

A REPORT ON

GLOBAL ETHICS LECTURE

Inequalities & Health

by Bryson Ng

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Professor Larry S. Temkin, Distinguished Professor of Philosophy Emeritus at Rutgers, delivered the third Global Ethics Lecture, organised by the NUS Centre for Biomedical Ethics, on 30 May 2025. Professor Temkin presented one distinct conception of egalitarianism, *Equality as Comparative Fairness*, and its relationship with health, health policy and the distribution of health care. His lecture was divided into four main areas: (i) Equality as Comparative Fairness, (ii) the importance of health, (iii) the relationship between equality of well-being, equality of opportunity, and the “first-come, first-served” principle, and (iv) individual responsibility and the distribution of scarce medical resources.

Equality as Comparative Fairness

Professor Temkin posits that there is an intimate connection between equality and fairness. Professor Temkin explains that we often say certain inequalities are objectionable because they are unfair, but we likewise say that there are certain kinds of unfairness in certain kinds of undeserved inequalities. Thus, Equality as Comparative Fairness is grounded in the claim that our concern for equality is inseparable from the concern for fairness. Comparative fairness, broadly construed, entails the concern for how individuals fare relative to others. Importantly, the notion of luck is neither intrinsically good nor bad for Equality as Comparative Fairness. Instead, Professor Temkin suggests that luck ought to be approved or opposed only to the extent that it promotes or undermines comparative fairness.

The Importance of Health

Professor Temkin argued that concern about good health, as well as access to good healthcare, ought to occupy a central role in egalitarianism. According to Professor Temkin, good health is an important dimension of the good life. Freedom from debilitating illnesses, for instance, is a necessary precondition to a worthwhile human existence. Furthermore, good physical and psychological health arguably constitute large and necessary components of what makes a life worth living.

Endorsing such a view may have significant implications for contemporary egalitarian approaches to public policy. Professor Temkin points out that such debates today tend to heavily lean towards the meaningful measurement of disparities in income and wealth in society, where policies are developed with the ultimate goal of reducing economic disparities. While acknowledging the importance of reducing economic inequality, Professor Temkin emphasised that addressing inequalities in health and access to healthcare might be just as, if not more important for egalitarians. For instance, Professor Temkin suggested that while the gap between rich and poor is significant, the gap between the healthy and the seriously ill may be even more significant. Reorienting our focus to inequalities of health and access to healthcare would thus demand profound shifts in the aims and focus of egalitarianism, one that places more attention to the significance of good health and access to healthcare.

Equality of Well-being, Equality of Opportunity and the First-Come, First-Serve Principle

In the context of healthcare, Professor Temkin emphasised that egalitarian approaches ought to be concerned with the equality of well being, or how well-off people are. He also argued that there ought to be equality of opportunity for high-quality health and healthcare for all. Equality of opportunity entails that everyone who is seriously ill should have equal access to the same, or at least sufficient level of healthcare. Such a concept already occupies a central role in the various debates about universal healthcare today.

In the context of scarce medical resources, Professor Temkin argues that the first-come first-serve principle should only be deployed if it effectively accounts for considerations of comparative fairness. Thus, decision-making processes that may be grounded in the first-come first-serve principle should consider how to provide equal opportunity to important but scarce healthcare resources for all patients. Professor Temkin provided the example of organ transplantations, where there is often an asymmetry between the demand and supply of the available healthy organs. Yet, many countries have set up complex systems to ensure equality of opportunity in the distribution of such organs. Such systems typically give weight to such considerations like the urgency of the patient's need, the match between the organ and patient, and how long the patient has been in the queue, for instance.

Individual responsibility and the distribution of scarce medical resources

Professor Temkin proceeded to expound on the notion of individual responsibility and its relationship to the distribution of scarce medical resources. For instance, should individuals who engage in high-risk behaviors (e.g. smoking, excessive drinking, etc), and require certain healthcare resources as a result of such actions, be given less priority than those whose medical needs arise through no fault of their own? To address this, Professor Temkin articulated several key points.

Firstly, the mere fact that someone is worse-off than others (in terms of their health) does not always imply that there is an egalitarian reason to aid them. There is an egalitarian reason to aid someone only if their situation is unfair relative to others, and whether this is so or not will depend, at least partially, on individual responsibility.

Secondly, even if there are no egalitarian reasons to aid the seriously ill in the aforementioned contexts, there may be other powerful normative reasons to do so. This includes humanitarian considerations, utilitarian reasons, virtue-related reasons, and so on. Given that all reasonable egalitarians ought to be committed to pluralism, we have to be sensitive to the full range of plausible reasons for aiding the ill. Sometimes, this means that there may be other compelling reasons to aid the ill that are not rooted in reasons of comparative fairness.

Yet, Professor Temkin maintains that when all other morally relevant factors are equal, considerations of comparative fairness may help determine who, among the seriously ill, has the strongest moral claim on scarce medical resources. For instance, if a hospital has to

decide on who receives the last available bed in the intensive care unit, perhaps it ought to go to the innocent pedestrian who was struck by the drunk driver, rather than the habitual drinker who was driving drunk.

However, when making assessments of comparative fairness, we need to determine appropriate comparison classes for our assessments, particularly when individual responsibility is taken into account. Professor Temkin illustrates this point with the example of how it would be objectionable to downgrade the medical priority of an AIDS patient who engaged in unprotected sex, if one does not do the same for obese stroke patients who did nothing to curb their indulgence of unhealthy food. If we take into account individual responsibility for one's actions or choices, we must be prepared to be consistent in our assessments of different cases where personal choices play a nontrivial role in health outcomes.

Finally, Professor Temkin explained that, from the standpoint of comparative fairness, assuming full responsibility for one's personal choices does not automatically translate to full responsibility for one's predicament. Professor Temkin maintained that the two are only loosely connected. Thus, considerations of equality as comparative fairness requires that we pay attention not only to actual outcomes, but also to the expected value of people's choices as it relates to their different predicaments.

Conclusion

Professor Temkin's lecture invites us to reconsider the complex relationship between fairness, equality, health, and healthcare. His insights encourage us to reflect on the principles that ought to guide our healthcare policies, as well as the pertinent need to address inequalities of health and healthcare that beset our contemporary world.

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