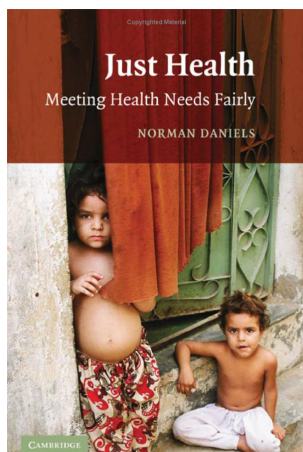




From healthcare to health: an update of Norman Daniels's approach to justice



Just Health: Meeting Health Needs Fairly

Norman Daniels

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Reviewed by Daniel Skinner*

Here is a health policy riddle: despite the fact that we are not always clear as to what we are trying to achieve, even on the most basic level, we must make policy anyway. Odder still: this is as we might expect it to be, and perhaps even as it should be. After all, part of what makes health policy important is precisely the fact that it raises critical questions about our most basic human values and social commitments. The conversation should be fluid. Norman Daniels has long been an important participant in these conversations. *Just Health: Meeting Health Needs Fairly*—a titular play on his 1985 book, *Just Health Care* (1)—is Daniels's attempt to wrestle with contemporary challenges that have forced him to rethink his positions. At its most basic level, then, *Just Health* can be read as a reminder of the tentativeness of scholarly positions on the core questions of health as well as the importance of being willing to revise both the questions we ask and the positions we take.

In *Just Health care*, Daniels identified six important areas of concern: 1. Adequate nutrition, 2. Sanitary, safe, unpolluted living and working conditions, 3. Exercise, rest, and such important lifestyle features as avoiding substance abuse and practicing safe sex, 4. Preventive, curative, rehabilitative, and compensatory personal medical services (and devices), and 5. Nonmedical personal and social support services (pp. 42–3). *Just Health* adds a sixth critical component: other social determinants of health. To get to this level, Daniels uses early chapters to establish the “special moral importance of

health” as an object of inquiry (Chapter 2), and to look beyond healthcare to a more-inclusive and socially-expansive view of health (Chapter 3). As Daniels notes, “bioethics has not looked ‘upstream’ from the point of delivery of medical services to the role of the healthcare system in improving population health.” As a result, it tends to miss “the distribution of social goods that determine the health of societies”. The point is clear since—in the 21st century—health can no longer be served *a la carte*; we must think systemically. Hence Daniels's larger point is that “social justice in general is good for population health and its fair distribution” (p. 82).

As he did in previous work, Daniels wants to understand how John Rawls's arguments about justice can address inequalities in social determinants of health. To justify this focus, he takes on criticisms of the Rawlsian project from communitarians (G.A. Cohen, especially) and capabilities theorists (such as Amartya Sen and Martha Nussbaum). Daniels ultimately rejects both approaches, opting instead to synthesize the Rawlsian concern with opportunity with health policy outcomes. One challenge of working with these thinkers, however, is that health is not their central concern. To this end, it would be interesting to know how Daniels would have handled more recent scholarship such as Sridhar Venkatapuram's *Health Justice* (2), which extends Sen and Nussbaum's work specifically and at length to the domain of health (3). In particular, Venkatapuram's work might help Daniels address one of the key objections he raises to the capabilities approach, namely that it does not offer a “clear idea of what restrictions are compatible with the overall demands of justice” (p. 68). After all, as Daniels notes, “Despite the difference in terminology—capabilities versus opportunity—the two views largely converge” (p. 70).

One way Daniels envisions using the Rawlsian framework in the pursuit of just health is to include healthcare institutions among Rawls's notion of “basic institutions”. As Daniels argues, “Because meeting healthcare needs has an important effect on the distribution of opportunity, the healthcare institutions should be regulated by a fair equality of opportunity principle. Once we note the connection of normal functioning to the opportunity range, this strategy seems the natural way to extend Rawls's view” (p. 57). But, since we do not always agree on the aims of health itself, Daniels' response to the absence of consensus amounts to a procedural turn: “If we have no consensus on principles capable of resolving disputes about resource allocation for health and healthcare, then we must find a fair process whose outcomes we can accept as just or fair” (p. 109). Daniels rejects simple turns to markets, majority rule, cost-effectiveness analysis and appeals to empirical claims, preferring instead a sustained commitment to four conditions:

*Correspondence to: Daniel Skinner, Department of Social Medicine, Heritage College of Osteopathic Medicine, Ohio University, Dublin, OH, USA
Email: skinnerd@ohio.edu

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publicity, relevance, revisability, and enforceability. Each of these conditions, says Daniels, would not replace the democratic processes that, “ultimately...have authority and responsibility for guaranteeing the fairness of limit-setting decisions” (p. 138). Instead, they would complement and fortify them.

Part II of *Just Health* lays out some of challenges of obtaining health objectives in light of Daniels’s concern with the maximization of opportunity. Here Daniels highlights issues concerning global aging and intergenerational equity as societies age and put pressure on institutions competing for supposedly scarce medical resources (Chapter 6). Here we wade into the controversial waters of healthcare rationing and meeting needs resulting from ever-increasing chronic health problems. Daniels takes on workplace risk and health protection (Chapter 7) by emphasizing the importance of reducing workers’ exposure to workplace health hazards. Building on earlier considerations of the special moral value of health, Daniels asks (in Chapter 8) what special professional obligations we should ascribe to medical professionals. This chapter should be required reading, not only for medical professionals, but medical students and those considering medical school, as it situates the vocation of the medical professional in the particular contexts of contemporary health challenges rather than leaning on supposedly timeless Hippocratic platitudes. Of particular note is Daniels’ considerations of medical professionals’ bioethical obligations in the face of risk, which are particularly contentious for those preoccupied—justifiably or not—with medical malpractice. Perhaps most critical on this score is Daniels’s insistence that we address tensions in physicians’ financial interests and patients’ health interests. Among the most important insights Daniels makes here is the recognition that the physician is not a static entity, but must adapt to changing health challenges and environments to meet the demands of justice. Unfortunately, as Daniels notes, justice has only rarely served as the medical profession’s north star.

In the last part of the book, “Uses”, Daniels examines some practical considerations of his approach to a just approach to health. It is here that he begins to lay out the specific tasks of health reform since, as he notes, “The theory of justice and health developed in this book should help guide our understanding in practical ways about the just design of health systems” (p. 243). Daniels revisits what he (with Donald Light and Ronald Caplan) called “Benchmarks of Fairness”, (4) which “translate central ideas about justice and health into an evidence-based approach to improving health policy” while affording an opportunity to “assess the adequacy of the theory” itself. Each of the benchmarks—equity, accountability, and efficiency—needs to be developed in culturally-specific and ethical ways. Appropriately, therefore, Daniels turns in the final chapters to implications for health objectives in developing countries. Here he places practical considerations—the siting of treatment facilities, processes for fair coverage decision-making—within the broader framework of opportunity-based justice. The level of detail, and Daniels knowledge of the cases he addresses, in Malawi, Mexico, and beyond, is stunning.

On the larger scale, Daniels sees great possibility in using human rights frameworks to promote global health. Daniels’s goal is to “build...on the practical strengths of the human rights movement by addressing and trying to eliminate...one of its

important blind spots: the problem of priority setting in the face of the unsolved rationing problems...” (p. 314). He also casts ethically-problematic global dynamics such as the migration of physicians from developing to developed countries (so-called “brain drain”) as questions of justice and floats proposals—however tentative they may be—for addressing problems with international drug patents that make critical medications cost-prohibitive. On each of these scores Daniels places more hope in international organizations—“where the action is” (p. 354)—than states. Only these organizations, he says, can get ahead of the curve and “move beyond a minimalist strategy that justifies only avoiding and correcting harms” (p. 354). In taking this approach, Daniels gives theoretical support to some of the most important health policy trends, which now increasingly recognize that healthcare itself often arrives on the scene too late to do much good. Instead, a just approach toward global health requires preemptive action by way of wellness programs, screenings, environmental health, the reduction of inequality, and a dizzying large but nonetheless important set of interventions into the way we live, the distribution of power between states, political economy, and beyond. This is a tall order. But it is the right order that we can ill afford to avoid making. As Daniels would be the first to admit, his book is just a beginning.

Daniels covers too much intellectual terrain to do justice to in this space. It must suffice to focus on *Just Health’s* larger contribution of addressing pervasive and constantly-morphing health inequities. As is often the case with philosophy, policy-makers may find themselves exasperated at the divide between the philosophical underpinnings of health work and the sausage machine nature of policy-making. Yet, these are precisely the kind of questions that can prepare health policy to address increasingly technologized, complicated, and far-reaching 21st century health challenges. The move from *Just Healthcare* to *Just Health* marks the most important of these moves by taking seriously the social determinants of health. But the scope of this concern is daunting, and requires expanding the boundaries of more traditional scholarly work in health. Our most basic understanding of the aims of health policy will also continue to be challenged as our ability to address health needs expands. As life expectancies rise at disproportionate levels, in ways that are highly correlated with class, race, and gender, our most well-known frameworks for assessing justice will continue to be challenged. A key question for Daniels, then, and those readers that *Just Health* will inspire, is how to get policy-makers to spend time with and take seriously philosophical debates, just as we need philosophers writing in Daniels’ wake to come out of their Platonic caves and dirty their hands with policy. As Daniels shows, this is precisely what the move from healthcare to health requires.

Despite Daniels’s concern with practical applications, however, the question of the relationship between philosophy and politics remains. Daniels notes, for example, “Our deliberations about options should be informed by the best evidence and arguments...” (p. 312). But evidence and arguments are hardly enough in these times. As a philosopher who cares deeply about health, Daniels seems to place hope in the possibility that we might draw the correct lines to understand which modes of care deserve the mobilization of social resources and which

modes do not. While this approach seems intuitively correct, I am not so sanguine. A political reading of the question reminds us that social policy rarely operates in such a world and I fear that Daniels's text does not quite steel readers enough for the ugly and sometimes surprising fights that will need to be waged. Nonetheless, *Just Health* breathes new life into the most essential debates underpinning health policy and helps us set the philosophical bearings that are needed for efficacious and ethical policy work.

Ethical issues

Not applicable.

Competing interests

The author declares that he has no competing interests.

Author's contribution

DS is the single author of the manuscript.

References

1. Daniels N. *Just Health Care*. New York: Cambridge University Press; 1985.
2. Venkatapuram S, Marmot M. *Health justice: An argument from the capabilities approach*. Cambridge: Polity; 2012.
3. Skinner D. Health justice. *Crit Public Health* 2013; 23: 239–41.
4. Daniels N. *Benchmarks of Fairness for Health Care Reform*. New York: Oxford; 1996.