Clarifying and Solidifying Public Health's Commitment to Social Justice

Maxwell J. Smith

PhD Candidate, Dalla Lana School of Public Health & Joint Centre for Bioethics

University of Toronto

Bioethicist, Sunnybrook Health Sciences Centre & North York General Hospital

CIHR IRSC

Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

Invited Paper

Public Health as Social Justice

Dan E. Beauchamp

Anthony Downs[1] has observed that our most intractable public problems have two significant characteristics. First, they occur to a relative minority of our population (even though that minority may number millions of people). Second, they result in significant part from arrangements that are providing substantial benefits or advantages to a majority or to a powerful minority of citizens. Thus solving or minimizing these problems requires painful losses, the restructuring of society and the acceptance of new burdens by the most powerful and the most numerous on behalf of the least powerful or the least numerous. As Downs notes, this bleak reality has resulted in recent years in cycles of public attention to such problems as poverty, racial discrimination, poor housing, unemployment or the abandonment of the aged; however, this attention and interest rapidly wane when it becomes clear that solving these problems requires painful costs that the dominant interests in society are unwilling to pay. Our public ethics do not seem to fit our public problems.

It is not sufficiently appreciated that these same bleak realities plague attempts to protect the public's health. Automobile-related injury and death; tobacco, alcohol and other drug damage; the perils of the workplace; environmental pollution; the inequitable and ineffective distribution of medical care services; the hazards of biomedicine—all of these threats inflict death and disability on a minority of our society at any given time. Further, minimizing or even significantly reducing the death and disability from these perils entails that the majority or powerful minorities accept new burdens or relinquish existing privileges that they presently enjoy. Typically, these new burdens or restrictions involve more stringent controls over these and other hazards of the world.

This somber reality suggests that our fundamental attention in public health policy and prevention should not be directed toward a search for new technology, but rather toward breaking existing ethical and political barriers to minimizing death and disability. This is not to say that technology will never again help avoid painful social and political adjustments.[2] Nonetheless, only the technological Pollyannas will ignore the mounting evidence that the critical barriers to protecting the public against death and disability are not the barriers to technological progress—indeed the evidence is that it is often technology itself that is our own worst enemy. The critical barrier to dramatic reductions in death and disability is a social ethic that unfairly protects the most numerous or the most powerful from the burdens of prevention.

This is the issue of justice. In the broadest sense, justice means that each person in society ought to receive his due and that the burdens and benefits of society should be fairly and equitably distributed.[3] But what criteria should be followed in allocating burdens and benefits: Merit, equality or need?[4] What end or goal in life should receive our highest priority: Life, liberty or the pursuit of happiness? The answer

Dan E. Beauchamp, Ph.D. is Assistant Professor, Department of Health Administration, School of Public Health, University of North Carolina (Chapel Hill, NC 27514).

This paper is a slightly revised version of a paper presented at the annual meeting of the American Public Health Association in Chicago, November 18, 1975, entitled, "Health Policy and the Politics of Prevention: Breaking the Ethical and Political Barriers to Public Health."

"the historic dream of public health …is a dream of social justice."

"…models of justice furnish a symbolic framework or blueprint with which to think about and react to the problems of the public…"

“**Social justice** is the foundation of public health.”

- Krieger and Birn, 1998, p. 1603

“**Social justice** values are deeply rooted in public health practice.”

- Edwards and Davison, 2008, p. 130

“**Social Justice**: The Moral Foundations of Public Health and Health Policy”

- Powers and Faden, 2006

“…finding a suitable normative framework for thinking about public health ethics and policy requires us, in the end to **work out which account of justice we should prefer**.”

- Wilson, 2009, pg. 190

"Important values in public health include a… **commitment to social justice**…"

"These attitudes and values have not been listed as specific core competencies for public health because they are **difficult to teach and even harder to assess**."

What does a ‘**commitment to social justice**’ require for public health policy and practice?

"…models of justice **furnish a symbolic framework** or blueprint with which to think about and react to the problems of the public…"

- Dan Beauchamp, 1976, p. 102

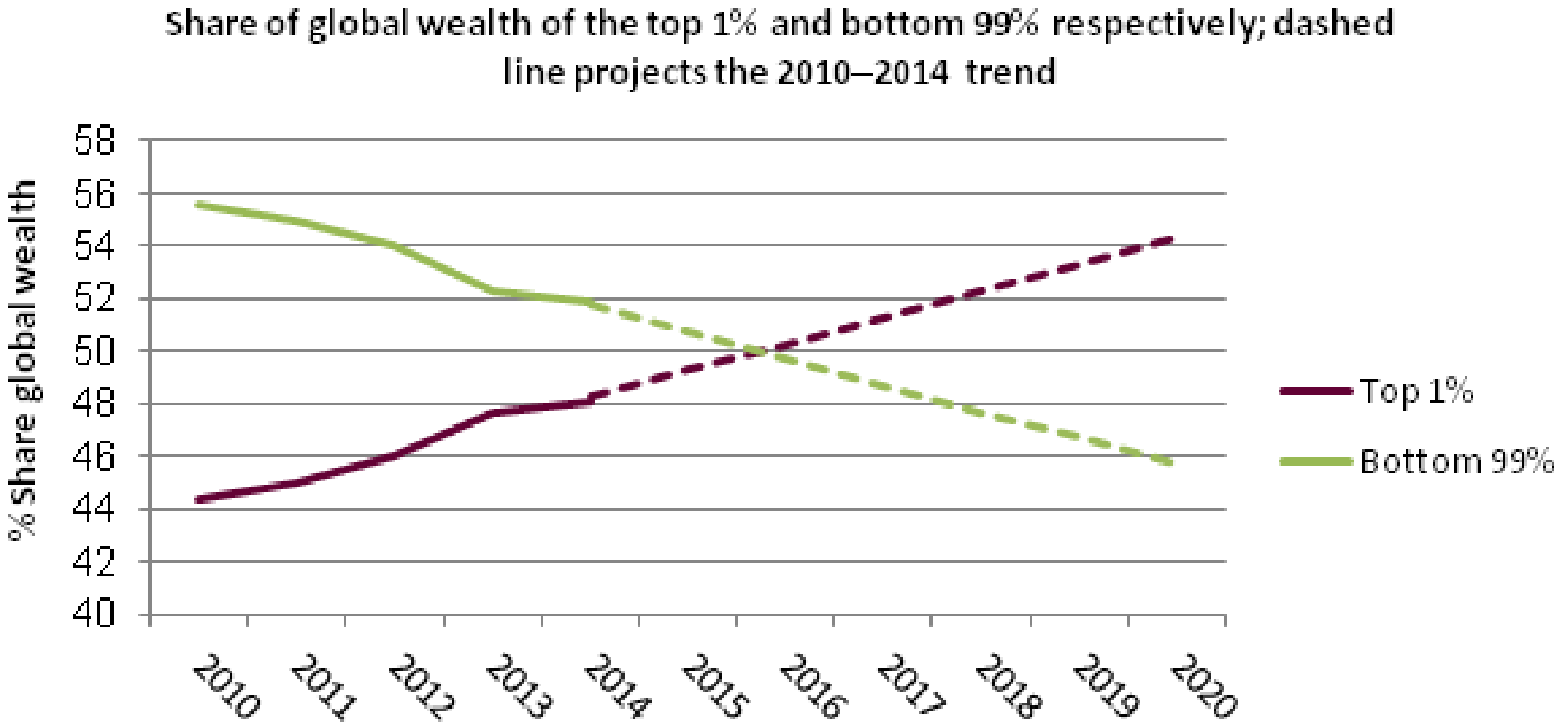
- What counts as an injustice?
- How should injustices be prevented and redressed?
- Which inequalities matter the most?
- What responsibilities do individuals have to prevent or redress injustices?
- What role should public health have in the prevention and amelioration of injustice?
- If we accept as otherwise just the inequalities we allow in our society, but these inequalities contribute to health inequalities, then should we view these health inequalities as themselves just?


NORMAN DANIELS
JUST
HEALT
CARI
STUDIES IN PHILOSOPHY AND HEALT
Just He
Meeting Health Need
NORMAN
Sridhar Venkatap
HEAL
JUSTI
With a Foreword by
SIR MICHAEL MARMO
HEALTH
AND
SOCIAL
JUSTICE
Jennifer Prah Rug
CAMBRIDGE
Bioethics and Law
What Makes
Health Public?
A Critical Evaluation of Mor
and Political Claims in Public
John Coggon
CAMBRIDGE
HEALTH, LUCK, AND
SHLO
social justice
Madison Powers
Ruth Faden
the moral foundations of public
health and health policy
OXFORD
biomedical ethics


RONALD DWORKIN
SOVEREIGN VIRTUE
THE THEORY AND PRACTICE OF EQUALITY
NORMAN DANIELS
JUST HEALTH CARE
Just Health
Meeting Health Needs
Sridhar Venkatapuram
HEALTH JUSTICE
With a Foreword by
SIR MICHAEL MARMOT
HEALTH AND SOCIAL JUSTICE
Jennifer Prah Ruger
CAMBRIDGE Bioethics and Law
What Makes Health Public?
A Critical Evaluation of Moral and Political Claims in Public Health
John Coggon
CAMBRIDGE
HEALTH, LUCK, AND
social justice
Madison Powers
Ruth Faden
the moral foundations of public health and health policy
OXFORD
ANARC
STATE
AND
UTOPI
G.A. CO
ON THE CURRENCY OF EGALITARIAN JUSTICE,
AND OTHER ESSAYS IN POLITICAL PHILOSOPHY
AMARTYA SEN
THE IDEA OF JUSTICE
Martha C. Nussbaum
OF JUSTICE
REVISED EDITION

Social Injustice:
We know it when we see it

Wealth Inequality

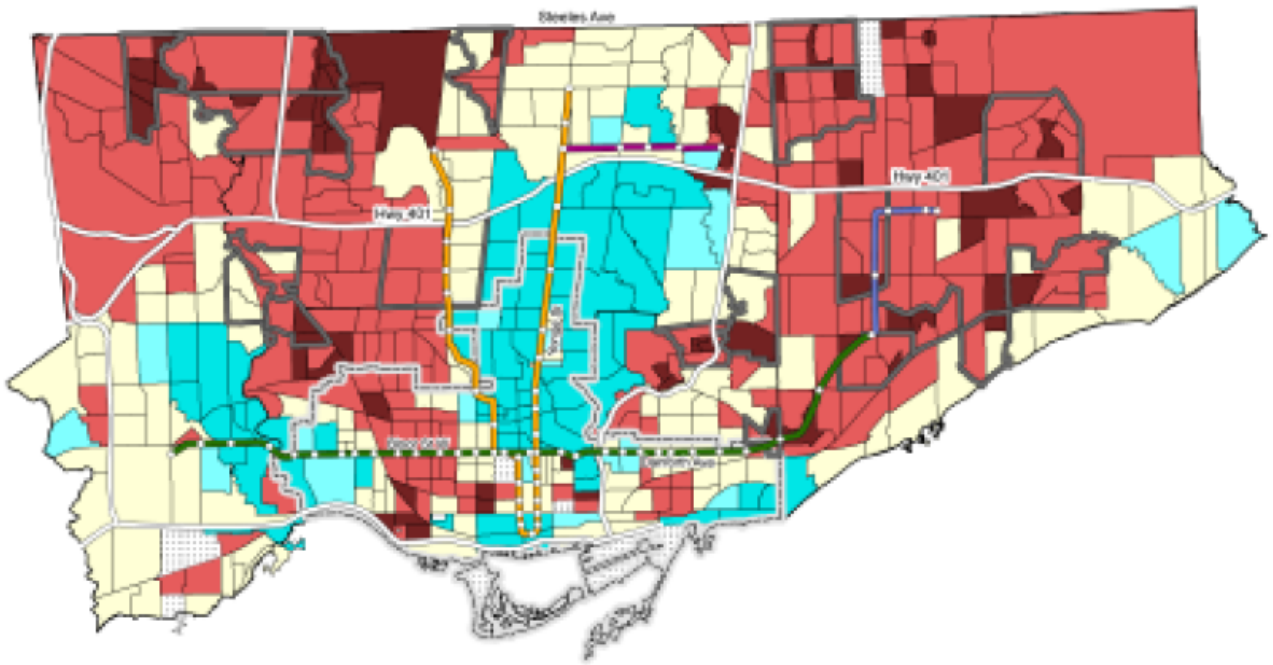


80 wealthiest ($1.9 trillion) = wealth of poorest 3.5 billion

Hardoon, Oxfam: http://oxfamblogs.org/mindthegap/2015/01/19/billionaires-a-lot-of-wealth-a-lot-of-zeros-and-a-lot-of-influence/

Income Inequality

MAP 3: AVERAGE INDIVIDUAL INCOME, CITY OF TORONTO, Relative to the Toronto CMA, 2005



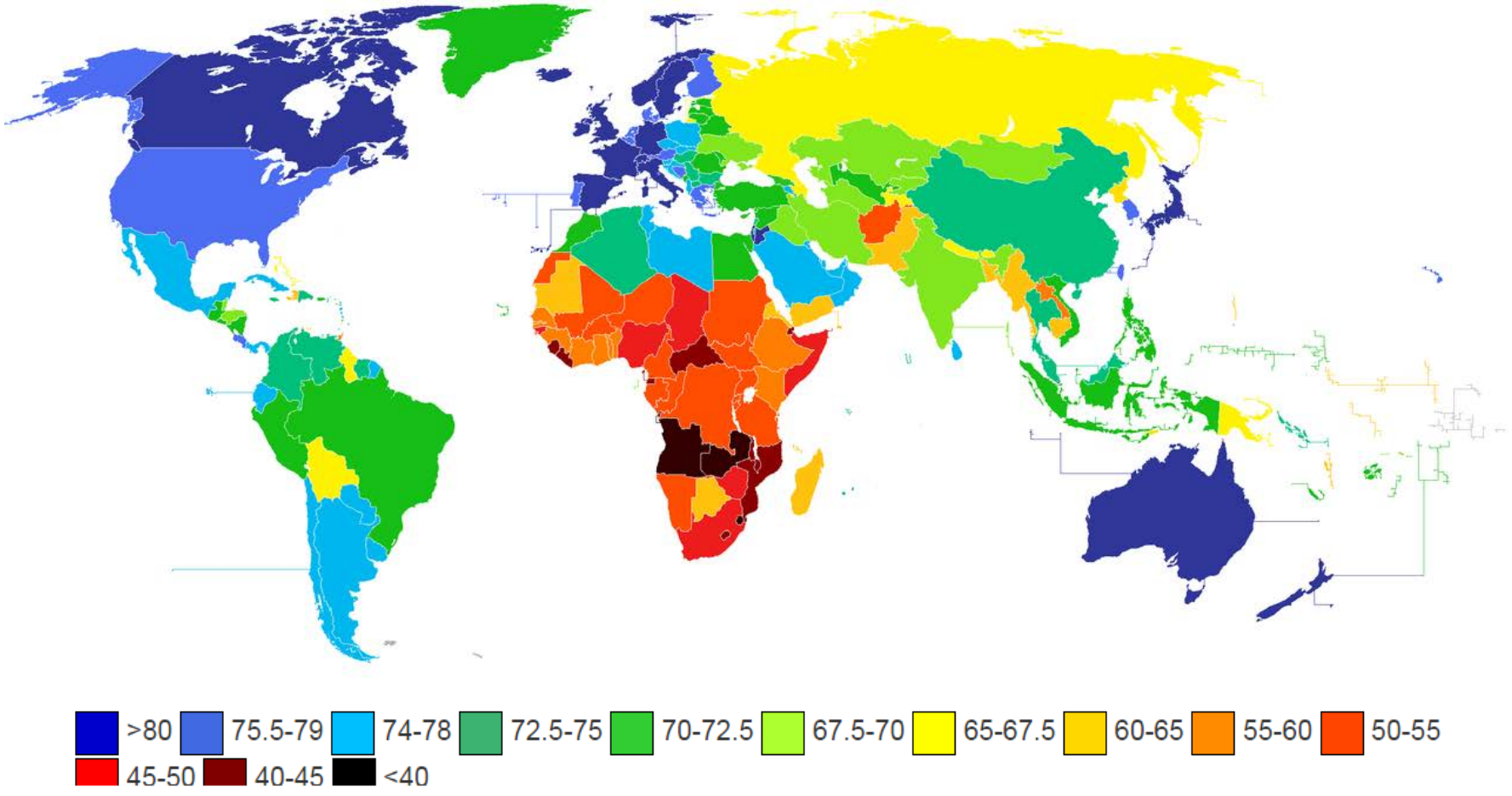
2005

Census Tract Average Individual Income Relative to the Toronto CMA Average of $40,704 (estimated to 2001 census boundaries)

Very High	High	Middle Income	Low	Very Low
More than 40% Above	20% to 40% Above	20% Below to 20% Above	20% to 40% Below	More than 40% Below
76 Tracts, 15% of City	*21 Tracts, 4% of City*	*152 tracts, 29% of City*	*206 Tracts, 40% of City*	*67 Census Tracts, 14% of City*
Average = $104,000	*Average = $53,500*	*Average = $39,000*	*Average = $28.000*	*Average = $22,500*

Hulchanski JD. 2007. The Three Cities within Toronto: Income Polarization Among Toronto's Neighbourhoods, 1970-2005.

Global Life Expectancy



Fobos92, Wikimedia Commons

What do we mean by ‘social justice’?

- We may be able to discern what is **patently** unjust.
- We may be able to achieve universal agreement on a high level abstraction, e.g., ‘**everyone should get their fair share**’, but still disagree bitterly about what ought to be done in practice.

What do we mean by ‘social justice’?

- ‘Social’ justice
- ‘Distributive’ justice
- ‘Justice’

} Often used interchangeably

+ fairness, equality, equity, etc…

Etymology:

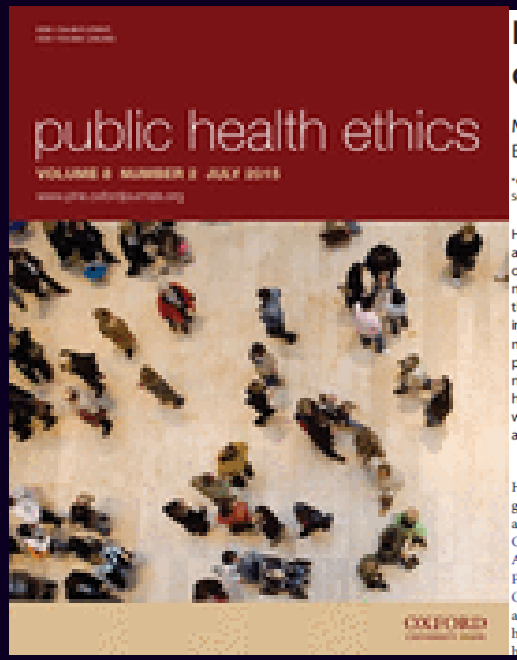
- Classical Latin etymon **jūstitia**, meaning fairness, equity
- Attic Greek word **isotes**, typically used to mean both justice and equality

“We must seek public health solutions that are socially just, equitable, and fair.”

What do we mean by ‘social justice’?

Health inequities = “differences which are unnecessary and avoidable but, in addition, are considered **unfair** and **unjust**”

- Whitehead, 1992, p. 433



Health Equity in Public Health: Clarifying our Commitment

Maxwell J. Smith*, Dalla Lana School of Public Health and Joint Centre for Bioethics, University of Toronto

*Corresponding author: Maxwell J. Smith, Dalla Lana School of Public Health and Joint Centre for Bioethics, University of Toronto, 155 College Street, Suite 549, Toronto, Ontario, Canada M5T 3M7. Email: max.smith@utoronto.ca

Health equity is increasingly identified as a principal goal to be achieved through public health policies and activities. However, what is to be measured in the assessment of health equity and how inequities in health ought to be redressed are among the pressing questions that must be answered if health equity is to serve as a meaningful and consistent ethical guide for measurement and intervention in public health. In this article I argue that the concept of health equity, in the form it is predominantly found in public health, suffers from normative indeterminacy and is therefore unlikely to provide actionable normative guidance to public health policy-makers, practitioners and researchers. I argue that the concept of health equity, as it is commonly defined in public health, ultimately rests upon assumptions of a more fundamental, yet tacit, conception of justice to do its normative work. In this vein, I expand upon a critique of Margaret Whitehead’s (1992) oft-cited definition of health equity made by James Wilson (2011) to raise additional reasons not explored by Wilson, or others, as to why Whitehead’s definition remains inadequate in providing normative guidance to policy-makers, practitioners and researchers in public health.

Health equity is increasingly identified as a principal goal to be achieved through public health policies and activities (Public Health Agency of Canada, 2008; Centers for Disease Control and Prevention, 2013; American Public Health Association, 2014; Canadian Public Health Association, 2014a; World Health Organization, 2014a). In addition to public health’s aim to improve population health, a commitment to health equity requires attention to the distribution of health benefits and burdens amongst population

between those populations be worthy of our moral attention?). Similarly, while in public health we perhaps most often seek to identify and redress health *inequities* (a remediable aim), we might also seek to promote health *equity* (a positive aim). As such, we ought to understand not only what constitutes health inequities but also the ideal that we are to achieve with health equity.[1] Finally, we ought to know how it is we are to move from health inequity toward health equity. This requires information about how inequities *can* be re-

Social Justice Considerations

- Material principles of justice
  - According to need, equality, utility, merit, desert, etc.
- Currency of justice
  - Resources, opportunities, capabilities, well-being, etc.
- Scope of justice
  - Universal vs. local; separate spheres
- Paradigm of justice
  - Distributive, procedural, relational
- Pattern / basis of distribution
  - Egalitarian, prioritarian, sufficientarian, utilitarian

“Although the call for social justice is frequently voiced in public health, **it is critically important for the field to address major differences in definitions of justice** found among the general public.”

- Buchanan, 2008, p. 15

“…the philosophy of justice **cannot be separated from its sociology**….Conceptions of justice make sense only when placed in their appropriate social contexts.”

- Miller, 2001

Social Justice: What is its role?

- “It is really interesting because I don’t think we’ve had a conversation about social justice since I have been here.” (P04)

- “It’s just not a term that we use, you know what I mean, like a lot.” (P15)

- “Nobody talks about social justice...” (P01)

Social Justice: What does it mean?

- “To me it’s the same thing as we should all eat locally: these are normative motherhood statements and I don’t know what they mean in [public health emergency] response.” (P08)

- “Using the words justice, equity, or fairness is usually as far as that conversation goes. It doesn't usually, in my experience, it hasn't gotten beyond just using those words and to what do those words actually mean.” (P01)

- “That’s the crux of the matter, isn’t it? Because, anybody who, if you ask everybody who works in public health what their commitment to social justice and health equity or whatever is, they would probably, uh, you’d probably get, like, a hundred or more different definitions of that, right?” (P10)

Social Justice and Health Equity

- **Health equity** = quantifiable, objective, directly related to programming (access), actionable

- **Social justice** = soft, subjective, determines inequities, requires upstream action, often beyond the scope of public health

"We talk about equity but we don't talk about social justice."

Health Equity and Social Justice

"It's almost more **easy** to talk about health equity. It feels more **proximal**. It feels more **neutral**. It feels more **quantifiable**. Whereas moving from the discussion about health equity to unfair and unjust, to talking about social justice, requires that personal confrontation and unpacking about, 'what are my biases?' 'What am I not comfortable with?' 'How do I feel about certain things?' So that's where I think the conversation needs to deepen on the difference between health equity and social justice…This requires overcoming **racism**, **gender bias**, **entrenched values and attitudes**…yeah, there's a lot there." (P07)

“Public health barely has enough resources to do its core functions, so, and this is my personal view, is that I think it’s foolhardy for public health to go off trying to reduce wage inequities when there’s still outbreaks of measles happening in this province. The bigger picture social justice—that we’re going to solve world poverty—I think if public health people want to do that then they should go work in ministries of finance.” (P03)

Igniting the Conversation: Clarifying and Solidifying Public Health's Commitment to Social Justice

1. What does 'social justice' mean in the context of your work?

2. What steps can we take to make social justice 'teachable' and 'assessable'?