

Ghetto. Each case opens with a pithy statement of 1) central issue, 2) opponents, 3) principles at stake, 4) attempted resolution(s). Then the case is presented in four sequential stages: the emergence of the conflict, the search for truth, the campaign, the outcome. Finally the author offers some commentary. The consistency of form helps the reader internalize the principles of analysis and action presented earlier in the book. Also, the author's evenhandedness illustrates the respect for one's opponent and "truth on every side" presented in Part I.

Part III consists of "dialogues" between Gandhi and Marx, Freud and Niebuhr. These are followed by "letters" written by Mohandas to Mahatma which discuss conflicts between Gandhi's own theory and practice. The section ends with a review of "remaining issues" and six helpful pages concerning further reading.

*Fighting with Gandhi* is a clear, direct introduction to Gandhi's thought and the writing makes the text accessible to all undergraduates, even the "underprepared student." The major vehicle for illustrating Gandhian principles, the conflict over property is one with which most students can relate. Juergensmeyer's ability to structure his text so it embodies Gandhian principles while explaining those very principles is a boon to both students and teachers. Finally, the text is refreshingly non-sexist and the author frequently encourages his readers to reflect critically on both Gandhian principles and their own experiences with conflict. The only major disappointment comes in Part III where the "dialogues" retain the tone of the author rather than that of the protagonists. Marx does not sound like Marx, nor does Freud, Niebuhr or even Mohandas and Mahatma. Nevertheless, *Fighting with Gandhi* is a good introductory work and it does much to encourage further, more scholarly forays by its readers.

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### **Just Health Care, Norman Daniels**

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*Just Health Care* is an application of a theory of justice to the design of a health care system which focuses upon the provision of "fair equality of opportunity" as the central function of health care. It is this principle which explains why the provision of health care is a social obligation and serves as a guide to policy decisions. The importance of this book resides in the fact that it is a fairly thorough and impressive working out of such a theory and its applications. Because of the breadth and thoroughness of Daniel's work, it is safe to say that competing theories about just macro allocations of health care will henceforth be measured against it.

The basic insight behind the theory is this: Among the many reasons often given for why health care is a social good so special that, as a society, we feel that there exists a social obligation to provide it (or some of it) to those who cannot otherwise get it, Daniels isolates a single rationale which directly ties its provision to considerations of justice. The important rationale is the idea that health is quite often necessary for a person to have a fair equality of opportunity. The opportunity spoken of here is not merely competition for jobs and careers (as in Rawls) but encompasses a broader and vaguer notion of life plans and pursuit of one's own conception of the good. In a single stroke, the fair equality of opportunity account provides a rationale for the perceived specialness of health care and makes its provision a social obligation for any theory of justice (Rawlsian or not) which respects the principle of

fair equality of opportunity.

The fair equality of opportunity principle can tell us *why* society is obliged to provide health care but cannot, in itself, say what health care is, what inequalities in distribution are fair, or what sort of trade-offs can or ought to be made when conflicts arise with other considerations of justice. Daniels addresses these theoretical and conceptual issues in the first three chapters, and then brings his account to bear on a number of issues in the succeeding chapters. Among the issues included are equitable access to health care, distribution of health care to the elderly, whether his account violates health care providers' rights, whether the government is right to place restrictions on businesses to reduce the risk of disease in the work place; whether, in reducing work place risks, it is more acceptable to make the work place safer or find workers less susceptible to the risks present, and, finally, whether the government should fund such things as heart transplants. These discussions, at once, explicate his theory, defend it against certain objections, illustrate how it measures up against some current policies and practices, and above all, reveal its explanatory scope and power.

On the other end of the systematic scale, one might consider the first two volumes of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, *Securing Access to Health Care: The Ethical Implications of Differences in the Availability of Health Services*, 1983. Daniels himself had some role in formulating and influencing the results of the President's Commission, but he frequently contrasts his own approach with the less systematic and more eclectic approach found here. While Volume One presents a fairly broad consensus of opinion about macro allocations, Volume Two is an appendix presenting the especially philosophical and sociocultural studies which helped inform the Commission's conclusions. These two volumes together present what might be called the considered judgments about what ought to be provided as well as a variety of philosophical approaches which are, in some cases, substantially different from Daniels' theory of just health care.

Daniels' complaint against the ultimately eclectic approach of the President's Commission is that, although it arrives at the conclusion that there is a social obligation to provide adequate health care, it provides no principled justification for why this is so. Among the merits Daniels claims for the fair equality of opportunity account are the following. It provides the theoretical foundations for the claim that the provision of adequate care is a matter of justice. Since it is more systematic, theoretical, and abstract, it avoids the tendency to merely justify or tinker with existing institutions. And, lastly, it has a greater fruitfulness and potential for dealing with new dilemmas, than the President's Commission's report.

What Daniels says is, of course, true, and as much could be said about any decent theoretical account attempting to come to grips with most of these considered judgments about health care allocations. On the other side of this coin, theoretical defects such as lack of internal coherence and fit with our considered judgments are going to be more readily apparent in systematic theories. Daniels' theory, as he sometimes notes, runs into difficulties of both sorts.

Concerning fit, Daniels says at the outset that there are four levels of health care—prevention, curing, restoring to normal functioning and care for the terminally ill and the seriously mentally and physically disabled. At the last level, however, where there is no chance of protecting opportunity, he declares that, "we may be beyond measures that justice requires" (48). What this means is that, on Daniels' theory it may not be a violation of justice for the state to not fund health care for the class of individuals with diminished opportunities. Now, Daniels has a clever explanation of how, in the case of the elderly, this is not discrimination, since it might be an allocation of health care resources to which rational agents (behind a veil of ignorance of the appropriate thickness) would consent. But it is not clear that this device, if successful, will work in the other circumstances. If our historic commitments to

the dying, the severely retarded or handicapped and even the death row inmate cannot find a justification in Daniels' theory, then one is tempted to conclude that here must be at least one other source for this social obligation other than the equality of opportunity account.

There also seems to be a problem concerning internal coherence. Any theory of just health care which aspires to be accounted plausible must be economically viable. One way to do this is to provide some way of handling the problem of "bottomless pits." Unless there are some limits placed on the health care the state is obligated to provide individuals, it is likely that the state will not have the resources to do much else. A partial solution, not unique to Daniels, is to adopt the "objective" account of disease based on the medical model's notion of deviation from normal species typical functioning. Adopting this account of disease would forestall the state from being obligated to fund cosmetic nose jobs and extravagant health care "needs." This solution in the context of Daniels' theory puts it in conflict with his central insight about the importance of preserving equality of opportunity. While it is plausible to think that most diseases defined within the medical model affect opportunity, there is no reason to believe that a list of diseases or health problems broadly defined which affect opportunity is going to be extensionally equivalent to the objective list. For example, pregnancy is normal species typical functioning and therefore not a disease according to the objective notion, but there is no doubt that it can affect opportunity. Also, a mental illness which has no organic cause may not be a disease in the objective sense, but once again it can be clearly related to opportunity. The problem, it seems to me, is that opportunity is a society relative concept and the objective notion of disease is not.

In many ways the last chapter of Daniels' book is the most interesting. Here we see, at last, the cash value of the enterprise when the theory is brought to bear on the pressing issue of whether the state should fund heart transplants. The answer is that for a number of theoretical reasons, if resources are scarce, better uses could be made of the money than funding heart transplants. But problems arise if this solution is applied to our present health care system. Where is the fairness in treating hearts differently from the way we do kidneys? If we "hold the line" on federal spending here, there is no assurance that the same funds will be used to conserve opportunity elsewhere in the system, etc. Thus, Daniels' theory can perform the heuristic function of conceptualizing and, perhaps, giving a rational justification of a better health care system, but real world reform, it seems, will have to be carried out with reference to the sort of ethical considerations mentioned in the President's Commission. Daniels worries that the President's Commission is so tied to the pragmatic and political context that its eclectic approach will run into the danger of being unable to boldly envision the alternatives to presently existing institutions. But theories can have the opposite defect too—they are constructed in situations so idealized that the reforms they would envision cannot be imported into the actual pragmatic framework where reforms must take place.

The issue of just macro allocations of health care is exceedingly complex, in part, because the answers to many complex questions assume answers to even larger and more intricate questions. For example, Daniels' theory rests upon the fair equality of opportunity principle, but to offer an adequate justification of it would go far beyond the scope of this work. Nevertheless, Daniels' systematic approach coupled with his candor about possible weaknesses in his theory make *Just Health Care* an excellent guide to the issues that an adequate theory must address. It has the advantage of raising the appropriate issues and then allows one to observe how a first rate philosopher develops a systematic theory designed to answer them.

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