The Moral Physiology of Inequality: Response to ‘Fighting Status Inequalities: Non-domination vs Non-interference’

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In this article, I respond to ‘Fighting Status Inequalities’. I first note a niggle about the paper’s assumption that lowering socio-economic inequalities will lower the social gradient in health. I then suggest two further ways in which neorepublicanism may relate to social epidemiology: in terms of ‘moral physiology’ and through analysing which inequalities are unjust.

Social epidemiologists have argued that the social gradient in health in many developed (and developing) countries is best explained by social inequalities; i.e. roughly, the fact that people with higher socio-economic ‘status’ tend to live longer and be healthier than those with lower status is due to social status differentials themselves, rather than, say, behavioural or genetic differences. Poorer people die younger than rich people, on average, not because they are more likely to smoke, but simply because they are (relatively) poorer. In their paper, Juul Nielsen and Landes argue that the moral importance of these findings is best captured by Philip Pettit’s neorepublican concept of freedom as non-domination, where ‘domination’ is interpreted to include domination by systemic features of social and discursive environments.

Much of Juul Nielsen and Landes’s paper focuses on why, at least in public health contexts, we should understand liberty in terms of non-domination rather than non-interference. In this response, I focus on the more general issue of how neorepublican political theory might relate to social epidemiology. I first note a niggle about Juul Nielsen and Landes’s motivating question, before making two proposals for further links between the empirical and normative fields.

Juul Nielsen and Landes frame their paper by asking: ‘should institutions try to alleviate the detrimental effects of status hierarchies in order to bring about better states of health, especially for the worse off?’ (XXX). This question assumes that research in social epidemiology implies that lowering status inequalities would reduce overall health inequalities. This is not

straightforwardly true. First, lowering status inequalities need not lower overall inequalities, because even if the *social* gradient in health is caused by status, there might be *other* inequalities not thus caused. For example, differences in life expectancy between those with and those without rare genetic conditions may not vary with social class. Second, even the generalization that social status inequalities cause *social* health inequalities does not necessarily imply that reducing the first inequality would reduce the second. Consider the claim that cigarette smoking causes lung cancer. Although true, it does not follow that reducing smoking rates must reduce cancer rates, if, for example, smokers simply take up other, equally risky activities (Broadbent, 2013: 83). Why is this merely a niggle? I suggest that the interest of Juul Nielsen and Landes’s paper is less in designing social policy and more in helping us think through the normative status of health inequalities. For the second task, all we need to know is what has caused those inequalities, rather than how they might be ameliorated. (We can blame cigarette companies for current cancer rates, even if we cannot know much about the likely effects of banning cigarettes on those rates).

My first positive proposal relates to the ‘structural’ conception of domination necessary for a neorepublican social epidemiology. Part of Pettit’s motivation for his account of liberty rests on a claim in moral psychology; when we suffer domination, we have to fawn and toady to our ‘superiors’, with resultant psychological damage (Pettit, 1997: chapter 3). This may seem to complicate the move from one-to-one relationships to systems of

domination: how can we fawn to systems of power? However, Marmot's work might help ease this move. Part of Marmot's project is not just to outline the population-level epidemiological relationships between forms of inequality, but also to suggest an individual-level causal route between status inequalities and health inequalities, related to the physiological effects of low control, stress and so on (Marmot, 2004). That is to say, results in social epidemiology might provide a 'moral physiology' which would undergird the extension of neorepublicanism to impersonal systems, as well as results to which that extended analysis might apply.

A second suggestion concerns the concept of 'inequality'. Juul Nielsen and Landes say that they will not discuss inequality specifically, but assume a consensus that it is reasonable to reduce socio-economic inequalities as a means to reducing health inequalities. Quite apart from the niggles above, this move seems too quick. As readers of this journal know, it is far from clear that all health inequalities are necessarily unjust (are 'genetic' inequalities unjust? Inequalities which arise from individuals' informed choices?) It isn't even clear that all inequalities related to socio-economic status are unjust. For example, Norman Daniels (2008) argues that in a society characterized by Rawls's difference principle, there might still be socio-economic inequalities and hence a social gradient in health, but these 'residual health inequalities' would not themselves be unjust. Regardless of whether we are Rawlsians, Daniels is surely right that when socio-economic inequalities are justifiable, resultant health inequalities need not be unjust.

Is this a problem for neorepublicanism? Not necessarily. Part of Pettit's project is not just to broaden the concept of liberty to include some cases—such as the

slave with an absent master—but also to circumscribe it—for example, to say that traffic lights do not necessarily reduce freedom. What matters is not simply whether individuals have power over one another, but whether that power is 'arbitrary', where a power is non-arbitrary if it has been agreed upon in a constitutionally proper way. Therefore, the neorepublican can do more than provide a vocabulary to talk about social health inequalities; she can also say that SES inequalities count as dominating—and, hence, resulting inequalities as unjust—when, but only when, they result from an undemocratic decision-making process.

In this article, then, I have suggested a worry with the framing of Juul Nielsen and Landes's paper, and two substantive ways forward. It is important to stress that these comments were only possible because Juul Nielsen and Landes provide such a clear account of the prospects and problems for integrating neorepublicanism and social epidemiology.

References

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