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Published in:
Ethics

DOI:
10.1086/684698

Publication date:
2016

Document version
Indsendt manuskript

Citation for published version (APA):

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This book is a comprehensive and very insightful discussion of the value of health and how to measure it. The book entails some well-reflected distinctions and rather groundbreaking statements. First, that we must distinguish between measuring health and measuring the value of health and that the latter is the measurement of most political interest. Second, that in measuring the value of health we must distinguish between the private and the public value of health and that we would do best by focusing on the public value of health. It then provides a plausible suggestion for a framework for how to assign value to health states by its public value by pairing information about the degree of distress they impose with how much they limit people’s ability to engage in common and important activities. And although the suggested framework is still sketchy and unfledged, it is carefully grounded in normative reasoning and seems to fare better than the available alternatives from welfare economics. Thus, the book provides a sound and important contribution to the literature.

The book takes its reader on a dialectic journey through a landscape of both philosophical consideration and practical issues all of which are nicely and in a perfectly clear way related to the main issue of how to assess the value of health. Hausman’s style is characteristic in the way that each new chapter raises the most important critical points against the former chapter’s conclusions and gives them a fair and well-informed discussion upon which new conclusion are reached. In this way, the book provides the reader with the feeling of being together with Hausman on a joint quest for the right answer to the question of how to measure the value of
health. This characteristic style gives the book an overall dialogical expression and shows comprehensive understanding of the complexity of the issue in question—always taking the most plausible and weighty reasons and positions into account before arguing against them.

Consequently, readers on all levels can easily follow the general line of thought and position themselves in the discussion the book provides, even without much preceding knowledge of the literature.

Hausman’s most important and very applicable conclusion is (C), that any field in use of a generic health measure should employ a measure of the public value of health by assessing how specific health states limit individuals’ ability to engage in common and important activities in a liberal society, and to which degree they impose suffering for them. This conclusion is the result of some well-reflected and concise argumentations. In the course of the book, Hausman provides the following overall line of argument: (i) any useful generic measure of health must be a measure of the value of health rather than a measure of health states as such. (ii) Any measure of the value of health must be either a measure of the private value of health or of the public value of health. (iia) If we are concerned with the private value of health, the impact of health states on personal well-being seems to be the most promising candidate for the measurement of generic health. (iib) However, we have good reasons to disregard subjectivist accounts of well-being and adopt a more objective measure such as understanding well-being in terms of flourishing. (iic) In any case, the current praxis of measuring health state impact on personal well-being by eliciting people’s preferences using survey questions involving time tradeoffs etc. is invalid, firstly because these surveys do not in fact measure people’s actual preferences since the questions are often almost impossible to relate to; secondly because people’s preferences are not the kind of information we are looking for—rather we are looking for the objective reasons
behind these preferences; and thirdly because non-reflecting respondents are not the proper informants for such assessments. (iid) Any measure of the private value of health by the impact of health on personal well-being is thus problematic and in need of serious improvements, but, importantly, this approach is less problematic than the available alternatives, which are to assess the private value of health by its contribution to capability or opportunity. (iii) Although measuring the value of health by its impact on personal well-being is the best available strategy for capturing the private value of health—if properly adjusted to accommodate the objections raised against the current praxis—we would in general do better for the purpose of guiding social policy by applying a measure of the public value of health. This is so, Hausman claims, because “there is a distinctive public evaluative perspective that rests upon an understanding of the proper functions of the liberal state” (157). (iiiia) The liberal state’s function is both to facilitate people’s freedom and opportunity, and to eliminate or reduce suffering. (iiib) Hence, “health states matter from a public perspective both with respect to the limitations they impose on what activities individuals can engage in and with respect to the suffering they entail” (164). (iiic) Generic health measures should be based on the public value of health by evaluating health states by their limitation/distress (L/D) pairs—which is, effectively, to which degree they limit activities important in a liberal society paired with how much suffering they result in (177). Hence, this line of arguments has brought us to where I began this paragraph, with the central conclusion of the book (C).

I am in general sympathetic to Hausman’s overall argument as well as the central conclusions of the book. However, I shall raise two critical points. The first point questions premise (iid) from the perspective of the capability approach and suggests that as a normative theoretical framework for evaluating disadvantage, this approach holds more potential for
measuring the value of health than it is being credited for. The second point questions the necessity of the clear-cut distinction between private and public value of health that Hausman’s limitation/distress pair measure seems to rely upon.

To set off the first point, let me attend to Sen’s well-known critique of utility-based welfare economic measures of well-being. At the heart of this critique is the view that utility-based measures of well-being fail to take into account relevant aspects such as individuals’ freedom and opportunity (Amartya Sen, Development as Freedom [Oxford: Oxford University Press, 1999], 62). Obviously, then, the freedom aspect is central to any capability-based account of the value of health. However, capability theorists value health for various reasons. Elsewhere, I have argued that there are at least three separate aspects of health that ground its value from a capability-theory perspective: First, the functioning value, because some level of health-functioning is important to everyone’s life; second, the agency value, because health carries important freedom to choose valuable goals; and third, the fertile-functioning value, because some level of health is a prerequisite for access to other valuable capabilities (Lasse Nielsen, “Why health matters to justice: A capability-theory perspective,” Ethical Theory and Moral Practice 18 [2015]: 403-415). This, I take it, is in perfect tune with Hausman’s point that, “to measure health by capability and functioning leaves nothing out” (147). The problem arises, he claims, because it is questionable whether this multidimensional framework of the capability approach enables us to assign actual values to health states. Apparently, the capability approach implies that scalar health measurement “should be abandoned rather than that the value of health should be measured by some index of capabilities and functionings” (147). To my knowledge, the capability approach implies nothing that strong in regards to how to measure the value of health. Capability theorists object to the typical utility-based welfare measures of well-being
both because subjective preferences are an unreliable source of well-being—which is similar to Hausman’s own critique of subjectivism—but also, and more importantly, because such measures focus *merely* on well-being achievement, or what I have called the functioning value above, and, thus, leaves out important information about the other relevant aspects of value. Consequently, if welfare economics measures could be adjusted so as to more accurately capture the actual contribution of health to well-being, the way Hausman recommends (151), the capability approach would have nothing against the use of such a measure. In fact, capability theorists would take such a measure to be a much improved and necessary tool for assessing one important dimension of the value of health—the functioning value. It follows that it would be unwise to simply “abandon” this information, and unlike Hausman I am confident that the capability approach does not require that we do so. But it would be naïve to believe that this measurement would capture *every* valuable aspect of health. The value of health is multidimensional because health is important to human well-being, and because human well-being is multidimensional. The ingenuity of the capability approach is that it underlines this fact and puts it up-front in its normative assessments, and that it has already come a long way in theorizing about how to reach agreements in social policy even with incomplete information about human well-being (Jennifer Ruger, *Health and Social Justice* [Oxford: Oxford University Press, 2010], 73). But this strategy is fully compatible with, and even supportive of, designing welfare economics to obtain the most relevant and reliable data possible to capture the contribution of health to personal well-being as *one* dimension of the value of health. The main critique of welfare economics coming from the capability approach is that it is too simplistic; not that the information it provides is necessarily useless.
My second point targets the distinction that Hausman makes between the public and the private value of health. “Generic health measurement systems”, he says, “have gone astray either because they attempt to measure the quantity or magnitude of health itself, which is irrelevant or impossible, or because they attempt to measure the private value of health, which is not what is wanted to guide the allocation if health-related resources” (170). Rather, we should be concerned with the public value of health, “which depend on pathological suffering and of the bearing of health on common and important activities” (170). I share Hausman’s dissatisfaction with the existing generic health measurement systems, but I am not convinced that this is because they attempt to measure the private instead of the public value of health. Rather, my dissatisfaction comes from the fact that the existing measurement systems from welfare economics allegedly rely on people’s informed preferences—taking informant survey replies to be reliable empirical data—when what they actually measure is random lay people’s immediate reactions to hypothetical scenarios or time tradeoffs that they have never before given any thought. The problem with these measurement systems is their measurement validity, not what they attempt to measure. Let me try to stress this point a bit further.

Hausman rejects, in my view rightly, subjectivism. He argues that when asked to judge about the value of some state of affairs, we seek objective reasons behind our preferences, not mere preferences. Such reasons about state of affairs are, Hausman says, “what I ought to like or dislike or ought to value about them” (138). Consequently, as he so cleverly puts it, “Subjectively, we reject subjectivism” (138). It follows that a good measure of the private value of health is not a measure of some survey-respondents’ gut feelings about health states but must give an indication of the relevant objective reasons for liking or disliking them. This is in perfect tune with Hausman’s own account of well-being—which is some interpretation of a flourishing
account (141)—and, moreover, in line with his final recommendations for how to improve the existing health economic measurement systems (152). But if the private value of health is not subjectivist, but grounded in objective reasoning, what then is the “distinctive public evaluative perspective” (157), and why should we care about that? I agree with Hausman in his adoption of something like a Scanlonian objective criterion of value, and therefore with the conclusion that, “what matters for a liberal state is not how strongly people value one thing or another or how many people hold those values” (169). But this is only a reason to reject subjectivist accounts of well-being, not a reason to reject objective accounts of the private value of health. On the contrary, if the most plausible generic measure of health is anything like Hausman’s suggested limitation/distress pair measure, it seems peculiar to claim that these two dimensions of the value of health states could be evaluated from a distinctive public perspective—without reference to the private value of health on an objective account of well-being. For example, if asked why I find infertility morally problematic I can think of two reasons (without referring to any subjectivist reasoning). First, that infertility impedes reproductive functioning which is important in a common human life. Second, that infertility obstructs people’s freedom to choose whether or not to make use of their reproductive functioning, which is a freedom every human should enjoy. These reasons are grounded in an objective account of well-being—they state nothing about subjective preferences or experiences—but importantly they refer to the private, not the public, value of health. They are reasons about why infertility is bad from an individual perspective. But, and here is the point, although these reasons are grounded in an objective account of well-being they are completely interchangeable with Hausman’s Scanlonian argument for focusing on the public instead of the private value of health. Moreover, they seem fully operational in terms of limitation/distress pairs. So why, we would want to ask, should it matter whether or not this
objective account of value is public or not? The distinction seems to me both artificial and unnecessary confusing.

The book raises more questions and issues for debate than I am able to touch upon here. Importantly, none of them does anything to change the fact that this book holds a very important and extremely bold contribution with both philosophical and political merits, and that it should, and probably will, serve as a focal point in coming debates on the value and the measurement of health. Most of the existing literature on similar issues either lacks philosophical depth in its normative discussion or, alternatively, is too diffident and uncreative to come up with applicable political recommendations. Hausman’s book elegantly manages both and thereby sets an example for other theorists within this field to follow. Philosophers unable to speak out to non-philosophers are not really good philosophers. Hausman, obviously, is a really good philosopher.

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