

## **Ethical Significance of Individual Responsibility in Health**

Xiaouu Xiao

Department of Philosophy, University of Washington

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Dr. Jodi Burrus Newman

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As Voigt stated in her article, there is increasing attention on the notion of individual responsibility in health. Meanwhile, concerns, objections, and supportive suggestions appear in the debates. I believe that individual responsibility in health, under the luck egalitarianism framework, should be prioritized and can be applicable to healthcare rationing criterion because the idea and explanation of reasonable responsibility is nuanced enough to allocate corresponding and just healthcare resources to people who face various kinds of situations. In this paper, I will argue for my thesis by expanding and adding based on Voigt's article, and responding to some objections to show that the appeal to individual responsibility in health is ethically just to be used as the rationing criterion.

Firstly, I would provide some insights into the idea of individual responsibility from the perspective of luck egalitarianism. Luck egalitarianism is a theory of equality that emphasizes the role of luck in determining an individual's outcomes in life, which is then categorized into option luck and brute luck. Some theorists determine what are fair and unfair inequalities based on the differentiation between option luck and brute luck. In terms of luck egalitarian's perspective of individual responsibility in health, if poor health is considered a result of failing to

fulfill one's reasonable responsibility, then the individual should be held accountable for the consequences. This includes but is not limited to, "denying treatment to, for according lower priority to, or for requiring a greater financial contribution from patients" (Voigt, 146).

One of the major criticisms of luck egalitarianism is the harshness regarding the inequalities that can be traced back to one's choices and actions what could lead to illness. I believe, however, luck egalitarianism should be able to respond to such criticisms by providing further explanation and justification to its literature. According to Voigt, inequalities are not justified only by the presence of choice, but also by "conditions individuals can reasonably be held responsible for the choices they make" (Voigt, pg.149). The focus then comes to what are the conditions that would make a responsibility "reasonable". The answer might be quite abstract, considering such standards vary according to each individual's different circumstances, such as geographic location, economic status, etc., which is what Voigt refers to as the "influence of external background factors on the choices that people make may undermine their responsibility for those choices" (p.150). And such factors can lead to differences in the extent to which each individual can reasonably be held liable. Under these premises, it should be considered ethically correct and just to apply more lenient standards, in other words, a narrower range of reasonable expectations, to individuals in disadvantaged social positions compared to those in advantaged social positions. For example, asking one in poverty to eat as healthy as those who are wealthy every day would not be within the scope of their reasonable responsibility. Thus, their request for healthcare, which might be the result of an unhealthy diet, should not be denied or understated in any form. However, if one's poor health condition is the result of addiction to smoking or drugs, they themselves shall be responsible for such consequences and given lower priority in healthcare or be required for greater financial contribution. Hence, even

though the inequalities that can be traced back to individual's choices may still exist, the reasonable responsibility shouldered by different individuals for their health choices or choices influencing health outcomes is just and is no longer harsh on the inequalities.

Furthermore, limitations also include that it is non-arguable that the emphasis on individual responsibility sometimes shifts the focus away from the responsibilities and obligations that are supposed to be taken by the government or institutions. In Kaplan's article, he also argues that:

Problems that appear, from one perspective, to be obvious social problems requiring substantive social and political change become, through a subtle redescription, an individual's own problem to solve, through individual actions or efforts (Kaplan, 6).

On a broader scale, especially when dealing with highly contagious diseases such as COVID-19, governmental responsibility and efforts to enhance the populational health level cannot be replaced by individual responsibility. Indeed, whether to wear masks or not is within the scope of an individual's reasonable responsibility, it should be the government that encourages the individuals to take actions to protect themselves and the people around them. It is also the government's responsibility to ensure that citizens are aware of the dangers of the disease and understand the measures they can take at the individual level to avoid spreading the disease. For such limitations, it is difficult to accommodate them so it is something that the public health policy makers and theorists should be aware of.

I also realize how the notion of "denying to provide for healthcare" in the luck egalitarianism has been the center of some debates, which I agree is a notion that is unethical. However, I argue that simply disregarding such aspects from the literature should fulfill its

ethical significance and be considered as a just tool for the healthcare resources distribution. This is mainly because I believe under no circumstances one should be rejected to receive medical care. I would like to raise an objection to the example brought up by critics in Voigt's article, that "a negligent driver must be left to die if she is responsible for the accident", because the this example is too extreme, as the conditions for holding someone accountable for such accidents are overly harsh (p.149). Though avoiding such an incident is within the driver's reasonable responsibility, refusing to provide medical care to anyone in emergency conditions should be considered morally unjust. The following correspondent penalty should be provided by law and the judge or the injured party instead of by denying providing the treatment. Other aspects implemented on the patients, on the other hand, such as requiring greater financial contributions, should be kept, and are considered to be within ethically acceptable range.

In conclusion, for healthcare rationing criterion, appeals to individual responsibility in health, considering the luck egalitarianism framework, should be prioritized because its allocation of healthcare resources is based on each individual's circumstance. After addressing some of the objections, the notion of individual responsibility should be ethically just.

### Bibliography

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