Uncovering Hidden Premises to Reveal the Arguer's Implicit Values: Analysing the Public Debate About Funding Prep

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I analyse a public debate about whether the UK's NHS should fund Prep, a new and expensive HIV prophylactic. I apply a principle of charity. I sometimes taking charity to an extreme, adding substantially to the original comments. Nevertheless extreme charity is constrained such that it can reveal something important about arguers, viz., their values. The analysis shows that opponents of funding for Prep needn't be motivated by illiberal attitudes, such as anti-promiscuity/anti-drug/anti-gay attitudes. The analysis also reveals a new way of framing the debate which has not been deployed in the academic literature to date.

KEYWORDS: Principle of charity. Enthymemes. Argument analysis. Values. Responsibility for health.

1. INTRODUCTION

The question of which healthcare interventions to fund is partly a question of what evaluative principles to apply. I take it that public opinion can help illuminate the relevant values. I analyse a public debate about whether the UK's NHS should fund Prep, a new and expensive HIV prophylactic. I pursue three aims: to investigate public opinion about Prep; to characterise some of the relevant considerations that policy-makers ought to respect in deciding whether to fund Prep; and to test a new way of investigating public opinion, argument analysis based on extreme charity.

In analysing the debate about Prep, I apply a principle of charity. This is a principle of argumentive analysis which consists of interpreting people's ordinary, incomplete arguments in terms of the most plausible complete arguments that represent the expressed values faithfully. Sometimes I take charity to an extreme, adding substantially to the original comments.

In applying extreme charity to the debate about Prep, I find that both sides in the debate can develop valid arguments which support their position and reflect their values. Once the initial objections to each side are disposed of, I find that one's final position in the debate will depend on one's attitude to a key principle. This principle sets limits on the amount of help we are obliged to give people at risk of harm. Anti-Prepers endorse the principle, while pro-Prepers reject it.

The analysis reveals a new way of framing the debate which has not been deployed in the academic literature to date. The Prep issue can usefully be understood in terms of the question of which comparator Prep ought to be assessed against: perfect adherence to best practice (such as condom use), or people's actual, imperfect behaviour?

The analysis also helps address a worry that some people have that opponents of funding for Prep are motivated by illiberal attitudes, such as anti-promiscuity/anti-drug/anti-gay attitudes. I show this needn't be so; one can oppose funding for Prep consistently with a liberal framework.

I conclude that argument analysis based on extreme charity can be a useful tool for ethicists, policy-makers and other stakeholders with an interest in public debates about policy.

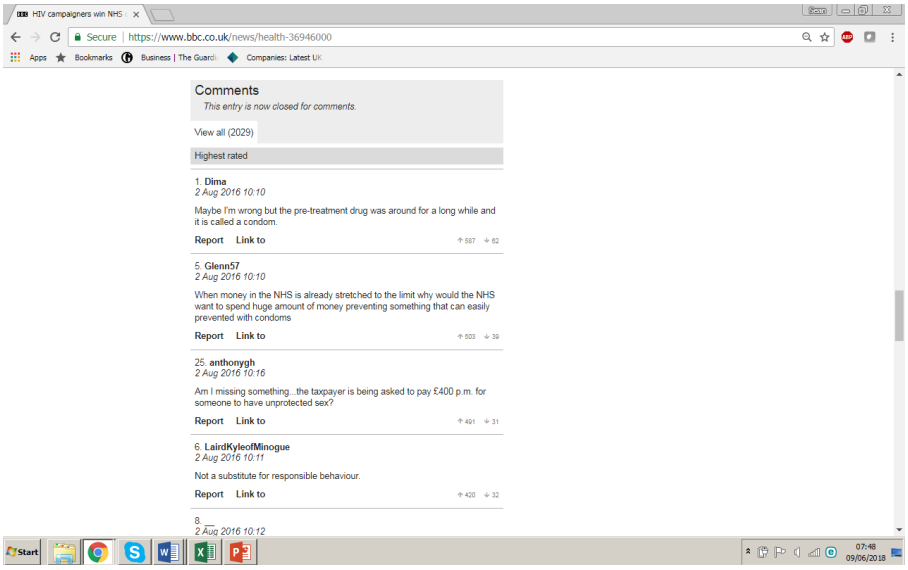
2. BACKGROUND TO THE ISSUE

To give some background on Prep, for men who have sex with men (MSM), Prep reduces the chances of catching HIV from unprotected sex by 86% (Dolling et al, 2016). Prep is also effective at preventing HIV for intravenous drug users who share needles. However, Prep is very expensive, at a cost of nearly £5k per user per year in the UK (Cain, 2017). The budget impact could be significant. For this reason, there has been a tussle between different prospective funders, each denying that it is their job to fund it. NHS England argued that local councils should provide it on the grounds that they are in charge of preventative health, while the NHS provides treatment. However, the High Court ruled that it was in NHS's power to fund it (though not that the NHS *had* to fund it). At the time of writing, the NHS was assessing Prep's cost-effectiveness in a large ongoing trial.

3. METHODOLOGY: EXTREME CHARITY

My approach to this question is to conduct an argument analysis of a debate about Prep which appeared on the BBC website. An argument analysis is simply an analysis and assessment of the arguments on each

side. The aim is both to throw light on public opinion, and to characterise some of the considerations that policy-makers ought to respect.



However there is a difficulty with this, which is that the arguments on the BBC forum are mostly very incomplete. The BBC imposes a 400 character limit. Most people do not even write up to this limit, and they do not write carefully. It is tempting to compare the quality of the BBC debate to a pub debate, but that does not do it justice.

In the BBC debate, it's as if everyone has had a couple too many pints, and now they're shouting across the table at each other.

But this doesn't seem to prevent participants understanding each other and responding to each other, suggesting that the implied arguments are clear. So, in order to understand the arguments and assess them, we will need to apply a philosophical principle of charity. Charity is a principle of argumentive analysis which consists of taking an incomplete argument and interpreting it so as to represent it as plausible and sound. As I say elsewhere:

> Charity has epistemic value. For all I know, a line of argument could work, if I interpret it charitably. But if I fail to explore the potential of that line of argument, because of minor flaws in the way someone has put it, then I may never find out whether it could work. That could mean I miss a relevant consideration that ought to influence me regarding the issue at hand. So, charity can help me become aware of relevant considerations, and thereby help me form more defensible beliefs (maybe even true beliefs). (Sinclair, Forthcoming)

Having said that, I must admit that, at some points in my analysis of the Prep debate, especially towards the end, I take charity to an extreme. Extreme charity consists of taking a *very* incomplete argument and offering an interpretation that goes well beyond what has been said, and beyond even what was intended. In particular, extreme charity as applied here involves construing a position in terms of ethical principles which are not defended, even inarticulately, by the arguers I interpret.

This might suggest that extreme charity is subject to fewer constraints than ordinary charity; we don't have to be faithful to what the arguer said. Nevertheless, extreme charity is subject to constraints. I state the constraints at greater length elsewhere,[1] but the most important of them in this context are that the attributed argument must be consistent with what arguers say; the attributed argument must rely on the arguers' key premises as premises; and the attributed argument must rely on principles (such as ethical principles) that arguers would endorse. The latter constraint means that extremely charitable interpretations ultimately rely on evidence as to whether the defenders of a view would endorse the principles we attribute to them (such as evidence consisting of what the defenders of a view say elsewhere). Pending such evidence, extremely charitable interpretations have the

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[1] For a general statement of the method, including a statement of the Constraints On Charitable Interpretations, see Sinclair (Forthcoming)

status of hypotheses - they may be falsified by countervailing evidence, much in the way a scientific theory can be.

How can we defend extreme charity, given that we go well beyond what the arguer intended? I offer two defences.[2] The first is as above: the method has value when it reveals a line of argument we wouldn't have thought of otherwise. Perhaps it can help us find the truth about a question, or at least distinguish defensible from indefensible positions.

But we needn't value argument analysis merely because it helps us form a view on an issue. My second defence of extreme charity is that it can help us understand positions we disagree with, positions we continue to disagree with even after understanding them. As I argue in (Sinclair, Forthcoming), we can understand an evaluative perspective without sharing it, or at least without putting the same weight on the relevant values.

I will give three ways in which this benefit of extreme charity could be realised, taking the Prep debate as my case. First, some anti-Prepers interpret pro-Prepers as motivated by an unthinking political correctness, advocating unlimited rights for disadvantaged minorities with no thought of financial limits. Many anti-Prepers will think such a position is indefensible; they'll argue that it is financially unsustainable, as well as unfair to non-beneficiaries. But in fact many pro-Prepers are motivated by an ordinary human concern for the individuals who are exposed to the risk of HIV. They simply want to make sure these individuals come to no harm. Such a concern is not exclusively focused on disadvantaged minorities and therefore does not face the same objection from anti-Prepers. Thus extreme charity can reveal the quite understandable values which motivate many pro-Prepers, and prevent anti-Prepers mis-characterising their opponents. Anti-Prepers might not be persuaded, since other factors carry weight for them. Still, they'll understand their opponents better, and this can have value for the conduct of the debate (e.g. mutual respect, and the chances of both sides finding a workable compromise).

To move onto my second way in which extreme charity could have benefits, some pro-Prepers interpret anti-Prepers as anti-gay, or as motivated by a hardline, moralised judgment that people who take "unnecessary" risks should bear the consequences. But in fact, many anti-Prepers have liberal views about gay lifestyles. Moreover, many will even concede that since everyone takes risks, there might be a case

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[2] There is a longer defence of extreme charity in Sinclair (Forthcoming). I also address a kind of "reverse straw man" objection to the principle of charity, to the effect that charity could lead us to make an arguer's position stronger than it really is by attributing an implicit premise she didn't endorse.

for taxpayers contributing something to help protect MSM against the risks they take. But they don't think it is unreasonable to expect risk-takers to do *something* for themselves. In line with this, they do not think it is fair for MSM to demand the most expensive method of protection when cheaper methods do an adequate job. So they will ask MSM to use condoms rather than Prep. Thus extreme charity has the potential to correct misunderstandings of the anti-Prep view. Again, pro-Prepers might not persuaded, but they'll understand their opponents better.

And for my third way in which the benefits of extreme charity could be realised, policy-makers in particular stand to benefit from understanding other people's views. They are required to understand the public's views as part of their democratic function, since as a general rule, the public has a right to see its views have some influence on policy. However, there is an exception. In a liberal democracy, the public cannot expect to see its views influence policy if the values driving those views are illiberal. For example, in the Prep case, many policy-makers will want to know that opponents of funding for Prep are not all motivated by anti-promiscuity/anti-drug/anti-gay attitudes. Liberalism is a guiding principle of most democratic societies, and a core liberal commitment is that disapproval of someone's lifestyle should not lead policy-makers to restrict that person's freedom or treat them less favourably unless the lifestyle causes harm to others. For example, for the paradigmatic liberal John Stuart Mill, the burden of proof is with those who contend for "any disqualification or disparity of privilege affecting one person or kind of persons, as compared with others" (Mill, 1869/1970). According to Mill's harm principle, "the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others" (Mill, 1859/1978). I take it Mill would have applied the same principle to any "disqualification or disparity of privilege". Now, suppose some policy-makers deny Prep to promiscuous patients, and their reason is that they disapprove of promiscuity regardless of whether it causes harm to others. That would be illiberal. Worries about illiberalism have surfaced in the debates about Prep. For example, UK health policy-makers have been accused of having "condemnatory" attitudes towards men who have condomless sex with multiple sexual partners (de Castella, 2018). And Calabrese et al say that "the public health community needs to disentangle personal values around condoms from public health priorities." (Calabrese et al, 2017)

Extreme charity can clarify this issue. It reveals the values that drive public opinion, and thereby show whether public opinion should be allowed to have an influence on policy. For example, it can show

whether there are any motivations for opposing funding for Prep that are consistent with a liberal framework.

4. RESULTS

I will now analyse the debate about Prep that appeared on the BBC's news article (BBC, 2016). I will start by offering a list of comments that could be seen as representing the key stages in the debate.

Figure: Sample comments

Argument 1. "There's many higher priorities for spending available funds eg life extending cancer drugs"

Argument 2. "If this drug is proven to reduce the incidence of HIV ... then NICE should fund it. It may save money and lives in the long run, which has to be good."

Argument 3. "If someone chooses to live a high risk life, then they should pay for any "protection". I pay for the seat belt in my car, and if I choose not to wear it, then it will be my own fault for taking that risk !!"

Argument 4. "Sir After a day in pub, 8 pints and 6 vodkas with non-diet coke. Followed by a fish supper and a taxi for the 200 yards home, I have just read this report. I am absolutely disgusted that my taxes are being spent on anyone whose poor lifestyle choices result in me funding their health treatment. Sincerely, Outraged Tunbridge Wells" [*NOTE: This should be read as an intentional parody*]

Argument 5. "There's a difference between treating the consequences of a risky lifestyle and actively subsidising it." / "The analogy with smokers and sportsmen who get injured is ludicrous."

Argument 6. "look at all those who have Statins for cholesterol rolled out to them or diabetes treatment because they cant in the majority of cases, control their greed for sugar. Whose complaining about the pill being given free, on the NHS?"

Argument 7. "At £400pm & 86% effective, this drug is more expensive & less effective than a condom."

Argument 8. "Responsible people will still be responsible. but whether or not one approves is irrelevant. Simply by preventing many people from getting AIDS we will be saving the NHS a fortune."

I have been selective in this list; not all arguments on the forum are represented here. The arguments here primarily focus on the question of whether people who might be held responsible for their

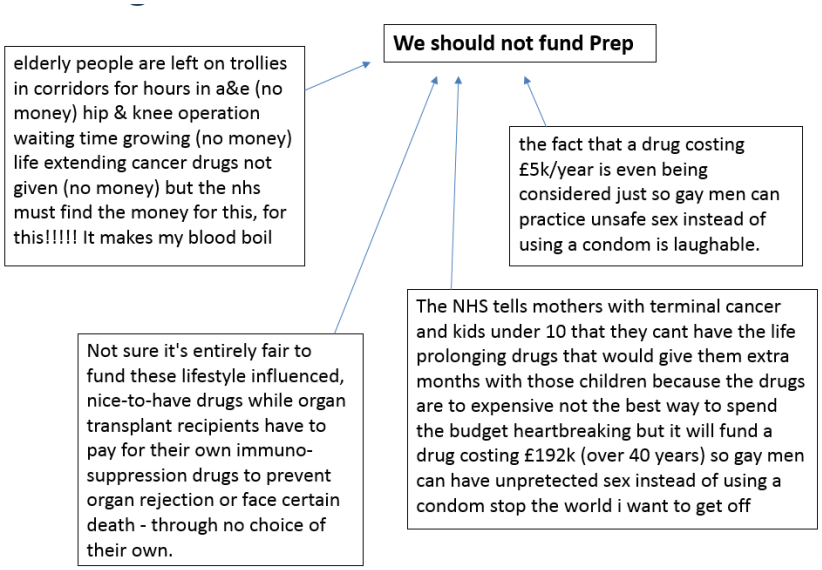
condition should lose priority for funding as a result. Contributions on this question represent the bulk of contributions. I eliminated contributions on other questions on the grounds that they did not add enough value on the overall question of whether to fund Prep; either the arguments were weak or they did not bear specifically on this question. To give three categories of comments that were eliminated from the analysis: 1. Some contributors argued that funding Prep would create moral hazard, in that it would encourage risky behaviour. However the empirical evidence on this is not clear; different studies point different ways. 2. Some contributors argued that the problem was pharma pricing. I eliminated these comments on the grounds that they were not specific enough to the question of interest, the question facing healthcare policy-makers here and now: whether or not to fund Prep. 3. There were also a number of comments that were not visible. The BBC wrote "This comment was removed because it broke the house rules." A full analysis would have incorporated these. But then I think many would have been eliminated. For example, probably some were insults, of no argumentive value. I suspect others were arguments that gay sex is morally wrong. But I have assumed liberalism, such that policy-makers may not base a policy on negative judgments about someone's lifestyle except to the extent that it harms others.

The list can be seen as a chain of arguments, with refuted arguments first and refuting arguments later. It should be noted that the contributions on the forum do not follow the same order. Actually, the forum has the dialectic memory of the proverbial goldfish. People do not seem to look back more than five or ten comments. They then express their raw intuitions as if their post hasn't been long superseded by earlier comments. So the debate progresses to a certain stage, and then reverts to the beginning. Only rarely does it get to the advanced stages represented further down the chain. Nevertheless I contend the above ordering is a fair representation of the argumentation. When a contributor puts an argument represented further down the chain, they will generally be responding to an argument further up the chain.

I have not included any information here about how often each argument is put. For the purposes of this analysis, the most important question is not how often a particular argument is put but how widely the values which motivate each side in the debate are held. Understanding the arguments put in defence of each position helps us understand the values. Then, the principle of charity helps us determine whether an argument can be put in terms of those values. If it can, we may conclude that people with those values might have a case.

To begin the analysis, the starting point for the debate is a set of intuitions that this drug should not be funded, because there are other

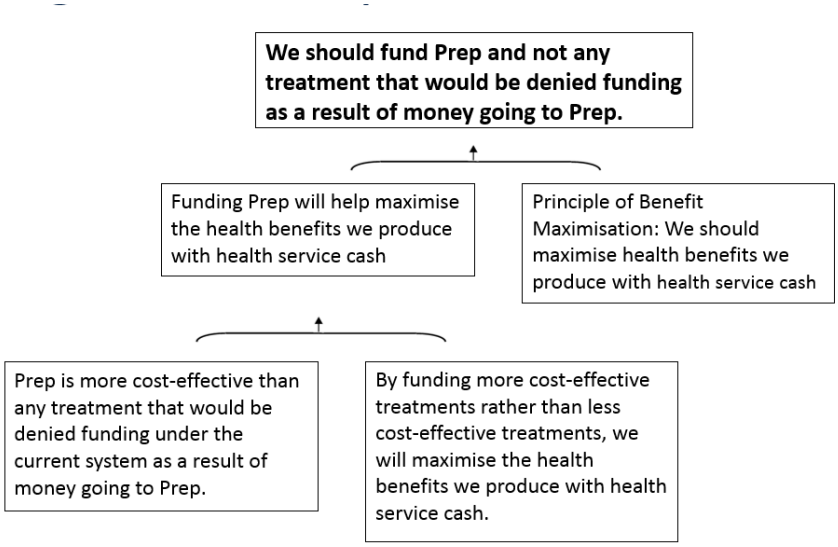
interventions which merit higher priority. This is probably the largest category of comments. Examples of interventions mentioned in this context are hip & knee operations, life-extending cancer drugs, and immuno-suppression drugs for organ transplant recipients. The comments assert that these alternative interventions are higher priority, being currently not funded or unavailable without a long wait.



Argument 1: From Intuitions re Priorities

A response to this is to assert something like the NHS line. Either it is asserted that this intervention will save the NHS money, or that it is cost-effective. To represent these contributions in terms of a valid argument, with a bit of charity thrown in, I will outline an argument that could be put in defence of the NHS's standard criteria, with the aid of an argument
diagram:[3]

[3] Argument diagrams have previously been used in, for example, Van Eemeren et al, 2002 and Fisher, 2004

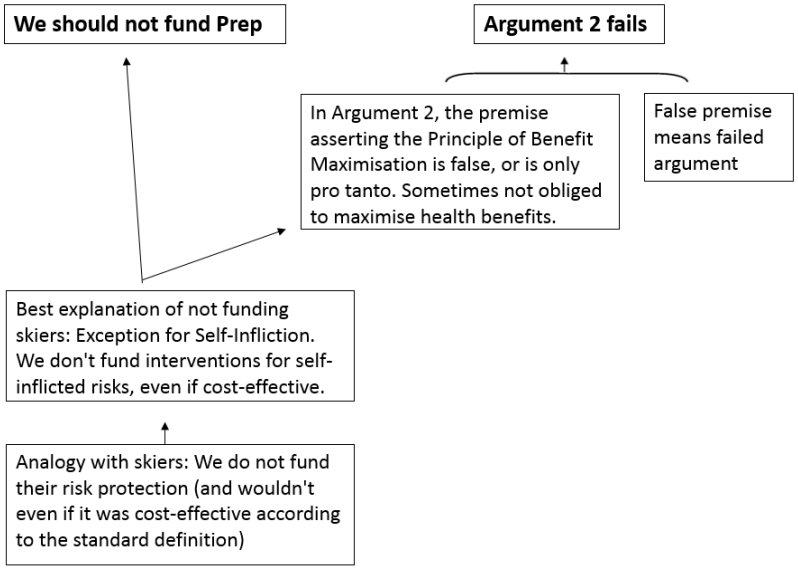


Argument 2: Pro-Prep based on cost-effectiveness

This argument diagram represents one comment (or set of comments saying the same thing). The conclusion is at the top and the basic premises are at the bottom. An arrow pointing up represents an inference. So to follow the argument you start at the bottom and go up. Where there is a bracket encompassing two or more claims, this indicates that neither claim alone is sufficient to entail the claim above, but jointly they are held to be sufficient. Often the bracketed claims will make up a syllogism, consisting of a major premise (generalisation) combined with a minor premise (specific observation).

The above argument basically says that by directing health service cash to the treatments that produce most benefit per unit of cash, we will maximise the benefits we produce. Prep is cost-effective on the NHS's standard measure, so funding it will contribute to benefit maximisation, and since we should maximise benefits, we should fund it.

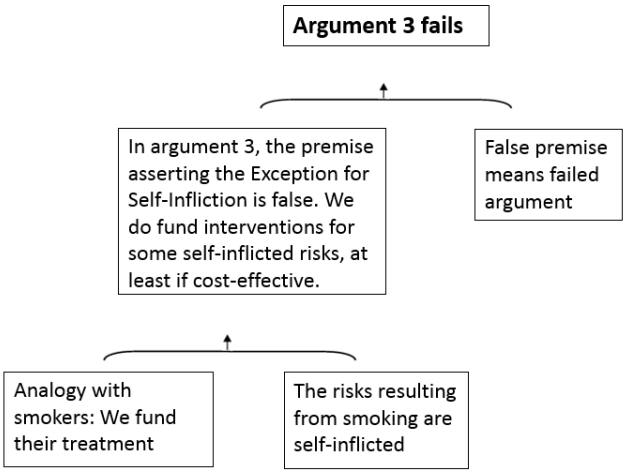
In response, as seen in the following schema, the anti-Preper denies the principle of benefit maximisation. The anti-Preper draws an analogy with car drivers, skiers, sky-divers etc. Government does not seem obliged to fund their seat belts, helmets or back-up parachutes. The anti-Preper asserts that the best explanation for this is that we are not obliged to fund interventions for self-inflicted risks, even if they are cost-effective. This implies that the principle of benefit maximisation, on which the pro-Preper relied, is false. Also, since Prep's primary benefit is to protect against self-inflicted risks, this implies that we should not fund Prep.



Argument 3: Anti-Prep based on skiing analogy

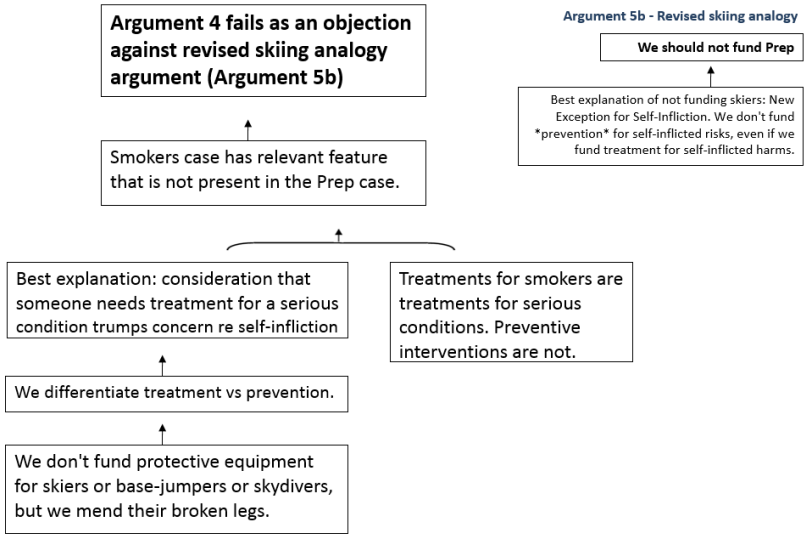
However, as seen in the following schema, the pro-Preper denies the anti-Preper's assertion of this exception in the case of self-inflicted risks. The pro-Preper points out that we fund treatment for smokers, when their smoking leads to conditions such as emphysema and lung cancer. And it would seem wrong to deny them such treatment. Yet the smokers inflicted the risks of such conditions on themselves. This suggests that, contrary to the anti-Preper, the question of whether risks or harms are self-inflicted does *not* have a bearing on the question of whether we should help them. There is no blanket exception for self-infliction, which means a key premise in the anti-Preper's argument is false and the argument fails.

It should be noted that at this stage there is a stalemate. The anti-Preper can no longer claim warrant for their conclusion. But the pro-Preper cannot claim warrant for their conclusion either, since they have not shown how to deal with the analogy with protection for skiers. The best explanation of the skiing case still seems to be that self-infliction has a bearing, while the smoking analogy suggests it does not. We have an unresolved clash of analogies.



Argument 4: Pro-Preper reply to skiing analogy

In response, as seen in the following, the anti-Preper must accept that there is no general principle disqualifying self-inflicted conditions from government funded interventions. However, the anti-Preper notices that although we do not fund protective equipment for skiers, we do fund treatment for their broken legs. So the anti-Preper can grant that we might be obliged to fund treatment for self-inflicted harms, while asserting that we are not obliged to fund preventive interventions for self-inflicted risks. An anti-Prep argument based on this new principle is not undermined by the smoking analogy: treatments for smokers are not preventive interventions, so the purported obligation to fund treatments for smokers is no counterexample to the claim that there is no obligation to fund prevention for self-inflicted risks.



Argument 5a: Anti-Prep - Smoking disanalogy

However the pro-Preper now rebuts the new, more modest generalisation derived from the revised skiing analogy to the effect that we are not obliged to fund prevention for self-inflicted risks. The pro-Preper points out that we fund contraception. This does not seem wrong. Perhaps it is even an obligation. This suggests that self-infliction is not the killer consideration the anti-Preper suggests it is; sometimes at least, it seems permissible if not obligatory to fund protection against self-inflicted risks.

However, as things stand the pro-Preper is still not in a position to draw the substantive conclusion they want to draw, the conclusion that we should fund Prep. The skiing analogy stands in their way. Until they come up with a general principle that explains the distinction we draw between skiing and contraception, they cannot assume that self-infliction is simply irrelevant.

Here, to help the pro-Preper out, I must exercise extreme charity and go beyond any argument offered by pro-Prepers on the forums. I suggest that the pro-Preper needs to appeal to a principle of solidarity. To set the context, there are two alternative ways we might justify funding a universal healthcare system, based on reasons to do with beneficence, and reasons to do with solidarity.

The rationale in terms of the beneficence would be that we are all obliged to help others when others are in trouble, if we can. A state-funded healthcare system is justified as one way of ensuring we fulfil that obligation. The problem for the pro-Preper is that such a rationale would not help explain why we distinguish between the risks associated with skiing and the risks associated with sex. For example, in a

hypothetical case where the risks of each activity are on a par, an obligation of beneficence would imply an equal obligation to fund protection for both.

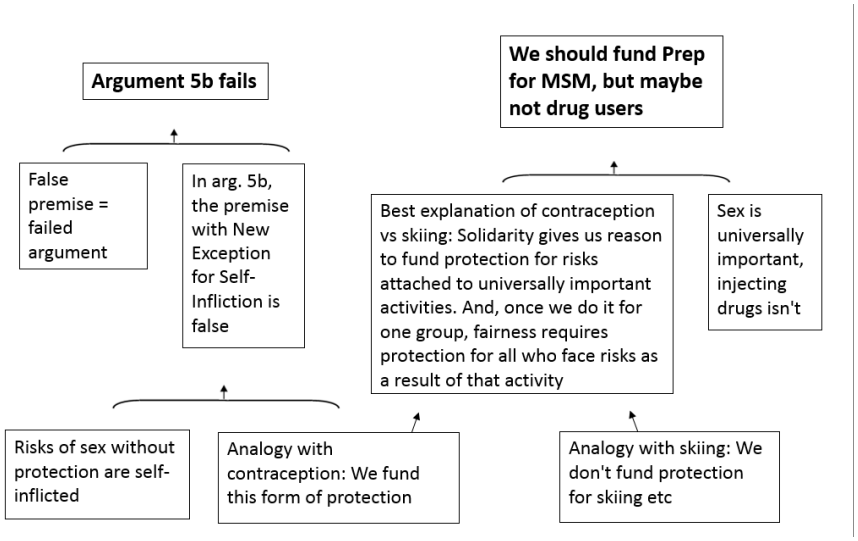
In contrast, a rationale in terms of solidarity would say that we all have an interest in pooling our resources in a single universal healthcare system, because it is more efficient than each of us acting as individual purchasers, and also because each of us thereby avoids the risk of catastrophic financial costs if we get a serious condition. It is a kind of mutual insurance system. Alena Buyx explains the principle of solidarity as follows:

> Solidarity encompasses a sense of togetherness between the members of a specific society or community, reflecting the multiple interdependencies that obtain between people - even between those in liberal and pluralistic societies. It should not be confused with the idea of charity or welfare, meaning that only one special group - for example, the poor or the very needy - gets to be supported. Rather, people in a solidary system care for each other. In large, complex modern societies, the relevant kind of caring does not imply personal closeness, but expresses rather the abstract idea of being part of a system deemed precious and important (such as having a society with universal healthcare) and of supporting it. Solidarity thus is not a one-sided principle, but a dual principle that entails elements of reciprocity:21 of receiving, but also of giving and contributing. Its Latin root in solidum even involves an obligation of each individual to the whole. This does not have to mean that people have to give something to the community or do something for a public institution in order to have a claim to support, compensative action or shared resources, or that they are left alone if they do not "earn" their claims in this way. The aspect of caring for each other within a solidaristic system ensures at least basic help and support for everyone within the system. (Buyx, 2008)

Now, on the basis of this principle, the pro-Preper can defend a distinction between skiing and contraception. In the context of a mutual insurance system, we have reason to fund protection against risks associated with universally important activities, but we do not have the same reason in the case of other activities. Sex is universally important (as good as), whereas skiing is not. Thus on the mutual insurance rationale, we have reason to fund protection for risks associated with sex but not risks associated with skiing. And once we fund protection against sex-associated risks for one group, the pro-Preper can argue we should fund protection against sex-associated risks for all groups - even if those other groups face completely different sex-associated risks. On

this basis, once mutual insurance considerations motivate us to fund contraception for heterosexuals, considerations of fairness could trigger an obligation to fund Prep for men who have sex with men.

However, there is a difficulty with this argument for the pro-Preper, which is that it does not vindicate funding Prep for drug users, since drug use is not a universally important activity. But as far as I can tell, there is no alternative line of argument which vindicates funding Prep for drug users, and is a coherent and plausible defence of the pro-Preper's position, and is consistent with what has been established elsewhere in the debate. So, although this argument goes well beyond what has been said in the debate, I suggest it is the most charitable interpretation of the pro-Preper's position. This does not mean the pro-Preper can't vindicate funding Prep for drug users. The pro-Preper can argue that we have pragmatic reasons for this (for example, it will save money for the health service). This is not an argument from fairness, in contrast to the argument for funding Prep for men who have sex with men.

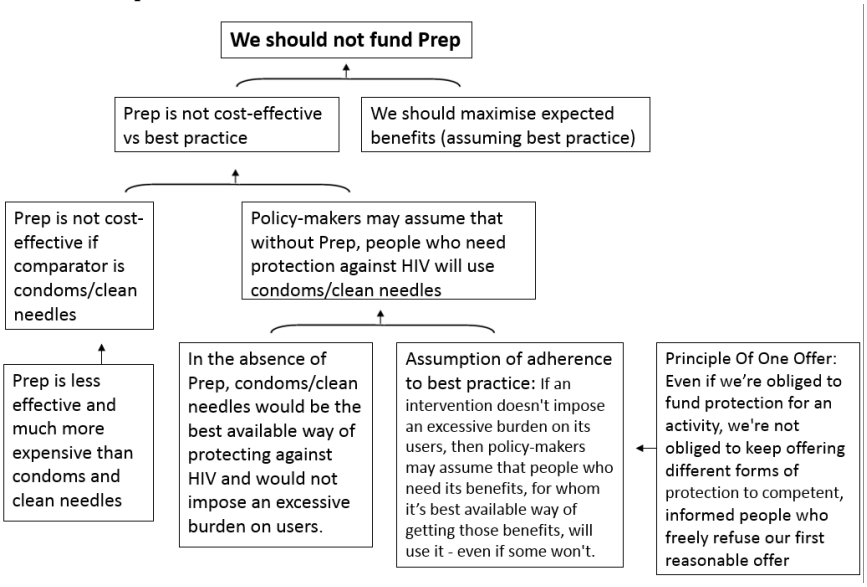


Argument 6: Pro-Prep based on contraceptive analogy

In response, the anti-Preper denies that the pro-Preper's conclusion follows from this argument. Granting for the sake of argument that fairness requires us to fund protection for men who have sex with men, it does not follow that this protection must be Prep; it could be condoms (or clean needles, in the case of drug users). So the pro-Preper's argument fails. More specifically, to get to the conclusion that we should *not* fund Prep, I suggest the anti-Preper needs to start with a Principle of One Offer: Even if we are obliged to fund protection for an activity, we are not obliged to keep offering different forms of

protection to competent, informed people who freely refuse our first reasonable offer. If we make a reasonable offer of protection to different groups facing sex-associated risks, we have fulfilled our obligations of fairness. From this, in the healthcare context, there follows an Assumption of Adherence To Best Practice: If a preventative intervention does not impose an excessive burden on its users, then policy-makers may assume that people who need its benefits, for whom it is best available way of getting those benefits, will use it - even if some won't. Now, in the absence of Prep, condoms and clean needles would be the best available way of protecting against HIV, and it can be argued that they do not impose an excessive burden on users. The anti-Preper can conclude from this that policy-makers may assume that without Prep, people who need protection against HIV will use condoms/clean needles. Since Prep is less effective and more expensive than condoms and clean needles as an HIV preventive, it is not cost-effective when they are the comparator, and it follows that we should not fund Prep.

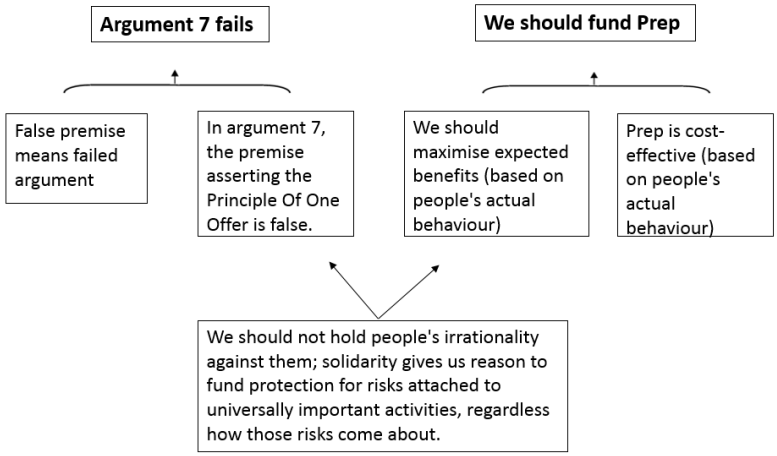
Again, this argument goes beyond anything said in the forums. However, it does not go very much beyond. Most anti-Prep comments draw comparisons with condoms, highlighting Prep's high cost by comparison. I believe the above argument would be readily endorsed by most anti-Prepers.



Argument 7: Anti-Prep based on comparator = best practice

However, in response, the pro-Preper will simply deny the Principle of One Offer. They will argue that we should not hold people's irrationality against them; solidarity gives us reason to fund protection for risks attached to universally important activities, regardless how

those risks come about. Perhaps the pro-Preper sees the anti-Preper as excessively judgmental here: they will argue we should accept humans as they are, not as we would like them to be (perhaps an ad hominem argument: anti-Prepers are fallible, like everyone else, so they are in no position to be harsh on flaws they'd also display in the same situation). So for the pro-Preper, the relevant comparator for assessing Prep is not best practice (condoms or clean needles). The comparator should be actual practice, which does not conform to best practice: people fail to use condoms or they share needles. As a result, Prep will reduce the incidence of HIV cost-effectively. On that basis, if we wish to maximise the benefits we produce, we must fund Prep.



Argument 8: Pro-Prep based on denial of Principle of One Offer

This is as far as the debate goes, at least within the forum. In response to the pro-Preper, the anti-Preper, in line with their previous argument, will deny that we should ignore people's turning down our reasonable offer of help, taking risks they could have avoided.

This analysis has helped reveal the values held on each side. It suggests that people's eventual view will depend on their position regarding the Principle of One Offer, and the Assumption of Adherence to Best Practice that follows from it. The anti-Preper says our mutual insurance/fairness obligations are limited to a reasonable minimum standard of help. We are not obliged to offer further help if risk-takers freely refuse our first offer. The reciprocal obligations arising from membership of society involve doing without if a benefit is small and the costs of delivering it are very high. The anti-Preper will view this as an acceptable extension of the principle of cost-effectiveness analysis. In contrast, the Pro-Preper says our mutual insurance/fairness obligations entail making sure everyone is equally able to participate in universally

important activities, even if that is very costly. Anything else would mean some are contributing to society yet being denied one of its important benefits. Thus the argument turns on a principle which is endorsed by one side and not the other, or which carries more weight for one side than the other.

5. HAVE I BEEN TOO CHARITABLE?

In offering these interpretations of the pro-Prep and anti-Prep positions, I have exercised some extreme charity, going well beyond what is said on the forum. Nevertheless I contend that my interpretation of each position represents a coherent and plausible defence of each position consistent with what has been said. For example, consider the principles I articulate on behalf of the anti-Preper: the Principle Of One Offer and Assumption of Adherence to Best Practice. Given the anti-Preper's point that condoms are a reasonable alternative to Prep, once the pro-Preper points out that in other cases we fund similar forms of protection against the risks of sex (viz., contraceptives), this point made by anti-Prepers about condoms slots neatly into an argument that if we are going to fund *some* form of protection against HIV, it is not unreasonable to offer to fund condoms rather than Prep. I suggest the Principle Of One Offer and Assumption of Adherence to Best Practice is the best way of explicating this point as a complete argument. Not only is the resulting argument the anti-Preper's best response to the point that we already fund similar forms of protection, but the key premise of the argument involves a point that anti-Prepers have made explicitly already, the point that condoms are a perfectly reasonable alternative to Prep.

And on the pro-Prep side, consider the principle I offer of solidarity regarding universally important activities, and fairness towards all who face risks as a result of similar activities. It has to be admitted that, unlikely my interpretation of the anti-Prep position, nothing the pro-Prepers say on the forum suggest anything like this principle. But the principle is consistent with what the pro-Prepers do say, and it supports a pro-Prep argument that is consistent with the other points that are made on the forum, and it is reasonably plausible. In fact, perhaps it is the only coherent and plausible defence of the pro-Prep position that is consistent with everything else that is said on the forum.

However, it should be noted as a limitation of the method that there may be other charitable interpretations that I have not considered.

6. CONCLUSION: BENEFITS OF EXTREME CHARITY

What have been the benefits of this exercise in argument analysis? First, as noted, the analysis has thrown light on the values held on each side. For example, it shows that opponents of funding for Prep needn't be motivated by illiberal attitudes, such as anti-promiscuity/anti-drug/anti-gay attitudes. One can oppose Prep consistently with a liberal framework. On my interpretation, the anti-Preper's grounds for refusing funding for Prep are not a negative judgment about people's lifestyles, but the claim that the reciprocal obligations arising from membership of society involve doing without a benefit if the benefit is small and the costs of delivering it are very high. For anyone who takes liberalism for granted, my "liberal" interpretation of the anti-Prep position is more charitable than an interpretation in terms of illiberal motivations. In view of this, the burden of proof is on those who would attribute illiberal attitudes to anti-Prepers. Unless there is specific evidence of such illiberal attitudes, the default assumption should be that anti-Prepers are motivated by values consistent with liberalism.

In addition, the analysis has thrown up a new way of framing the debate. Many papers on the Prep debate have followed the traditional debate about responsibility in asking whether risk-takers can expect others to fund healthcare interventions to address those risks. But the public debate sets this question aside. It primarily focuses us on the question of what kind of intervention to fund, if we are going to fund something. This leads to a more nuanced anti-Prep position than has been considered in the academic literature to date. The anti-Preper accepts that if we fund contraception, that gives us a pro tanto reason to fund some kind of protection for men who have sex with men, in order to be fair. This might seem to commit us to ignoring the question of responsibility. But the public debate highlights that there could be limits on how far this goes. In all consistency we could say that although we will fund one kind of protection for MSM and drug-takers, we will not fund another, even though there are some risk takers who would only be protected by the second offer and not the first. If I see that you are about to inflict a risk on yourself, then perhaps I must step in to offer you protection, but if you refuse my offer, it is not necessarily inconsistent of me to refuse to offer you an available alternative. There are limits on how far I am required to go, assuming the first offer wasn't unreasonable (e.g. didn't impose unreasonable burdens).

The question at the heart of this debate is a question about what comparator we should assess Prep against. The pro-Preper says the comparator should be actual behaviour. The anti-Preper says the comparator should be perfect adherence: we should look at how the costs and benefits of using Prep compare with the costs and benefits of

using condoms, rather than the costs and benefits of doing whatever people would do without Prep. This issue of comparators has not been addressed in the academic literature to date, and is illuminating in terms of what can be said for and against funding Prep. Argument analysis of the public debate has brought out that the Prep issue can usefully be understood in terms of this question of comparators.

I conclude that argument analysis can be a useful tool for ethicists, for policy-makers and for other stakeholders in public debates about policy.

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