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## **Book Review**

### **What Is Enough? Sufficiency, Justice, and Health**

Carina Fourie and Annette Rid, eds, 2017, Oxford University Press (New York, NY, 978-0-19-938526-3, 336 pp.)

*Polly Mitchell*

Sufficientarianism is, broadly speaking, the view that justice is concerned with ensuring that each individual has “enough.” A state of affairs is unjust to the extent that it leaves people below a particular threshold of goods or resources, and increasingly unjust the farther below the threshold people are and the more people that lie below the threshold. Once all individuals have secured enough, the demands of justice either disappear entirely, or change in nature. Amongst sufficientarian philosophers, as with all other theories of distributive justice, there is disagreement about the appropriate currency of justice—whether justice requires that people secure enough money, welfare, opportunity, capability-level, or some other good. There is also much discussion about the appropriate level for the “sufficiency threshold” to be set. In the healthcare context, sufficientarian views characterise the allocation of healthcare resources as unjust to the extent that it leaves people without enough health or without enough healthcare resources. Sufficientarian approaches are something of an underdog in distributive justice debates in general, and even more rarely invoked in health-specific contexts. This is, perhaps, surprising as sufficientarianism combines some of the merits of other distributive approaches, while mitigating certain problems.

The view captures something of the utilitarian principle of maximising the amount of health or health benefit in a population, without allowing problematic trade-offs between individuals. It shares the prioritarian ethos, seeking to prioritise those who are worse off over those who are better off, but without insisting that the “worst off” should be prioritised in groups whose members are all already very well off. And it supports, to some extent, the egalitarian stipulation to treat all people equally, whilst acknowledging that health equality is not particularly important once everyone is sufficiently healthy, and avoiding the objectionable possibility that justice requires bringing everyone down to a very low, but equal, level of health. Of course, sufficientarianism harbours its own problems: most

conspicuously, more needs to be said about where the threshold lies and why it is normatively significant before sufficiency becomes a viable distributive principle.

*What Is Enough? Sufficiency, Justice, and Health* is an edited collection of fifteen original essays, which attempts to carve out a space for sufficientarianism in healthcare resource allocation debates. The contributions variously defend sufficientarianism and particular formulations of the principle of sufficiency against objections, develop and offer justifications for different specifications of a health sufficiency threshold, and outline the role that sufficiency already plays in healthcare decision-making and priority setting. The collection is an exploration of the role of sufficiency in healthcare resource allocation rather than a straightforward defence of sufficientarianism. Though many of the contributing authors defend sufficientarian views, there are several points of disagreement between them. Moreover, the collection includes a critical essay by Leonard M. Fleck, who argues that sufficiency is inadequate as a principle distribute health justice. And, while Paul T. Menzel's contribution defends the notion of a basic minimum of healthcare, he is agnostic about whether it is best grounded in sufficientarianism. Many of the authors—a majority, even—defend sufficiency as one of a plurality of principles to be invoked in healthcare resource allocation, rather than the sole basis for just decision-making. This heterogeneity is, I think, an overwhelmingly positive feature of the collection. Though deep disagreements about the currency of health justice, the level of the sufficiency threshold, and the definition of sufficiency generate a potentially confusing level of complexity, the resulting set of arguments and views make for a highly nuanced debate. By fleshing out the concept of sufficiency in this way this book successfully establishes it as a viable principle of distributive health justice, and injects some fresh ideas into the somewhat stale dialogue about principled healthcare resource allocation.

The collection is divided into four parts. In part I, the editors outline the state of the debate in two essays, first in relation to sufficiency in general, and then in relation to sufficiency and health. The clarity afforded by this opening section is particularly appreciated, given the wide-ranging subject matter of the collection. Part II comprises four essays, which defend the sufficiency view in general, without a particular focus on health justice. The contributions in this section are chiefly concerned with identifying a plausible principle of sufficiency and responding to potential objections, in order to move away from underdeveloped early

formulations.<sup>1</sup> While these essays certainly succeed in making a case for the value and credibility sufficiency as a distributive principle, they don't establish its primacy above other distributive principles, nor do they demonstrate that sufficiency can function as the sole principle of distributive justice. Part of the reason for this is that, as Fourie argues in her sufficiency "primer" in Part I, the sufficiency principle is an end-state principle of justice. That is, it tells us what a just state of affairs looks like, but not how to get there. It is possible to invoke further principles of sufficiency to explain how to allocate resources. For example, we might stipulate that we ought to "allocate resources to those below the threshold" or "allocate resources so as to bring as many people above the threshold as possible." However, these are liable to be too vague for use in real-world conditions of scarcity or to arbitrarily favour those who are close to threshold. Other moral principles therefore tend to be brought in to justify the allocation of resources to those below the threshold: prioritarian considerations about how badly off people are, for example, utilitarian considerations about how many people can be treated or saved, and what degree of health benefit can be provided, and egalitarian considerations about the resulting inequalities between people, when not everyone can be brought above the threshold. It is no coincidence, then, that most of the contributors to the volume defend some form of pluralism: sufficiency alone is inadequate as the sole distributive principle.

The six essays in part III consider sufficientarianism as an approach to health justice. Many of the contributions in this section are concerned with the identification of the appropriate currency of sufficientarian health justice and the justification of a sufficiency threshold. Efrat Ram-Tiktin and Carina Fourie each defend sufficiency of capabilities approaches. These draw on Martha Nussbaum's capabilities theory, which contends that justice requires that each individual has a sufficient level of capabilities—those "doings" and "beings" that are essential to human life (Nussbaum 1992). The sufficiency threshold for sufficiency of capabilities accounts of health justice is based on "normal" human physical and psychological function. Sean Aas and David Wasserman, on the other hand, critique the capabilities approach, arguing that it fails to distinguish health from other aspects of well-being and function. They defend an account of health as the absence of harmful disease, though they stop short of actually specifying a sufficiency threshold. As Paul T. Menzel suggests in his essay in this section, these views are intuitively attractive. They invoke

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<sup>1</sup> Harry Frankfurt's formulation of the principle of sufficiency, for example, is largely rejected, as is Roger Crisp's account (Frankfurt 1987; Crisp 2003).

normatively salient concepts to specify and justify the currency of sufficientarian justice—harm, flourishing, normal human functioning, dignity and respect. But in fact, they leave us without many tools for distinguishing between just and unjust levels of health or healthcare in particular individuals. Defining the explanatory concepts ends up looking almost as controversial as defining sufficiency itself.

Part IV turns to the implementation of sufficiency in practice, exploring the extent to which existing approaches to healthcare resource distribution purport to implement sufficientarian principles, and the extent to which they in fact succeed in doing so. The standout contribution in this section is Dimitra Panteli's and Ewout van Ginneken's essay, which convincingly argues that sufficientarian principles are used, under various descriptions, in the justification of healthcare priority setting and particularly in the justification of universally guaranteed basic healthcare packages in states across the world. This, if nothing else, provides a very good reason for taking sufficiency seriously as a principle of healthcare resource allocation.

Several of the essays in the volume vindicate the value of sufficiency as a means of determining the allocation of healthcare resources at a population level. While many theories of distributive health justice operate on the assumption that resources are to be allocated within a fixed population, Axel Gosseries' excellent contribution illustrates the value of sufficiency as an intergenerational distributive principle. Sufficiency does a better job of making sense of our obligations to future generations than do equality, utility or priority, all of which are liable to be overly demanding on the present generation. The sufficientarian requirement that we leave the next generation in a position where they have enough health, or the means to provide themselves with enough health, expresses an attitude of sustainability which is mindful of the epistemic limitations which characterise intergenerational justice. The principle of sufficiency also helps to explain why many states provide universal coverage for a wide variety of different healthcare services and benefits, covering a number of different disease-areas and life stages. The invocation of a sufficiency threshold for health can provide justification for the inclusion of elective surgeries and end-of-life care in the set of healthcare services included in a universal health benefit package, even when they don't produce a particularly large amount of health benefit. It can also explain why many cosmetic surgeries, certain fertility treatments, and interventions with a very low chance of success ought not to be included. The value of the principle of sufficiency as a population-level distributive

principle is evident, and this is enough to cement its place in decision-making about healthcare resources.

I remain unconvinced, however, of the value of sufficiency as a means of justifying healthcare resource allocation at an individual level. There is something startlingly inhumane about the suggestion that nothing can be done for a sick patient because they have already been given “enough” healthcare resources, or the insistence that an elderly patient should not be given a life-extending intervention because they have already had a “fair innings.” When applied to individual lives the sufficiency threshold acquires a harshness that is not evident when it is used at a population level, for example to rule out particularly expensive or ineffective treatments for everyone. Given its considerable plausibility as a principle of justice in some areas and its implausibility in others, it is no wonder that pluralism is popular among proponents of sufficiency. Of course, other principles of distributive justice exhibit similar limitations, so this should not undermine the value of sufficiency as a principle of healthcare resource allocation. Indeed, conversely, the collection not only convinced me of the value of sufficiency, but also left me wondering whether it is time to end the pretence that any single principle might provide an exhaustive solution to the problems of distributive health justice.

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