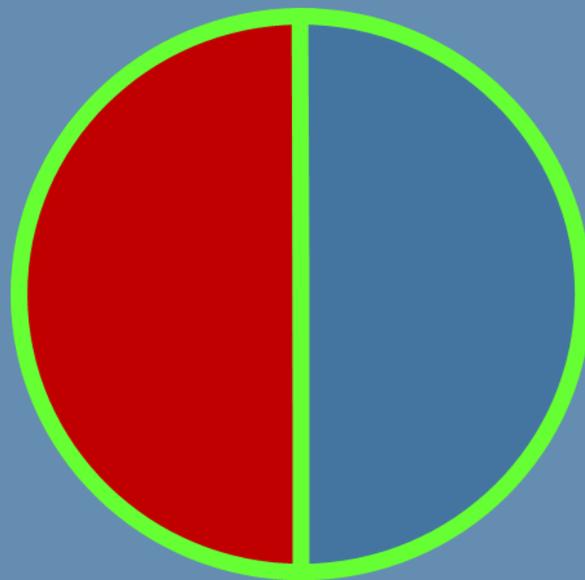


True One Health

A Singerian Approach to Global Health



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Abstract

Globalisation causes citizens of Western countries to have instant access to the economy in the East. Collaboration with the other side of the globe is made easier than ever before. Yet, healthcare systems in many countries favour the states' own citizens. Universal healthcare coverage is limited to only the wealthiest communities. Using the work *One World Now*, Peter Singer's classic on globalisation, this thesis proposes a system of *True One Health*: a method of providing basic healthcare for the world's people, and describes how our moral obligation to those that seem far away is no less than to the people closer to us. While traditional criticisms of utilitarian theory might involve unfavourable outcomes regarding moral chauvinism, the existence of universal moral principles and the sanctity of life, it is concluded that these do not apply to a system of *True One Health*.

Preface

In daily life, there is hardly a second thought on the moral justification of practices that have been around for a long time. However, the sole fact that something occurs does not constitute a moral justification. The acceptance of day-to-day practices may lead to the neglect of the interests of people in an underprivileged situation when new insights come to light. An important task for the discipline of ethics, next to the evaluation of the moral desirability of new technology, is to challenge the status quo.

In contemporary society, one of the most striking contrasts is the difference in access to healthcare. In the West, universal healthcare is implemented in many countries. In the third world often the most basic needs are missing. As technology moves the world closer together, this inequality becomes more clear. The responsibility that follows from this development should actively be fulfilled for the world's people.

In this thesis I attempt to draw up a system of *True One Health*. This system is based on the principles of *Effective Altruism*, as described in Peter Singer's *One world now* and his other works. Utilitarians, like Singer, provide an interesting approach to the question what constitutes a moral 'good'. While it is tempting to establish certain duties and obligations result from the human condition, as deontologists propagate, utilitarians instead propose an alternative that deem actions moral when they produce the greatest good for the greatest number of people. Singer asks the reader to combine the head (effective) with the heart (altruism). Not only do we have an obligation to help each other, but this has to be done in the most effective way possible. This creates an interesting paradox: whenever someone is doing something not in the most effective way, they are actually hurting the cause they would like to support.

That being said, this thesis does not shy away from the criticisms that concern the theories put forward by Peter Singer. These primarily regard the implications for impartiality, the need for universal moral principles and the sanctity of life. While it is argued that the concerns are indeed true for a Singerian worldview, these do not hold for a system of *True One Health*.

The most interesting part of this thesis is the reconciliation in the classic distinction between deontological and utilitarian theory. A global health approach based on Singerian ethics provides a good utilitarian answer and abides to the Kantian *Categorical Imperative*.

I would like to thank Patrick Delaere for being the first supervisor for this thesis and the interesting conversations about utilitarianism and Singerian ethics. Furthermore, I would like to thank Maartje Schermer for being advisor for this thesis and the interesting reflection on the underlying presumptions in the arguments. In addition, I would like to thank the support staff at both the Faculty of Philosophy and Erasmus MC for making my double degree study programme possible.

I hope this thesis will encourage the world's people to solve the problems in global health and move towards a system of *True One Health*.

Stefan Vermeulen
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Introduction

Peter Singer argues that we live in an era dominated by globalisation (Singer 2016, 1-2). He finds examples of this globalisation in both the ability of terrorists from far away to inflict horror in our society and in the ongoing climate change (Singer 2016, 1-2). Both processes prove that the classical boundaries of individual states are disappearing. Local actions can now have massive influences on the other side of the world.

Next to the negative effects, the process of globalisation has caused opportunities for the economy. International trade has become easier. It is now even less complicated to order something on the other side of the world via internet than to go out to a shop a few kilometres away. This would have been unthinkable a hundred years ago. Dunning has named this result of globalization a *global market place* (Dunning 2003, 2).

At the same time, globalisation also poses new moral challenges. States primarily organize their rules to benefit their own people (Singer 2016, 10). This becomes problematic when globalisation causes the effects of these rules to work out far away. In other words: when there forms a *global market place*. Furthermore, new technology have made it possible for people all over the world to become familiar with living conditions of 'the other'. This has enabled citizens in the developed countries to get to know the living conditions in the third world. It has also caused the third world to be informed how life is like in the industrialized world. The disappearing of boundaries causes the need for a global ethical system.

Around the globe, access to healthcare differs vastly. From the Global Burden of Disease study in 2015, it has become clear that there is both a relative and absolute deprivation of healthcare in the third world (Barber et al. 2017, 231-266). Furthermore, it seems logical that when basic healthcare is not in order, there is little or no attention to more advanced medical care. In 1999, more than 80% of the world did not have access to the medical specialty of clinical genetics (World Alliance of Organizations for the Prevention of Birth Defects and WHO Human Genetics Programme 1999). When one does not have access to clinical genetics, this does not cause imminent death. However, when considering the ideas of Singer, this distinction in the availability of healthcare seems unjust. There should at least be access to basic healthcare for the world's people before resources are used to provide advanced care to the most wealthy.

In the book *One world now*, Peter Singer argues that it is inevitable that the world is increasingly globalising. In four chapters he examines the most prominent issues that arise from this globalisation process (Singer 2016). Singer analyses these obstacles from his view of what he first called preference utilitarianism in his book *Practical Ethics*, but later changed into hedonistic utilitarianism (Singer 1993, IX; Pigliucci, Galef, and Singer 2013). One of the problems he fails to discuss, however, is the problem of global health.

In the *Stanford Encyclopedia of Philosophy*, utilitarianism is defined as "the view that the morally right action is the action that produces the most good" (Driver 2014). This definition holds that utilitarianism is a form of consequentialism, in that it is solely concerned with the outcomes of actions. In the works of Peter Singer, this view is taken in a radical form.

Singer proposes an ethic based on Moses's 'Golden Rule': "love thy neighbour as thyself"¹ (Singer 1993, 10). From this, it can be deduced that in Singerian utilitarianism it is vital to look at consequences from an outside perspective. In *The Life You Can Save: How To Play Your Part In Ending World Poverty*, Singer provides an interesting thought-experiment depicting inequality (Singer 2009a, 5). When one sees a child drowning, Singer says, one automatically assumes the responsibility to save the child². Singer argues that this situation is similar when children die of poverty on the other side of the world. Both deaths could be prevented by a small sacrifice. In the first case: jumping into the water (and therefore waste a good pair of clothes) or in the second case: donating a small money to charity. Yet, people act differently. Singer argues people feel more obliged to save a child drowning in front of their eyes than to donate to charity. Instead, in the Western world, people choose to spend money on luxury. Singer asks the readers: "Is it possible that by choosing to spend your money on such things rather than contributing to an aid agency, you are leaving a child to die, a child you could have saved?" (Singer 2009a, 5). According to Singer, this thought experiment proves that the current application of globalisation cannot morally be justified.

Singer summarises his ideas in a term called *Effective Altruism*. *Effective Altruism* is described as combining head (effective) and heart (altruism) (Singer 2013). In doing this, it is possible to have a greater impact than just acting to the best of intentions. Instead, an impartial and objective approach is taken to arrive at the most effective solutions. Singer argues that the greater problems of the world may not be so apparent as a drowning child, but might instead be more silent, like the spread of malaria that kills many. Globalisation may be the unique opportunity to bring *Effective Altruism* into practise (Singer 2016, 73).

In this thesis I attempt to find an answer to the question: "Is the world morally obliged to introduce a globalised healthcare system that follows the ethical standards of *Effective Altruism*?".

This thesis is divided into four main chapters and is followed by a conclusion. In the first chapter, it is described what a *True One Health* solution would entail. It will be shown that the current distribution of healthcare cannot morally be justified in this time of globalisation. In the second chapter, the problem of moral chauvinism is analysed and it is argued that this argument does not apply to a Singerian system of global health. In the third chapter the existence of universal moral principles is discussed. The fourth chapter addresses deontological issues with utilitarianism. It is argued that, even from a Kantian perspective, the only answer to the unequal distribution of healthcare seen today is a system of *True One Health*.

¹ Singer has made clear in his works, such as in *Godless Morality*, that he does not think that morality is connected to religion (Singer and Hauser 2016). Still, it is interesting that Singer does seem to acknowledge religion as something everyone can share. Moreover, he acknowledges the worth of the Bible as a valuable historical resource, as he cites a passage in his chapter on 'One law' (Singer 2016, 123-124).

² In this book, Singer gives a description of an actual situation where this did not happen. On page 4, he describes a situation in which police officers did not rescue the child, as they felt they lacked training to help. However, Singer asserts that most would agree that this is not as most people would respond.

1. True One Health

While Singer does not explicitly examine healthcare differences in his book, one of the most striking differences between the developed world and the third world is the relative and absolute shortage in healthcare. In the third world, there is limited access to healthcare and the quality of care is lower (Barber et al. 2017, 231-266). Furthermore, more advanced and less acute specialties as clinical genetics is lacking in countries less wealthy (World Alliance of Organizations for the Prevention of Birth Defects and WHO Human Genetics Programme 1999). In this chapter, it will be shown that the healthcare systems of different developed countries have not been globalised yet, and that globalisation should include the distribution of healthcare. Furthermore, this chapter will give an impression of how healthcare would look like when adhering to the Singerian principle of *Effective Altruism*.

1.1 Universal healthcare

One of the Sustainable Development Goals is the introduction of universal healthcare coverage (General Assembly 2015). While some form of basic universal healthcare has been present in most Western countries for a long time, this has been lacking in the third world (Cutler 2002, 881-906; McKee et al. 2013, S45). It seems morally impermissible that in a time of globalisation, accessible basic healthcare is reserved to the wealthiest. It appears the developed countries prefer their own citizens when they are keeping healthcare resources for their own citizens. Thereby they are valuing some lives over others. This is not morally justifiable when considering the Singerian ideal of *Effective Altruism*. The money that is superfluous in the Western world could be used more effectively. Singer argues: "For the rich countries not to take a global ethical viewpoint has long been seriously morally wrong" (Singer 2016, 15).

The question is how this problem should be solved. As resources are scarce, there should be a method of allocating healthcare resources around the world. In the theory of Peter Singer, people should strive to arrive at maximum utility. Zeckhauser and Shepard suggested a method of cost-utility analysis involving Quality Adjusted Life Years (QALY's). The necessary conclusion from their theory and the analysis of the Global Burden of Disease Study 2015 is that focus should be placed on infectious diseases in the third world (Zeckhauser and Shepard 1976, 5-45; Barber et al. 2017, 231-266). In the West, these problems have already been overcome by, among other things, the introduction of universal healthcare (Barber et al. 2017, 231-266).

An objection may be that it is unsure whether universal healthcare would solve the problems in global health. For example, a result of improving healthcare accessibility may be overpopulation. Parfit has argued that overpopulation is associated with a lower quality of life (Parfit 2004). Therefore there may be uncertainty whether this approach will create the most utility in the long run and that providing accessible healthcare will instead be an unfavourable preference. However, Singer explicitly states that any intervention requires people to make the *best effort* to have oversight of all the consequences of their actions. In a reaction to an article of Martha Nussbaum, he writes on unfavourable preferences that only the responses that are "fully informed, reflective and vividly aware of the consequences of satisfying their preferences" should be considered (Singer 2002b). These conditions would provide a safeguard, according to Singer, to make sure that the right decisions are taken. Because it is known to the best available evidence that universal healthcare will improve health, and therefore produce more utility than to continue without decent healthcare for everyone, we are morally obliged to implement a system of universal healthcare.

1.2 Scarce resources

To implement a system of *True One Health* around the world, it is necessary to divide resources more evenly. Because the resources are primarily located in the wealthy countries, there should be a net distribution from the developed countries to the third world. However, the question may be whether the wealthy countries are willing to give up some of what they have in order to create a better world.

This can be compared to the problems concerning the current practice of organ donation. In 2016, 1331 patients on the Eurotransplant waiting list for an organ transplantation died (Eurotransplant Foundation 2017, 59). Possibly these deaths could have been prevented by more organs being available. However, because there are more patients experiencing organ-failure than transplantation organs available, there has to be a method of division.

Persad et al. describe two methods of maximising utility: saving the greatest number of lives or saving the most life-years (Persad, Wertheimer, and Emanuel 2009, 423-431). However, next to looking at the intervention itself, Singerian ethics also demands an empiric consideration (Singer 2009c, 294). What action would cause the most utility in the long run? It can be that a certain allocation, for example distributing organs to a country far away, causes more utility in the short run. However, when this results in people cancelling their donor registration, the total utility created may be greater in other systems. Because *Effective Altruism* combines *head* and *heart*, the limited morality of humans and the reactions have to be taken into account when deciding on distribution issues.

As post-mortem organ donation has only minimal consequences to the donor and can produce a lot of utility in patients, Singer considers it a moral responsibility to be an organ donor when the possibility arises (Singer 2009a, 71). The question how to distribute organs, however, remains unanswered to this date and research is needed to establish which method of division produces the most utility and is therefore the morally superior option.

For a healthcare system, it may be that people might not agree when resources are redistributed in order to help the people on the other side of the world. People might not want to pay the same amount of taxes when services are reduced. Alternatively, people might oppose a redistribution as they might argue that a state only has a responsibility for their own citizens. As Singer has an empirical notion in his ethics, this has to be taken into consideration when deciding what a Singerian healthcare system should look like.

Still, it may seem that it is too demanding for an individual person to live according to Singer's suggestions. Singer mentions in *The Life You Can Save: How To Play Your Part In Ending World Poverty* how Zell Kravinsky told in Singer's classes how he struggled with the option whether or not to donate a kidney during his lifetime (Singer 2009a, 130-131). On the one hand, donating his kidney would result in the impossibility of giving it to family members later in his life in case they should need it. On the other hand, this would mean he values his own life and the lives of his family far more than the life of someone else. Kravinsky claims that because the risks associated with donating are 1 in 4000, anyone not donating a kidney values their own life 4000x higher than the life of someone else. Nonetheless, it seems counterintuitive to opt for surgery and therefore expose yourself to risks in order to save the life of someone else. All the same, this may be the right thing to do.

The same may be true for society in general. It seems difficult to come up with any other explanation for the fact that there is inequality in the world. Apparently the citizens of the western countries value themselves over those farther away.

1.3 Context of interventions

It follows from above that one of the key elements of a morally justifiable healthcare system is providing basic healthcare in the countries that currently lack this. However, Singer places great emphasis on the context of interventions. Empiric considerations have to be taken into consideration in order to determine what intervention produces the most utility and is therefore the morally preferable option (Singer 2009c, 294).

McKee argues that for universal healthcare to come into effect there are many conditions that have to be satisfied (McKee et al. 2013, S39-S45). He mentions five factors: influence of left-wing politics, economic funds, absence of societal division, absence of existing institutions that might oppose coverage and windows of opportunity (McKee et al. 2013, S39-S45).

The complexity of the combination of the many factors mentioned above might well be the reason why universal healthcare coverage is not yet seen in countries torn apart by factors such as armed conflict. This may also be the reason why Singer puts so much effort on convincing people to donate to charities such as the *Against Malaria Foundation*. These institutions can cause more immediate effects, and may be the first step in the process of political reform (Singer 2016, 208-209, 215).

However, it can also be argued that, in addition to these attempts, there may be more effort required by the countries that have already implemented a system of universal healthcare coverage. Cutler provides an interesting study of the economic reality underlying the development of universal healthcare systems (Cutler 2002, 881-906). He distinguishes three phases of healthcare reform: 'Universal coverage and Equal access', 'Controls, Rationing and Expenditure Caps' and 'Incentives and Competition'. Because there is no universal healthcare system in most third world countries, there seems no solution in Cutler's retrospective account on how we should reform healthcare systems in countries that lack the money to provide for their citizens. Because of globalisation, I propose a fourth wave: 'Globalising healthcare'. This involves a disappearance of the boundaries imposed by man. The lessons learned in the developed world can be exported to introduce universal healthcare in the third world.

Interim conclusion

In this chapter, it has become clear that in an ideal situation there should be maximum effort to enable basic universal healthcare coverage in all countries. It cannot be accepted that this is reserved to only the most privileged. Still, problems remain when the distribution of scarce healthcare resources, such as organs, are considered. Both a shortage on macro-level (primarily considering economic and political factors) and meso-level (how to practically work out Universal Health Care) present us with challenges in the distribution of healthcare. This problem is complicated even further as *Effective Altruism* also raises empiric longer term considerations on division issues. It is proposed that countries that have implemented a system of universal healthcare coverage should also distribute their best practice to countries lacking comparable systems.

2. Moral chauvinism

A system of *True One Health* would involve reducing the special position that states have created for their own citizens. An objection to this is that people might find they have a special responsibility for those close to them. Governments currently limit access to universal healthcare to their own citizens, possibly because they are convinced the obligation they have towards their own citizens is greater than the responsibility for those far away. Singer recognizes that there may be more utility created in reciprocal practices. Therefore there may be value in cooperation with those close to us (Singer 2005). Together, friends can create more utility than when they are acting alone.

However, Singer argues at the same time that our actions to comparable situations should follow the same ethical standards in order to arrive at equitable solutions. Both the child drowning in front of us and the child dying on the other side of the world should have equal right to be rescued. That medicine has been tied in closely with politics was already clear in the times of Rudolf Virchow (1821-1902). Mackenbach suggests this has become clear in Virchow's famous "Medicine is a social science, and politics nothing but medicine at a larger scale" (Mackenbach 2009, 181-184). In this chapter, it will be explored how globalisation, according to Singer, causes the perception of a morally justified equitable distribution to change. Furthermore, objections and alternatives to Singer's solutions are discussed.

2.1 Changing thoughts on equality

In *One world now*, Singer argues there is currently a distinction in public discourse between 'inequality *within* a society' and 'inequality *between* societies' (Singer 2016, 198). Singer argues that this proposed disjunction is false in contemporary society. According to Singer, relative inequality is being replaced by absolute inequality:

But today it is a mistake to think that people compare themselves only with their fellow citizens (or with all their fellow citizens). (...) On the other hand, many Mexicans obviously do look longingly north of the border and think how much better off they would be financially if they could live in the United States. (...) And the same can be true of people who are not in close geographical proximity. (Singer 2016, 199-200)

Due to developments that lead to globalisation, it is now possible to see how life is like in other countries. People in the third world can now get to know the living conditions in the first world and it is now also possible for the first world to be informed about the living conditions in the third world.

Still, in developed countries, preference is given to solving 'inequality *within* a society'. Western governments spend large amounts of money to create a more even distribution of wealth in society. Resources such as healthcare and unemployment benefits are paid for by the wealthy. This ensures access, even for the society's poor. A presupposition of this system is that society is considered as limited to the one country.

An example of this can be found in the Dutch budget proposal for the year 2018, in which the Dutch government planned to spend a total of 2.5 billion Euros on 'Foreign Trade and Development Aid' (Ministerie van Buitenlandse Zaken 2017, 3). At first sight, it looks like an impressive amount of money is spend to help other countries. However, it is not specified what part is reserved for development aid. Secondly, the 2.5 billion is less than 1% of the total expenditure of 277 billion Euros (Rijksoverheid 2017, 2). This contrasts sharply to the total cost of healthcare in the Netherlands, which is 80.4 billion, or the total expenditure on defence of 8.4 billion (Rijksoverheid 2017, 2). With this way of spending money, the people of the Netherlands are favoured over the other peoples in the world.

In contrast, in Singerian ethics, globalisation causes it is no longer being possible to speak of society as just consisting of the people of a certain country. Singer describes a state of poverty that proves the obligation of favouring others over our own society. When the first drugs for AIDS were introduced, South Africa wanted to make generic versions of the medicine, so their citizens would be able to afford the drugs. However, the United States responded with claims in order to defend the American pharmaceutical companies (Singer 2016, 91). This is one example of absolute poverty that seems unjust. In this example, the interests of American pharmaceutical companies are valued higher than the interests of South-Africans who would otherwise never be able to afford the life-saving drugs.

Singer compares this example to a similar problem in the United States. When there had been five deaths of anthrax in the United States, the government used the threat of making a generic version of an antibiotic, Cipro, in order to drive down the price of the innovator product (Singer 2016, 91-92). Singer argues that this establishes that there exists a double-standard in politics: on the one hand, the US wanted South-Africa to respect intellectual property law, but on the other hand they did not hesitate to disregard these laws when it concerned the interests of their own citizens. Singer goes on to argue that the problem of AIDS is much bigger than the merely hypothetical threat of anthrax in the United States (Singer 2016, 91-92).

2.2 Demandingness

A criticism to Singerian ethics is that the principles are too demanding. Bernard Williams has argued that “very often, we just act, as a possibly confused result of the situation in which we are engaged” (Williams 1973, 118). Singerian ethics would then be a huge burden, as it requires thorough consideration of all actions. Arneson describes this as a *Principle of sacrifice*. He argues that “giving to the relief of global destitution until another increment of aid would do more good spent on ourselves than transferred to any distant needy strangers” would not be practically possible (Arneson 2009, 268). While the description given by Arneson is a correct observation of what Singer proposes, it has to be agreed that this looks demanding. It may seem challenging to reconcile this with the empiric notions in Singer’s theory. However, this might also be indicative for problems in the Western civilisation in general. In our Western World dominated by neoliberalism and capitalism it seems almost impossible³. Perhaps it would be better to ask people to adhere to less strict rules in order to achieve more utility in the long run.

Arneson proposes Cullity’s ‘aggregative approach’ of giving to charity. Following Cullity’s line of reasoning, it would be morally permissible to live on a higher standard than others that are still in need, when one has helped to a certain extent. Instead of comparing both situations, it should be possible to resist giving more by appealing to what has been given in the past (Cullity 2003, 402-418). Cullity proposes that “Small monetary sacrifices can be demanded of us, it is common to think, but not a permanent, life-impairing injury.” (Cullity 2003, 402-418).

³ This is not a complaint against capitalism. Singer notes in his chapter ‘One Economy’ that capitalism is the only economic system that will be around in the foreseeable future as there is no better alternative (Singer 2016, 69). Furthermore, Singer acknowledges in later works that giving 10% or just 1% of one’s assets away might be what is enough to act morally good (Singer 2009c, 295). While this is less than his ideal, it also seems possible from his views of utilitarianism that one can better lower demands in order to achieve a better outcome.

The main problem of this argument is that some people are held to a higher standard than others. Arneson and Cullity argue that some people may have more than others; in other words: that inequality can be morally justified. This can be seen as essentially justifying the status-quo. Arneson acknowledges this, by saying that it can still be possible that those in need have more right to resources (Arneson 2009, 274). However, the inequality is still held about in Cullity's approach.

2.3 Personal projects as justifying inequality

It seems logical that people should have room in their lives to realize their own potential. Realising personal projects would involve sometimes favouring people in a way that may not be considered entirely fair. Arneson says that personal projects as "friendship and family ties and other personal commitments" produce morally good outcomes but that these cannot be justified according to the *Principle of sacrifice* (Arneson 2009, 274).

Arneson's first premise is that these personal projects do good. Assuming that friendship causes mutual benefit, this is in line with Singer's theory, as these 'acts of friendship' maximise utility. Arneson sharpens his argument by arguing that:

Participation in these projects does a lot of good, but for the most part this good accrues only on the condition that the individuals involved are devoted to them. One is devoted to a project only if one is disposed to channel resources to it beyond the level that would be justified by neutral values as mediated by Singer's Principle of Sacrifice or act consequentialism or the like. (Arneson 2009, 274)

Arneson concludes that this causes a paradox for Singer: one must accept personal projects (as it causes more utility) and at the same time turn them down (as personal projects involve moral chauvinism and is therefore not justifiable). However, I argue that Arneson is mistaken in this line of reasoning. Arneson says that his second premise is that people might still pursue personal projects, even if another action might produce more utility (Arneson 2009, 275). He then arrives at his sub-conclusion that people pursuing personal projects do not maximize utility. It is concluded that people pursuing personal projects do not act in line with Singerian utilitarianism, even though this contradicts the first premise. Arneson describes later on in this chapter that the problem we face here is whether or not there can be extra value to personal projects (Arneson 2009, 284). The mistake he makes here is that he does not trust people pursuing utilitarianism to adhere to their accepted principles. When one consequently follows the steps suggested by Singer, the second premise would not be accepted⁴.

Of course there may be temptations to act in favour of one's friend. However, the world is full of temptations, not to mention uncertainty. It is exactly this what Singer means. At first sight it might seem abstract and difficult to pursue what is good, but this is no moral argument against it. Singer notes that personal projects, such as friendship, may lead to more utility in the longer term, even if it is the case that sometimes the people involved in friendship do not consequently choose for the option that provides the most utility in the short term (Singer 2005; Singer 2009c, 294). Therefore, according to Singer, choosing personal projects may well produce more utility than not being involved in personal projects and therefore be morally justifiable⁵.

⁴ Arneson does agree that one should not judge each and every single event in personal projects separately, but consider the whole of the friendship. For example, on page 275, he agrees that loyalty in friendship (which may cause utility not to be maximised in first instance) may influence other personal projects (such as getting a new job) that may maximise utility in the end.

⁵ Singer argued in an interview that paying more attention to the people closest to you is universally shared between all cultures, but that he just does not agree this should mean that no attention should be given to distant strangers (Milman 2015). In that way Singer does not totally do away with the value of friendship.

Practically this argument comes down to saying that people might be more willing to adhere to principles that would be less demanding rather than asking people to coldly calculate the results of each action.

2.4 Principle of sympathy

A more moderate alternative to Singer's principles might be Miller's *Principle of sympathy*. This principle involves:

One's underlying disposition to respond to neediness as such ought to be sufficiently demanding that giving which would express greater underlying concern would impose a significant risk of worsening one's life, if one fulfilled all further responsibilities; and it need not be any more demanding than this. (Miller 2004, 359).

Miller asks people to give in a way that does not have a risk of seriously worsening one's life. This equitable approach contrasts to a classical utilitarianist approach of favouring equality: asking people to act in a way so that they are only marginally better off than 'the other'. A question to Miller would be what would count as a "significant risk of worsening one's life". This could be open to interpretation and also vary in the different communities experiencing variable circumstances of living. When it is accepted that the world is indeed globalising, there would be a development into one community. This means that when there is a comparison between ourselves and 'the other', we cannot simply look to our neighbour. Instead we have to involve the people who are much less well-off but still part of our community. Miller does not acknowledge this element of globalisation, and instead mentions that his equitable distribution involves "my worthwhile goals include the goal of presenting myself to others in a way that expresses my own aesthetic sense and engages in the fun of mutual aesthetic recognition" (Miller 2004, 361).

Here Miller makes a crucial mistake. He went from a "significant risk of worsening one's life" to a choice of fashion (Miller 2004, 359). When selection of clothing already constitutes a way in which it would be morally justifiable to forgo on one's duty to help others, there is no difference to the injustice in contemporary society. Therefore, this *Principle of sympathy*, provides little guidance in providing a more equitable distribution of resources to the world.

On the other hand, it seems plausible that a principle that proposes less demands might in the long run produce better results than a more-demanding principle. People may be more inclined to adhere to one of these less demanding principles. This is in line with Singer's notion of empiricism in morality when he talks about friendship. Still, act consequentialists might see Singer's principle as more ideal, but Miller's may prove a more workable alternative. However, this certainly is a grey area. Singer acknowledges that there may be value in personal projects as it may create more utility in the long run. Therefore the question becomes whether the personal projects have intrinsic value, as Miller argues, or whether they have value by their consequences, as Singer argues. The logical conclusion is that consequentialists would prefer the Singerian approach for an equitable distribution.

Interim conclusion

Due to the expanding community, people from around the world can now see how resources are distributed not only in their own vicinity but in the whole world. Therefore, the question arises whether it is morally justifiable to favour those close to us: to participate in moral chauvinism. There is a fading distinction of inequality *within* and *between* societies. Peter Singer provides guidelines for an equitable distribution that involves what Arneson calls the *Principle of sacrifice*. One actively has to give up possessions in order to achieve a more equitable distribution. Interesting here is that Singer does not ask people to choose in each action separately, but that actions have to be considered connected and with all consequences; all completely in line with the empirical attitude of

Effective Altruism. Therefore, there is also room for personal projects. However, this presents meta-questions on what to consider morally justifiable decisions. Alternatives, such as Miller's *Principle of sympathy*, may seem more workable and easier to live by than Singer's proposals. It is established that this actually foregoes one's duties towards the people less privileged. To conclude, Singer provides an interesting ideal that could lead towards a more equitable distribution of resources.

3. Universal moral principles

One of the key elements of moral theory resulting from the Enlightenment is the attention to the use of reason. The question remains whether using rationality necessarily leads to one and the same conclusion. A criticism to a system of *True One Health* is that it presupposes the existence of universal moral principles. As people get increasingly involved with each other, it is difficult to imagine decisions that do not affect other people. The existence of international tribunals infers that there are rules that a community can all share. These are rules that can be shared in *the global community*. This is the justification that can be found for international interventions, such as United Nations peace missions and development aid. Does this also hold for a system of *True One Health*? An interesting question would be whether global institutions actually do good or whether they are just used as justification for the actions of individual governments. Does a system of global ethics damage state sovereignty? Singer argues that globalisation causes a *Responsibility to Protect* that provides justification for outside interventions in societies (Singer 2016, 138). In this chapter, the existence of universal moral principles is discussed and the implications of this for individual states are analysed.

3.1 Responsibility to Protect

Singer argues that the favourable result of sanctioning, according to utilitarians, is that it causes “others who might do something similar on notice that they will have no refuge from justice and so deter them from committing new crimes” (Singer 2016, 138). He recognizes that this will not always be enough to stop offences from taking place and therefore comes up with something to think about: are there things that we can agree that are so bad that there is a responsibility to intervene? Singer argues that:

Perhaps, though, we should go further: not merely accepting that there is a right to intervene when atrocities are being committed but affirming that those with the ability to stop such crimes have a positive responsibility to protect the victims or potential victims even if the only way to do so is to invade another country. (Singer 2016, 138)

This is arguably the most extreme example of globalisation in practice. Singer does away with the paradigm that states are solely responsible for their own internal affairs. Other governments may even be morally obliged to intervene and seize control when moral offences are occurring. One of the consequences is that this essentially gives justification for any large power to start a war, when they have information that moral offences are happening. Another consequence is that the burden of proving legitimacy is turned around. Democratic states have legitimacy because of the people’s vote and dictatorial states have legitimacy because of the administration taking power. However, if we follow Singer’s argument, all states are obliged to intervene in other states when moral offenses occur.

This argument presupposes the existence of things that are universally considered immoral. For Singer an example of this is that genocide is something that is commonly held to be morally wrong (Singer 2016, 141). In international law, such as in the *Geneva Convention*, genocide is held to be unacceptable (United Nations 1949). From the very concept that it is forbidden in laws formed by many nations, it can be deduced that there are indeed things that are shared to be wrong. Because there are things that are universally shared to be morally incorrect, there is also a responsibility to keep these things from happening. Similarly, it could be argued that the lack of universal healthcare in some countries also contributes to the deaths of many. Singer notes that the United Nations in 2005 adopted a resolution on the *Responsibility to Protect* (Singer 2016, 145).

In this resolution, the United Nations describes four crimes: genocide, war crimes, ethnic cleansing and crimes against humanity, that they consider to justify outside intervention when a state fails to protect its citizens from it (United Nations General Assembly 2005).

For Singer, this all comes down to the drowning-child example. While it seems like the child drowning in front of you is different than the child that is dying on the other side of the world, Singer argues there is no real difference in moral obligation. Therefore, the argument on the legitimacy of intervention is an argument by opportunity and is used as a justification for looking the other way. When others need help, there should not be a question whether it is our business to provide assistance. For Singer the responsibility arises from possibility.

3.2 Universal outcomes

When it is established that there is indeed a basis for intervention, a discussion appears whether the outcome of these interventions is also something that can be shared. Fagelson argues in his *The Ethics of Assistance: What's the Good of It?*, that interferences may be “partial to a given sort of cultural, historical, political and economic practices” (Fagelson 2009, 332). According to Fagelson, Singer’s obligation to help others also demands us to help in the most effective way possible. However, this might force us to interfere in a society in a way that may be considered unacceptable (Fagelson 2009, 332).

The existence of a universal best outcome, presupposes that the valuation of outcomes has to be exactly the same. Yet, Fagelson argues, it is not difficult to imagine that individuals may attach different value to different outcomes. This can be compared to the reality of healthcare practise. When there exists a certain surgical procedure that would cause a patient to be released from pain immediately, this may be preferred by some patients. At the same time a practice of watchful waiting might be preferred by physicians, as it has fewer risks associated to it and might prove beneficial in the long run. This is also visible in the economic reality of our time, as art critics might have totally divergent valuations of the same painting. While one art critic might argue that the artwork is the best they have ever come across, another might argue that the quality of the painting is unacceptable.

In contrast, it may be argued that the value people attach to certain effects might be influenced by the amount of wealth people have. When one has little or no food for his children, one’s only focus may be to provide for them. When one is able to sustain a decent standard of living, there might be other priorities. Nevertheless, the priorities are arranged in the same way, but they don’t become apparent at the same time for these different people. Therefore, Singer argues for an equitable distribution and not for an equal distribution. The immanent needs of the different parties are clearly different. The priorities, however, remain the same. Singer praises the charity *Rational Aid* that conduct cost-utility analysis “to ensure there are no other possible programs that, for the same cost, are likely to bring about a greater increase in the welfare of extremely poor people” (Singer 2009b, 352). Singer means that maximizing utility is something that can also universally be shared.

3.3 State sovereignty

The Singerian approach clearly points toward a redistribution of resources from the first world to the third world. This universal outcome approach interferes with state sovereignty as other countries might force their own values. Fagelson argues: “For a liberal, the best consequence might be one in which everyone’s ability to pursue his or her own conception of the good is maximized” (Fagelson 2009, 332). Fagelson points to the fact that people might think differently about what morally favourable outcomes entail. He argues that a true liberal approach involves giving way to people to realise their own ambitions. This would imply that interference in other states impedes the states’

people from pursuing their own interest as they are forced to abide the principles of their donors. However, Rawls has argued that everyone pursuing self-interest would eventually result in an equilibrium (Rawls 1971, 103). This would mean that when people are not in mutual moral agreement, they automatically come to an equilibrium in which different opinions are considered. In that way, Fagelson's argument would actually be a practical argument in favour of intervention. By breaking down the barriers that impede outside help to a societies' people, the people are helped to realise their own ambitions. It has to be said that this might not be correct when one party is obviously stronger than the other party. That way the equilibrium might end up far more to one side. Foreign domination in healthcare systems might not be appreciated, as values of what constitutes *good healthcare* might differ. This may however not be an argument to forgo on the moral duty to help with the most basic needs of healthcare.

An interesting argument Singer makes is that he argues that human rights violations and tyranny are in itself threatening to international peace and therefore justify intervention (Singer 2016, 152-154). He quotes Kofi Annan in his speech to the United Nations Charter in September 1999, who argued that while the states that formed the Security Council were looking for peace, they actually encountered war (Annan 1999). Specifically, Singer argues that:

It might seem that an ethic that looks at the consequences of our actions as determining what is right or wrong would lead us to support whatever stratagems offer the best prospect of preventing such tragedies. (Singer 2016, 153)

Singer uses this argument to advocate in favour of intervention when human rights violations and tyranny are taking place. This is a view that is shared by people that were the implicit target of the speech of Annan. This serves to prove that intervention is not only desirable, but is actually something that is a moral duty. Bill Clinton has argued that the failure to intervene in the right way when the Rwanda genocide was taking place has an "enduring impact" on himself and this was his reason to set up the Clinton Foundation (CNBC 2013). In 2004 it was established that the United States decided to deliberately ignore the information about the Rwandan genocide they had in order to prevent another conflict. However, in total 800,000 people died (Carroll 2004).

When people refuse to act, nothing happens and atrocities continue. In addition, when we do discuss the horrible things that are happening in the world yet refuse to act, it might put people off from doing anything to stop it. This has been found in psychological experiments in which the *bystander effect* was observed (Darley and Latané 1968). In these experiments, when more people were aware of the situation, they were less likely to interfere. This could also be a problem when the Security Council decides not to intervene. It might send a signal to the rest of the world that many people have are aware of the situation, but intervention is not deemed appropriate. This might put other states off and people might be misled into thinking this was a moral judgement by the states, while it might only be politics as different states do not want to upset each other or use the veto-rights in place for permanent members.

This all comes back to one thing: do people know what is best for each other and can people justifiably intervene in each other's life to improve the welfare of people? Singer answers this by claiming there is a mutual understanding that there exist things wrong from every perspective. Even if we accept this to be true, it still remains a question whether intervention can be justified. For example, how do we determine that the state itself is not doing enough?

3.4 Utility monster

A critique of using utility analysis in global health would be that it will always favour a net distribution of resources from the first world to the third world. For individual people in the first world, this inevitably causes a decrease in individual utility. The total utility in the world would rise significantly. The question remains whether this total increase in utility is enough to justify the redistribution of wealth.

This is a version of Robert Nozick's thought experiment on 'Utility monsters':

Utilitarian theory is embarrassed by the possibility of utility monsters who get enormously greater gains in utility from any sacrifice of others than these others lose. For, unacceptably, the theory seems to require that we all be sacrificed in the monster's maw, in order to increase total utility. (Nozick 1974, 41)

Nozick here argues that a principle underlying utilitarian thought in general, namely that utilitarian theory provides the greatest good for the greatest number of people, is also its weakness. Total utility would be increased more when the multitude sacrifices all they have. However, this would cause people to be left with nothing. For global health this would mean that a considerable amount of resources has to be abolished in the wealthiest parts of the world and redistributed to those less privileged.

However, Singer does not only take total utility as favourable in itself, but also provides for *Effective Altruism*. It would be morally wrong to act as a utility monster, as it should also give away what it can miss. Singer does not argue for people to only act in their own interest and fail to do anything for others. He uses a Rawlsian approach in which he argues that morality should create an ideal world from an impartial perspective without regard to established 'rights'. Singer provides a workable theory and, because of the empirical attitude, also tries to be feasible in order to achieve more traction with the general public.

Specifically for globalisation, Tinbergen has argued already in 1970 that macro-decisions on a more equitable distribution of resources do not have to involve all decisions to be made by a world-government and therefore there is still room for people to pursue their own ambitions. He argues:

The question is more whether people with their dependency [on the world-government, SV] want to be involved in a systematic conversation or to be left out. And then participating in the conversation is better than to be confronted to their dependency by surprise. (Tinbergen 1970, 193) ⁶

Tinbergen argues that participating in the globalisation process involving an equitable distribution does not constitute a cause for a concern for two reasons. The first reason is that the globalisation process is inevitable and the second reason being that it allows people to influence this decision. When this is compared to Singer's theory of *Effective Altruism*, the utility monster argument is surpassed, as this can be discussed as an unfavourable outcome, but only if we take up the challenge to determine an equitable distribution of resources ourselves.

⁶ Own translation. Original quote: "De vraag is veeleer of men bij zijn afhankelijkheid systematisch wil kunnen meepraten of niet. En dan is meepraten beter dan bij verrassing met zijn afhankelijkheid te worden geconfronteerd." (Tinbergen 1970, 193)

Interim conclusion

In this chapter, it has been established that there are universal moral principles that can be shared by the world's people. Moreover, it is the case that people have a *Responsibility to Protect*. This responsibility goes further than to look at a state's own citizens, but causes the obligation to interfere in other countries to prevent atrocities from happening or to stop these when they are already taking place. While it is argued that these interventions may interfere with state sovereignty, it is exactly this universal outcome that justifies intervention. This also holds for basic forms of healthcare. Because these valuations of outcomes are shared, it is argued by Singer that these interventions are not subject to cultural relativism. To conclude, globalisation causes universal moral principles and accepting this is favourable for citizens to have influence on the shared outcomes.

4. Sanctity of life

In earlier chapters, it has been established that a system of *True One Health* requires an equitable distribution of resources. However, this may cause less favourable outcomes for the *Sanctity of life*. This might mean that some resources that are now present for those that are the most wealthy, disappear to make basic healthcare possible for those less privileged. While both utilitarianism and deontology share a founding in the Enlightenment and argue to be the solution people arrive at when using sound reasoning, Singerians may come off as limited to cold calculating when compared to Kantian deontological systems. In utilitarianism, two situations are compared and that what promises the most utility is considered morally superior. Deontological systems, *per contra*, adhere intrinsic value to life. Peter Singer asks the rhetorical question “Is the Sanctity of Life Ethic terminally ill?” and provides an attempt to prove that the concept of life as intrinsically valuable has collapsed (Singer 2002a, 246-261). It would be tempting to say, as is the case in traditional comparisons such as with *trolley problems*, that utilitarianism does not attach an intrinsic value to life and this contrasts to deontological theories that would state that a person should not be used solely as a means to an end. In this chapter it will be argued that a system of *True One Health*, based on utilitarian principles, would instead be the only answer for people that value life *per se* and this is where deontology fits perfectly in the utilitarian pragmatism of Singer.

4.1 Measuring outcomes

While Singer is in favour of methods of measuring utility when it comes to the division of healthcare, he considers the method of using Quality Adjusted Life Years, or QALY's, to have been flawed in some respect (Singer et al. 1995, 144-150). Singer recognizes that it is morally justified to adhere value-for-money principles when dividing healthcare, even if it means that people that are already worse off are put at disadvantage, as it is the best possible division⁷. However, he does recognize that it is possible a society that cares for the disadvantaged may have a “higher level of general welfare” and therefore more utility (Singer et al. 1995, 150). At the same time, Singer has mentioned that it is morally unjustifiable not to make a cost-utility analysis when treating patients, as there exists a moral obligation to divide scarce resources equitably (The Daily Princetonian 2011).

One of the most fundamental problems in utilitarianism is that it is consequentialist by nature but life does not provide certainty. When one chooses the option that seems to produce the most utility, there is no guarantee that the good will be maximized in the end. We can never be certain that an option may turn people into only cold numbers, resulting in damage to the *sanctity of life*. Ultimately, an option that promised to produce the most utility may turn out to provide less utility.

This practical argument seems valid at first sight. Nonetheless, there are two problems. Firstly, *Effective Altruism* only requires one to act to the best of one's abilities. When one considers what happened and sees that another decision would have been better, this is new information that was not there when deciding how to act. Furthermore, the above-mentioned argument is subject to the ‘is-ought problem’ suggested by Hume.

⁷ Additionally, this also links to a practical argument Singer gives for favouring a system of universal healthcare coverage over any other system of healthcare. He argues that universal healthcare will cause the cost of healthcare to come down, therefore make healthcare more efficient and in the end produce more utility this way (The Daily Princetonian 2011).

Hume argued that describing what 'is' (what is observable) is wholly distinct from what 'ought to be' (what is morally justifiable) (Hume 1740, 245). The moral premise that one should act in a way that causes the most utility to occur is not refuted by an example of the execution turning out undesirably (e.g. not causing the most utility). Uncertainty is not an excuse to abolish utility analysis. Every failure provides new information to improve utility assessments in the future.

4.2 The categorical imperative

While Kant does not argue for specific actions, and Singer obviously does, Kant's categorical imperative specifically urges "an action as objectively necessary for itself, without any reference to another end" (Kant 1785, 31). This contrasts to utilitarian theory that is consequentialist by nature (Driver 2014) and Peter Singer argues that we should act in a way that produces the most good, or in other words: referring to 'another end' (Singer 2009a, 5).

One similarity, probably arising from the Enlightenment origins of both traditions, is that both theories argue that rational beings have to arrive at the same moral judgements. Peter Singer suggests that morality is that what we arrive at when we use sufficient reason (Singer 2005) and Immanuel Kant argues that morality consists of *a priori truths* (Kant 1788, 141-142).

Singer puts himself in a difficult position as he adopts a strictly consequentialist approach when he argues that reciprocity is something that would result in moral favourable outcomes (Singer 2005). The question is whether this is the most effective way to encourage people to create a better world. His refutation of *a priori moral truths* results in only adhering instrumental value to life, instead of valuing life intrinsically. For Kantians this is unacceptable, as people have a perfect duty to value life intrinsically. In other words: what we end up with reason for Singer might not be the most effective way, while Singer says that with reason we should all arrive at the most effective solution.

However, a system of *True One Health* is something that both utilitarians (for the maximizing of benefit) and deontologists (a priori result of the human condition) have to agree on. As described earlier, the current allocation of healthcare in the world is extremely unjust. In the West there is relatively good access to healthcare, while the most basic forms of healthcare are lacking in the third world. Justification for this cannot be traced back to deontological theory. While it may be problematic for Kant to argue in favour of denying a treatment to someone when another treatment saves more lives, most definitely it cannot be justified that life-saving treatments are withheld solely because of economic considerations. Contemporary society values the lives of some (in the West) over the lives of many (the third world) by keeping resources to the privileged. We can be sure that the *status quo* of using people to another end without any respect for those people as ends in themselves, is something that Kant would be dissatisfied with. While both the first and third world have benefited from globalisation, the moral duties that have come up as a result have remained unanswered. The solution is a system of *True One Health*. Even though this may look confusing at first instance, as the reasons for Kant and Singer are different, this is the point where deontologists and utilitarians meet.

4.3 Donations as cure

Singer argues that the wealthy are morally obliged to help those less fortunate in the most effective way possible. In his own words he follows the teaching of Thomas Aquinas (Singer 2016, 211). Thomas Aquinas has famously concluded that "Hence whatever certain people have in superabundance is due, by natural law, to the purpose of succouring the poor." (Aquinas 1969, 138). This is what Singer refers to as *Effective Altruism*. The way to achieve this goal in contemporary society is to make donations to charity (Singer 2013).

Fagelson, however, argues that donating to charity may not be the most effective way to help and that doing so might actually infringe the Singerian principles that focus on the obligation to act in a way that produces the most good (Fagelson 2009, 332). Instead, he argues, one should focus on, for example, overpopulation (Fagelson 2009, 332). What's more, Fagelson argues that because Singer looks at the consequences of actions and not at the intention, Singer has to explain why "helping the poor is its own best consequence, because then we are saying that there is something inherently, not consequentially important about helping them" (Fagelson 2009, 3333). Furthermore, Fagelson argues that focus should instead be on institutional reform, so the economy of less developed countries can grow (Fagelson 2009, 344).

Singer reacts that institutional reform is just one of the things that is needed. Because there is such a massive discrepancy between the wealth of the developed world and the third world, there is also a need to give money to relieve poverty on a shorter term (Singer 2009b, 356). He goes on to argue that institutional reform may be done more effectively by non-governmental organizations and that one is obliged to give money to these charities, again arguing for his ethics based on *Effective Altruism* (Singer 2009b, 356). Singer does acknowledge that donations alone are just one way to act, even though this may already seem challenging. He quickly solves this problem that is underlying his ethics by incorporating institutional reform into his *Effective Altruism*. Still, it has to be accepted that *Effective Altruism* is not limited to just the modality of money but requires the highest possible effort in any way that a person is able to afford.

Furthermore, Singer acknowledges in *The Life You Can Save: How To Play Your Part In Ending World Poverty*, how it is indeed true that foreign aid can cause an economy to slow in growth (Singer 2009a, 111). According to Singer, foreign aid can have undesired effects when aid causes the economy to slow down. He discusses how *The Economist* described something similar happened in The Netherlands when the Groningen' gas was discovered and a steady stream of income was suddenly within reach. In turn, the value of the *Dutch guilder* rose relative to the currency-value of the trading partners, causing Dutch' export to be less attractive to them (Singer 2009a, 111-112). While Singer recognizes this problem may arise when aid is wrongly spent, he argues that aid could also be used in such a way that economic growth is maximized and that therefore this '*Dutch disease*' does not necessarily have to occur (Singer 2009a, 112-113). Due to the nature of utilitarian theory, it is mandatory to examine what option may cause the most utility. Therefore one would, by sound reasoning, not arrive at a method of aid causing detrimental effects to the economy of a society.

Interim conclusion

When Singer talks about measuring utility, there is still an empiric notion seen in the attention to feasibility. Considering the current state of global health, it has to be concluded that there is massive inequality that is fundamentally wrong. The Singerian alternative may look daunting to Kantians, as it requires comparing of outcomes and Singer has argued against the *Sanctity of Life*. Deontologists argue that considering consequences does not constitute the morally right actions and instead there exist *perfect duties* that have to be considered first. In this chapter it is established that the deontological argument for the *Sanctity of Life* is not a criticism to a system of *True One Health* and instead turns out to be one of the best arguments in favour of aforementioned system to appeal to a wider audience. The only solution for unequal access to healthcare is the implementation of a system that would respect people equally and does not favour some people over others. In order to make sure people are treated as ends in themselves, even Kantians have to agree that indeed, a system of *True One Health* should be implemented.

Conclusion

In his books, Peter Singer describes his mode of hedonistic utilitarianism: *Effective Altruism*. This thesis attempts to answer the question whether the world is morally obliged to implement a healthcare system that follows the ethical standards of *Effective Altruism*.

In the first chapter, it is analysed what *True One Health* entails. While in most Western countries there is a system of universal healthcare coverage in place, this is lacking in the third world. In these countries, there is both a relative and an absolute shortage of medical care. On a meso-level, Singerian theory provides an inconclusive path as to how far universal coverage should go. It is concluded a universal healthcare system that satisfies basic healthcare needs is a necessity, but that the way to this system is long.

In the second chapter it is considered whether the objection of moral chauvinism may hold. Moral chauvinism entails that it is desirable in the long run to sometimes favour some people over others, thereby infringing impartiality. While it may seem that Singerian theory would disapprove of this, Singer does not only consider the direct effects of an intervention, but also the results of an intervention on how others might act in the future. Singer compares day-to-day situations to occurrences that appear more abstract at first sight, but argues these are actually similar when considered morally. Singer proposes what Arneson calls a *Principle of sacrifice*, which entails that the people who have more are morally obliged to give to the people that are less well off. Because of globalisation, it becomes apparent that it is morally impermissible to favour the people closer over the people that are farther away and we have an active obligation to help those that are suffering.

In the third chapter, the problem of universal moral principles is analysed. To accept a system of *True One Health*, it has to be established that there exist outcomes that can be universally shared. It is concluded that there are certain outcomes that everyone can agree on being undesirable and because of that, there is a moral obligation to intervene when atrocities are occurring. This presupposes the existence of universal good outcomes and therefore there has to be an equal valuation of different outcomes. This gives states the obligation to interfere in other states in order to prevent atrocities from taking place or to stop these. While it is argued that these interventions may interfere with state sovereignty, it is exactly this shared universal outcome that justifies intervention. Furthermore, Singer argues that people are morally obliged not only to donate money to charity, but also to give it to the organisation acting in most effective way to produce the most utility. This direct help is needed in order to be able to implement long term solutions.

In the fourth chapter, the criticism of utilitarianism as only looking at consequences and thereby overlooking the sanctity of life is analysed. It is argued that while it is true that a system of *True One Health* would be focussed on achieving maximal utility, this does not mean that the sanctity of life is overlooked. Instead it is concluded that it is exactly for the sanctity of life that *True One Health* should be implemented and that the deontological dogma of using people as ends in themselves provides further evidence for the morality of a utilitarian distribution of healthcare resources. The theories put forward by Singer propose both a short term and a longer term way to this end. In the short run, people and governments should alleviate immediate needs by funding charities that produce the most utility. In the longer term, countries that have already implemented universal healthcare should export their knowledge to result in a morally favourable system.

From this thesis it becomes clear that our globalising world is indeed morally obliged to globalise the system of healthcare. Globalisation has moral consequences: inequality between states becomes morally impermissible when boundaries are disappearing. There is a certain minimal-standard of universal healthcare that should be implemented around the world. However, this is not something that has to be done in one go. Indeed, this would necessarily require resources to be divided more evenly; the West has to give up resources to help those less wealthy. Using the many steps in between and a constant effort by everyone, we may once be able to reach *True One Health*.

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