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Why it Matters that Some are Worse Off than Others:

An Argument against the Priority View[1]

Abstract. Suppose that we are morally-motivated individuals who are considering the fate of one person in isolation from the fate of others. When deciding what sort of benefits we ought to provide this person, it is reasonable to accord equal moral weight to equally large increases in her utility, independently of the baseline from which these increases take place. By contrast, in interpersonal cases in which we must choose between benefiting some people or benefiting others, empirical data indicates that we regard an increase in utility for someone who is less well off as of significantly greater importance than an equally large increase for someone who is better off. We show that this shift in the moral weight that we accord to increases in utility when we move from the case of an isolated person to the interpersonal case is inconsistent with the Priority View formulated by Parfit. We explain why such a shift is justified by an appeal to moral views that are essentially comparative insofar as they either invoke the disvalue of unfair inequality or assess each person's claims in the light of the comparative strength of the claims of others. We argue that the Priority View is mistaken because, in

ruling out such essentially comparative considerations, it ignores the moral significance of the separateness of persons.

1. Imagine a young adult who is now in perfect health but who receives the distressing news that she will soon develop one of the following two mobility-affecting conditions and has a 50% chance of developing each:[2]

> **Slight impairment:** a condition that renders it difficult for one to walk more than 2 km.
>
> **Very severe impairment:** a condition that leaves one bedridden, save for the fact that one will be able to sit in a chair and be moved around in a wheelchair for part of the day if assisted by others.

Suppose there is a treatment that is available for each of these conditions, but, in order for it to be effective, it must be taken before it is known which impairment she will suffer. Moreover, she cannot take both treatments. The treatment for the slight impairment would completely eliminate this mild disability: it would restore her to perfect health. It would, however, be completely ineffective against the very severe impairment. The treatment for the very severe impairment would, by contrast, be completely ineffective against the slight impairment but move her up from the highly debilitating condition of the very severe impairment to the following somewhat less debilitating condition:

> **Severe impairment:** a condition in which one is no longer bedridden; rather one is able to sit up on one's own for the entire day but requires the assistance of others to move about.

Surveys indicate that people who imagine themselves in such a predicament would typically be indifferent between (i) receiving the treatment that might raise one from a state of very severe impairment to this state of severe impairment and (ii) receiving the treatment that might entirely cure one of the slight impairment.[3] Assuming the soundness of the orthodox von Neumann-Morgenstern preference-based measure of utility, it follows from this indifference that receiving the treatment for the severe impairment would yield the same expected utility as receiving the treatment for the slight impairment.[4] It is a further implication of this indifference that the move from the slight impairment to full health would yield an increase in utility equal to the increase generated by the move from the very severe impairment to the severe impairment.

Suppose that you are a morally-motivated stranger who could come to the assistance of this young adult by providing her with one or the other treatment.[5] Suppose, further, that you learn that she is indifferent between the two treatments and that you judge her preferences to be an accurate measure of her utility, where 'utility' is understood to refer to how well her life is really going (or would go).[6] Given these suppositions, it would be reasonable for you to share her indifference between these two treatments. Had she preferred the treatment for the slight impairment rather than the very severe impairment, then it would have been reasonable for you to provide her with the treatment for the slight impairment. Had she preferred the treatment for the very severe impairment, then it would have been reasonable for you to provide her with that treatment. In other words, it would be reasonable for you to provide a treatment that maximizes the expected increase in the utility of the recipient. This conclusion is justified at least insofar as this individual is the only person whom you can benefit and you are considering her fate in isolation from any consideration of how well off or badly off anybody else is (yourself included).

Now let us suppose that you are a morally-motivated stranger who is confronted with a *group* of people, all of whom are now in perfect health but half of whom are identifiable individuals of whom it is already known that they will soon develop the very severe impairment and the other half of whom it is already known that they will soon develop the slight impairment. All members of this group have the same preferences regarding health states as the single individual in the above case, from which it follows that they all regard a move from the very severe impairment to the severe impairment as providing an increase in utility that is equal to the move from the slight impairment to perfect health. As before, you judge the preferences of these individuals to be an accurate measure of their utility. Whom should you benefit if you must choose between treating those who will shortly develop the very severe impairment, where such treatment would raise them to the level of the severe impairment, and entirely curing those who will shortly develop the slight impairment? Our considered judgment is that your only reasonable option is to provide the treatment to those who will develop the very severe impairment. And survey data indicate that others agree: in this interpersonal case, surveyed individuals are not at all indifferent between curing one person of the slight impairment and providing another person with treatment for his very severe impairment that raises him to the level of a severe impairment. They are not indifferent even though they regard both treatments as yielding equal increases in utility on the preference-based measure of utility. Rather, they have a strong preference for providing treatment for the very severe impairment. On one estimate, they would prefer to treat one person with the very severe impairment rather than treat a few hundred with the slight impairment. They would become indifferent only between providing treatment for one person with the very severe impairment and providing treatment for 1,500 people with the slight

impairment.[7] Other studies also report that people give significant priority to the worse-off in interpersonal allocation decisions.[8]

In sum, when we consider a single individual's situation in isolation, and assuming that we deem her preferences to provide an accurate measure of her utility, it is reasonable to provide her with a treatment which would maximize the expected increase in her utility, even if that treatment would benefit her only if she were to become merely somewhat badly off, and the other treatment would benefit her only if she were to become very badly off. When we consider a group of people who will be differentially well-off, however, the only reasonable course of action is one that strongly favours the provision of treatments that increase the utility of those who will be less well-off over the provision of treatments that increase the utility of those who will be better off. We ought, therefore, to give priority to the worse off even when this leads to lower total utility in the group.[9]

Let us assume that some such shift is justified in the priority we give to benefiting a person if she is very badly off rather than somewhat badly off when we move from the case of the isolated person to the interpersonal case. What would follow from this assumption?

2. One thing that would follow is that the Priority View as formulated in Derek Parfit's Lindley Lecture would be unsound.[10] Such Prioritarianism would be unsound because it implies no such difference between the one-person and the multi-person case. According to the Priority View, while 'benefiting people matters more the worse off these people are'[11], it matters more not by virtue of the fact that some are worse off than others. Rather, it matters more simply by virtue of the fact that a person's '*utility* has diminishing marginal *moral importance*', which is to say that

equal improvements in a person's utility matter less the better off he is in absolute terms.[12] As Parfit explains:

> [I]f I am worse off than you, benefits to me are more important. Is this because I am worse off than you? In one sense, yes. But this has nothing to do with my relation to you. It may help to use this analogy. People at higher altitudes find it harder to breathe. Is this because they are higher up than other people? In one sense, yes. But they would find it just as hard to breathe even if there were no other people who were lower down. In the same way, on the Priority View, benefits to the worse off matter more, but that is only because these people are at a lower *absolute level*. It is irrelevant that these people are worse off *than others*. Benefits to them would matter just as much even if there *were* no others who were better off.[13]

It follows from the Priority View that the moral importance of improving a person's condition from being very severely impaired to severely impaired in a one-person case does not change when we transform this into a multi-person case in which there are others who are better off. It also follows from this view that the moral importance of improving a person's condition from being slightly impaired to full health is similarly unaffected by the presence or absence of other people who are worse off.[14] Parfit regards such lack of concern with how well off people are in comparison with others as an important aspect of the Priority View. It is that which makes it a 'distinctive view' – one that provides a genuine and attractive alternative to egalitarian views that are essentially comparative in nature.[15]

As we have just noted, on the Priority View, (i) intrapersonal and interpersonal tradeoffs have the same moral weightings applied to them, where (ii) these weights are greater the lower a person's absolute level of utility. This second feature of the view can account for people's judgment that we have much stronger reason to provide that which would yield an increase in the utility of a person with the very severe impairment than we have to provide that which would yield an equally large increase in the utility of *another* person with the slight impairment.[16] However, the two features in tandem cannot accommodate the fact that when we consider a *single* person in isolation who will develop either the slight impairment or the very severe impairment and who has an equal chance of developing each, it is reasonable to provide her with a treatment that maximizes the expected increase in her utility and therefore that we can reasonably be indifferent between supplying this person with the treatment for the slight impairment and supplying her with the treatment for the very severe impairment when both treatments yield an equally large increase in her expected utility. For on the Priority View the treatment for the very severe impairment will have a higher expected moral value simply by virtue of the fact that the initial state from which her utility would be increased would be at a lower absolute level. It follows that someone who holds the Priority View would conclude that he has decisive moral reason to supply this person with the treatment for the very severe impairment rather than the slight impairment even in some cases in which the person would rationally prefer the treatment for the latter. Such a Prioritarian would conclude that he ought to provide treatment for the very severe impairment even while accepting as correct the person's own judgment that this treatment would do her less expected good than the treatment for the slight impairment. The Priority View therefore unreasonably mandates provision of a treatment with a lower expected utility for the person concerned.[17]

3. We have just argued that the Priority View cannot account for the fact that it would be reasonable for a morally motivated stranger to maximize a person's expected utility in our one-person case. We have also drawn attention to a shift toward greater priority to benefiting a person if she is very badly off rather than somewhat badly off when we move from such a one-person case to a multi-person case in which we must make interpersonal tradeoffs. In this section, we shall argue, contrary to the Priority View, that some such shift is justified even if one holds, contrary to what we have supposed in Sections 1 and 2, that it is unreasonable for a morally-motivated stranger to maximize expected utility in our one-person case because he should instead give *some* extra weight to increases lower down the utility scale. We shall show that, whether or not the stranger should maximize expected utility in the one-person case, a shift of weighting when we move to the interpersonal case can be resisted only on pain of denying the moral significance of the separateness of persons. This is because a single person has a unity that renders it permissible to balance (expected) benefits and burdens against each other that might accrue to him. A group of different people, by contrast, does not possess such unity. As a consequence, some forms of balancing benefits and burdens that are permitted when these accrue to a single person are impermissible in cases where these benefits and burdens accrue to different people.

The following is one pair of cases in which intrapersonal and interpersonal tradeoffs should be treated differently: (i) Imagine that you are a morally motivated stranger who learns that unless you intervene in an unpredictable natural course of events, a person will either, with 50% probability, receive a gain in utility, or instead, with 50% probability, suffer a smaller loss in utility. If you intervene, this person will face neither the prospect of the gain nor the risk of

loss. Suppose that you opt for non-intervention on grounds that the expected gain to the person of the uninterrupted unfolding of this course of events is just great enough relative to the expected loss to justify a gamble rather than the risk-free option. (ii) Imagine that you are a morally motivated stranger who learns that unless you intervene in a natural course of events, there is a 50% chance that the following will happen: of *two* people who are equally well-off, the first will receive a gain in utility and the second will suffer a smaller loss in utility, where these gains and losses are the same as in the one-person case.

It should immediately be apparent that this second case involving two people differs in morally important respects from the first case, in which only one person's interests are at stake. In the second case, there is no single person for whom the prospect of a greater gain is the desirable flipside of exposure to the risk of a lesser loss and for whom the prospect of such gain might be worth the exposure to such risk. Rather, if you do not intervene, there are two people: a first person who would face just a prospect of a gain and who would, if this gain materializes, be better off than the second person, and a second person who would face just a risk of a loss, and who would, if this loss materializes, become worse off than the first person. It follows that rather than simply deciding whether the potential gain outweighs the potential loss to the same person, you must now decide whether the potential gain to the first person outweighs the potential loss to the second person, who would, if this loss materializes, be worse off than the first person. These differences between the one-person and the two-person case imbue the potential loss to a person with greater negative moral significance in the two-person case. You should therefore intervene in a two-person case to prevent the second person from facing the risk of loss, thereby also eliminating the first person's prospect of gain, even though this prospective gain is, by hypothesis, just large enough relative to the potential loss to justify refraining from intervention

and letting the chips fall where they may in analogous one-person cases. The Priority View, as we have seen, cannot countenance any such shift. Given that the separateness of persons renders such a shift appropriate, it follows that the Priority View is not adequately responsive to this morally significant fact.

Having just made what we would regard as the crucial argumentative move of this paper, we would like to draw attention to the generality of the claims about this pair of cases that we have been able to make. Each of the two cases makes reference to generic gains and losses in utility without any further specification of the nature of these gains and losses. Therefore the lessons regarding the separateness of persons that we draw from this pair of cases apply to any gains or losses in utility to which either the same person or different persons might be subject. They do not merely apply to cases involving utilities and disutilities that arise from mobility-impairing (or otherwise) medical conditions and their treatment. In order to render empirical findings from the health economics literature relevant to an assessment of the Priority View, we had assumed, throughout our discussion in the previous two sections of such cases involving mobility impairment, both that preferences provide an accurate measure of utility and that benefits between which a person is indifferent provide equal increases in his utility. Note, however, that in this section we have just demonstrated, without relying on those or any other special claims regarding the measure of utility, that a shift occurs in the moral importance of benefits and burdens when we move from a case involving intrapersonal tradeoffs to a case involving interpersonal tradeoffs.

We are now in a position see how the Priority View fails to account for the shift in moral weighting between cases closely analogous to the cases we introduced in Section 1. Recall that in our one-person case in that section, the person will be either slightly impaired or very severely

impaired and is 50% likely to be in either state. Moreover, he must now be provided with a treatment for either the slight impairment or the very severe impairment. Suppose, to modify this case, that a move from very severe impairment to the severe impairment would provide a *smaller* (rather than an equal) increase in utility when compared with a move from the slight impairment to perfect health. Even if you believe, contrary to what we have supposed, that you should give some (non-infinite) extra moral weight to a benefit to this person if he turns out to be very severely impaired, there will be scenarios in which you will just barely favour the provision of this person with the treatment for the slight impairment, since the moral importance of the expected utility of the treatment for the slight impairment will be slightly greater than the moral importance of the lesser expected utility of the treatment for the very severe ailment even after you have given the latter benefit the extra weighting you regard as proper.

Contrast this with a two-person case in which we must provide either one person who is already known to be slightly impaired with a 50% chance of a benefit or a second person who is already known to be very severely impaired with a 50% chance of a smaller benefit, where these benefits are the same size as in our above one-person case. In this two-person case, there is no single person for whom you judge that the moral importance of giving him a 50% chance of receiving a benefit in the event that he ends up with the slight impairment just barely outweighs the moral importance of giving him a 50% chance of receiving a lesser benefit in the event that he ends up with the very severe impairment. Instead, you must judge whether giving a 50% chance of a benefit to a person with the slight impairment is more important than giving a 50% chance of a lesser benefit to a person with the very severe impairment. We believe that the fact that the person with the very severe impairment is and will remain worse off than the person with the slight impairment gives you decisive reason to aid the person with the very severe

impairment. The Priority View must, however, implausibly maintain the following: given your conclusion that the moral importance of a benefit to a person with the slight impairment marginally outweighed the moral importance of a lesser benefit to a person with the very severe impairment in the one-person case, you must also hold that it marginally outweighs it in the two-person case as well.

4. Since it cannot be the Priority View, what might instead justify a difference in attitude regarding the allocation of medical treatment in the case of one person considered independently of how others are doing, as compared with the case of many people, some of whom are less well off than others? What, in other words, is the moral significance of the fact that the interests of such separate persons, rather than of just a single person, are at stake?

One natural answer is that we are rightly sensitive to the intrinsic badness of inequality between persons, which is present in the multi-person case in which some are better off than others yet which cannot be present in the case of one person considered in isolation from others. On one well-known view of this kind, inequality is intrinsically bad when and because it is unfair. To say that it is intrinsically bad is to say that this badness inheres in the relational property of some being less well off than others. Moreover, there is a presumption of unfairness whenever some are worse off than others through no choice or fault of theirs.[18] Treating those with the slight rather than the very severe impairment in the multi-person case will increase this unfair inequality between people, whereas treating those with the very severe impairment will decrease it.

Now Parfit has famously challenged such a belief in the intrinsic badness of inequality by noting that it renders one vulnerable to a Levelling Down Objection: this belief has the

counterintuitive implication that it is in one way better that 'those who are better off suffer some misfortune, so that they become as badly off as everyone else' (e.g., that everyone goes blind in a world where half are now blind). This transformation makes things better in one respect—because less unequal—even though it would be worse for some and better for none. The Priority View, by contrast, sees nothing good in such levelling down.[19] One can simply respond to this objection as Parfit acknowledges that believers in the intrinsic badness of inequality may do: such levelling down really is, in fact, in one way better, but that goodness is always outweighed by the badness of the accompanying loss of utility.[20]

There is, however, a different way, which does not invoke the intrinsic badness of inequality, to account for our shift in moral judgment when we move from the case of one person considered in isolation to the case of many people. This way does not expose one to the Levelling Down Objection. We might be moved by the thought that, in any scenario involving more than one person, the allocation of resources must be justifiable to each person taken separately in a manner that brings interpersonal considerations to bear that cannot apply in the case of one person considered in isolation. In the multi-person case, one must justify any claim on resources in light of the comparative strength of the claims of others. Those who are relatively worse off have stronger claims to a given increment of improvement simply by virtue of the fact that it is, other things equal, harder to justify improving the situation of someone who is better off rather than someone who is worse off.[21] How, one might ask rhetorically, can one justify providing a benefit of a given size to someone who is already better off in order to make him better off still, when one could instead provide an equally large benefit to someone else who is worse off, and who would not even reach the (unimproved) level of the better off person if he

(the worse off person) is benefited? It is telling that an analogous complaint cannot be formulated against providing the treatment for the slight impairment in the one-person case.

Although this approach is sensitive to comparative advantage, it does not appeal to the claim that it is in itself bad (because unfair) if some people are worse off than others. Hence, it is immune to the levelling-down objection because there is not even a pro tanto objection on this approach to a benefit going to the better off person when it cannot instead go to the worse off person. To illustrate, let us suppose a two-person case in which one person suffers the very severe impairment and the other suffers the slight impairment. If there were a single pill available that could be used either to mitigate the disability of the person with the very severe impairment or to cure the person suffering the slight impairment, one ought to have a strong preference in favour of treating the person with the very severe impairment, as he would have a much stronger claim to this pill. Now let us suppose that this pill would cure the person with the slight impairment but would have no effect if consumed by the person with the very severe impairment. In this case, on this view, there is no objection to letting the person with the slight impairment consume this pill, since the person suffering the very severe impairment would have no claim – not even a weak claim that is overridden – to this pill. He would have no claim whatsoever to this pill since it would do him no good. Only the person with the slight impairment would have any claim to the pill.[22]

5. In sum, there is a shift in the moral weight that we accord to increases in utility when we move from making intrapersonal tradeoffs to making interpersonal tradeoffs in cases in which some will be worse off than others. In order to explain this shift, we need to invoke interpersonal considerations that are essentially relational, such as the intrinsic badness of inequality or the

comparative strength of the claims of different individuals. The Priority View is mistaken because, in ruling out such essentially comparative considerations, it ignores the moral significance of the separateness of persons.[23]

In the remainder of this paper, we shall offer an elaboration and defence of our critique of the Priority View by responding to the following four challenges that arise:

6. *Do we ignore the value of autonomy?* One might raise the following objection to our critique of the Priority View: 'The shift in the judgment of the distributor of treatment regarding what he ought to do in the intrapersonal versus the interpersonal case is consistent with the Priority View because it does not indicate a shift in the moral importance of increases in utility. Instead, it reflects a respect for the value of the autonomy of the individual in the intrapersonal case. The same scale of moral importance really does apply both to decisions in one-person cases and to decisions in multi-person cases in which some are worse off than others. It therefore really is more morally important, in the case of one person considered in isolation discussed in Section 1, for him to receive a treatment for the very severe impairment even in some cases in which he regards the treatment for the slight impairment as of greater expected utility for him. Given, however, that the person himself prefers the treatment for the slight impairment in these cases, and that nobody else's competing interests are at stake, it is reasonable to defer to his wishes out of respect for his autonomy in this purely self-regarding case and give him the treatment he prefers. It is reasonable to do so even at the cost of failing to maximize expected priority-weighted utility.'[24]

We think it implausible to maintain, as this objection does, that the Priority View applies equally to the intrapersonal and the interpersonal cases, yet greater priority to increases from a lower baseline in the intrapersonal case is cancelled out by the moral reason one has to respect the autonomy of the individual. We begin by noting that the individual's autonomy—where this is restricted to a deference to his wishes regarding choices he has a right to make—would not be threatened if our morally-motivated stranger acted contrary to the individual's wishes by giving him the treatment that maximizes expected priority-weighted utility instead of the treatment he prefers. If he were to give him the treatment he disprefers, the stranger would not interfere with the person's exercise of any choices he has the right to make. It is not a case, for example, in which the person rightfully possesses the treatment that he prefers, and a stranger takes that treatment away from him and replaces it with one that instead maximizes expected priority-weighted utility. Rather, it is a case of a morally-motivated stranger who, we can assume, rightfully possesses each of the treatments and is trying to decide which of them he ought to confer upon this individual.[25]

Our objector might reply that respect for an individual's autonomy should extend beyond the domain of those choices an individual has a right to make. Rather, by virtue of the fact that nobody else's competing interests are at stake in such a one-person case, a morally-motivated stranger ought to defer to that one person's wishes in deciding how best to allocate the resources that the stranger rightfully controls.

As evidence that even such a more extended respect for autonomy does not account for the shift in the judgment of the distributor of treatment regarding what he ought to do in the intrapersonal versus the interpersonal case, we can suppose that the individuals in question who stands in need of treatment in such cases are not young adults but rather children who are too

young to have well-informed and rational preferences regarding the relative benefit of the two treatments. Let us begin by considering the very example with which Parfit opens his Lindley Lecture. In this example, borrowed from Nagel, a parent has two children, one well and happy, the other suffering from a painful disability. The parent faces a choice between moving to a city or a suburb. In the city, the first child's life would be disagreeable because he would have to live in an unpleasant and dangerous neighbourhood, but the second child could receive special treatment that would somewhat (though not entirely) alleviate his misery. In the suburbs, the first child would flourish but the second would have no access to special therapy. Nagel stipulates that the benefit to the healthy child of moving to the suburbs rather than to the city is substantially greater than the benefit to the disabled child of moving to the city rather than the suburbs. He nevertheless maintains that we should give priority to benefiting the disabled child: by virtue of the fact that he is in a 'worse off position', it is 'more urgent to benefit [him], even though the benefit we can give him is less than the benefit we can give the first child'.[26]

To draw a parallel with the one-person case that we introduced in Section 1, we can transform Nagel's two-child case into a case involving a single child who has a 50% chance of ending up with a disability and a 50% chance of ending up able-bodied. Suppose that the parent must make the move to the city or the suburb before it is known whether the child will end up disabled. A defender of the Priority View must maintain that one has just as much reason to move to the city in this one-child case as one does in the two-child case.[27] For the reasons we offered in our Section 3 discussion of the moral significance of the separateness of persons, however, one should give less weight to benefiting this child should he end up disabled (by moving to the city) than the weight one would give to benefiting the disabled child in Nagel's two-child example. This is because, even if the child turns out disabled in our one-child case, one

can justify a decision to move to the suburb on grounds that one was looking after that very same child's interest in flourishing in the event that he turns out able-bodied. There is, moreover, no rival autonomy-based justification of this shift in this case, given that here we are dealing with a young child whose rational capacities are sufficiently underdeveloped and whose preferences are sufficiently ill-informed that there is no reason to defer to whatever wishes he may have out of respect for his autonomy.

7. *Is the Priority View meant to apply to the one-person case?* A defender of the Priority View might instead offer the following objection: 'In maintaining that there is a distinction to be drawn between utility and its moral importance, the Priority View presupposes something along the lines of a distinction between reasons of prudence, whose strength is measured in terms of increments of utility, and moral reasons of the kind that give rise to the Prioritarian weightings that are attached to these increments of utility. If, in the one-person case, the soon-to-be-impaired person were in a position to select his own treatment, this would be a choice that involved only reasons of prudence. The Priority View would not apply to such a choice, since that view maintains that "*utility* has diminishing marginal *moral importance*"[28], which is not to say that utility has diminishing marginal *prudential* importance. You have not succeeded in transforming this person's prudential choice into a moral choice to which the Priority View applies simply by stipulating, as you do in the one-person case, that a morally-motivated third party must choose this person's treatment. Given that only this one person's interests are at stake, the stranger's role would be limited to looking after the interests of this person, and therefore this would be a case to which only reasons of prudence, and not also moral reasons of the kind that motivate the

Priority View, are pertinent. It would be a prudential choice that is made by proxy. The Priority View was never meant to apply to such a case.'

In reply to this objection, we would first point out that Parfit's use of the altitude analogy (quoted in Section 2) to characterize the Priority View implies that this view applies to a case in which one must choose how to aid a single individual. Indeed, Parfit applies it to such a case when he claims that on the Priority View, in Nagel's aforementioned two-child case, 'it would be just as urgent to benefit the handicapped child even if he had no sibling who was better off'.[29]

We would add that the choice in question counts, for the following reasons, as a moral choice to which the Priority View applies: it is a matter of what one person ought to give to another, where that one person is not simply the other's agent. If the choice-maker were this person's doctor, it might be appropriate to describe his choices as prudential by proxy, as a doctor is charged to act in the patient's best interests. We have supposed, however, that the choice-maker serves no such role as the person's doctor (or lawyer, etc.) that gives rise to a specific duty to promote his interests. He is simply a morally-motivated stranger who possesses both treatments and is trying to decide which of them he ought to confer upon this individual.

Perhaps our critic would deny that the choice in question is a moral choice to which the Priority View applies because he maintains that only choices involving interpersonal conflict qualify as such. We would reply that the following is surely a moral choice to which the Priority View is meant apply: whether to provide an indivisible good to the only person who can enjoy it or to waste that good by giving it to nobody in a multi-person case.[30] This is such a moral choice even though it does not involve interpersonal conflict. It does not involve such conflict because the giving of the good to the one person who could enjoy it does not deprive anyone else of anything he could have had. Suppose our critic now retreats to the following position: in order

for a choice to be a moral choice to which the Priority View applies, it must be a choice that is sensitive to how people fare in relation to others (even if, as in the case just described involving an indivisible good, it does not involve interpersonal conflict). We would reply that such a retreat is not open to our critic, since he will have thereby built sensitivity to relational considerations into what it is to be a moral choice that triggers application of the Priority View. The Priority View will have become comparative in nature simply by virtue of the account of the relevant sort of moral choice that is being supposed. This view would thereby lose its claim to be a 'distinctive view' that provides a genuine and attractive alternative to views that are essentially comparative in nature.

8. *Do we ignore the distinction between needs and personal projects?* Some have argued that a stranger has stronger moral reasons to meet another person's needs than to promote that person's projects. Nagel, for example, claims that even if someone cares more about the promotion of a given personal project than the relief of his severe pain, a stranger has stronger reason to relieve his pain than to promote his project to climb Mount Kilimanjaro or to learn to play all of Beethoven's piano sonatas.[31] As Nagel explains, a person's realization of his personal projects is of genuine prudential value, yet it is 'of value only *to the subject*, and valid only from within his life. Their value is not impersonally detachable, because it is too bound up with the idiosyncratic attitudes and aims of the subject, and can't be subsumed under a more universal value of comparable importance, like that of pleasure and pain.'[32] It follows from this view that the strength of the moral reasons a stranger has to aid someone may diverge from the strength of the preferences of the person whom they seek to benefit, even when these preferences accurately track the person's utility.

A critic of our position might then argue as follows that this distinction between the moral importance of meeting someone's needs and of promoting his personal projects undermines our claim in Section 1 regarding the treatment that it would be reasonable for a morally-motivated stranger to provide in the case of the single person considered in isolation and our related claim in that section regarding the shift in moral weighting of increases in utility between the case of the single person and the case involving intrapersonal tradeoffs: 'The slight impairment, which renders one incapable of walking more than 2 km, is not so debilitating that someone in an advanced industrial society who suffers it would typically be described as having any unmet needs. In the light of this fact, the best explanation for the significance that an individual typically attaches to his being cured of the slight impairment is that such an impairment would interfere with the pursuit of one or another of his particular projects, such as playing a sport, enjoying an outdoor hobby, or going on holidays involving exploration on foot. The treatment for the very severe impairment would, by contrast, partially meet a person's undeniable need to be able to move his body on his own. A person's ability to pursue a personal project that requires the traversing of distances greater than 2 km may be just as important *to him* as his need to be able to sit up on his own rather than being partially bedridden. Such a person would be indifferent between the treatment for the slight impairment and the very severe impairment, assuming, as before, that he will develop either the slight or the very severe impairment and has an equal chance of developing each. However, even if others agree with this person's judgment of what's in his interests, it does not follow that they also have equally strong reason to provide this person with either treatment. For it would be plausible to maintain that others have stronger reason to provide this person with treatment for the very severe impairment on the grounds that the needs of a stranger have claims on them that are lacking in the case of the

promotion of his personal projects. In short, even when we are addressing the fate of one person considered in isolation from others, there is a shift when we move from the prudential first-person perspective to the third-person perspective of a morally-motivated stranger: a person might, from his own first-person perspective, have reason to treat the slight impairment, so that he can pursue his own projects, that is as strong as his reason to treat the very severe impairment; however, a morally-motivated stranger would, from the third-person perspective, have stronger because impersonal reason to provide that person with treatment for the very severe impairment in order to meet his need to be able to sit up on his own. In sum, there will be a shift between what matters from the first-person perspective and what matters from the third-person perspective. This is what explains the shift in the importance of increases in health in the studies you cite between people considering their own situation and people considering the situation of others. From the third-person perspective, however, there is no shift between a case of an isolated individual and the case of several individuals, some of whom are worse off than others.'[33]

Even if we assume for the sake of argument that treatment for the slight impairment meets no needs, we would have two replies to this objection. First, even if there is the aforementioned shift in favour of treating the very severe rather than the slight impairment when we move from the first-person to the third-person perspective in the case of one person considered in isolation, there would, for reasons involving the moral significance of the separateness of persons that we invoke in Section 3, be a *further* shift in weighting toward treatment of the very severe impairment when we move from such a one-person case to a multi-person case in which some will be worse off than others.[34] This further shift could not be accommodated by the Priority View, as it would be explained by the introduction of comparative

considerations (of the sort that we described above in Section 4) to which the Priority View must be insensitive. Second, we can simply change our example so that now the choice is between providing treatment for the very severe impairment and providing treatment for a *moderate* (rather than the slight) impairment that is as follows:

> **Moderate impairment:** a condition that renders it difficult for one to climb stairs and to walk any distance outdoors but which does not interfere with one's ability to move about at home (apart from climbing stairs).

When they are considering their own utility, people who know that they will develop either the very severe impairment or this moderate impairment and that each is equiprobable are indifferent between (i) receiving the aforementioned treatment that would be effective if and only if they are afflicted with the very severe impairment, which it would reduce to the severe impairment, and (ii) receiving treatment that would be effective if and only if they are afflicted with the moderate impairment, where the effect of this latter treatment would be to transform this moderate impairment into the slight impairment.[35]

Surely nobody could reasonably deny that such treatment for this moderate impairment addresses genuine needs. Therefore, nobody could plausibly argue that a morally-motivated stranger ought to provide an individual with treatment for the very severe impairment rather than the moderate impairment, even if the individual correctly judges the treatment for the moderate impairment as of greater expected utility for him, on the grounds that the treatment for the very severe impairment meets needs whereas the treatment for the moderate impairment merely promotes personal projects. Rather, it would be reasonable for a morally-motivated stranger to

give the person the treatment that he prefers, as least if she is considering the individual's fate in isolation from the fate of others.

Now consider a situation in which a morally-motivated stranger is confronted with a group of people, an identifiable half whom she knows will develop the very severe impairment and the other half whom she knows will develop the moderate impairment. In this interpersonal case, we believe the stranger should provide the treatment to those who will develop the very severe impairment when it confers an equally large benefit as the treatment for those who will develop moderate impairment. Empirical data indicates that people agree: they typically have a strong preference for providing people with treatment for the very severe impairment rather than others with treatment for the moderate impairment even though they also regard both treatments as yielding roughly equal increases in utility. On one estimate, they would prefer to treat one person with the very severe impairment rather than any fewer than 15 people with the moderate impairment. They would become indifferent only between providing treatment for one person with the very severe impairment and providing treatment for 15 people with the moderate impairment.[36] This shift in the attitude of our morally-motivated stranger when she moves from the intrapersonal to the interpersonal case is inconsistent with the Priority View.[37]

We should note, finally, that the claim that the needs of individuals have a greater pull on morally-motivated strangers than do their personal projects is, in fact, inconsistent with the Priority View, since that view tracks absolute levels of well-being rather than the distinction between needs and projects.[38] Moreover, even if it is generally the case that unmet needs correlate with a low absolute level of utility, any such correlation is contingent rather than necessary: on any plausible conception of utility, we can construct cases in which we are faced with a choice between promoting the utility of one person who is at a high absolute level of

utility by meeting his needs or promoting by a somewhat larger increment the utility of another person who is at a lower absolute level of utility by facilitating her personal projects.[39] The priority that people assign to meeting needs rather than satisfying stronger preferences to pursue one's personal projects cannot, therefore, be invoked in support of the view that utility has diminishing marginal importance, where, as Parfit makes clear, such diminishing importance is regarded as a universal moral law rather than something that is grounded in a contingent correlation.[40] In short, we cannot infer from the claim that needs have a greater pull on third parties than projects that third parties have stronger moral reason to help people the lower their level of utility in absolute terms.

9. *Have we correctly described how the Priority View deals with choice under risk?* Following orthodox decision theory, we have assumed throughout that the Prioritarian regards the maximisation of expected value as the correct way to make decisions under risk. We have also assumed that outcomes rather than prospects are carriers of moral value, so that in cases of the kind we have been considering, a Prioritarian would first assess the moral value of the possible outcomes in a Prioritarian fashion (i.e. using a 'moral value function' which assigns positive but decreasing marginal moral importance to each person's utility) and then maximise the probability-weighted sum of the moral value of these outcomes. In making these two assumptions, we have followed the view that Parfit endorses in *On What Matters*, where he argues that '[w]hen the rightness of some act depends on the goodness of this act's effects or possible effects, we ought to act (…) in the way whose outcome would be *expectably-best*', and he defines the expectable goodness of an act as 'the goodness of these possible effects multiplied by the chance that this act would have these effects.'[41] It is precisely such a version of the

Priority View that calls for the maximization of expected weighted utility which, we have argued, cannot account for the shift in moral judgment between the intrapersonal and interpersonal case.

One could, however, take issue with both assumptions. Here, we will not examine what a Prioritarian view which rejects the orthodox theory of decision-making under risk would look like. There is, however, a possible variant of the Priority View, which we will call '*ex ante* Prioritarianism', which rejects only our second assumption.[42] *Ex ante* Prioritarianism holds that we should apply Prioritarian weighting to individuals' expected utility, rather than to the utility that they end up with, when these two differ. On this view, it is more important to provide an equally large improvement in expected utility to someone with low expected utility than to someone with high expected utility. Since, in our one-person case in Section 1, the person's expected utility is, by hypothesis, the same no matter which treatment we administer, the *ex ante* Prioritarian will be indifferent between both treatments.[43] In the multi-person case in that section in which some will be worse off than others, the expected utility of those who will develop the very severe impairment is lower than that of those who will develop the slight impairment, so that on the *ex ante* Prioritarian view, those who will develop the very severe impairment get priority. (Since this is a case of certainty, their expected utility is the same as the utility they will actually enjoy.) The *ex ante* Prioritarian view, therefore, can account for what we have argued are the correct judgments revealed in the empirical data that we cite.

We believe, however, that the *ex ante* view should be rejected because it fails to show appropriate concern for all those who, simply due to brute bad luck, will end up worse off than others. Consider, for example, the following case:

Multi-Person Case with Risk and Inversely Correlated Outcomes: You are confronted with a group of people, each of whom you know will either develop the very severe or the slight impairment and each of whom has an equal chance of developing either impairment. You also know that half the people will end up suffering from the very severe impairment, and half from the slight impairment. You can either supply everyone with a treatment that will surely improve a recipient's situation if and only if he turns out to suffer the very severe impairment or supply everyone with a treatment that will surely improve a recipient's situation if and only if he turns out to suffer the slight impairment. Both treatments, if effective, provide the same increase in utility over non-treatment.

From the *ex ante* perspective of each individual whom we can supply with one of the two treatments, both treatments will be equally valuable. The *ex ante* view holds that we should therefore be indifferent between providing everyone with the treatment for the slight impairment and providing everyone with the treatment for the very severe impairment. Focusing exclusively on the *ex ante* perspective, however, means that we fail to take account of the legitimate claims of that half of the group who will, *ex post*, due to bad brute luck, end up very badly off and worse off than others. Consider, from an *ex post* perspective, the distributions of well-being that would result from providing everyone with either the treatment for the slight impairment or the treatment for the very severe impairment. If one supplies everyone with the treatment for the slight impairment, then the resulting distribution of utility will be one in which half are in full health, and half are very badly off. If, by contrast, one supplies everyone with the treatment for the very severe impairment, then the resulting distribution will be one in which half are somewhat badly off, and half are badly off (though not as badly off as suffering the very severe

impairment without treatment). *Ex ante*, though we do not know which individuals will end up with the very severe impairment, we do know that whoever does end up with this condition has a stronger claim on the treatment for the very severe impairment than whoever will end up with the slight impairment has on the treatment for the slight impairment. This provides us with a decisive reason to provide everyone with the treatment for the very severe impairment, since we know we will thereby be providing treatment to those who will turn out to be the people who had the strongest claim on it.[44]

In sum, our considered judgments indicate a shift between one-person and multi-person cases: it is reasonable to be indifferent between the two treatments in our original one-person case, yet we have decisive reason to provide the treatment for the very severe impairment in both the multi-person case without risk and the multi-person case involving risk with inversely correlated outcomes. The Priority View as formulated by Parfit cannot account for our judgment in the one-person case, while the *ex ante* Prioritarian view fails to account for our judgments in the multi-person case involving risk with inversely correlated outcomes. Egalitarian or otherwise comparative views, by contrast, can account for our judgments in all cases; they therefore offer a better account of why those who are worse off than others have greater moral claims.

Appendix

Consider the following conditions:

1. Full health.
2. Slight impairment: Can move about everywhere on his own, but has difficulties walking more than 2 km.
3. Moderate impairment: Can move about with difficulties at home when on a level, but has difficulties on stairs and outdoors.
4. Considerable impairment: Moves about with difficulty at home. Needs assistance on stairs and outdoors.
5. Severe impairment: Can sit. Needs help to move about at all.
6. Very severe impairment: To some degree bedridden. Can sit in a chair part of the day if helped up by others.
7. Completely disabled: Permanently bedridden.
8. Dead.

People are typically indifferent between moving **1** person from 6 (very severe) to 5 (severe) and moving:

- **1500** other people from 2 (slight) to 1 (full health)
- **15** other people from 3 (moderate) to 2 (slight)
- **2** other people from 4 (considerable) to 3 (moderate)

- **1.3** other persons from 5 (severe) to 4 (considerable)

This in spite of the fact that people also typically regard a move from any condition numbered *N* to any condition numbered *N-1* as providing any given individual with a benefit of an equal size. For example, they consider a move from 6 (very severe) to 5 (severe) as providing an individual with the same-sized benefit as a move from 2 (slight) to 1 (full health).

[Source: Nord *et al.*, 'Incorporating Societal Concerns for Fairness'.]

Notes

[1] [ACKNOWLEDGEMENTS OMITTED.]

[2] Unless we indicate otherwise, it should be assumed that the health states we refer to in this paper will last from early adulthood until the end of the lives of individuals with equally long lifespans, that people are equally well off in all respects other than those to which their differences in mobility give rise, that everyone who is in the same health state is at the same (interpersonally comparable) level of utility, and that it is through no choice or fault of any individual that she suffers from or is vulnerable to any impairment.

[3] See Erik Nord, 'The Trade-Off between Severity of Illness and Treatment Effect in Cost-Value Analysis of Health Care', *Health Policy* 24 (1993): 227-38 and 'The Person Trade-Off Approach to Valuing Health Care Programs', *Medical Decision-Making* 15 (1995): 201-8. In these papers, Nord defined the slight impairment as 'not being able to walk more than *1* km'. In later work, he adjusted this to 2 km based on a fuller assessment of preference data. See Erik Nord, Jose-Louis Pinto Prades, Jeff Richardson, Paul Menzel and Peter Ubel, 'Incorporating Societal Concerns for Fairness in Numerical Valuations of Health Programmes', *Health Economics* 8 (1999): 25-39, Table 1. See also the Appendix to this paper.

[4] We shall assume throughout this paper that the preferences we are considering satisfy the Von Neumann-Morgenstern axioms. Given this assumption, the measurement procedure we describe is consistent with the procedure known in health economics as the Standard Gamble. (See Paul Dolan, 'Output Measures and Valuation in Health', in Michael Drummond and Alistair McGuire (eds.) *Economic Evaluation in Health Care* (Oxford: Oxford University Press, 2001), pp. 46-67.) In order to render such a preference-based measure of utility plausible, we will need to restrict these preferences to something along the lines of the 'self-interested preferences that the

individual would have after ideal deliberation while thinking clearly with full pertinent information regarding those preferences'. The quoted words are from Richard Arneson, 'Primary Goods Reconsidered', *Noûs* 24 (1990): 429-54, at p. 448. There he is supposing that 'one *identifies* individual welfare' with the satisfaction of the specified preferences (ibid., emphasis added). By contrast, we are not spelling out a proposal regarding what utility *is* in the main text above. Rather we are presenting an account of how to measure the magnitude of one's expected utility. One might believe that two options have the same expected utility for a person when he is indifferent between these options without also believing that utility is identical with, or even that it consists of, preference satisfaction. One might maintain that utility is, or consists of, something other than preference satisfaction, while also maintaining that the specified idealized preferences unerringly track the magnitude of this other thing.

[5] We shall assume throughout this paper that the morally-motivated stranger is a private individual rather than a state official. We shall also assume throughout that the cost of providing assistance to another is never so great that such assistance would qualify as overly demanding.

[6] Throughout this paper, we shall understand 'utility' to refer to this. Note that you might believe that this person's preferences provide an accurate measure of her utility without also believing that utility is, or consists of, preference satisfaction. (See n. 4 above.)

[7] Nord *et al.*, 'Incorporating Societal Concerns for Fairness', Table 1. See also the Appendix to this paper.

[8] See Jose-Luis Pinto Prades, 'Is the Person Trade-Off a Valid Method for Allocating Health Care Resources?' *Health Economics* 6 (1997): 71-81, Jose-Luis Pinto Prades and Angel Lopez-Nicolk, 'More Evidence of the Plateau Effect: A Social Perspective', *Medical Decision-Making* 18 (1998): 287-94, Peter Ubel, George Loewenstein, Dennis Scanlon, and Mark Kamlet, 'Value

Measurement in Cost-Utility Analysis: Explaining the Discrepancy between Rating Scale and Person Trade-off Elicitations', *Health Policy*, 43 (1998): 33-44 and 'Individual Utilities Are Inconsistent With Rationing Choices: A Partial Explanation of Why Oregon's Cost-Effectiveness List Failed', *Medical Decision-Making* 16 (1996): 108-16. However, Paul Dolan and Colin Green, 'Using the Person Trade-Off Approach to Examine Differences between Individual and Social Values', *Health Economics* 7 (1998): 307-12 does not find this priority.

[9] Although we have drawn a contrast between a case involving a group and a case involving a single person, we could instead have drawn a contrast between two cases that each involve the *same group* of people. One of the two cases would simply be the case involving the group that was just presented in the main text above. The contrasting group-involving case would differ from this one in just the following respects. The particular fate of the group's members is no longer known in advance. Rather, what is known is that either all will develop the slight impairment or all will develop the very severe impairment and there is an equal probability of either outcome. Every member of this group must receive the same treatment before it is known how things will turn out. The morally-motivated stranger's two options are therefore to provide everyone with the treatment that will be effective if and only if each develops the slight impairment, or to provide everyone with the treatment that will be effective if and only if each develops the very severe impairment. This case is identical to our one-person case, save for the fact that this one person and his fate have been replicated many times over to create a group of people. Just as it is reasonable to provide the individual in our one-person case with the treatment that maximizes his expected utility, it is reasonable to provide each member of this group with the treatment that maximizes his expected utility. More generally, whatever claims we make in

this paper about what one ought to do in cases involving single persons apply, mutatis mutandis, to groups of identically-fated people created by such replication.

[10] 'Equality or Priority?' *The Lindley Lecture* (Lawrence, Kansas: University of Kansas, 1991), reprinted in Matthew Clayton and Andrew Williams (eds.), *The Ideal of Equality* (Basingstoke: Palgrave, 2002), pp. 81-125, at p. 104. (All subsequent page references will be to the reprinted version.) Henceforth, all references to 'Prioritarianism' and or 'the Priority View' are to the version of this view that Parfit presents in this lecture. Though Parfit regards this view as plausible, he does not endorse it in this lecture.

[11] 'Equality or Priority?' p. 101. Parfit writes that this view might apply either to '(1) those who are worse off in their lives as a whole' or to '(2) those who are worse off at a time'. He also notes that '(1) and (2) frequently diverge'. It is a matter of controversy whether priority should be given to the former or the latter when the two diverge. Parfit sidesteps this controversy by assuming throughout his examples that 'there is no difference between those who would be worse off at the time, and those who would be worse off in their lives as a whole'. (See 'Equality or Priority?' Sec. VIII.) We have followed Parfit in making this assumption. (See n. 2 above.) We have done so both to set this particular controversy to one side in order to place a spotlight on a different problem that the Priority View faces and to restrict ourselves to examples in which the requirements of this view are unambiguous.

[12] 'Equality or Priority?' p. 105.

[13] 'Equality or Priority?' p. 104.

[14] For further discussion of this point, see Wlodek Rabinowicz, 'Prioritarianism and Uncertainty', in *Exploring Practical Philosophy: From Action to Values*, edited by Dan Egonsson, Jonas Josefsson, Björn Petersson and Toni Rønnow-Rasmussen (Burlington: Ashgate,

2001), pp. 139-66, and 'Prioritarianism for Prospects', *Utilitas* 14 (2002): 2-21. See also David McCarthy, 'Utilitarianism and Prioritarianism II', *Economics and Philosophy* 24 (2008): 1-33.

[15] 'Equality or Priority?' p. 103. Although our focus in this paper is on the Priority View, we note here that not only that view but also various other influential non-comparative, anti-egalitarian views, such as those of Joseph Raz and Harry Frankfurt, are unsound if the shift is justified. See Joseph Raz, *The Morality of Freedom* (Oxford: Oxford University Press, 1986), Ch. 9, and Harry Frankfurt, 'Equality as a Moral Ideal', *Ethics* 98 (1987): 21-42.

[16] If the aforementioned estimates of the typical priority people give to the less well off are correct, a treatment for the very severe impairment that brought a person up to the condition of the severe impairment will have an expected moral value of 1,500 times the expected moral value of the treatment for the slight impairment.

[17] The divergence between what the Priority View requires and what would maximise expected utility in one-person cases is noted by Rabinowicz, in 'Prioritarianism and Uncertainty' and 'Prioritarianism for Prospects', by Dennis McKerlie, in 'Dimensions of Equality', *Utilitas* 13 (2001): 263-88, and by McCarthy, in 'Utilitarianism and Prioritarianism II'. Our claims in this paper differ from theirs in the following respects. First, neither Rabinowicz nor McKerlie argues that the Priority View should be rejected because of this divergence. Second, unlike Rabinowicz and McKerlie, and contrary to McCarthy, we argue in Sections 3-4 that there should be a shift in the moral weight that we accord to improvements in a person's condition when we move from the case of an isolated person to the interpersonal case, where this shift is justified by an appeal to essentially comparative moral considerations. By contrast, McCarthy argues that the Priority View should be rejected in favour of Utilitarianism, according to which there should be no shift

in the weight we give to improvements lower down the utility scale when we move from our one-person case with risk to our multi-person case with certainty.

[18] See [REFERENCE TO CO-AUTHOR OMITTED], and Larry Temkin, 'Equality, Priority, and the Levelling Down Objection', in *The Ideal of Equality* (op. cit.), pp. 126-61, at pp. 129-30.

[19] See 'Equality or Priority?' pp. 98, 105 and Sec. XII. (Parfit notes that this objection to equality was suggested in earlier writings by Joseph Raz and Larry Temkin.)

[20] See 'Equality or Priority?' Sec. XII.

[21] Compare Nagel, 'Equality', in *Mortal Questions* (Cambridge: Cambridge University Press, 1979), pp. 106-27, at p. 123. See also Nagel, *Equality and Partiality* (Oxford: Oxford University Press, 1991), chapter 7.

[22] Compare Nagel, *Equality and Partiality*, pp. 68-9. It is noteworthy that Nagel's view is immune to a different objection that Parfit makes to comparative views that do not appeal to the intrinsic badness of inequality. Parfit suggests that such views will not be able to give us any reason to *hope* that a more egalitarian distribution will come about in a situation in which there are two possible distributions of which one is more egalitarian and more to the benefit of the worst off than the other, and the distribution of well-being that will come about is entirely beyond anyone's control (see 'Equality or Priority?' p. 116). On Nagel's view we have reason to hope that the more equal of these possible distributions will come about because we have reason to hope that the morally stronger claim will be satisfied.

[23] We should add that, in order to account both for this shift in weighting when we move from the one-person to the multi-person case and for the fact that people are willing, in other cases, to cure a sufficiently large number of people with the slight impairment rather than partially alleviate the condition of one person with the very severe impairment, one would have to

supplement these comparative views in order to capture this latter element. One might do so by adopting a pluralist account that gives some independent weight to aggregative considerations that are sensitive to the number of people cured and their gain in well-being. For such pluralist views, see Nagel, 'Equality', p. 127, Parfit, 'Equality or Priority?' p. 85, and Bertil Tungodden, 'The Value of Equality', *Economics and Philosophy*, 19 (2003): 1-44.

[24] Cf. Thomas Hurka, 'Asymmetries in Value', working paper downloaded July 22, 2008, from http://www.chass.utoronto.ca/~thurka/writings.html#progress, n. 4.

[25] Note, moreover, that one could not object that the stranger would be acting paternalistically if he confers the dispreferred treatment that maximizes utility that has been weighted in Prioritarian fashion. This would not be paternalistic, since the stranger would not be acting in what he takes to be that person's interest by giving him the treatment he disprefers. The stranger believes that the person is accurate in his assessment of his own interests and therefore recognizes that it is not in that person's interests, measured by his utility as determined by his preferences, to have expected utility that has been weighted in Prioritarian fashion maximized.

[26] 'Equality', p. 124. More precisely, Nagel notes that this greater urgency provides a pro tanto and in many cases decisive reason to benefit him.

[27] As Parfit notes, it would, on the Priority View, 'be just as urgent to benefit the handicapped child, even if he had no sibling who was better off' ('Equality or Priority?' p. 108).

[28] 'Equality or Priority?' p. 105.

[29] 'Equality or Priority?' p. 108.

[30] It is, in fact, only if the Priority View applies to such choices that Parfit could have argued on behalf of its superiority to egalitarian approaches in handling levelling-down cases.

[31] See Nagel, *The View from Nowhere* (New York: Oxford University Press, 1986), pp. 166-71. See also T. M. Scanlon, 'Preference and Urgency', *Journal of Philosophy* 72 (1975): 655-69, at pp. 659-60.

[32] *The View from Nowhere*, p. 168.

[33] Our imagined critic maintains that people's judgments when they imagined themselves in a position of a third party thinking about the appropriate treatment for a single person considered in isolation would differ from their judgments when considering treatments for themselves. Contrary to this claim, Ubel *et al*. 'Value Measurement in Cost-Utility Analysis', reports no significant difference between the treatments people would prefer from these two perspectives.

[34] See n. 37 below for evidence of the existence of such further shift.

[35] See Nord, 'The Trade-Off between Severity of Illness and Treatment Effect' and 'The Person Trade-Off Approach'. See also the Appendix to this paper.

[36] Nord *et al.*, 'Incorporating Societal Concerns for Fairness', Table 1.

[37] Not only do Nord *et al.* report that people are indifferent between treating one person with the very severe impairment and treating 15 people with the moderate impairment. Recall that they also report that people are indifferent between treating one person with the very severe impairment and treating *1,500* people with the slight impairment. (Other studies cited in note 8 also report a phenomenon of this kind.) When one could instead treat someone else who is afflicted with the very severe impairment, why is treating people afflicted with the slight impairment regarded as so much less important than treating people afflicted with the moderate impairment? Our conjecture is as follows. Not only do the comparative considerations that we described in Section 4 tell more strongly in favour of treating someone with the very severe impairment when the alternative is treating others with the slight as opposed to the moderate

impairment. But the case for treating others with the slight as opposed to the moderate impairment is weakened further, in the judgment of many, on account of the fact that it is far less apparent that treatment of the slight impairment meets people's needs than it is that treatment of the moderate impairment meets people's needs.

[38] Parfit writes that 'on the Priority View, we should give priority, not to meeting special needs, but to benefiting those people who are worse off' ('Equality or Priority?' p. 103).

[39] Parfit constructs one such case in 'Equality or Priority?' pp. 102-3.

[40] See 'Equality or Priority?' p. 106.

[41] *On What Matters* (manuscript dated 9 August 2008), §18.

[42] See Larry G. Epstein and Uzi Segal, 'Quadratic Social Welfare Functions', *Journal of Political Economy* 100 (1992): 691-712. We are grateful to Marc Fleurbaey for drawing our attention to this view. For an innovative argument against *ex ante* views in social choice, see Fleurbaey, 'Assessing Risky Social Situations' (unpublished manuscript, 2007).

[43] Indeed, given a von Neumann-Morgenstern measure of utility, it is easy to see that the *ex ante* Prioritarianism will always follow each person's judgments of his own good in one-person cases.

[44] In this judgment, the two comparative views we have surveyed agree, though for different reasons. If we believe in the intrinsic badness of inequality, those with the very severe impairment have a stronger claim because by aiding them we diminish intrinsically bad *ex post* inequality. From the alternative perspective that appeals to the comparative strength of different people's claims, those who will develop the very severe impairment have a stronger claim on the treatment for that impairment because they will be worse off than those who will develop the slight impairment.