi:10.1017/S0963180111000454; Wikler, 'Personal and Social Responsibility for Health.'

[72] A. Albertsen and C. Knight, 'A Framework for Luck Egalitarianism in Health and Healthcare,' *Journal of Medical Ethics*, February 6, 2014, doi:10.1136/medethics-2013-101666.

[73] Andreas Albertsen, 'Brugerbetaling, Ventelister Og Afgifter: Personligt Ansvar for Egen Sundhed?,' *Politica* 46, no. 2 (2014): 135–51.

Chapter 4: Conceptual Clarifications

When engaging with the vast literature on health and distributive justice, it is necessary to narrow the number of debates to engage with. This section identifies a number of discussions which are interesting, but to which this thesis does not make a substantial contribution. The most important is presented here along with some preliminary distinctions which are important for understanding what follows.

Parts of the established literature on health employs a convention that terms like 'health differences' and 'health inequalities' describe health distributions where people have unequal health but the distributions are not unfair. For unfair unequal distributions of health the literature prefers the term 'inequities'.[74] This terminology will not be employed here for several reasons. The most important is that the literature also includes a pre-existing understanding of when something counts as an inequity and when it is only considered an inequality in the stated sense. As this thesis sets out to address this very question, it would be potentially confusing to use terminology which for many has a fixed meaning. A minor reason to avoid the terminology is that it does not have a word for unjust equal distributions.[75] As the contribution in this thesis includes the view that equalities can also be unjust, following this convention would have resulted in unnecessarily inelegant terminology.[76] Thus, whenever the thesis describes health distributions, the term 'equal' or 'unequal' only describes the shape of the distribution, but carries no meaning regarding the justness or unjustness of it. Instead terms such as (un)fair or (un)just are employed for such designations.

A word about the concept and measurement of health: What does it mean for a person to be healthier than another and how are we going to measure health distributions? Daniels famously argued that we should use a statistical approach to health where a person is unhealthy if that person deviates from the population as a whole by lacking a species function.[77] The WHO employs

[74] WHO, 'Health Impact Assessment (HIA)- Glossary of Terms Used,' accessed July 21, 2014, http://www.who.int/hia/about/glos/en/index1.html.
[75] Equities, as we know, means something quite different related to the world of finance.
[76] Andreas Albertsen and Sören Flinch Midtgaard, 'Unjust Equalities,' *Ethical Theory and Moral Practice* 17, no. 2 (April 2014): 335–46, doi:10.1007/s10677-013-9442-3.
[77] Daniels, *Just Health Care*, 28–32.

a much broader definition of health as *'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'*[78] Hausman has recently proposed that we define health on the basis of a specific organism's (in whole or in part) functional efficiency. Efficiency here means the ability to serve the relevant purpose of that specific organism (or part of organism).[79] This thesis does not contribute to this interesting discussion. Broadly speaking the arguments advanced here are applicable to any concept of health I've encountered. It remains neutral regarding how health is best conceptualized. Instead the thesis addresses how we should evaluate health distributions and is applicable to whichever understanding of health presented above one takes to be the most promising. There is nothing novel or particularly controversial in disentangling the concept of health from discussions about how to evaluate health distributions.[80]

Somewhat related to the above there is a rich literature on how best to measure health disparities. This is not only a technical matter, but involves difficult discussions about how to weigh people's different needs against each other. It is one thing to say that one person is sick and that another is not. But if both have succumbed to disease how can we compare their needs? The thought guiding the two most influential approaches to conducting such comparisons is that it matters morally how many years a person loses through illness, weighted to take account of differences in the quality of those years. The dominant approaches are DALY and QUALY.[81] The relative strengths of the measures are not discussed, in order to focus the discussion on what makes a distribution just or unjust.[82]

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[78] WHO, 'Preamble to the Constitution of the World Health Organization as Adopted by the International Health Conference, New York, 19-22 June 1946; ; Signed on 22 July 1946 by the Representatives of 61 States and Entered into Force on 7 April 1948,' 1946.

[79] Daniel M. Hausman, 'Health, Naturalism, and Functional Efficiency,' *Philosophy of Science* 79, no. 4 (October 2012): 519–41, doi:10.1086/668005.

[80] Consider that each of the sources of different concepts of health listed above has proposed criteria for how to evaluate health distributions. Daniels, *Just Health Care*; Daniels, *Just Health*; Hausman, 'What's Wrong with Health Inequalities?'; Hausman, 'Egalitarian Critiques of Health Inequalities'; WHO, 'Health Impact Assessment (HIA)-Glossary of Terms Used.'

[81] Bognar and Hirose, *The Ethics of Health Care Rationing*; Diderichsen, Andersen, and Manuel, *Ulighed i sundhed*.

[82] Setting such questions aside is far from an unusual move in the literature: Daniels, *Just Health*, 14 n2, 37 n18; Segall, *Health, Luck, and Justice*, 97. Also left out are a host of other measuring complexities. For a comprehensive introduction, see Mel Bartley, *Health Inequality: An Introduction to Theories, Concepts, and Methods* (Cambridge, UK: Polity Press, 2004).

As already mentioned, the thesis deals with the prominent idea of personal responsibility. As this is a highly complex notion, also in health, it is necessary to spell out exactly what is meant by this. The idea of personal responsibility in health has a long a varied history.[83] This should come as no surprise given that the concept of responsibility is in itself highly complex. In his discussion of the topic G. Dworkin remarked that it may be in discussions over responsibility that we find it most difficult do keep the conceptual and normative elements apart.[84] Responsibility can mean many different things. We can have responsibilities towards ourselves or others through our position or role in society. But we can also be responsible in the sense that our act or omissions brought a state of affairs something about under conditions sufficient for some reaction be that, praise, blame or institutional actions. [85] For those reasons people can coherently talk of personal responsibility in health and mean vastly different things by the term.

One meaning of personal responsibility regards how we are behave in relation to other people's health, here our personal responsibility pertains to whether our acts and omissions makes it so that other people are worse off health wise. Such discussion arises in relation to our responsibilities regarding communicable diseases. Is there a duty to vaccinate one self and one's children? How is the autonomy of the individual preserved and catered for, without losing the potential collective benefits of herd resistance? And how should we evaluate and react to such and other actions which potentially put the health of others at risk?[86] It is not this aspect of responsibility in health which is addressed in this thesis. Another meaning of responsibility in the context of

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[83] Gerald Dworkin, 'Taking Risks, Assessing Responsibility,' *The Hastings Center Report* 11, no. 5 (Oktober 1981): 26–31; R. M. Veatch, 'Voluntary Risks to Health: The Ethical Issues,' *JAMA: The Journal of the American Medical Association* 243, no. 1 (January 4, 1980): 50–55, doi:10.1001/jama.1980.03300270038027; Nicole A Vincent, 'What Do You Mean I Should Take Responsibility for My Own Ill Health?,' *Journal of Applied Ethics and Philosophy* 1, no. 1 (2009): 39–51; Harald Schmidt, 'Just Health Responsibility,' *Journal of Medical Ethics* 35, no. 1 (January 1, 2009): 21–26, doi:10.1136/jme.2008.024315.

[84] Dworkin, 'Taking Risks, Assessing Responsibility,' 26.

[85] H. L. A Hart, *Punishment and Responsibility : Essays in the Philosophy of Law* (Oxford [u.a.]: Clarendon University Press, 1968), 211.

[86] R. Bennett, 'Ignorance Is Bliss? HIV and Moral Duties and Legal Duties to Forewarn,' *Journal of Medical Ethics* 26, no. 1 (February 1, 2000): 9–15, doi:10.1136/jme.26.1.9; John Harris, 'Communicable Diseases, Lifestyles and Personal Responsibility: Ethics and Rights' (European Commission, 1999). Such questions might sadly be growing in importance due to the aspects of antibiotic-resistant bacteria, see: Jasper Litmann, 'Antibiotic Resistance and Distributive Justice' (PhD-Thesis, University College London, 2014).

health is those responsibilities that a doctor has towards her patients or towards the public as a whole. Consider for example the responsible conduct with deeply personal information, where the health care professional balances the confidential relationship with her patient along with the wider interest of the public.[87] While such responsibilities can, and perhaps should, be addressed in discussions about health responsibility, they are set aside in what follows. Rather the thesis deals with acts and omissions of individuals regarding their own health, and how we should incorporate personal responsibility for such acts and omissions into a moral framework of distributive justice. While discussing the role of personal responsibility, the thesis remains neutral regarding specific theories of responsibilities, understood as the viability of different theories over what it means to be, in a metaphysical sense, responsible for one's own health disadvantage.[88] When the thesis occasionally discuss matters for which people are not responsible, these are factors which a range of theories of responsibility would classify similarly (such as having a congenial liver disease).[89] The next section presents luck egalitarianism as a theory of distributive justice.

[87] Bishop and Brodkey, 'Personal Responsibility and Physician Responsibility — West Virginia's Medicaid Plan'; Veronica English et al., *Medical Ethics Today the BMA's Handbook of Ethics and Law* (London: BMJ Books, 2004), chap. 1, 5, 16; Donna Dickenson, *Moral Luck in Medical Ethics and Practical Politics* (Aldershot, Hants, England; Brookfield, Vt., USA: Avebury ; Gower Pub. Co., 1991).

[88] This is in line with much luck egalitarian reasoning, where such questions over the correct view on responsibility is often set aside, Richard J. Arneson, 'Equality and Equal Opportunity for Welfare,' *Philosophical Studies* 56, no. 1 (1989): 86; G. A. Cohen, 'On the Currency of Egalitarian Justice,' *Ethics* 99, no. 4 (1989): 934; G. A. Cohen, 'Equality of What? On Welfare, Goods and Capabilities,' in *The Quality of Life*, ed. Martha Nussbaum and Amartya Sen (Oxford University Press, 1993), 28; Carl Knight, 'The Metaphysical Case for Luck Egalitarianism:,' *Social Theory and Practice* 32, no. 2 (2006): 173–89, doi:10.5840/soctheorpract200632212; Larry Temkin, 'Justice, Equality, Fairness, Desert, Rights, Free Will, Responsibility and Luck,' in *Responsibility and Distributive Justice*, ed. Carl Knight and Zofia Stemplowska (Oxford; New York: Oxford University Press, 2011), 57.

[89] This way of reasoning is much similar to Masons discussion over what belongs to people's circumstances, and borrows his idea that we can discuss whether a given factor is likely to be something a person is not responsible, even if there are other factors we are unsure about where to place Andrew Mason, *Levelling the Playing Field: The Idea of Equal Opportunity and Its Place in Egalitarian Thought*, Oxford Political Theory (Oxford ; New York: Oxford University Press, 2006), 93.

Chapter 5: Luck Egalitarianism

The purpose of this section is to introduce the luck egalitarian theory of distributive justice and present the thesis' contributions to this theoretical tradition. After a brief overview over the early thoughts on luck egalitarianism, a canonical formulation of luck egalitarianism is discussed, highlighting some of its ambiguities and shortfalls which have been identified in the literature on luck egalitarianism. An adjusted formulation of luck egalitarianism is presented and compared to the canonical statement, and differences and similarities between the two formulations are identified. One difference, which has not received sufficient attention in the literature, pertains to whether luck egalitarianism applies to distributions as such or only to inequalities. Arguing that the former is correct is one of the thesis' contributions to the luck egalitarian literature; this is the conclusion of *Unjust Equalities*.[90] After a short summary of the article, three critiques of luck egalitarianism are introduced: That it is too harsh on those who are worse off through choices for which they are responsible; that it requires shameful revelations in the assessment of responsibility; and that it implausibly must deny compensation for those who are worse off through choices which are morally speaking good. The first critique is discussed and explored in *Lader Held-egalitarismen.* Both the first and second criticisms are addressed throughout the thesis, but the third is considered mostly in a separate article. In *Justified Choices* it is argued that luck egalitarianism can offer such compensation to those who are worse off through their attempt to save someone else from an unchosen disadvantage. The argument for that conclusion is given in a brief summary of that article.

Early Luck Egalitarianism

During the last 25 years, luck egalitarianism has become an influential theory in debates about distributive justice. Roughly speaking, luck egalitarianism asserts that distributions are just when they reflect choices for which people are responsible as opposed to luck. For that reason luck egalitarianism is considered a responsibility-sensitive theory of distributive justice. The luck egalitarian tradition is far from homogenous and still has many of the ambiguities of a young theory.[91] As with many other contributions to contemporary political phi-

[90] Albertsen and Midtgaard, 'Unjust Equalities.'
[91] Arneson, 'Luck Egalitarianism Interpreted and Defended,' 1.

losophy, the luck egalitarian position can, in parts, be traced to ideas in John Rawls' *A Theory of Justice.*[92] In his treatment of the subject, Kymlicka argues that Rawls can be understood as a precursor of luck egalitarianism.[93] This assessment is based on formulations in Rawls' work[94] where he strongly rejects that factors which are arbitrary from a moral perspective should be allowed to influence a just distribution.[95] Thus we should seek out principles of justice which '*nullifies the accidents of natural endowment and the contingencies of social circumstances'.*[96] In such formulations, Kymlicka identifies a distinction between choice and circumstance and an underlying idea that distributions should be allowed to reflect the former but not the latter.[97] To the extent that this can be considered an important element in Rawls' works,[98] he can be considered a precursor to luck egalitarianism.[99] It has been suggested that luck egalitarianism develops this idea further.[100]

One scholar whose influence on the luck egalitarian tradition is beyond dispute is Dworkin. Though he did not consider himself a luck egalitarian, he

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[92] Rawls, *A Theory of Justice*.
[93] Knight and Stemplowska, 'Responsibility and Distributive Justice: An Introduction,' 4.
[94] As there are many good and interesting summaries of Rawls' arguments they will not be elaborated here. For such summaries, see: Samuel Richard Freeman, *Rawls* (London; New York: Routledge, 2007), 142–197; Kymlicka, *Contemporary Political Philosophy*, 57–67; Chandran Kukathas and Philip Pettit, *Rawls: A Theory of Justice and Its Critics* (Cambridge: Polity, 1990), 43–47; Frank Lovett, *Rawls's a Theory of Justice: A Reader's Guide* (London ; New York: Continuum, 2011), 75–109; Søren Flinch Midtgaard, *John Rawls* (København: Jurist- og Økonomforbundets Forlag, 2010), 13–38.
[95] Rawls, *A Theory of Justice*, 72.
[96] Ibid., 15.
[97] Kymlicka, *Contemporary Political Philosophy*, 75.
[98] For the argument that the choice/luck distinction (or a similar distinction) is not an important part of the Rawlsian argument, see Matt Matravers, *Responsibility and Justice* (Cambridge, UK ; Malden, MA: Polity, 2007), chap. 3; Samuel Scheffler, 'What Is Egalitrianism?,' *Philosophy & Public Affairs* 31, no. 1 (January 2003): 5–39, doi:10.1111/j.1088-4963.2003.00005.x.
[99]. Rawls, *A Theory of Justice*, 302. Rawls proposes two principles of justice (Ibid). The principles are known as the difference principle and the fair equality of opportunity principles. Kymlicka points towards a tension between those principles and the commitment to shield distributions from the influence from arbitrary factors, Kymlicka, *Contemporary Political Philosophy*, 70, 73. Arneson pursues the same line of thought in his presentation of luck egalitarianism, Arneson, 'Luck Egalitarianism - A Primer,' 29.
[100] Arneson, 'Luck Egalitarianism - A Primer,' 28; Knight and Stemplowska, 'Responsibility and Distributive Justice: An Introduction,' 4; Roemer, *Theories of Distributive Justice*, 238; Segall, *Health, Luck, and Justice*, 10,.

played an important role in the development of luck egalitarianism.[101] He proposed a view on distributive justice taking its starting point in the belief that we should treat people as equals.[102] Dworkin criticised the idea of equality of welfare, because equalizing welfare implies redistribution from those who are content with their share of the world's resources to those who are dissatisfied, even when the shares are similar. The idea Dworkin advances is that people are entitled to an equal share of resources, which they can use to pursue their dreams.[103] If people differ in their endowments, the disadvantages should be compensated, but if they differ in their ambitions, preferences and dreams, justice does not require equalization of the inequalities which spring from this.[104] Thus it can be understood as taking even further the distinction Kymlicka identified in Rawls' work. Dworkin expressed this view by utilizing the distinction between brute luck and option luck: 'Option luck is a matter of how deliberate and calculated gambles turn out – whether someone gains or loses through accepting an isolated risk he or she should have anticipated and might have declined',[105] while 'Brute luck is a matter of how risks fall out that are not in that sense deliberate gambles.'[106] In accordance with Dworkin's position we should compensate people for differences reflecting brute luck, but not for differences reflecting option luck.

Dworkin's contribution to the luck egalitarian literature is widely recognized.[107] Two prominent proponents of early luck egalitarianism, Arneson and

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[101] Dworkin himself resisted the label, Ronald Dworkin, 'Equality, Luck and Hierarchy,' *Philosophy & Public Affairs* 31, no. 2 (April 1, 2003): 190–98. The issue is debated, however. For the argument that Dworkin is not a luck egalitarian, see: Samuel Scheffler, 'Equality as the Virtue of Sovereigns: A Reply to Ronald Dworkin,' *Philosophy & Public Affairs* 31, no. 2 (April 1, 2003): 199–206. For the argument that Dworkin is a luck egalitarian, see Alexander Brown, *Ronald Dworkin's Theory of Equality : Domestic and Global Perspectives* (Basingstoke: Palgrave Macmillan, 2009), 75–82. His influence on the luck egalitarian tradition is not disputed, however.

[102] Ronald Dworkin, 'What Is Equality? Part 1: Equality of Welfare,' *Philosophy & Public Affairs* 10, no. 3 (July 1, 1981): 185–246, doi:10.2307/2264894; Ronald Dworkin, 'What Is Equality? Part 2: Equality of Resources,' *Philosophy & Public Affairs* 10, no. 4 (October 1, 1981): 283–345, doi:10.2307/2265047.

[103] Importantly, resources on the Dworkinian account need not be only monetary. We should also be compensated for shortfalls in our internal resources. This makes the adherence to the choice/luck distinction even more profound.

[104] Unless the preferences take the form of cravings, Dworkin, 'What Is Equality? Part 2: Equality of Resources,' 302.

[105] Ibid., 293.

[106] Ibid.

[107] Knight, *Luck Egalitarianism*, 2009, chap. 1, 2; Carl Knight, 'Luck Egalitarianism,' *Philosophy Compass* 8, no. 10 (October 2013): 924–34, doi:10.1111/phc3.12077; Knight

Cohen, both critically engaged with Dworkin's Equality of Resources to develop responsibility-sensitive theories of distributive justice. As far as the responsibility-sensitive elements in their respective works, the following quotes show how the authors stress the importance of distinguishing between disadvantages due to luck and disadvantages due to choice. Cohen writes about egalitarianism that: 'Its purpose is to eliminate involuntary disadvantage, by which I (stipulatively) mean disadvantage for which the sufferer cannot be held responsible' [108] and Arneson writes that 'it would be inappropriate to insist upon equality of welfare when welfare inequalities arises through the voluntary choice of the person who gets lesser welfare.'[109] Arneson and Cohen agree with Dworkin's emphasis on responsibility, but deny that resources should be our concern. The reason is that people can have unchosen preferences, which would on a consistent reading of the choices/luck distinction also require compensation.

This illustrates one important disagreement among early contributors to the luck egalitarian position:[110] They differ in their view on the currency of justice, that which justice requires us to equalize. Arneson argued for opportunity for welfare, Dworkin for resources and Cohen for advantage – a notion encompassing both.[111] Another difference is their view on responsibility. Cohen and Arneson take what we should understand as a metaphysical view on responsibility. This means that there is some truth regarding the extent to which a person is responsible for a given state of affairs. It might be the case that this truth is not accessible to us, and that it requires the settlement of larger metaphysical debates, such as the questions of free will and determinism.[112] Dworkin, in contrast, employs a more everyday understanding of responsibility where people can be considered responsible for a given state of affairs without being

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and Stemplowska, 'Responsibility and Distributive Justice: An Introduction,' 5; Rakowski, *Equal Justice*; Roemer, *Theories of Distributive Justice*, chap. 7–8.

[108] Cohen, 'On the Currency of Egalitarian Justice,' 916.

[109] Arneson, 'Equality and Equal Opportunity for Welfare,' 86.

[110] Knight, 'Luck Egalitarianism,' October 2013; Knight and Stemplowska, 'Responsibility and Distributive Justice: An Introduction.'

[111] It is sometimes argued that the difference between access and opportunity is purely semantic. Knight, *Luck Egalitarianism*, 2009, 74; Roemer, *Theories of Distributive Justice*, 274. Another luck egalitarian, Rakowski, agrees with Dworkin that resources should be the currency, Rakowski, *Equal Justice*.

[112] Cohen, 'On the Currency of Egalitarian Justice,' 934; Cohen, 'Equality of What? On Welfare, Goods and Capabilities,' 28; Richard J. Arneson, 'Liberalism, Distributive Subjectivism, and Equal Opportunity for Welfare,' *Philosophy and Public Affairs* 19, no. 2 (1990): 179.

in any metaphysical sense responsible.[113] Verdicts of responsibility are made through current practices rather than discussions over metaphysics. Despite these differences the early luck egalitarians have a common ground in considering the brute luck/option luck and choice/circumstance distinctions as distributively significant, in that they signify the difference between distributions which require that some are compensated and those which do not. After this brief summary of the early luck egalitarian literature, we now turn to more recent developments and the thesis' contributions in that regard. The above serves as a brief introduction to the luck egalitarian literature.

The starting point for this discussion is a canonical formulation of luck egalitarianism. Highlighting this canonical formulation and contrasting it with the adjusted formulation employed in this thesis makes it easier to discuss why we should prefer the latter. The luck egalitarian ideal is sometimes expressed with Parfit's principle of equality, which asserts that: '[i]t is in itself bad if some people are worse off than others' ['through no fault or choice of theirs'].[114] This line of thinking clearly influenced central formulations for Cohen,[115] Arneson[116] and other luck egalitarians.[117] However, it is for several reasons an incomplete statement of luck egalitarianism. Drawing on the work of Lippert-Rasmussen, the thesis employs a different formulation of luck egalitarianism, for reasons to be presented shortly: *It is in itself bad with regard to inequality if, and only if, people's comparative positions reflect something other than their comparative exercises of responsibility.*[118] This formulation will be referred to as the adjusted formulation, and has important similarities with the canonical statement cited above. Both concern relative distributions and allow distributions to vary with choices for which people are responsible. Both formulations are also asocial in

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[113] Ronald Dworkin, *Sovereign Virtue : The Theory and Practice of Equality* (Cambridge Mass.: Harvard Univ. Press, 2000), 289–290.

[114] Derek Parfit, 'Equality and Priority,' in *Ideals of Equality*, ed. Andrew Mason (Oxford, England; Malden, MA: Blackwell, 1998), 3, n5. The quote is a restatement of Parfit's earlier formulation, '[I]t is bad if, through no fault of theirs, some people are worse off than others', Derek Parfit, *Reasons and Persons* (Oxford [Oxfordshire]: Clarendon Press, 1984), 26.

[115] Cohen, 'On the Currency of Egalitarian Justice,' 916.

[116] Arneson, 'Equality and Equal Opportunity for Welfare,' 85.

[117] John Roemer, 'A Pragmatic Theory of Responsibility for the Egalitarian Planner,' *Philosophy and Public Affairs* 22, no. 2 (1993): 149; Larry Temkin, *Inequality*, Oxford Ethics Series (New York: Oxford University Press, 1993), 17.

[118] Kasper Lippert-Rasmussen, 'Arneson on Equality of Opportunity for Welfare,' *Journal of Political Philosophy* 7, no. 4 (1999): 478–87, doi:10.1111/1467-9760.00087. The thesis, at times, use 'relative' instead of comparative but does not mean to imply something different in such uses.

the sense that distributional concerns do not only arise between persons with some specific relation to each other, but rather between all people.[119]

Despite such similarities, the adjusted formulation is employed in the thesis because it improves upon the canonical statement while keeping these important features. Some of these advantages will be highlighted here. Lippert-Rasmussen has pointed out that in the absence of the 'and only if' the canonical formulation is underspecified as a formulation of when something is unjust with respect to inequality.[120] It does not tell us how to evaluate situations where some are worse off than others through their own fault or choice. Such distributions could be either just or unjust under the canonical formulation. Adding the 'and only if' makes it so that distributions where some are worse off than others through their own fault or choice are not unjust.[121] Another important difference is that the adjusted formulation applies to all distributions, not only inequalities.[122] Evaluating people's comparative positions instead of situations where some are worse off than others makes it the case that also equalities are evaluated.

It could also be submitted as a difference that the adjusted formulation talks of exercises of responsibility rather than choices. One could say that this is different because not all which could be considered a choice is something which a person is responsible for. Consider the choices of handing over your wallet to a robber as an illustration of such a choice.[123] But in the works of both Cohen and Arneson there is sufficient textual evidence to conclude that they did not have such a simplistic view on choice.[124] Cohen clearly talked about 'genuine choice' [125] and stressed that:

> It is false that the only relevant questions about choice and responsibility are whether or not something (an action, a preference) is, simply, chosen (that is, tout court), and that the only relevant upshot is whether the agent is responsible, tout court. Here, as elsewhere, we make judgments of degree of responsibility, and they are based on graded and shaded judgments about choice. It always bears on the matter of responsibility that a person chose a certain course, but it

[119] Arneson, 'Luck Egalitarianism - A Primer,' 43.
[120] Lippert-Rasmussen, 'Arneson on Equality of Opportunity for Welfare,' 478.
[121] S. L Hurley, *Justice, Luck, and Knowledge* (Cambridge, Mass.; London: Harvard University Press, 2005), chap. 6.
[122] Something which is argued for in Albertsen and Midtgaard, 'Unjust Equalities.'
[123] For an excellent discussion of such freedom, see: G. A. Cohen, *History, Labour, and Freedom: Themes from Marx* (Oxford : New York: Clarendon Press ; Oxford University Press, 1988), chap. 13, 14.
[124] Here Cohen is quoted, but Arneson is quite specific in his specification of opportunities that not any choice in any situation will do {Citation}
[125] Cohen, 'On the Currency of Egalitarian Justice,' 934.

> is also always pertinent how genuine that choice was[126] and how constraining the circumstances were in which it was made. The genuineness of a choice is a function of the chooser's knowledge, self-possession, and so forth.'[127]

So it may reasonably be said that emphasizing responsibility instead of choice is an improvement, it is more because it avoids some confusion rather than changes the substance. Several authors express their views in responsibility terms,[128] and this thesis does the same. It should be pointed out that preferring the term responsibility does not imply a specific view regarding what it means to be responsible for a given outcome. The luck egalitarian account employed here does not specify a theory of responsibility. But it is compatible with a wide range of such theories.[129] This sums up the reasons for preferring the adjusted formulation of luck egalitarianism over the canonical.

As an alternative to formulating our egalitarian sentiments in one sentence, Fleurbaey and Roemer have argued that the luck egalitarian position should be presented as consisting of two separate principles: one of reward and one of compensation.[130] The authors' work reflects the idea that such principles can be formulated in different ways and thus combined to make up different ways of assessing distributions.[131] A similar idea has recently been explored by Stemplowska.[132] As will be clear from later discussion, Fleurbaey presents an important point: that there are many possible interpretations of what it means for a distribution to reflect people's exercises of responsibility. But rather than formulating specific principles expressing the correct view, here it will be maintained that the adjusted formulation above expresses well enough a principled luck egalitarian view, but that we should surely be open to the fact that this might require different institutional measures in different contexts.

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[126] Here Cohen refers to, Ibid.
[127] Cohen, 'Expensive Tastes Ride Again.,' 21–22.
[128] Lippert-Rasmussen, 'Arneson on Equality of Opportunity for Welfare,' 478.
[129] For an elaboration on such an approach, see: Knight, 'The Metaphysical Case for Luck Egalitarianism'; Carl Knight, 'Justice and the Grey Box of Responsibility,' *Theoria* 57, no. 124 (September 30, 2010): 86–112, doi:10.3167/th.2010.5712404.
[130] Marc Fleurbaey, *Fairness, Responsibility, and Welfare* (Oxford: Oxford University Press, 2008); John Roemer, 'On Several Approaches to Equality of Opportunity,' *Economics and Philosophy* 28, no. 02 (August 29, 2012): 165–200, doi:10.1017/S0266267112000156.
[131] Marc Fleurbaey, 'Four Approaches to Equal Opportunity,' in *Responsibility and Distributive Justice*, ed. Carl Knight and Zofia Stemplowska (Oxford; New York: Oxford University Press, 2011), 77–97.
[132] Zofia Stemplowska, 'Rescuing Luck Egalitarianism,' *Journal of Social Philosophy* 44, no. 4 (December 2013): 402–19, doi:10.1111/josp.12039.

Critiques of Luck Egalitarianism

Luck egalitarianism has been met with several criticisms. Three of the most important will be presented here. They are briefly introduced along with short statements regarding how and where they are discussed in the thesis. While the content of these critiques will be familiar to many, the presentations will stress how they relate to the project of applying luck egalitarianism to health. For the third criticism, the one pertaining to morally good criticism, a brief summary of the article *Justified Choices* is provided, as this is mainly where the thesis engages with such criticism.

Harshness

One criticism claims that it reflects badly on luck egalitarianism when we evaluate the theory in light of how it deals with people who end up much worse off as a consequence of choices they are responsible for.[133] This objection is also considered important among those who are sympathetic to luck egalitarianism.[134] A common example in the literature is the uninsured motorcyclist who crashes without a helmet and thus, the argument goes, should be left untreated at the roadside by a society with luck egalitarian institutions.[135] The objection is sometimes referred to as the abandonment objection,[136] but it is an unfortunate name for it. Luck egalitarians need not abandon those who make such choices – they could in many cases introduce some other responsibility-sensitive measure (i.e. out-of-pocket payments for treatment).[137] The best way to understand the objection is to take it to claim not that luck egalitarians must abandon the imprudent, but rather that the luck egalitarian policies towards them are too harsh. In the thesis the term 'harshness objection' will be preferred.[138]

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[133] Anderson, 'What Is the Point of Equality?,' 296; Fleurbaey, 'Equal Opportunity or Equal Social Outcome?,' 40.

[134] Richard J. Arneson, 'Luck Egalitarianism and Prioritarianism,' *Ethics* 110 (January 2000): 339–49, doi:10.1086/233272; Segall, 'In Solidarity with the Imprudent: A Defense of Luck Egalitarianism.' Not all luck egalitarians consider the consequences obviously unfair Zofia Stemplowska, 'Making Justice Sensitive to Responsibility,' *Political Studies* 57, no. 2 (2009): 252, doi:10.1111/j.1467-9248.2008.00731.x.

[135] Anderson, 'What Is the Point of Equality?'; Fleurbaey, 'Equal Opportunity or Equal Social Outcome?'

[136] Segall, *Health, Luck, and Justice*, 3–4, 58.

[137] Something which Anderson clearly acknowledges. Anderson, 'What Is the Point of Equality?'

[138] A term also used by Voigt in her discussion, see: Kristin Voigt, 'The Harshness Objection: Is Luck Egalitarianism Too Harsh on the Victims of Option Luck?,' *Ethical Theo-*

Luck egalitarians sometimes try to avoid the objection by making the empirical claim that in reality people do not make such choices, and if they do their choice situations are not likely to satisfy our requirements necessary to hold them responsible.[139] While this sort of answer, under some metaphysical truths about responsibility, has practical relevance, it lacks the necessary theoretical strength. As Voigt points out, at least theoretically we can imagine a person who fulfils whichever criteria of responsibility we believe in, who acts in ways which make him much worse off than others. The interesting question is not how common such instances are (if they happen at all), but rather whether luck egalitarianism is able to deal with them in a satisfactory way. The questions posed by the harshness objection are clearly relevant in a health context, where we can easily imagine choices which are risky and can lead to very bad outcomes for the people concerned. The thesis engages with this criticism on several occasions. The content and importance of the criticism are discussed in *Lader Held-Egalitarismen* along with the ability of the all-luck egalitarian approach to provide answers to it. The critique is part of the concerns evaluated in *Personligt Ansvar* and is discussed generally in *Framework.* In *Tough Luck and Tough Choices* it is part of the discussion about whether such considerations arise in the oral health discussions.

Shameful Revelations

Another critique asserts that luck egalitarianism requires shameful revelations. The general point as it has been forcefully expressed by Wolff as a critique of introducing luck egalitarian or responsibility-sensitive measures.[140] According to Wolff institutions aimed at realizing luck egalitarian principles of distributive justice are likely to require shameful revelations from the people under assessment. The thought is that the implication of luck egalitarianism is that some policies will require the gathering of information about people's past, their be-

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ry and Moral Practice 10, no. 4 (January 13, 2007): 389–407, doi:10.1007/s10677-006-9060-4.

[139] Nicholas Barry, 'Reassessing Luck Egalitarianism,' *The Journal of Politics* 70, no. 1 (January 7, 2008): 136–50, doi:10.1017/S0022381607080103; Alexander Kaufman, 'Choice, Responsibility and Equality,' *Political Studies* 52 (December 2004): 822, doi:10.1111/j.1467-9248.2004.00510.x; Segall, 'Equality of Opportunity for Health,' 178–179.

[140] Though often taken as such, Wolff did not intend his critique to make us reject luck egalitarianism, but rather as a more subtle concern for luck egalitarians to consider, and especially a contribution to how we are to discuss luck egalitarianism under non-ideal circumstances. Jonathan Wolff, 'Fairness, Respect and the Egalitarian Ethos Revisited,' *The Journal of Ethics* 14, no. 3–4 (December 2010): 335–50, doi:10.1007/s10892-010-9085-8.

haviours and circumstances. This would mean that we cannot design a luck egalitarian policy without the need to retrieve and assess information which some could reasonably consider it shameful to reveal. In a health context, where people's lifestyles and family background would presumably often be considered relevant factors, this criticism is just as likely to be relevant as in the context of welfare benefits where Wolff discusses it. The thesis engages with this critique in several settings. It is part of the concerns evaluated in *Personligt Ansvar* and discussed generally in *Framework.* In *Transplant Decisions* it is discussed in the context of distributing transplant livers.

Morally Good Choices

A third critique is that luck egalitarianism leads to counterintuitive conclusions when faced by disadvantaged where people are responsible for being worse off, but where what they have chosen to do is morally speaking good. Several authors have addressed this.[141] The criticism is theoretically interesting and especially relevant in a health context where at least a select subgroup of chosen disadvantaged can be considered morally speaking good. While many health disadvantages are not of a kind where any good was done for others in the process, others seemingly are. Consider for example firefighters, doctors, nurses and midwives who in some aspects of their jobs are exposed to health risks when they offer their skills to people with infectious diseases, and when they work in dangerous environments. While it could plausibly be argued that such disadvantages are chosen, the critics submit that if luck egalitarianism is not able to offer compensation, it would reflect badly on luck egalitarianism as a theory of distributive justice.

[141] Nir Eyal, 'Egalitarian Justice and Innocent Choice,' *Journal of Ethics and Social Philosophy* 2, no. 1 (2006); Segall, *Health, Luck, and Justice*; Temkin, 'Justice, Equality, Fairness, Desert, Rights, Free Will, Responsibility and Luck'; Larry Temkin, 'Inequalities and Health,' in *Inequalities in Health: Concepts, Measures, and Ethics*, ed. Nir Eyal et al., Population-Level Bioethics Series (Oxford: Oxford University Press, 2013), 13–26.

Article Summary: When Bad Things Happen To Good People: Luck Egalitarianism and Justified Choices (co-authored with Jens Damgaard Thaysen)[142]

This article engages with the critique presented above regarding compensation to people who are worse off through morally good choices. Its main argument is that luck egalitarianism need not be unable to compensate such disadvantages. Drawing on concepts from the literature on jurisprudence we employ the idea of a justified choice, i.e., a choice made for morally worthy reasons, noticing how in the literature on jurisprudence people can be acquitted from legal consequences of their actions if they are a) not responsible for those choices, b) those choices were justified, i.e. made for worthy reasons. When evaluating distributions, luck egalitarianism argues that people should be compensated if they are not responsible for their disadvantage. We explore whether compensation could be called for when the choices leading to a disadvantage were justified choices. We argue that when people choose to shoulder disadvantage which was unchosen for the other person instead of that person, then that is a justified choice. In those cases compensation is required. We press this point by showing that even though the choice in question changes the *distribution* of a disadvantage it did not *create* it, something which luck egalitarians should consider important when evaluating disadvantages. This refinement of luck egalitarianism is both interesting in itself and can strengthen luck egalitarianism by making it yield more intuitive judgments.

Thus the article offers a reformulation of luck egalitarianism. While I believe luck egalitarianism would be improved by this reformulation, the thesis does not employ this reformulation every time luck egalitarianism is applied to health. This is because the distinction between creating and distributing disadvantages has little relevance for the disadvantages discussed in the other articles constituting the thesis. Therefore a more familiar formulation of luck egalitarianism, which was introduced as the adjusted formulation above, is employed. This does not amount to any substantive differences in the other articles where the discussion is about disadvantages for which the two formulations yield similar assessments. This is surely not to say that the refinement of luck egalitarianism does not contribute to our understanding of health-related cases, as could be illustrated by the examples of firemen, nurses and others

[142] Jens Damgaard Thaysen and Andreas Albertsen, 'When Bad Things Happen to Good People: Luck Egalitarianism and Justified Choices,' n.d. Note that in the article summaries references aren't duplicated from the summarized articles, but can be found in the appended articles.

who are injured while caring for others, only that these cases are not considered in the other articles.

Unsettled Questions in the Luck Egalitarian Literature

The above tried to give a concise presentation of the luck egalitarian literature, while arguing for the formulation of luck egalitarianism which is employed in the thesis. Apart from the discussions already touched upon, a number of important issues are still unsettled in the luck egalitarian literature. Each issue is important for the thesis and for the application of luck egalitarianism to health. They are introduced here and their relevance for the project pointed out. As above, the section also presents summaries of articles where the thesis has addressed such unsettled questions.

All-luck Egalitarianism

One group of luck egalitarianism has raised an important point about how to interpret the luck egalitarian ideals. They have been named 'all-luck egalitarians'for reasons to be explained shortly. [143] [144] While not a homogeneous group, they all address Dworkin's prominent distinction between option luck and brute luck, and whether the normative prominence usually given to it by luck egalitarians, especially Cohen, is justified. Where Dworkin stressed that distributions should be allowed to reflect people's option luck but not their brute luck, all-luck egalitarians argue that this does not adequately reflect the luck egalitarian project. On the contrary, they maintain that justice requires redistribution of option luck inequalities as well. To see why such a view could be plausible, consider two people who both take a similar gamble, which has only a slight chance of turning out bad, but a rather big chance of a huge reward. One wins, the other does not. Even though it is clearly bad option luck on the disadvantaged part, the all-luck egalitarians express doubt that the traditional luck egalitarian verdict, considering such a disadvantage to be just, is problematic. Would it not be fair to claim that the disadvantaged of the two is so because of things he was not responsible for – bad luck? All-luck egalitarians recommend

[143] The term is used by Segall, in his critique of the position, Segall, *Health, Luck, and Justice*, 45. Segall writes All Luck Egalitarianisms (without the hyphen). The thesis follows Knight in putting a hyphen between 'all' and 'luck'. The main reason for this is to avoid confusion between sentences describing everyone (all) belonging to the luck egalitarian school of thought and sentences describing those in this specific subgroup.
[144]

compensation in the case just described, on reasons very familiar to the luck egalitarian literature, namely that such a distribution reflects differential luck. There have been several suggestions in the literature as to why we might want to adopt such a view.[145]

Two distinct versions of such arguments will be presented here. Lippert-Rasmussen introduces a distinction between *gambles proper* and *quasi-gambles* to underscore why such redistribution could be required. In the latter gambles, the persons involved would have preferred the expected value of the gamble as opposed to risking the gamble. Proper gambles are like the gambles we know from casinos, race tracks and sports betting.[146] The distinction purposely takes the edge of Dworkin's original reason to place normative emphasis on the distinction between option luck and brute luck, namely that redistribution between winners and losers of gambles defeats the very purpose of such activity.[147] Such an argument is less applicable to quasi-gambles. When redistributing among quasi-gamblers, nobody is asked to live a life they do not want; on the contrary, the individual's risks are pooled and minimized. Pooling and minimizing risks each would prefer to live without, which are not at the heart of the activity at hand. In a recent contribution to the all-luck egalitarian literature Knight proposes a position which allows for even more redistribution. He argues that we are owed, on grounds of distributive justice, the expected value of our choices. This position also allows for redistribution to those whose proper gambles fare badly.[148] The finer differences between these ver-

[145] Richard J Arneson, 'Equality of Opportunity for Welfare - Postscript 1995,' in *Equality: Selected Readings*, ed. Louis P. Pojman and Robert Westmoreland (New York: Oxford University Press, 1997), 241; Richard J. Arneson, 'Equality of Opportunity for Welfare Defended and Recanted,' *Journal of Political Philosophy* 7, no. 4 (December 1999): 490–491, doi:10.1111/1467-9760.00088; Barry, 'Reassessing Luck Egalitarianism'; G. A. Cohen, 'Fairness and Legitimacy in Justice, And: Does Option Luck Ever Preserve Justice?.,' in *Hillel Steiner and the Anatomy of Justice : Themes and Challenges*, ed. Stephen de Wijze, Matthew H. Kramer, and Ian Carter (New York: Routledge, 2009), 3–21; Carl Knight, 'Egalitarian Justice and Expected Value,' *Ethical Theory and Moral Practice* 16, no. 5 (February 21, 2013): 1061–73, doi:10.1007/s10677-013-9415-6; Kasper Lippert-Rasmussen, 'Egalitarianism, Option Luck, and Responsibility,' *Ethics* 111, no. 3 (2001): 548–79, doi:10.1086/233526; Segall, *Health, Luck, and Justice*; Peter Vallentyne, 'Brute Luck Equality and Desert,' in *Desert and Justice*, ed. Serena Olsaretti (Oxford: Clarendon Press, 2003), http://site.ebrary.com/id/10271676. Knight provides an excellent review of the literature and its subtle differences in, Knight, 'Egalitarian Justice and Expected Value.'

[146] Lippert-Rasmussen, 'Egalitarianism, Option Luck, and Responsibility,' 555.

[147] Dworkin, 'What Is Equality? Part 2: Equality of Resources,' 294.

[148] Knight, 'Egalitarian Justice and Expected Value.'

sions of all-luck egalitarianism will not be examined here, but are mentioned in order to stress the heterogeneity in this school of thought.[149]

Article Summary: Lader Held-egalitarismen Fanden Tage de Uansvarlige Sidste?[150]

This article explores the strengths of all-luck egalitarianism in the context of the harshness objection. The critique points to people who end up much worse than others through their own risky choices. Williams argues that the harshness objection poses a trilemma to luck egalitarians.[151] This means that of three specific concerns, freedom, sufficiency and liability, luck egalitarianism is only able to adhere to two and must sacrifice the third. Sacrificing freedom means limiting people's freedom to take risks, sacrificing sufficiency means accepting harsh consequence and sacrificing liability means allowing cost displacement so that those who did not run the risk end up with parts of the cost.[152]

It is sometimes noted that one advantage of all-luck egalitarianism over traditional luck egalitarianism is that it avoids the harshness objection because it (at least) allows for redistribution between the group of people who all took similar risks and where only some ended up badly.[153] The article explores different ways in which luck egalitarians can deal with the critique without reference to values external to luck egalitarianism, and one prominent solution is the all-luck egalitarian one.[154]

The article examines different luck egalitarian solutions to or strategies for dealing with the critique and the trilemma it represents for luck egalitarians. First it evaluates solutions which restrict freedom. It argues, due to the sheer number of such activities, that forbidding risky choices implies too loss of freedom. Alternatively, a mandatory individual insurance scheme involves the least restriction on freedom, since it essentially forbids a praxis that involves cost-displacement to others. If we let insurance premiums track people's be-

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[149] For a critique of redistributin option luck inequalities, see Andrew Williams, 'How Gifts and Gambles Preserve Justice,' *Economics and Philosophy* 29, no. 01 (March 2013): 65–85, doi:10.1017/S0266267113000084.

[150] English translation: Does Luck Egalitarianism let the Devil take the feckless hindmost. Andreas Albertsen, 'Lader Held-Egalitarismen Fanden Tage de Uansvarlige Sidste?,' *Politica* 45, no. 2 (2013): 158–73.

[151] Andrew Williams, 'Liberty, Equality and Property. In John Dryzek, Bonnie Honig and Anne Phillips (eds.),' in *The Oxford Handbook of Political Theory* (Oxford: Oxford University Press, 2006), 488–506.

[152] Ibid., 502.

[153] Knight, 'Egalitarian Justice and Expected Value,' 1070–1071; Segall, *Health, Luck, and Justice*, 46.

[154] Albertsen, 'Lader Held-Egalitarismen Fanden Tage de Uansvarlige Sidste?,' 219.

haviour we would, in principle, have come a long way in accommodating all three concerns in the trilemma. However, the drawback of such a solution is that it also compromises the liability concern, since it involves redistribution among risk-takers, as those who have luck in their risky endeavours, who do not suffer any severe consequence from their risk-taking, must contribute to those who do not have such luck.

The final parts of the article discuss a solution which achieves the same without the need to restrict freedom. It ensures that the freedom concern is adhered to through taxing risky/unhealthy behaviour. This still involves redistribution among risk-takers, a breach of liability, but does not involve the same curtailment of freedom. The solution gives rise to the discussion about all-luck egalitarianism, as this position denies that such redistribution is bad from a luck egalitarian perspective. As such the article concludes that the change in how to understand the liability requirement constitutes one solution to the trilemma. Whether this comes at too high a cost would be the concern for those who are sceptical towards all-luck egalitarianism. On a further note putting this conclusion into perspective, it must be acknowledged that the article was written and published before the publication of Knight's recent contribution to the literature.[155] As such it could have shown more concern for different specifications of all-luck egalitarianism, especially because this also would bring forward the question which the article sidesteps somewhat – whether proper gambles can still bring about disadvantages which are a concern for justice.

Unjust Distributions or Unjust Inequalities

Another important discussion pertains to whether luck egalitarianism applies to distributions as such or if the distributive concerns of such theories only arise in the context of inequalities. The crucial difference between such views is that the latter position does not consider equalities as potentially problematic from the standpoint of justice.[156] Segall has argued for such a view.[157] While some authors have expressed views on luck egalitarianism which are in conflict with Segall's view, there has been little specific discussion about which view to pre-

[155] Knight, 'Egalitarian Justice and Expected Value.'
[156] A view with which Tan also agrees, Kok-Chor Tan, *Justice, Institutions, and Luck: The Site, Ground, and Scope of Equality* (Oxford: Oxford University Press, 2012), 91. Arneson draws a similar distinction, Richard J. Arneson, 'Justice Is Not Equality,' *Ratio* 21, no. 4 (December 2008): 386, doi:10.1111/j.1467-9329.2008.00409.x.
[157] Segall, *Health, Luck, and Justice*, 14–19; Shlomi Segall, 'Why Egalitarians Should Not Care About Equality,' *Ethical Theory and Moral Practice*, September 4, 2011, doi:10.1007/s10677-011-9306-7; Shlomi Segall, *Equality and Opportunity*, 1st edition (New York, NY: Oxford University Press, 2013), chap. 2.

fer.[158] This is unsatisfactory as the discussion surely holds relevance for the general debate about the most plausible understanding of luck egalitarianism. Throughout the thesis a formulation of luck egalitarianism as concerned with both inequalities and equalities is employed. Why this is to be preferred is the topic of one of the thesis' articles.

Article Summary: Unjust Equalities (Co-authored with Søren Flinch Midtgaard)[159]

This article engages with a specific view on luck egalitarianism proposed by Segall, according to which the theory only applies to inequalities. The article contributes to the literature regarding what constitutes the most plausible interpretation of luck egalitarianism as a theory of distributive justice. Furthermore, it is a part of that discussion which has only been sparsely addressed. In the article we identify four kinds of distributions, which differ in their shape and whether that shape reflects people's exercises of responsibility:

(A) Non-arbitrary Equality: Equality reflecting people's choices or equivalent exercises of Responsibility:
(B) Non-arbitrary Inequality: Inequality reflecting people's choices or different exercises of responsibility;
(C) Arbitrary Equality: Equality reflecting something other than people's choices or equivalent exercises of responsibility, say, differential brute luck;
(D) Arbitrary Inequality: Inequality reflecting something other than people's choices or different exercises of responsibility, say, differential brute luck.

The difference between our position and Segall's can be clarified by observing how they assess the above. Our position is a symmetrical view, holding that arbitrary inequality and arbitrary equalities should be evaluated in a similar fashion, and likewise for non-arbitrary inequalities and equalities. We thus treat distributions symmetrically based on whether they are arbitrary or not, with no concern for their shape. In contrast, Segall's view is asymmetrical, evaluating only inequalities. We argue that the most plausible view is the former. We do this by elaborating Cohen's idea of fairness and drawing on Kymlicka's critique of Rawls. On this view it is just if people fare differently based on different exercises of responsibility. Segall shares this view on inequalities, but we submit that

[158] Knight, *Luck Egalitarianism*, 2009, 230; Lippert-Rasmussen, 'Arneson on Equality of Opportunity for Welfare,' 478.
[159] Albertsen and Midtgaard, 'Unjust Equalities.'

it has implications for equalities as well.[160] The reason is apparent when we understand an arbitrary equality as a transformed non-arbitrary inequality. An unequal but just distribution which is transformed through redistribution (or luck) to an equal one offends the very principle that considered the unequal distribution just in the first place. Segall does not provide much in way of reasons why we should suspend with the principles leading us to evaluate the inequality as unjust, when the shape of a distribution changes to an equality.

After presenting our argument for the symmetrical view, we address two criticisms which could be mounted against it: That it is not as such an egalitarian view, drawing on Hurley's conception of what it requires for a theory to be egalitarian; and that Segal's view is more intuitively combined with a concern for basic needs. Regarding the first critique we argue that our position is indeed egalitarian, even by Hurley's account. This is the case since it is egalitarian with respect to opportunities. Regarding the second critique we argue that whatever such a critique says about our view, it says nothing about its egalitarian credentials. Drawing on Cohen we argue that the discussion about what is the right egalitarian position cannot be settled by reference to non-egalitarian values. The article's contribution is at a quite theoretical level. It contributes to our understanding of luck egalitarianism by addressing a distinction made by Segall, but disagrees with his conclusions in that regard.

The Question of Stakes

A development with quite some importance for the topic of this thesis has been suggested by Olsaretti. She has argued that a responsibility-sensitive theory like luck egalitarianism must have two distinct elements or questions, as she calls them. The former describes which factors we believe people to be responsible for. The latter specifies 'what costs should attach to whatever fea-

[160] Strikingly, Segall even points to an unfair equality when presenting luck egalitarianism. In his criticism of Rawls he writes that 'Rawls' distributive principle would assign the same priority to a talented person who chooses to work as he would to an equally poor (however that is measured) person who is hardworking but simply lacks marketable natural talent.' Segall notes that 'luck egalitarians would want to say that this is unfair', Segall, *Health, Luck, and Justice*, 10. He presents the case in a context where the thought is that when both are worse off than others, the luck egalitarian verdict to give priority to the person who is worse off through no fault of his own is more plausible than the Rawlsian. But interestingly, this means that in a two-person world, Segall's asymmetrical view would not be able to assess the equal distribution between the persons as unjust.

tures constitute the justifiable grounds of responsibility.'[161] This important observation means that simply concluding that a person is responsible for a disadvantage is not enough; we should also discuss what flows from this presence of responsibility. This is a necessary discussion because it is not at all straightforward. Olsaretti highlights how what flows from such a disadvantage depends on price structures, institutional setting and so forth.[162] In her recent discussion of luck egalitarianism Stemplowska interestingly pursues a path much similar to Olsaretti's. Stemplowska argues that luck egalitarianism must include an opportunity principle 'stipulating what opportunities should be open to people.'[163] This is related to the idea of stakes because it opens up the realm of possible institutional consequences of a given action.

All such considerations are especially important in the context of health and healthcare. This is the case because they show that even in cases where people are responsible (whatever we might take that to mean) for their own health disadvantage, we need to discuss how we should let that responsibility affect them. That is, which institutional measures we should introduce to ensure that the distributive upshot tracks people's exercises of responsibility. While none of the articles address this question specifically it plays a significant role in the thesis as a whole. Both *Ethical Considerations*[164] and *Tough luck and Tough Choices*[165] include discussions about which institutional measures should be introduced in the specific cases addressed in these articles. *Framework*[166] and *Personligt Ansvar*[167] both involve broader considerations about the relative strengths and weaknesses of different institutional approaches. The next section discusses the idea of personal responsibility in priority setting.

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[161] Serena Olsaretti, 'IX-Responsibility and the Consequences of Choice,' *Proceedings of the Aristotelian Society (Hardback)* 109, no. 1pt2 (August 2009): 170, doi:10.1111/j.1467-9264.2009.00263.x.

[162] In his discussion of equal opportunities Jacobs discusses how a principle of stakes is a necessary component in responsibility-sensitive distributive theories Lesley A. Jacobs, *Pursuing Equal Opportunities: The Theory and Practice of Egalitarian Justice*, Cambridge Studies in Philosophy and Public Policy (Cambridge, UK ; New York, USA: Cambridge University Press, 2004), 37–47. For a very interesting application of this idea in another context, see: A. Brown, 'Principles of Stakes Fairness in Sport,' *Politics, Philosophy & Economics*, April 15, 2014, doi:10.1177/1470594X14523525.

[163] Stemplowska, 'Rescuing Luck Egalitarianism,' 404.

[164] Albertsen, 'Personal Responsibility in Oral Health,' 17.

[165] Albertsen, 'Tough Luck and Tough Choices: Applying Luck Egalitarianism to Oral Health.'

[166] Albertsen and Knight, 'A Framework for Luck Egalitarianism in Health and Healthcare,' 4.

[167] Albertsen, 'Brugerbetaling, Ventelister Og Afgifter: Personligt Ansvar for Egen Sundhed?'

Concluding Remarks on Luck Egalitarianism

The thesis have employs an understanding of luck egalitarianism, which asserts that distributions are just if, and only if, people's comparative positions reflect their comparative exercises of responsibility. Such a formulation is in important ways different from the canonical statement asserting that it is in itself bad if some people are worse off than others through no fault or choice of theirs. The differences between those ways of describing the luck egalitarian positon have been evaluated in the literature, though for at least one of them the discussion has been brief. That pertains to the question regarding whether luck egalitarians are concerned with all distributions, or only inequalities. This interpretation of luck egalitarianism was recently brought forth by Segall, and in the above his view is criticised with the purpose of arguing that luck egalitarianism applies to all distributions. This is a more plausible reading of luck egalitarianism, which is both more consistent and on reflection not vulnerable to some objections which Segall raises towards such a view. Another theoretical development pertained to the role of morally good choices, and the extent to which luck egalitarians can justify compensation for such. It was argued that luck egalitarians can offer such compensation, when the disadvantage in question came about while (attempting to) offset an unchosen disadvantage for others. As stated earlier, even though the article presents how this idea can be incorporated into formulations of luck egalitarianism it isn't employed throughout the thesis. The reason for this is that it could create unnecessary confusion, and that it is not relevant for the cases discussed there, as they do not involve the morally good choices. Finally it should be mentioned that the above section presents two further ideas, which are important in the rest of the thesis. One is that there is a number of ways in which we could make sure that people's relative position reflects their exercises of responsibility. The different institutional responses available are important for the discussion ahead. The other last thing to mention is the all-luck egalitarian position which has been introduced and discussed, a position which will be a reference point at later stages of this thesis.

Chapter 6: Personal Responsibility in Health

Having presented luck egalitarianism as a theory of distributive justice, this chapter takes a closer look at one of the issues which arise in the context of applying such a theory to health. This is done by discussing a concept of increased prominence in the literature on distributive justice and priority-setting in health, namely personal responsibility for one's own health. Wikler remarked that for such a discussion to be of interest, personal responsibility for health must mean something 'more profound than that people will usually be healthier if they try to take better care of themselves.'[168]

This section gives a very brief introduction to historical views on people's responsibilities regarding their own health before turning to a more modern approach, which asks whether and to what extent personal responsibility should matter in priority-setting in the context of health. Discussing the relation between priority-setting and personal responsibility sets aside discussions of our responsibilities for the health of others or in relation to one's professional duties. The discussion is based on an evaluation of two prominent proposals which have been raised as alternatives to a luck egalitarian approach. Both alternatives are rejected as unattractive. Towards the end of the section, a preliminary luck egalitarian view on priority-setting is presented.

Even in the context of personal responsibility for self-affecting actions, the idea of personal responsibility in health has a long and varied history. From the first recorded beliefs that human action could improve or protect one's health came also the idea that one had a duty towards oneself to do so. One conception of personal responsibility in health could be that we have a duty to ourselves to preserve ourselves and our health. The Greeks famously considered health as a matter of balance between four different humors. This balance, according to common convention, could be affected both by one's own behaviour and by one's surroundings. Reisler notes that the Greeks 'placed great emphasis on the effect of life's activities on the illnesses that one got. [169]' In a similar fashion Roman philosopher Galen focused on personal hygiene and considered it blameworthy behaviour for a person to fall sick through negligence of one's own health.[170] Where such ancient philosophers considered

[168] Daniel Wikler, 'Who Should Be Blamed for Being Sick?,' *Health Education Quarterly* 14, no. 1 (1987): 11.
[169] Reiser, 'Responsibility for Personal Health,' 9.
[170] Ibid.

negligence in health as failing oneself, the concern in the middle-ages was quite different. The failure to take care of oneself was not only a matter of having failed oneself, it was also a failure in the eyes of God (and thus towards God).[171]

More recently the idea of personal responsibility has been transformed to incorporate the idea that we fail others if we bring bad health upon ourselves because our poor health puts costs on others. Knowles famously warned that 'one man's freedom in health is another man's shackles in taxes and insurance premiums.'[172] According to Knowles, we owe it to others to take care of our health. While the above description is very condensed, it shows that even within discussions about personal responsibility for one's own health the reasons for why we should care morally are different.[173] This thesis connects with the discussion about personal responsibility in health by exploring two relations which are connected: How the presence or absence of personal responsibility affects our evaluation of health distributions; and how the presence or absence of personal responsibility affects prioritization in a health context. Here the key question is whether people who are responsible for their lower level of health should receive lower priority. Giving lower priority is understood as a broad notion covering instances where people are treated less (or not at all), at a higher price or asked to wait longer. It also covers situations where public health initiatives or research projects related to diseases are preferred over others.

In contrast to such thoughts many maintain that personal responsibility should only play a minor role (if any at all) in our evaluation of health distributions and prioritization of resources. Alongside discussions about individual responsibility in relation to health, some point instead towards a social responsibility in health.[174] Note that those who emphasize society's responsibility for individuals' health do not necessarily deny that individuals have some responsibility; they do, however, emphasize the role of the state in improving people's health and leave only a small role (if any) for individual responsibility in priority

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[171] Ibid., 10.

[172] Knowles, 'The Responsibility of the Individual,' 59.

[173] There are geographical differences in the extent to which personal responsibility is emphasized, as illustrated by its prominence in a US context. D. S. Goldberg, 'Social Justice, Health Inequalities and Methodological Individualism in US Health Promotion,' *Public Health Ethics* 5, no. 2 (July 5, 2012): 104–15, doi:10.1093/phe/phs013; Leichter, ''Evil Habits' and 'Personal Choices': Assigning Responsibility for Health in the 20th Century'; Minkler, 'Personal Responsibility for Health?,' 123.

[174] Minkler, 'Personal Responsibility for Health?'; Wikler, 'Personal and Social Responsibility for Health.'

setting.[175] Much discussion about social and individual responsibility in health concerns where to draw the line between them, where the responsibilities of the state end and conversely, those of the individual begin. After this brief introduction to the theoretical landscape of the debate on personal responsibility in health, we now turn to a specific discussion of two prominent proposals. Each proposal has been presented as an alternative to luck egalitarianism, and each of these proposals are evaluated in two of the articles constituting this thesis.

Competing Accounts on Personal Responsibility and Priority Setting

The thesis addresses two prominent theories on the role of personal responsibility for personal health; one is presented by Feiring,[176] and the other by Vansteenkiste, Devooght, and Schokkaert.[177] Both approaches leave some role for individual responsibility, but proposes their approaches to viable alternatives to luck egalitarianism.

Feiring takes her starting point in the common notion that we are allowed to take into account the expected benefit from treatments when allocating healthcare resources.[178] In her discussion of life-style diseases (especially obesity), she argues that we are not allowed to take people's past behaviour into account. We should, however, give priority to those who will commit to a lifestyle change which is likely to increase the benefit of treatment.

Under the assumption that we are dealing with genuine choices, Vandenkiste, Devooght and Schokkaert argue that we should grant fresh starts to the regretful,[179] i.e., those who come to regret their past preferences and choices in health should be compensated by justice. Their ideal solution is to introduce a tax so that everyone contributes to those who later come to regret their health behaviour. They present their argument through a case where a population lives through time periods, but part of the population comes to regret their unhealthy choices in the first period. As their past choices are a hindrance to real-

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[175] D B Resnik, 'Responsibility for Health: Personal, Social, and Environmental,' *Journal of Medical Ethics* 33, no. 8 (August 1, 2007): 444–45, doi:10.1136/jme.2006.017574.
[176] E Feiring, 'Lifestyle, Responsibility and Justice,' *Journal of Medical Ethics* 34, no. 1 (January 1, 2008): 33–36, doi:10.1136/jme.2006.019067.
[177] S. Vansteenkiste, K. Devooght, and E. Schokkaert, 'Beyond Individual Responsibility for Lifestyle: Granting a Fresh and Fair Start to the Regretful,' *Public Health Ethics* 7, no. 1 (April 1, 2014): 67–77, doi:10.1093/phe/pht041.
[178] Feiring, 'Lifestyle, Responsibility and Justice.'
[179] An idea also explored by Brown, 'If We Value Individual Responsibility, Which Policies Should We Favour?'

izing present preferences, compensation is required according to the authors' position.

Article Summary: Feiring's Concept of Forward-Looking Responsibility: A Dead End for Responsibility in Healthcare[180]

The article makes three distinct points in relation to Feiring's article. The first is an elaboration, rather than a critique, of Feiring's position. It points out that the universe of cases to which Feiring's position is applicable is much larger than she explicitly acknowledges. Feiring discusses cases which can be related to lifestyle and where a lifestyle change can improve the benefits from treatment, but as the article shows, only the latter is a necessary condition for applying Feiring's reasoning. Thus people should be asked to change their lifestyle when it will increase the benefit of treatment, regardless of whether their lifestyle could have caused the medical need in the first place.

Next, the article presents two criticisms. The first criticism addresses Feiring's unwillingness to take past behaviour into account when prioritizing resources and claims that viewed in conjunction with her willingness to take future behaviour into account this saddles her with an implausible view on responsibility. This is illustrated by evoking Scanlon's classic case of toxic waste removal, where a person ignores warnings and exposes himself to toxics evaporating into the air. According to Feiring, we cannot let this count against the person, but must treat him if he commits to a lifestyle change of avoiding exposure in the future. Now, consider a second situation of waste removal; also this time warnings are properly issued and the person ignores them again. Feiring, claims that this is vastly different from the first situation, but it is really hard to see why. A more plausible view on responsibility would take into account how hard or costly something is to avoid, rather than its chronological order

The second criticism addresses only how Feiring treats those who do not fulfil their commitment to a lifestyle change. It argues that the solution to which she is seemingly committed, namely giving them lower priority should a future need arise, is inattentive to the fact that such failure could have many explanations. It further submits that any efforts to clarify the extent to which people are responsible for such failures would leave Feiring's position vulnerable to criticisms she levels against luck egalitarian approaches (such as asking for shameful revelations). Feiring's position is thus seemingly open to the critique

[180] Andreas Albertsen, 'Feiring's Concept of Forward-Looking Responsibility: A Dead End for Responsibility in Healthcare,' *Journal of Medical Ethics*, December 6, 2013, doi:10.1136/medethics-2013-101563; Andreas Albertsen, 'Fresh Starts for Unhealthy Behaviour. Should We Provide Them and Who Should Pay?,' n.d.

that for those who fail in the lifestyle change they committed to, it offers little and it ignores the extent to which people's ability to adjust their lifestyle is influenced by their social circumstances. Quite surprisingly, this makes Feiring's position less forgiving than the luck egalitarian in instances where only the luck egalitarian account would allow disregarding people's failure to follow through on a promised lifestyle change if they are not responsible for such failure.

The discussion of Feiring's account is mainly a negative contribution in the sense that it offers little in the way of an alternative. It remains relevant to the subject of this thesis to evaluate and reject one prominent way of using personal responsibility in priority setting. Not least because Feiring considers her position an alternative to luck egalitarianism in health.

Article Summary: Fresh Starts for Unhealthy Behaviour: Should we provide them and who should pay?[181]

This article engages with the arguments of Vandenkiste, Devooght and Schokkaert. It notes that the authors present their initial scenario under a number of assumptions and features, all of which are seemingly important for reaching their conclusion. The article selects three particularly interesting features: the relative sizes of the groups; limiting the discussion to two periods; and the fact that resources must be spent equally in each period. The article evaluates the proposal by going through the scenario relaxing each assumption. The purpose is to test the plausibility of the (re)distributions which the authors must consider just. It is argued that for each feature, the position presented by the authors loses much of its plausibility when the assumptions are relaxed. The main critique is that when the assumptions are relaxed it becomes clearer that there is a tension in the authors' position which they should acknowledge explicitly, especially since the tension seems to be between values which they appear to endorse. The central problem is that the resources distributed to those who regret past choices limit the resources available for the future choices of those who do not regret their past choices. The questionable fairness of such transactions is brought to the fore by relaxing the mentioned features of the authors' initial scenario. By increasing the amount of people regretting, allowing for a second regret or for some big spenders regretting their past

[181] Albertsen, 'Fresh Starts for Unhealthy Behaviour. Should We Provide Them and Who Should Pay?'

choices, the idea of granting fresh starts is put to a stern test. This happens because it shows the relation between the amount of resources requiring compensation and the way in which this limits future opportunities of those who do not regret their past choices. At some point it becomes difficult to maintain that an approach respecting opportunities, as the authors claim that their position is, should keep endorsing the distributive upshot subsidizing the regretful. The discussion of this view is mainly important because it presents itself as a viable alternative to luck egalitarianism.

Concluding remarks on Personal Responsibility in Health

The literature on personal responsibility in health is broad. The contribution delivered in the above should mostly be understood as a negative contribution. Examining, and rejecting, two interesting alternatives which are critical of the luck egalitarian approach to health, only takes us some way in clarifying how we should thing about luck egalitarianism in this regard. Discussing Feiring's view means engaging with a prominent argument for why past choices should not matter in priority-setting, while allowing for another role for personal responsibility. The article argued that this view commits Feiring to a strange and implausible view on responsibility, relying on a distinction between past and future choices which seems hard to sustain. Regarding how Feiring dealt with 'future choices' it were raised as reason to be critical that her position may not be attentive enough towards the plurality of reasons for why people can fail to fulfil their contracts. In discussion of the fresh start approach the argument highlighted an interesting tension in the position, between providing opportunities to the regretful and the cost acquiring to others as a consequence of that. It was argued that the fresh start approach is too inattentive to the consequences for others in supplying fresh starts for the regretful.

Such contributions are negative, in that they involve the rejection of alternatives to luck egalitarianism. But they do not bring us that much closer to what it is luck egalitarians are committed to regarding the role of personal responsibility. Building on the approach to luck egalitarianism presented in the previous chapter, luck egalitarians must hold that all else being equal, distributions of health should reflect people's exercises of responsibility. This means that a person, who is responsible for his health disadvantage, should be given lower priority than those who are not. Such a claim is hardly theoretical controversial, in the sense that it merely recounts the luck egalitarian ideas in a context of health. While some may still resist such implications (for non-luck egalitarian

reasons) it should be noted that it is a somewhat modest claim. It does not include a metaphysical theory of responsibility, and thus presents no conditions which must be fulfilled for people to be responsible. Thus, it does not assert whether people in general or a particular group is responsible for their health disadvantages. In this thesis such questions are set aside. But the formulation opens up for discussions of how we are to hold people responsible. Lower priority denotes situations where a person's interests are given lower consideration than that of another person in the context of health. This means that there isn't a fixed answer to what lower priority means, that it can be context-dependent and that it can be given in a number of ways. The next section turns to how we are to understand and evaluate the role of responsibility just presented.

Chapter 7: Luck Egalitarianism in Health

This section discusses luck egalitarian approaches to health. It presents the existing literature and offers an extensive summary of the thesis' contributions to the topic of applying luck egalitarian to health. The summary of the exiting literature points towards ambiguities and problematic features of the existing literature. This helps to highlight some of the questions to which my own approach provides answers. Two contributions from the existing literature on luck egalitarianism in health are highlighted: Segall's contribution and Capellen and Norheim's.[182] While they are not the only approaches they are widely discussed and the most comprehensive.[183]

Arneson writes that we should acknowledge the difference between discussion of principles and discussion of policies.[184] As already noted, there is a difference between endorsing responsibility-sensitive principles and endorsing (seemingly) responsibility-sensitive policies. Arneson notes several different reasons why the luck egalitarian might not want to introduce such policies. First, it could be too difficult or too costly to assess whether individuals are responsible for their condition. Second, we may conclude upon examination that it is not sensible to ascribe people responsibility for a given condition due to the influence of circumstance on their choices. Third, Arneson considers what we should take to be concerns which are not luck egalitarian such as the absolute levels of advantage people of those subject to responsibility-sensitive policies.[185] Reflecting on such considerations might suggest that the luck egalitarian implications in health are less different when it comes to suggested policies

[182] Cappelen and Norheim, 'Responsibility in Health Care'; Alexander W. Cappelen and Ole Frithjof Norheim, 'Responsibility, Fairness and Rationing in Health Care,' *Health Policy* 76, no. 3 (2006): 312–19, doi:10.1016/j.healthpol.2005.06.013; Segall, *Health, Luck, and Justice*; Shlomi Segall, 'Luck Prioritarian Justice in Health,' in *Responsibility and Distributive Justice*, ed. Carl Knight and Zofia Stemplowska (Oxford; New York: Oxford University Press, 2011), 246–65; Shlomi Segall, 'Health, Luck, and Justice Revisited,' *Ethical Perspectives* 19, no. II (2012): 326–34.

[183] Other contributions, though not presented initially, are taken up in the discussion when relevant, for example: Hunter, *A Luck Egalitarian Account of Distributive Justice in Health Care*; Le Grand, *Equity and Choice an Essay in Economics and Applied Philosophy*; Le Grand, 'Individual Responsibility, Health, and Health Care'; Roemer, 'A Pragmatic Theory of Responsibility for the Egalitarian Planner'; Voigt, 'Appeals to Individual Responsibility for Health.'

[184] Arneson, 'Luck Egalitarianism - A Primer,' 31.

[185] Ibid.

from the alternatives than sometimes depicted. Arneson suggests that we look for areas where concerns such as the above 'cancel each other out, weight decisively in one direction or do not rise to the level of significance'[186] While it cannot be argued that health in general is an area which fulfils these requirements, it can be maintained that the discussion conducted in this thesis keeps Arneson's suggestion in mind. This is the case because it engages with the concerns he raises not only in the abstract, but also in specific areas of health. And arguably it shows that our reasoning, even understood as our luck egalitarian reasoning, differs vastly across these areas.

Cappelen and Norheim

One very prominent attempt to apply the luck egalitarian ideals to a health context has been developed by Cappelen and Norheim.[187] This section presents their approach and points to some difficulties and ambiguities within it.

The authors claim that their proposal it is responsibility-sensitive, but not vulnerable to prominent concerns regarding responsibility-sensitive policies in health.[188] Their approach consists of two distinct institutional measures, each needed to realize their luck egalitarian, or as they prefer: liberal egalitarian, ambitions.[189] One element involves the taxation of a distinct subset of risky choices, while the other element allows for out-of-pocket-payment on some diseases. Unfortunately the literature has done little to disentangle these two elements, often discussing only the first.[190] The thought driving the presentation here is that a more comprehensive engagement with the authors' position will help move the debate forward.[191] According to Cappelen and Norheim, the nature of a disease determines which institutional measures we ought to introduce. They distinguish between two subsets of disease and introduce two distinct policy measures applicable to those, both seemingly responsibility-

[186] Ibid., 32.
[187] Cappelen and Norheim, 'Responsibility in Health Care'; Cappelen and Norheim, 'Responsibility, Fairness and Rationing in Health Care.'
[188] Cappelen and Norheim, 'Responsibility in Health Care,' 479; Cappelen and Norheim, 'Responsibility, Fairness and Rationing in Health Care,' 315.
[189] Cappelen and Norheim, 'Responsibility in Health Care,' 478; Cappelen and Norheim, 'Responsibility, Fairness and Rationing in Health Care,' 313.
[190] Buyx, 'Personal Responsibility for Health as a Rationing Criterion'; Feiring, 'Lifestyle, Responsibility and Justice'; Schmidt, 'Just Health Responsibility'; Segall, *Health, Luck, and Justice*, 47; Vincent, 'What Do You Mean I Should Take Responsibility for My Own Ill Health?'
[191] The presentation and criticism offered here draw and elaborates on 'Personligt ansver'- Albertsen, 'Brugerbetaling, Ventelister Og Afgifter: Personligt Ansvar for Egen Sundhed?,' 143–144. The article as a whole is summarized later.

sensitive. Consider first the element in their approach which has received the least attention. It applies to diseases for which all of the following conditions are met:

- Not life-threatening
- Do not limit the use of political rights or exercise of fundamental capabilities
- Cost of treatment low compared to income[192]

Some of the diseases fulfilling those criteria will have been brought about completely or partly as a result of individual behaviour, while others result from factors outside the person's control. The authors argue that the optimal policy would be to charge actual cost co-payment for those who get such diseases through their own negligence, with the purpose of offering full cover to those who get such diseases for reasons outside their control.[193] They illustrate their approach by comparing two groups with different diseases. In one group all are sick for reasons unrelated to behaviour, in the other it's a mix of self-inflicted illness and illness from circumstance. Under the assumption that we cannot tell who is responsible in the second group, the authors maintain that there is still would favour to charge more from this group than the first.[194] This does not exhaust the role for personal responsibility. Let's examine the second element in the authors' position.

We can easily imagine diseases where individual choice may contribute to people's risk of acquiring a low level for health, but where one or more of the conditions outlined above are not met. That would be all diseases which are life-threatening, expensive to treat or diminish people's political capabilities, but where individual choices have contributed to the individuals poor health. For such diseases the first responsibility-sensitive element of Capellen and Nordheim's approach should not be introduced. The relevant question thus is if there is room for responsibility-sensitive policies even in relation to such diseases.

The authors argue that there is. They propose that in such instances we should not hold people responsible for the consequences of their choices (the disease), but rather for the risky choices they've made. As their institutional measure for doing this, they propose taxing potentially unhealthy activities to

[192] Cappelen and Norheim, 'Responsibility, Fairness and Rationing in Health Care,' 315.
[193] Ibid., 316.
[194] Ibid., 317. Though acknowledging that how much to charge that group might be left to political deliberation and depend on the inequality aversion of society.

raise money for treating those who fall ill as a consequence of such choices. Each choice will be taxed the same, and no one suffering from such diseases will be further charged for treatment.[195] According to the authors this idea has a number of advantages compared to introducing responsibility for consequences, co-payment, for this group of diseases as well. The advantage of taxing choices and treating everyone for free is that it does not let people die from their diseases, suffer severe economic hardship or allow the illness to diminish people's fundamental capabilities. All diseases in this category have, by definition, the potential to do exactly that, but Capellen and Norheim's proposal ensures that this does not transpire.

They offer another reason, related to luck, for introducing a tax on those choices. The authors argue that there is an unfairness in people being unequally well off after having made the same choices from a starting point of equality of opportunities. The unfairness, they submit, arises because the difference between the persons is due to luck.[196] The liberal egalitarian commitments to eliminate differences in luck, they maintain, would lead us to the view that differences stemming from similar choices should be subject to redistribution.[197] In that regard they suggest that if the outcome of people's choices were not affected by luck, that is free from influence from other factors, then holding people responsible for their choices and holding people responsible for their circumstances would amount to the same thing.[198] Having presented the two distinct elements in the approach from Capellen and Norheim along with their arguments in favour of them, three critical points will be made in that regard.[199] The first pertains to the role of luck in their theory. Even though they clearly consider their position to be a luck egalitarian one,[200] the view they take on luck, calling for redistribution between the lucky and unlucky takers of risky health choices, clearly comes close to the position which was earlier in the thesis introduced under the heading of all-luck egalitarianism. This is not as such problematic, but shows that rather than provide an account of what luck egalitarianism in health means they provide one which accepts a not uncontroversial adjustment of luck egalitarianism. A second thing to note regarding

[195] Cappelen and Norheim, 'Responsibility in Health Care,' 479.
[196] Ibid.
[197] Ibid.
[198] Ibid., 478–479.
[199] I critically discuss their contribution at two points in my thesis, some of the remarks and would like to elaborate on those criticisms here. Albertsen, 'Who Should Get the Liver? Luck Egalitarianism and Transplant Decisions'; Albertsen, 'Brugerbetaling, Ventelister Og Afgifter: Personligt Ansvar for Egen Sundhed?'
[200] Cappelen and Norheim, 'Responsibility in Health Care,' 478.

their approach is that it may not be as complete as they portray it. This becomes clear if we apply it to specific diseases. Consider, as will be discussed later, the question of allocating transplant livers among potential transplant recipients. Here we are clearly dealing with a life-threatening disease, and Cappelen and Norheim's approach would recommend taxing unhealthy behaviour (i.e. consumption of alcohol) and then offering treatment to everyone for free. But as the primary shortage here is organs, raising extra funds does not make it possible to treat everyone. Their approach thus seems incomplete in that it is unable to deal with cases where the shortage is not monetary. The third remark has to do with the role of responsibility. According to the authors, if we hold people responsible for the consequences of their choices rather than their choices, this would imply in the context of healthcare 'that individuals should be refused treatment (or collectively financed treatment).'[201] This brings forth another related discussion, namely how we choose which institutional policies to introduce as our responsibility-sensitive measures. The authors' position includes two different answers to this. One is that we prefer one way of holding people responsible over another based on the characteristics of the context, but the other suggests that we do so based on responsibility considerations. One could submit, that this does not exhaust our possibilities, a narrowness which can be related to the authors more narrow view on the ways in which we can hold people responsible, one which includes only co-payment and extent of treatment.[202] Their reasons for when we should prefer each of their suggested ways of holding people responsible is instructive. The former interpretation is supported by the criteria they use for differentiation between diseases, the latter by the weight they ascribe to the idea that when luck affects an outcome, we should prefer only to hold people responsible for their choices. The whole idea of holding people responsible for their choices actually points to a final concern with the position at hand, namely that it ends up holding people responsible for all such health choices (through taxing them). This is done without an attempt of incorporating the context in which these choices are made, thus healthcare is provided with little attention to influences of our health lying outside the traditional healthcare system. While Cappelen and Norheim's contribution is surely important, it has its shortfalls. It is not able to address important distributive questions; it is too narrow in its interpretation of the ways in which we can hold people responsible; and somewhat ambiguous on how we choose between such schemes. The final concern is that the

[201] Ibid.
[202] Ibid., 476.

approach may be too narrow, seemingly without much concern for influences on health lying beyond the healthcare system.

Shlomi Segall

One of the most influential accounts of luck egalitarianism in health has been given by Segall.[203] He presents a view on luck egalitarianism which differs somewhat from the depiction of that theoretical tradition given so far. His view involves two developments which have received quite a lot of attention. Segall asserts that: 'It is unjust for individuals to be worse off than others due to outcomes that it would have been unreasonable to expect them to avoid.'[204] Compared to accounts of luck egalitarianism already discussed there are two notable changes here. One of them has been discussed already, namely whether luck egalitarianism applies to distributions or only to inequalities; the other is that Segall prefers the concept of reasonable avoidability to responsibility. Segall argues that we should 'Replace responsible with a more plausible understanding of what constitutes a case of brute luck.'[205] Brute luck should be understood as 'the outcome of actions (including omissions) that it would have been unreasonable to expect the agent to avoid (or not avoid, in the case of omissions).'[206] This implies a change of emphasis from whether a person is responsible to questions about how the community/state could reasonably have expected the person to have acted.[207] In order to evaluate whether it is just to let people bear the burden of their choice, we further need to ask whether we could reasonably have expected them to avoid making such a choice. This seemingly moves the position closer to a social/political conception of responsibility, rather than a metaphysical. Segall believes his version to be a fine-tuned and stronger version of luck egalitarianism.[208]

Segall engages with the harshness objection to luck egalitarianism and argues that luck egalitarians should answer this in a pluralist fashion, evoking that

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[203] Segall, 'In Solidarity with the Imprudent: A Defense of Luck Egalitarianism'; Segall, *Health, Luck, and Justice*; Segall, 'Is Health (Really) Special?'; Segall, 'Health, Luck, and Justice Revisited'; Segall, *Equality and Opportunity*, chap. 3, 8, 9.
[204] Segall, *Health, Luck, and Justice*, 13.
[205] Ibid., 20. For a critique of this element, see: Martin Marchman Andersen, 'Reasonable Avoidability, Responsibility and Lifestyle Diseases,' *Ethical Perspectives*, no. 2 (2012). For Segall's answer, see: Segall, 'Health, Luck, and Justice Revisited.'
[206] Segall, *Health, Luck, and Justice*, 20.
[207] It has been suggested that this is not at odds with classic luck egalitarianism, Carl Knight, 'Inequality, Avoidability, and Healthcare,' *Iyyun* 60 (2011): 72–88.
[208] Segall, *Health, Luck, and Justice*, 14.

there are other values than distributive justice.[209] The value Segall emphasizes is basic needs. When people's basic needs are unmet concerns besides distributive justice arise and offer us reasons to compensate those with unmet needs.[210] We can distinguish between four kinds of disadvantages:

A: Below basic needs, which we could not reasonably have expected the person to avoid
B: Below basic needs, which we could reasonably have expected the person to avoid
C: Above basic needs, which we could not reasonably have expected the person to avoid
D: Above basic needs, which we could reasonably have expected the person to avoid

In Segall's interpretation compensation can be offered to A and B on the grounds that they are below basic needs, while A and C are both eligible for luck egalitarian compensation on the grounds that they are worse off through choices we could not reasonably expect them to avoid. This brings up an interesting question about how to prioritize between different needs. The first thing to note is that an unfulfilled basic need is the most important concern. So that whenever we compare a person with an unfulfilled basic need with a person whose basic needs are met, the former takes priority over the latter.[211] When people's needs are equal but above the basic needs threshold, those who could not reasonable have avoided the disadvantage is given priority. For equal needs below the threshold of basic needs Segall seems ambiguous as to whether he prefers to give priority to the person who is not responsible, or introduce a weighted lottery favouring that person.[212] This would imply the following rankings of priority of needs, where > denotes should be given priority over:

A/B > C/D
A>B (perhaps by weighted lottery)
C>D

[209] Ibid., 65, 72.
[210] Ibid., 69.
[211] Ibid., 78.
[212] Ibid., 70; Segall, 'Health, Luck, and Justice Revisited.'

After this brief presentation of Segall's luck egalitarianism in health, some doubts and ambiguities in his position will be raised.[213] One is that we could doubt whether basic needs always triumphs, and furthermore doubt that when considering two persons below basic needs we should allow the luck of the draw to determine who should receive our health (under severe scarcity). Another ambiguity is that Segall doesn't really address how we are to hold people responsible. Segall discusses very little how the luck egalitarian principles could be implemented, but considers the same form of taxation as Capellen and Norheim suggest.[214] Following from the lack of discussion over such alternatives, Segall does not offer much regarding how we should choose between different ways of implementing his proposal.

Questions Raised by the Above

The above invites several discussions. One is a thorough discussion of the different ways in which we can hold people responsible. This aspect is underdeveloped in both of the examined approaches, and an evaluation of the strength and weakness of such different institutional measures is lacking. Neither approach discusses specific areas to which the approach can be applied, so the amount of variation which may arise through such a discussion is potentially underappreciated. Cappelen and Norheim's approach raises the discussion of initiatives lying outside the realm of healthcare, and Segall's the discussion of whether an absolute priority to basic needs is always the right weighting of different concerns.

Luck Egalitarianism in Health: a Pluralist, Integrationist and Plausible Alternative

This section addresses the details of the thesis' contributions through short presentations of the articles which constitute this part of the thesis. First two general articles are presented, followed by three which address more specific health-related areas to which luck egalitarianism can be applied. The contribution has two levels of abstraction. One consist of two articles addressing

[213] One ambiguity is Segall's treatment elsewhere, where Segall maintains that the severity of the medical condition is 'a tiebreaker between those who were equally prudent in looking after their health.'Segall, 'Luck Prioritarian Justice in Health,' 263. At least some specification is needed regarding whether this applies both below and above the threshold of unfulfilled basic needs.
[214] Segall, *Health, Luck, and Justice*, 78.

general questions of luck egalitarianism in health, the other discusses specific health areas and the distributive concerns which arises in that regard.

Article Summary: A Framework for Luck Egalitarianism in Health and Healthcare (Co-authored with Carl Knight)[215]

In this article we explore some important theoretical choices which any attempt to apply luck egalitarianism to a context of health and healthcare faces. The article presents those choices and reasons for preferring some answers over others, evaluates important critiques and discusses a number of things which should be considered if and when the application of luck egalitarianism to health and healthcare is to have practical implications. In approaching these questions the article sidesteps questions about what the correct view of luck egalitarianism is, and instead turns to questions which have received too little systematic attention in the literature on luck egalitarianism in health. We pose these as theoretical choices which any attempt to apply luck egalitarianism to health must address.

The first theoretical choice considered is whether it is the distributions of health or healthcare we are concerned about. We submit that the most plausible construal of luck egalitarianism in this context should be concerned with the broader category of health. We thus lend ourselves to the recurrent finding that many things outside of the healthcare system influence people's health, and we would presumably want our luck egalitarian theory to be able to account for the badness of this (if any). The second theoretical choice pertains to the relationship between our health-related concerns and other concerns of justice. Here the distinction is drawn between isolationist theories and integrationist theories. The former are only concerned with health-related distributions, with health in relation with other concerns of justice. We argue for an integrationist interpretation, based on the intuitive answers this gives in cases where people are disadvantaged in other spheres of life. The third theoretical choice has to do with whether we should be pluralist or monists, whether our application of luck egalitarianism to health should care only for distributive justice or also be open to competing concerns. We submit that pluralism offers the most promising routes, something which most luck egalitarians also believe.

In addressing three prominent critiques, the article briefly shows how the theoretical choices just examine matters for luck egalitarianism's ability to deal with those critiques. In discussing the harshness objection it is noted that a pluralist approach evoking sufficientarian or prioritarian concerns could be a

plausible route for luck egalitarians. In discussing the critique from shameful revelation it is argued that welfarist luck egalitarians can evoke a concern for the welfare loss of those not responsible for their disadvantage associated with assessing people's responsibility as a reason not to endorse policies which require such revelations. Furthermore it is noted how a pluralist luck egalitarian approach can harbour a concern for those under such assessment. The third critique examined is proposed by Daniels, who argues that luck egalitarians cannot endorse public health measures aimed at encouraging healthier choices. The thought is that as long as a distribution reflects people's exercises of responsibility, luck egalitarians can't care if people make healthy or unhealthy choices. Again the pluralism point and prioritarian concerns are evoked as possible luck egalitarian retorts. On a broader note it might be added that the objection draws on a general feature of luck egalitarianism, namely its concern for people's relative rather than absolute position. In the final sections of the article some implications are discussed. We address whether the presence of scarcity suspends luck egalitarian intuitions and argue that they do not. We address the issue of financing, concluding that whichever way of raising money we prefer is highly dependent on the nature of society (and the distributions of holdings within it). Finally the article asserts that how we are to hold people responsible depends on a number of factors (if they are indeed responsible).

The article thus presents some important theoretical choices faced by luck egalitarians in the context of health, and gives reasons for which answers we should prefer. It then shows how those theoretical choices have implications when we address prevalent criticisms and lists a number of things to pay attention to when applying luck egalitarianism in the current context.

Article Summary: Brugerbetaling, Ventelister Og Afgifter: Personligt Ansvar for Egen Sundhed?[216]

The article takes its starting point in two observations which have already been touched upon. One is Olsaretti's observation that it is not at all clear what it means to hold people responsible — as was also explored in the framework article a number of institutional measures could serve that purpose. The other observation is that a number of criticisms are recurrently put forward against luck egalitarianism: that it overlooks the influence from social circumstances on

[215] Albertsen and Knight, 'A Framework for Luck Egalitarianism in Health and Healthcare.'
[216] Albertsen, 'Brugerbetaling, Ventelister og Afgifter: Personligt Ansvar for Egen Sundhed?'

people's health, is too harsh on those who are responsible for their own bad health, and that it requires shameful revelation when assessing responsibility. The article discusses which of the responsibility-sensitive institutional measures proposed in and around the literature on luck egalitarianism in health are most successful in avoiding the common critiques. It does so under the assumption that we are dealing with a group of people who all need medical treatment, and where some, but not all, are responsible for this need and where we cannot easily know who belongs in which group. On this background six institutional measures are discussed in order to assess the extent to which they are able to avoid the three critiques. The six measures are: denial of treatment, lowering quality of treatment, out-of-pocket payments, tax on risky behaviour, responsibility-sensitive waiting lists, and Feiring's waiting list. The extent to which the article finds that the institutional measures are vulnerable to the respective critiques is indicated in the table below. The scale goes from very vulnerable, X; over somewhat vulnerable x to maybe vulnerable (x). Empty boxes signify that it is not vulnerable.

	Ignores social influences	Harshness	Shameful revelations
Not treatment	x	X	x
Lower quality of treatment	x	X	x
Out-of-pocket payment	x	(x)	x
C+N	(x)		
Waiting lists	(x)		(x)
Feiring	(x)		

Several conclusions are drawn, which are interesting both as a discussion of the strengths of these institutional measures, but also as more general observations regarding the luck egalitarian approach to health. One conclusion which arises from this discussion is that there is a trade-off between the concern for shameful revelation and the concern for being certain of the extent to which people are responsible for their plight. The more thoroughly we seek to avoid the latter, the more likely we are to require the former. Another conclusion is that denial of treatment strategies fares quite badly in avoiding the critiques, but also has another independent drawback in their insistence on letting people's behaviour result in bad health and not some other form disadvantage. In the discussion of monetary solutions it is observed that the attractiveness of such a solution is highly context-dependent, where a situation with an unjust distribution of monetary means would make us very unlikely to prefer such a system over a waiting list system. The final observation would be that where

the above presentation of the examined views gives the impression that Feiring's model and Cappelen and Norheim's model are most successful, this success comes at a price. As argued elsewhere, it is also somewhat far removed from luck egalitarianism. From such general considerations about important objections to luck egalitarianism in health, we turn to more specific discussions about its application. That our preference for institutional measures varies with the context makes it necessary to discuss luck egalitarianism in more specific contexts. The next articles summarized here takes up this task, discussing luck egalitarianism over a wide range of specific health topics.

Article Summary Personal Responsibility in Oral Health: Ethical Considerations[217]

The article discusses personal responsibility in the context of oral health from a slightly broader perspective than other articles in the thesis, but provides some general insights which informed many of the discussions in the thesis which are also applicable to broader health discussions. The article examines different reasons, such as fairness, reciprocity and desert, why we could want to introduce personal responsibility in the context of oral health. It then goes on to acknowledge that introducing measures of personal responsibility faces an important ambiguity. One way of expressing it is as a distinction between a person being responsible for a given level of health and holding a person responsible.[218] This translates into a discussion about which measures to introduce when holding people responsible for their bad health. Another complication is that assessing whether people are responsible for their health level must take into account the social and natural circumstances in which they make their choices. Finally, the article considers that ideas focusing on personal responsibility can also commit us to introduce broader social measures to counteract or mitigate the influences from circumstances on people's health. This final thought is elaborated in later articles.[219]

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[217] Albertsen, 'Personal Responsibility in Oral Health'; Albertsen, 'Tough Luck and Tough Choices: Applying Luck Egalitarianism to Oral Health.'

[218] A theme which is explored several times elsewhere in the thesis: Albertsen, 'Brugerbetaling, Ventelister Og Afgifter: Personligt Ansvar for Egen Sundhed?'; Albertsen, 'Tough Luck and Tough Choices: Applying Luck Egalitarianism to Oral Health'; Albertsen and Knight, 'A Framework for Luck Egalitarianism in Health and Healthcare.'

[219] Especially: Andreas Albertsen, 'Luck Egalitarianism, Social Determinants and Public Health Ethics,' *Public Health Ethics*, Forthcoming. But also Albertsen, 'Who Should Get the Liver? Luck Egalitarianism and Transplant Decisions.'

Article Summary: Tough Luck and Tough Choices: Applying Luck Egalitarianism to Oral Health[220]

This article argues for the relevance of luck egalitarianism in the context of oral health. Drawing on insights from the work in *Ethical Considerations*, it singles out two common sources of oral health disadvantages: periodontal disease and caries. Engaging with the existing literature on luck egalitarianism and health it identifies two kinds of reasons why we could compensate people with bad (oral) health. One kind of reason arises in situations where people's disadvantage does not reflect their exercise of responsibility. Such compensation follows from the standard formulation of luck egalitarianism, but the literature suggests other reasons to compensate, which apply in situations where the oral health disadvantage is indeed a consequence of people's exercises of responsibility: In the literature three such suggestions are identified that the disadvantages bring people in a situation where basic needs are not met, that they reflect choices which we could not reasonably expect people to avoid making or that they reflect quasi gambles. The purpose of the article is to discuss the extent to which such reasons are applicable in the present context and to propose institutional measures which reflect this discussion.

The article first sets out to identify elements and factors which are likely barriers for people in their attempt to protect their own health. For both types of diseases a number of factors are identified in a review of the existing medical literature. Regarding caries, natural factors such as Sjögren's and other diseases reducing the production of saliva in the mouth is among the prominent causes for caries. As for behavioural factors, both tooth brushing and sugar intake are important factors according to the literature. For periodontal disease, tooth brushing is an important behavioural factor. Socioeconomic position and the presence other diseases (such as diabetes) serve as social and natural barriers to staying healthy. The paper argues that responsibility-sensitive policies based on such evidence would have to introduce a system which seeks to discount the extent to which such factors make it harder for some people than others to take care of their oral health. Inspired by the work of Roemer, a model for a waiting list is put forward along with some form of co-payment for treatment. Afterwards the article examines additional reasons from the literature for not letting people fare worse even when they are responsible. In that context it is argued that basic needs seem not to be a relevant concern here, that we can in fact reasonably expect people to take care of their own health, but that the idea of quasi-gambles could justify some redistribution among risk-

[220] Albertsen, 'Luck Egalitarianism, Social Determinants and Public Health Ethics.'

takers. The latter is, as we know, an option for luck egalitarians of the all-luck egalitarian persuasion.

Apart from arguing that luck egalitarianism delivers plausible answers in relation to oral health, the article offers several more general lessons. Taking up a discussion which is quite different from those spectacular examples often discussed in relation to luck egalitarianism in health offers insights. It tells us something about the strength of luck egalitarianism in less dramatic circumstances than it is usually considered, for example that the focus in many discussions, that of denying treatment, is not the only plausible luck egalitarian answer.[221] But the discussion also highlights that many potential barriers exist, making it harder for some to take care of their oral health.

Article Summary: Who Should Get the Liver? Luck Egalitarianism and Transplant Decisions[222]

This article applies luck egalitarianism to the allocation of livers for transplant. It contributes to the existing literature on priority-setting in this context, and more broadly to the discussion about luck egalitarianism in health. The article presents a principled luck egalitarian case for such differentiation, but argues that luck egalitarianism might also have a lot to say about things outside the allocation process. The article also explores different ways of making the allocation process more sensitive to responsibility.

It reaches its conclusions by discussing reasons to differentiate between those whose need for a new liver is related to their own behaviour and those whose need is not. Furthermore it explores what responsibility-sensitive policies might look like in this context and evaluates them in light of prevalent criticisms of luck egalitarianism in health. Compared to the existing literature on differentiation, the luck egalitarian approach offers three distinct advantages. It provides a clearer conception of what fairness means. It allows for individual assessment of people's responsibility for their need. Finally it provides reasons to mitigate the influences from circumstances inside and outside of the allocation process. The same principle of fairness which can endorse giving lower priority to those who are responsible for their transplant need can endorse measures to mitigate the extent to which unchosen circumstances (such as much poverty) affect the distribution of transplant needs outside the transplant systems and the arbitrary factors (such as geography) inside it.

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[221] A point also stressed elsewhere, Albertsen, 'Brugerbetaling, Ventelister Og Afgifter: Personligt Ansvar for Egen Sundhed?'

[222] Albertsen, 'Who Should Get the Liver? Luck Egalitarianism and Transplant Decisions.'

While such conclusions may be of general interest to those working on distributive justice in health, it should also be noted that applying luck egalitarianism to this specific area brings forth some lessons which are highly relevant for the project of applying luck egalitarianism in this context. It engages with a quite severe scarcity, where the consequences for those not treated are very serious. Discussing luck egalitarianism in this context shows at least three important things: While luck egalitarianism might be compatible with a wide range of institutional responses, here denial of treatment is a likely consequence if some are responsible for their transplant need; scarcity seemingly does not suspend our luck egalitarian principles. Our principles are applicable also in this situation of scarcity; finally, prevalent criticism of luck egalitarianism in health such as the harshness critique and the problem of shameful revelations were not considered decisive against the application of luck egalitarian in this context.

Article Summary: Luck Egalitarianism, Social Determinants and Public Health Initiatives[223]

This article engages with recurrent criticisms of approaches which apply luck egalitarianism to health and healthcare. While expressed in different ways and with different emphasis, the core criticism is that it is in one way or another problematic for luck egalitarianism that people's health is deeply affected by social determinants in health. The idea of social determinants comes from the epidemiological literature and expresses the idea that people's health is very much influenced by where they live, their employment conditions and general socioeconomic status. As the critique comes in many variants, the paper addresses five versions which can be located in the literature. It concludes, however, that none of these can uphold the rejection of luck egalitarianism in health which they are often taken to imply. The critiques come in three overall categories, which argue that luck egalitarianism should be rejected because 1) social circumstances undermine people's responsibility for their own health; 2) luck egalitarianism would introduce policies which would negatively affect those who are already worse off; 3) the focus on personal responsibility distracts from the important task of rectifying socioeconomic influences.

The first kind of critique takes two forms in the literature. One is in effect the claim that people are never responsible for their own health, the other that social circumstances make it hard to disentangle choices which people are responsible for from choices which people are not responsible for. Against the

[223] Albertsen, 'Luck Egalitarianism, Social Determinants and Public Health Ethics.'

first variant the article argues that the critique is actually stating a specific view regarding the extent to which people are responsible for their health (namely, that they are not). Even if this claim is true, the article argues, it isn't as such problematic for luck egalitarians. This is the case, and the critics' own formulations of luck egalitarianism show so as well, because luck egalitarianism says something about how we should evaluate distributions based on such presence or absence of responsibility. Luck egalitarianism is not committed to the claim that people are responsible. Regarding the second version of this critique, the article argues that several solutions are available for the luck egalitarians. One would be to undertake the project of disentangling genuine choices from choices which are not, for example by evoking some of the ideas presented by Roemer. When this is not an option, luck egalitarians should submit that their answer is in principle clear, even if its practical consequences don't amount to much. Finally luck egalitarian approaches can be defended by reference to pluralism, where a concern for other values makes us decide against introducing certain policies to lay bare whether people are responsible for their own bad health.

The important aspect of the critique as presented by Cavallero is that he claims that luck egalitarian health policies will have adverse effects on people who are already unjustly worse off in their socioeconomic circumstances. The discussion of the second critique puts forward an example to clarify the plausibility of the critique. The example disentangles unjust social circumstances from health behaviour and argues that only an isolationist interpretation of luck egalitarianism would recommend introducing responsibility-sensitive policies on that background. Such an interpretation of luck egalitarianism evaluates health in isolation from all other concerns of justice. An integrationist view which also takes such concerns into account would not reach such a conclusion. It is therefore not necessarily correct that luck egalitarianism as such would endorse those policies. Regarding the third critique, the article acknowledges that we should always be aware that our moral theories may be (mis)interpreted to serve political ends. This is not only true for luck egalitarianism. On the subject of whether luck egalitarianism can endorse collective solutions and public policies to do away with social influences on people's health, the article answers in the affirmative. The evaluation of the critiques as the literature presents them concludes that social determinants are not detrimental to the project of applying luck egalitarianism in health. On the contrary, luck egalitarianism is more than able to support and endorse collective measures to do away with the social circumstances which adversely affect people's health. Moreover, it holds that justice would require us to undertake that task. Expanding on one of the conclusions on distribution of livers, the article takes head on

the pressing issue on luck egalitarianism's ability to address the wide array of social influences on people's health which are located beyond the traditional sphere of healthcare. In doing so, it evaluates and rejects a recurrent and prominent criticism of luck egalitarianism in health.

Article Summary: Rawlsian Justice and Palliative Care (co-authored with Carl Knight)[224]

In this article we address an important area of healthcare, but deliver a contribution which is mainly negative. We show that Daniels' prominent theory of distributive justice in health is insufficient when addressed to palliative care. Palliative care, which can both be pain relief when treatment is futile or pain relief given in combination with treatment, is becoming an important part of modern healthcare delivery. We argue that Daniels' approach is unable to provide us with reasons to offer such care. We deliver two distinct arguments for this. Both draw on an important idea in Daniels' work, namely that we should care about health distributions because health disadvantages limit people's opportunities. The first argument shows that such an approach to health is inattentive to the pain associated with treatment. We compare two illnesses which do the same for people's opportunities but differ in the amount of pain they inflict. We argue that it reflects badly on Daniels' account that it cannot prefer the less painful one. Our next criticism addresses situations where treatment is futile. While Daniels argues that his position provides service for such cases as well, it is hard to see how that claim can be maintained. When people's opportunities cannot be bettered, a position claiming that restoring opportunity is the purpose of care cannot offer care. Even if Daniels could perhaps rely on charity (i.e. non-justice based compensation) to provide in such cases, this seems unsatisfactory and Daniels' own claim that we owe care in such instances concurs with that verdict. We also consider whether Daniels could introduce other values or concerns to deal with these cases, and submit that while maybe he could it surely raises the questions as to why we started out with a focus on opportunities in the first place.

The article points to a weakness in the Rawlsian approach, but one might also, going beyond the article's content, reflect on how luck egalitarians would fare in this context. What can be said is that luck egalitarianism can disagree with the Rawlsian inattentiveness to welfare loss, and thus easier consider palliative care an integral part of discussions about healthcare provision.[225]

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[224] Carl Knight and Andreas Albertsen, 'Rawlsian Justice and Palliative Care,' n.d.

[225] Some might think that luck egalitarians who believe that resources are the currency of justice, e.g., Rawkoski, cannot embrace the last statement. After all, the inatten-

Concluding Remarks on Luck Egalitarianism in Health

The above summary of articles constitutes the thesis' contribution to the literature on luck egalitarianism in health. It has provided a general framework for luck egalitarianism in health, which is concerned with distributions of health, and which is integrationist and pluralist. What applying such a framework amounts to is highly context dependent, and some patterns emerged in the discussion of important objections to luck egalitarianism in health. One is the apparent trade-off between avoiding shameful revelation and avoiding wrongful assessments of responsibility. Another is that we should be concerned with the general distribution of financial resources in society in relation to introducing user payments. In the specific application of luck egalitarianism it has been argued that luck egalitarianism has plausible implications when applied to areas such as oral health, liver transplants and public health initiatives concerning social determinants in health. Those discussions indicate that there is a wide variety of ways in which luck egalitarianism can hold people responsible in the context of health, i.e., that denying treatment is not the only option available. But when we seemingly cannot hold people responsible without introducing policies which come very close to denying treatment, at least in the liver case, this did not come across as implausible. The discussions also showed the need to go beyond healthcare and address larger issues affecting people's health, something it has been argued that luck egalitarianism is well-equipped to do.

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tiveness to pain was an important part of Cohen's critique of Dworkin's position, see: Cohen, 'On the Currency of Egalitarian Justice,' 917–918. It has been suggested, however, that lack of identification with what causes the pain could supply luck egalitarians with reasons for compensation for luck egalitarians of the resourcist persuasion, Knight and Stemplowska, 'Responsibility and Distributive Justice: An Introduction,' 8.

Chapter 8: Conclusion

This final section takes stock and summarizes the most important contributions in the thesis. It sets out to formulate both specific contributions and those which are more easily identified when considering the thesis as a whole. Utilizing the structure of the summary so far the concluding section presents the contributions in three subsections: One about theoretical contributions to the luck egalitarian literature, one about the role of responsibility in health and one about luck egalitarianism in health.

Luck Egalitarianism

The thesis employs an understanding of luck egalitarianism, which asserts that distributions are just if, and only if, people's comparative positions reflect their comparative exercises of responsibility. This formulation varies in several ways from the formulation often taken to express luck egalitarian commitments, namely the principle of equality stating that it is in itself bad if some people are worse off than others through no fault or choice of theirs. While many of the differences between those formulations of luck egalitarianism have been discussed in the literature, one difference was only recently brought to the fore by Segall. That specific discussion pertains to whether the luck egalitarian principles apply only to inequalities or to all distributions, including equalities. The thesis contributes to the discussion by providing an argument for why we should evaluate both equalities and inequalities in a symmetrical fashion.[226] Contrary to Segall, it argues that we should apply our principles across all distributions. This is a more plausible reading of luck egalitarianism, which is both more consistent and on reflection not vulnerable to some of Segall's objections to such a view.

Another theoretical development pertained to the role of morally good choices and the extent to which luck egalitarians can justify compensation for such.[227] It thus deals with compensation to those who are responsible for being worse off than others, but whose disadvantage came about as a consequence of them doing good for others. In that regard it was argued that there is a plausible case for luck egalitarian compensation when the disadvantage in ques-

[226] Albertsen and Midtgaard, 'Unjust Equalities.'
[227] Thaysen and Albertsen, 'When Bad Things Happen to Good People: Luck Egalitarianism and Justified Choices.'

tion came about while the person (attempted to) offset an unchosen disadvantage for others. This discussion draws upon the idea that what matters morally is not, upon consideration, whether a disadvantage was chosen by the disadvantaged agent but how it came into the world in the first place (that is, whether it was created or merely redistributed by the choice in question). Even though the choice in question changes the distribution of a disadvantage it did not bring it about, something which we argue luck egalitarians should consider important when evaluating disadvantages. As stated earlier, even though we present how this idea can be incorporated into formulations of luck egalitarianism it isn't employed through the thesis. The reason is that it could create unnecessary confusion and that it is not relevant for the cases discussed there, as they do not involve choices which are morally good in the stated sense.

Responsibility in Health

The literature on personal responsibility in health is quite broad and varied. The thesis delivers a negative contribution to this specific part of the literature, as it criticises recent views regarding responsibility as a factor in priority setting. The thesis critically engages with Feiring's idea of forward-looking responsibility and the fresh start approach proposed by Vandenkiste, Devooght and Schokkaert, both of which present their views as alternatives to a luck egalitarian approach to health.

Feiring's approach was considered inadequate and unable to sustain the strong conclusion that past choices should not matter. The article argued that this view commits Feiring to a strange and implausible view on responsibility. The fresh start approach was discussed with the purpose of highlighting a distinct tension in the proposed framework, namely that the commitment to offer a fresh start to those who regret their past choices comes at the price of reducing the opportunities of others. When the implicit assumptions of the authors' view were relaxed, the view looks much less plausible.

However, criticizing and rejecting alternative views does not bring us that much closer to what it is luck egalitarians are committed to regarding the role of personal responsibility. Briefly put, the idea employed in the thesis is that luck egalitarians, qua the formulation of it endorsed above must hold that all else being equal, distributions of health should reflect people's exercises of responsibility. This means that a person who is responsible for his health disadvantage should be given lower priority than a person who is not. Such a claim is hardly theoretically controversial, in the sense that it merely recounts the luck egalitarian ideas in a context of health. It is controversial in another sense, as it conflicts with alternative views on responsibility in health (and those who be-

lieve that responsibility should never be given any weight). But even so, it is also a somewhat modest claim. It does not include a metaphysical theory of responsibility and thus presents no conditions which must be fulfilled for them to be responsible. As a consequence it does not assert whether people in general or specific groups are in a real world context responsible for their health disadvantages. In this thesis such questions are set aside. But another question is left out in this formulation of the role of responsibility: What does it mean to give lower priority? Here an open-ended and broad notion of priority is employed. Lower priority denotes situations where one person's interests are given lower consideration than another person's interests in the context of health. This means that there is no fixed answer to what lower priority means, that it can be context-dependent and that it can be given in a number of ways. Lower priority could thus be given by offering prevention or treatment which is more expensive, of lower quality or at a later time than treatment given to others. Or it can be given by allocating funds to research in some form of illness rather than others.

Luck Egalitarianism in Health

In presenting the *Framework* it has been argued that luck egalitarianism in health should focus on distributions of health (rather than healthcare), be integrationist in the way it relates its evaluations of such distributions to other concerns of distributive justice, and that it should be pluralistic, keeping in mind other values than distributive justice. The thesis attempted a discussion of various ways of holding people responsible, concluding that how vulnerable they are to prevalent criticisms depends a lot on the context. This discussion also identified an apparent trade-off between the risk of overlooking social/natural influences on people's health and asking them to reveal shameful information. Having described and developed such a framework matters when approaching more specific areas.

The thesis discussed the merits of luck egalitarianism in three different health settings: oral health,[228] liver transplants[229] and public health initiatives related to the social determinants of health.[230] After conducting such a discussion it seems reasonable to uphold that luck egalitarianism yields plausible implications in each of these areas. But rather than merely saying something

[228] Albertsen, 'Personal Responsibility in Oral Health'; Albertsen, 'Tough Luck and Tough Choices: Applying Luck Egalitarianism to Oral Health.'
[229] Albertsen, 'Who Should Get the Liver? Luck Egalitarianism and Transplant Decisions.'
[230] Albertsen, 'Luck Egalitarianism, Social Determinants and Public Health Ethics.'

about the plausibility of luck egalitarianism as an approach to health, each discussion also brings forth some important general lessons on luck egalitarianism in this context.

The discussion of oral health shows us that not all areas of health are spectacular life or death cases, and that denying treatment is an odd solution which luck egalitarians need not endorse as the upshot of their theoretical contributions. In addition, the discussion highlights that even in the less dramatic context, and in one which is concerned with behaviours many may consider quite easy to adhere to in order to protect one's health, many social and natural influences on people's ability to do so remain. Something a responsibility sensitive approach to oral health should not overlook.

The discussion of liver allocation adds to the points just made. While denying treatment need not be the only option, this does not mean that luck egalitarians cannot end up in a situation where this must be included in the discussion. Under the prevailing conditions of scarcity in available transplant livers, user-payment does not address the relevant scarcity, so tilting the waiting list slightly in favour of those who are not responsible of their condition can mean that a responsible person is denied treatment. Taking up the discussion in such a context presses the luck egalitarian principles, as the harsh consequences often envisioned by its critics seemingly arise here. It was argued that luck egalitarians need not be embarrassed of those implications, as the harshness arises not from luck egalitarian policies but rather from the scarcity of transplant organs.

The discussion of liver allocation highlights another issue as well, namely the different ways in which a distribution can be made more in accordance with responsibility. This goes beyond the different options for holding those responsible who have brought their health disadvantage upon themselves. We can and should also use the responsibility sensitive commitment to remove factors influencing the distribution which people are not responsible for. This applies both within the allocation process and without. Within, luck egalitarians can be committed to remove or diminish the influence of allocation criteria for which people are not responsible, geography could be considered an example of this. Outside the allocation process initiatives to decrease the influence from social factors on the distribution of transplant needs, should also be part and parcel of the luck egalitarian commitments. Discussing initiatives clearly outside the traditional sphere of healthcare provision lays out the foundation for the third article on the application of luck egalitarianism, which deals with public health initiatives and social determinants of health. Here a prevalent criticism is recounted, evaluated and rejected. Contrary to the view often presented in the literature, luck egalitarianism is able to deal with the social de-

terminants in health. So even if it is the case that people's health is to a large extent influenced by where they live, whether they work and their socioeconomic status, this would not provide us reasons to reject the luck egalitarian theory of health.

The fourth area discussed is a bit different than the others, in that the contribution in relation to palliative care is mostly negative. The article describes the importance and relevance of the topic but mainly argues that the Rawlsian approach to health fares badly in this regard. In the summary it was suggested as a supplementary argument that luck egalitarianism fares seemingly better in that regard. Thus, we can move the discussion of luck egalitarianism in health forward by discussing a wide variety of specific areas of application.

The thesis has defended a view on luck egalitarianism in health, understood as asserting distributions are just, if, and only if people's comparative positions reflect their comparative exercises of responsibility. Such a position addresses the distribution of health between people, takes into account other distributive concerns in an integrationist fashion, and recalls that we should be pluralist about values balancing our views on distributive justice against other important values. While the thesis remains neutral regarding the correct view on responsibility, it notes and exploits the development in recent luck egalitarian literature that there is a plurality of ways in which we can make people's relative position reflect their exercises of responsibility. In the context of health this means that there are several possible institutional responses available to us. The debate is thus broadening beyond denying treatment.

If people are responsible, we must choose which measures it would be most plausible to introduce. In selecting such measures we should be aware that there is an apparent trade-off between the risk of overlooking social/natural influences on people's health and asking them to reveal shameful information. That the harsher the consequences the more likely we are to look for other solutions than denying treatment. But the scarcer the resources available the closer we are to introducing measures similar to denying treatment. The intuitive good sense it makes to allow people to exchange their health deficit to a monetary disadvantage versus our doubt that such may be unjustly distributed.

The discussions involve a second broadening of the discussion about luck egalitarianism in health. This is the need to go beyond the distribution of care. Not only, as implied by the framework in our theoretical discussions, but also in our possible policies as shown in the discussions of social determinants. While luck egalitarianism is likely to remain a controversial position in relation to health, the above should have gone a long way in redeeming luck egalitarianism as a plausible approach to evaluating health distributions and policies.

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English summary

This thesis engages with questions over what constitutes a just distribution of health. It does so by approaching the question from a luck egalitarian perspective. What follows is a brief summary of its most important conclusions. Luck egalitarianism is an influential theory of distributive justice, and one which is often referred to as responsibility-sensitive. One formulation of luck egalitarianism is that it asserts distributions to be just, if and only if, people's comparative positions reflect their exercises of responsibility. As a responsibility-sensitive theory of distributive justice, applying luck egalitarianism in the context of health connects firmly with the ongoing academic and political debate over the role of personal responsibility in health. The thesis contributes top our theoretical understanding of luck egalitarianism, the debates over personal responsibility in health and to the literature on luck egalitarianism in the context of health.

It does so through presenting an adjusted view on luck egalitarianism, which applies to all distributions, including equalities (as opposed to Segall's view). Furthermore the thesis argues that luck egalitarianism is able to offer compensation to people who are disadvantaged in their attempts to shoulder the unchosen disadvantages of others.

Regarding the role of personal responsibility, the thesis contributes to the existing literature through evaluating and criticizing two proposals in that regard. Feiring's idea that we should never take past actions into account is rejected, along with the idea proposed by Vandenkiste, Devooght and Schokkaert that we should always provide people with a fresh start, if they genuinely regret their past preferences.

The thesis contributes to the literature on luck egalitarianism in health through a number of articles. Two of these are general discussions of the topic. One sets out a framework for luck egalitarianism in health arguing that it should be concerned with health distributions (as opposed to distributions of healthcare), integrationist, considering distributions of health alongside other distributive concerns and pluralist, taking into account concerns and values which are not distributive. In general terms different institutional arrangements aimed at holding people responsible for their unhealthy behaviour, concluding that which we prefer is likely to vary a lot over specific cases.

The rest of the thesis discusses luck egalitarianism in a number of different contexts, such as oral health, allocation of livers for transplant and public health initiatives. The idea is to test and evaluate luck egalitarianism trough applying it to cases which varies a lot. In all areas luck egalitarianism provides

plausible answers, and each discussion holds valuable lessons for how we should understand luck egalitarianism in health. Discussing luck egalitarianism in relation to oral health, shows that not all such discussions need to be spectacular cases of life and death, furthermore it illustrates that we need not only to consider denying treatment as the only way of holding people responsible. Discussing the allocation of livers shows, that sometimes the real world offers us little choice, than to deal with cases where scarcity makes it so that denying treatment has severe consequences. Discussing such issues illustrates the luck egalitarian commitment to be responsibility-sensitive not only regarding the distribution of healthcare livers, but also in addressing unchosen features which influences the distributions of needs for livers (such as economic hardships). The final observation gives rise to a discussion of luck egalitarianism in relation to social determinants in health. One could say that the ability of luck egalitarianism to provide plausible answers in these contexts are dependent on two broadenings which are conducted in the thesis, both of which improves upon the existing literature. One is a broadening of the ways in which we can hold people responsible, moving beyond the discussion of denying treatment. The other broadening is one which takes the discussion beyond healthcare addressing social factors influencing the distribution of health. Recalling the initial luck egalitarian commitment to mitigate or eliminate the influence from unchosen factors on people's relative positions, makes it necessary to discuss the extent to which such factors contribute to people's poor health.

While luck egalitarianism is likely to remain a controversial position in relation to health, the above should have gone a long way in redeeming luck egalitarianism as a plausible approach to evaluating health distributions and policies.

Dansk resume

Nærværende afhandling adresserer spørgsmålet om, hvad der udgør en retfærdig fordeling af sundhed. Spørgsmålet besvares ved at belyse denne problemstilling fra et held-egalitaristisk perspektiv. Det følgende præsenterer afhandlingens mest væsentlige bidrag. Held-egalitarismen er en indflydelsesrig teori om fordelingsmæssig retfærdighed, der ofte beskrives som ansvarssensitiv. Én formulering af denne tankegang er, at en fordeling er retfærdig, når, og kun når, personers relative positioner afspejler deres relative udøvelse af ansvar. Med dette fokus på personligt ansvar er appliceringen af held-egalitarismen i en sundhedskontekst relevant. Ikke mindst i lyst af de igangværende akademiske og politiske diskussioner af personligt ansvar i sundhed. Afhandlingen bidrager til vores teoretiske forståelse af held-egalitarismen, til debatter om personligt ansvar i prioriteringen af sundhedsressourcer og til eksisterende debatter om held-egalitarismens relevans og plausibilitet i en sundhedskontekst.

Dette gøres ved at præsentere en justeret held-egalitaristisk position og give grunde til, at vi bør foretage to specifikke justeringer af denne. Afhandlingen præsenterer et syn på held-egalitarismen, hvor denne anvendes på alle former for fordelinger, inklusive ligheder. Dette er i modstrid til Segalls udlægning. Ydermere argumenteres der for, at held-egalitarisme kan kompensere de særlige kategori er valgte ulemper, der opstår i forsøget på at skærme andre fra uvalgte ulemper.

I forhold til personligt ansvar i prioriteringen af sundhedsressourcer bidrager afhandlingen ved at vurdere og kritisere to positioner i den eksisterende litteratur. Det drejer sig om Feiring, der argumenterer for at vi aldrig må tage folks hidtidige valg ind som en faktor i fordelingen af ressourcer, og Vandenkiste, Devooght and Schokkaerts idé om, at vi bør give en ny start til dem, der genuint fortryder deres tidligere usunde livsstil.

Afhandlingen bidrager på flere måder til at udvikle en forståelse af held-egalitarisme i en sundhedskontekst. To af artiklerne der bidrager hertil gør dette på et generelt plan. Den ene præsenterer en overordnet ramme herfor. Der leveres argumenter for at en sådan tilgang skal være optaget af fordelinger af sundhed (frem for adgang til sundhedsydelser), bør være integrationistisk således at den også tager hensyn til andre fordelingsmæssige hensyn end sundhed, og at den bør være pluralistisk således at ikke-fordelingsmæssige hensyn også gives vægt. På et overordnet plan diskuteres forskellige måder at holde folk ansvarlige på, hvorpå det konkluderes at hvilke måder vi vil foretrække at gøre dette på afhænger meget af den konkrete kontekst.

Resten af afhandlingen diskuterer held-egalitarismen i en række forskellige sundhedskontekster. Dette inkluderer, tandsundhed, allokeringen af levere til transplantationer, og offentlige sundhedspolitikker. Tankegange bag disse diskussioner er vi kan lære noget om held-egalitarismen ved at diskutere den i vidt forskellige kontekster. I alle disse diskussioner konkluderes det, at held-egalitarismen leverer plausible svar. Men i hver af dem fremkommer der også mere generelle indsigter, der er relevante for vores syn på held-egalitarismen i en sundhedskontekst. Diskussionen af tandsunhed viser at der er mange måder at holde folk ansvarlige på og at vi i mange tilfælde ikke vil have grund til at foretrække den, hvor vi nægter at behandle folk der selv har bidraget til deres sygdom. Det er ikke mindst interessant fordi sådanne diskussioner fylder meget i litterature. Men diskussionen viser også at der findes sundhedsområder der er langt mindre spektakulære end litteraturen nogle gange giver indtryk af. Diskussionen af levere, hvor der er voldsomme konsekvenser for de der ikke tildeles en lever, viser dog, at det ikke altid er så udramatisk som tandsundhed. I disse diskussioner bliver det klart, at held-egalitarister nogen gange må være principielt villige til at nægte behandling. Men denne hårde konsekvens udspringer af organknapheden. Diskussionen viser også at vi ikke kun kan være ansvars sensitive i fordelingen af sundhedsressourcer, vi må også være principielt bekymrede over de mange faktorer folk givetvis ikke kan influere, der påvirker deres behov for at modtage en ny lever (fx socio-økonomiske forhold). Dette peger videre mod endnu et spørgsmål afhandlingen adresserer, nemlig offentlige sundhedspolitiker, der sigter mod at begrænse social ulighed i sundhed.

Afslutningsvist kan man sige at afhandlingens konklusion om at held-egalitarismen leverer plausible svar i en lang række sundhedskontekster i høj grad baserer sig på to forhold, hvor teorien gøres bredere end den hidtidige litteratur giver indtryk af. Det ene af disse forhold handler om at denne afhandling åbner op for at der er mange måder at holde folk ansvarlige på. Således rykker debatten videre end diskussionen om at nægte behandling til de, der selv har bidraget til deres egen sygdom. Det andet forhold vedrører at fokus bredes ud, således at ansvarssensitivitet også tolkes i den retning, hvor det kan bruges til at vurdere om faktorer ude i samfundet på uretfærdigvis bidrager til at nogen har ringere helbred end andre.

Selvom held-egalitarismen givetvis fortsat vil være en kontroversiel teori i en sundhedskontekst, så skulle ovenstående gerne have bidraget til at vi i højere grad betragter held-egalitarismen som en plausibel teori hvorudfra vi kan vurdere fordelinger af sundhed og sundhedspolitikker.