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Can Egalitarians Justify Spending More on the Elderly?

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The modern welfare state devotes a significant proportion of its budget to the needs of the elderly. A graph depicting the proportions of welfare state expenditure across the periods of people's lives would be U-shaped, with the greatest proportions devoted to the first and last periods. Or, as I will also refer to this phenomenon, the welfare state devotes a “disproportionate” amount of expenditure on the elderly (as well as on the very young).¹ Now this fact may not seem puzzling at first sight. Many amongst the elderly have significant needs: many elderly persons cannot work, and so lack income, or they need healthcare, or assistance in carrying out day-to-day tasks. When the welfare state provides the elderly with pensions, health care and daily nursing care, this makes sense, so one might think, because the welfare state should provide assistance for people with significant needs.

One concern with disproportionate expenditure on the elderly that has been extensively debated amongst moral and political philosophers over last 50 years is that it may amount to an inefficient allocation of resources over the lifespan. By this I mean that disproportionate expenditure on the elderly may fail to maximize the amount of well-being that many people can experience in their lives. Consider, for example, health conditions of the elderly for which only “high cost, low value” care is available, such as, arguably, the condition suffered by elderly persons with advanced Alzheimer's disease. The care available

¹ According to Gál et. al. et. (2018), private expenditure on younger age groups outstrips public expenditure on the elderly, and the elderly may not therefore be the greatest recipients of social expenditure.

for this condition is expensive. However, because of the nature of the disease, it may not make a great difference to the well-being of the elderly person cared for and may not even be sufficient to preserve a decent standard of life. If some of the expenditure for this care were shifted to an earlier period of this same person's life, it would arguably increase the amount of well-being of his life.²

Now, if one adopts a benefit-maximising principle for determining the kinds of healthcare that should be publicly funded, one is likely to reject the funding of high cost, low value care. One example of a benefit-maximising principle is the familiar utilitarian principle that requires that funding for care must maximise aggregate utility in society. Less obvious, however, is the fact that even egalitarians, who do not endorse a benefit-maximising principle for allocating resources, may struggle to justify the funding of high cost, low value care.³ While egalitarians reject reliance on benefit-maximising principles when determining how resources should be distributed between *people*, they tend to allow reliance on a benefit-maximising principle when determining how resources must be distributed between *stages* of people's lives (more generally, for "leximin" egalitarians, efficiency gains are permitted whenever they are likely to benefit the least well off.) They can thus allow that conditions like Alzheimer's not be treated, if a greater amount of lifetime well-being can be achieved for persons when the resources saved are used at other stages of their lives. Indeed, if

² This example is drawn from McKerlie (2013, 47). I return to McKerlie's discussion of it in Section 1.

³ By "egalitarians" I have in mind people who oppose unequal distributions between people either because they believe equal distribution is intrinsically valuable (*intrinsic egalitarians*) or because they believe it is morally more important to benefit persons the worse off they are (*prioritarians*). The classic exposition of prioritarianism is Parfit (2000). While prioritarianism can be construed as a benefit-maximising view, note that this is not the only way to construe it. For a discussion of a "contractualist" interpretation of prioritarianism – according to which it is morally more important to benefit persons the worse off they are because they have stronger claims to benefits than other persons – see Williams (2012).

egalitarianism requires that persons enjoy equal lifetime well-being at the highest possible level of equality, they may even *require* this result.⁴

This chapter examines how egalitarians can defend a position in favour of disproportionate expenditure on the elderly, including expenditure on treatment for Alzheimer's. To succeed, such a defense must justify constraints on how resources may be distributed within people's lives, and, in particular, justify constraints that ensure that people avoid hardship at all stages of life, including old age. Section 1 raises objections against three ways egalitarians have sought to identify such constraints, which appeal to prudence, time-specific principles, and relational egalitarianism, respectively. Section 2 then diagnoses the challenge egalitarians face in identifying those constraints and a way forward. I suggest that egalitarians struggle to justify constraints on how resources must be distributed within lives because of the possibility of compensation within life – that is, the possibility that the hardship a person experiences during one period of life can be compensated for by benefits he enjoys during other periods. To justify constraints that prevent hardship during all stages of life – including the hardship of Alzheimer's during old age – egalitarians must therefore identify reasons for preventing hardship that cannot be overridden by the fact that the persons experiencing hardship have enjoyed compensating benefits during other periods of life. Section 2 sets out three such reasons: the anonymous badness of suffering, the value of dignity and the symbolic value inherent in our treatment of others. These reasons, when added to relational egalitarianism, provide a more complete statement of constraints on distribution within lives, and justify disproportionate expenditure on the elderly.

⁴ Some egalitarians do not focus on *well-being* as the currency of just distribution. For example, Ronald Dworkin argues that just healthcare should be determined on the basis of how people would insure against poor health under certain hypothetical conditions (2000, 307-19). But a version of the same problem arises for Dworkin. Given the high cost, low value nature of care for Alzheimer's, many may decide not to insure for such care, which would imply, counter-intuitively, that it is not required as a matter of justice. For this problem in Dworkin's approach, see Bou-Habib (2011).

1. Three Stages of Egalitarian Theorising about Age-Group Justice

My discussion begins with Norman Daniels's pioneering work on age-group justice in the 1980s. The immediate context for this work was the concern that the welfare state might be unfairly privileging the interests of elderly persons at the expense of younger persons.⁵ What was needed in order to resolve this controversy was some way of figuring out what egalitarian justice demands by way of expenditure on the needs of different age groups. Daniels suggested an approach to this question that drew on the following important insight: "[j]ustice between age groups...is a problem best solved if we stop thinking of the old and the young as distinct groups. We age. The young become old" (1988, 18). We should instead adopt what Daniels called a "prudential lifespan account" for working out what people in different age groups are owed. This account involves a thought-experiment in which we imagine how prudent persons would allocate a fair individual share of resources across all the stages of a complete life assuming they do not know their age or their specific conceptions of the good life, but instead construe their well-being in terms of their access to certain all-purpose goods. (These restrictions ensure that the thought-experiment is not biased in favor of any specific age group or conception of the good life.) Each stage of life within this prudent lifespan should then be regarded "as a proxy for an age group" (1988, 18). Different age groups should receive the resources that would be allocated to the corresponding stage of life in the prudent lifespan.

A key assumption of the prudential lifespan account is that justice is fundamentally concerned with how people's *complete lives* compare to each other, rather than with how

⁵ Apart from his book-length exposition of the prudential lifespan approach (1988), Daniels also discusses the prudential lifespan account in a few earlier and later publications (1983; 1985, Ch. 5; 1996). See also 2008 in *Journal of Political Philosophy* and the chapter in *Just Health*.

periods of people's lives compare to each other. It is this assumption that explains why we need not worry about inequalities between the young and old *as such*, given that these are, after all, only inequalities between *periods* of lives. What reason justifies this assumption that it is distribution between complete lives that should be the focus of moral attention for egalitarians? According to Nagel (1979, 120) and McKerlie (2001, 153-4), it is the fact that benefits and harms at different periods of the same person's life can compensate for each other. As McKerlie explains, this "means that a larger benefit at one time outweighs a smaller harm at some other time, so that it is reasonable for a person to choose to have both the harm and the benefit rather than neither" (2001, 154). If the harm that a person experiences during a specific period can be compensated for by benefits during other periods of his life, then our concern for him should not be focused only how he fares during that specific period, but should take into account also how he fares at other periods. Furthermore, assuming the periods over which benefits and harms can compensate for each other in a life stretch across a *complete* life, our concern for him should focus on his complete life, rather than on specific periods within it.⁶

While Daniel's prudential lifespan account was a significant step forward in theorising about age-group justice, it faced the serious problem that some health conditions in old age, such as Alzheimer's, prevent significant improvements in well-being even with expensive care. The implication of this is that a prudent allocation of one's fair lifetime share should lead one to refrain from devoting resources to such care, given that the resources can better be used during earlier stages of life. The prudential lifespan account could not then

⁶ One might object that the possibility of compensation between different periods of the same life is not a *justification* of the complete lives view rather a *consequence* of that view. But note that the claim about compensation is an axiological claim about what is valuable for persons (as McKerlie puts it, it is a claim about what it is reasonable for a person to choose if he is prudent). The complete life view, by contrast, is a moral claim about how resources ought to be distributed between persons. Arguably, a claim about prudential value is not a consequence of that moral claim, but is rather a reason for it.

provide a basis for some instances of disproportionate, but seemingly commonsensical, expenditure on the elderly.

It is partly this problem that leads to the second stage of egalitarian theorising about age-group justice initiated by Dennis McKerlie.⁷ McKerlie proposes that we adopt a different constraint on the distribution of resources within lives than the one adopted by the prudential lifespan account. As we have just seen, the prudential lifespan account constrains the distribution of resources within lives in line with what prudence demands under impartial conditions. The constraint suggested by McKerlie is entirely different. He suggests that we endorse a “time-specific” principle of distribution. A time-specific principle of distribution maintains that justice requires that certain distributions obtain between people – during – specific periods. There are many different ways in which one might characterize such a principle.⁸ McKerlie calls the time-specific principle he endorses “time-specific priority”. Imagine that we divide the lives of two persons, A and B, into 10 same-length periods, so that there are 20 periods in all. The time-specific priority principle tells us that there is more moral value in assisting A or B during any one of those 20 periods, the worse off A or B is during that period. McKerlie’s view is that we should constrain egalitarianism between complete lives with this time-specific priority principle.⁹ We should give moral importance to assisting people who will have the worst-off complete lives, and to assisting people who have the worst-off periods of lives. When these criteria conflict in their implications, we should try, somehow, to strike a balance between them (McKerlie does not provide a rule for how to strike that balance).

⁷ McKerlie developed his theory of age-group across many publications. For a culminating statement, see (2013).

⁸ For a good discussion of the various possibilities, see McKerlie (1989).

⁹ The form of egalitarianism that McKerlie supports at the level of complete lives is also prioritarian (as I suggest in fn. 2 above, I regard prioritarianism as a form of egalitarianism). He thus believes we should combine complete life prioritarianism with time-specific prioritarianism.

McKerlie's time-specific principle may be able to justify disproportionate expenditure on the elderly despite the concern about inefficiency this causes across the lifespan. Elderly persons with advanced Alzheimer's are, after all, very badly off in absolute terms during the periods that they suffer from that disease, and time-specific priority can thus require that they receive assistance, even if this way of using their fair lifetime share of resources fails to maximize their lifetime well-being (this assumes that we should give great weight to time-specific priority, so that the moral importance of alleviating people during very bad period outweighs the moral importance of maximizing their life-time well-being).

However, there are two main problems with McKerlie's view. The first is that it lacks a rationale for time-specific priority other than that it fills an intuitive gap in our theorising. This makes it appear *ad hoc*. Second, time-specific priority may, in any case, not have the form that an intuitively plausible time-specific principle should have. Consider the different time-specific principle defended by Axel Gosseries (2011), namely, time-specific *sufficiency*. Time-specific sufficiency tells us to give very great weight to ensuring that each person lies above a minimal threshold of well-being at each period of their life, and no weight to ensuring that they are able to experience well-being beyond that threshold at each period of life. Intuitively, time-specific sufficiency better captures the kind of concern we should have for people during specific periods than does time-specific priority. Suppose a person is experiencing great hardship during a given period of his life, but is not disadvantaged compared to others in terms of how he fares over his complete life. In that case, while it seems strongly intuitive that we should help raise him to the sufficiency threshold during his period of hardship, it is not intuitive that he should have claims (albeit of decreasing strength) to still further increases in well-being during that period, given that he is not disadvantaged compared to others over his complete life. The latter is what time-specific priority requires. That our concern for how people fare at specific periods takes the form of time-specific is

also something we seem to express when we say that people must always live “in a decent condition” or “with dignity” (cf. Bou-Habib, 2011). These seem to be threshold-focused convictions.

We come finally to a third stage of egalitarian theorising about age-group justice, inaugurated by Bidadanure (2016), who introduces a third type of constraint on how resources may be distributed within lives. Bidadanure argues that we should constrain egalitarianism over complete lives with a principle of *relational equality*. Very roughly, this is the principle that people should not be treated by others in ways that imply that they have less than equal status. Examples of such troubling treatment include insulting people or marginalising them (i.e. excluding them from participating in important social events) or dominating them (i.e. leaving them with no option but to act as one prefers they should).¹⁰ The principle of relational equality is relevant to the question of whether disproportionate expenditure on the elderly is justified because the elderly are vulnerable to the kinds of mistreatment the principle condemns and because disproportionate expenditure may be necessary in order to protect them against this vulnerability. To see this possibility, consider Bidadanure’s discussion of an example once proposed by McKerlie:

[I]magine that the same city block contains a condominium complex and a retirement home. The residents of the complex are middle-aged, affluent, and happy. The retirement home is old and overcrowded. Its residents have adequate medical care but little dignity or happiness. Our first reaction is that this inequality raises an issue of justice... But the young do grow old, and the very old were once young. So let us also suppose that the people in the condominiums will end up in such a place as the

¹⁰ For a thorough examination of relational egalitarianism, see Lippert-Rasmussen (2018).

nursing home, and that the people in the home used to be as fortunate as their neighbors now are. (McKerlie, 2001: 152–153).

Many readers will find this example intuitively troubling and would endorse policy reform that prevents the situation it depicts from arising, even if the elderly in the example have as good lives, on the whole, as the young. Whereas McKerlie sought to justify this intuition with the idea of time-specific priority, Bidadanure seeks to justify it with that principle of relational equality (i.e. the principle that persons should not be treated by others in ways that imply they have less than equal status). As she explains, the elderly in McKerlie's example are "spatially segregated from the affluent youth" and "[s]patial segregation and differential levels of affluence easily become associated with unequal status and unequal levels of respect. (2016: 246)

The problem with the appeal to relational egalitarianism is that it makes support for the elderly depend on the fact that their difficult circumstances may or will have certain knock-on effects on their marginalisation and status, when intuitively, it should not. Bidadanure is right that spatial segregation and lower levels of affluence can lead the elderly to suffer from unequal status, and this is indeed a powerful reason to protect them from such circumstances. But if the elderly found themselves in difficult circumstances that did not have those knock-on effects, we would still, presumably, find this troubling. Suppose a group of elderly persons suffer from a painful illness but are not segregated from others or poor. We would not in that case simply dismiss their claims to support. Their painful illness is still a reason for us to offer them generous support even if their complete lives are no worse than those of others in society. The appeal to a principle of relational equality is, in other words, incomplete. While relational equality surely matters, it does not vindicate all of the disproportionate expenditure on the elderly that commonsense seems to require.

2. Suffering, Dignity and Symbolic Value

I have been examining whether egalitarians can justify disproportionate expenditure on the elderly by considering three kinds of constraints egalitarians have proposed on how resources may be distributed. I have argued that constraining intra-life distribution with prudence under conditions of impartiality fails to adequately protect people against hardship, constraining it with a principle of time-specific priority is *ad hoc*, and constraining it with a principle of relational equality yields an intuitively incomplete set of protections against hardship in old age. I have also suggested that a different time-specific principle defended by Gosseries (2011)– namely, time-specific sufficiency – is more promising, although it, too, faces the problem that it is *ad hoc*. We need a theory or set of reasons that explain why a principle such as time-specific sufficiency, or something similar to it, is justified as a constraint on the distribution of resources within lives.

We can see a way forward, I now propose, if we notice a seeming obstacle to our imposing constraints on how resources are divided within lives. This is the idea that benefits and harms at different periods of life can compensate for each other. The possibility of compensation presents a challenge to constraints on how resources should be distributed within lives, because, if a person in hardship during one period of life can be compensated for this with sufficient resources or well-being during other periods, the idea that we must constrain intra-life distribution to prevent that hardship seems unwarranted.

To defend constraints on resource distributions within lives we must find reasons for showing concern for people in hardship that remain valid even if the persons in question have enjoyed, or will enjoy, a great deal of resources or well-being at other times of their lives. The appeal to relational egalitarianism is one example of this strategy: it tells us that we should worry about people in hardship not because they experience a severe deficiency in

resources or well-being *per se* but because they are vulnerable to being marginalised or disrespected. Notice that these *latter* features of their hardship cannot be compensated for by resources or well-being they have enjoyed, or will enjoy, at other times of their lives. As we noted earlier, however, the appeal to relational egalitarianism is incomplete. To provide a more complete justification of disproportionate expenditure on the elderly, egalitarians must therefore try to find further reasons for time-specific concern that are immune to the possibility of compensation within life. Let me now briefly suggest three such reasons.

(a) *The anonymous badness of suffering.* Consider a situation in which a person suffers terribly – for example, suppose I am in excruciating pain because I have a cracked tooth. Now one fact that could justify alleviating my suffering is, of course, that doing this will improve my level of well-being. But some writers have suggested that there is a distinct fact that would justify alleviating my suffering. This is the fact that *someone* is in pain, quite apart from the fact that that someone happens to be *me* (Nagel, 1989, Mayerfeld, 1999).¹¹ Thomas Nagel, who endorses the “anonymous” badness of suffering, finds its badness self-evident, and, thus, for that reason, difficult to justify, other than by illustrating its force with examples (1989, 160). One example might be this: when we witness a person who is suffering excruciating physical pain, most of us do not seem to need to know who she is, let alone how many resources or how much well-being she may have happened to enjoy during other periods of her life, in order to believe that we are obliged to assist her. Furthermore, the belief that we are obliged to assist her is not one that we come to regard, on reflection, as some sort of misplaced empathy for her. Even after reflecting on the situation, we continue to believe that we were obliged to assist her.

¹¹ As Thomas Nagel puts it: “if I lacked or lost the conception of myself as distinct from other possible or actual persons, I could still apprehend the badness of pain, immediately” (1989, 161)

The anonymous badness of suffering justifies constraints on the distribution of resources within lives. Suppose, for example, that some people would prefer exposing themselves to relatively short periods of suffering in old age, by diverting the resources from their fair shares needed to alleviate that suffering to earlier stages of their lives. A constraint that prohibited them from doing this would be inefficient, in the sense that it would prevent them from satisfying their preferences as much as possible. However if suffering is anonymously bad, such a constraint is justified because, unless these persons complied with this constraint, others would have to pay to protect them from their suffering in old age, which would be unfair. The anonymous badness of suffering does not, of course, single out old age for special consideration, but constrains intra-life distribution so that it protects against suffering *whenever* it might occur in life. But there is good reason to think that it will justify disproportionate expenditure on old age, if people are more prone to experience suffering in old age.

One concern one might have about appealing to the anonymous badness of suffering as a basis for disproportionate expenditure on the elderly is that it is difficult to specify the meaning of “suffering” precisely. As is suggested by examples such as excruciating physical pain and mental anguish, suffering seems to be an aspect of our experience: to suffer is, necessarily, to experience something.¹² Furthermore, to suffer is to experience something awful - the pain of a cracked tooth, rather than mild backache, or of intense anguish rather than boredom. But can we say something more specific about the kinds of awful experience that constitute suffering? I shall not try to say something conclusive here, but will make one suggestion. When people suffer, they have awful experiences that tend to absorb them fully, in the sense that they can think only of how to avoid those experiences. Suffering

¹² In construing suffering as necessarily tied to experience (so that a person cannot suffer from a condition that he does not experience), I follow several writers, including Mayerfeld (1999, 11), Brady (2018, 11) and Kauppinen (2019, 19-20).

overwhelms people. This may help to explain why suffering can arouse concern independently of the fact that it happens to be the suffering of this or that particular person: the fact the capacities of a person are absorbed by something awful is disturbing in its own right, apart from the fact that the person in question is experiencing a very low level of well-being. (Of course, the latter fact unavoidably coincides with the former, but the former fact may nevertheless be an independent reason for concern.).¹³

(b) *The dignity of persons.* A second reason for assisting persons during specific periods of their lives that remains valid regardless of how many resources or how much well-being they have enjoyed during other periods of their life appeals to the dignity of persons. The term “dignity” has been interpreted in many ways, indeed so many that some have come to regard it as a meaningless term (Macklin, 2003). I construe it here in line with one of the main traditions of interpreting it, namely, as closely tied to a person’s capacities for autonomy (see, for example, Beyleveld and Brownsword, 2001). More specifically, the dignity of persons is a value that inheres in their capacities for autonomy. Respect for this value requires that they be able to adequately exercise those capacities at all times. As with suffering, the concern with dignity requires us to focus on the state of a person’s capacities, rather than on her well-being, strictly speaking. While a person’s well-being is affected by her being able to adequately exercise her capacities for autonomy, the fact that she is able to adequately exercise those capacities can matter independently of her well-being. The preservation of dignity can thus generate a duty for others to assist persons during specific

¹³ One puzzle that is raised by the suggestion that suffering consists of being absorbed by awful experience concerns persons who “suffer with dignity” – i.e. who manage to conduct themselves calmly during their awful experiences. My suggestion may seem to imply that these people do not, in fact, suffer, because they seem to manage not to be fully absorbed by their awful experiences, and, worse, that their condition is not therefore anonymously bad in ways that justify assistance. One response to this puzzle is this. That they manage to comport themselves with calm does not imply that they are not absorbed by awful experience but only that they are not reacting to their awful experiences in certain ways.

periods of their lives regardless of the amount of well-being they may have enjoyed during other periods in their lives. If the predicament in which a person lacks opportunities with which to exercise her capacities for autonomy is more prevalent amongst the elderly, the consideration that we must protect the dignity of persons can thus justify disproportionate expenditure on the elderly.¹⁴

(c) *Symbolic value*. A third reason is the symbolic value of acting in ways that express one's appreciation for others or of avoiding action that expresses indifference for others.¹⁵ This consideration overlaps with relational egalitarianism, but it is not co-extensive with it. What ultimately moves relational egalitarianism is a deeply important concern that policies and practices should avoid expressing the attitude that some are inferior to others in a ranking of status. But that our policies and practices should avoid implying that some are inferior to others is not the *only* feature of those policies that has symbolic significance. To see this, consider the kind of care that should be provided for an elderly person who suffers from advanced Alzheimer's. Presumably, the expenses incurred when her hair is cut, when her clothes are washed, and when the windows and carpets in her bedroom are kept clean are justified. But it is not obvious that this is because withholding such care sends a message that she has lower status than others. If a society were to withhold such care from *everyone* who suffers from advanced Alzheimer's disease – regardless of a person's sex, race, or sexual orientation – it would not necessarily be treating anyone as if they had less status than others. The message that is sent by providing proper care for an Alzheimer's patient is not exactly a message about how her worth compares to others – namely, that is of equal worth to others – , but is rather a message about her *non-comparative* worth. Leaving her looking dishevelled, in dirty clothes and in a dirty room, expresses an attitude of indifference towards her when she

¹⁴ For a more detailed discussion of the relevance of dignity for egalitarian theorising about age group justice, see Bou-Habib (2011).

¹⁵ For an excellent defense of the idea of symbolic value, see Adams (2002, Ch. 9).

is still valuable and this is something that a decent society should not do *even* if it did to all persons who suffer from advanced Alzheimer's regardless of their sex, race or sexual orientation. Once again, if the elderly, more than other age groups, find themselves in circumstances in which our failure to assist would amount to an expression of indifference towards their value, then disproportionate expenditure on the elderly might be justified on grounds of symbolic value.

3. Conclusion

To justify disproportionate expenditure on the elderly, egalitarians must justify constraints on how resources may be distributed within lives. After reviewing a number of proposed justifications, I have suggested that the best way to defend such constraints is to identify reasons for alleviating hardship during specific periods of life that remain valid even if the persons in question enjoy compensating amounts of resources or well-being at other periods in their lives. Along with relational equality, we should regard the anonymous badness of suffering, the value of dignity and the symbolism inherent in how we treat others, as reasons of that kind.

Let me conclude by describing a picture of age-group justice for egalitarians that is consistent with this conclusion. The welfare state should follow the recommendations of the prudential lifespan account when designing its various policies – that is, it should design those policies in the way a prudent person would design them when devoting a fair share of resources across the different stages of a complete life. However, the welfare state must constrain the results of the prudential lifespan account by ensuring that persons in each period of life are respected as having equal status to others, prevented from suffering, protected in a minimal range of opportunities for exercising their capacities for autonomy and symbolically affirmed in their individual worth. These constraints have priority over the prudential lifespan

account, in the sense that the welfare state may distribute resources over the life-course in ways that are prudent only *after* it has ensured that these constraints are respected. My conjecture is that, in this picture of age-group justice, we will see a greater amount of welfare state expenditure devoted to the elderly than to most other age-groups in society.¹⁶

¹⁶ I am grateful to Greg Bognar, Axel Gosseries and Serena Olsaretti for extensive and helpful comments on previous drafts of this chapter.

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