The Principle of Reciprocity: How Can it Inform Public Health and Healthy Public Policies? – Summary

October 2014

This paper provides a very short summary of a longer paper of the same name. The longer work, including full references, is available online at: http://www.ncchpp.ca/docs/2014_Ethique_Reciprocity_En.pdf.

What is reciprocity?

Whether considered as a value or formulated as a principle to guide actions, reciprocity is commonly appealed to in public health to help ensure that certain obligations due to others – or to be expected from others – may be taken into account and acted upon by public authorities or by individuals. It is one of the values commonly considered when applying an ethical lens to decisions and actions linked to public health or healthy public policies.

Reciprocity can be applied in the ethics of public health to help us to

- Anticipate and respond appropriately to the contributions and needs of individuals and groups by thinking about their interests,
- Think about the obligations that arise between us through our social embeddedness,
- Shape our perspectives and attitudes toward social engagement and cooperation.

Summary of the dimensions of reciprocity

Defined very generally, reciprocity means responding to good or to harm in a fitting and proportional manner (Becker, 1990 & 2005). In public health, Upshur has articulated a principle which "holds that society must be prepared to facilitate individuals and communities in their efforts to discharge their duties" and to compensate their "sacrifice of income or time" in general (Upshur, 2002, p. 102).

While this latter definition is often cited in public health, there are many ways of understanding the concept of reciprocity. To help public health actors navigate among the different uses and interpretations of reciprocity, here we present an outline of the main dimensions of the notion as found in the literature, from public health as well as from other fields.

Fittingness and Proportionality: Fittingness relates to understanding what is considered to be a good or a harm from the perspective of others so that we may respond to others in a way that they will judge as beneficial. A fitting response to harm is a corrective good intended to restore stability. Proportionality relates to responding in a way that is appropriate in terms of scale, taking into account not the dollar value, but rather the effort implicit in a gesture (Becker, 1990 & 2005).

Narrow/Broad: The distinction between narrow and broad conceptions of reciprocal obligations lies in whether one should only respond to those gestures with which one has voluntarily associated (narrow), or if one should also respond to uninvited gestures (broad) (Becker, 1990; Viens, 2008).

Self-interested/Other-interested: While it may be difficult to prove that others' actions are motivated by more than self-interest, it is certain that if we believe their actions are so motivated, we will be more inclined to trust them and to act accordingly ourselves.

Direct/Indirect/Generalized: The notion of who is responding to whom determines whether reciprocity is considered direct (1:1), indirect (with a third party responding to an act), or generalized (more diffuse still, in that actors do not necessarily see the recipient of their actions and do not necessarily respond to a specific act they have received: this form of reciprocity can be seen as a disposition to act) (Becker, 2005; Herne, Lappalainen, & Kestilä-Kekkonen, 2013).

Summary

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Weak/Strong: The distinction between weak reciprocity (a more limited form of cooperation with self-regard at its roots) and strong reciprocity (a tendency to cooperate with group members *and* to punish non-cooperators even when these actions are costly to the individual) is such that in the latter, actions favour group interest ahead of self-interest (Gintis, 2000).

Two paradigms: Depending on how one views it, reciprocity can be very differently understood with very different implications – associated with whether one perceives others through an "*I and other"* lens or through a more "*we are in this together"* lens (Baylis, Kenny, & Sherwin, 2008; Robertson, 1998). The difference is vast and is revealed in the details.

Cases

Two applied cases are available in the final section of the longer document, pp. 10–12, offering examples of how practitioners or policy makers can incorporate the principle of reciprocity into their work. One considers family caregivers and the other focuses on a health authority implementing a healthy eating campaign in a low-income community.

Questions for practical application

1. Are there any features of a proposal (program, response to a public health issue, plan, policy) that could create a burden for a particular individual or group?
   a) What people or groups would be involved? What are the particular implications for them before, during and after any plans are put into effect?
   b) How big are the burdens in this case? How will you assess these?
   c) Do you foresee any need to facilitate or create the conditions under which people can do their jobs better?
   d) Are there any types of additional training or protection that people might need?
   e) Will some kind of recognition, insurance system, or compensation be appropriate?
2. Who benefits? Who is burdened? Where are the marginalized in all of this and how have they been consulted and engaged? What are their ideas about good, burdens, responsibilities and harms in this case?
3. How will your engagement with, and communication of, these issues add to public trust?
4. Does your model of reciprocity depend upon the prior or future capacity of all recipients to "pay back" into the system of reciprocal relations? What kinds of contribution count? Discuss with your colleagues.
5. How far do the limits of reciprocity extend? What is (or who are) the "we"? Is there an "other"?

Selected references

(For a complete list of references, please consult the longer paper, *The principle of reciprocity: How can it inform public health and healthy public policies?*, available online at: http://www.ncchpp.ca/docs/2014_Ethique_Reciprocity_En.pdf.)

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