

SUFFICIENCY AND THRESHOLDS IN HEALTHCARE

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About the research: To what levels of health or health care are we entitled as a matter of social justice? An intuitively appealing idea is that each person is entitled to 'enough' so as not to fall under a critical threshold of advantage. For example, a notion of sufficient health or health care can be contrasted to conceptions of justice that promote equal health, give priority to the worst off, or maximize health within the population. Helping individuals to achieve sufficient lifespans seems to be an intuitively more appealing aim of health policy than, for example, helping them achieve equal lifespans. And while giving priority to the worst off may be a fair strategy below certain thresholds of health, its appeal might wane if the worst off are actually quite healthy - or what might be called 'sufficiently' healthy. Yet despite the intuitive appeal of the sufficiency view, debate on what sufficiency is, why we need it, and how it applies to practical challenges - such as the distribution of healthcare and education - still lags behind debate on egalitarian or prioritarian conceptions of justice. This is true of the broad philosophical discussion as well as debates within applied fields. The present project aims to close this gap in the literature by bringing together original contributions on sufficiency and health from philosophers, bioethicists, and scholars in health policy.

Publications

Edited volume under contract with Oxford University Press.

With contributions from Yitzhak Benbaji, Alena Buyx, Ruth Faden, Leonard Fleck, Carina Fourie, Ewout van Ginneken, Axel Grosser, Iwao Hirose, Robert Huseby, Paul Menzel, Madison Powers, Efrat Ram-Tiklin, Annette Rid, Harald Schmidt, Liam Shields, and David Wasserman.