Wilson, James. *Philosophy for Public Health and Public Policy: Beyond the Neglectful State.*
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James Wilson's clear and tightly argued new book, *Philosophy for Public Health and Public Policy: Beyond the Neglectful State,* endeavors to carve out a space for a pragmatic, practice-oriented philosophy in the world of public health policy making. The book begins with a question: if politicians are not experts in ethics, and neither are the people who vote for them, then how are we to get reliable moral thinking into our policy processes? In the course of presenting his case for the suitability of practical ethics to this task, Wilson surveys a number of methodological conditions on evidence for public health policy, from both the scientific and philosophical perspectives. He then argues that there is a right to public health, which is based on the more general right to health. Finally, in the last third of the book Wilson discusses tricky policy areas related to responsibility, equity, and contagious disease. Drawing on the idea of a right to public health, Wilson argues that states that fail to secure certain kinds of health-related goods (under the umbrella of public health) can be criticized for being neglectful. Twin critiques of public health, as being "nannying" or "neglectful," thus provide the Scylla and Charybdis between which Wilson says public health policy can and must maneuver.

In the first of the book's three parts (chaps. 1–4), Wilson focuses on what counts as evidence for policy making and what makes for a valid experimental design in scientific research and in philosophy for this purpose. Wilson sets out to tackle the challenge of policy making around health in complex deliberative communities. The background of this discussion is that health policy and public health are both political and normative endeavors. The way to avoid being nannying or being neglectful, says Wilson, is to recognize that the state has a role in promoting and protecting public health, which is understood as undertaking concerted actions to promote the health of groups or entire populations. Further, the state should go about these undertakings in a way that is justifiable to individuals but not aimed at individuals. The aim of policy should be modifying the complex systems which influence health, including the biological, ecological, and political.

Wilson proposes (chap. 1) that philosophy and policy should embrace "complexity theory," which is a movement in the sciences studying how elements of systems interact to form patterns. For Wilson, the important addition from this area is how a complexity approach structures assumptions about parts of a system and interactions between parts. On the policy side, Wilson draws on complexity in systems theory to complicate causal models of health issues, like the rise of chronic disease or rates of communicable disease. On the philosophical side, Wilson chastises a kind of moral philosophy (perhaps conducted in an armchair) that is overly abstract and simplifying. A significant aim of the book, Wilson says, is to exemplify a complexity-attentive approach to bringing moral philosophy into policy making (which appears in part 3). The book isn't just going to describe how values should be incorporated into policy processes; it's going to demonstrate how it could be done.

After a description of the historical influence of evidence-based medicine and the popularization of randomized controlled trials (RCTs) for use in public health

policy in chapter 2, chapter 3 examines what Wilson presents as a key source of evidence in philosophy, which is the thought experiment. Thought experiments are "toy ethical cases" (47) and are presented as a primary method by which normative ethics "works out what ought to be done" at a certain level of thinking (45, table 3.1). This is a level between no application at all (pure theory, possibly metaethics) and application to realistic cases (applied ethics?).

Wilson draws on an analogy with RCTs as the "gold standard" of empirical evidence (though there are known problems with the use of RCTs for research in population health) to examine whether thought experiments are able to provide gold standard moral evidence. Using this analogy, Wilson argues that just as we can discuss internal and external validity in RCTs, we can examine internal and external validity in thought experiments. Against RCTs, thought experiments appear to provide poor-quality evidence. Wilson says that without sufficient rigor in their design (internal validity), thought experiments cannot generate reliable and replicable judgments (external validity). Not only is this the case in principle, Wilson claims, but most thought experiments in the literature do lack external validity. So, the findings from these thought experiments are limited in their applicability beyond the world of philosophy.

This chapter is useful and thought-provoking when thinking about the methods of philosophy (I have now assigned this chapter as required reading in a methodology course). This is partly because Wilson presents some famous thought experiments as his cases (like Singer's shallow pond and Rachels's bad uncles) and provides a neat discussion of their design, purpose, and usefulness. Wilson supposes that thought experiments are intended to generate the kinds of judgment that we can use in real-world moral deliberation. This is what Singer seems to have thought when presenting his shallow pond thought experiment, and it appears that other moral philosophers have thought that their experiments are likewise real-world enlightening (e.g., Thompson's violinist). However, Wilson is critical of the (over)use of thought experiments in general and, by extension, a version of scholarly philosophy that rests on them methodologically, and this is due to their lack of external validity.

So, by the lights of the analogy presented here, if thought experiments were the main way in which moral philosophy was conducted and tested, failure of external validity could be a significant problem. While it isn't clear that thought experiments are the primary way in which scholars engage in normative ethical reasoning, Wilson is interested in considering what would need to be the case about thought experiments if we did consider them the primary method. This is interesting, again, from the methodological view, but there might be an inflated claim about the risk of external validity to normative reasoning in issues related to public health policy if most reasoning is conducted without leaning heavily on thought experiments.

This is important because a focal point for the book is a certain problem of double-translation that Wilson says arises in the process of abstraction into and out of thought experiments. This focus is easily missed, and it is not explicitly discussed until late in the book. In chapter 11, Wilson says that the problem of double-translation in normative reasoning involves the following two moves: first, the ethically relevant features of a situation or issue (e.g., whether there is a morally

relevant difference between killing and letting die) need to be distilled from the real world and translated into a simplified and abstract form for philosophical analysis; second, after philosophical thinking has been done with this simplified form of the issue, the results of reflection need to be translated back into the details of the real world in a way that can shape helpful responses to the original situation or issue (239). So, in certain oversimplified forms of moral reasoning, we remove details from a scenario in order to think about it clearly, but then the results of this reasoning must be able to move back again into the detailed scenario when we want to use them in the real world.

Sometimes, Wilson says, this double-transfer process will not work properly. There are two reasons for this: the first is normative contextual variance, and the second is the nontransferability of causal structures (57). Normative contextual variance refers to the idea that moral properties, such as something's being pleasurable, can behave differently in different contexts, possibly leading to different judgments about whether this property speaks for or against a given action. The nontransferability of causal structures arises when a thought experiment is supposed to model a real-world choice context but has a "significantly different experiential, psychological, causal or epistemic structure from the real-world context" (58). In the case that either of these problems of external validity arises, it will be unclear whether a judgment that appears to be correct in the context of the thought experiment will be reliable when translated into a form for use in addressing real-world moral issues (61).

So, the upshot of Wilson's critique of thought experiments is that a highly abstract way of doing philosophy, "High Theory" as Wilson refers to it (76), is unsuitable for public policy making, as it focuses primarily on the construction and resolution of puzzles, becoming abstract and enigmatic. Against the High Theoretical approach, Wilson makes two critiques related to the problem of double-translation. The first is that High Theorizing misunderstands the relationship between the abstract and the applied, making use of real-world problems only as raw materials to be refined in order to conduct proper moral philosophizing (76). The second critique is that the High Theory approach forgets "the fact that the concepts through which we interpret the social world, and the ethically relevant facts that are created by these, are partially socially constructed" (77), meaning that some issues relevant to public health and health policy (such as stigma or health equity) can only be properly understood within the sociopolitical context in which they occur. To abstract away from the real world is to quickly lose the meaning of these concepts and their moral significance as well.

So, Wilson advises taking a pragmatic approach and argues that philosophy should focus on doing, not on knowing; it should become "eclectic, synthesizing whichever perspectives and systems of knowledge are helpful," rather than seeking to become systematic or systematizing (63). Philosophy should, he argues, reorient its manner of inquiry to begin from a position of recognizing social processes as complex systems. While Wilson here concedes that there is no practical alternative to the use of some kinds of models (including thought experiments) in either public health or philosophy, he cautions that they will not be totally accurate (69). Wilson thus challenges what has been thought of as "good simplification" in philosophy, arguing that while the famous thought experiments have led to much discussion and debate, they have not really been all that useful for answering practical issues.

When done in the abstract way that focuses on toy ethical cases, philosophy is not sufficiently sensitive to the conditions of the real world to be useful in policy making. Policy making requires a kind of engagement with ethics that is, in fact, simplified away from the detailed questions that moral philosophy would want to explore, but made concrete in the conditions of the world. So, good simplification for the purposes of practical ethics is different from good simplification for the purposes of moral theorizing. This is a critique that some areas of philosophy, such as feminist moral philosophy, have been aware of for decades, though Wilson is giving a new argument for cautious abstraction. For philosophers who—in different ways and for different reasons—think that moral reality transcends the individual, the world of human interaction is an important point of reference. So, Wilson's call to make contemporary normative ethics more attentive to complex sociopolitical dynamics represents a happy convergence of ideas with those at least of feminists.

Moving from this methodological discussion, part 2 of Wilson's book (chaps. 5–7) discusses the titular concept of "neglect" and introduces the idea of a right to public health. This may seem like an abrupt shift, but this part of the book extends the focus on methods by providing a framework for incorporating normative ethics into public health policy. This framework is composed of four parts:

1. a commitment to public health as a right;
2. a commitment to the justifiability of public health interventions to the people affected by them;
3. a commitment to intervening at a broad social level to improve health, and not at the individual level; and
4. the recognition that public health is one among many legitimate goals of governments, which will need to be balanced against other aims (157–58).

While interference from public health interventions can sometimes infringe on liberty and so become paternalistic, Wilson says that it would be as bad or worse for the state to fail to deliver on crucial responsibilities and therefore become neglectful. Arguing from the position that there is a right to health, chapter 6 addresses the central claim, which is that there is a threat posed by a neglectful state that fails to secure a certain set of health-related goods for its citizens. The key claim here is that there is a right to public health. Rights, for Wilson, are "high-priority claims that are correlative to directed duties," and which are owed to a person and give them a privileged basis for complaint if the right is not properly executed (113). The right to public health arises from the right to health: a personal or private interest in my own health becomes externalized and aggregated into a public interest in the population-level reduction of certain kinds of health-related risks (117). Citizens' health-related interests can thereby become collectivized and translated into a public interest. This public interest requires governments to reduce or remove significant and avoidable risks of harm. However, Wilson clarifies that the claim for a right to public health is weak (118). There is a morally important interest in such-and-such health threat being reduced, but this interest can be overridden by other important interests.

This raises a new question: which risks to health matter (enough), and how much should they be reduced? One suggestion is that a state that does not secure the public health "best buys" violates the right to public health and is therefore

neglectful. These best buys include "childhood immunisation, raising taxes on alcohol and tobacco, restricting access to retailed alcohol, enforcing bans on alcohol and tobacco advertising, and replacing transfats" in the food supply chain (119). These "best buys" are the sorts of interventions that are both widely justifiable to the people on whom they are imposed and targeted at the collective or whole-population level (rather than being individual focused). However, initiatives such as these also permit or entail "success to the successful'" results, which Wilson discusses earlier in the book (70). "Success to the successful" is one pathology of a system, by which those who are already better off than other groups are made yet better off again by a new intervention. While these are widely considered "best buys" because they cost little and are light in regulation (maintaining an emphasis on individual choice), they do little to shift the dial of health equity, as those with the worst health are least likely to be helped. Setting the bar of executing a right to public health at the provision of best buys thus raises some pressing questions for Wilson's account regarding both justice in our systems and what it means to secure a right to public health for the whole population.

Other public health interventions that don't clearly qualify as best buys require a greater amount of argument to justify them to the populace, and the government can, in principle, defend a lack of action. Like the duty to benefit, which is imperfect, Wilson says that the right to public health is complicated by the fact that any number of policy options are available, but not all can be implemented at once; further, public health is in competition with other government obligations and priorities. So, in chapter 7, Wilson addresses this question of priorities: which public health risks are serious "enough" to become claims, and how do we evaluate these? The chapter concludes by suggesting a constructivist theory (rather than a realist theory) of claims, which means that "it is implausible to think that there is a single and unambiguous answer to how best to measure claims" (155) against one another. Cohering with Wilson's overall complexity-focused approach, he thinks instead that there will be different ways of measuring and comparing claims, and the most appropriate method will depend on the context and the purpose of the policy being considered. Claims to public health may sometimes lose out to other priorities.

The final part of the book (chaps. 8–10) presents three issues in public health that Wilson thinks can be used as extended case studies to which to apply this framework. These aspects are responsibility for health, health inequities, and contagious disease. Parts 1 and 2 of the book combine in part 3 to try to answer the question about how to incorporate reliable moral thinking into our policy processes. From his arguments in part 1 that a High Theory version of philosophy will not provide the right kind of simplification for the purposes of public health policy, Wilson provides context-rich discussions of responsibility, inequities, and infectious disease. These are analyzed through the four-part framework presented in part 2: the right to public health, the justifiability of public health interventions, the commitment to collective measures, and the recognition of public health's balance with other priorities. So, Wilson sets out to demonstrate in each of these final chapters how public health policy might be conducted in an ethically rigorous yet complexity-sensitive way. As might be expected, the results are, well, complicated.

The book wraps up on an optimistic note: we create major systems in the world that shape human (and animal) life, and as such, we can change the systems

in the world to make them better. Wilson's hope is that his book will be an aid to those philosophers, policy makers, and civilians who seek to do this. I would recommend the book to those who are curious about methodology in normative ethics and about how to make scholarly endeavors more readily applicable to tough political and policy problems.

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