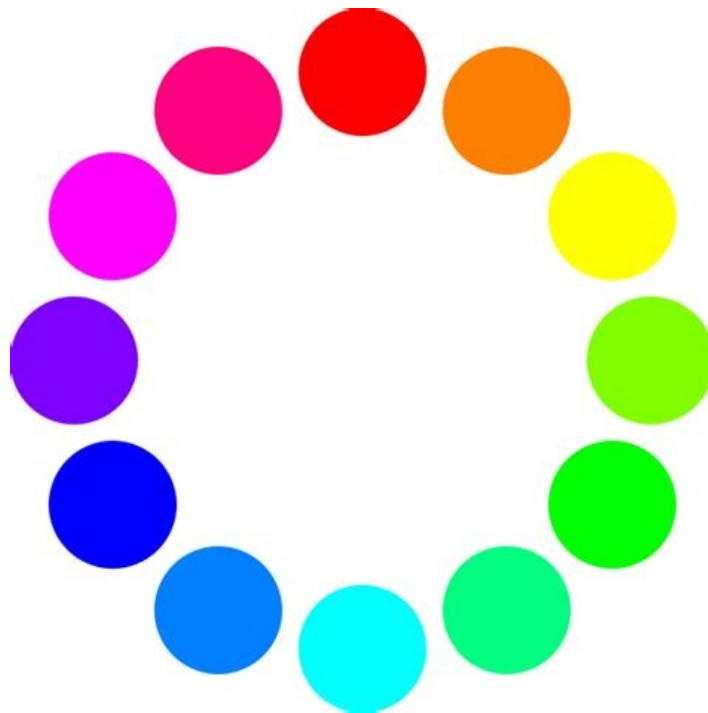


Health, Healthcare and the Capabilities approach

A philosophical evaluation



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Introduction

Health is a vague and broad concept, and it is not always clear how it relates to freedom and well-being. What does it mean to stay healthy? What is one's own responsibility and what is the role of healthcare? How does it relate to one's capabilities and one's well-being?

This essay will try and address these questions. Before we can understand health, we need to understand freedom and well-being. This is done using the Capability approach as a philosophical foundation, explaining both the views of Sen and Nussbaum. After that, I will define health and find its relation to capabilities and functionings. Health is being considered as a prerequisite of other capabilities. Next, I will discuss the role of healthcare and how it consequently also is a prerequisite of other capabilities. Different aims of healthcare are discussed, which is followed by how this philosophical reasoning also defines the role of governments that need to provide healthcare. I will conclude with a brief summary of what I discussed.

Capabilities and functionings in general by Sen

Sen (1985) defined two concepts which form the basis for understanding the Capabilities approach. Capabilities are the possibilities and opportunities humans have. Functionings are in essence the things a person is or does (or feels). Capabilities are then the conditions for persons to attain certain functionings.

I will use the example of cycling to illustrate what is involved in a simple activity (Crocker, 1995). The technology extends in this case the capability of a person to move (quicker and farther away). However, the bicycle itself is only an object, which is necessary for the cycling, but not sufficient. The bike itself, as a technology also has influence on the person and its environment as a mediator (Verbeek, 2006), but there needs to be a conscious process where a person starts riding a bike. Without, I can touch the bike, own the bike, sit on the bike, but may not yet be cycling. The process of cycling consists of multiple distinguishable functionings: the *choosing* to cycle; the *intentional activity* to cycle; the *process* of cycling; the *(lack of) pleasure* of cycling; the *mental state* of fullness, boredom or satisfaction from cycling; and consequently the activities made possible by cycling, like working, sporting, shopping etc.

However, functionings do not always have to be as intentional as cycling. Often functionings will be intentional or voluntary, but are not restricted to it. Their physical fit and the mental state accompanying the activity are also factors involved. It is also important to note that with a functioning like choosing to eat, the state of hunger and the nourishment afterwards (based on biological factors) are also involved. Some functionings are therefore necessary for living and for allowing other functionings and capabilities.

Capabilities and functionings by Nussbaum

Martha Nussbaum defines functionings and capabilities slightly different than Sen. Choosing is according to Sen a separate category of functionings, whereas Nussbaum makes it part of intentional human functionings. While Sen views capabilities as possibilities or opportunities from the outside world facing the person, Nussbaum defines them more like abilities or powers one has.

In order to attain well-being, one must be in possession of a set of capabilities, which translate to opportunities to do things they value or become the kind of person they want (Nussbaum, 2000). Sen and Nussbaum acknowledge that certain capabilities and functionings have more value or importance than others to achieve well-being.

Based on her definitions of capabilities and functionings, Nussbaum stated that there are certain capabilities that are necessary for every human being (to some degree) to achieve well-being. She created a list of so-called basic capabilities (Nussbaum, 2011). The full list includes:

1. Capability of living a normal life span;
2. Capability of having good bodily health, including reproductive health;
3. Capability of experiencing bodily integrity, freely moving around, and making reproductive choices;
4. Capability of using one's senses and imagination, and thinking;
5. Capability of experiencing emotions and have emotional attachments;
6. Capability of exercising one's practical reasoning in order to conceptualize good, and critically reflect about one's life choices,
7. Capability of establishing affiliations, that is, live with and in relation to others and have a social basis for self-respect,
8. Capability of living with, and expressing concern for animals, plants and the natural environment;
9. Capability of playing, laughing, and enjoying recreational activities, and
10. Capability of participating effectively in political choices, and control one's social and physical environment, including to hold property and seek employment.

Nussbaum uses in her writings "being able to..." when referring to these basic capabilities. This is to ensure the freedom of choice. For example, one can choose to play and laugh. It is implied that one cannot live human life (and achieve human well-being) without one of these capabilities.

The concept of capabilities provides a framework for well-being and human rights, but is not clear in its relation to health. Nussbaum's list of basic human capabilities includes Bodily health, but health and healthcare takes account of much more than that.

The concept of health and capabilities

Health is a broad concept. In speech, health is often synonymous with having a healthy body. This includes that organs are working correctly, the anatomical part of the body is in good shape, the neural network is doing what it is supposed to do.¹ This is about the state of the physical state of an average body, not including individual traits or trained abilities. However, mental health or the psychological state is just as important as bodily health. In more recent years, it is even increasingly accepted that bodily health and mental health are connected (Kolappa et al., 2013). Some include the environment as part of health, but that makes it impossible to distinguish a person's health and its causes (Tengland, 2019). However, instead of defining what is part of health, it is in this case better to figure out what is not part of health. Knowledge, skills and competences, virtues, morality, and personality and temperament as internal features of a person are not part of health, and what is left can be considered health (Tengland, 2019). Health does influence these internal features, as one

1 This raises questions about what is an average body and what it is 'supposed to do', which could lead to a whole discussion on purpose and evolution, but this is not relevant for this essay.

could lose the ability to play football (a skill), or have a brain tumor influencing one's psychological state (and maybe changing one's personality).

The capability of a healthy body can be interpreted in multiple ways. Viruses and diseases are within the body of a person, but are not per se part of that person and part of their health. However, they are influencing the inner workings of the body, which is part of health.

Crocker (1991) comes to the conclusion that in Sen's definition of functionings and capabilities, the capability of having bodily health is the same as a healthy bodily functioning.

In her list with basic capabilities, Nussbaum puts Bodily health second (Nussbaum, 2011). Living life of a normal life span is referring to health, in the sense one's health is greatly influencing how long a person lives and if it dies prematurely or not. Nussbaum does not mention mental health, even though other capabilities refer to and are based on it. Practical Reason, Affiliations and Emotion are in essence based on mental health (Tengland, 2019). Without a stable and healthy psychological state a person is not always capable of achieving even the most basic level of these dimensions. I can take this argument further and conclude that for any capability, a certain extent of a healthy physical and mental states are necessary. What is left to conclude is that health is a prerequisite to all other capabilities.

This brings them closer to the concept of functionings than to capabilities (Tengland, 2019), because capabilities should be the freedoms one has, instead of the things a person is (or should be). Some capabilities, health being highlighted in this essay, should be considered prerequisites of life, that is, they *have to* be actualized with certain minimum levels or boundaries. This is increasingly discussed, for example in the context of environmental concern (Wood & Roelich, 2019). For now, I will call health a *necessary capability*. Other necessary capabilities could include having access to food and water.

However, even though health is a prerequisite of other capabilities and functionings, there is again some degree of choice involved. An example of this is fasting, which is a deliberate choice to refrain from eating. The functioning of being undernourished and in a state of hunger are experienced by a person starving and a person fasting, the difference being the intentional aspect. In this case the person starving does not have the capability of acquiring enough food and staying healthy, due to a difference in well-being.

I have now concluded that for (almost) all capabilities, health or a healthy body is a prerequisite (to a certain extent). Now I will discuss what this means for healthcare. I will continue with the assumption that providing good health is the priority of healthcare.

Healthcare

What does this mean for daily life? What should be considered good healthcare?

The capability of staying healthy is in part the responsibility of the person itself. Eating healthy, exercising, or in general having a healthy lifestyle can contribute to one's health. However, there are also other factors influencing health which are outside of the scope of one's freedom. Viruses, chronic diseases and accidents are all examples of inevitable decay of health. Some things needs specialized treatment outside of a person's own ability.

That is where healthcare comes in. Healthcare is an external provider of health, to an extend that it maintains normal functioning (Daniels, 2001). Diseases and disabilities restrict one's health and in turn one's capabilities and healthcare is there to restore the equality of opportunities. However, we

need to further define this. When I buy pills at the grocery market, I am not thinking of it as healthcare, but when I get pills prescribed by a general practitioner I am. Healthcare needs an outside entity that making choices, recommendations and providing help. Doctors, surgeons, hospitals,

The four aims of healthcare are (in order of importance) to restore one's health as best as it can, to diagnose in time if there is something wrong, to research and experiment to find and cure diseases or disorders and lastly to safeguard the health. These aims will be discussed below.

Safeguarding health is mostly considered one's own responsibility (e.g. with a healthy lifestyle) and in many countries people themselves decide when to go to a general practitioner. With an increasing development in technology, like self-triaging apps or wearables, the safeguarding of one's health and the diagnosing will be more and more in the hands of the consumer itself, extending their own capabilities.

Healthcare and technologies are limited in their capabilities to cure and restore capabilities. Healthcare is therefore also used to research and develop new treatments. The overarching institutional level allows for patterns to emerge, as many people can be compared statistically. Consequently, many new diseases and disorders have been specified and named. Hereby to reproduce and produce scientific results that can be used to improve treatment for a large part of the population. This data can then be used to develop better treatment methods in the large number of patients. In other words, research and science is extending the capabilities of the healthcare sector to cure and treat.

However, it might be a distant dream that healthcare can cure all diseases, disorders and other examples of bad health. The body of knowledge in healthcare is incomplete and uncertain, and might never be complete, This results inevitably in cases where no name fits the problems of the patient or no solution can be found.

This limitation also raises ethical questions. What if a person cannot be granted the necessary capabilities for living a human life? What if due to a mental disorder or brain malfunction a person cannot have Emotion or Practical reason? What if an ALS patient cannot do the basic daily life things and the people around it are powerless to help? These examples happen everywhere, which raises the question to what extent capabilities can still be considered part of human well-being.

When considering health as a capability that *has to* be actualized, it follows that every human *has to* have access to proper healthcare. Access to healthcare becomes a necessary capability on itself.

It is important to note that health relates to many different things, and that for example the decline of a body part does not immediately mean one does not have any capabilities anymore. Being healthy in every way is not necessary per se. The capability of reaching good health (if possible) is.

The role of the government

The capability approach lends itself for a reevaluation of the task of a government. It provides a framework which makes very clear what a government should try to accomplish. Instead of creating rules or laws that are in control of what people do or are (functionings), they need to create, extend and safeguard the capabilities and opportunities of people. This creates a social obligation for societies, which diverges from a strictly utilitarian view (Daniels, 2001).

At that point, they are dependent on healthcare and it is important that a person gets good healthcare.

Before stepping into the question what healthcare should do, I need discuss insurance. Since healthcare is expensive, some countries have an insurance system. People pay institutions, companies or governments amounts so they have the security that when something happens, they have quality healthcare. Other countries, like Brazil, have universal free healthcare. However, it is important that this is funded well enough either way, so that quality healthcare is provided.

People need different kinds and different amounts of healthcare. Patients who rely heavily on heavy medical treatment, which is more expensive. Other people do not need as much treatment and therefore do not require the same amount of care and money from the healthcare system. For them, insurance always is in the background. From this point of view, insurance seems redundant. Why pay for healthcare insurance without using it? However, this can change suddenly, due to an accident or a diagnosis of for example cancer. Suddenly, people need a lot of healthcare. At this moment, they expect that they get what they need.

However, insurance or not, in most countries there is still a boundary before one can achieve good quality healthcare, namely money, especially if one needs urgent and expensive treatment. The financial state of a person is then an obstacle for that person to have a (what I defined as) necessary capability for life and well-being.

Healthcare services should always provide personal health services. Related to this is the paradox of the general and particular interest within healthcare, as described by Hoffman (2001). In the particular case, every patient is a human being, who needs to be respected and cared for. The aim of the medical system is to help individual people, save individual lives and restore or provide individual capabilities. In a general analysis on the other hand, the patient is only a number. The institutional structure of hospitals and overarching organizations do not look at individual cases. This difference in scale can result in conflicts and structural challenges.

Because I defined the role of government as namely safeguarding and extending capabilities, it becomes evident that health should be one of the primary focus, next to other necessary capabilities. A healthcare system that excludes people due to financial or bureaucratic reasons, in some sense denying them human well-being, is therefore not in line with human rights and human equality.

A universal system of healthcare might work best in this case (Daniels, 2001), but it is important that it is set up properly. It needs to have sufficient financial resources to provide equally distributed proper healthcare. However, Daniels (2001) also noted that this might not be unrestrained financial resources, as there are first of all other priorities and necessary capabilities, and second of all allows for setting priorities within the healthcare system.

Conclusion

The Capability approach is a useful tool to analyze broad concepts related to well-being, but I and others have to be careful using certain definitions, as Sen and Nussbaum have different nuances. Following Tugendhat, I have concluded that health is a prerequisite of nearly all other capabilities and in turn of well-being. Consequently, healthcare is also a prerequisite as it is an integral part of health. The access to healthcare (as a capability) should then, with all its nuances and structural challenges, one of the primary focuses of governments, having the social responsibility to provide access to everyone.

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