Luck Egalitarian Justice in Health: *Beyond Health Care*

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Abstract: *What does a just distribution of health across a society look like?* Put simply, I suggest that inequalities in health are unjust if they can be attributable to brute luck. I will be examining how luck egalitarianism, a theory of distributive justice, is an attractive way of categorizing unjust inequalities in health through concepts of luck and responsibility. The luck egalitarian sentiment that I support is defined as such: *It is unfair for an individual to end up less healthy than another if she invested at least as much effort in looking after her health.*

In large, my title seems to distinguish the two larger targets of my discussion here. First, I put forward the luck egalitarian sentiment which claims that it is unfair for individuals to be disadvantaged due to no fault of their own, as "luck" implies the inverse of responsibility. Second, going beyond health care means that I focus on the distribution of health levels across a society, and how broader social and political structures contribute to good or bad health. Luck Egalitarianism is a more radical and inclusive approach to "equality of opportunity" which argues that any disadvantage we face, that is not one's fault, is unjust. The dominant account that I am challenging is the Rawlsian account (put forth by Norman Daniels) which argues that natural or differences that disadvantage individuals are not, themselves, unjust. I argue that being born with some health-state/condition that affects our lives is not really a fair, level-playing field as Rawls would suggest.

"Luck"

We are all born (and grow up) with so much luck involved in what benefits/burdens we bear. Where are we born? Do we have a loving, nurturing family? Am I predisposed to any diseases? Why do some people have it rough while others do not? Especially when they have no "input" so to speak. One central component of the luck egalitarianism that I have studied is that it makes distributive claims based on how a distribution came about. "Luck" in this sense is supporting the view that *history matters*. Rawls's account has been widely criticized for ignoring the process in which a distribution comes about, what Nozick calls a "current-time slice theory". I capture the term notion of brute luck by employing the term "reasonable avoidability" as a way of capturing what we mean by "responsibility". Luck affects our position in the social lottery, (the political, social, and economic circumstances into which each person is born) and the natural lottery (the biological potentials each person is born with), which, I argue, are concerns for justice.

"Equality"

Egalitarianism is a theory of distributive justice that focuses on equality in a distribution as intimately linked with justice. Egalitarians usually think that equality is important enough that justice, in a way, requires some sort of equal distribution (in opportunity). This is important because it's typically not the case that an equal distribution is what keeps theories of justice moving, but I also talk about how equality is important to helping the position of the worst off. I also take seriously and use the "priority" view: a close cousin to the equality view and it prioritizes the well-being of the worst off before moving on to the next person. Luck egalitarianism provides a more expansive understanding of Equality of Opportunity by arguing that our opportunity trees should never be minimized by any unchosen factors.

"Health"

This is not a theory of distributive justice in health care (i.e. medical care, public health). Instead, I suggest that we ought to go beyond health care because of its limited impact in determining our actual resultant health levels. I am more interested in our health conditions (how healthy we *actually* are). As such, it is important to factor in and take seriously the many *social determinants* of our health (i.e. socioeconomic status, education, neighborhood environment, etc...). My concerns with justice in health distributions ask us to take seriously the gaps in health and life-expectancy between races, and between classes. My work shows that a remarkable social gradient in health requires our attention to point towards social structures, rather than health care more narrowly. Analyzing social structures may be instrumental in determing responsibility in the first place.