

Rawls' Theory of Distributive Justice and the Role of Informal Institutions to Get People Access to Health Care in Bangladesh

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Abstract

The objective of the paper is to explore the issue that despite the absence of adequate formal and systematic ways for the poor and disadvantaged people to get access to health benefit like in a rich liberal society, there are active social customs, feelings and individual and collective responsibilities among the people that help the disadvantaged and poor people to have access to the minimum health care facility in both liberal and non-liberal poor countries. In order to explain the importance and functional contribution of the social norms in this respect, some examples will be illustrated from Bangladesh which is a poor liberal country. There will be two sections of the paper. In the first section, it will be exhibited how the naturally and socially disadvantaged people in a liberal society get benefit following Rawls' theory of distributive justice. In the second section, it will be showed that in a poor country where there are less resources of the government to provide enough services to the poor and disadvantaged people, the communal feelings and the informal social institutions play a vital role that helps the disadvantaged and poor people to get access to the health benefit. The traditional social norms impose indirect sanction on its people to come forward to help the worse off people of the country. It is depicted that Rawlsian theory of distribution does not work properly in these countries, rather the communitarian feelings is more welcomed for the benefit of the overall welfare of the society and this will be shown in the conclusion of the paper.

Keywords: Rawls, Distribution, Healthcare, Bangladesh, Informal Institutions.

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I

In this section of the paper Rawls' theory of distributive justice will be discussed and it will be pictured how the difference principle acts for the benefit of disadvantaged people in a liberal rich country. Basically Rawls' theory of justice has a great impact a liberal society as a theoretical basis in respect of resources distribution. The mechanism of distribution proposed by Dworkin will also be explained in this regard.

John Rawls' Theory of Justice

The most prominent thinker of the liberal movement in the contemporary period is John Rawls, hence his concept regarding distribution of wealth will be explained on basis of his theory explained in *A Theory of Justice* published in 1971. For Rawls, 'Justice is the first virtue of social institutions, as truth is system of thought' (1971, P-3). Justice is the determiner of the moral status of a society, whether it is good or bad. The view of Rawls is liberalistic because he emphasized on the liberty, equality, freedom, individual right and also the concept of a just society which are the basic components of liberalism. Rawls used reflective equilibrium as the method of distribution of a targeted just society. While talking about the allocation of benefits and burdens, Rawls accepts the inequalities in society which is discussed in his difference principle. In order to explain the notion of Rawls' theory of distributive justice his conception of original position and difference principle will be discussed afterwards.

The Original Position

Under the idea of original position, Rawls explains the position of the subject of his theory of justice. The subjects of the theory are supposed to be located behind the veil of ignorance characterized by a specific combination of knowledge and ignorance. This is the basis of his principles of justice. People of original position are supposed to know something and on the other hand they are ignorant of various aspects. Subjects or persons in the Original Position are to choose principles of justice that would govern the basic structure of a (just and fair) social order.

There are three fundamental features of the subjects in the Original Position. The first is that they are rational in the sense that they wish to secure for those they represent the kind of goods that would enable them to work out (including to revise if necessary) their own conceptions of the good and then try to realize this good. The subjects of the original position are supposed to know a) the thin theory of good and b) the laws of the social sciences. The first is a list of what Rawls calls as primary social goods, all-purpose means for achieving a rational long term plan of life. Here goods are included on this list only if their distribution can be regulated by the basic structure of the society which will define the liberties and powers of subjects and determine the allocation of income and wealth. To be mentioned that the list of social primary goods is open ended. In the second place they have the knowledge of the fact of social life to work out the policy implications of the principles they select. Rawls mentions, "They understand political affairs and the principles of economic theory; they know the basis of social organization and the laws of human psychology" ('71:137).

The second fundamental feature of the subject in the Original Position is summed up in the phrase 'the Veil of Ignorance'. The subjects do not know about the persons' sex, race, physical handicaps, social class, or conception of the good. They don't have the knowledge of the society they inhabit, 'it's economic or political situation or the level of civilization and culture it has been able to achieve' (P.137). The veil of ignorance is not an expression of a theory of personal identity. It's an intuitive test of fairness, in the

same way that we try to ensure a fair division of cake by making sure that the person who cuts it does not know which piece she will get (Kymlicka, 2002:63). While we don't know our position in the society and the goals we will have, there are certainly certain things that we need to enable a good life. These things are called primary goods. Kymlicka mentions two kinds of primary goods, the social primary goods: goods that are directly distributed by social institutions, like income and wealth, opportunities and power, rights and liberties; and natural primary goods: goods like health, intelligence, vigour, and natural talents, which are affected by social institutions, but are not directly distributed by them (2002:65). Rational agents blinded behind the veil of ignorance about the personal situation would choose the principle of justice that maximize the minimum level of primary goods in order to protect vital interest such as health in potentially damaged contexts.

A third feature of the representatives in the Original Position is that they possess a great deal of common sense general knowledge about human psychology and sociology. They know that people have diverse talents and interests. They are aware of the general types of situations in which humans can find themselves (that people can be sick or healthy, rich or poor, educated or ignorant, skilled or unskilled, indebted or free from debt, in a healthy natural environment or a degraded one, enslaved or free etc). The motivation behind this hypothetical combination of knowledge and ignorance is the elimination of partiality and bias (Dudley Knowles, 2002). And it is necessary for a just society. Rawls relates this original position with his principles of justice. Rawls says that there are primary goods, social and natural, that are necessary to pursue the commitment of good life. The equal distributions of these goods are necessary for an expected just society. He told about the concept of rational choice to be exercised by the representative in original position.

The two Principles of Justice

The central idea of Rawls' theory of justice is, 'all social primary goods—liberty and opportunity, income and wealth, and the bases of self-respect – are to be distributed equally unless an unequal distribution of any or all of these goods is to the advantage of the least favoured' (1971:303). The two principles that he proposes for his theory are: **First principle**—'each person is to have an equal right to the most extensive total system of equal basic liberties compatible with a similar system of liberty at all'. **Second principle**— 'social and economic inequalities are to be arranged so that they are both (a) to the greatest benefit of the least advantaged, and (b) attached to offices and positions open to all under conditions of fair equality of opportunity.' (1971: 302)

While telling about his first theory Rawls argues that his theory better fits our considered intuitions concerning justice, and that it gives a better spelling –out of the very ideals of fairness that the prevailing ideology appeals to. It is called the equal liberty principle. Rawls emphasized upon the equality of liberties, the liberties of politics together with the freedom of speech and assembly, liberty of consciousness and freedom of thought, freedom of person along with the right to hold personal property, and freedom of arbitrary arrest and seizure as defined by the concept of the rule of law for all citizen. There are two elements of the second principle; the first one is called as the equality of opportunity and the second element as the difference principle. It proposes an equal division of the primary goods unless an unequal distribution is to the advantage of the least well off. To do that the social contractor will formulate options of distribution and then will accept the one that will maximize the benefit of the worst off. Kymlicka exemplifies it in the following way. Suppose there are options A, B & C; A) 10:8:1, B) 7:6:2 and C) 5:4:4. The Rawlsian contractor will choose the C, because it ensures the benefit of both the better off and the worst off, but the other two does not do the same. He also contends that there are some chances of unsatisfactory in the first two options. And as we have only one life, it will be irrational to through it to that. Rawls theory can be called as egalitarianism because he talked about equal consideration of people in respect of liberty, opportunity and distribution of wealth.

Equality of Opportunity

The theme of it is that every individual in the society has the equal opportunity to get the same benefit. No discrimination prevails in the society on basis of race, class, sex and so on. The success and failure depends on the capability of every individual. In a society that has equality of opportunity, unequal income is fair because success is 'merited', it goes to those who 'deserve' it (Kymlicka, 2002:58). But the problem arises with the naturally disadvantaged people in the society. It is not their choice but it's natural. They are the least fortunate people in the society. There are some who, considering parallels between social and natural inequality wants to say that no one should benefit from their natural inequalities. But Rawls says that, "The basic structure can be arranged so that these contingencies for the good of the least fortunate. Thus we are led to the difference principle if we wish to set up the social system so that no one gains or losses from his arbitrary place in the distribution of natural asset or his initial position in society without giving or receiving compensating advantages in return (1971:102). No one deserves to benefit from their natural talents, but it is not unfair to allow such benefit when they work for the unfortunate people in the 'natural lottery'. Rawls also puts that 'once we try to find a rendering of [the idea of equality of opportunity] which treats everyone equally as a moral person, and which does not weight men's share in the benefits and burdens of social cooperation according to their social fortune or their luck in the natural lottery, it is clear that the [difference principle] is the best choice among the ...alternatives' (1971:75).

Rawls believe that 'a conception of justice cannot be deduced from self-evident premises or conditions on principles; instead, its justification is a matter of mutual support of many considerations, of everything fitting together into one coherent view' (1971:21). He calls it 'reflective equilibrium'. His principle of justice is mutually supported by reflecting on the intuitions we appeal to in our everyday practices, and by reflecting on the nature of justice from an impartial perspective that is detached from our everyday

positions. Basically health care refers to that kind of needs necessary to reach our goals as members of our species, i.e. it belongs to that which is necessary to achieve, restore or maintain adequate level of functioning (Buchamp & Childress, 1989: 270) Daniels'(1985) application of Rawls theory implies that each member of society, irrespective of wealth or position must be for the sake of justice as fairness provided with equal access to adequate level of health care.

Distribution of Wealth among the Socially and Naturally Disadvantaged People

In a liberal society as per version of Rawls, the inequality is acceptable if and only if it makes room for the least well off people to be benefited. The Government of the liberal country plays a vital role in this circumstance. Rawls and Dworkin propose different mechanisms to make the least well off people beneficial. Rawls says about the method of compensation for natural inequalities. Kymlicka presents the issue nicely when he explains Rawls position in this regard.

“1. Social inequalities are undeserved, and should be rectified or compensated, but natural inequalities can influence distribution in accordance with equality of opportunity. Rawls claims that natural and social inequalities are equally undeserved, so (1) is unstable. Instead he endorse: 2. Social inequalities should be compensated, and natural inequalities should not influence distribution. But if natural and social inequalities really are equally undeserved, then (2) is also unstable. We should instead endorse: 3. Natural and social inequalities should be compensated.” (2002:72)

In this way Rawls tried to show that the handicapped people and the socially disadvantaged people should be the subject of social benefit and compensation.

Dworkin also provides some proposal for the distribution of wealth to the least well off i.e. naturally and socially disadvantaged

people. He proposes the scheme of auction and insurance scheme for this purpose. People might be willing to spend a certain amount of their resources for their being handicapped and disadvantaged in future. In this respect Dworkin holds that income tax may be a way of collecting the premiums that people hypothetically agreed to pay for various welfare activities, medication and also for the minimization of unemployment problem. Kymlicka comments that, Dworkin does not say that his scheme fully compensate for undeserved inequalities, just that it is the best we can do to live up to our conviction of justice. (2002:79).

II

Mentionable that all these attempts are applicable only in respect of wealthy liberal societies. In liberal rich countries, the naturally and socially disadvantaged people get access to the health resources with the way of insurance scheme and compensation from the respective Government. But my concern is the access to the health resources, the secondary social primary good (as explained by Kymlicka), of the poor or disadvantaged people (both natural and social) in a liberal poor country like Bangladesh. I would like to explore that the Government or the formal system of distribution is insufficient to give access to the poor people to the health resources. Instead, the communal tie and internal social relation plays a vital role in this respect. To do the job I explain some examples which will reflect the internal societal tie in the society. These also reflect the sense of responsibilities of the people to their fellowmen in getting access to the health resources. Here health resources include health care, medication, physician consultation etc at a minimum level.

An Overview of the Social Conditions of Bangladesh Related to Health

As per definition of World Bank Bangladesh is not a rich country. The per capita income is only \$480. About 77% people live in

rural areas and around 60% people live under the poverty line. The economy of the country is not strong and the GDP of the country is 6.5. There are three different social classes in Bangladesh; the rich, the middle and the poor. The rich are financially sufficient to get their health needs from the market and private sources. The middle class are neither rich nor poor. They don't have that much money to get expensive health care by their own; on the other hand as there are not so many health insurance companies and people are not accustomed to be insured, they don't have great chance to get benefit from the insurance. The poor are the people who don't have even enough money to buy their daily food let alone the medicine. The question is how do the poor and the middle class of the population get health service where Government is incapable to provide enough service to them? I want to show that strong communal ties as well as strong feelings of the rich people help these two classes to get health benefit. A sketch of the health sector of Bangladesh has been given below:²

- UHFWC – 3375
- 31-50 bed UHC – 397
- Various types of district level hospitals – 80
- Government medical college hospitals – 13
- Postgraduate hospitals – 6
- Specialized hospitals – 25
- Doctor to population ratio – 1:4719
- Nurse to population ratio – 1:8226
- Total hospital beds – 40,773 (over 29000 in GOB)
- **Life expectancy at birth – 68 (m) and 69 (f)**

The above data shows how terrible the condition of the country is, specially its health sector. I will explain how different authorities (Government, private and voluntary organizations) act in health sectors to get access the majority portion of poor people in the country.

² (<http://www.bangladeshgateway.org/healthpolicy.php>)

The government hospitals provide several services like a) free check-up b) free medicine, c) diagnosis, d) cheap surgical opportunity e) consultation/counselling with doctors etc. But it is totally insufficient as per need or requirement. There are people who are too poor to buy medicine by their own which are not available in Government hospitals or health centre. There are also private hospitals and clinics that provide health care service to the people. But these are very expensive and out of the capability for the poor people. There are also a number of charitable clinics and charitable dispensaries that provide free treatment and medicine to the poor though this is not at all sufficient as per requirement.

Role of the Doctors in Helping the Poor

Most of the doctors who live in rural and small town provide free treatment for the poor people. They think that it is their duty for the society and the right of the people of the society to get service from them. As for example, Dr. Liton is a physician working in Mongla, a small thana in Bangladesh. He lives in the village Shelabunia where there are only a few doctors. Whenever people call him to their residence to check the patient, he instantly goes there by his own cost and check the patient free of cost. Not only that if he finds the family of the patient is very poor, he gives them the necessary medicines if he has their in his own house. Once he was asked about such free service. "It's my social duty and it is the expectation of the common people that when I would become a doctor I would help them. It's their right to get service from me. Moreover they are poor, if I don't look at them where will they go. They will pray for me," he replied. There are so many doctors like Liton in Bangladesh who serve the poor people in their respective locality.

Most of the doctors in Bangladesh preserves at least one day in a week to serve the poor people free of cost. There are so many 'Free Friday Clinic' in Bangladesh. Friday is the weekly holiday and the physicians choose this day to give free services to the common and poor people. They feel that it is their duty to come near to the poor people. As they are doctors they can help them giving advice

regarding their health and related issues. In Dhaka, the capital of Bangladesh I met a doctor in 1999. Every Wednesday he used to go to a slum area where the poor people lived and spent about 5 to 6 hours. He was asked the reason for his doing such activities without any financial benefit. He answered “My father was a poor farmer, he died of liver cirrhosis, he suffered a lot but in our thana there was not a single expert doctor and he did not have enough money to get advanced treatment. I feel responsibility from my own to help these poor people. I think the soul of my departed father will get peace. I also think that we should come to develop our country and health is one of the basic fields to look into”. There is also other side of the coin. There are doctors who involve themselves in private practice and earn lots of money and do not spend their time for the poor. It is because they don't feel as much responsibility as others feel. It is not obligatory to do rather its optional and the expectation of the society that he/she will help the people voluntarily as much as he can. It's a part of social custom and norm.

Middle Class and the Social Responsibility as Social Value

The people of middle class³ and those who are poor are helped by their relatives and neighbors when they become severely ill. The relatives think that it is their responsibility to help their relatives in this moment. They help in different way e.g. by nursing her, by providing financial support, by providing medicine etc.; on the other hand the neighboring people think that it's their primary duty to help the neighbor in her worse condition. They come forward to take him to the hospital or clinic, calls doctor if needed etc. They act these things from their inner sense of responsibility. In this respect I will illustrate two examples, the example of my father and the example of Tanvir and Milon as a mark of social responsibility.

³ Note: There are roughly three social classes persists in Bangladesh; the rich, the middle and the poor. There are also venerable class who are neither middle nor rich.

It was an event of 1998. Tanvir and Milon were two students of Dhaka University who resided in F. Rahman Hall (a large building with all facilities for students to stay) for a long time together. Once Tanvir was affected of appendicitis and he was in a vulnerable position. It was at 2 am. Milon took him to the nearby government hospital and the doctor took quick decision to make surgery. At 6 am the doctor started and completed the act of surgery as usual. Tanvir had to stay 3 days in the hospital. Everyday Milon prepared food for Tanvir and brought it for him in the hospital because the quality of the food of the hospital is very poor. After he has been released, he has to take rest for 15 days and throughout these 15 days Milon looked after him as a brother. Why Milon did it? Several factors to be looked at here: a) Tanvir was not insured, b) he had no relative there, c) Milon was not his relative, and d) Milon served without having any reciprocity. Milon did it from the sense of social responsibility. He thought it is his societal duty to help a distressed people. He termed Tanvir as his younger brother and did as much as he can. He did not think of the principle of justice or other philosophical complex idea of responsibility though he was a student of philosophy. It is the common scenario in Bangladesh.

When my father was suffering from Cancer, me and my younger brother alternatively took leave from the offices and joined with our sisters to serve our father thinking that it is our family value to serve father as well as our responsibility to help him. He had neither any health insurance nor any good savings. We had to spend our money, time and energy to help our father for his recovery. We thought that it's the right of our father to get such benefit from us. It's a common scenario in Bangladesh. People are not dependent on government but expect that their relatives and successors will help them in their distress situation. The expectation comes from the socio-cultural and religious tradition. It is a social and corporate responsibility of the people. This social and corporate responsibility towards society comes from the communal feelings, from the cultural integrity. Therefore I think social values play a very important role in respect of social justice.

The Role of the Dignified Rich People of the Society

The dignified (dignified by social class and wealth) people in our country (Bangladesh) takes several steps to serve the poor people. In case of health they mostly do three things, a) Establishing charitable dispensary, b) arranging free treatment camp, and c) supporting financially for better treatment. I can give some example in this context.

A woman and her husband were living in a town Rajshahi. She was a school teacher and her husband was a University professor. Around thirty years ago she and her husband went to Japan with scholarship for higher education. There they saved some money from the scholarship. When they came back, her husband joined the university and she joined in a school. After a couple of years, when they found that it is not possible for them to be parent naturally, they decided to spend their savings for the poor children. They established a clinic named “Shishu Sadan”(Child Clinic). She left her job and involved herself in that clinic. Two physicians work there and they are paid by her. It’s around 18 years, she is serving the children. She provides health advice and free medicine to the poor children. Now she is 63 years old and her husband died several years back. She has to spend 0.5 million taka for this purpose each year. She has been awarded a prize titled “Sada Moner Manush” meaning ‘the man (in sense of human being) of white mind’ for her contribution for the development of the society this year. Mentionable that the source of all expenditure incurred in that clinic is her savings and profit from the savings.

There are also some rich people in the country who establishes charitable dispensary for the poor people to get medicine for their temporary disease. These charitable dispensaries are run with the help made by the pharmaceutical companies by means of medicine and donation made by the rich people. Once it is established, the responsibility to run goes to the social institutes like social clubs, organizations etc.

Sometimes social organization with the help of local Government arranges free treatment camp. I can remember that in 2001, one such camp was arranged in Mongla for eye treatment and around 200 people were treated free of cost including minor operations. There were some patients who gave up any opportunity to see the world again. It is because their poverty did not allow them to get required treatment. But the camp enables them to see the nice world again. The grand mother of one of my friends was one of them.

In this way the poor people of the country like Bangladesh are helped a lot. They get access to medicine, minor surgery and consultation. The government cannot provide enough medicine or treatment due to its lack of resources and infrastructure. Communal feelings and respect, social and corporate responsibility, activate the people to come forward to help the other people in their need.

It is found from the above discussion that although the informal system of health care cannot provide the full support for a sound health condition, it still satisfies some quite rigid level of health. For the running of a formal health care system it needs huge resources and good mechanisms but the informal system does not have that much resources and mechanisms. *Therefore, because of scarcity of the resources for the health care, the expectation from informal health care system may not be as high as that of formal health care system.* To be mentioned that, due to the indigenous help of the rich and health professionals, the life expectancy of the people in Bangladesh is 69 for the woman and 68 for the man. This indicates that the health condition of the country is not vulnerable.

The above discussion also magnifies that in Bangladesh, there exists an informal social sanction to the well-off people and health professionals in the society. It's not the fact that if the doctors or health professionals, or the rich people do not come forward to help the poor and severely ill people, they would be punished or compensated or like. The fact is that it's the mutual expectations of the people of the society which somehow make people feeling obliged to help the poor and ill people. If the rich people and the

health professionals do not try to meet the expectations or avoid to help the severely ill patient, people will just disgrace them, will try to non-cooperate him in social activities. That's why people think it obligatory for them to help the poor people by means of money, service, advice and so. It's an indirect sanction of the society to its people. Reciprocally the helping people get respect and utmost cooperation from the society. So the mutual expectation plays a vital role for the people to get mutual benefit. And this mutual cooperation is a part of social norm in countries like Bangladesh.

Moreover, now a day in Bangladesh, the rich people with their extra money and wealth are establishing trustee and foundations aiming to help the poor and distressed people in respect of health, education, nutrition and so many social needs. The tendency of such informal institutionalization of services helps the common people to get their minimum level of various needs including health resources and services.

III

I think Rawls' theory of distribution or broadly speaking liberal theory of distribution cant not work properly in such low income i.e. poor countries. It is because the government cannot collect too much wealth by way of taxation from the few rich people on the one hand and hence cannot compensate the disadvantaged and poor people. On the other hand due to the poverty, most people are incapable to contribute for the health insurance. Therefore, the liberal idea of self-determinism and the supposed connection between self-determinism and neutrality do not manoeuvre the distribution of resources in a poor country like Bangladesh. It can be imagined that if Rawlsian liberal system prevails in society like Bangladesh, then it would be difficult for the poor people to get health services. Communitarianism, on the other hand, recommends shared values, shared responsibilities, encourage people to adopt conceptions of the good that confirms to the community's way of life (Kymlicka, 220), understanding the value of social goods and so. If the people would not have the communal feelings, if they don't feel that it is their social responsibility to help

the distressed people, then it's unimaginable what would happen to these people. Communitarianism emphasizes either the responsibility of the community to the individual or, increasingly in contemporary policy, the responsibility of the individual to the community (Beauchamp & Childress, 1994:338). The examples cited from Bangladesh indicate that in countries like Bangladesh, the communitarian principles are implicitly active with success. In this connection the view of Robert c. Solomon (2001) can be looked into. He hypothesizes that if justice is not personally felt and practiced, then there can be no justice at all. Society and its attitudes do determine what will count as justice and injustice. The conception of justice as a social virtue is dependent on the communal conceptions and social context. What counts as justice or injustice and what counts as a serious issue or debate about justice and injustice depends very much on the local situation, the economy, the sociology, the religion(s) and the philosophy. So we can conclude that the system of distribution of wealth as practiced in rich liberal countries is not applicable in poor countries in the same way. Rather prevailing social norms, mutual expectations, indirect social sanction on its people, the sense of individual and communal responsibility, sense of benevolence etc. play important and significant role in this context. And that it brings remarkable success in relevant field.

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