

## SOLIDARITY AND JUSTICE IN HEALTH AND SOCIAL CARE

In this timely book, Ruud ter Meulen argues that the current trend towards individual financial responsibility for health and social care should not be at the expense of the welfare of vulnerable and dependent individuals. Written with a multidisciplinary perspective, the book presents a new view of solidarity as a distinct concept from justice with respect to health and social care. It explains the importance of collective responsibility and takes the debate on access to health care beyond the usual framework of justice and rights. Academics from a range of backgrounds, including sociology, ethics, philosophy and policy studies will find new perspectives on solidarity and fresh ideas from other disciplines. Policy-makers will better appreciate the contribution of family carers to the well-being of dependent and vulnerable people, and the importance of the support of solidarity in these types of care.

RUUD TER MEULEN is Emeritus Professor of Ethics in Medicine at the University of Bristol. He was Director and Professor in Philosophy at the Institute of Bioethics and the University of Maastricht (the Netherlands) before moving to Bristol in 2005. He is editor-in-chief of the volume *Rethinking Cognitive Enhancement* (2017) and has published more than 150 articles, chapters and books in medical ethics. He was a visiting Scholar at the Hastings Centre and the Brocher Foundation (Hermance, CH), and is currently President of the European Association of Centres for Medical Ethics (EACME).

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It follows that we would expect ethical and policy questions to be integral to the analysis of the legal issues discussed in this series. The series responds to the high profile of medical law in universities, in legal and medical practice, as well as in public and political affairs. We seek to reflect the evidence that many major health-related policy debates in the UK, Europe and the international community involve a strong medical law dimension. With that in mind, we seek to address how legal analysis might have a trans-jurisdictional and international relevance. Organ retention, embryonic stem cell research, physician-assisted suicide and the allocation of resources to fund health care are but a few examples among many. The emphasis of this series is thus on matters of public concern and/or practical significance. We look for books that could make a difference to the development of medical law and enhance the role of medico-legal debate in policy circles. That is not to say that we lack interest in the important theoretical dimensions of the subject, but we aim to ensure that theoretical debate is grounded in the realities of how the law does and should interact with medicine and health care.

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RUUD TER MEULEN  
*University of Bristol*



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## CONTENTS

<i>Preface</i>	vii
<b>1 Solidarity: Backgrounds, Concerns and Claims</b>	<b>1</b>
1.1 An Emerging Interest in Solidarity	1
1.2 Origins of the Concept	3
1.3 Solidarity and Social Reform	10
1.4 Concerns about Solidarity	11
1.5 Solidarity as ‘Interest Solidarity’	22
1.6 Five Claims about Solidarity	24
<b>2 The Origins of Solidarity as a Sociological Concept</b>	<b>30</b>
2.1 The Individualisation of Society in Post-Revolutionary France	31
2.2 Individualism and Enlightened Self-Interest: The Views of Alexis De Tocqueville	37
2.3 The Call for Solidarity	40
2.4 Solidarism: The Contribution of Léon Bourgeois	43
2.5 The ‘Solidarismus’ of Heinrich Pesch S.J.	47
2.6 Comte and the Birth of Sociology	51
2.7 Durkheim on Solidarity	54
2.8 Marcel Mauss and the Gift Relationship	62
2.9 Solidarity in the Sociology of Max Weber	64
2.10 Conclusion	69
<b>3 Solidarity and Justice</b>	<b>71</b>
3.1 Introduction	71
3.2 Rawls’s Theory of Justice	72
3.3 Justice and Health: The Extension by Daniels	75
3.4 The Critique from the Capabilities Approach	77
3.5 Restrictive Approaches to Justice	81
3.6 The ‘Cold Side’ of Justice	84
3.7 The Challenge from Libertarianism	86
3.8 Justice and Humiliation	87

3.9	The Perspective of Solidarity	91
3.10	The Communitarian Response	96
3.11	Solidarity and Recognition of Individual Differences	101
3.12	The Connection Between Solidarity and Justice	104
3.13	Conclusion	108
<b>4</b>	<b>Solidarity and Individual Responsibility in Dutch Health Care</b>	<b>109</b>
4.1	Introduction	109
4.2	Solidarity in Dutch Health Care: Backgrounds and Developments	110
4.3	Challenges to Solidarity: Trends in Costs and Income Transfer	115
4.4	Cost Control, Priority-Setting and Needs Assessment	118
4.5	Personal Responsibility in Social Care	122
4.6	Private Solutions	126
4.7	Market Competition and Individual Responsibility	128
4.8	Individual Responsibility for Health	132
4.9	The Future of Solidarity in Dutch Health Care	134
4.10	Conclusion	138
<b>5</b>	<b>Family Solidarity and Informal Care</b>	<b>141</b>
5.1	Introduction	141
5.2	Informal Care	144
5.3	A Different Type of Solidarity	148
5.4	Professional Support and Recognition in Informal Care	151
5.5	Communitarianism Revisited	154
5.6	Reflective Solidarity	158
5.7	Reflective Solidarity and Care	162
5.8	Conclusion	164
<b>6</b>	<b>Why We Need Solidarity</b>	<b>167</b>
6.1	From the Social to the Moral (Claim One)	168
6.2	Solidarity and Justice (Claim Two)	170
6.3	Solidarity and Subsidiarity (Claim Three)	173
6.4	Solidarity and Individuality (Claim Four)	176
6.5	Solidarity: An Exclusive European Value? (Claim Five)	178
6.6	Conclusion	184
	<i>References</i>	187
	<i>Index</i>	202

## PREFACE

The idea of solidarity played an important role in many social movements in the past two centuries. Solidarity meant a preference for collaboration as a way to reach common goals as well as a justification for the subservience of one's individual interests to the collective interest of the group or of society. Solidarity was a widespread principle in various small-scale brotherhoods and associations to help the poor, but it evolved into a major principle in the build-up of welfare state arrangements in many countries in continental Europe from the 1880s onwards. Solidarity meant that the strong individuals or groups in society would set some of their direct interests aside to help the weaker groups in getting access to important societal services. It meant, for example, that individuals paid a financial contribution to collective and compulsory insurance system which enabled the weaker groups to have access to adequate health and long-term care. Solidarity became engrained in many European welfare states as the major distributive principle to enable access to health and social care, pensions and financial compensation for unemployment or lack of income due to illness. Though it has for a long time been a popular and widely supported principle, recent developments have put in doubt the sustainability of solidarity as a distributive principle for welfare and social arrangements, particularly for health and social care. The most important of these developments are the scarcity of resources, neoliberal ideologies, the introduction of market forces in health care and the emphasis on individualism and free choice.

An important problem in this context is the lack of a clear definition of the concept. This may have contributed to increasing doubts about the suitability of solidarity as a guiding principle for the organisation of health care systems, and for the rise of competitive concepts offered by the philosophy of justice. The concept of justice, particularly the accompanying language of rights, interests and obligations, benefits and burdens, pervades much of the contemporary debate on equitable access to health care. Contractual liberalism transforms the concept of solidarity

in a rational decision to support societal arrangements, which should guarantee the basic rights and interests of individuals. Solidarity is then primarily conceptualised as the motivation of individuals to support the existing systems of health care and social protection. This support is balanced mainly in regard to the financial contributions by the individuals to the system, on the one hand, and on the other hand, the benefits they are expecting from the system in case they become needy themselves (so-called ‘interest’ solidarity).

Though the concept of solidarity has been losing its appeal in some social areas and policy domains, it has at the same time received an increasing attention in the field of bioethics like, for example, in recent reports by the *Nuffield Council on Bioethics* (2009; 2012). The importance of relationships and responsibility in health and social care as suggested in the term ‘solidarity’ seems to fit well with the call for social and relational approaches in bioethics and particularly to the principle of respect for autonomy. Against the predominantly liberal and libertarian views of many authors in bioethics, feminist writers and other authors emphasise that human beings are situated in networks of cooperation and dependency, and that liberal views of autonomy are disconnected with how individuals in the ‘real world’ perceive their relations with one another. ‘Solidarity’ expresses this idea of mutual dependency and is thought to function as a counterweight to the idea of the individual as an independent and abstract bearer of rights seeking his or her own individual interests.

The liberal discourse about the moral obligations between individuals in health and social care has concealed the very relational meanings of the concept of solidarity. This is particularly true for the fundamental role of human relationships in regard with the development of personal autonomy as well as recognition of the other. Continental philosophical frameworks put more emphasis on these relationships as the precondition for human flourishing and mutual recognition. Philosophers inspired by G. W. F. Hegel, like for example Axel Honneth (1995) and Rahel Jaeggi (2001), base solidarity on the mutual relatedness and fundamental interdependency of individuals. Solidarity refers to relations of support and understanding between individuals engaged in non-calculating cooperative practices based on identification with a common cause.

The focus on mutual relations and recognition of the other makes solidarity a distinctive concept in relation to justice. However, solidarity does not replace justice. As Habermas (1989) argues, liberal justice is not wrong, but it is one-sided. Its foundation in the calculations of autonomous individuals obscures the importance of an inter-subjective life-



form that supports individual autonomy by keeping up relations of mutual recognition. Habermas sees justice and solidarity as two sides of a coin: justice concerns the rights and liberties of autonomous, self-interested individuals, whereas solidarity concerns the mutual recognition and well-being of the members who are connected in the life world.

However, there are concerns that the idea of solidarity is not promoting individual autonomy, but is in fact suppressing it, by emphasising the importance of the group and the subservience of individual goals to the common goals set by a group or society. This concern may have been fuelled by some communitarian philosophers who argue that the individualism of modern society presents a threat to communality and solidarity. However, this view is based on a negative moral view on the process of individualisation as leading to hedonism, consumerism, lack of social commitment and a narcissistic 'I' culture. Such an interpretation of individualism fails to appreciate that individualism also has a positive connotation in which it refers to self-realisation, individual responsibility and emancipation of traditional social ties. Individualisation can go well together with a feeling of responsibility towards the other and support for the weakest in society. Modern theories on solidarity (Dean 1995) argue for a 'reflective' approach to solidarity in which the importance of communities and the need for development and recognition of individual differences are reconciled with each other.

In the past twenty-five years I have tried to put the concept of solidarity as applied to health and social care on the bioethical and political agenda. In a range of publications I have analysed the moral significance of the concept, particularly in comparison with the concept of justice, for debates on the allocation of resources in healthcare. I have underlined the importance of 'humanitarian' solidarity which reflects the concern and responsibility for individuals who are not able any more to take care of themselves due to debilitating conditions and diseases, like dementia and psychiatric disorders.

My thinking on these issues got an important stimulus during my work as coordinator of the project *Solidarity and Care in the European Union* funded by the European Commission in the Fourth Framework Program-BIOMED 2 (Project ID BMH 4983971). This project, which lasted from 1998–2000 and which included seven European universities and research institutes combined sociological research into solidarity in health and social care with a philosophical project reflecting on the ethical and philosophical significance of solidarity (ter Meulen, Arts and Muffels 2001). I am much indebted to my colleagues Ruud Muffels

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