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DOES CORRECTING HEALTH INEQUALITIES REALLY MATTER? WHEN EQUALITY IS BETTER ACHIEVED BY GIVING PRIORITY

Bogdan OLARU[1]

Abstract

Two competing theories, the equality view and the priority view, might have in some cases similar recommendations about how to correct inequalities in health and healthcare, even if their conclusions are based on different arguments. In this paper, I discuss a typical case of health difference between socioeconomic categories and the way an egalitarian approaches this case. I refer to an egalitarian who tries to optimize the degree in which people enjoy a good health. His aim is to maximize the level where people have a nearly equal health state or avoid the equal maximal amount of suffering caused by illness. The egalitarian reasoning is balanced against the priority view. My argument makes the case for prioritarianism which, I believe, morally outweigh egalitarianism while offering a solution which cannot be but welcomed by the egalitarian. Several consequences for health policy are discussed.

Keywords: inequalities in access to healthcare; social determinants of health; health inequity; egalitarianism; prioritarianism.

Introduction

Health disparities are easy to expose by comparing different groups of people, based on socioeconomic, ethnic or other criteria. In some cases, data for various health indicators are already available for several decades, so we can study not only health disparities but also their evolution over large periods of time. Health inequalities between different socioeconomic categories represent perhaps the most appealing research topics (Mackenbach, 2006; 2008). A widespread technique is to make salient a population's health deficit by way of between-countries comparisons (Marmot et al., 2012). Still, an important question remains: Does a particular distribution of the health deficit between different countries tell us to

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what extent these countries meet the requirements of justice? Which inequalities are unfair, thus urging us to correct them, is a question nobody can answer by merely pointing to empirical evidence. Only a debate on the theoretical level that is about the meaning of justice in health can settle the issue.

The aim of this study is to show how egalitarians and prioritarians make use of such empirical comparative judgments. The reason why they are interested in differences in health and health related issues is the thought that health is a valuable thing and that everyone shall benefit from this good as much as possible. Both egalitarianism and prioritarianism agree with that. Health disparities tell us that some people do not fully benefit from this good and many will find that unfair. Both views agree with that, too. They diverge however in how they think to correct what they qualify as unfair inequalities.

Now, it's surely true that egalitarianism can be understood in many ways (Temkin, 2009), but the health egalitarian I am thinking of is an optimizing egalitarian, that is the kind of person who thinks that health is a valuable good and that a just society deserves this attribute when it optimizes the degree in which people benefit from this good, that is when it maximizes the level where people enjoy a nearly equal health state or avoid the equal maximal amount of suffering caused by illness. So, the optimizing egalitarian focuses both on raising the overall health level and on reducing health inequalities as much as possible. Many people would find these requirements reasonable. It is not my aim here to defend this view. But surely there are some good arguments for endorsing this view. The priority view differs from the equality view in that it requires to address in the first place the claims raised by the most needy (Parfit, 1995). Prioritarians are interested in deviations from an absolute level. For egalitarians, differences count because they mark a deviation from someone else's level. This is usually summarized by saying that egalitarian concerns make sense in the frame of comparative justice.

So, what would tell us an egalitarian about a specific distribution pattern of health deficit? How will approach this issue a prioritarian? I will show that they have much in common and that they can easily agree with the same solution, especially in health issues. Section two presents two examples of between-countries comparative judgments and some problems arising from these comparisons. In the third section, I offer a solution to the question of how to reduce inequality in cases similar to the examples from the section two. We will see a case of convergence between egalitarianism and prioritarianism. Section four gives more details about the way of thinking which led to the solution convergence. The last section discusses some consequences for people dealing with health policy.

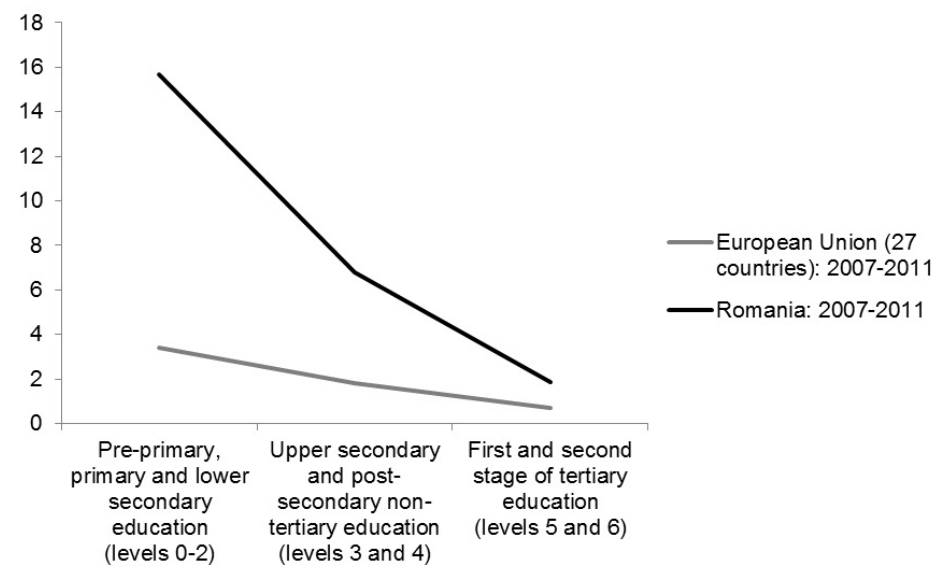
Between-countries comparative judgments in health

The aim of between-countries comparisons is to see how much a country achieved in securing the health of its citizens. Because health is a valuable thing, one might intuitively think that the healthiest people are, the closer is that society to the ideal of health justice. Or, at least, there must be rather less injustice in a country where people enjoy a very good health. This is a utilitarian approach. The optimizing egalitarian calls for more: he wants that people enjoy health (or opportunity for health, or access to health care, etc.) as much as possible and in an equal way. (In this matter, he makes no difference between health and other goods like, for instance, freedom of speech, from which he thinks that they should also be distributed in such a way that people equally benefit from them as much as possible).

Let's see how between-countries comparative judgments work from an egalitarian perspective. Figure 1 displays such comparisons. It shows a considerable difference between Romania and the EU average regarding the number of people who reported unmet medical needs because they found health care too expensive. To be more specific, there is a mean difference of 6.1% between Romania and the EU. Compared with the EU average, there were proportionally more Romanian people who could not benefit from health care in the past 12 months before the time when the survey took place. The graphic is based on mean values for five years, given that little variation occurs between 2007 and 2011 (one exception is the first educational group in Romania). Yet, the gap of 6.1% is not even distributed over the three socioeconomic categories. Romanian people with low educational attainment are in one sense the most vulnerable because they experience the largest share of the burden caused by the deficit in getting access to health care between Romania and the European Union. In contrast, people with the highest educational attainment report in Romania a level of unmet medical needs close to the European average level. Hence, this picture allows an optimizer egalitarian to say that one country (Romania) has still a lot to do if it is to get closer to a society which realized health care justice.

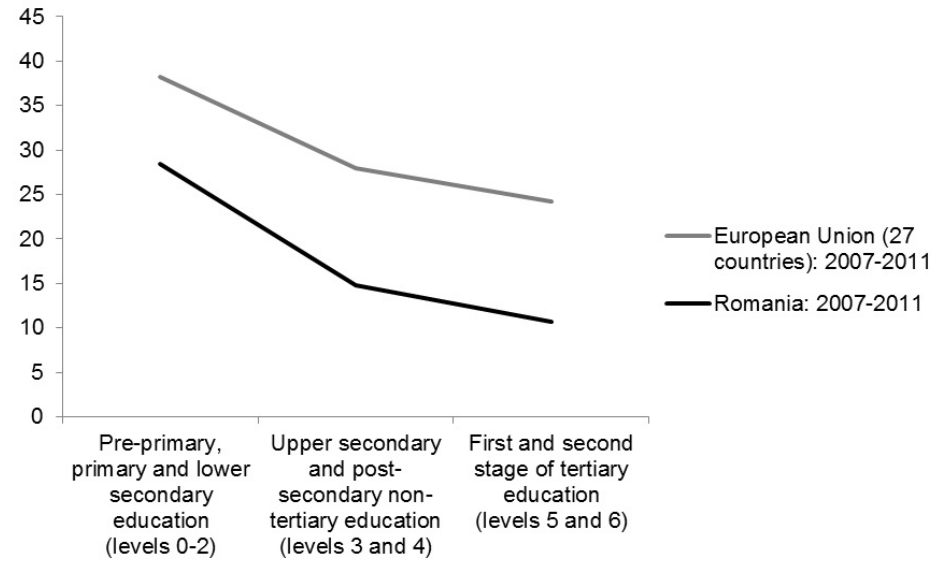
Under strictly defined circumstances, an egalitarian would probably agree that some differences between socioeconomic groups are unavoidable (yet still unfair from his point of view). For instance, he knows that people with low educational level apply usually for low status jobs, so they earn less money than others or are more liable to rely on social aid. The problem is that these persons will often be confronted with cases when they need medical care but cannot afford it. The egalitarian would be by no means pleased to welcome unequal access to health care or any other unequal distribution of resources when that will only add new disadvantages to the already existing ones. The new unequal distribution will hit primarily the least advantaged. Figure 1 shows a situation of this kind when the uneven distribution of the between-countries gap becomes visible by comparison with a reference value, in this case the EU average level.

Figure 1. *Self-reported unmet needs for medical examination for reasons of barriers of access (too expensive), by education level (%). Data source: Eurostat.*



The distribution of the disadvantages expressed by the Romania-EU deficit would be fair, could argue the egalitarian, if it would be similar to the pattern shown in *Figure 2*. This is the percentage of people having a long-standing illness or health problem in Romania compared with the EU average. This time, the difference offers a better picture for Romania. I don't want here to approach the issue whether people in Romania enjoy a better health than people from other European countries, as these results suggest. Both graphics build upon respondents' own assessment. Self-reported data can hide many biases. But even if we hypothesize a bio-psycho-social special feature that makes Romanians report fewer health problems, either because they developed stronger immunity to some diseases, or because they don't like to complain, we can assume that this feature would be equally distributed over different socioeconomic categories. So, the egalitarian argues, the graphic where the both lines are parallel to each other offers a better picture of what should be a fair distribution of the health deficit between different countries. One country (Romania) reached a higher level in optimizing health, and the between-countries comparison yielded no inequality in the health deficit distribution. The differences emerging from the contrast between homogeneous groups are equally distributed over heterogeneous subgroups. This model seems to be closer to the ideal of justice preferred by the egalitarian. But is this really a fair distribution? Note that people with high educational attainment benefit more from the good we call health compared with other categories, but perhaps this is the way things should happen. The prioritarian can only but disagree with this statement.

Figure 2. *People having a long-standing illness or health problem, by educational level (%). Data source: Eurostat.*



Now, recall the question raised in the introduction: Does the distribution of the health deficit between different countries tell us to what extent these countries meet the requirements of justice? In the first example, the distribution of the health deficit made us aware of unfair inequalities between people from different socioeconomic categories. The second example is different. Where there is no deficit or the deficit is equally distributed, one might think that there is no injustice about how health is distributed. The disparities between socioeconomic categories might express the idea that this is the best way in which people actually enjoy health and thus the result could be understood as the closest possible to the ideal of justice endorsed by the optimizing egalitarian. In contrast, it is not relative fairness that counts for the prioritarian, but the absolute level of the worst off. He will find the second distribution unsatisfactory and will advocate measures that will improve the health (or the access to health care, etc.) of people with low educational attainment.

So, the problem the egalitarian must deal with can be expressed as follows: When does the health deficit of a particular society become a factor which exacerbates the existing health inequalities? There are surely countless restrictions in the way a society addresses health needs, so the general health state of that society's people will not be perhaps at the level a wealthier society will reach given better circumstances. But how do we know that a particular health distribution (or the distribution of opportunities for health, or of access to health care, etc.) has reached the optimal level from the point of view of an egalitarian?

We will answer the questions in a larger frame. The general problem we must face is one that we could call the problem of fair distribution in an unfair

world. What is the fair distribution of the advantages or disadvantages which shall add to an unequal distribution of goods, privileges or welfare? Should the deficit be distributed unevenly to compensate the existing initial distribution? Should we seek a kind of proportional algorithm? Or should we totally abstract from the actual state of things and give each person an equal share of whatever is the subject of that distribution? This is an everyday issue we face each time we think that justice can be achieved through distributive means. In most cases, we don't start with an equal distribution of goods or an equal level of well-being over which we exert our influence. For a utilitarian, it makes no difference which solution he chooses, because the total amount resulting from the addition of all advantages or disadvantages affecting the subgroups in the new configuration remains constant. The egalitarian might think that the proportional distribution will be the fairest solution, that is to say, a distribution that corresponds in size or amount with the existing relationships between the two subgroups (like in the figure 2). I will show that this is not the solution an egalitarian should choose, and that precisely in this kind of situations the egalitarian is likely to become a prioritarian.

A model of adjusting inequalities

Let us think of a world with two groups of people, A and B, and the difference between them is so that B is in a less privileged position. Within each group, there are two subgroups – A1, A2, B1, B2 – defined according to the same criterion. The difference between A and B can be distributed over the two subgroups of B in multiple ways. For the sake of argument, we assume that each subgroup can be correctly described by a score associated with the mean level of that subgroup. This score reflects both the B's deficit to A and the distribution of this deficit within B. We are well aware of the difficulty to measure and quantify in normal life situations such concepts like health, welfare, etc. For the moment, we assume that we have a fair method to express the good in figures. Here are some distribution of the B's deficit to A:

	1	2
A	28	18
B	17	7

	1	2
A	28	18
B	22	2

	1	2
A	28	18
B	14	10

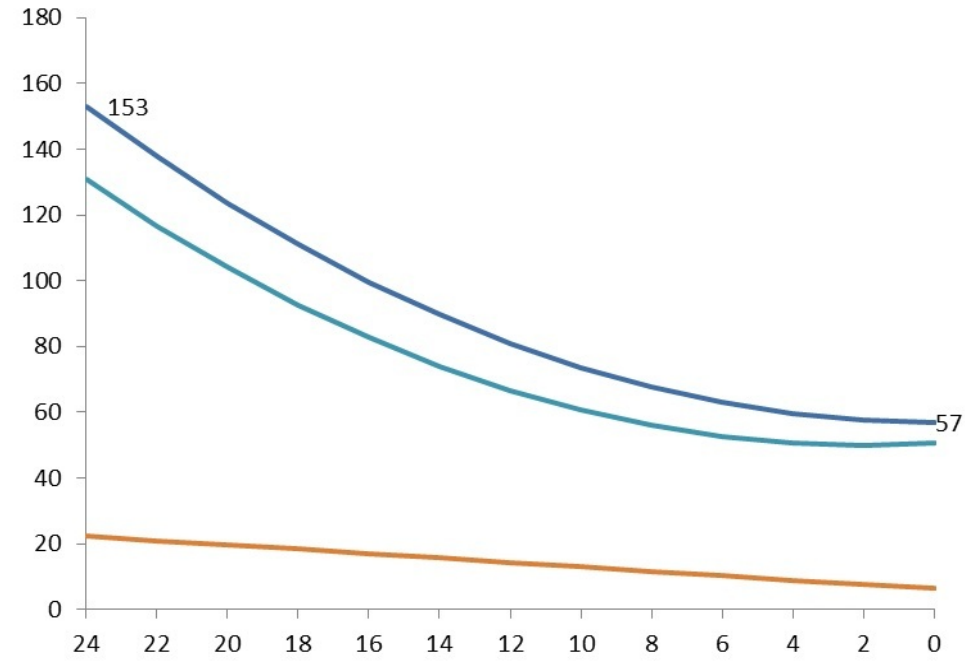
	1	2
A	28	18
B	12	12

B1 and B2 cannot overcome their condition. For them, the ideal is represented by the configuration in A. In other words, B1 cannot hope to reach a higher score than A1, neither B2 compared to A2. The relationship between B1 and B2 is variable, but in most cases there is one subgroup (let's say B2) that scores lower that the other. For some reason, the A configuration is stable. The distribution between A1 and A2 is beyond the scope of justice (we may think of the distribution of some genetic features).

All distributions from the table above are in one sense similar. The score for A is 46 and for B is 24, while the same deficit of 22 shows that B is worse off than A in a particular respect (welfare, health, resources, etc.). We are interested in the distribution between B1 and B2. The question is: What will be the best distribution of the deficit between A and B (and the disadvantages associated with it) in order to reach the fairest relationship between B1 and B2? In the first example, the deficit is distributed equally. This shows a situation similar to the distribution from the figure 2. Each subgroup of B is affected by the same amount of deprivation caused by the deficit between the two groups (22/2 = 11). The next two deficit distributions are not equal, either because B1 share a smaller amount of the deficit than B2, or the other way around. The second distribution is similar to the pattern from figure 1 in that the disadvantaged subgroup of B takes a larger part of the deficit while being already worse off than the other subgroup. Most of us would find this case intuitively unfair, because, while B2 is already worse off than B1, people of B2 will suffer more when circumstances become worse. The third distribution discriminates against B1, which must take the largest part of the burden. One might think of this as a better distribution than the first one, because it makes a step forward to close the gap within B. This is happening in the last distribution, which equalizes the outcome for B1 and B2. The deficit is not proportionally distributed, like in the first case, but none of the subgroups is better off than the other. A fifth distribution that will raise the score for B2 above 12 will only change the label of the disadvantaged group, that is B1 instead B2, and thus introduces no different distributional pattern.

For the mean value of B remains constant irrespective of the distribution (=12), the utilitarian has no reason to prefer a distribution against the other. The egalitarian could simply choose the 12:12 configuration, but his concern for equality makes him also favor a solution that equalizes the burden arising from the deficit between A and B, a solution which corresponds to the first distribution from the table above. What matters in this case is the absolute gap between B and the given reference of A (28:18). For the prioritarian, it makes a significant difference the initial condition of those to whom benefits were granted or omitted. He wants to change first of all the 24:0 distribution, which he considers the most unfair. The egalitarian agrees with that, but he is also interested in equalizing the burden not only in reducing inequality within B. He must find out what distribution between B1 and B2 better contributes to an egalitarian world. We will define that as the world in which the four values vary the least around their mean. This happens when their variance, and, accordingly, the sum of the squared differences between a subgroup's score and the mean level of that world is reduced to a minimum. The variance is shown in the figure 3 as a function of the difference between B1 and B2. The lowest variance (=57) is reached for a null difference, corresponding to a 12:12 distribution. Thus, the egalitarian must choose the solution with an unequal distribution of the deficit between A and B but an equal level of B1 and B2. This brings the unequal initial configuration closer to a state that best fulfill the requirements of justice from his egalitarian perspective.

Figure 3. *Variance as a function of difference between B1 and B2. The area between the x-coordinate and the line at the bottom of the graphic represents the difference between the two curves which show the variance before and after improving B2 with 2 units.*



Let us now assume that we can improve the state of those disadvantaged from B2. Their level can increase by 2 units. The equal distribution will be 13:13, which is the improved state of the initial 13:11. Now the question is: Is this improvement the best way to overall reduce inequality? Even if the egalitarian might prefer this outcome because it equalizes the situations of B's people, it might be that the 13:13 distribution is not the best solution to bring about the most desirable state of things, given the initial unequal relationship between A and B. Again, for the utilitarian, it makes no difference which given configuration we may want to improve. The overall outcome will be always the same. In contrast, the prioritarian has a clear option. He wants to improve the situation of the least advantaged, so the most urging problem is to improve the distribution 24:0. He will change it to 24:2.

Figure 4. *Variance as a function of difference between B1 and B2. The area between the x-coordinate and the line at the bottom of the graphic represents the difference between the two curves which show the variance before and after improving B2 with 6 units.*

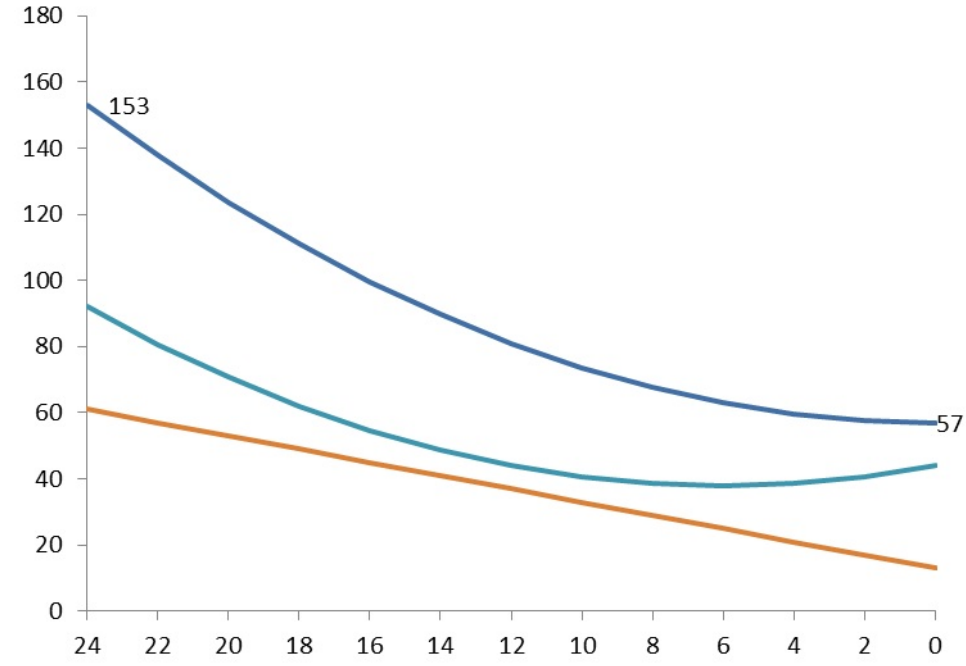


Figure 3 shows the curve of variation of the initial B1:B2 distributions, as well as of the improved B1': B2' distributions as a function of the subgroup differences. Each time B2' = B2 + 2 (figure 4 shows the same for an increase of 6 units). The difference between the two variation curves is equal to the area between the x-coordinate and the line that cuts the y-coordinate near 20 (or 60, in the figure 4). This value is the highest reduction of inequality that we can reach by rising by 2 (or 6) the level of the least advantaged of B. This is possible by improving the least balanced distribution. If the egalitarian wants to get closer to his ideal as much as possible, he must change 24:0 in 24:2, that is he must improve the most unequal distribution. But this is a change that the prioritarian would also advocate, as long as he recommends to improve the situation of people who are worst off in absolute terms.

The moral difference between prioritarianism and egalitarianism

In his latest defense of the priority view, Derek Parfit argues that many egalitarian ideas can be defended with prioritarian arguments (Parfit, 2012). This does not suggest that we may choose one view or the other, as we like, given that they lead to similar conclusions. We should choose the view which builds upon the best arguments. In one, instrumental, sense, egalitarians can use prioritarian arguments, for instance, if they escape this way from some serious objections against egalitarianism. This strategy, I believe, might encourage some to subordinate prioritarianism to egalitarianism and think of the former as a mean to achieve the ideal expressed by the latter. We can see this another way. I'll shall rather say that egalitarians who look for an optimal way to reduce inequality are committed to a way of thinking very similar to the prioritarian view.

We said in the last section that both the egalitarian and the prioritarian must choose the same solution in the given circumstances. To be more precise, because the aim of the optimizing egalitarian is to reduce the existing inequalities, he must recognize the soundness of the priority view. Not all egalitarians will agree with that. Some egalitarians might argue that they choose the same solution for other reasons than the prioritarian. They are, to use the terminology of Derek Parfit, telic or teleological egalitarians, for whom the equality has an intrinsic value and inequality is in itself bad (Parfit, 1995). Their motivation is to correct this bad thing. The prioritarian thinks instead that the most important thing is to improve the situation of the least advantaged persons. He is sensitive to these persons' needs irrespective of whatever comparisons one may think of. Thus, even if the solution is the same, the moral motivation makes the difference.

The telic egalitarian faces the difficulty to explain why a world with more equality should be a better world, even when the overall situation will be worse than in a less egalitarian world (the well-known leveling down objection). If he cannot improve the condition of B2, he should find fair if a natural catastrophe would decrease the level of B1 up to a level close to or, even better, equal to the level of B2. For instance, instead of the 17:7 distribution, he might prefer a 7:7 distribution. All will be worse off than in the initial configuration, but no one will be better off than the others. For he attached intrinsic value to equality, the telic egalitarian is not able to refute this objection. He fails to offer a powerful moral motivation, at least not as powerful as the prioritarian's one.

In contrast, a deontic egalitarian thinks that he can offer a very good or at least a good enough moral motivation to choose the solution preferred also by the prioritarian. For him, equality is a moral imperative not because inequality is in itself bad, but if and only if this inequality results from wrong intentional human actions. If people are treated differently when they should be treated alike, the inequality arising from this treatment is unfair. The deontic egalitarian can argue that he also has a very good reason to improve first of all the 24:0 distribution. If he finds out that this distribution results from bad treatment, it must have been the

worst possible treatment that brought about this state of things, or at least worse than whatever action could have led to the 22:2 distribution. Unfortunately, a deontic egalitarian cannot justify an action that will alleviate the suffering of people who are worse off because of other circumstances than wrong intentional human action. And this is mostly the case in health issues. A deontic egalitarian argues that a distribution of disadvantages like that in figure 1 is unfair, because inequalities in access to healthcare are consequences of the way we organize and finance healthcare, so, the consequences of our health policy. But one has no reason to change the configuration shown in figure 2, because differences in people's health state are not intentionally caused by anyone. He will only selectively consider the influence of the social determinants that are in strong connection with the health inequalities between the socioeconomic categories in the first two graphics.

The prioritarian has none of the two difficulties faced either by the telic or by the deontic egalitarian. While he has a good moral argument – improving the state of the least advantaged class –, he will support a policy addressing primarily the medical needs of the group with the lowest level of education. He is not only conjecturally interested in studying the social determinants of health, but when it comes to find out what are the most urgent needs, he must pay due attention to the influence on health of various socioeconomic factors and be aware of a large range of inequalities emerging from them.

Consequences for health policy

Let us summarize the results from the previous sections. The telic egalitarian wants a more equal world each time when the prioritarian wants to improve the state of the least advantaged. While they do cover the same scope, the telic egalitarian needs a better moral argument, which only the prioritarian can offer. The deontic egalitarian has a strong enough moral argument but he must narrow the scope of justice and thus tolerate more inequalities than the telic egalitarian. The optimizing egalitarian has none of these difficulties, but the best solution to pursue his aim seems to be the same with the prioritarian's solution. Recall that a health optimizing egalitarian wants to increase the degree in which people benefit from equal health or health related goods. He wants to maximize the level where people will enjoy a nearly equal health state or avoid the equal maximal amount of suffering caused by illness. We saw that his deep concern for equality compelled the optimizing egalitarian to embrace the prioritarian view. Of course, the egalitarian can escape this argument by saying that equality is not the only thing that matters and that, actually, "any reasonable egalitarian will be a pluralist" (Temkin, 2003, p. 63). It happens that in the situations we described above the other thing that matters is precisely the prioritarian concern for the worst off.

The egalitarian judgements make sense in the context of comparative justice. But the fact that egalitarians advocate in some circumstances a prioritarian solution gives rise to doubts about the utility of comparative judgments in questions of justice. From the analysis in the section 3 we know that: 1) the closest state to the ideal of justice from an egalitarian perspective is reached by the equal distribution between the subgroups of B, one in which both subgroups enjoy the maximal equal level in the given circumstances, and that is the solution preferred also by the prioritarian; 2) the best way to move toward the egalitarian ideal is to change the most unbalanced distribution within B (the difference between the subgroups is at its highest), and this is precisely the situation in most urgent need of improvement from a prioritarian view, too.[2]

One could draw the conclusion that achieving equality is a way to contribute to the prioritarian's aim. This would be a mistake. The egalitarian is primarily focused on equal distributions, not on improving the state of the worst off. This is not his aim, as long as he doesn't think of equality as having merely an instrumental value. Moreover, the egalitarian, even the optimizing egalitarian, cannot distinguish many situations where different benefits are reached with the same improvement, because he doesn't think that benefit depends on how worse off are people who benefit from that improvement. Neither can distinguish the optimizing egalitarian between cases where the inequality between different socioeconomic groups is reduced by the same amount. (A holistic approach would do this job by cost of complicated calculations.) A prioritarian can differentiate these situations and concentrate on the worst off because for him it is primarily the absolute level that determines the amount of benefit we can reach. He has a more sensitive tool to discriminate between unequal distributions overlapping an unequal world and to say what is the fairest outcome. He recognizes that living in an unfair world does not allow us to say that equal treatment means also fair treatment.

So, my argument is not just that optimizing egalitarians will assume in some circumstances prioritarian solutions, but rather that their conclusion is better supported by prioritarian arguments. If that is correct, each time we hope to achieve justice through distributive means, we can postpone or even omit some egalitarian considerations and draw public policy starting with prioritarian recommendations. We wouldn't entirely ignore the egalitarian concern, because improving the situation of the worst off seems to contribute the most to reducing inequality as well. But that is equal to saying that we actually don't need the comparative judgments one might infer after inspecting survey results like those presented in figure 1 and 2. This statement looks like an invitation to cut short a long philosophical debate on which is the best view about justice, the equality or the priority view. In one sense, this is true, because public policy must arguably

[2] The problem of fair distribution in an unfair world is not a philosophical artifact designed to show that in some circumstances, egalitarians and prioritarians end up with endorsing the same solution. In his comments to the Interpersonal Case, Greg Bognar shows another convergence zone between the two views: "egalitarianism has the same implication [as prioritarianism]: you should help the group that would end up in the worse situation, since this way you are able to minimize the resulting inequality between the two groups. " (Bognar, 2012, p. 480).

bring about the best outcome irrespective of what would be the best argument to support it. One doesn't need to know how well a country fares. All that counts is improving the state of the worst off. But in another sense, the philosophical debate helps a lot, because it says when and why public policy can afford such a shortcut.

Acknowledgments

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