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Is it unjust that elderly people suffer from poorer health than young people?

Distributive and relational egalitarianism on age-based health inequalities

Abstract: In any normal population, health is unequally distributed across different age groups. Are such age-based health inequalities unjust? A divide has recently developed within egalitarian theories of justice between relational egalitarians focusing on the egalitarian nature of social relations and luck egalitarians focusing on the distribution of goods such as welfare or resources. I argue that the most plausible versions of these two theories – ‘whole lives’ luck egalitarianism and time-relative relational egalitarianism – imply conflicting answers to the opening question. Under realistic conditions, the former implies that, from the perspective of luck egalitarian justice, it is better that old people are disadvantaged by bad health than that they are not, whereas the latter theory implies that many age-based health inequalities involve unjust, non-egalitarian social relations and are therefore unjust. Hence, I contend that different egalitarian concerns must be balanced against one another, suggesting that the relational concern has greater weight in this particular case. Along the way, I propose a social model of old age analogous to the social model of disability and suggest that a whole lives version of relational egalitarianism might also be attractive.

Keywords: aged-based health inequalities, disability, health inequalities, justice and time, luck egalitarianism, moral status, relational egalitarianism, social model of disability

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1. Introduction

Health is unequally distributed across any normal population, and the risk of suffering from disease or disability increases dramatically with age.¹ For instance, the rate of cardiovascular disease among English 16–24-year-olds is less than 5%, but it is higher than 35% for those over age 75 (Niccoli and Partridge, 2012: 742). The European dementia rate increases from close to 0% for those aged 60–64 to more than 30% for those 95 and older. As Teresa Niccoli and Linda Partridge (2012: 741) observe: ‘Age is the main risk factor for prevalent diseases of developed countries’. WHO estimates that while 10% of the world’s population has some form of disability, the same is true

¹ There is another sense of health than the one I employ here, where health remains constant over age groups even though older people are more likely to suffer from diseases than younger people (cf. Boorse, 1977: 562; Daniels, 2008: 38). In this bio-statistical sense, one’s level of health is determined through comparison with the average functioning of people of one’s own age (and sex).

of 50% of those over age 85 (Cooke and Chappell, 2010: 2). Are such health inequalities across age groups unjust?

I want to ask this question from the perspective of two different egalitarian theories of justice: luck and relational egalitarianism. Generally speaking, the former holds that justice requires that no one is worse off than others through no responsibility of their own (cf. Arneson, 1989; Cohen, 2011; Dworkin, 2000; Lippert-Rasmussen, 2015a), whereas the latter posits that justice requires that people relate to one another as equals, where this does not simply consist of people being equally well off in terms of, say, resources, welfare, etc. (Anderson, 1999, 2010, 2012; Bidadanure 2016: 236; Miller, 1995, 1998; Scanlon, 2003, 2018; Scheffler, 2003, 2005, 2015; Schemmel, 2012; Wolff, 1998).

In Section 2, I criticize the common view that age-based health inequalities are purely natural inequalities and, thus, not unjust. I defend an analogy between old age and disability, where, unlike in the former case, the so-called social model of disability is widely accepted among theorists. Section 3 argues that according to the best account of luck egalitarianism, age-based inequalities in health in favour of the young do not involve any distributive injustice. As argued in Section 4, however, the relational ideal of equality can be understood in two different ways; in part, analogously to how the distributive ideal of equality comes in whole lives as well as segment versions. These two understandings have important consequences for which forms of age-based health inequalities involve relational injustices. Section 5 assesses them in the light of an underlying view of the character of the value of relational equality. Section 6 sums up the three main claims made in this article: 1) that on the most plausible account of luck egalitarianism, it is not unjust that old people are worse off health-wise than young people; 2) that many of the ways old people are

worse off health-wise than young people *are* unjust and that some of this injustice can be captured in time-relative relational terms; 3) and that relational equality understood in this way largely reflects how relational equality is understood as a deontic norm enjoining us to avoid forming certain kinds of social relations – not that relational goods raise no concerns about distribution.

In my view, egalitarian justice is pluralistic and has distributive as well as relational aspects (Lippert-Rasmussen, 2015b, 2018a,b). For instance, it is impossible to account for intergenerational justice in relational terms (Bidadanure, 2016: 249; Lippert-Rasmussen, 2018b: 123-130), and the present discussion should therefore not be seen as a criticism of luck egalitarianism. Nevertheless, health-related inequalities are interesting, *inter alia*, because they involve injustices, which, according to the most plausible understanding of egalitarian justice, seem hard to capture in distributive terms. Moreover, they enable us to see the importance of a distinction between time-relative and whole lives versions of the relational ideal, which, except for some remarks in Bidadanure (2016: 255), has been largely ignored. Finally, these inequalities are interesting in themselves and some group inequalities in health are among those inequalities that agitate people the most. That said, the arguments in Sections 3–5 apply to age-based inequalities in general.

2. But it is only natural...

Some will answer the question in the title of this article negatively because age-based health-related inequalities are purely natural inequalities; our bodies deteriorating with age is simply a hard biological fact. As there is nothing to do about it, age-based health-related inequalities do not reflect that some people have failed to fulfil duties of justice to others and, accordingly, cannot be unjust. As Elizabeth Anderson (1999:

331; cp. 2010: 6) explains the underlying general view of the nature of justice: ‘No claims to compensation can be generated by nature’s effects alone’.

Nevertheless, it would be a mistake to dismiss our question in this way for three reasons. First, like luck egalitarians, I believe that purely natural inequalities can be unjust because they are unfair (Lippert-Rasmussen, 2004; Temkin, 1995). This view is controversial, however, and for present purposes I will instead rest my argument on the two reasons below.

The second reason is that while it is hard to imagine that there would be no health disparities between old and young people, the degree to which such disparities exist is significantly affected by how we organize society in general (for instance, do we allow jobs to exist that predictably result in people developing work-related poor health in their later years?) as well as by our healthcare priorities – do we prioritize health conditions typically afflicting older people? Accordingly, even according to the ‘social inequalities only’ view of the scope of justice, age-based inequalities are to some extent a matter of justice.

The third and final reason why age-based health inequalities – or, at least, age-based health-inequality-induced disadvantages – fall under the scope of justice is that the function that converts health conditions into disadvantages is largely socially determined. Here, I want to draw a parallel between old age and disability and appeal to how Anderson, like mainstream disability theorists, sees the former. In her view, the disadvantages experienced by disabled people are first and foremost due to ableism. One central aspect thereof is the fact that the public space has been arranged according to the needs of able-bodied people (e.g., no wheelchair ramps) and how this prevents the disabled from participating in civil society on equal footing (Anderson, 1999: 331). Hence, the resulting disadvantages suffered by these persons are not due

to any ‘cosmic injustice’ but are a matter of social injustice (Anderson, 1999: 334; cp. Barnes, 2014; Silver 1998).

While we might not be able to say exactly the same about old people,² we can say something similar to what Anderson says about disability; namely, that the health disadvantages experienced by seniors do not simply reflect the hard biological facts about aging, but are, holding biology constant, largely also a matter of how society spends its resources, organizes the labour market and public space, enables or even induces individuals to allocate their resources across their lifetime, etc.³ Health problems inevitably become worse and more frequent with age, which Anderson does not hold to be unjust. Many of the disadvantages that these result in are – or were – avoidable, however, and the underlying health conditions need not interfere with the ability of seniors to participate in society as equals. These disadvantages fall within the scope of justice even if we reject the view that natural inequalities can be unjust.

In sum, to the extent that we embrace a social model of disability, we should also embrace a social model of being elderly. There is much truth in the social model of disability. Hence, in the light of this and my previous point, age-based health inequalities and health-related inequalities between young and old are not just a matter of natural inequality either. They can be unjust. Are they?

² To the extent that we cannot, however, I suspect that we cannot say the same of all disabled people, either. Some disabled people are afflicted with functional deficiencies that are analogous to the functional deficiencies with which elderly people are afflicted. To the extent that the latter are disadvantages that are not purely social, then neither are the former (cf. Kahane and Savulescu, 2016). For present purposes, however, it suffices if there is some truth in the so-called ‘mere-difference’ view of old age.

³ The elderly are overrepresented among the disabled (recall Section 1).

3. Why luck egalitarianism is compatible with – indeed favours – age-based health inequalities!

This section addresses the injustice of age-based inequalities from a luck egalitarian perspective. My main claim is that, according to the most plausible version of luck egalitarianism, age-based health inequalities are not unjust. Or rather: typically, it would be more unjust if old people did *not* endure worse health than young people. Generally, then, the age-based, health-related disadvantages burdening old people are, *ceteris paribus*, good from the point of view of luck egalitarianism just, even if all things considered, morally bad! One caveat before I proceed: I discuss age-related health inequalities in favour of the young on the assumption that they are not counterbalanced by inequalities in favour of the elderly in terms of other aspects of the relevant *equalisandum* (e.g., wealth). For what it is worth, I find this assumption plausible if we focus on, say, those over age 85.

Many luck egalitarians see no injustice in age-based health inequalities, because, in their view, justice requires – typically *inter alia*, e.g., to allow for retributive aspects of justice (see also two paragraphs below) – that people’s whole lives are equally good (setting aside differential exercise of responsibility) (Lippert-Rasmussen, 2015a: 3-4). Thomas Nagel (1991: 69; cp. Arneson 1989; Dworkin, 2000: 307–319; McKerlie, 2013: 22; Rawls, 2001: 55), who harbours considerable luck egalitarian sympathies, reasons: ‘the subject of an egalitarian principle is not the particular distribution of rewards to individuals at some time, but the prospective quality of their lives, from birth to death’.⁴ Call such views ‘whole lives views’.

⁴ Dworkin is generally regarded as a luck egalitarian. However, some central passages in his work suggests that he is not committed to the injustice of (all differential brute luck-induced) inequalities across people’s whole lives (Dworkin, 2000: 104-106). In any case, Dworkin (2000: 314-315) thinks justice in health comprises other norms than that, e.g., that the distribution of public health care resources across different age

Assuming that everyone has the same lifespan, *any* amount of age-related health inequalities would be compatible with standard luck egalitarianism, since such inequalities are fully compatible with perfect equality between individuals as far as the ‘quality of their lives’ goes. In fact, if we relax the counterfactual assumption and note that some people live (much) longer than others, in one respect it is generally a good thing from a luck egalitarian perspective that seniors have worse health than do young people. If health was uncorrelated with age or even improved with age, then, *ceteris paribus*, the unjust inequality between those who die young and those who die old would be *even greater* than it actually is!⁵

That said, not all luck egalitarians or, for that matter, not all friends of a distributive ideal of justice, have embraced the whole lives view. Dennis McKerlie uses the following story to motivate why distributive egalitarians should also be concerned about inequalities between segments of people’s lives:

[I]magine that the same city block contains a condominium complex and a retirement home. The residents of the complex are middle-aged, affluent, and happy. The retirement home is old and overcrowded. Its residents have adequate medical care but little dignity or happiness. Our first reaction is that

groups reflects the implications of the prudent insurance principle applied to most people’s preferences, e.g., regarding trade-offs between improved quality of life at pre-retirement age versus extending their lives a few months at old age in a state of dementia.

⁵ Accordingly, some theorists argue that, on grounds of fairness, young patients should get priority over old patients in the distribution of scarce life-saving healthcare resources (Bognar, 2008; Brock, 1989; Broome, 1988; Kappel and Sandøe, 1992). It is an interesting possibility that some hierarchical social relations would become more widespread, e.g., domination based on superior positions and experience (cf. Thompson 2010, 18f), if health did not decline with age and, thus, that the health disadvantages of elderly people should be seen as in one respect good by relational egalitarians, who find hierarchical social relations disvaluable.

this inequality raises an issue of justice. Age inequality is especially troubling because, like racial inequality, it is rooted in a factor for which people are not responsible... However, there is an obvious difference between age inequality and racial inequality. Native Americans do not become Caucasians, or vice versa. But the young do grow old, and the very old were once young. So let us also suppose that the people in the condominiums will end up in such a place as the nursing home, and that the people in the home used to be as fortunate as their neighbors now are. When we think about the past and the future as well as the present... the present inequality does not disappear, but it might seem to lose its moral importance. (McKerlie, 2001: 152–153; cp. McKerlie, 2013: 6–7).

While McKerlie thinks this case presents us with a puzzle, he concludes that, together with other considerations, it should lead us to reject the whole lives view (cf.

McKerlie, 2013: 88). The question then becomes which alternative we should accept.

One suggestion is that, instead of focusing only on people's whole lives, we should also be concerned with inequalities between different segments of their lives. We might then say that people's simultaneous segments should be equally good (so it is unjust if present young people are better off than present old people, *ceteris paribus*), or we might say that people's corresponding segments (e.g., youth, adulthood, old age) should be equally good even if they do not overlap in time (e.g., present, old people's old age should be as good as present, young people's old age, once they grow old, *ceteris paribus*) (cf. Temkin, 1993: 232–244). To see how simultaneous and corresponding segment views differ consider:

	T1	T2	T3
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Adam	10	5	
Britt		10	5

The numbers express the level of well-being of Adam and Britt. Adam is born 40 years before Britt and dies 40 years before him, which is why Britt has no number below T1 – the first 40 years in Adam’s life – and Adam has no number below T3 – the last 40 years in Britt’s life. If we care about lifetime equality or corresponding segment equality and no other form of distributive equality, there is nothing unjust about the situation. If simultaneous segment equality also matters, however, unjust inequality exists between Adam and Britt during T2 (assuming, for the sake of simplicity, that their lives both consist of two segments – youth and old age).⁶ Hence, if luck egalitarians were to claim that the scope of justice includes simultaneous segment inequality, they would have an explanation of McKerlie’s intuition.⁷ Hence, luck egalitarianism *as such* is not indifferent to age-related inequalities. Still, there are three reasons why *the most plausible* version of luck egalitarianism is a whole lives view (cf. Lippert-Rasmussen, 2015a: 152–156).

First, it is difficult to identify those segments of people’s lives that matter from the point of view of distributive equality in a non-arbitrary way (Bidadanure, 2016: 243–244). The vagueness of different age segments (e.g., old age) and the difficulty of offering a principled rationale for how we individuate them might not be

⁶ It would be odd to claim that *only* simultaneous segment inequalities matter. If so, the present situation would be morally equivalent to one that is identical to it, except for the fact that Adam has 5 during T1 and Britt has 10 during T3. Hence, we should *also* care about the corresponding segment or about life-time inequality (or both). A more radical alternative would be to care about simultaneous moment inequality (or, for that matter, corresponding moment inequality). This view, however, is implausible. There is nothing bad about our choosing to visit our dentist on two different days in the same week rather than on the same date (cf. McKerlie, 2013: 105; McKerlie, 2001).

⁷ In later work, McKerlie (2001, 2013) embraces a time-relative, prioritarian theory of distributive justice.

a reason to think segment inequality is morally irrelevant, just as the difficulties in drawing a clear line between persons and non-persons is no reason to think that the moral status of normal adult human beings is no different from that of trees.⁸ Still, this problem shows that any segment-based theory of justice faces a serious obstacle.

Second, it seems impossible to combine the luck egalitarian concern for responsibility with the two segment views about the scope of justice. Consider the corresponding segment view; here, people should be equally well off in corresponding segments. Suppose Adam is better off than Burt when they are middle-aged. Burt, however, is correspondingly better off than Adam when they are old. They could have chosen to act in such a way that they would have been equally well off in both segments. Assuming that responsibility affects the justice of distributions (and setting aside possible concerns about sufficiency), the relevant segment inequality is just.⁹ When old Adam complains that it is unjust that he should be worse off than old Burt, we can say to him that this is not unjust, because it is a result of something he knowingly chose to do when middle-aged. Old Adam might retort that it cannot be just that he should be worse off now just because of a choice he made 30 years ago. To this one would like to say that this is just, because he is the same person as the one who made the relevant choice 30 years ago. However, segment egalitarians cannot give this reply. When it comes to compensation across time, they deny that identity over time enables advantages in one segment to eliminate the injustice of

⁸ One might also explore mathematically more sophisticated models of segment inequality that involve no fixed individuation of different segments in different people's lives and vary the moral weight of segment inequality on how long the different segments last.

⁹ One might claim that only exercises of responsibility *within* the segments in question affect the justice of inequalities *between* segments. However, this claim is implausible. Why should choices I make shortly before becoming old not affect the injustice of, say, my old age segment being worse than that of others if choices I make slightly later, when I have become old, do so?

disadvantages in another. Hence, they must explain why personal identity over time extends the normative force of responsibility across segments but does not extend the normative force of (dis)advantages across segments.

I suspect that such an account cannot be given. Any reason for holding a person responsible for past choices will involve positing a relation between their present and past selves that will also ground intertemporal compensation (i.e., that one person being worse off now can be compensated for by their being better off in the past or future).¹⁰ Rawls famously accused utilitarians of failing to respect the separateness of persons. In my view, segment egalitarians fail to respect the unity of persons over time.¹¹ Indeed, segment *luck* egalitarians typically and inconsistently both fail (by virtue of their views on the scope of equality) and do not fail (by virtue of their views on the scope of responsibility) to do so. Since it is implausible to deny that persons can be held responsible for past choices, the inconsistency is resolved by adopting a whole lives view and, according to this view, age-based health inequalities favouring the young are not unjust.

I now turn to my third and final argument against segment versions of luck egalitarianism. This is an argument against segment versions of the distributive ideal, as such. Imagine Robinson Crusoe living alone on his island. Suppose there are two possible outcomes – one where Robinson is equally well off every day of his life and another where his level of well-being varies from day to day, although his life on the

¹⁰ ‘Compensated’ in the sense that the moral significance of doing something about the person’s present bad situation – absolutely or relatively speaking – is reduced, if not entirely eliminated, by facts about their being better off at other times.

¹¹ Reductionists are sceptical of such unity. In their view, since relations of psychological connectedness and continuity tend to wane over time, reductionism might motivate a rejection or supplementation of the lifetime view (cf. Navin, 2011: 543–545). Here, I do not address reductionism. McKerlie (2001: 169) and Temkin (1993: 232) think the lifetime view should be rejected independently of the correctness of any reductionist view about what matters in identity.

whole is exactly as good in terms of overall well-being as in the first outcome.¹²

Suppose that Robinson suffers from an extraordinary disease. If on Monday he wakes up with the body, views, and interests of a 20-year-old, he will wake up on Tuesday with the body etc. of a 60-year-old. Wednesday he will revert to being 20 years and one day old – and so on and so forth. Age in a chronological sense (i.e. the amount of time one has existed) and age in an experiential sense (i.e. what one's life is like and typically different across age in the world, as we know it) come apart in this case.

This is important because age in itself (i.e., stripped of its association with age in an experiential sense) is of no concern from a justice perspective. This experiential age-alternation case is interesting, because, unlike in the kind of cases considered by McKerlie, the person's youth and old age in the experiential sense overlap almost perfectly over time. Hence, in the second outcome, where the level of welfare varies from day to day throughout Robinson Crusoe's entire life, we have inequalities between simultaneous and corresponding segments, experientially defined, of his life. Intuitively, however, these inequalities are of no concern from the justice perspective. The disadvantages that Crusoe suffers on any given below-average day are neutralized, justice-wise, by the advantages he enjoys the next day. This claim is available only to friends of a whole life view. Friends of the two segment views – the simultaneous and corresponding segment views – cannot agree, because they are committed to the view that compensation within a life does not eliminate injustice. This has some plausibility in situations such as McKerlie's example of age inequalities in Section 2 that involve interpersonal comparisons and where there is some intuitive attractiveness of the view that whole lives equality is not all that

¹² I believe this example is unaffected by whether we think the shape of a life matters to how good it is (cp. Dorsey, 2015).

matters. However, if in order to explain why intrapersonal inequalities do not matter justice-wise we have to appeal to the view that compensation within a life eliminates injustice, then it seems prohibitively costly to reject the whole lives view.

In sum: there are logically possible versions of luck egalitarianism according to which age-related health inequalities are unjust. Of the versions on offer, however, the most plausible is the whole lives view, as age-related health disparities are not unjust. Indeed, as I indicated, in the light of the fact that many die before becoming old, from a luck egalitarian point of view it is in one way better that the health of elderly people generally deteriorates. Must relational egalitarians take the same harsh view on the fact that elderly people tend to have worse health?

4. Whole lives versus time-relative relational egalitarianism

In this section, I argue that, like luck egalitarianism, relational egalitarianism might assume other forms than whole lives forms and they might condemn age-related health inequalities as unjust.

Initially, I would like to point out another analogy between disability and old age in addition to the one posited in Section 2, to wit, that many of the health conditions that are much more common among old people than young people are such that the elderly afflicted with these conditions are prevented from relating to one another as equals in ways that involve relational injustice.¹³ Consider the fact that relational egalitarians find it unjust that gays and lesbians are unfree ‘to publicly reveal their identities without shame or fear’ (Anderson, 1999: 320). In many contexts, something analogous is true of old people, especially those with health

¹³ Some health inequalities might involve no relational bads, e.g., stigmatisation or exclusion, but simply result in inequality of well-being between young and old.

conditions. The same is true of the shame and fear involved in being seen as old (cf. Richeson and Shelton, 2006); or worse still, as old *and* ill. Take, for instance, how old people with reduced mental capabilities – although still within the normal range – are ashamed and fearful when placed in social contexts that require them to make quick decisions on matters with which they are unfamiliar. In short, many health inequalities between young and old seem to give rise to stigmatisation, inability to access public space, and to being treated as and made to feel inferior, all of which are paradigmatic relational injustices. As Thomas Scanlon (2003: 204; cp. Scanlon, 2018: 26-39) observes: ‘when the mode of life enjoyed by some people sets the norm for a society, those who are much worse off will feel inferiority and shame at the way they must live’. In many ways, the mode of life enjoyed by young, healthy people sets the norm for most Western societies and the mode of life of elderly people plagued by health problems appears very deficient relative to this norm; for example, physically and cognitively impaired old people are generally regarded as ‘less able to contribute to society and its culture in those ways that are regarded as particularly valuable and important’ (Scanlon, 2003: 214). A PEW study reports that Americans tend to think of inability to live independently (76%), failing health (47%), bladder control problems (42%), and sexual inactivity (33%) as shameful and stigmatising markers of old age (cf. Bidadanure, 2016: 247).¹⁴ Hence, offhand, relational egalitarians should condemn many age-based health inequalities as unjust.

To provide a more reflective stance on this matter, we must explore in greater detail the underlying relational ideal of relating as equals. What exactly is it to relate to one another as equals? And can people not relate to one another as equals despite

¹⁴ <http://www.pewsocialtrends.org/2009/06/29/growing-old-in-america-expectations-vs-reality/>.

considerable age-based health inequalities? Surely, to most relational egalitarians, health inequalities between, say, men and women, or whites and blacks, that are similar to those between the young and the old would appear to reflect objectionable social hierarchies. Is age any different from race or gender?¹⁵

To address these questions, I need to draw a distinction between relating to someone as an equal, treating someone as an equal, and regarding someone as an equal.¹⁶ Treating someone as an equal is a matter of how you treat that person in your interactions with them; that is, a matter of how you address them or of whether you cast the other in a subordinate position (cf. Cohen, 2013: 193–200; Fourie, 2012: 107, 112). I do not offer any account here of what treating another as an equal amounts to, but appeal to hopefully shared intuitions to the effect that certain cases clearly do (not) fall under the concept (but see Lippert-Rasmussen, 2018b: 61–93).

Regarding someone as an equal is a matter of how you regard that person, possibly, independently of how you interact with them, such as whether you believe them to be inferior in certain ways (Cohen, 2013: 194). Accordingly, regarding as an equal is different from treating as an equal: ‘the regarding is a reason for the treating, which it could not be if it were not distinct from the latter’ (Cohen, 2013: 197).

While how you regard others tends to be manifested in how you relate to them, in principle the two can come apart. I can relate to another as an equal even if I do not regard them as an equal. For example, I can treat someone as an equal for purely opportunistic reasons even if I do not regard them as such, and I can regard

¹⁵ One might relativize what it is to relate as equals to age (analogously to the bio-statistical concept of health mentioned in note 1). While this idea deserves a fuller treatment than I can give it here, I am sceptical of its usefulness.

¹⁶ This distinction becomes relevant three paragraphs later in connection with my explanation of why someone’s superiority in one sphere of justice is compatible with relational equality.

them as an equal even if I do not relate to them as such, e.g. because I want to teach them a lesson about what it is like not to be treated as an equal. To relate to another as an equal I must regard, as well as treat, them as an equal.

The next point I want to make concerns whether relating to someone as an equal so construed is compatible with synchronic as well as diachronic (in the case of corresponding segment) or diasegmental (in the case of simultaneous segment) inequality.¹⁷ Starting with the first point, consider David Miller's (1995) ideal of relational equality. Miller thinks that the ideal of relating to one another as equals is compatible with inequality across different spheres of justice, as Miller puts it inspired by Michael Walzer (1983).¹⁸ You and I can relate to one another as equals because while I do much better than you do in one sphere (e.g. I earn much more than you do), you fare much better than I do in other spheres, possibly because in terms of the academic quality of your work you do much better than I do and, accordingly, esteem-wise you are better off than I am. Moreover, we are unable to convert superiority in one sphere into superiority in another sphere. In Walzer's words: there is no dominant good, say, like money, such that if you have more money you will be able to convert those advantages into a whole range of other advantages in other spheres, such as superior political influence.

Suppose you go along with Miller's notion of relating to one another as equals and his view that this ideal is compatible with *synchronic* inequalities between individuals across different spheres. Could you then deny that relating to one another as equals is also compatible with *diachronic* inequalities? After all, like the

¹⁷ I use 'diachronic' to refer to diachronic and diasegmental inequalities in what follows.

¹⁸ Cf. Scanlon (2003: 216–217) on how to reconcile differential accomplishment and equal self-worth through 'diversification'.

synchronic inequalities that Miller deems just, diachronic inequalities do not have the same individuals coming out on top at any given time (in any sphere of justice)?¹⁹

To answer this question, we can ask why Miller might be right that dispersed synchronic inequality across spheres is compatible with people relating to one another as equals. Presumably, one important reason is that your self-conception is affected by the awareness that while you might excel in a particular sphere, there is a whole range of other spheres where you do (much) less well than those individuals that you outshine in the particular sphere in which you excel.²⁰ Presumably, one reason why people are aware of other spheres than those in which they do well is that they are, as it were, situated more or less simultaneously in all spheres of justice. Something similar is likely to be true of age-based health inequalities or, for that matter, age-based inequalities in general. For instance, young people who interact with elderly people might have thoughts available to them similar to the thoughts of those who interact with others in spheres in which they do particularly well; for example, ‘True, I am in much better health than old Mike, who needs our assistance. However, once I become as old as he is (if I do), then I’ll probably be no better off than him and then I’ll be the one who will need help from others’. Hence, to the extent the indicated mechanism is the one that renders inequalities across spheres compatible with the ideal of regarding and, partly because of that, relating to one another as equals, an analogous mechanism should make the ideal compatible with diachronic age-based health inequalities.

¹⁹ There is a complication here. Walzer’s synchronic, across-sphere inequalities are obtained between the same individuals, whereas diachronic, across-age inequalities are not. The latter seems relevantly identical, however, as all individuals (except those who die young) occupy all positions in their lifetimes, which seems sufficient to avoid social hierarchy if people are sufficiently aware of this fact.

²⁰ This claim is about the causal conditions of relating to one another as equals, not about what it *is* to relate to one another as equals.

Admittedly, the extent to which this is the case depends on the degree to which people actually have thoughts along the lines illustrated. If they do not, they might view old people as inferior due to their poor health *inter alia*, even if, in some sense, they know that they will be in the same position someday. However, something similar is true of inequalities across spheres. If all that is on our minds is academic achievement, we might not relate to one another as equals – recall that to relate to one another as equals, we must also regard others as equals – even though I do better than you do moneywise.

Obviously, it is also possible that there are other mechanisms that render synchronic inequality across spheres compatible with relational egalitarianism. The one discussed here strikes me as the most plausible and suggests that there is no difference between synchronic and diachronic health inequalities. In any case, the ideal of relational equality can be fleshed out in different ways:

Whole lives relational egalitarianism

Justice requires that, from the perspective of their lives as a whole, people relate socially to one another as equals.

Simultaneous segments relational egalitarianism

Justice requires that people belonging to simultaneously existing segments relate socially to one another as equals.

Corresponding segments relational egalitarianism

Justice requires that people belonging to the same age groups relate socially to one another as equals.

The last view can be dealt with swiftly. While it captures part of the concerns of relational egalitarians by entailment, on its own is implausibly narrow in its scope; for example, it requires that old people relate to one another as equals but not that old and young people relate to one another as equals.

Next, consider the simultaneous segment view. Here, young and old people must relate as equals. Old people must also relate to other old people as equals and, accordingly, the corresponding segment view cannot stand alone but must be supplemented, say, with the whole lives view. Alternatively, we might suggest that the relevant underlying view is better captured by what we might call:

Time-relative relational egalitarianism

Justice requires that, at any given moment, people relate socially to one another as equals.

One advantage of this view is that it avoids any problems arising from identifying which are the segments that are relevant from the perspective of relational egalitarianism (see the first objection in Section 3). Another advantage is that it coheres well with the view common among relational egalitarians that, absent special circumstances, individuals should relate as equals at any point in time (Bidadanure, 2016: 246, 255). Suppose Adam dominates Bob at one point in time, but that Bob then dominates Adam at a later point in time. Relational egalitarians think this situation is worse than one in which neither of them ever dominated the other. Henceforth, I will focus on time-relative relational egalitarianism instead of the

simultaneous segments account, as it seems like a more plausible account of what relational egalitarians care about than the latter.

One might interpret what it is for me to relate to you as an equal at any given moment in such a way that whether I do so depends on my knowledge of what will happen to us later. For instance, structuring public space in a manner that it is confusing and difficult for you to access due to your age-based health infirmities is compatible with relating to you as an equal, because I am aware that you happily did the same to others when you were young; and that when I get old, others will do the same to me and, as I see it now and might even see it in the future, I should accept this. However, I will interpret the time-relative relational egalitarian view differently such that whether, at any given moment, we relate to each other as equals does not depend on (our knowledge of) what happened before or happens later.

Finally, consider whole lives relational egalitarianism. Given how I just resolved to understand the time-relative account in the previous section, whole lives relational egalitarianism differs from time-relative relational egalitarianism in that it allows for changing-places relational egalitarianism; that is, you serve me for the first 40 years of our lives, I serve you for the last 40 years of my life, and we both know that this is how things are going to be (cp. Temkin, 1993: 235–236). At no point in time are we ‘masters’ to one another, but at any given moment one is master and the other servant, but both know that things will change and were once different (and this colours our relation at any given point in time). This is in direct conflict with the time-relative account of relational egalitarianism and, intuitively, relational egalitarianism will see changing-places hierarchies as objectionable.

I take it that the two main contenders among the four ways of developing relational egalitarianism are the time-relative and whole lives views. Here, what is

striking is that they appear to have very different implications regarding age-based health inequalities. On the former, unlike the latter, such inequalities appear very likely to be unjust. They are very likely to involve various kinds of stigmatizing factors and involve social hierarchies in a way that relational egalitarians are opposed to. Elderly people are undoubtedly stigmatized in ways not related to health problems, but healthcare problems contribute significantly to their being stigmatized (cf. the PEW study quoted above).

The example discussed in the previous paragraph supports a time-relative version of relational egalitarianism. But there is also something to be said for the whole lives version. First, let us return to Adam and Bob. We might agree that no dominance is morally preferable to perfectly balanced changing places domination and yet think that it would be worse if Adam dominated Bob for their whole lives than if they (unintentionally) took turns dominating each other.²¹ (If they intentionally took turns, possibly, they would not dominate each other, at least not in the sense of ‘domination’, where domination is *pro tanto* morally objectionable.)²²

Second, take the case of parents and under-age children. They do not relate to one another as equals, as parents are legally entitled to make decisions on behalf of their children in their best interest, even if such decisions are against the will of the individual child. Similar relations between citizens would be condemned by any

²¹ The following passage suggests that Bidadanure (2016: 245) might accept this view: ‘The fact that the switching phases cancel up over time is *largely* [my italics: KLR] beside the point, since there are no relational reasons to care only about whole lives’. If she thought that there were relational reasons not to care about whole lives, the last bit is less relevantly informative than it could have been.

²² You might respond that this presupposes that they are aware of their history. If, say, Bob is completely oblivious of previous Adam’s prior domination of him as is Adam, we should be indifferent between whether Adam dominates Bob or Bob dominates Adam in the future. This reply rests on a supposition that abstracts away much of what makes us object to domination in the first place.

relational egalitarianism. Why is the child–parent relationship not problematic?²³

Arguably, one explanation appeals to how we all started out as children in someone’s care such that, from a whole lives perspective, our having had others acting paternalistically on our behalf in our childhood (if we were lucky) involves no objectionable inequality in status.²⁴ If this explanation works in the case of children, might it not also work in the case of age-based health inequalities?

Third, if warranted, Miller’s permissive view of across-spheres inequalities provides some support for whole lives relational egalitarianism. In sum: intuitively, many age-based inequalities are likely to involve the sort of social relations, (e.g., stigmatisation and denial of access to the public space) that relational egalitarians find unjust. Whether this impression is correct depends on whether we adopt a whole-lives or a time-relative version of relational egalitarianism. Which of these two views is the more plausible one is the question to which I now turn. But in any case, we can already conclude that luck and relational egalitarianism issue different verdicts about age-based health inequalities.

²³ According to one answer to this question, this is because the ideal of relational equality only pertains to relations between adults. However, this answer is deficient in two ways. First, it gives rise to a new and no less challenging question: why does the scope of relational equality not extend to children given the gradualist nature of the distinction between children and adults? Second, it seems incredible that the relational ideal has nothing to say about the relation between children and parents *per se*, e.g., that it is indifferent, setting aside indirect effects on the social relations between adults, between authoritarian and non-authoritarian family structures (cp. Shapiro, 1999).

²⁴ An alternative explanation appeals to certain intrinsic goods in the child–parent relationship, e.g., having a loving relationship to another human being of a certain kind (Brighouse and Swift, 2014: 57–112). I see two deficiencies in such an account. First, relations between impaired old people and younger caretakers might also realize certain intrinsic goods and yet, from a relational egalitarian point of view, it would be better if the former were not dependent on the latter. Second, the fact that child–parent relationships typically realize certain intrinsic value is consistent with their also involving relational bads.

Bidadanure (2016: 235, 239, 249) defends a view similar to the one expressed in the previous sentence, inferring from it that relational egalitarianism is not reducible to luck egalitarianism and *vice versa*. I agree that the two views, under some characterizations, cannot be reduced to one another. However, Bidadanure misdiagnoses the source of this irreducibility as a matter of whether one is concerned with distributions or with social relations. In my view, the source is that relational egalitarianism takes the form of an agent-relative, deontic norm (e.g., ‘Do not dominate!’) whereas luck egalitarianism takes an agent-neutral, outcome-oriented form (‘Minimize the badness of unjust inequality’). But luck egalitarianism, or at least a close cousin thereof, might also take the form of a certain agent-relative, deontic norm, such as ‘Never make anyone worse off than someone else in a way which is not warranted in the light of their differential exercise of responsibility!’ This norm expresses a concern for distribution, not social relations, if standard agent-neutral, outcome-oriented luck egalitarianism does the former. Yet this view is irreducible to standard, outcome-oriented luck egalitarianism for exactly the same reasons as standard deontic relational norms are. In short: the ‘relational conception of equality is distinctive’ relative to the standard luck egalitarian account, but not because of its concern with relational goods (Bidadanure, 2016: 237).

5. What is the point of relational equality?

While relational egalitarians have generally criticised luck egalitarians for failing to explain why distributive equality is morally desirable, perhaps in a similar way they have not been particularly vocal about what makes relating to one another as equals desirable (e.g., Anderson, 1999; Lippert-Rasmussen, 2018b; Scheffler, 2003; Tomlin, 2015). In many contexts, relating as equals undoubtedly appears morally preferable to

relating as unequals – especially when the comparison involves our relating not just as slightly unequal but as seriously unequal. But that tells us little about what it is about relating as equals that makes it morally desirable.

Here, we can discern at least three views (cp. Lippert-Rasmussen, 2018b: 154-177). I shall argue that the last view best captures the central concerns of relational egalitarians and that, at least in a health context, it coheres best with the time-relative view.²⁵ I then show that it fits well with Anderson's account of democratic equality. For reasons already indicated, however, I also believe that it does not exhaust the concern for relational equality.

First, one common view is that relational equality is good for us, instrumentally or non-instrumentally. For instance, Samuel Scheffler (2005: 19) submits that social hierarchy creates 'patterns of deference and privilege' that 'exert a stifling effect on human freedom and inhibit the possibilities of human exchange...[Patterns of deference and privilege] distort people's attitudes toward themselves, undermining the self-respect of some and encouraging the insidious sense of superiority in others'. I agree with Scheffler's suggestions here. However, they do not provide a plausible grounding for relational egalitarianism. First, Scheffler's claims are entirely compatible with social hierarchy also having good effects on us. In the context of health, it might be instrumentally or/and non-instrumentally good for people to have to care for fragile older friends, family members, etc. who should be shielded from stigma and prejudice and require help to move around in the public space. We need an argument to the effect that the social equality bads outweigh the social inequality goods. Second, and more importantly, if the value of social equality consists of how it benefits us, then, unlike how it is universally understood, relational

²⁵ For a fuller discussion, see Lippert-Rasmussen (2018b, chap. 6).

egalitarianism is not really an alternative to luck egalitarianism. Rather, it is a view about the character of what makes our lives good, and distributive views like luck egalitarianism are best seen as a complementary – rather than competing – views that tell us what justice requires in relation to the distribution of such goods *inter alia*.

Second, a different view holds that social equality is impersonally good; for example, it is desirable that social relations are egalitarian independently of whether this makes the individuals between whom these relations obtain better off or not. In effect, Martin O'Neill (2008: 141–142) holds this view: 'the Non-intrinsic egalitarian can allow that certain kinds of egalitarian social relations have a value that is not reducible to the effects on individual welfare that those social relations may have'. While I think there is something to this view, it is unlikely to provide a satisfactory account of relational egalitarianism. First, the impersonal view is vulnerable to problems quite similar to those facing the personal value account; most notably, that it turns relational egalitarianism into a view that seems to stand in need of being supplemented with an account of distributive justice. Second, the impersonal account is unable to explain a central feature of relational egalitarianism; to wit, that people who are treated as less than equals have a complaint of justice about how they are being treated. On the impersonal account, everyone seems to have equal reason, as far as the value of relational equality is concerned, to regret the fact that some co-citizens are not being treated as equals.

Third, we might think that while relating as equals generally holds value in various ways, as suggested in Section 4, the ideal of relating as equals is first and foremost captured by a basic deontic norm regulating social interactions. As Christian Schemmel (2011: 366; cp. 2015) explains:

Relational egalitarianism...is a view about social justice; its aim is to specify rights and duties that individuals have as members of society, and which normally override other social values...The objection to [inegalitarian] relationships is not merely that they are, in some sense, bad for people, but that they constitute unjust treatment: domination involves subjection to the arbitrary exercise of power on the part of somebody else; marginalization involves an unjust denial of opportunities to participate in basic social and political institutions’.

Anderson (1999: 313) also subscribes to a version of deontic relational egalitarianism: ‘Egalitarians base claims to social and political equality on the fact of universal moral equality...egalitarians seek a social order in which persons stand in relations of equality’. Doing so involves, *inter alia*, that all citizens, whatever their past choices, can participate as equals in society (Anderson, 1999: 295–296). When extending this thought to elderly people, it seems to imply that the state should act to ensure that whatever their past choices (e.g. risky health-related life-style choices), they can participate as equals in society. In short, people ought to relate as equals at any given moment, because that is the only way to honour and express the moral fact that they are one another’s equals. In practice, *inter alia*, this might require that the state prevents or discourages people from making choices that will predictably result in their health deteriorating in old age in ways that undermine their standing as equals (e.g., unhealthy life lifestyle choices).²⁶ Alternatively or additionally, the state might

²⁶ Such policies are not paternalistic – something to which relational egalitarians are hostile (Anderson, 1999: 301) – because they do not aim at promoting the well-being of citizens but at ensuring that citizens relate as equals. However, one might ask whether such policies are morally problematic in ways that are similar to paternalistic policies in that they deny citizens the authority to determine which role a certain impersonal deontic norm should play in their lives when they themselves are at the receiving end of the relevant non-compliance. One reply to this worry is to

make citizens liable to bear the costs of such choices by other citizens (cp. Casal, 2007: 322–323; Williams, 2006: 501–502).

The deontic account of relational equality avoids the problems with the two prior value-based accounts. While it might have problems of its own – notably, to explain why, for example, changing places domination is less bad than otherwise comparable unidirectional domination – my concern is to argue that it appears strongly congenial to the time-relative version of relational equality. Take, for instance, the relational bad of stigmatisation. From the point of view of honouring our equal moral status, we honour our moral equality when we refrain from stigmatising each other at any given time. Changing-places stigmatisation might be preferable from that point of view to a situation where the same groups of people are stigmatised all the time, but it still seems deficient in that some people are being stigmatised at any given time – something to which relational egalitarians object. Similarly, changing-places denial of access to public space, such as that involved in the case of the young and old, might be preferable to denying members of certain races access to public space, but it is still deficient in that some people will be old and denied access to public space at any given point in time. In short, the deontic version of relational egalitarianism seems congenial to the time-relative version of relational egalitarianism. Moreover, it is the version that is the most plausible one in that it avoids the problems facing the value-based account of relational equality and captures central concerns of relational egalitarians.

acknowledge the previous point but to submit that the relevant paternalistic-like policies strike the right balance between a concern for sufficiency, on the one hand, and neither restricting individual liberty, nor extending liability to having to bear the costs of the choices of others, on the other hand.

That said, as with whole lives and segment luck egalitarianism, whole lives and time-relative accounts can be combined in a pluralist account of the ideal relational equality. Perhaps some such account is what we need to explain that changing-places relational inequality is worse than continuous relational equality but also better than comparable uni-directional relational inequality.²⁷

6. Conclusion

This article has argued that health-related age-based inequalities: 1) should be understood along the lines of the social model of old age and, thus, unlike what I take to be a common view, fall under the scope of justice; 2) are not unjust – indeed, given that we live lives of different length, they reduce injustice according to the most plausible version of luck egalitarianism – the whole lives version; 3) in many cases involve unjust social relations from a relational egalitarian perspective because they involve many of the same sort of objectionable social relations that relational

²⁷ Admittedly, the time-relative account sits uneasily with Scheffler's (2015: 25) recent defence of the so-called egalitarian deliberative constraint as a central component in his account of social equality: 'If you and I have an egalitarian relationship, then I have a standing disposition to treat your strong interests as playing just as significant a role as mine in constraining our decisions and influencing what we do. And you have a reciprocal disposition with regard to my interests. In addition, both of us normally act on these dispositions'. In relation to healthcare needs, the deliberative constraint implies that each of us is disposed to treat each member's healthcare needs equally. In some contexts, however, this would presumably be compatible with even very large age-related healthcare inequalities (cf. Scheffler, 2015: 40). Suppose that the marginal improvement in health *ex ante* for all is much greater for young people than the elderly, even though the latter have much greater healthcare needs. If a community decides to spend most of its healthcare resources on young people in ways that might flout Anderson's sufficiency requirement, this appears compatible with the deliberative constraint. After all: 'the egalitarian deliberative constraint is best understood diachronically rather than synchronically' (Scheffler, 2015: 26). In view of Scheffler's embrace of Anderson's celebrated harshness objection to luck egalitarianism, however, I suspect he will want to say that other components in the relational ideal (e.g., mutual respect) cut against large age-based health inequalities (Scheffler, 2003: 30; 2005: 12).

egalitarians object to in the case of disabled people; 4) and that while there is some case to be made for the whole lives version of relational egalitarianism to account for the injustice of age-based health inequalities, *inter alia*, we must appeal to the time-relative version, which better captures the central concerns of relational egalitarians. What emerges from this is a complex picture, where different considerations of egalitarian justice will have to be weighed against one another in order to determine the injustice of age-based health inequalities.

Because luck egalitarianism and relational egalitarianism are often presented as mutually exclusive views and because 2) might be thought to speak against luck egalitarianism, I repeat that nothing in this article is meant to show that egalitarian justice does not involve distributive concerns and that elsewhere I defend a pluralist account of egalitarian justice that incorporates both relational and distributive elements (Lippert-Rasmussen, 2018a,b). Also, as argued in relation to the case of changing places relational inequality, a concern for relational equality includes a distributive concern even if that is not the most central one and certainly does not exhaust the concern for relational equality.

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