

Responsibility amid the Social Determinants of Health

[penultimate draft; please cite published version: <https://doi.org/10.1111/bioe.12782>]

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Abstract

It's natural to think that there's a tight connection between whether someone is responsible for some outcome and whether it's appropriate to hold her accountable for that outcome. And this natural thought naturally extends to health: if someone is responsible for her health, then, all else being equal, she's accountable for it. Given this, some have thought that responsibility for health has an important role to play in distributing the benefits and burdens of healthcare. But there's reason for caution. That health is influenced by social, economic, and environmental factors is a matter of consensus. And some have argued that in light of these social determinants of health, individuals are not typically responsible for their health, rendering inappropriate policies that employ a responsibility-for-health criterion. This debate implicates a number of overlapping concepts and questions that are often difficult to pull apart. And I worry that those who maintain that social determinants undermine responsibility for health have latched on to the wrong target. The social determinants of health *are* relevant to such policies, but, I argue, *not* by globally undermining responsibility. Rather, social determinants are sometimes responsibility-undermining, sometimes responsibility-preserving, and often relevant to whether we should hold individuals accountable for their health *regardless* of their responsibility. This calls for a more nuanced appraisal of the ways in which the social determinants of health are relevant to such policies. And, here, I attempt to provide one.

Keywords

responsibility, accountability, attributability, social determinants of health, distributive justice

1 Introduction

Consider a pair of cases.

Joe Camel. Joe likes to smoke and has done so for years. He picked up the habit in his teens while working construction in the summers—the other workers smoked and he wanted to fit in. He knows that it’s bad for him. But he enjoys it and considers the habit worth the risks. He’s never tried to quit.

Donna Summer. Donna is the Queen of Disco. But, despite some temptation—performing late nights in smoky clubs—she doesn’t smoke and never has.

Now suppose that Joe and Donna each develop a serious lung condition that fails to respond to standard treatments. Each needs a transplant to have a fighting chance to survive. But lungs are scarce and we only have one.

Who should get it?

Intuitively, Donna. She at least seems to have the stronger claim. She is, after all, *not responsible* for her condition. But Joe is. Were they equally responsible, perhaps we’d be obligated to flip a coin. But since they’re not, and since we only have the one lung, it seems that Donna should get it.

This is, on its face, an attractive line of thinking. And it has motivated some commentators and policymakers to endorse using responsibility for health as a criterion for distributing benefits and burdens in healthcare—by, for example, charging those engaged in unhealthy behavior higher health insurance premiums, giving lower priority of care to putatively responsible parties, levying taxes on products or activities that carry health risks, etc. Despite the attraction, though, there’s reason for caution. That health is influenced by social, economic, and environmental factors is a matter of consensus among healthcare academics and medical professionals. And some bioethicists have argued that in light of these social determinants of health, individuals are not responsible for their health. Joe, for instance, didn’t become a smoker in a vacuum—he did so, in part, because he found himself

among other smokers. Had his summers been spent in an office, he would have never developed the habit. And this calls into question the judgement that Joe is responsible for his health in a way that Donna is not. If this is right—if the social determinants of health undermine responsibility—then policies that use responsibility for health as a criterion for distributing healthcare benefits and burdens have no legitimate application.

This debate—between those who endorse and those who oppose responsibility-for-health as a criterion for distributing healthcare benefits and burdens—implicates a number of related, overlapping concepts and questions that are often difficult to pull apart. And I worry that one natural way of arguing against responsibility-for-health criteria—by maintaining that the social determinants of health undermine responsibility for health—latches on to the wrong target. In what follows, I'll reconstruct and then criticize this natural argument in an attempt to highlight the ways in which the social determinants of health *are* relevant to responsibility-for-health criteria, but *not* by globally undermining responsibility. Instead, I'll argue, the social determinants of health are sometimes responsibility-undermining, sometimes responsibility-preserving, and often relevant to whether we should hold individuals accountable for their health *regardless* of their responsibility. This calls for a more nuanced appraisal of the ways in which the social determinants of health are relevant to responsibility-for-health criteria in healthcare. And, here, I'll attempt to provide one.

I begin by clarifying the relevant notions of responsibility and accountability at play in the debate and briefly motivate the use of responsibility for health as a criterion for distributing healthcare benefits and burdens. Next, drawing on some existing literature, I reconstruct one natural way of arguing that the social determinants of health undermine responsibility for health and criticize it on the grounds that it fails to appreciate the extent to which uncontrolled factors—like social determinants—might be responsibility-preserving. After arguing that responsibility is possible amid

the social determinants of health, I survey some important ways in which social determinants are directly relevant to individuals' accountability for their health, and highlight the hurdles that any policy holding individuals accountable for their health on the basis of their responsibility must clear.

2 Responsibility, Accountability, and the Social Determinants of Health

First, some ground clearing.

In ordinary language, 'responsibility' comes in many senses. Most straightforwardly, there's a causal sense according to which what it means for one thing to be responsible for another is for the one thing to cause the other, as in *the storm is responsible for the power outage*. 'Responsibility' is also often used to pick out clusters of obligations or duties, as in *the child is your responsibility*.¹ But these aren't the sense of responsibility at issue here. Rather, the salient sense is the *moral sense* of responsibility.² For someone to be morally responsible for something is for the something to be an appropriate *basis of appraisal* of the someone—it's for the something to reflect the someone's beliefs and values (broadly construed). In this sense, when someone is morally responsible for something, the something is *attributable* to the someone, and, for this reason, the someone is deserving of credit or blame.³ It's this sense of responsibility that I'll have in mind in what follows.

¹ Since these obligations typically obtain in virtue of the role one occupies, this sense of responsibility sometimes goes under the label "role responsibility." See Fischer, J. M. (2010). Responsibility and Autonomy. *A Companion to the Philosophy of Action*. 309–316.

² Or, to be more precise, *a* moral sense of responsibility. It turns out that even moral responsibility comes in a variety of senses. See especially Watson, G. (1996). Two Faces of Responsibility. *Philosophical Topics*. 24(2), 227–248 and Shoemaker, D. (2011). Attributability, Answerability, and Accountability: Toward a Wider Theory of Moral Responsibility. *Ethics*. 121(3), 602–632. The sense I have in mind—and describe above—is (what's often called) *responsibility-as-attributability*. And, shortly, I'll discuss how responsibility, in this sense, relates to *another* sense of moral responsibility—what I'll call *accountability*. Here, I don't want to take on any commitments among the competing taxonomies of moral responsibility. So I'll set these nuances aside and stipulatively use the labels 'responsibility' and 'accountability' to pick out the distinct concepts relevant for present purposes. (Many thanks to an anonymous reviewer for pressing me to clarify this.)

³ Here, I have in mind a *purely evaluative* sense of credit and blame—one that does not entail *treating* the responsible someone in any positive or negative manner. This is important because a person's being responsible (in this attributability sense) does not *alone* have any implications for how that person should be treated.

Responsibility: a person is responsible for some outcome if and only if that outcome is *attributable* to her—i.e., is an appropriate *basis of appraisal* of her.⁴

Whether someone is responsible for an outcome in this sense seems to, at least sometimes, have implications for how that someone should be treated in light of that outcome. Our intuitive judgments about Joe and Donna are a case in point. Joe appears to be responsible for his ill-health, and Donna appears not responsible. So, rather than giving them an equal shot at a transplant, we should give priority to Donna. The underlying thought is that if someone is responsible for some good or bad outcome, then, *all else being equal*, she deserves, to some extent, to enjoy the benefits or bear the burdens of that outcome.⁵ For brevity's sake, let's say that when someone deserves to enjoy the benefits or bear the burdens of an outcome in part in virtue of her responsibility for it, she is *accountable* for that outcome.

Accountability: a person is *accountable* for some outcome if and only if she deserves (to some extent) to enjoy the benefits or bear the burdens of that outcome (or some appropriate substitute), partially in virtue of her responsibility for that outcome.⁶

⁴ Two things worth mentioning: First, my 'basis of appraisal' talk is inspired by Scanlon, T.M. (1998). *What We Owe to Each Other*. Cambridge: Belknap Press. Second, "moral responsibility" is a bit of a misnomer—one might be morally responsible for outcomes that aren't obviously *morally* valenced. For example, consider a young adult who, tempted by the allure of wealth and prestige, chooses a career in law over some alternative in which she would be happier. Assuming there are no non-prudential considerations at stake, she has made a mistake, the mistake is attributable to her, and the outcome is an appropriate basis of appraisal of her. She thus qualifies as *morally responsible* for her action and its outcome, but her action is not (at least in any intuitive sense) an *immoral* one. This matters because many cases of responsibility for health look similar—the only relevant considerations are prudential, but the outcome nevertheless constitutes an appropriate basis of appraisal.

⁵ The "all else equal" qualification is important. The thought is that a person's responsibility for an outcome is a *prima facie* reason for that person to enjoy the benefits or bear the burdens of that outcome. (Something like this thought is the driving force behind luck egalitarianism; for an application of luck egalitarianism to health and healthcare, see Segall (2010). *Health, Luck, and Justice*. Princeton: Princeton University Press.) Importantly, though, the reason generated by a person's responsibility plausibly requires certain *enabling conditions*, and, even when those conditions obtain, the reason might be *outweighed* or *defeated*. In this sense, responsibility is *necessary* but *not sufficient* for accountability, and a person might be responsible for an outcome without being accountable for it. Some of the ways in which the link between responsibility and accountability can break down will be discussed in §4.

⁶ As mentioned in footnote 2, accountability is often considered to be another sense of moral responsibility. But this complication needn't concern us. So long as all parties agree that responsibility, as I'm understanding it (namely, as attributability), is conceptually distinct from accountability, as I'm understanding it, the project may proceed regardless of whether these two notions are or should be unified under an *umbrella* conception of moral responsibility.

And let's say that to *hold someone accountable* for an outcome is to *ensure* that she enjoys the benefits or bears the burdens of that outcome.

Of course, these definitions are rough and in need of refinements.⁷ But despite any lingering ambiguities, they're enough, I hope, to make clear why some have maintained that responsibility for health has an important role to play in the distribution of benefits and burdens in healthcare. Healthcare resources are sometimes scarce and increasingly expensive. So we need some principled criteria for determining who should (or should not) receive care and how much (or how little) they should pay. Since research indicates that individual choices and unhealthy lifestyles—such as smoking, lack of exercise, poor diet, etc.—contribute significantly to the global burden of disease,⁸ the apparent link between whether someone is responsible for an outcome and whether she is accountable for it suggests that responsibility for health could be one such principled criterion.⁹

Importantly, this proposal isn't just hypothetical. A number of academics have endorsed the use of responsibility for health as a priority and price setting tool. Some argue that organs should be made

⁷ One bit of roughness, in particular, is worth noting. In the philosophical literature, responsibility and accountability are typically understood to be *for actions*. Here, I understand them as *for outcomes*. I do this because I'm interested in responsibility and accountability for health and one's health is an outcome, not an action. I suspect that the criteria for responsibility and accountability for actions differ in important ways from the criteria for responsibility and accountability for outcomes. But exploring these differences in detail would require a paper of its own. So, beyond noting it here, I'll set this potential complication aside.

⁸ Research from the World Health Organization shows that individual behavior and lifestyle choices contribute significantly to health needs. In high income countries, the ten leading health risk factors account for nearly half of the burden of disease (as measured by disability adjusted life years) and include tobacco use, alcohol use, overweight and obesity, high blood pressure, high blood glucose, physical inactivity, high cholesterol, illicit drugs, occupational risks, and low fruit and vegetable intake. (World Health Organization. (2009). *Global Health Risks: Mortality and Burden of Disease Attributable to Selected Major Risks*.) And these risk factors look like things for which people are (at least partially) responsible.

⁹ It merely *suggests* this because it's very plausible that in order to be accountable *other* conditions (beyond responsibility) must also be met (see footnote 5). So, those who endorse a responsibility-for-health criterion must either maintain that the additional required conditions are (at least typically) met or deny (despite appearances) that there are any such conditions. Here, my focus is just on responsibility. So, for now, I'll set other potential conditions for accountability aside. But they'll come up again in §4 and §5.

available first to those who aren't responsible for their need of a transplant. Insurers sometimes charge higher premiums to individuals involved in health-risky behavior. Wellness programs are often justified on the grounds that those who take care of their health deserve to be rewarded for doing so.¹⁰ So the use of a responsibility-for-health criterion is not just an attractive idea, it is often a matter of policy.

Despite the appeal of responsibility-for-health criteria, however, one might reasonably worry that the requisite attributions of responsibility are a touch too hasty. A growing mountain of research on the social determinants of health reveals the extent to which health outcomes are influenced by social, economic, and environmental factors.¹¹ One's neighborhood, level of education, income, race, employment status, and more are correlated with a variety of positive and negative health outcomes. And this has important consequences for health policy and care. In this vein, one natural criticism of responsibility-for-health criteria is that a myopic focus on individual behavior and lifestyle obscures the extent to which health outcomes are influenced by larger social and environmental factors that often render patients *not responsible* for their health.

Something like this criticism arises with some frequency in the literature on responsibility and accountability for health. For instance:

¹⁰ For a sampling of helpful discussions of such policies, see Brown, R.C.H., Maslen, H., & Savulescu, J. (2019). Against Moral Responsibilisation of Health: Prudential Responsibility and Health Promotion. *Public Health Ethics*; Hansson, S.O. (2018). The Ethics of Making Patients Responsible. *Cambridge Quarterly of Healthcare Ethics*. 27(1), 87–92; Schmidt, H. (2016). Personal Responsibility as a Criterion for Prioritization in Resource Allocation. In *Prioritization in Medicine* (pp. 217–239). Cham: Springer International Publishing; Sharkey, K., & Gillam, L. (2010). Should patients with self-inflicted illness receive lower priority in access to healthcare resources? Mapping out the debate. *Journal of Medical Ethics*. 36(11), 661–665; and Ho, D. (2008). When Good Organs go to Bad People. *Bioethics*. 22(2), 77–83.

¹¹ See, among many others, Healthy People 2020 (2019). Social Determinants of Health. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>; National Center for Health Statistics (2018). Health, United States, 2017: With special feature on mortality. Hyattsville; and Commission on Social Determinants of Health (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva.

If people are considered morally responsible for their behavior... then it may seem appropriate for them to bear the full cost of any negative health effects they suffer as a result. There are, however, a number of reasons why such an approach should be avoided. First, it is not clear that people are individually accountable for their behaviour in the required way. For instance, **researchers now emphasize how choices (particularly habitual behaviours) are shaped by environmental, social and political factors and often resistant to information provision. In combination with findings from research into the social determinants of health, this suggests people may lack the individual control necessary to be considered morally responsible for failing to change their behavior.**¹²

Thus, income, education, and social status predict the pattern of harmful behavior in the population. From this evidence, it might be tempting to claim that many heavy smokers and binge drinkers did not really choose their lifestyle. **Rather, their lifestyles and their risk factors were determined by the circumstances into which they happened to be born. Since they did not have a choice as to which social class they were born into, they are not really responsible for their unhealthy lifestyles.**¹³

Ascribing responsibility is difficult because of the strong association we find between risky behaviors and socioeconomic status, race, and ethnicity. **These strong associations, though not strong enough to explain the effects of inequalities on health... make it hard to ascribe responsibility...** Poorer and less educated people will be held more responsible when it is unclear whether the root causes are subtle effects of class or race position or choices that people make.¹⁴

This is just a small sampling.¹⁵ And of course the specific arguments differ in their details. But there's a natural thread that can be traced through each: since health is socially determined, individuals are typically *not* responsible for their health.

¹² Brown, R. C. H., Maslen, H., & Savulescu, J. (2018). Responsibility, prudence and health promotion. *Journal of Public Health*. 1–5.

¹³ Bognar, G., & Hirose, I. (2014). *The Ethics of Health Care Rationing: An Introduction*. New York: Routledge.; emphasis added.

¹⁴ Daniels, N. (2008). *Just Health: Meeting Health Needs Fairly*. Oxford: Oxford University Press.; emphasis added.

¹⁵ For other instances, see Ekmekçi and Arda (2015). Luck egalitarianism, individual responsibility and health. *Balkan Medical Journal*. 32(3), 244–254. Brown (2013). Moral responsibility for (un)healthy behaviour. *Journal of Medical Ethics*. 39(11), 695–698. Fleck (2012). Whoopie Pies, Supersized Fries. *Cambridge Quarterly of Healthcare Ethics*. 21(1), 5–19. Feiring (2008). Lifestyle, responsibility and justice. *Journal of Medical Ethics*. 34(1), 33–36. and Cappelen and Norheim (2005). Responsibility in health care: A liberal egalitarian approach. *Journal of Medical Ethics*. 31(8), 476–480.

This thought—that the social determinants of health undermine responsibility for health—isn’t typically given a full-throated defense. That said, we can get a sense of one way of defending it by noting that advocates often gesture toward some sort of *control condition* for responsibility—e.g., (from above) “people may lack the individual **control** necessary to be considered morally responsible” and “since they did **not have a choice**... they are not really responsible.” And this provides a seemingly plausible justification. Since the outcomes for which a person is responsible are an appropriate basis of appraisal of that person, those outcomes must be under her control. If they weren’t, then it’s hard to see how they could reflect her beliefs and values, and hence it’s hard to see how she could be creditworthy or blameworthy on the basis of those outcomes. So, the thinking goes, if some outcome is significantly influenced by factors beyond a person’s control, then she is not responsible for that outcome. And since the social determinants of health are beyond any individual’s control, if they significantly influence health, then individuals are not responsible for their health. Here’s the argument, a bit more carefully:

Determinants Defeat Responsibility¹⁶

1. If an outcome is significantly influenced by factors beyond an individual’s control, then she is not responsible for that outcome.
2. The social determinants of health are beyond any individual’s control.
3. So, if the social determinants of health significantly influence an individual’s health, then she is (typically) not responsible for her health.
4. The social determinants of health significantly influence individuals’ health.
5. So, individuals are not (typically) responsible for their health.

If this is right, then, despite the initial appeal, responsibility for health is not an appropriate criterion for distributing the benefits and burdens of healthcare.

¹⁶ I should note that, given the ways in which discussions in this vein vary in their details, this represents a (perhaps overly) simplified characterization of the respective arguments. I use it despite this for two reasons: first, it captures a very natural line of reasoning that’s at least suggested by the more nuanced arguments; second, it better facilitates my discussion in the following sections of the ways in which social determinants interact with responsibility and accountability for health.

This argument looks plausible on its face. But, upon reflection, it's clear that an outcome's being influenced (even significantly) by factors beyond a person's control does not *in general* render that person non-responsible for that outcome.¹⁷ In the next section, I'll attempt to show that influence by uncontrolled factors, like the social determinants of health, is sometimes responsibility-*undermining* and sometimes responsibility-*preserving*, and I'll argue that there's no reason to think that the social determinants of health are reliably of the undermining sort.

3 Responsibility-Preserving Determinants

As a first step toward seeing why significant influence by social determinants might be consistent with responsibility, consider another case.

Don: Don is a bigot—he disparages people of color, blames societal problems on immigrants and religious minorities, is an apologist for white supremacists, and so on. Don is this way, in part, because he grew up as a poorly educated but otherwise privileged white guy in a homogeneous community with a racist daddy, etc. One day, at his tanning salon, Don grumbles something racially insensitive to one of the employees, deeply offending her.

Is Don responsible for the employee's distress?

Intuitively, yes. Don, you recall, is a bigot. It wasn't some spasm or mania that produced his grumbling; it was *him*. His behavior and its outcome reflect his beliefs and values, and, consequently, the employee's offense is *attributable* to him, an appropriate basis of appraisal of him, and something for which he is blameworthy. And this just is to say that it's something for which he is responsible, in the relevant (attributability) sense. But notice that the underlying cause of Don's behavior—his bigotry—is socially influenced in much the same way that social determinants influence health. Were

¹⁷ 'Significantly' is admittedly vague. But that's all right. I'm happy to let it pick out the extent to which the social determinants influence health, whatever that extent may be. As will become clear in the next section, my qualms with this argument aren't over the *extent* of influence necessary to undermine responsibility, but rather over the *type* of influence.

it not for his education, upbringing, and familial influence, he wouldn't harbor the racial resentment that produced the insensitive remark. Were it not for the historical, social, and political context in which he spoke, the employee would not have taken offense.

Reflection on Don's case helps reveal what's wrong with the idea that uncontrolled influence always undermines responsibility. While it's true that the employee's offense was significantly influenced by factors beyond Don's control, this is compatible with Don *also exercising control*. It was, after all, up to Don whether and what to grumble—there was no gun to his head, and he said what he said knowing that it might offend. In this sense, the uncontrolled factors seem to operate *alongside*—and perhaps in some ways *through*—Don's control of the outcome. And this shows that the idea underlying the first premise—that significant influence by uncontrolled factors is incompatible with the kind of control necessary for responsibility—is mistaken. Don's case demonstrates that while such influence might *sometimes* undermine responsibility, it doesn't always.

All this is familiar fodder to philosophers engaged in debates about free will and determinism. Compatibilists have long argued that some types of determination—i.e., influence by uncontrolled factors—are compatible with free will and moral responsibility. The details of Compatibilist accounts vary considerably.¹⁸ But the general thought that unites them is that free will and responsibility require something less than complete independence from influence by uncontrolled factors.¹⁹ Instead, Compatibilists insist that an act is free, and an agent responsible, so long as the right relation obtains between the agent, the action, and the outcome, regardless of what other factors influence the act or

¹⁸ With some insisting on a counterfactual condition for free will, others on a reasons-responsiveness condition, others on a desire-consistency condition, etc. For a helpful overview of Compatibilism, see McKenna and Coates (2018). Compatibilism. In E.N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Winter 2018 edition). Retrieved from <https://plato.stanford.edu/cgi-bin/encyclopedia/archinfo.cgi?entry=phenomenology&archive=sum2018>.

¹⁹ Importantly, while this is the motivating thought behind Compatibilism, one needn't be a Compatibilist to endorse it. Libertarians about free will—who vindicate free will by denying determinism—agree that influence by uncontrolled factors is often responsibility-preserving. (Thanks to an anonymous reviewer for pointing this out.)

outcome. Exactly how to characterize this ‘right relation’ is a matter of controversy among competing versions of Compatibilism, and there are cases in which these details might make a difference. But they don’t for Don.²⁰ Though the employee’s offense were influenced by factors beyond his control, it remains true that his behavior was motivated by his own beliefs and values; that were he to have intended to stay silent, he would have; that his offensive remark was the output of reasons-responsive psychological mechanisms; that his behavior is consistent with his broader world view; etc. Depending on the preferred version of Compatibilism, any one of these might constitute the right relation between Don, his action, and the outcome.²¹ And each helps explain the intuitive sense in which Don remains in control of, and responsible for, his employee’s offense.

What Don’s case shows, then, is that sometimes an outcome is, in the responsibility-relevant sense, under an individual’s control *despite* the influence of factors beyond her control. So, the first premise of Determinants Defeat Responsibility is mistaken—significant influence over an outcome by factors beyond one’s control does not *in general* undermine responsibility for that outcome.²² Importantly, though, while uncontrolled influence is not always responsibility-*undermining*, neither is it always responsibility-*preserving*. And this suggests a way forward for the advocate of Determinants Defeats Responsibility. If she can 1) identify some *way* in which uncontrolled factors might influence an

²⁰ And they don’t generally either. For most typical cases, Compatibilists agree about whether the act in question is free and agent in question is responsible, while disagreeing only about what exactly *makes* the act free and agent responsible.

²¹ Up to this point, I’ve talked about an outcome’s *reflecting an individual’s beliefs and desires* as being indicative of responsibility. I’ll continue to do so throughout, but, in so doing, I don’t mean to commit to any particular account of the right relation. So this ‘reflecting’ should be read generically—as a stand in for the right relation, whatever it may be. (Here again, I’m indebted to an anonymous reviewer for pressing me to clarify this point.)

²² Of course, though dominant, Compatibilism is contested. (Bourget, D., & Chalmers, D. J. (2014). What do philosophers believe? *Philosophical Studies*. 170(3), 465–500.) So one way in which an advocate of Determinants Defeat Responsibility might push back here is by endorsing Hard Determinism—insisting that determinism is true and that, consequently, there is no free will or responsibility. This would, however, be a decidedly odd thing to do—denying responsibility for health by endorsing Hard Determinism leaves no special role for the social determinants of health to play. Such an advocate is committed to a lack of responsibility that extends far beyond the domain of health and is more appropriately engaged with in the context of general debates about free will.

outcome that is in fact responsibility-undermining, and 2) show that the social determinants of health influence health *in that way*, then she can conclude that social determinants undermine responsibility for health without relying on the general (and mistaken) claim that uncontrolled influence *always* undermines responsibility.

This looks to be a more promising strategy. But it too fails. There's a limited number of ways in which uncontrolled factors might interact with an individual's actions and their outcomes. And while some of these ways of interacting plausibly *do* undermine responsibility, it's *not* plausible to think that the social determinants of health are invariably of this sort.

Consider first the possibility that an uncontrolled factor influences an outcome by influencing the behavior that produces it. This is, very plausibly, one of the primary ways in which social determinants operate. It's not especially controversial that one's background, environment, social standing, and culture inform the decisions one makes and lifestyles one adopts. And it nicely accommodates the data about correlations between individual behavior and lifestyle and the global burden of disease.²³ But it's not particularly plausible that such influence is responsibility-undermining. To illustrate, recall Don. In his case, the uncontrolled factors (his upbringing, social and political context, etc.) that influenced the relevant outcome (the employee's distress) did so *by way of* influencing Don. Don, in other words, is an *intermediary* between the uncontrolled factors and the outcome, and, as such, his beliefs and values are reflected in the outcome. This, then, seems to be a paradigmatic way in which uncontrolled factors might influence an outcome while *preserving* responsibility for that outcome. More theoretically, insofar as an agent *mediates* between uncontrolled influences and an outcome, such influence will typically preserve the required relation (whatever it is) between the agent, act, and

²³ See World Health Organization (op. cit. n. 8).

outcome, and hence preserve responsibility.²⁴ So while the social determinants of health plausibly influence health in this agent-mediated way, this is no help to the advocate of Determinants Defeat Responsibility because this influence is, at least often, responsibility-preserving.

Second, uncontrolled factors might influence an outcome *directly*. Such cases are more complicated. At a glance, they seem to be responsibility-undermining. Suppose, for example, you safely store your new sedan in a locked garage, but then you get unlucky: lightning strikes the garage ablaze and your car is destroyed. Here's a case in which an uncontrolled factor (the lightning) influences an outcome (the destroyed car) in a way that renders you *non-responsible*—the outcome is not an appropriate basis of appraisal of you, it doesn't reflect your beliefs and values, etc. Surely the social determinants of health sometimes influence health in this responsibility-undermining way. Residents of Flint, Michigan, for example, have decreased fertility and increased infant mortality owing to lead-contaminated water.²⁵ And this seems clearly to render them non-responsible for (at least some aspects of) their health. Importantly, though, while direct influence by uncontrolled factors looks to be responsibility-undermining in cases like the lightning strike and Flint's water crisis, in others it seems responsibility-preserving. Suppose, for instance, that while playing roulette, you bet on black, but then you get unlucky: the ball lands on red; you lost \$1,000. Here's a case in which an uncontrolled factor (the bouncing ball) influences an outcome (your lost bet) in a way that *preserves* your responsibility—the outcome, despite being influenced by uncontrolled factors, is an appropriate basis of appraisal of you; you *knew* the risk you were taking, you took it, and hence the outcome reflects your beliefs and

²⁴ Again, my discussion is meant to be neutral regarding the details of the relations that must obtain among an agent, her action, and an outcome for that agent to be (at least partially) responsible for that outcome. In that vein, my talk of an agent *mediating* between social determinants and some health outcome can just be thought of as that relationship—whatever it is—obtaining *between* the influence of social determinants and the subsequent health outcome(s).

²⁵ Grossman, D.S., & Slusky, D.J.G. (2017). The Effect of an Increase in Lead in the Water System on Fertility and Birth Outcomes: The Case of Flint, Michigan (West Virginia University, Department of Economics Working Papers Series).

values, etc. This matters because at least sometimes, health-relevant decisions seem to resemble known or knowable gambles in this way. Individuals often engage in behavior, for the sake of some benefit or potential benefit, knowing the health risks it carries and knowing that whether these risks are realized is beyond their control—biking, boating, drinking, driving, sitting, skiing, smoking, surfing, and many more all trade some such risks for some benefit. To provide an account of exactly what makes some direct uncontrolled influences responsibility-undermining and others responsibility-preserving would require committing to a more specific characterization of the necessary agent-action-outcome-relation—something I won't do here.²⁶ For present purposes, it's enough to note that while direct influence by social determinants is sometimes responsibility-undermining (as in the Flint case), much more would have to be said to show that it is *generally* so. And, given the ways in which health-related decisions resemble gambles, there's reason to think that when social determinants influence health directly, they often do so in a way that is responsibility-preserving.

Third, uncontrolled influences might influence an outcome by influencing the available options. Here again, the responsibility implications are not straightforward. To take a simple case, suppose that at a restaurant, you're deciding between pasta, fish, and chicken, when the server approaches and informs you that they're out of chicken. So, you choose the fish. When it comes, are you responsible for the outcome? The answer depends on *which* outcome we have in mind. On the one hand you *are* responsible for the fish on the plate—it's what you ordered. But you're *not* responsible for the lack of chicken on the plate—chicken, after all, wasn't an option. This suggests that when an uncontrolled factor influences an outcome by influencing the available options, it renders the relevant individual *non*-responsible for failing to bring about the unavailable option, while *preserving* responsibility for the

²⁶ However, as an anonymous reviewer helpfully pointed out, the foregoing *does* suggest that an important component of the right relation involves whether the outcome is a known or knowable consequence of an agent's action.

outcome chosen from among the alternatives. This is yet another plausible way in which the social determinants influence health. Adapting an example from Wilkinson,²⁷ suppose that Paula is poor and cares both about saving money and eating healthily. But inexpensive healthy food is unavailable, so, to remain financially stable, Paula opts for inexpensive unhealthy food. As a result, she becomes overweight. Is she responsible for this outcome? The answer—as with you at the restaurant—seems to be yes and no. Paula *is* responsible for being an-unhealthy-weight-and-financially-stable—it’s the option she chose. But she is *not* responsible for *failing* to be a-healthy-weight-and-financially-stable—this wasn’t an option. More theoretically, her unhealthy-weight-and-financial-stability is an appropriate basis of appraisal in the sense that it reflects her beliefs and values—financial stability is more important to her than health.²⁸ But her lack of healthy-weight-and-financial-stability is *not* an appropriate basis of appraisal in the sense that it *doesn’t* reflect her beliefs and values—it was never on the table.

So, here, social determinants—the market and Paula’s poverty—influence Paula’s health by influencing her options, thereby preserving her responsibility in one sense, while undermining it in another. More generally, social determinants often seem to influence health in something like this way. Proximity and price of food limit a person’s options about what to eat,²⁹ the cost and availability of healthcare services limit a person’s treatment options,³⁰ the lack of parks and recreation limit a person’s

²⁷ Wilkinson, T.M. (2019). Obesity, equity and choice. *Journal of Medical Ethics*. 45(5), 323–328.

²⁸ Note that despite the outcome being unfortunate, this appraisal needn’t be negative. In fact, in this case, the outcome is plausibly the basis of a *positive* appraisal—evidence of a sacrifice she made (of her health) in order to protect a resource she (justifiably) deemed to be more precious. I’ll say more about the reasonableness of Paula’s choice in the next section.

²⁹ Ghosh-Dastidar, B., Cohen, D., Hunter, G., Zenk, S. N., Huang, C., Beckman, R., & Dubowitz, T. (2014). Distance to store, food prices, and obesity in urban food deserts. *American Journal of Preventive Medicine*. 47(5), 587–595.

³⁰ Healthy People 2020. (2019). Access to Health Services. Retrieved 25 June 2019, from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-health>

exercise options,³¹ etc. In each of these cases, individuals are not responsible for failing to bring about outcomes that are unavailable to them but remain responsible for the choices they make among the options they have. The lesson here is that insofar as the social determinants of health exert this *type* of influence over health, they plausibly undermine responsibility for health in some ways, but preserve it in others. And, for this reason, social determinants of this sort don't render individuals *generally* non-responsible for their health.

Of course, there's much more to say about the ways in which uncontrolled influences sometimes do and sometimes do not undermine responsibility. But, combined with the Compatibilist insight that responsibility is possible amid uncontrolled influence, even this preliminary sketch should be enough to cast serious doubt on the claim that social determinants influence health in a way that is generally responsibility-undermining. Moreover, it seems as if the type of influence social determinants exert very often preserves the relationship between the agent, act, and outcome that responsibility requires (whatever the details of that relation turn out to be). We have good reason, then, to think that the social determinants of health are, at least often and at least partially, responsibility-preserving.

4 Accountability-Undermining Determinants

So responsibility is possible amid the social determinants of health—given the ways in which social determinants influence health, individuals often remain responsible, at least to some extent, for their health. This means that we can't rule out wholesale policies employing a responsibility-for-health criterion. This is good news for advocates of such policies. But there's an important hedge: being responsible for one's health is not *by itself sufficient* to render one accountable for one's health, and

³¹ Carroll-Scott, A., Gilstad-Hayden, K., Rosenthal, L., Peters, S. M., McCaslin, C., Joyce, R., & Ickovics, J. R. (2013). Disentangling neighborhood contextual associations with child body mass index, diet, and physical activity: The role of built, socioeconomic, and social environments. *Social Science & Medicine*. 95, 106–114.

many of the same considerations that make it clear that individuals can be responsible for their health despite social determinants also reveal ways in which social determinants are relevant to accountability for health *directly*. So, insofar as these policies use responsibility for health as a criterion for holding individuals accountable for their health, this is another way in which the social determinants are a threat.

First, as emphasized in the previous section, when an agent's options are limited by influences beyond her control, she (typically) remains responsible for the outcomes she chooses, from among the available alternatives, while *not* being responsible for failing to bring about any unavailable outcome. Given this, when an outcome is so-influenced, whether a person is responsible for it depends on how the outcome is described—on what *aspects* of the outcome we have in mind. If, to illustrate, a person has only unhealthy options available, she *is* responsible for the particular unhealthy option she chooses, but is *not* responsible for a general failure to be healthy. As a result, any link between responsibility and accountability is fraught. Despite responsibility for her *particular* unhealthy state, it's not plausible to think that she deserves to bear its burdens. After all, she's *not* responsible for her poor health *generically construed*—it was unavoidable! This is one important kind of case, then, in which it's possible to be responsible for *aspects of one's* health without being accountable for it.³²

Second, and relatedly, sometimes social determinants influence a person's options in a way that makes it *rational* for her to choose an outcome that carries some health risks or burdens. Paula, for example, had the *option* of eating healthily. But to do so, she would have had to sacrifice financial

³² This line of reasoning might motivate a modified—and more promising—version of the Determinants Defeat Responsibility argument which maintains that individuals are not responsible for their ill-health *generically construed* when social determinants render good health outcomes unavailable. (As we'll see shortly, though, this is just one way in which social determinants are ultimately relevant to whether individuals are accountable for their health.) Thanks to an anonymous reviewer for pointing this out.

stability. In this sense, her ill health wasn't *strictly unavoidable*, but it was *rationally unavoidable*—given her circumstances, to choose good health would have been a mistake. So this is a case in which Paula seems responsible for her ill-health—it reflects her beliefs and values and is an appropriate basis of appraisal of her—but doesn't seem to deserve to bear its burdens. In fact, to the extent that her ill-health is an appropriate basis of appraisal of her, it seems to be the basis of a *positive* appraisal—Paula deserves credit for making the difficult sacrifice of her health for the sake of her financial stability.³³ And this makes it particularly perverse to insist that she bear the burdens of her ill-health. Here again any link between responsibility and accountability seems to be broken.

Third, many of the social determinants of ill-health either are or are tightly correlated with social disadvantage—race, poverty, unemployment, lack of education, polluted environment, etc. (And, correlatively, many of the determinants of good health either are or correlate with social advantage.) Moreover, many of the social determinants didn't happen by accident—they're the result of individuals, institutions, and governments systemically discriminating against or oppressing underprivileged groups. Given this, any instance of holding an individual accountable for her health—ensuring that she enjoy the benefits or bear the burdens of it—risks exacerbating unjust inequalities. To the extent that we have a strong reason to avoid exacerbating these inequalities, we have a strong reason to *not* hold individuals accountable for their health. And this reason competes with—and I think often outweighs—any reason we might have to hold accountable those who are responsible for their health.³⁴

³³ This is especially clear if we contrast Paula with Paula Prime—who isn't impoverished and has the option to both eat healthily and maintain financial stability. Paula Prime is also responsible for health, but in a way that is clearly *blameworthy*.

³⁴ For an argument to this effect see Cavallero (2011). Health, Luck and Moral Fallacies of the Second Best. *The Journal of Ethics*. 15(4), 387–403.

Finally, while the social determinants of health don't *globally* undermine responsibility, they do sometimes. When they influence a health outcome directly and when they influence an agent's options, they alter individuals' responsibility in sometimes subtle ways. In light of this, any policy of holding individuals accountable for their health on the basis of responsibility for health must take care to distinguish cases in which individuals are and are not responsible for their otherwise similar health states.³⁵ To the extent that the policy will sometimes hold non-responsible parties accountable and sometimes hold responsible parties not accountable, this trade off must be justified if the policy is to be vindicated.³⁶

Advocates of Determinants Defeat Responsibility argue against responsibility for health as a criterion for the distribution of healthcare benefits and burdens on the grounds that social determinants render individuals non-responsible for their health. This is a mistake—responsibility is possible amid social determinants. But closer inspection reveals that they're on the right track—the social determinants are relevant to responsibility-for-health criteria in *other* ways. Given the ways in which the social determinants of health *alter* (without eliminating) responsibility for health, and the ways in which they're directly relevant to accountability for health, any policy using responsibility for health to hold individuals accountable for their health has a high bar to clear.

5 A Rough Guide

My goal here has been primarily remedial. Given intuitive responses to (overly) simplified cases—like Joe and Donna—in conjunction with data on the global burden of disease, responsibility for health looks to be an attractive criterion for the distribution of healthcare benefits and burdens. But the social

³⁵ See Wikler (2002). Personal and Social Responsibility for Health. (2), 47–55. and Fleck (2012). Whoopie Pies, Supersized Fries. *Cambridge Quarterly of Healthcare Ethics*. 21(1), 5–19. for discussion of how difficult this will be.

³⁶ See Brown, Maslen, Savulescu (op. cit. n. 11): 561–565 for a brief discussion of this point.

determinants of health cast doubt on the claim that individuals are ever responsible for their health. This doubt, I've argued, is misplaced, and we can't dismiss out of hand responsibility for health as a distribution criterion in healthcare. But the social determinants of health also show us something else: even when an individual is responsible for her health, it may be inappropriate to hold her accountable for her health. Consequently, discussion of social determinants, responsibility, and accountability must take care to account for the ways in which they can come apart. In particular, three things are especially important to bear in mind.

First, since uncontrolled influences sometimes *do* and sometimes do *not* undermine responsibility for health, any argument against a responsibility-for-health criterion on the basis of health's social determinants must show that the relevant social determinants influence health in a responsibility-undermining way, and any argument in favor of a responsibility-for-health criterion must accommodate—either by creating an exception or by justifying their inclusion—the instances in which the social determinants of health in fact undermine responsibility for health.

Second, any policy holding individuals accountable for their health on the grounds that they're responsible for their health must take care to avoid holding individuals accountable for aspects of their health that they didn't have the *reasonable option* to avoid, due to circumstances beyond their control. Paula's case above demonstrated that an individual might be responsible for a burdensome outcome, but in a way that is *creditworthy* (or at least not blameworthy). In such cases, not only is it inappropriate to hold the relevant individual accountable, but we also seem to have a strong reason to *mitigate* the burden to the extent that we can. So, any policy that holds such responsible parties accountable must justify doing so on some other grounds.

Third and finally, any policy that uses responsibility for health as a criterion for distributing healthcare benefits and burdens must grapple with the effects on independently disadvantaged

individuals and groups. This is important for two reasons: first, insofar as these individuals and groups are unjustly disadvantaged, holding them accountable for their health will exacerbate this injustice; second, since these disadvantaged groups are often disadvantaged as the result of the wrongs of others, it seems that if anyone is to be accountable, those others ought to be included.

Distinguishing responsibility and accountability, and the ways in which social determinants are relevant to each, helps make clear the ways in which the social determinants of health are and are not relevant to policies that employ a responsibility-for-health criterion. The upshot is that we can maintain that individuals have an obligation to preserve and promote their health, and that they're often responsible for their success or failure to do so, without committing to the thought that they're thereby *accountable* for their health. We can thus capture the worries that the social determinants of health raise for such policies without rejecting them wholesale and without denying that people often are responsible for their health.

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