Solidarity in Public Health Ethics and Practice: Its Conceptions, Uses and Implications

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Briefing Note

For up-to-date knowledge relating to healthy public policy

Introduction

Increasingly, the concept of solidarity is being brought into discussion as one of the principles and values that should guide the ethical practices of public health actors.[1] Reflecting on ethical issues specific to solidarity as it relates to public health practice appears worthwhile because solidarity is a concept that first and foremost concerns groups or communities of people. Viewed from this perspective, solidarity is a value that, for some authors, seems more suited to playing a central role in public health ethics than do the more individualistic values, such as autonomy, which is usually regarded as central to biomedical or clinical ethics (Baylis, Kenny, & Sherwin, 2008; Dawson, 2011a; Prainsack & Buyx, 2011). This is why solidarity is frequently mentioned in frameworks that rely on values or principles to help guide ethical deliberations specific to the more collectively- and population-oriented public health issues (e.g., Baylis et al., 2008; Childress et al., 2002; Coughlin, 2008; Public Health Ontario, 2012; Singer et al., 2003; Tannahill, 2008; Thompson, Faith, Gibson, & Upshur, 2006; Upshur et al., 2005; Willison et al., 2014; World Health Organization [WHO], 2007 & 2014). However, as Prainsack and Buyx point out, "there is no coherent way in which the term solidarity is used in bioethics" (2011, p. 36) or, we might add, in public health ethics.

Our objective in this paper is to clarify the concept of solidarity, the various ways it is used and the moral implications associated with it when it is treated as a value or as a principle to guide actions. By highlighting the central components and the more variable dimensions of solidarity, our goal is to assist practitioners in reflecting on their own interpretations of the concept of solidarity and on the ways they do, or could, use it in their practices. Examining the multiple interpretations of solidarity may also facilitate discussion and deliberation among colleagues by allowing different perspectives to be better understood and navigated. Thus, our objective is neither to offer THE correct definition of solidarity for public health nor to differentiate between legitimate and illegitimate uses of the principle of solidarity.

Although solidarity is often included among the principles discussed in public health ethics frameworks, it is rarer to find answers to the questions "why is the principle of solidarity relevant?" and "how should it be used?" We hope that this paper will help to answer these questions.

The paper is structured as follows:

- Section 1 – What is solidarity?
- Section 2 – How has the principle of solidarity been used in public health ethics and practice?
- Section 3 – Dimensions of solidarity
- Section 4 – Practical use: Case study and questions

For those readers who would simply like to get an overview of the concept of solidarity, read a case study and review the questions aimed at facilitating its use in practice, we suggest reviewing the questions and the summaries presented in the boxes in Section 3 (pp. 8-16) and then reading Section 4. Alternatively, an eight-page summary of this paper is available at the following address: http://www.ncchpp.ca/docs/2015_Ethics_SummarySolidarity_En.pdf.

[1] As an indication of the growing interest in the concept of solidarity in public health ethics and bioethics, one might consider 1. the report Solidarity: Reflections on an emerging concept in bioethics produced by Prainsack and Buyx (2011) for the Nuffield Council on Bioethics; 2. the special issue of the journal Bioethics (2012, vol. 26, no 7) devoted to the role of solidarity in bioethics; and 3. the special issue of the journal Diametros (2015, vol. 43) examining solidarity and justice in health care systems. Because the latter special issue appeared just prior to the publication of this document, the articles it contains could not be taken into account. We invite readers to consult that special issue at the following address: http://www.diametros.iphils.uj.edu.pl/index.php/diametros/issue/view/45.

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Section 1 – What is solidarity?

The term "solidarity" is used to refer to group cohesion, to certain mutually cooperative practices, to institutional arrangements and to labour struggles or struggles for freedom, as well as to certain feelings, actions, responsibilities, obligations or civic, legal, or moral values. In ethics, solidarity is conceptually closely allied with the concepts of reciprocity,[2] equity, social justice and distributive justice, among others. The meanings attributed to solidarity are numerous, and it is used in a wide range of fields. The question therefore arises: what is solidarity?

In current usage, the term "solidarity" refers to a "relationship between people with an awareness of shared interests, resulting in, for each, a moral obligation to assist others and not to do a disservice to them" [translation] (Petit Robert, 2014, "Solidarité"). In bioethics, Prainsack and Buyx suggest that "solidarity signifies shared practices reflecting a collective commitment to carry 'costs' (financial, social, emotional, or otherwise) to assist others," and this would apply regardless of whether or not those in solidarity expect to benefit personally in exchange (2011, p. 46).

These two definitions highlight at least three central components of the concept of solidarity. Solidarity is:

- a **relational concept**;
- that is **descriptive** (i.e., which refers to individuals or groups who share something — a **similarity or interdependence**, depending on the interpretation); and
- that is **normative** (i.e., it refers to individuals' or groups' moral obligations).

The presence of moral obligations indicates that solidarity is not only a descriptive concept (i.e., indicative of **what is** or what we do), but also a normative or prescriptive principle (i.e., indicative of **what should be** or what we should be doing). The divergent interpretations of these central components can explain some of the variation in meaning attributed to the concept of solidarity. We will therefore examine these briefly, in turn.

[2] To learn more about reciprocity, please refer to Keeling and Bellefleur (2014).

A RELATIONAL CONCEPT

There is general agreement that "solidarity is essentially a relational concept" (Meulen & Wright, 2012, p. 367). Communities, groups or states are said to be in solidarity with other collectives or that their respective members are in solidarity with each other or that they have institutionalized practices upholding the value of solidarity. Also, a person is said to be in solidarity with other people or with a collective, for example, but a person is not said to be in solidarity with himself or herself. Solidarity thus relates to the bonds and obligations that exist between members of groups (e.g., between citizens of the same state), and also between group members and the groups to which they belong (e.g., between citizens and their state; Scholz, 2008).

A CONCEPT BASED ON SIMILARITY OR INTERDEPENDENCE

To the question "what unites or should unite a group of people in solidarity?" most authors respond by listing characteristics that are or should be shared by individuals (or groups) in solidarity. For these authors, solidarity is thus based on a form of similarity which transcends differences that are deemed irrelevant. The literature refers to persons who share a situation (social, financial, etc.), fate, practice, territory, risk or vulnerability, interest, moral or political cause, culture, set of values, beliefs and opinions, or even similar experiences. The criterion or criteria indicating what such persons should have in common thus defines the potential scope of a solidarity group.

For some authors, a group must be very homogenous to be considered a solidarity group. For example, the WHO defines individuals in solidarity as individuals who are "firmly united by common responsibilities and interests, and undivided in opinion, purpose and action" (WHO, 2007, p. vi). The strong homogeneity presupposed by certain conceptions of solidarity has been criticized as lacking in respect for differences, diversity, a critical perspective and dissent (e.g., Butler, 1990, in Dean, 1996). At the other end of the spectrum are authors for whom solidarity is compatible with a fairly large degree of heterogeneity. For example, according to Prainsack and Buyx (2011), one can interpret the gesture of a person who lends his phone to a stranger as a gesture of solidarity if both persons run a similar risk of missing their plane. Between these two perspectives lie a wide range of conceptions of solidarity based on some form of similarity existing

over and above, or despite, certain differences that are deemed irrelevant. These conceptions of solidarity can therefore accommodate, to varying degrees, some level of diversity, as well as a critical perspective on the opinions, goals and actions of others and of the group.

Another approach toward answering the question "what unites or should unite a group in solidarity?" is to place greater emphasis on the ties of interdependence that bind people and less emphasis on their similarities (e.g., Young, 2000). The concept of interdependence "embraces the notion that our good or bad fortune, our achievements or failures are never entirely 'ours'" (Robertson, 1998, p. 1427). In the view of these authors, we live in communities that largely determine the range of our potential achievements. This approach draws on the idea that "things which depend on one another, work or function together to complete an action or process" are in solidarity [translation] (Petit Robert, 2014, "Solidaire"). The potential scope of a solidarity group, according to this approach, would depend on the ties of interdependence considered relevant to group membership.

A CONCEPT THAT IS BOTH DESCRIPTIVE AND NORMATIVE

The concept of solidarity makes it possible, among other things, to characterize or qualify the type or degree of social cohesion in certain groups. Thus, it can used to describe groups or their practices. In such cases, focus is on the descriptive aspect of solidarity. Considered descriptively, "solidarity is a feature of all social and political interaction; a fact of life" (Prainsack & Buyx, 2012, p. 344).

When we examine, in particular, the moral obligations associated with solidarity, whether obligations between the members of a solidarity group, between members and the group, or those relating to the promotion or protection of solidarity, we are focusing instead on the **principle of solidarity**, that is, its normative aspect. The definition included above refers, for example, to the negative obligation to not do a disservice to other members of the solidarity group and to the positive obligation to provide them with assistance or help (Scholz, 2008). One of the main attractions of the principle of solidarity for ethics is its association with positive obligations (i.e., obligations to do something, to assist or to help), whereas the dominant ethical theories tend to focus on negative obligations (i.e., obligations not to do something, not to harm or to wrong others; Bayertz, 1999).

The other big attraction of the principle of solidarity for ethics is that it calls attention to the importance of groups, communities, social ties, collective practices and the common goods that they make available to their members; and it does so within the current context, where ethics based on individualistic principles prevail. Integration of the principle of solidarity into ethical theories and public health frameworks can thus contribute to the adoption of a more "social" perspective in public health ethics.

In the next section, we will examine in greater detail these two aspects of the principle of solidarity which hold particular interest for public health ethics and practice; namely, the obligations it carries, the majority of which are positive, and the more socially-oriented perspective inherent in the principle. In Section 3, we will explore the various dimensions of solidarity to provide a frame of reference for readers interested in improving their grasp of the different conceptions of solidarity and the normative implications that these have for public health practice.

Section 2 – How has the principle of solidarity been used in public health ethics and practice?

In the first part of this section, we will discuss the moral obligations associated with the principle of solidarity. We will first examine these obligations in the context of relationships characterized by solidarity. Thus, it can be said that the state (and the public health system as part of it) has obligations of solidarity toward citizens; citizens have obligations toward the state (or toward the public health system); and citizens have obligations toward each other. Next, we will examine the role played by the principle of solidarity when there is an appeal for solidarity. Following that, we will explain how the principle of solidarity can lead to the adoption of more socially-oriented perspectives in public health ethics. And in the last part, we will consider the normative implications of solidarity for three fields of public health action: pandemics, global health and research. We will discuss these three areas because they are the main focus of the literature on solidarity, and not because they are the only areas of public health for which solidarity could have relevance.

MORAL OBLIGATIONS AND APPEALS FOR SOLIDARITY

Obligations of the state or of the public health system toward citizens

Groups, collectives or communities may have obligations of solidarity toward their members. The state, and especially public health institutions and actors, may thus have certain obligations of solidarity toward citizens or populations within the territory for which they are responsible. Moreover, the Universal Declaration on Bioethics and Human Rights published by the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2006), states that "States should respect and promote solidarity between and among States, as well as individuals, families, groups and communities." Thus, a moral value is assigned to solidarity and it is treated (like social justice, equity and health) as a good that should be respected and promoted. The literature refers, in particular, to the following obligations:

- raise citizens' awareness of the similarities that unite them (e.g., vulnerability to diseases), their common interests (Baylis et al., 2008; Rorty, 1989) and the relationships of interdependence (at various levels) that bind them to each other (Eckenwiler, Straehle, & Chung, 2012; Kenny, 2004; Young, 2000);
- raise citizens' awareness of injustices (Benatar, Daar, & Singer, 2003; Eckenwiler et al., 2012; Young, 2000). These authors assert that we are collectively responsible for certain injustices by virtue of the ties of interdependence that bind us to each other and which impose unfavourable conditions on some of us;
- raise citizens' awareness of the effects of their actions on others, including future generations ("**intergenerational solidarity**"; Coote & Angel, 2014);
- develop citizens' empathy for the suffering and humiliation of others (Benatar et al., 2003; Rorty, 1989);
- protect citizens, and in particular the most vulnerable (Brody & Avery, 2009; Meulen & Maarse, 2008; Prainsack & Buyx, 2011; Scholz, 2008);
- promote distributive justice, i.e., the equitable distribution of risks, benefits and burdens among citizens (Dawson & Verweij, 2012; Eurofound, 2011; Gebauer, 2012);
- foster social justice (Dawson & Jennings, 2012; Scholz, 2008), that is, "fair access to social goods such as rights, opportunities, power and self-respect" (Baylis et al., 2008, p. 8, referring to Young, 1990);
- protect social ties and work to break social isolation, notably by creating built environments conducive to socialization (Coughlin, 2008; Direction de santé publique de Laval, 2009);
- pay specific attention to people who are marginalized, stigmatized or discriminated against and try to integrate them into the community as full members, treating them as equals (Dean, 1996; Nuffield Council on Bioethics, 2009; Rorty, 1989);
- reduce socio-economic inequalities, which hinder social cohesion in general (Coote & Angel, 2014; Meulen, 1995). Examples of social policies that could be implemented to achieve this include a progressive tax, a high minimum wage, affordable housing, quality affordable childcare, good public schools, unemployment insurance, family allowances, old-age pensions and a public and universal health insurance system that provides everyone with equal access to health care and to a proper level of service regardless of ability to pay, genetic inheritance or lifestyle (Holst, 2012; Meulen, 2011; Meulen, Arts, & Muffels, 2001; Meulen & Maarse, 2008; Robertson, 1998);
- promote the egalitarian and respectful treatment of citizens and their participation in public health actions and state processes, and enhance the transparency of these actions and processes so that citizens can embrace them as their own (Coote & Angel, 2014; Gunson, 2009; Massé, 2003; Thompson et al., 2006); and
- avoid divisive practices and communications that focus on special interests at the expense of common interests. Examples given are actions that limit access to public services by introducing fees that exclude the poorest, and practices and communications that emphasize individual responsibility without examining structural causes or that assign responsibility for certain social ills to groups treated as scapegoats, like people living on low incomes, immigrants or some ethnic groups (Boccia et al., 2014; Coote & Angel, 2014; Cureton, 2012; Forster, 1982; Massé, 2003; Meulen, 1995; Sass, 1995).

Each of these obligations also represents an opportunity for public health actors to draw attention to certain issues, such as social justice, equity,

transparency, public participation and policies that favour the least well-off. Thus, the principle of solidarity can serve as a lens, giving visibility to these issues, or as a lever, reiterating or demonstrating their importance.

Obligations of citizens toward the state or the system of public health

While solidarity refers to moral obligations that should be assumed by a group or collective, it can also refer to the moral obligations of members toward the group. Massé (2003) discusses solidarity in terms of "co-responsibility," where responsibility is shared by the state or its public health system and citizens. Scholz (2008) uses the expression "**civic solidarity**" to refer specifically not only to the responsibilities and obligations of the state toward its citizens, but also to those of citizens toward the state. Thus, the literature mentions the following obligations of citizens toward the state or the system of public health:

- do one's part to protect the community (Klopfenstein, 2008);
- protect oneself from preventable diseases and adopt a healthy lifestyle, to avoid, among other things, becoming an economic burden for the collective (Massé, 2003; Schmidt, 2008);
- cooperate in promoting or protecting a common good (Callahan, 1999; Langat et al., 2011);
- put aside one's personal interests, at least in the short term, on behalf of the common good (Langat et al., 2011; Massé, 2003; Upshur et al., 2007);
- do not benefit unduly from public goods by taking advantage or "free-riding" (Bayertz, 1999; Forster, 1982; Krishnamurthy, 2013; Schmidt, 2008; Ten Have & Keasberry, 1992), that is, by using more than one's fair share of public goods or by taking advantage of these without contributing equitably to their maintenance. This would be the case, for example, when a person takes advantage of herd immunity to avoid being vaccinated;
- comply with laws, regulations, traditions or values that ensure group or community cohesion (Cureton, 2012; Massé, 2003; Scholz, 2008); and
- pay taxes, including income tax (Scholz, 2008).

When fulfilled, these moral obligations facilitate the work of the state in general, and of public health organizations in particular, because they support and complement their efforts. Thus, some authors claim that within a society in solidarity, it is easier to justify certain state interventions intended for the common good, because they are less likely to be perceived as infringements on autonomy or individual freedoms (Massé, 2003; Prainsack & Buyx, 2011).

Obligations between citizens or between members of a solidarity group

In the literature, solidarity also refers to the more direct obligations of group members or citizens toward each other. These include, for example, the following obligations:

- assist one another (Dawson & Verweij, 2012; Scholz, 2008);
- stand united or "stick together" to overcome problems faced by the collective (Dawson & Verweij, 2012);
- help fellow citizens in need (Massé, 2003);
- agree to share risks and benefits fairly among members (Dawson & Verweij, 2012); and
- protect the most vulnerable in the group (Massé, 2008; Meulen & Maarse, 2008).

Calling for solidarity

Public health actors sometimes call for solidarity to remind members of a community that they have a moral duty to assist one another and to watch out for one another's health, in particular that of the most vulnerable, especially when the group faces a threat (e.g., an epidemic or a heat wave). The following quotation is a good illustration of such an appeal for solidarity:

> On the 2nd day of this heat wave, the public health department would like to reiterate its call for solidarity. […] While it is essential to pay attention to the warning signals our body sends us in times of extreme heat, it is also necessary to be concerned about vulnerable persons.
>
> [translation]
> (Agence de la santé et des services sociaux de l'Outaouais, 2011)

Similarly, public health practitioners have appealed for solidarity to rally "all local actors in the private, public and community sectors" around a common goal, namely, the reduction of social inequalities in health, because the public health department "can achieve much more with the help of all of its partners than it could possibly achieve on its own" (Agence de la santé et des services sociaux de Montréal, 2012, p. 10). A call for solidarity aimed at strengthening group cohesion or at shaping group consciousness

with a view toward collective action can also come from outside the public health sector, as we see in the appeal for solidarity calling for "people living with and affected by HIV to stand together [...] for quality treatment, prevention, care and support for all those who need it" (Global Network of People Living with HIV, 2013).

ADOPTING A MORE SOCIAL PERSPECTIVE IN PUBLIC HEALTH ETHICS

The majority of public health ethics frameworks which include solidarity are not particularly explicit about its normative implications (e.g., Baylis et al., 2008; Childress et al., 2002; Coughlin, 2008; Public Health Ontario, 2012; Singer et al., 2003; Tannahill, 2008; Thompson et al., 2006; Upshur et al., 2005; WHO, 2007 & 2014; Willison et al., 2014). Nevertheless, it is possible to interpret the inclusion of solidarity as a way to direct more attention, during ethical reflection, to the social aspects of our lives and of public health practices, for example, by focusing particular attention on social practices and relationships, as well as on common interests and public goods. Often, the principle of solidarity is taken into account without calling into question the centrality of individuals, their rights and their interests, or the importance of individual autonomy in public health ethics. In other words, the individual remains the starting point for ethical reflection on the merits and limitations of public health (and state) actions, even though taking solidarity into account draws attention to social ties, collective efforts and common goods (e.g., clean air and water, public infrastructure). From this perspective, solidarity runs complementary to other principles that inform or underlie frameworks, such as respect for autonomy, beneficence or transparency.

This way of integrating the principle of solidarity into public health ethics is criticized by other authors, such as Baylis and colleagues (2008) and Dawson and Jennings (2012), who think that solidarity must play a much more fundamental role. The latter write, for example, as follows:

> In contrast to many writers on this topic, we hold solidarity to be a deep and enmeshed concept, a value that supports and structures the way we in fact do and ought to see other kinds of moral considerations. This means that we do not see solidarity as being something that should just be added to any list of values.
>
> (Dawson & Jennings, 2012, pp. 73-74)

According to this view, it is not enough merely to affirm the essential nature of solidarity. Rather, it is necessary to rethink public health ethics placing solidarity at the centre. "This means that solidarity is not something that can 'trump' other values in a way that, say, welfare may take priority over liberty" (Dawson & Jennings, 2012, p. 76). For Dawson and Jennings, solidarity requires instead a rethinking of public health ethics based on the essentially and irretrievably social character of people, who are then understood to be shaped by their relationships of belonging to societies, communities and groups. Adopting such a solidarity-based approach would invite us "to consider individual actions in the context of socially-structured processes in which individuals are not considered in isolation, but rather as members of a group or collective" (Meulen & Wright, 2012, p. 362). Thus, solidarity is seen to demand a change of perspective in public health ethics, with the starting point shifting from the individual to the community:

> The culture and society within which we live influences, shapes and controls the determinants of health to a degree to which it makes no sense to begin an analysis of health with individuals, with 'you' and 'me'. We should start with us.
>
> (Dawson & Jennings, 2012, p. 77)

In other words, taking solidarity seriously would mean calling into question the priority often assigned to values such as autonomy and reinterpreting these from a more social ethical perspective. Accordingly, solidarity would no longer be one principle among others, but would instead constitute a fundamental principle that should guide the interpretation and application of other principles and values. Although it is possible to take into account the social determinants of health without adopting such an ethical perspective, an affinity would appear to exist between the latter and a social determinants approach to health. Indeed, both focus more on structural effects and collective responsibilities than on individual actions and responsibilities (Dawson, 2010).

THE PRINCIPLE OF SOLIDARITY IN THREE AREAS OF PUBLIC HEALTH

The literature on solidarity focuses mainly on three areas of public health action: pandemics, global health, and research. We will examine each of these in turn to highlight other normative implications of the principle of solidarity for public health. Recall that this

does not imply that the principle of solidarity is irrelevant to other areas of public health. Quite the contrary is true.

Pandemics

Solidarity is assigned two main roles in the literature on pandemics. On the one hand, it is viewed as essential to public health and to society in general, if a common front is to be formed during a pandemic. In other words, the public health sector must promote solidarity to be able to appeal to it during a pandemic. Thompson and colleagues, for example, state that:

> SARS [Severe acute respiratory syndrome] heightened the global awareness of the interdependence of health systems and the need for solidarity across systemic and institutional boundaries in stemming a serious contagious disease. An influenza pandemic will not only require global solidarity, it will require a vision of solidarity within and between health care institutions.
>
> (Thompson et al., 2006, Table 2)

To achieve this, Kotalik (2005) and Thompson and colleagues (2006) cite the importance of including the ethical dimension in pandemic preparedness plans and of involving, as stakeholders, the public and other health care organizations in the preparation of hospitals for pandemics. Brody and Avery (2009) add that it is important to include the support staff of hospitals and of various related services among the stakeholders whose involvement is sought. These actions are aimed, in particular, at instilling the necessary confidence in stakeholders and at allowing them and the general public to acknowledge these actions as, to some degree, their own. Krishnamurthy (2013) also stresses that it is important to treat the members of different groups (ethnic or cultural) as equals to avoid damaging social solidarity and the bonds of trust between populations and public health agencies or actors, which could reduce the effectiveness of public health actions, present and future, during a pandemic.

The other role assigned to solidarity in the literature on pandemics concerns the various moral obligations incumbent on people and on organizations during a pandemic, such as the following:

- for members of medical and support staff, the obligation to report to work and treat patients, in solidarity with their colleagues, despite the risk to themselves and their families (Brody & Avery, 2009; Klopfenstein, 2008; Upshur et al., 2005);for medical staff, support staff and organizations, the obligation to perform tasks that are not usually part of their work, to sustain coordinated efforts to contain the pandemic (Brody & Avery, 2009; Klopfenstein, 2008; Thompson et al., 2006);
- for medical staff and organizations, the obligation to collaborate and coordinate efforts that transcend the usual administrative, legal and political boundaries (Huish, 2014; Upshur et al., 2005);for hospitals and for society in general, the obligation to implement measures to ensure care for persons for whom medical and support staff are responsible while they are working overtime or in the event that they become infected (Brody & Avery, 2009);
- for society in general, the obligation to avoid stigmatizing medical and support staff (Brody & Avery, 2009; Gonsalves & Stanley, 2014);
- for researchers and organizations, the obligation to more freely share information, data and research results that can advance the collective effort (Langat et al., 2011; Thompson et al., 2006); and
- for all those who can be vaccinated, the obligation to do so to help create herd immunity which will also protect those who cannot be vaccinated (Krantz, Sachs, & Nilstun, 2004).

Global health

Solidarity is also mentioned in the literature on global health ethics. Benatar and colleagues (2003) go so far as to claim:

> Although none can stand alone, the most important [value] for global health ethics is solidarity. Without solidarity it is inevitable that we shall ignore distant indignities, violations of human rights, inequities, deprivation of freedom, undemocratic regimes, and damage to the environment. However, if a spirit of mutual caring can be developed between those in wealthy countries and those in developing countries, constructive change is possible.
>
> (Benatar et al., 2003, p. 117)

Thus, for these authors, solidarity is viewed as the cornerstone of global health ethics, because it is, minimally, an expression of caring or a form of empathy for the plight of others. This value needs to be respected and promoted globally, and beyond that, solidarity may be required for cooperation that extends beyond national borders:

- to counter epidemics and pandemics (Huish, 2014; Upshur et al., 2005);
- to protect certain common goods, such as the environment, through the establishment, in particular, of environmental taxes (Benatar et al., 2003);
- to reduce global inequalities, for example, by forgiving the debts of developing countries (Benatar et al., 2003; Eckenwiler et al., 2012); and
- to combat injustices of all kinds (Eckenwiler et al., 2012).

Research

Solidarity is also a factor in research ethics and it is assigned roles or implications other than those listed in the section on pandemics. For example, Boccia and colleagues (2014) use the principle of solidarity to draw attention to the segmentation of the population, in genomics research, into separate groups with different disease risks. This segmentation could have the undesired effect of weakening solidarity between low-risk groups and those more at risk, thereby undermining the basis of a public health care system.

According to Masuda, Poland and Baxter (2010), solidarity would favour participatory research, as this type of research would allow the populations being studied to orient the course of research based on their priorities. This approach requires researchers and the public to work together toward a common goal, and sometimes to cooperate to correct an injustice.

Finally, solidarity has been evoked by Lyons (2012) with reference to research involving the participation of children who are unable to give their consent. The author suggests that solidarity felt by parents of ill children toward other children suffering from a disease and toward their parents can help legitimize their own child's participation in randomized clinical trials, even when their child cannot benefit from that participation (e.g., by having access to a promising new drug).

Section 3 – Dimensions of solidarity

In Section 1, we described solidarity as an essentially relational phenomenon that binds together similar or interdependent individuals or groups, from which may derive a set of moral obligations that we explored in Section 2. In this third section, we push the analysis further to identify seven more variable dimensions of solidarity. These will allow us to explore the various meanings and ethical implications associated with solidarity. To help public health actors to see how these ethical implications relate to their practices and to reflect on their own understanding of solidarity, a number of questions are also interspersed throughout the text.

AN INTRINSIC OR AN INSTRUMENTAL VALUE

Solidarity (or some of its forms) can be interpreted as having an intrinsic or an instrumental moral value.[3] If it is understood to have an instrumental value, its value is thought to derive from other goods or values whose attainment it enables, such as health or social justice. If solidarity is also thought to have an intrinsic value, then solidarity communities and bonds are believed to also have at least some value in themselves, regardless of what else they allow us to do or achieve (Cureton, 2012).

Some believe that solidarity has only instrumental value, because it essentially allows members of a group to cooperate more efficiently to attain a goal, whether or not it is a moral objective (e.g., Coote & Angel, 2014). To dispute the intrinsic value of solidarity, these authors point to its potentially negative consequences. Take the example of a group of landlords who act in solidarity to oppose tenants who complain of unsanitary homes. Such solidarity could potentially lead to worse consequences for tenants than if the owners were not acting in solidarity, if only because as a solidarity group they can more effectively maintain the status quo. Another example is solidarity exercised by men at the expense of women, without the former necessarily being aware of the various practices they engage in that reserve and maintain certain privileges for themselves at the expense of women. These examples do not serve to diminish the moral

[3] Although the distinction between intrinsic and instrumental values, as used in this section, is common, since Korsgaard (1983), many authors establish instead a distinction between intrinsic and extrinsic values and between instrumental and terminal values. According to the latter categorization, this section examines solidarity as a terminal or instrumental value.

value that solidarity can have when used to achieve moral goals, but rather to discredit the idea that solidarity also has an intrinsic value.

In response to such criticism, those convinced of solidarity's intrinsic value might point out that, at the least, solidarity bonds have a moral value that must be taken into account when considering implementing an intervention or program that could damage them, unless the pursuit of another value or principle justifies this attack on solidarity (e.g., if health or social justice can only be maximized at the expense of these solidarity bonds). Another approach might be to criticize these potentially negative forms of solidarity on behalf of a more inclusive solidarity (one that includes tenants, in the first case, and women, in the second), which would, itself, have intrinsic value.

Questions for practitioners to reflect upon:

- *Are the effects of the expression of the solidarity in question positive, negative or a combination of the two?*
- *If it carries negative consequences, do you think it nevertheless has moral value that should be taken into account when designing or approving an intervention that could damage it?*
- *Should another, more inclusive, form of solidarity instead be taken into consideration or promoted?*

PROJECT-RELATED OR CONSTITUTIVE SOLIDARITY

Solidarity groups can be conceived of as associations of autonomous individuals who have chosen to form groups or to join existing groups. According to Rippe,[4] for example, "**project-related solidarity**" involves "the willingness of people without direct interpersonal relations to provide assistance to others to reach certain shared goals" (Rippe, 1998, pp. 356-357, in Prainsack & Buyx, 2011, p. 34). Similarly, Dawson and Verweij (2012) use the term "**rational solidarity**" to refer to people who form an association to gain a personal (sometimes long-term) advantage consisting of the attainment of a common good made possible through collective effort. An example would be cooperative associations, such as wheat pools or credit unions. Scholz, for her part, uses the term "**political solidarity**" to describe situations where "individuals make a conscious commitment to join with others in struggle to challenge a perceived injustice" (2008, p. 34). In such cases, she adds, the "unity is based on shared commitment to a cause," whether moral or political. Dean, for her part, uses the concept of "**tactical solidarity**" to discuss, in similar terms, the way "coalition politics relies on the contingent meeting of disparate interests" (1996, p. 27). These conceptions of solidarity can be understood through reference to the contract model, whereby previously autonomous individuals decide to form a bond to achieve their ends. Such project-related solidarity is somewhat aligned with a liberal, contractualist or individualistic conception of individuals, groups and society.

Some solidarity groups may also be conceived of as social environments in which people are born, grow up and develop a certain level of autonomy, a particular identity and preferences shaped by those of the group. Dawson and Verweij (2012), for example, refer to "**constitutive solidarity**" whose "existence is not dependent on consent, on 'signing up', on any quasi-contracts or sense of reciprocal or mutual benefit" (Dawson & Verweij, 2012, p. 2). Rather, such solidarity is constitutive of the identity of members, who see themselves reflected, at least partially, in the group. Scholz (2008) uses the concept of "civic solidarity" to talk about relationships and obligations between the state and its citizens. She also uses the concept of "**social solidarity**," like Rippe (1998), to refer to the social cohesion of many group formations to which current members have not necessarily chosen to belong, such as a village, a neighbourhood and a family. Constitutive solidarity is somewhat aligned with relational ethics and communitarian and feminist theories that propose an essentially and irreducibly social vision of people[5] (Baylis et al., 2008; Kenny, Sherwin & Baylis, 2010). It is used, in particular, by authors who argue for a fundamentally more social perspective in public health ethics.

[4] It should be mentioned that Rippe criticizes this conception of solidarity, which he attributes to others. He maintains instead that solidarity is based on "special interpersonal relationships" (1998, pp. 356-357) that pre-date any project. See "social solidarity" in the section on "Emotional or rational solidarity."

[5] These examples of constitutive solidarity can also be (and have been) explained by drawing on a liberal, contractualist or individualistic conception of people and groups, using, for example, the concept of "quasi-contracts" or referring to the choices made by previous generations.

Questions for practitioners to reflect upon:

- *Is the solidarity in question project-related, political or constitutive?*
- *If the solidarity is project-related, what is the project? What effects does it or will it have? Is its aim to correct an injustice? Does it bring together a coalition of actors to oppose other coalitions of actors? Who are these coalitions and these actors? Between and within the coalitions, what are the convergent and divergent interests? What could modify these alliances?*
- *Before attempting to influence, critique, denormalize or ban a social norm adhered to by a group, have you considered whether the members of the group identify with this norm? In other words, is it possible to critique the norm without critiquing the identity of the group's members?*

DISINTERESTED, SELF-INTERESTED OR COMMON INTEREST SOLIDARITY

What motivates members of solidarity groups? Solidarity is usually conceived of as being at least minimally based on self-interest, that is, on the interests of group members, as opposed to altruism and charity, which are usually based solely on the interests of others. Häyry (2005) perhaps represents the exception, in introducing the concept of **disinterested solidarity,** which has, however, been criticized for being confused with altruism or charity (Prainsack & Buyx, 2011). Based on the work of Baylis et al. (2008), it is possible to divide the main conceptions of solidarity into two broad categories that take into account the interests of people in solidarity. In the first category, solidarity derives more from the self-interests of group members, while in the second, it derives more from common interests.

Self-interested solidarity, which is based on each person's self-interest and is also called "**interest solidarity**" by Meulen (2011), is a view of solidarity whereby individuals or groups enter into solidarity with each other to gain an advantage that they couldn't get, or couldn't as easily get, by themselves.[6] This is the main usage of solidarity that appears in the literature on international law, for example, where solidarity refers to states that decide to cooperate to gain an advantage they could not as easily have gained otherwise (MacDonald, 1996; Nixon & Forman, 2008). The decision to enter into solidarity is thus based on an instrumental and strategic calculation, namely whether it is likely that the cost associated with cooperation is a good investment. According to Meulen (2011), interest solidarity leads to "**narrow solidarity**" or to "**conditional solidarity**" which tend to exclude from the group or from the practice of solidarity those who do not contribute to the collective effort to the degree to which they benefit. Within the context of a public health insurance system, for example, narrow solidarity could result in those who do not adopt healthy lifestyles being excluded or perhaps being required to pay more (Meulen & Maarse, 2008). This conception of narrow or conditional solidarity is similar to certain interpretations of self-interested reciprocity,[7] according to which it is expected that those who receive an advantage will contribute to the system in return (Butler, 2012; Meulen, 2011).

In contrast to the above conception, solidarity based on the common good or "communal welfare" (Baylis et al., 2008) is not limited to actions that are beneficial to all members, but neither is it completely disinterested. Meulen (2011) uses the expressions "**broad solidarity**" and "**unconditional solidarity**" to refer to instances of solidarity which may comprise less reciprocal relationships or relationships of "**one-way solidarity**": for example, when we collectively establish social programs to care for severely disabled children who will never be able to contribute to society to the same degree that they receive services; when we take measures which will benefit future generations; or when we establish a public health insurance system that does not discriminate against participants based on risk. Some distinguish between solidarity and reciprocity on this very point. Solidarity is thought to begin when there is "giving-without-expectation-of-return" (Schmidt, 2008, p. 204) or when one contributes to a practice without hoping to receive as much in return (Soler, 2012).

[6] At first glance, self-interested solidarity can seem similar to instrumental solidarity and project-based solidarity. While the first implies that the motivation of people in solidarity is self-interested, the second suggests instead that the moral value of solidarity derives entirely from what it makes possible, and the third, that relatively autonomous individuals have decided to unite or to create a solidarity group.

[7] In Keeling and Bellefleur (2014), we distinguished between interested and disinterested conceptions of reciprocity and briefly explained how they can be used to account for the emergence of stable forms of cooperation.

Others call this type of solidarity "generalized reciprocity"[8] (Weale, 2001).

Questions for practitioners to reflect upon:

- *Should your practices or interventions favour, or be limited to, helping people who do their part or have done their part to contribute to the public health system?*
- *Should your interventions target the populations most willing to help you assist them, for example by prioritizing housing for those homeless people who commit to abstaining from the use of illegal drugs or, in the area of health care, by prioritizing treatment for people who have healthy lifestyles (who exercise, do not smoke, etc.)?*
- *Conversely, should not interventions target the most vulnerable among us, regardless of their lifestyle habits, their behaviours or their contributions to society or to the public health system?*
- *If you are planning to appeal for solidarity, would it be better to appeal to people's (long-term) self-interest or to the common good of the population? Would it be better strategically? Morally?*

EMOTIONAL OR DIFFERENTIATED SOLIDARITY

Solidarity can be conceived of as referring to the emotional ties connecting and uniting group members. Rorty (1989) and Massé (2003), for example, view solidarity as based on our empathy for the suffering of others; for Rippe, "**social solidarity**" is rooted in "special interpersonal relationships" (1998, pp. 356-357); and for Dean (1996) "**emotional solidarity**" is based on intimate interpersonal relationships, such as friendship or love. Accordingly, solidarity is based on a sense of attachment to a group derived from interpersonal or emotional ties which at least partially explain the motivation of people in solidarity.

Other conceptions of solidarity are based instead on a more rational understanding of the ties uniting members of a solidarity group. Project-related solidarity, for example, is characterized by an understanding of the purpose of cooperation and by the absence of "direct interpersonal relations" (Rippe, 1998, pp. 356-357, in Prainsack & Buyx, 2011, p. 34). Young (2000) proposes adopting the notion of "**differentiated solidarity**" precisely to distance solidarity from its association with affective ties and thus expand its potential scope. She bases the concept of differentiated solidarity on an understanding of the ties of interdependence that bind us causally to various injustices, particularly on a global scale.

Questions for practitioners to reflect upon:

- *For the case you are analyzing, how far would solidarity potentially extend if it were mainly based on emotional and interpersonal ties? Would it have the same scope if it were based on a more rational understanding of the ties connecting people to a given project or injustice? If not, is the difference morally relevant?*
- *Is it better, in a specific case, to promote solidarity by appealing to emotional ties based on interpersonal attachment or to appeal to a solidarity that reflects an understanding of the goals and interrelationships that unite a group?*

THE SCOPE OF SOLIDARITY: US, THEM AND US ALL

Depending on the different conceptions of solidarity, solidarity groups have the potential to be more or less extensive, inclusive or exclusive. The distinction between, on the one hand, those with whom we are in solidarity and toward whom we have obligations of solidarity and, on the other hand, those who are not included in the group has great ethical and practical significance. For public health actors and government agencies, the question of the scope of solidarity is crucial, because it is partly what defines the "public" toward whom they have obligations and responsibilities.

At one extreme is emotional solidarity based on friendship and love, which has very limited potential for inclusion (Dean, 1996). At the other extreme is "**international solidarity**" or "**human solidarity**," which is meant to include all human beings, on the basis, for example, of common vulnerabilities, shared humanity and global relationships of interdependence (Baylis et al., 2008; Leroux, 1845; Young, 2000). According to Rock and Degeling, we

[8] In Keeling and Bellefleur (2014), we established a distinction between direct, indirect and generalized conceptions of reciprocity. Generalized reciprocity refers to a disposition to act, to participate in a social practice, without necessarily expecting a benefit in return.

should in this case refer to "**humanistic solidarity**," as opposed to "**more than human solidarity**," which would be even more inclusive and extend solidarity to some "non-human animals, plants and places" (Rock & Degeling, 2015, p. 61) with which we share certain similarities or with which we are ecologically interdependent.

Thus, depending on the interpretation, the scope of solidarity:

- is limited to communities or specific groups, in which case the inclusion mechanism for solidarity is also an exclusion mechanism (**us**, the members of the solidarity group, as opposed to **them**, the others); or
- is potentially universal (**us all**).

In the case of solidarities whose scope is limited, which Dean (1996) refers to as "**conventional solidarities**," the opposition between us and the others, which designates the limits of the solidarity group or community, can take several forms and have diverse consequences. It can, for example, set apart marginalized persons who, while they may not belong to a solidarity subgroup, are nevertheless part of a wider community, such as homeless people, sex workers or users of hard drugs. Exclusion may also take the form of a more explicit confrontation, as in the case of political solidarity, as described by Scholz (2008), where the solidarity association is formed to uphold a moral cause or fight against an oppressor group. Examples would be labour movements, trade union struggles or the struggle for equality between men and women.

According to Baylis and colleagues (2008), the usefulness of conventional solidarities is rather limited as regards public health ethics, because such solidarities specifically tend to exclude the most vulnerable, marginalized and systematically disadvantaged among us. In contrast, Baylis and colleagues propose the notion of "**relational solidarity**" based on Dean's "**reflective solidarity**" (1996), which is explicitly intended to draw attention to marginalized people and groups – as Rorty puts it, "people whom we still instinctively think of as 'they' rather than 'us'" (1989, p. 196). The normative implication inherent in the notion of relational or reflective solidarity is that we must strive to expand the "us" to include "us all" and thus extend the obligations of solidarity to all. For public health actors, an important consequence of such a conception of solidarity is that it calls into question the scope of solidarity and therefore the scope of the population or the "public" toward which they have obligations and responsibilities. It thus draws attention not only to our obligations toward those who are marginalized within a territory, province or country, but also to our obligations toward others, beyond our administrative, legal and political borders.

Gunson (2009) proposes another way of understanding solidarity such that it has universal scope: he distinguishes "**strong solidarity**" from "**weak solidarity**." Strong solidarity consists in "the willingness to take the perspective of others seriously and to act in support of it" (Gunson, 2009, p. 247). It requires strong identification with the goals and vision of others; therefore, it is necessarily limited in scope. Weak solidarity, in contrast, would be limited to the obligation to "take the perspective of others seriously" (p. 247). According to Gunson, weak solidarity has universal potential because it allows people or groups who do not share the same vision and who disagree with each other to be included in a communicative community. Thus, according to Gunson, weak solidarity has more of a moral role as a **procedural value,**[9] thus supporting the establishment of inclusive participatory processes and consultations at various levels, including the global level.

[9] Procedural principles are frequently defined in contrast to substantive principles. Substantive principles are useful for highlighting ethical issues, and supporting and justifying decision making in specific contexts. Procedural principles, in contrast, are more useful for clarifying ethical choices related to the processes through which programs or policies, for example, should be established.

Questions for practitioners to reflect upon:

- *To whom does the "us" of a solidarity group refer? Are there one or more "others"?*
- *What criteria define the similarities and relationships of interdependence that determine whether people are included in or excluded from a group?*
- *Who is sufficiently similar or interdependent to belong to the group?*
- *Are the "others" the same regardless of whether solidarity is based on similarity or interdependence? If not, do the relationships with others thus revealed have moral relevance?*
- *What characterizes the relationship between us, the members of a solidarity group, and them, the others? Is it a relationship of marginalization or of confrontation, or another type of relationship?*
- *Should you try to be more inclusive of these others? Should you treat them differently? Have you tried to listen to them and to take their perspectives seriously?*

STANDING UP FOR, WITH, OR AS OTHERS

Dawson and Jennings (2012) distinguish between three degrees of affiliation with those with whom one is in solidarity, in contexts where solidarity essentially means "**standing up beside**" others by participating in actions aimed at correcting an injustice. According to this conception of solidarity, which is similar to the political solidarity of Scholz (2008), one may be said to be:

- "**standing up for**" others, when one is not strictly speaking part of the group for which one is acting as a representative or advocate, as for example, when public health actors advocate for improvements in the situation of people living in inadequate housing;
- "**standing up with**" others, with whom one considers oneself to be standing in a more equal relationship, but with whom one does not necessarily identify, due to different points of view or some degree of disagreement. This degree of affiliation is associated with a form of solidarity that resembles the weak solidarity of Gunson (2009), the rational solidarity of Dawson and Verweij (2012) and the project-related solidarity of Rippe (1998); or
- "**standing up as**" a member of a solidarity group. Affiliation between members and the group is the strongest here, although it does not necessarily require a loss of individuality or the absence of differences within a highly homogenous group. Membership in the group, however, is constitutive of the members' identity, as when a person expresses pride in his or her country by stating, for example, "I am Canadian." This degree of affiliation thus seems integral to the constitutive solidarity of Dawson and Verweij (2012).

Questions for practitioners to reflect upon:

- *Are there people or groups who are, or who might be, affected by a decision, intervention or policy, but who are unable to make their voices heard or even to clearly articulate their interests? Would it be relevant for you to speak for them? Have they asked you to do so?*
- *As a public health actor, do you have an obligation to begin by applying to yourself the recommendations you make to others (e.g., to get vaccinated or to adopt a healthy lifestyle)?*

SPONTANEOUS, ORGANIZED OR ENFORCED SOLIDARITY

Solidarity can be spontaneous, organized or enforced. These three possibilities are clearly detailed in the tripartite conception of solidarity proposed by Prainsack and Buyx (2011):

- the first level, "**interpersonal solidarity**," is spontaneous and voluntary and exists between people who decide to help each other (e.g., bus passengers working together to replace a flat tire);
- the second level, "**group solidarity**," involves mutually supportive practices that are more or less formally institutionalized as good conduct within a solidarity group (e.g., within self-help groups such as Alcoholics Anonymous); and
- the third level, "**contractual and legal solidarity**," refers to solidarity practices that have solidified into more stable forms, which are mandatory, and whose observance is ensured by a coercive mechanism (e.g., paying taxes to finance a welfare state or excluding unvaccinated children from schools during a pandemic).

For Prainsack and Buyx, contractual and legal forms of solidarity emerge from group solidarity and interpersonal solidarity. This is the source of their

legitimacy. In some cases, in particular when resolving problems related to free riders benefiting from common goods, it may be necessary to collectively develop mechanisms that reassure members of the solidarity group that other members will not take undue advantage, at their expense, of a common good (Forster, 1982). For other authors, like Bayertz (1999), solidarity actions and practices are by definition voluntary. Accordingly, state enforcement, when not conceived of as an act of voluntary, collective self-regulation, would be incompatible with solidarity. The need to resort to coercion can also be viewed as an indication that a group has little or no solidarity (Bayertz, 1999; Dawson, 2011b). Thus, according to authors like Bayertz, Prainsack and Buyx and several other authors using the terms 'contractual' and 'legal' solidarity is inappropriate when discussing the welfare state or public health initiatives. According to Bayertz, in such cases, it is more accurate to speak of justice than of solidarity.

Questions for practitioners to reflect upon:

- *If the opportunity presents itself, should you establish measures to facilitate participation in spontaneous or organized practices of mutual assistance, i.e., measures such as offering some form of support (financial, service-based, through infrastructure, etc.) to those who wish to participate?*
- *Would it be appropriate to implement measures (coercive or not) to prevent free riders from benefiting unduly from a common good, that is, to reduce or eliminate the incentive to use more than one's fair share of common goods or to take advantage of such goods without contributing fairly to their maintenance?*
- *Has the community in which you are planning to intervene already established more or less formal solidarity practices to achieve a common good? If this is the case, it might be more open to an intervention that restricts individual freedoms, for the benefit of a common good. Instead of first proposing an intervention that is less restrictive, but less effective, why not also discuss more restrictive interventions, if they are more effective?*

Summary – What is solidarity?

In current usage, the term "solidarity" refers to a "relationship between people conscious of having a community of interests, which carries a moral obligation to not wrong the others in the group and to offer them assistance" [translation] (Petit Robert, 2014, "Solidarity"). In bioethics, Prainsack and Buyx suggest that "solidarity signifies shared practices reflecting a collective commitment to carry 'costs' (financial, social, emotional, or otherwise) to assist others," regardless of whether or not the members of the solidarity group expect to benefit personally in return (2011, p. 46).

Three central components of solidarity:

A relational concept: "Solidarity is essentially a relational concept" (Meulen & Wright, 2012, p. 367). It can refer to relationships between individuals or between groups, as well as to relationships between individuals and groups (Scholz, 2008).

A concept based on similarity or interdependence: Solidarity relationships are often conceived of either as relationships between similar individuals or groups (e.g., WHO, 2007), or as relationships between interdependent individuals or groups (e.g., Young, 2000). Depending on the criteria for belonging, solidarity groups may be more or less homogeneous, more or less open to difference, and more or less extensive.

A concept that is both descriptive and normative: The descriptive aspect of the concept of solidarity outlines social practices and relationships and identifies the degree of cohesion within groups. The normative aspect refers to the moral obligation of members of a solidarity group to assist one another in various ways and to other obligations of the group toward its members and vice versa (e.g., helping each other, staying united, cooperating, protecting the most vulnerable; Prainsack and Buyx, 2011).

Seven variable dimensions of solidarity:

Instrumental or intrinsic value: The attribution of an instrumental or of an intrinsic moral value to solidarity, or to some of its specific forms, may also carry obligations, including that of respecting and promoting solidarity. If solidarity has only instrumental value, then its moral value, in any given case, depends entirely on the goal whose attainment it makes possible (Coote & Angel, 2014). If it also has an intrinsic value, then the value of solidarity practices and bonds should also be taken into account during reflection, regardless of the goals whose attainment they allow (Cureton, 2012).

Project-related or constitutive solidarity: Solidarity can refer to groups of relatively autonomous individuals who decide to cooperate to carry out projects, as when forming an association to establish a company. Rippe refers to this as "project-related solidarity" (Rippe, 1998, in Prainsack & Buyx, 2011, p. 34). Solidarity may also apply to groups within which members are born, grow up and develop a certain level of autonomy, a particular identity and preferences shaped by those of the group, for example among villagers or citizens. Dawson and Verweij refer to this as "constitutive solidarity" (2012, p. 2). While project-based solidarity is aligned with more individualistic perspectives and with liberal and contractualist theories, constitutive solidarity is aligned with more socially-oriented perspectives and with relational, communitarian and feminist theories.

Disinterested, self-interested or common-interest solidarity: In most conceptions, solidarity is based either on the self-interests of group members or on their interest in a common good. In the first case, people are thought as weighing the costs associated with participation against the potential gains (often long-term), before deciding whether to participate in solidarity practices (MacDonald, 1996; Meulen, 2011; Nixon & Forman, 2008). In the second case, group members place more value on a common good or a group interest (Baylis et al., 2008; Meulen, 2011). Although not disinterested, this type of solidarity allows for a range of more inclusive practices which would not necessarily be strictly in the personal interests of each participant. As regards disinterested solidarity (Häyry, 2005), this is rarely mentioned in the literature and it is then often criticized for being confused with altruism or charity (Prainsack & Buyx, 2011).

Emotional or differentiated solidarity: Solidarity can be based on various emotional ties, such as friendship, love, patriotism or empathy (Dean, 1996; Massé, 2003; Rippe, 1998; Rorty, 1989). It can also be based on more rational relationships, as when cooperation among strangers makes it possible to accomplish a project (Dawson & Verweij, 2012; Dean, 1996; Scholz, 2008). It can also be based on a rational understanding of our indirect contribution to injustices through relationships of interdependence, such as for example the ties that bind us to workers in developing countries whose products we buy at low prices (Young, 2000).

The scope of solidarity (us, them and us all): Depending on the conception of solidarity, the scope of solidarity groups may be limited (even very limited) or universal. When solidarity is limited, it presupposes that external to "us" there exists a "them," the others. The relationship of exclusion can take various forms (e.g., marginalization, oppression or confrontation) and have various moral and practical consequences. The normative implication inherent in relational and reflective conceptions of solidarity is that we must strive to expand the "us" to include "us all" (Baylis et al., 2008; Dean, 1996; Rorty, 1989).

Standing up for, with or as others: Varying degrees of affiliation may exist between members of a solidarity group. One may be in solidarity with others because one is "standing up for" others as their representative or by advocating for their cause, because one is "standing up with" those one considers to be on equal footing despite any differences, or because one is "standing up as" a full member of a solidarity group with which one identifies (Dawson & Jennings, 2012, p. 74).

Spontaneous, organized or enforced solidarity: According to some conceptions, solidarity can refer to spontaneous practices or actions, to the institutionalization of these practices and actions within more or less official organizations, or to the enforcement of practices, particularly through coercive state mechanisms such as paying taxes to fund a public health care system (Prainsack & Buyx, 2011).

Section 4 – Practical use: case study and questions

What impact can taking solidarity into account have on public health practices in general, and on the promotion of healthy public policies in particular? In this final section, we illustrate the ways in which practitioners or decision makers can apply the principle of solidarity to their work, referring to an example of a healthy public policy. We then propose a series of questions intended to facilitate taking solidarity into account in public health-related ethical reflection.

CASE: TRAFFIC CALMING IN A RESIDENTIAL NEIGHBOURHOOD

Suppose that you work in one of the country's major cities and a group of citizens living in one of its central neighbourhoods approaches you concerning a project aimed at reducing or slowing down automobile traffic in their neighbourhood. Their goal is to generally improve their quality of life and the safety of their environment. They wish to benefit from public health expertise in this area and are counting on the political and moral support of public health authorities. Therefore, they are seeking your opinion regarding the appropriateness of the project, including your analysis of the impacts of the project's implementation on the population's health. Having expertise in this area, you are aware that this is a healthy public policy which has been proven effective, notably, for reducing injuries among all public road users (children, adults, elderly people, pedestrians, cyclists, motorists, etc.), as well as for promoting active travel and, depending on the strategies and measures put in place, for reducing vehicular noise (Bellefleur & Gagnon, 2011). Their proposal therefore has the potential to improve the health of residents in the sector concerned.

- *How can considering the principle of solidarity enhance your reflective process and inform your reply?*

The mobilization of the citizens demonstrates a form of solidarity characterized by commonalities that include their neighbourhood of residence, their view of the inconveniences caused by the numerous cars speeding through their residential streets and their goal: to improve their quality of life through traffic calming. Thus, the solidarity in question seems from the outset to be based on a certain level of similarity among the citizens, which defines the potential scope of the solidarity group. If it were based instead on interdependence, its potential scope would probably be very different. A form of solidarity based on interdependence could draw attention, for example, to the relationships between the residential streets that some citizens wish to calm and the main arteries or other neighbourhoods toward which some of the traffic might be diverted.

- *In your opinion, should the mobilized citizens show solidarity toward residents in other neighbourhoods and along arteries?*
- *If so, how should this be reflected in their demands?*
- *Should your response to their request integrate this change of perspective?*

If the mobilized citizens consider that their demands are aimed at redressing a certain injustice, such as that of suffering the inconveniences and the adverse health effects associated with the use of residential streets in their neighbourhood as shortcuts by wealthier residents from more distant neighbourhoods, it would be possible to conceive of this solidarity as political solidarity. The value of such solidarity would thus be based, at least partially, on the value of the moral cause being defended.

- *Is there, in your opinion, an injustice to be redressed?*
- *What are the negative and positive effects of the existing design, and who experiences them? Are they distributed equitably among groups (pedestrians, cyclists, motorists, residents of the neighbourhood, of other neighbourhoods, etc.)?*
- *Is traffic calming the best way to distribute effects more equitably? Under what conditions?*

Political solidarity also implies a logic of confrontation between the solidarity group (the mobilized residents of the neighbourhood) and another group (those travelling by car through the area via residential streets). Thus, it may be generated at the expense of a more inclusive solidarity, which would encompass both groups.

- *Is there a solution other than traffic calming or a way of introducing traffic calming that would be welcomed by both groups, such as for example, calming traffic on residential streets, but at the same time synchronizing traffic lights on the arteries or increasing the frequency of buses serving more distant neighbourhoods?*

- *Would it be appropriate to hold a public consultation with participation from these two groups?*

Without entering into a logic of confrontation, the scope of the solidarity shown by the mobilized residents may be otherwise limited.

- *Who are the other potential stakeholders?*
- *Are some neighbourhood residents opposed to the project, or might some of them be if they were made aware of it?*
- *Were residents in the surrounding neighbourhoods or along the arteries consulted or will they be?*
- *Should your participation or support be conditional on the establishment of a participatory process that is sufficiently inclusive and allows the perspectives of others to be taken seriously, in support of weak, reflective or relational solidarity?*

This process could be aimed at ensuring that the traffic-calming strategy adopted is one which allows the most inclusive group to embrace it as their own strategy. In the best of cases, the process could even strengthen social ties, not only within the neighbourhood, but also between residents or associations in different neighbourhoods.

From a more political perspective, considering tactical solidarity could draw attention to coalitions of interests that might form in support of particular ways of defining the problem and potential solutions. In addition to drawing attention to the political forces at play, it can reveal the absence of certain voices which you could represent, standing up for them in solidarity.

Solidarity can also draw attention to the moral obligation of the state and the public health sector to protect all citizens, especially the most vulnerable. In the case in question, children, the elderly, pedestrians and cyclists in the neighbourhood could be described as “more vulnerable,” because they are usually the most at risk for severe injury on residential streets. Protecting them from potential injury, when the cost incurred by other citizens is a slightly longer travel time, could be considered an obligation of civic solidarity, incumbent on the state or the public authorities concerned. The share of responsibility that falls to citizens would then include the duty of drivers to slow down and to abstain from opposing the implementation of measures aimed at protecting their most vulnerable fellow citizens.

Solidarity may include the obligation to seize opportunities for promoting it. Thus, beyond encouraging participation in the decision-making process, you might also consider ways in which the project could help strengthen social solidarity. For example, you might try to think of facilities that could be included in the calming strategy that would promote social gatherings, such as the addition of urban furniture, like benches, or the transformation of parking spaces into small public plazas. Another possibility would be the addition of planting pits in widened sidewalks, in curb extensions or in the central islands of mini-roundabouts, for neighbourhood residents to adopt and take responsibility for tending.

As illustrated by this partial analysis of a hypothetical case of traffic calming, taking solidarity into account during the reflective process can draw attention to several aspects of a case, in a manner that depends on the interpretation given to the central components of solidarity and its dimensions.

QUESTIONS RELATED TO PRACTICAL USE

Our goal in this document has been to help public health actors navigate the conceptions, uses and potential normative implications of solidarity. The following questions, in combination with those presented previously, should facilitate the integration of some of the dimensions of solidarity into the reflective processes and deliberations in which they engage.

With respect to the implementation of new practices or interventions, or the review of existing practices:

- *Are people belonging to different groups treated as **equals**?*
- *What will be the positive and negative effects of interventions, including effects on social goods such as self esteem, favourable opportunities, a sense of control over one’s life, etc.?*
  - *Which groups or individuals will experience which effects?*
  - *Will **fairness** or **equitable** distribution be improved or diminished as compared with the initial situation? As compared with other options?*
- *What are the interests of the most **vulnerable** people? Have you consulted them? Should their interests be prioritized? Should you defend them?*
- *Do your practices or the proposed interventions risk **marginalizing**, **discriminating against** or*

stigmatizing *individuals or groups? Have you asked them?*

- *Have you thought of establishing an inclusive and transparent* ***participatory process****?*
- *Could your practices or the proposed interventions further strengthen* ***social cohesion****? Have you taken into account* ***social isolation****?*

With respect to a **collective effort** to make a common good available (e.g., herd immunity or good water quality):

- *Would it be appropriate to cooperate with new partners beyond customary administrative, political or legal borders?*
- *Have you considered performing tasks that are not usually your responsibility, or adopting a policy enabling personnel to do so, when efficiency gains are expected?*
- *Will there be an opportunity to raise awareness about the fact that the benefits being sought for the group or the community depend on a collective effort that requires everyone's participation?*

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