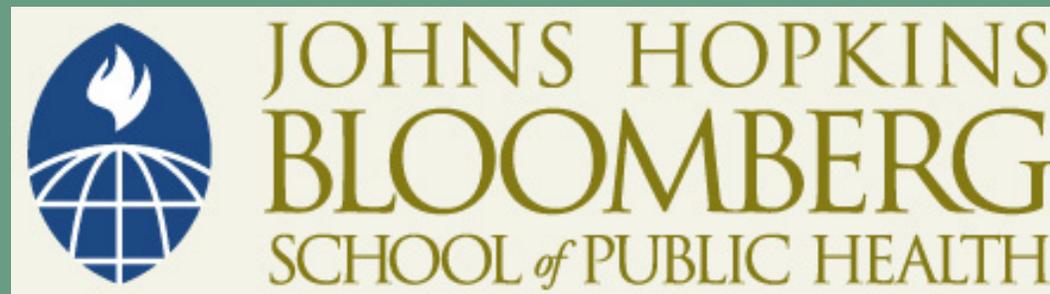


This work is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike License](#). Your use of this material constitutes acceptance of that license and the conditions of use of materials on this site.



Copyright 2011, The Johns Hopkins University and Richard H. Morrow. All rights reserved. Use of these materials permitted only in accordance with license rights granted. Materials provided "AS IS"; no representations or warranties provided. User assumes all responsibility for use, and all liability related thereto, and must independently review all materials for accuracy and efficacy. May contain materials owned by others. User is responsible for obtaining permissions for use from third parties as needed.



JOHNS HOPKINS  
BLOOMBERG  
SCHOOL *of* PUBLIC HEALTH

## Section C

---

### Philosophical Bases for Distributive Justice

# Normative Principles Designed to Guide Allocation

- Normative principles designed to guide allocation decisions of benefits and burdens from economic/social activity
  - Numerous domains
    - ▶ What is to be distributed (wealth, opportunity, welfare, utility?)
    - ▶ Nature of subjects (persons, families, socioeconomic groups?)
    - ▶ Basis of distribution (equality, utility or welfare maximization, fair rules?)
    - ▶ Scope of concern (neighborhood, community, national, global?)

# Schools of Philosophy

- Egalitarian
  - Every person should have the same level of material goods and service, e.g., basic health care
  - Problems: determining value of goods and timeframe considered
- Utilitarian—welfare
  - Maximize total public utility (welfare)
  - The most good for the most people—but equitable distribution?
- Rawls's theory of justice—difference principle
  - The principal task of government is to secure and distribute fairly the liberties and economic resources individuals need to lead freely chosen lives
  - Inequality is okay as long as everybody is better off for having it

# Schools of Philosophy

- Desert (deserved) based
  - Deserved on basis of effort or skills or of past history; many issues concerning rules of acquisition and transfer; stress individual effort and societal benefit
- Libertarian
  - Rights to social and economic liberty, market based, small government
  - Fair procedures stressed, rather than outcomes
- Communitarian
  - Standards of justice must reflect traditions of particular societies; hence vary from context to context, e.g., state's rights issues in the U.S.
  - Relation to Confucianism

## Utilitarianism vs. *A Theory of Justice* (Rawls)

- Utilitarianism—the standard thinking of public health
  - The greatest good for the greatest number—maximize the total amount of healthy life per dollar
  - “A society is rightly ordered, and therefore just, when its major institutions are arranged to achieve the greatest net satisfaction summed over all the individuals belonging to it”
  - An individual acts to achieve her own greatest good
  - Society should act upon the same principle—as a group. What is rational for one person should be rational for an association of people. A society is properly arranged when its institutions maximize the net balance of satisfaction.

## Utilitarianism vs. *A Theory of Justice* (Rawls)

- The two main concepts of ethics are those of ***the right*** and ***the good***. A theory of ethics defines and connects these two basic notions. The simplest, most direct approach is teleological: ***the good*** is defined independently from ***the right*** and then ***the right*** is defined as that which maximizes ***the good***. Intuitively it seems right.

# Justice as Fairness—A Social Contract

- The original position: Those who engage in social cooperation together choose the principles which are to determine basic rights and duties and to determine the division of social benefits. They decide in advance how they are to regulate their claims against one another and what is to be the foundation charter of their society.
- The following are assumed:
  - Individuals are rational
  - Equal liberty to make choices for everyone involved
  - The veil of ignorance—ignorance of those involved about how various alternatives effect their own particular case
- The two principles
  1. Each person has an equal right to the most extensive liberty compatible with an equal liberty for others
  2. Social and economic inequalities are permitted, but only when ...
    - a) They are of advantage to all, and
    - b) They are attached to positions which are open to all

# Measures of Equity

- To have meaning, equity must be measurable and monitored
  - The health status of individuals depends upon many factors (see table): some—with present knowledge—cannot be altered no matter how many resources are expended
  - The dictum, “to each according to need,”—if taken literally—cannot be a satisfactory rule for distributing health care resources
  - More useful may be to view equity in relation to health care rather than to health status per se
  - Some argue, forcefully, that all possible should be done for those in greatest need—but according to what decision rule?
  - Perhaps equity could mean equal access to health services for all and that there should be equal resources to meet equal needs. If needs are expressed in terms of healthy life lost, then this notion could be in terms of equal healthy life gain per dollar expended.

## Measures of Equity (cont.)

- An operational definition of *equity for health care*
  - Equity for health care occurs when decisions are made such that the allocation of (health care) resources ...
    - ▶ Provides equivalent health gains per each dollar expended, and
    - ▶ All groups (and all individuals) are not less well off than if that decision were not made

# Monitoring for Equity in Health Care

- Develop a set of measures or indicators
  - To assess current disparities in the health status of vulnerable or disadvantaged groups as compared to the rest of the population (and/or to particularly well-off groups that might serve as a health status benchmark), and
  - To assess the differential effect on these groups according to decisions made on specific intervention programs
- The requirements for such measures are ...
  - Health status indicators (DALYs or HeaLYs) as measured for defined population groups (age, sex, demographic, and socioeconomic/ethnic/geographic, e.g., urban-rural, slums) and vulnerable groups by any criteria

## The Steps to Be Taken Are ...

1. Determine the distribution of healthy life lost (DALYs, HeaLYs, etc.) by age, sex, place, and appropriate demographic and socioeconomic variables that may define vulnerable groups
  - These distributions will give current disparities in health status by group
  - Note: Over time the health status of a disadvantaged group may not change, but if the size of the group shrinks then there may be increased equity in overall disparities. See Diderich and Anand.

## The Steps to Be Taken Are ...

2. Determine the expected differential health impact on these defined population groups of decisions about the interventions planned for the next period
  - Policy and planning decisions in other sectors may also impact on health, so monitoring these decisions on health impact on these defined groups should also be carried out. If the data outlined above are available, monitoring should not add much cost.
  - This requires the information from Step 1 above plus the expected changes in YHLL plus changes in coverage by the groups defined above. These distributions will provide a measure of the consequences of planned actions.

## The Steps to Be Taken Are ...

3. In the meantime use indirect indicators such as ...
  - Distribution of infant and child death rates
  - Maternal deaths plus severe maternal complications
  
4. The information needed for Steps 1 and 2 above is not generally available
  - It may be estimated and should be planned for
  - Consider sentinel areas and/or some form of sampling to provide a better basis for the estimates
  - Costs of improved information will be substantial; but the costs of not obtaining (and acting upon) it are certainly greater
  - An illustrative scenario with cost comparisons would be instructive

# The Purpose of the Health System

- The health system is to provide services so as to achieve ...
  - Best possible population health status
  - Fairly distributed (equitable)
  - With available resources
- The health system is responsible for ensuring that ...
  - High priority interventions (promotive, preventive, and treatment) are available, *and*
  - Accessible to all who need them
- High-priority interventions so as to provide maximum healthy-life per dollar expended
  - ▶ E.g., IMCI, nutrition education, ante-natal and maternal care, delivery (all and post-delivery care, family planning, selected referral, tertiary hospital-based care, etc.)

# Achieving the Purpose

- A. To improve the health status of the population requires the following for each high-priority intervention:
  - Planned population coverage (proportion of population receiving intervention)
  - Target population (all who will benefit from the intervention)
  
- B. The conduct of the intervention processes according to standard

# Conflict between Cost-Effectiveness and Equity

- Tradeoffs between fair (for all) distribution and efficiency in provision of health in a population
  - E.g., when provision of care for remote and deprived is more costly than for easily accessible urban populations
- Two considerations, however, reduce the conflict
  1. Cost to reach remote areas, not that of health alone
  2. The unmet needs of the remote will be greater
- Doing things right for those who come—not enough
- A synergy: better quality will lead to better utilization