**Luck Egalitarianism in Health: appreciating the idea of equal opportunity for health (early draft – do not cite)[[1]](#footnote-1)  
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**Introduction**   
Bernard Williams famously argued that *“the proper ground for the distribution of medical care is ill-health.”* (Willams, 1962: 121). Though such a need-based line of thinking is admittedly silent on a number of pertinent issues[[2]](#footnote-2) it reflects what many take to be a central concern of our healthcare system. In policy debates however, a conflicting value is frequently brought to the fore: Personal responsibility. Whether advanced through references to stretched budgets or moral beliefs it is a recurrent thought that those who contribute to their own bad health should be treated differently than those who are ill for reasons unrelated to their own choices (A. M. Buyx, 2008; Golan, 2010; Leichter, 2003; Minkler, 1999; Reiser, 1985; Schmidt, 2008; Wiley, Berman, & Blanke, 2013). Such a line of reasoning is seemingly closely related to the justice luck egalitarianism theory of distributive. For that reason it is perhaps unsurprising that we can identify both past and present attempts to gain insights by using luck egalitarianism to assert inequalities in health and allocate scarce healthcare resources (Albertsen & Knight, n.d.; Albertsen, forthcoming; Cappelen & Norheim, 2005, 2006; Hunter, 2007; Roemer, 1993, 1998; Segall, 2010; Veatch & Steinfels, 1974; Voigt, 2013).   
Several tasks befall anyone who engages in the project of applying luck egalitarianism to the areas of health and health care. This article strives in doing just that. First one has to address the fact that luck egalitarianism is a heterogeneous line of thought, in the sense that luck egalitarians disagree on important issues (Arneson, 2004). Thus any comprehensive theory of luck egalitarianism in health and healthcare would have to include an account on what luck egalitarianism is. This is the case since different interpretations of what luck egalitarianism is as a theory will lead to different conclusions Another task would be to provide answers to the criticism raised towards such a project (Andersen, Dalton, Lynch, Johansen, & Holtug, 2013; Brown, 2013; A. Buyx & Prainsack, 2012; Cavallero, 2011; Daniels, 2011; Feiring, 2008; Mailly, 2005; Nielsen & Axelsen, 2012; Nielsen, 2012; Schmidt, 2009; Venkatapuram, 2011; Vincent, 2009; Wikler, 2004) and furthermore suggest reasons why luck egalitarianism fares better than rival theories of justice in health (Daniels, 2008; Ruger, 2010; Venkatapuram, 2011).  
This article embarks on these tasks, while claiming they are not as easily disentangled as one might assume (or hope). The tasks are not completely independent, since it might be the case that we prefer one version of luck egalitarianism over another precisely for its ability to deal with (or avoid) specific criticisms. On that note recall how much criticism of luck egalitarianism as a general theory of distributive justice, which refers to its alleged implausible consequences in relation to health (Anderson, 1999; Fleurbaey, 1995). The purpose of this paper is threefold. It presents a distinct view on luck egalitarianism and health, including a specification of what luck egalitarianism means. It defends and differentiates this view against alternative applications of luck egalitarianism**[[3]](#footnote-3)** in this context and it argues that this distinctive approach has several advantages when compared to the dominant alternatives from outside the luck egalitarian literature such as the issues raised by people adhering to the capabilities view (Ruger, 2010; Venkatapuram, 2011) or fair opportunity approach (Daniels, 2008).

Before undertaking such a discussion, a short introduction to luck egalitarianism is needed. Luck Egalitarianism is often deeply connected with some comprehensive or radical idea of equal opportunity (Cohen, 2009; Lazenby, 2011; Segall, 2013).[[4]](#footnote-4) Often associated with Parfit’s Principle of Equality “[I]t is bad if, through no fault of theirs, some people are worse off than others” (Parfit, 1984, p. 26) or “[i]t is in itself bad if some people are worse off than others” [“through no fault or choice of theirs”] (Parfit, 1998, p. 3 n. 5) the common ground for luck egalitarians are that inequalities reflecting luck (or circumstance) are unjust, while those reflecting choice are not (Arneson, 1989, p. 85, 1990, p. 177, 1991, p. 189; Cohen, 1989, p. 916; Lippert-Rasmussen, 1999; Temkin, 1993, p. 17). This means that justice only requires compensation for the former, while distributions reflecting the latter should not be redistributed. In line with this, luck egalitarianism is sometimes described as consisting of (at least two) different, independent, elements: A pro-choisist element, which says that distributions reflecting choice should not be remedied and an anti-luckist element which says that distributions reflecting luck calls for compensation (Arneson, 2011; Stemplowska, 2013). Clearly these classical luck egalitarian formulations set luck egalitarianism apart from outcome egalitarianism. An outcome egalitarian theory focused on equality of (for example) welfare would be inattentive to how such an equal distribution came about and whether the distribution reflected inequalities in capacities, choices or options (Voorhoeve, 2005, p. 60)[[5]](#footnote-5) Classical luck egalitarianism requires that we have equal opportunity for (or access to) whatever our theory claims to be valuable. Outcome egalitarianism requires us to have equal amounts of this.

Though most luck egalitarians could subscribe to the description above, vast and important disagreements remain among luck egalitarians. These disagreements pertain to what constitutes luck and choice and what it means for opportunities to be relevantly equal. Such specifications are required for vindicating a distribution as just or designate it as unjust. Furthermore luck egalitarians disagree over whether this applies across the board, to inequalities only (Albertsen & Midtgaard, 2013; Segall, 2010), or only to inequalities above a certain threshold (Tan, 2012). Each of these disagreements remains important for applying luck egalitarianism to health and healthcare, but two health-specific points must be made firstly

**The “what” and “how” of luck egalitarianism in health[[6]](#footnote-6)**Two important questions arises on any construal of luck egalitarianism. They deal with what it is we are concerned with in this discussion and how we treat this in relation to other concerns of justice. The first things has to do with what it is we are distributing, the second with the relationship between this and other concerns of (distributive) justice.[[7]](#footnote-7) On the first issue the development of the views held by Daniels is perhaps instructive. He published Just Health Care (Daniels, 1985), but restated his views under the title Just Health (Daniels, 2008). Daniels explicitly mentions that this change was brought about through the development of the social determinants in health literature. The change in Daniels word choice signifies an important change in reasoning brought about through a change in our understanding of the world. When how healthy people are is largely determined by factors outside the healthcare system, it becomes apparent that our concern is with health as such (rather than healthcare). The healthcare view, or the view that what concerns luck egalitarians are distributions of healthcare does exist in the literature (Hunter, 2007). Others are perhaps less clear about their stance in this discussion (Roemer, 1993), while the alternative, health view is firmly embraced in both recent and past choice-sensitive or luck egalitarian contributions (Le Grand, 1991, p. 112; Segall, 2010, p. 92; Voigt, 2013). The appeal of the health view is clear if we imagine a policy that keeps access to health care as it is, but improves health (perhaps through eliminating the influence of some social determinant in health). The healthcare view cannot say that this constitutes an improvement, while the health view is clearly able to make such a judgment.[[8]](#footnote-8) It seems a plausible claim that we would want our theory to be able consider this an improvement (Albertsen & Knight, n.d.).

Another (seldom expressed) difference concerns the connection between health and other concerns of justice. This pertains to whether what is proposed is a theory dealing with health alone,or one also considering it in relation to other concerns of justice. It is helpful to designate those positions using a terminology Caney employs elsewhere (Caney, 2012). We could refer to the former approach as the *isolationist view,* while calling the latterthe *integrationist view.[[9]](#footnote-9)* This is relevant in relation to some criticisms. Consider Carvallero’s point that *“A policy of imposing personal liability for option-luck healthcare costs will tend to be regressive in its effects, hitting the worst off the hardest and thus … tending to aggravate the burdens of those who are already unjustly disadvantaged.”* (Cavallero, 2011, p. 401). Even if we ignore (for the time being) the influence that such disadvantages have on health and people’s health behavior, this is clearly something luck egalitarians would want to avoid committing to. For a luck egalitarian integrationist an answer seems straightforward. A luck egalitarian integrationist would say that someone suffering from unjust disadvantages regarding work, wealth and housing should not be penalized if, in the sphere of health, his relative position did not match his exercise of responsibility in a way favorable to him. His overall level of advantage would still be in such a way that he was, all things considered, unjustly disadvantaged relative to others. The above sets the scene for the discussion to come. It suggests that the luck egalitarian theory be morally concerned with distributions of health (rather than healthcare) and it further states, that this should be done in a way explicit about the important relations existing to other areas of life, which are a concern of justice (apart from how they influence health). Theses preliminary considerations help setting the scene for the discussion to come and also perhaps to dismount some objections routinely raised against luck egalitarianism.

**Luck Egalitarianism: Equality of opportunity for health**After having argued that we should be concerned with distributions of health and its relation to other concerns of justice, we now turn to the luck egalitarian view on how health should be distributed. The idea of equality of opportunity has been prominent among luck egalitarians and as such, one view on what this article strives to accomplish would be that it presents and defends a theory of equal opportunity for health which draws on the bourgeoning luck egalitarian literature. Dealing with the complex literature of equal opportunities is not a simple task.[[10]](#footnote-10) At least two very different senses of the word exist. One is focused on nondiscrimination (in hiring, education and also health), while the other is focused on leveling the playing-field in society (Roemer, 1998, p. 1). It is equality of opportunity in the latter sense that this article deals with in the context of health.[[11]](#footnote-11) To see how the literature on equal opportunities and luck egalitarianism relates consider the four different elements which Lazenby submits that theories concerning equality of opportunity involve:

1) A Pattern: The distributive pattern   
2) Subjects: Those among whom the pattern is to exist  
3) Objects: That around which the pattern is focused  
4) Obstacles: Barriers for achieving objects, which are to be equalized or absent  
(Lazenby, 2011, p. 13)

Consider then Cohen’s and Arneson’s views. They differ in their objects; Arneson addresses welfare while Cohen emphasizes the broader notion of advantage. They further differ in their views on obstacles, since Cohen’s focusses on access, while Arneson talks of opportunities.[[12]](#footnote-12) Since this different is today mostly considered semantic, it clears the way for the important discussion over how are we to understand the notion of opportunity. This seems integral to a theory of equal opportunities for health.

*Describing opportunities for health*  
Consider as a starting point Lazenby’s own definition of an opportunity. *X has an opportunity for Z, when X may choose to pursue Z in the absence of some obstacle Y', where X ranges over agents, Y ranges over 'preventing conditions', or as I have called them 'obstacles', and Z ranges over the possible objects of the opportunity.*' (Lazenby, 2011, p. 20). Lazenby acknowledges that this definition implies that if A and B are both decisive obstacles for achieving some health benefit X, removing either A or B would amount to providing a person with the opportunity for X even though the other obstacle remains and X thus remains unachievable (Lazenby, 2011, p. 21). It sounds strange to say that D has an opportunity for something even though we know with certainty, that D cannot achieve it. Catering for such a plausible concern we could perhaps adopt Arneson’s view, where an opportunity is understood as *“a chance of getting a good if one seeks it”* (Arneson, 1990, p. 176).[[13]](#footnote-13) While sensibly the “if one seeks it” clause specifies that declining to exercise an opportunity does not mean that one did not have that opportunity, the adjustment deals with the concern raised before. It states clearly that we cannot have an opportunity for something, which we are definitely unable to achieve. A concern however could be that this change achieves too much or rather, takes the definition of opportunity to be too loose. This is the case since the language of chance may sit oddly with some. [[14]](#footnote-14) Whether an opportunity requires such certainty will be touched upon later.   
Even if we, for now, accept Arneson’s view on what an opportunity means, we are still stuck without a language to describe how people’s opportunities for health can differ. Such a lack of relevant parameters is unfortunate, since such a language is clearly needed for the normative assessment of people’s relative opportunities. Being able to make such an assessment is vital to any normative theory of equal opportunities in health. Once more a look at the luck egalitarian literature is instructive in that regard. Arneson presented his theory as requiring equal opportunities for welfare, specified as people equally capable of negotiating among their options facing “equivalent decision trees -- the expected value of each person's best (-- most prudent[[15]](#footnote-15)) choice of options, second-best, ... nth-best is the same.” (Arneson, 1989, pp. 85–86). Two qualitatively different ideas are clearly in play here. One has to do with the quality of the opportunities facing a person, the other with the person’s abilities to take advantage of these. An even more fine grained vocabulary is needed. This is the case since people can vary on these parameters for reasons which are importantly different. How good a given opportunity is for a person depends both on the reward it will yield and that person’s ability to make use of that reward (for improving health) (Cohen, 1989, p. 911). On the second point, our ability to exercise an opportunity depends both on our inner strengths and talents, and on circumstances external to us (including our ”material resources and mental and physical capacities” (Cohen, 1989, p. 921)). Drawing on the early luck egalitarian literature we can say that when describing a person’s opportunity for achieving a health state x, we must say something about the *cost* of such a pursuit, how *difficult* [[16]](#footnote-16) it is, the *probability of success* and what is *gained* by achieving x.[[17]](#footnote-17) One important factor is still missing in the above terminology. To see this consider to persons whose opportunities are objectively equal, but who have vastly different perceptions of these opportunity (i.e. one person vastly overestimating the risk involved in pursuing some good). This suggests that knowledge, beliefs or information regarding one’s relevant opportunities must also be included in order for us to be able to say something about whether opportunities are equal. People’s beliefs (unbattered an unadjusted)[[18]](#footnote-18) regarding their own abilities and opportunities must also be equal to avoid situations where people make “imprudent” choices based on their false beliefs regarding their opportunities.[[19]](#footnote-19) This is clearly expressed in Le Grand’s contribution on the subject, which requires preferences to be autonomous. (Le Grand, 1991, p. 116). The above discussion advances our understanding regarding when opportunities are (un)equal. Concluding on the above discussion we could present the following.  
  
A descriptive view on equal opportunity in health:

*“People’s opportunities for health are equal if, and only if, their abilities to pursue them and the cost involved in such pursuit are equal and that the same holds for the probability of success, the gains achieved if successful, the health benefit acquired from those gains and their knowledge of all the aforementioned.”*

Such a language for describing people’s relative opportunities for health is necessary for making normative assessment, but also constitutes an improvement when compared to some alternatives in the literature. Voorhoeve, for instance, discusses the idea of providing people with option sets of equal or comparable value (Voorhoeve, 2005). Remaining neutral on whether this is what justice require of us, the value of option sets seems a deficient language for describing peoples opportunities since the value can plausibly be lowered by a number of different factors.   
 *Evaluating distributions of opportunities for health*

The above definition does not, however, engage with the normative evaluation of such distributions of opportunities for health. It only supplies a set of words for describing the extent and content of inequalities in opportunity for health, but does not say anything about whether these inequalities or distributions are just or unjust. This cannot be assessed without a normative theory providing the moral underpinnings of such an assessment. It is towards this topic we now turn, once again trying to gain insights from the luck egalitarian literature. According to Arneson only inequalities in outcomes, options or capacities due to “causes for which it is proper to hold the individuals themselves personally responsible” are acceptable. (Arneson, 1989, p. 86). It is instructive to start off with a paradigmatic case of inequalities which are morally *un*problematic. According to Arneson “*We may say that in an extended sense people share equal opportunity for welfare just in case there is some time at which their opportunities are equal and if any inequalities in their opportunities at later times are due to their voluntary choice or differentially negligent behavior for which they are rightly deemed personally responsible.“* (Arneson, 1989, p. 86).[[20]](#footnote-20) Without employing the language of decisions threes, other statements of luck egalitarianism is clearly related to both the idea of equality of opportunity and assessment that choices can vindicate inequalities while differential luck cannot (Cohen, 1989, 1993, 2006, 2009; Rakowski, 1993; Roemer, 1993, 1996). The fundamental idea, expressed earlier as the pro-choicist element of luck egalitarianism is, that people’s lives or relative positions are allowed to differ in accordance with the different choices they make. Perhaps then, we can say, that conversely, our opportunities (for health) are unequal in the Arnesonian sense, if and only if the opportunities facing people and their capacities to negotiate these, reflect anything other than choice. It matters thus, for our theory of equality of opportunity, that people’s opportunities are relevantly equal.[[21]](#footnote-21) If people choose different paths in life, this is not necessarily problematic, insofar as their changes at succeeding where relevantly equal at the outset. The literature differs on what constitutes a choice in this sense (Arneson, 2004; Roemer, 1998; Segall, 2010, p. 13, 2013, p. 237; Voorhoeve, 2005). The finer details of this discussion will not be addressed here. [[22]](#footnote-22) We can thus present:

A preliminary view regarding the assessment of health distributions:   
*“A distribution of people’s opportunities for health is unjust if, and only if, it reflect differences in: people’s abilities to pursue them, the cost involved in such pursuit, the probability of success, the gains achieved if successful, the health benefit acquired from those gains and knowledge of all the aforementioned, which did not come about through their own choices (or exercise of responsibility).“*[[23]](#footnote-23)

Even when not taking into account problems with asserting what it means for something is relevantly chosen, such an account has inherent and interesting problems. On this note Lippert-Rasmussen insightful criticism of Arneson’s original approach is worth considering. The point is that Arneson’s view requires compensation for (relatively) bad options which never materializes (Lippert-Rasmussen, 1999, p. 484), 2). This criticism let Arneson to abandon his original view. Faced with the criticism Arneson reasonably asserted *“that what matters fundamentally from the moral standpoint is not the opportunities one gets but the outcomes one's opportunities generate.“* (Arneson, 1999, p. 497). So on this view unequal opportunities are only morally problematic insofar as lead to inequalities in holdings. [[24]](#footnote-24)  
The above discussion provides us with a language for describing inequalities and a plausible view on when such inequalities becomes morally problematic. It expounds the following view on distributions of health:  
  
 A preliminary view regarding the normative assessment of health distributions:   
*“A distribution of people’s health is unjust if, and only if, it reflects*[[25]](#footnote-25) *differences in: people’s abilities to pursue their opportunities for health, the cost involved in such pursuit, the probability of success, the gains achieved if successful, the health benefit acquired from those gains or knowledge of all the aforementioned, which did not come about through their own choices (or exercise of responsibility).“*[[26]](#footnote-26)  
This definition draws on prominent and relevant contributions from the luck egalitarian literature and the more general literature on equal opportunities for health. It is however quite controversial. In the following section three criticisms will be discussed, before the final section compares this view on distributions of health with prominent alternatives from outside the luck egalitarian literature.

**Luck egalitarian skepticism regarding the proposed view**

The paper so far especially says something on two topics. The first is conceptual while the other is normative. The first deals with how we should plausible understand opportunities for health and how we are to describe to what extent those differ. The normative account (as it stands) deals with when distributions are unjust. It highlights the idea that distributions reflecting unchosen unequal opportunities are unjust and conversely, that health distributions reflecting people’s choices are not. The next parts of the paper resist several prominent attempts in the luck egalitarian literature for narrowing this view.

*a) Natural inequalities not a concern for justice*The proposed view on how to assess distributions on health considers as unjust all inequalities not reflecting choice(exercises of responsibility). A prominent luck egalitarian has however argued that we should reject such a view, proposing an alternative view on luck egalitarianism which does not consider unchosen natural inequalities as unjust. Tan argues that luck egalitarianism is only concerned with how institutions deal with such natural contingencies” (Tan, 2012, p. 103)and such that our concern is ”with what institutions and shared social practices make of these natural facts” (Tan, 2012, p. 92). It is thus not natural inequalities per se, that are unjust.[[27]](#footnote-27)

If one considers that the lack of attention to natural inequalities in the Rawlsian literature has drawn some prominent criticism(Barry, 1988; Kymlicka, 2002, p. 72), it could also have been a goal to do better in that regard. While the distinction between national inequalities and social inequalities is perhaps underdeveloped, as some have suggested (Lewens, 2010), this is a problem for both sides of the disagreement. On the normative status of natural inequalities Lippert-Rasmussen famously argued that they are as morally relevant as social inequalities (Lippert-Rasmussen, 2004), and Cohen stresses that these are equally unjust or unjust for the same reasons (Cohen, 2009, p. 18). In a health context this view on luck egalitarianism has been endorsed by both Segall and Voigt (Segall, 2010, 2013, pp. 248–253; Voigt, 2013, p. 148). This section will briefly sketch two possible criticism of Tan’s view.[[28]](#footnote-28)

One implication of Tan’s view is that justice only requires us to compensate to people whom we share an institutional community with. So if we in the midst of our own nation discovers a hidden valley inhabited by people whose health are worsened by diseases we could easily cure at low cost, we would owe them nothing as a matter of distributive justice? Tan considers such commitment as absurd because *“it takes our distributive duties to be without end and predictability”* (p. 166). Though such predictability might be convenient, I find it hard to believe that lack of predictability is a larger embarrassment for our theory of distributive justice than being unable to meet the health needs described above. To press this point, imagine the existence of another valley, not hidden, which we do have shared institutions with. Suppose the inhabitant there are worse off than us, but not anywhere near as worse off than those living (and dying) in the first valley. That only the health inequalities between us and the second valley is a concern for distributive justice is not plausible.   
Tan’s view has another consequence worth considering, before narrowing our view on what count as an unjust inequality to cater for his view on natural inequalities. It has to do with the policy recommendation he commits himself to. Consider a person severely handicapped by some genetic defect, perhaps paralyzing his legs. According to Tan we are only concerned with this deficiency in so far as our institutions turn it into an actual advantage. Considering the many ways in which this could be done (hindering access to buildings, public transportation, lack of housing opportunities etc.), surely it’s hard to imagine how they could avoid doing so. But here an interesting point is made by Tan. In principle at least, we have to ways of making sure the genetic effect does not turn into an actual disadvantage. We can either correct it, by providing the man with the ability to walk or we can chance the institutions so that his inability to walk isn’t transformed into a disadvantage. According to Tan, since his view is unconcerned with natural inequalities which institutions do no turn into an actual disadvantage, his principled view is that he prefers the first policy over the latter (Tan, 2012, pp. 104–105). This is an implausible position for two reasons.   
Firstly it seems implausible that we should, all things equal, prefer the policy of altering institutions to the alternative. At best it would seem that we would be indifferent between them and choose among them adhering to concerns beyond justice. Secondly, it could be the case that the policy recommended by Tan is much more expensive for the community to pursue. If the person is indifferent between the policies (or would prefer the cheapest) is it an welcome consequence of Tan’s version of luck egalitarianism that it is unable to supply this policy? I find that hard to accept. I think these considerations make a persuasive case that when applied to distributions of health, the view endorsed by Tan is implausible. We should prefer a luck egalitarianism which condemns both social and natural misfortunes.

*b) That distributions reflecting both choices and unequal circumstances are not unjust* .

Segall has argued that it is in fact to demanding, since according to Segall. Segall takes the view that if people have different option sets (i.e. B’s second best option having a remarkably higher risk of low welfare compared to A’s) we shouldn’t compensate B if he chooses the second best option and end up worse off, in so far as we could reasonably expect him to avoid doing so (Segall, 2013, pp. 93, 97). The idea of what we could reasonably expect of people, is Segall’s view on what people can be held responsible for (Segall, 2010, pp. 19–25, 2012, 2013). The argument against Segall’s view is yet to be written.

*c) Luck Egalitarian principles only apply to inequalities.*Segall has argued that Luck Egalitarian principles does not apply across the board. Rather they are only concerned with inequalities and thus not equalities (Segall, 2010, pp. 14–18, 2011, 2013, pp. 40–44, 51–91). This section is yet unwritten. The argument against Segall’s view has however been written on an earlier occasion(Albertsen & Midtgaard, 2013).   
  
**Addressing alternatives**  
*After dealing with such issues, the theory sets out to discuss the relative strength of this specific theory of luck egalitarianism in health compared to alternatives from other theoretical backgrounds* (Daniels, 2008; Ruger, 2010; Venkatapuram, 2011)*. Yet to be written.*  
  
**Conclusion**The paper has in several ways contributed to the literature on luck egalitarianism and health. It has done so by furthermore drawing on the literature regarding equal opportunities in health. Firstly it has specified and drawn attention towards to important distinction in this literature. Between approaches focused on health and those focused on health care, and between isolationist and integrationist approaches. It has presented a language for describing inequalities in a away which is inspired by the luck egalitarian literature but delivers a more fine-grained terminology than the existing literature. Something which is arguably to be considered an advantage. It also takes up the task of addressing when it is that distributions of health are to be considered just or unjust. The last part of the paper defends this view against other luck egalitarians who has proposed alternative, narrower vies on where the luck egalitarian principle applies. The paper denies that luck egalitarianism is unconcerned with natural inequalities, applies only to inequalities and furthermore that choice can vindicate inequalities reflecting unequal opportunities.

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1. What you have here is (clearly) an early draft. I realize that the large amount footnotes (and perhaps references) are indeed too large. I have however kept them since they help me remind of possible ways of expanding or rephrasing the argument. Any comments to improve the structure and the argument of the paper will be much appreciated [↑](#footnote-ref-1)
2. i.e. what constitutes a need; what to do when people are equally needy; how to respond if needs are irremediable. [↑](#footnote-ref-2)
3. Note: The paper in its present state only addresses this this issue and doesn’t yet include the discussion of alternatives. [↑](#footnote-ref-3)
4. Indeed Cohen’s and Arneson’s original disagreement over “equal assess” versus “equal opportunity” shows this (Arneson, 1989; Cohen, 1989) [↑](#footnote-ref-4)
5. A point which is prominent in Nozick’s critique of egalitarianism and Dworkins critique of welfare egalitarianism (Dworkin, 2000, Chapter 1; Nozick, 1974, Chapter 7) [↑](#footnote-ref-5)
6. Though the word-choice are similar, the discussion below differs from Hurley’s (Hurley, 2007) [↑](#footnote-ref-6)
7. For a more elaborate presentation of this framework for applying luck egalitarianism to health and healthcare see (Albertsen & Knight, n.d.) [↑](#footnote-ref-7)
8. It should be remarked that what the distributive discussion concerns is not, what it requires us to redistribute. So a theory about the just distribution of health is not committed to directly redistributing health between people. [↑](#footnote-ref-8)
9. Note that those of integrationist persuasions can perfectly fine discuss distributions of health without taking into account all the other concerns of justice it interacts with, this need not to reflect an isolationist view only the limitations under which the discussion is conducted. [↑](#footnote-ref-9)
10. As Barry remarked “equal opportunity is a Holy Grail: It disappears as one approaches it” (Barry, 1988, p. 33). For an insightful discussion, see also (Richards, 1998). [↑](#footnote-ref-10)
11. Equality of opportunity in this sense is often connected to the idea of starting gate theories, theories which presents a number of conditions that must hold at some point and then considers as just the outcomes that arises after this. Such theories can then refer to a (hypothetical) before and after. For reasons familiar to luck egalitarians this is not always helpful, since many principles (including luck egalitarian aversion to brute luck inequalities) applies through our whole lives and with equal strength before and after. (Vallentyne, 2002). Though the language of starting-gate theories is perhaps unfortunate, the leveling the playing field sense of equal opportunity is clearly connected to the luck egalitarian literature (Arneson, 1989; Cohen, 1989, p. 916; Rakowski, 1993; Roemer, 1993)*.* [↑](#footnote-ref-11)
12. Roemer at one point takes the latter disagreement to mean that Arneson would consider as just a situation where people have an equal shot at achieving something but different capacities for succeeding (Roemer, 1993, p. 149), a claim which resembles Cohen’s own reasons for preferring something which is very similar to Cohen’s own reasoning on the matter (Cohen, 1989, p. 916). However, the majority view seems to be that the difference in content between access and opportunity is negligible (Knight, 2009, p. 74; Roemer, 1996, p. 274).e [↑](#footnote-ref-12)
13. Even if this could not be taken as a settled view on what opportunity is, it is still a good starting point for the discussion. [↑](#footnote-ref-13)
14. The reason for this could be the feeling that an opportunity means to “get a good if one seeks it. Such a formulation is seemingly closer to what Roemer has in mind (Roemer, 1993, p. 149). Moreover. The disagreement is important the disagreements between Luck Egalitarians and All Luck Egalitarians (Knight, Forthcomming; Segall, 2010). [↑](#footnote-ref-14)
15. Footnote omitted [↑](#footnote-ref-15)
16. Recalling Cohen’s distinction between how difficult something is and how expensive it is (Cohen, 1989, p. 918, 2000, p. 238) [↑](#footnote-ref-16)
17. Following Cohen we could combine the first two factors as describing how hard it is to pursue the opportunity, while our everyday understandings allows us to consider the product of probability and value as its expected value. Note that for three of the parameters it hold that they are in an important since relative or what should perhaps be termed person-dependent. How hard something is for one person depends on that specific person’s capacities, how expensive it is depends on income/assets, while the impact understood as how much good it does (or how x does good) depends on the person. [↑](#footnote-ref-17)
18. See (Arneson, 1990) [↑](#footnote-ref-18)
19. For an insightful discussion of false beliefs see (Vallentyne, 2011) [↑](#footnote-ref-19)
20. This arguably raises at least some complications about equal opportunity over time (insert reference) [↑](#footnote-ref-20)
21. A similar view can be identified in Vooerhoeve’s work, when he proposes a “potential Value of option sets view” (Voorhoeve, 2005, p. 66) [↑](#footnote-ref-21)
22. It will however be so in the full version of the paper [↑](#footnote-ref-22)
23. I haven’t thought through whether these are incommensurable, or a shortfall in one can in principle be compensated through an advantage in another. [↑](#footnote-ref-23)
24. This is surely a coherent view, but also one which is quite confusing regarding its proposal for real world policies. It implies that we care not for people’s unequal opportunities, but we do so if and when they result in inequalities. But adding the reasonable empirical assumption than the worse the opportunities the more likely those opportunities are in turning into inequalities this gives us reason to be concerned with such inequalities of opportunities. Notwithstanding this position is, at least in principle, less demanding.  
     [↑](#footnote-ref-24)
25. I count among those distributions which come about through the effect a meager opportunity set have on people’s choices. [↑](#footnote-ref-25)
26. I haven’t thought through whether these are incommensurable, or a shortfall in one can in principle be compensated through an advantage in another. [↑](#footnote-ref-26)
27. Clearly echoing Rawls (Rawls, 1971, p. 102) [↑](#footnote-ref-27)
28. To be expanded on later [↑](#footnote-ref-28)