



## Book Review

*Public Health, Ethics and Equity* by SUDHIR ANAND, FABIENNE PETER AND AMARTYA SEN. Oxford University Press, Oxford, 2004. No. of pages: 316. ISBN 0-19-927636-6.

This collection brings together a useful set of readings on the nature and scope of ethical concern for health equity, authored by distinguished academics with backgrounds in philosophy, economics, epidemiology and anthropology. It arises from a seminar series at Harvard University in 1998 and 1999 that was 'motivated by the recognition that the extensive empirical and policy literature on health inequalities had not been matched by an adequate appreciation of the normative underpinnings of health equity'.

Chapters 1–5 and 7 (by Anand, Sen, Marmot, Daniels, Kennedy and Kawachi, Peter and Pogge) maintain a clear focus on equity in health. Other chapters focus on equity in health care (e.g. chapters by Van Parijs, Brock, Kamm, Adams and, to a lesser extent, Wikler and Kleinman) and public health measurement issues (e.g. chapters by Anand and Hanson on DALYs, and Broome on the impossibility of snapshot valuations of a nation's health).

The collection draws heavily on what political theorists call 'egalitarian-liberal' theories of justice that incorporate concern for liberty within egalitarianism (i.e. Rawls and his antecedents including Arneson, Cohen, Daniels, Dworkin, Roemer, Sen and Van Parijs). Other major schools of thought within philosophy (e.g. libertarianism, communitarianism and republicanism) and economics (e.g. preference-utilitarianism, contractarianism) are given short shrift.

The important theoretical contributions of health economists to this area are (briefly) acknowledged, including Culyer and Wagstaff's diagrammatic exposition of equity-efficiency trade-offs and Alan Williams' extended fair innings argument. However, no attempt is made to review or extend these analyses. Nor do contributors review the evidence that health economists and others have collected about public views on health equity. One notable exception is Wikler, who argues that personal responsibility deserves its peripheral status in health policy debates – but is willing to address evidence suggesting that a substantial minority of people disagree with him. His chapter is a nice illustration of the potential value of 'empirical ethics' in testing and refining (and opposed to replacing) philosophical argu-

ment. Other chapters could have been similarly strengthened by confronting relevant evidence, such as work by Williams, Dolan, Tsuchiya and others on public views about which health inequalities are inequitable.

Most of the chapters are accessible to the intended multi-disciplinary and policy-oriented audience. One exception is Pogge's piece, which is sprinkled with terms like 'judicandum' that are not introduced. Another is Adams' anthropology perspective on health care in Tibet, which has a rather 'postmodern' feeling to it: lots of deep meaning lurking in there somewhere, but no clear messages to policy-makers or academics in other disciplines.

Fans of Amartya Sen (among whom I include myself) may be disappointed that the collection contains no new material by him: he does not co-author the editors' introduction, and his two (excellent) chapters have already been published elsewhere as editorials in *Health Economics* ('Why Health Equity', HE 2002; 11(8): 659–666) and *British Medical Journal* ('Health: perception versus observation', BMJ 2002; 324: 860–861).

Sen's theme in 'Why Health Equity?' is that health equity should not be considered in isolation from wider considerations of justice – including wider procedures (e.g. liberties, anti-discrimination rules) and wider consequences (e.g. income, education and other non-health outcomes that contribute to well-being). In a thought-provoking contribution, Peter takes this theme to a logical extreme. She argues, from a Rawlsian perspective, that health inequalities *per se* are not of direct moral concern, but only matter indirectly insofar as they indicate the presence of wider injustices in economic, social and political arrangements (i.e. the ones Rawls is concerned with). One of the well-known problems with applying Rawls' theory to health policy, as advocated by Peter and Daniels *et al.*, is the 'bottomless pit' objection. Trying to bring everyone up to 'normal species functioning' through medical and public health interventions (as required by their approach) would soon exhaust national income. Peter dismisses this objection as 'reductionist', but fails to confront the underlying question of how equity-efficiency trade-offs are to be managed.

Another chapter I particularly enjoyed was Van Parijs on just health care in a pluri-national country. This applies Van Parijs' own liberal-egalitarian theory of justice to a fascinating case study of social health

insurance coverage disputes within Belgium between Flanders, Wallonia and Brussels. I remain unconvinced, however, about the practicality of Van Parijs' approach, which rests on a thought experiment involving hypothetical lifetime insurance contracts from before birth. Van Parijs claims this provides a framework to identify relevant arguments. I wonder whether, in practice, it might actually provide room for endless speculation and evidence-free debate.

In summary, this diverse set of readings on the nature and scope of concern for health equity draws heavily on

Rawls' and other 'egalitarian-liberal' theories of justice. Health economists are likely to find the material accessible and stimulating. Translating these philosophical ideas into tools for generating evidence that policy-makers find useful is a major challenge.

RICHARD COOKSON  
*Senior Lecturer, University of  
East Anglia, UK*

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