

Appeals to Individual Responsibility for Health

Reconsidering the Luck Egalitarian Perspective—ERRATUM

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In the article by Kristin Voigt in the April 2013 issue of *Cambridge Quarterly of Healthcare Ethics*,¹ quotation marks around certain phrases were deleted. These phrases appear below, with quotations marks reinstated, in the context of the sentences in which they appear. The pages in which these phrases appear are listed within parentheses at the end of the last affected sentence on those pages.

In using quotation marks, the author intended to cite the use of particular terms by other philosophers or to distance herself from how these terms were used in the debate. Owing to the omission of the quotation marks, these intentions are not clear to the reader.

We regret the omissions.

In the fourth section, I consider the use of incentives to encourage individuals to “take responsibility” for their health.

Different theorists employ different definitions of the luck egalitarian approach; for the purposes of this article, I take luck egalitarianism to stipulate that inequalities are fair if and only if they are the result of choices for which agents can reasonably be held responsible; inequalities resulting from “brute luck,” on the other hand, should be considered unfair.

On one account, we can compare people’s positions in terms of resources, where this notion can be understood broadly so as to include “internal” resources such as talents and abilities; the main proponent of this approach is Dworkin. (p. 147)

Importantly, luck egalitarians are not committed to taking the mere presence of choice as sufficient to justify the inequalities that may result from it; they can rely on different interpretations of the notion of individual responsibility to flesh out the

distinction between “chance” and “choice” and to determine under what conditions individuals can reasonably be held responsible for the choices they make. (p. 149)

We can also find appeals to individual responsibility that are tied to the provision of positive or negative incentives in an attempt to encourage individuals to “take responsibility” for their health.

The arguments for the use of incentives often draw on the idea of responsibility for health, both in describing how incentives work and in justifying their introduction. Incentives, on this argument, encourage individuals to take responsibility for their health and to make “more responsible” choices with respect to health behaviors, such as smoking or diet.

In the literature, distinctions are often drawn between “retrospective” or “backward-looking” notions of responsibility on the one hand and “prospective,” “forward-looking” interpretations of the concept on the other, along with the suggestion that, even if we think that retrospective applications of responsibility are problematic, forward-looking ones may not be. (p. 151)

A number of recent policy documents have also appealed to citizens to be “responsible” with their health and with respect to their use of healthcare resources, without recommending the use of incentives or penalties for those who fail to act in the proposed ways. (pp. 152–153)

How might a luck egalitarian flesh out the idea that everyone should “do their bit”? (p. 153)

Note

1. Kristin Voigt. Appeals to individual responsibility for health reconsidering the luck egalitarian perspective. *Cambridge Quarterly of Healthcare Ethics* 2013;22(2):146–58. doi:10.1017/S0963180112000527.