

Some Thoughts on Vulnerability in Health Care

Despite its frequent use and its importance in bioethics, the concept “vulnerability” remains notoriously unclear and has not been properly analyzed so far. Particularly, the scope of this concept is subject to much debate. Within the literature, two main tendencies as to how to understand “vulnerability” can be found: on the one hand, “vulnerability” is regarded as a property restricted only to some individuals or populations. According to this view, vulnerable persons in health care should be afforded special protection and additional attention. On the other hand, the concept “vulnerability” is used in order to describe a human condition encompassing all human beings by their very nature.

These two views concerning the scope of “vulnerability” seem irreconcilable since they appear contradictory: The idea that vulnerability encompasses everyone conflicts with the view that it is a property only of some individuals. This persistent debate has far-reaching negative practical consequences. Namely, it is unclear who the vulnerable in health care are, which means that they cannot receive the protective measures they should be afforded. Furthermore, there is controversy regarding the question why and to what extent additional protection for the vulnerable can be justified. Additionally, it is argued that claiming special protection for the vulnerable commits the naturalistic fallacy: “vulnerability” cannot have any normative pull since it just describes human nature. Finally, it is unclear what “special protection and additional attention for the vulnerable” in health care may mean. This issue is closely linked to the question what one can expect from a functioning health care system.

However, as I will argue in my talk, the controversy concerning the scope of the concept “vulnerability” does not pose a real problem but rather a philosophical pseudo-problem which is entirely resolvable. I will show that these two apparently disparate views of vulnerability are neither competitive nor contradictory, but in fact depend on each other. I will defend the thesis that there is only one type of vulnerability with different likelihoods of manifestation. Thus, I will argue that the notion of vulnerability requiring protection just for some needs to be embedded into the view that vulnerability is a shared property of all beings that meet some basic conditions.

My argumentation goes as follows: I will show that ‘vulnerability’ is a modal, or, more precisely, dispositional concept with different likelihoods of manifestation. I will outline its rules of application, thereby distinguishing a) the reason why a being is vulnerable; b) the conditions under which vulnerability may manifest; and c) the manifestations of vulnerability.

In a next step, I will put these considerations into practice and present my definition of “vulnerability”. I describe those individuals as vulnerable who have interests i) which concern their welfare and quality of life; or ii) which are of moral relevancy; and iii) which potentially may be ignored, frustrated or wronged by the concerned individuals themselves, the circumstances or other living beings.

Next, I will argue that not all manifestations of vulnerability can or should be prevented but only those for which a moral agent is directly or indirectly responsible. This is the case if the claims (or entitlements) of an individual were not justly taken into consideration by those responsible and the individual, as a consequence, was wronged. This leads to a distinction of manifestations of vulnerability which consist in harms that could not have been prevented or which are morally not reprehensible, from manifestations of vulnerability which stem from an

unjust evaluation of the claims of a person, and represent thus a wrong with or without any harm implied. From this definition I will infer that those persons can be regarded as particularly vulnerable in health care who incur a higher risk to have their claims unjustly taken into consideration by those responsible. This definition, as I will argue, accounts for a non-ideal world with competing claims and restricted means.

This definition presupposes answering the question what one can realistically expect from a functioning health care system. More precisely, it requires a list of the most basic types of claims one has towards the health care system, which I will shortly delineate. This will help to explain why particularly vulnerable individuals have a claim for special protection and additional attention in health care, and simplify the identification of the protective measures which those individuals should be afforded.

Finally, I will defend my definition of “vulnerability” against potential objections, and I address open questions that need further inquiry.