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

Summary

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

This document is a summary version of the background document of the same title. The long version, including the full list of references, is available online at: http://www.ncchpp.ca/docs/2015_Ethics_Solidarity_En.pdf.

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 are usually regarded as central to biomedical or clinical ethics (Baylis, Kenny, & Sherwin, 2008; Dawson, 2011; 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 collective- 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.

The literature on this subject contains numerous conceptions of solidarity as well as many practical uses for it. Moreover, a multitude of normative implications are attributed to this notion. Presented below is a summary of the central components and the more variable dimensions of solidarity proposed by different authors. The goal here 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.

In public health ethics, solidarity may be particularly useful for:

- guiding reflection concerning obligations of mutual assistance arising from membership in groups whose members are similar or interrelated in some respects;

- guiding reflection on the nature of the relationships that **we**, as members of a solidarity group, have with **them**, the others, and the moral implications of this distinction;

- focusing special attention on opportunities for strengthening social bonds and reducing social isolation, stigmatization, discrimination and marginalization by taking into account the interests of the most vulnerable; and

- reviewing our conception of social belonging, collective practices and common goods.

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[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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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).

Summary of case study

What impact can taking solidarity into account have on public health practices in general, and on the promotion of healthy public policies in particular? This section contains a summary of the case study used in the long version of this document to illustrate ways in which practitioners or decision makers can apply the principle of solidarity in their work. 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?*

The solidarity in question 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.

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 taken here as an example, 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.

A SELECTION OF QUESTIONS RELATED TO PRACTICAL USE

On the scope of a solidarity group

- 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?

On 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.?

  o Which groups or individuals will experience which effects?

  o 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**?

- Will your efforts facilitate participation in spontaneous or organized practices of **mutual assistance**, for example, by offering some form of support (financial, service-based, through infrastructure, etc.) to those who wish to participate?

- Do your practices or the proposed interventions attempt to **influence**, **critique**, **denormalize** or **ban a social norm** adhered to by a group? If so, have you asked yourself 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?

On *collective efforts* 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?

- 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?

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