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

October 2014

## Introduction

In this paper we will outline the concept of reciprocity as it may be applied in the ethics of public health. The goal of this paper is to present the concept as it has been developed and used in the literature.

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

We will consider how it has been used to date in public health ethics and then include some aspects of reciprocity drawn from other sectors and other disciplines. In addition to the various dimensions of reciprocity and its application to public health, one observation that will emerge from this paper is that differences in perspective yield very different notions of what constitutes reciprocal obligations.

We will attempt to detail these differences, both in perspective and in the conception of reciprocity that results, in order to make it easier to identify them and to understand both their significance and their implications. This clarity may make it easier to navigate through ethical issues with others in order to make decisions.

We will conclude by offering some ways to take reciprocity and reciprocal obligations into consideration in practice. The goal is to render the notion of reciprocity accessible so that it can be put to use to inform thinking and influence policies, actions and so on in the real world.

Our discussion will unfold as follows:

- Part 1 - What is reciprocity?
- Part 2 - How has the principle of reciprocity been used in public health?
- Part 3 - The dimensions of reciprocity
- Part 4 - Reciprocity and cooperation, justice, social capital and the moral economy
- Part 5 - Putting ideas about reciprocity into practice: cases, questions, application.

For those readers who are seeking a very short overview of what reciprocity is with some ideas on how to employ it in practical decision making, we suggest reading parts 1 and 5, and taking note of the summary of the dimensions of reciprocity on page 8. Alternatively, we have produced a summary sheet putting this material into a highly condensed form at: http://www.ncchpp.ca/docs/2014_Ethique_ResumeReciprocity_En.pdf.

## Part 1 - What is reciprocity?

Reciprocity is by definition a relational concept. In one very general sense it means, "a state or relationship in which there is mutual action, influence, giving and taking, correspondence, etc. between two parties or things," or, in international affairs, it means, "[m]utual or correspondent concession of advantages or privileges, as forming the basis for a relationship between two countries" (Compact Oxford English Dictionary, 1991). It is worth noting right away that reciprocity can be between individuals, organizations, countries or sub-groups in any combination depending on the context. For example, nations can have reciprocal obligations to individuals and vice versa.

The Golden Rule, commonly formulated as "Do unto others as you would have them do unto you" is often either associated with, or considered to be identical to, reciprocity. Two essential features of the Golden Rule to note here are its **normativity** (i.e., it says 'do', meaning, 'you should') and its **generality** (i.e., it looks outward

2

**Briefing Note**
The Principle of Reciprocity: How Can it Inform Public Health and Healthy Public Policies?

to consider the acceptability of an action from a more general standpoint than one's own ends in order to harmonize these with others' ends).

In so doing, the Golden Rule demands one to consider others as having ends of their own, and to take those into account. As we will see below, normativity and generality are also two essential features of reciprocity, and while it may not be identical with the Golden Rule, it bears strong similarities.

## PROACTIVE AND REACTIVE

Reciprocity also involves reactive and proactive elements. According to Viens and colleagues, "Reciprocity requires that one return the good one has received, or responds to harms performed, in a fitting manner" (Viens, Bensimon, & Upshur, 2009, p. 211). Responding or reacting appropriately to good or to harm is clearly an important aspect of reciprocal actions. There is also a proactive dimension that involves anticipating and facilitating actions that are yet to be performed. Ross Upshur invokes reciprocity as a principle which "holds that society must be prepared to facilitate individuals and communities in their efforts to discharge their duties" (proactive, before) and to compensate their "sacrifice of income or time" in general (reactive, after) (Upshur, 2002, p. 102).

## TIMING MATTERS

In addition to before and after, time also figures into reciprocal actions in terms of the delay between receiving and responding. The appropriate amount of time varies considerably depending on context. For example, it is inappropriate to thank someone today for their having held a door open for you two years ago, just as it is inappropriate, upon receiving an unexpected gift from a neighbour, to then purchase something that same day and immediately present it to the neighbour. In the former case, it is just out of place – that response had to be given immediately, or never. The latter response makes it appear too much like one cannot live with being indebted and must therefore 'even things up' immediately. Showing such a need to repay it ruins the original gift. Thus, the appropriateness and timing of a response depend upon the context.

## FITTINGNESS AND PROPORTIONALITY

Lawrence Becker approaches reciprocity as "a matter of making a fitting and proportional return for

the good or ill we receive" (Becker, 2005, p. 18). Becker, a philosopher, has done extensive work on reciprocity, but for the moment we will focus on just two factors drawn from his work. First, he identifies fittingness and proportionality as key elements and discusses how to interpret these for an optimal conception of reciprocity. Secondly, he considers both good and ill, and how to respond appropriately to both positive and to negative actions.

### Fittingness: considering the point of view of the recipient

The fittingness of a reciprocal action refers to the extent to which it takes into consideration the good of the recipient. If you do me a good turn and I wish to respond with an appropriate good in return, this has to involve a conception of what is good for you. Likewise, my returning a good to you depends upon your act or gift to me having been viewed as a good from my perspective (Becker, 1990, p. 108; 2005, p. 24). Otherwise, in what sense can I be returning a good?

### Fittingness: correcting harm, restoring stability

As for responding to wrongs or harm, Becker argues that fittingness calls for a "corrective response designed to restore and sustain productive reciprocal relationships" and not simply returning harm for harm (Becker, 2005, p. 25). On the one hand, reciprocity is not about making the person who harmed us worse through our response, as opposed to temporarily worse off. A reaction, such as revenge-oriented punishment, that feeds into an "endless cycle of retaliation and counter-retaliation is self-defeating" in that it makes everyone worse, as well as worse-off. As such, the fitting response to what is bad is "corrective good for bad received" (ibid., p. 25). However, at the other extreme, it is not always a fitting response to turn the other cheek (Becker, 1990, p. 95; 2005, p. 21) as doing nothing will sometimes, depending on the circumstances, encourage wrongdoers to think that they can act with impunity.

All things considered, fittingness requires corrective action that aims to restore stability. This goal will take precedence over whether and/or how the party who initially did harm interprets the response as a good. Clearly, however, that person's point of view will be relevant if stability is to be restored.

## Proportionality of action

Proportionality concerns the scale of a response, and does not necessarily imply equality. If the appropriate proportionality of response is considered as a kind of monetary-value equivalence, this may enhance inequalities and mean that those who are less well-off will be unable to continue to participate in a reciprocal relationship. For example, if a rich person offers a gift to someone with few resources, a lavish gift is small for the one and enormous for the other when considered from the perspective of their financial resources. How can the person of lesser means reciprocate in such a case? Instead, Becker proposes a view of proportionality as equal sacrifice, meaning that we "make a return that is proportional to the sacrifice made by the givers rather than proportional to the benefit we have received" (2005, p. 27). Thus, those of lesser means "will be able to sustain an equal marginal sacrifice relationship over time without going deeper into debt" (2005, p. 27).

In terms of proportionality in responding to what is bad, we find a similar rationale, but with additional emphasis on the priority of restoring mutually beneficial relationships (Becker, 2005, p. 31).

### APPLICATION TO POLICY

How might fittingness and proportionality be reflected in policies? Let us consider the walking bus initiatives present in many Canadian communities which involve community residents organizing a way for children to walk to school together—active transport with different parent-volunteers each day. There is a range of potential responses, among them public recognition, the city committing to expanding the program in other neighbourhoods, providing other initiatives to foster active transport, adding some traffic-calming measures to provide additional security along the route, widening or greening sidewalks, etc. Depending on the situation of the organizers, different responses will be more or less fitting, as those involved might have very different interests and needs. If the organizers are very well-to-do, they may not appreciate family passes to the local swimming pool in recognition of their efforts as much as would others for whom the fees might be a barrier. The response should also be appropriate in terms of proportionality. Clearly, communicating with the organizers will go a long way toward finding out what motivates them and how one might add to the stock of good that has been initiated. Indeed, the act of communicating (contacting, listening) is a form of acknowledgement in itself.

# Part 2 - How has the principle of reciprocity been used in public health?

In public health, the principle of reciprocity has become a fixture in certain areas and would appear to be gaining recognition, in at least two ways: first, as a practical principle for taking into account the needs and interests of others in planning and decision making, and secondly, as a value underlying the social and collective roots of public health. We will deal with each of these in turn.

### RECIPROCITY AS A PRACTICAL PRINCIPLE

#### Reciprocity in pandemic preparedness

A great many of the appeals or references to the principle of reciprocity in the public health literature can be found in relation to the extensive literature on planning public responses to a pandemic. Upshur's (2002) take on reciprocity, above, which calls upon society to assist others in their efforts to perform their duties, is both succinct and practical. A principle much like this informs a great deal of the pandemic planning literature aimed at determining whether individuals and communities have any reciprocal duties in particular scenarios, and from there trying to ensure that those duties will be taken into account.

Briefly drawing from that literature, some of the obligations arising from reciprocity include:

- **Society not placing undue or unreasonable burdens on those who make sacrifices for the common good** (e.g., Singer et al., 2003, p. 1342; Viens, 2008, p. 1; Harris & Holm, 1995, p. 1215);
- **Society making sure that the appropriate conditions are in place** to enable people to perform their duties towards the common good (e.g., New Zealand's National Ethics Advisory Committee [NEAC], 2007, p. 42), by among other things
  - ensuring that protective measures, training, and support are in place for public health workers to minimize risks (e.g., World Health Organization [WHO], 2007, p. 14; WHO, 2014, p. 6),
  - engaging professional organizations while developing pandemic plans to ensure that the "reciprocal support that health care workers could expect" is taken into account (Kotalik, 2006, p. 28), and

4

**Briefing Note**
The Principle of Reciprocity: How Can it Inform Public Health and Healthy Public Policies?

- ensuring that workers are supported after their interventions, whether through compensation, public recognition, insurance or other means (e.g., Singer et al., 2003, p. 1343; WHO, 2007, pp. 15-16);

- **Individuals avoiding putting others in harm's way,** for example by deciding not to go to work when infected, and the corollary, **society then looking out for those individuals** who do stay home, by acknowledging that for some this can produce hardships that must be taken into account through compensation or other means (e.g., Harris & Holm, 1995, p. 1215);

- **Individuals following the instructions of public health authorities**, such as specific appeals to stay home or avoid public gatherings, based on recognition of the goods one has received in the form of public health (e.g., Viens et al., 2009, p. 212). Reciprocity is seen as a value that, in certain cases, can motivate support for the use of restrictive measures (ibid., pp. 213-215).

### Reciprocity between nations

Another way in which reciprocity figures into the pandemic preparedness literature is in the context of global distributive justice and a country's claims that it deserves benefits from the global community based on its contribution to a collective effort (Krishnamurthy & Herder, 2013). By virtue of Indonesia's having contributed specimens to the Global Influenza Surveillance Network in the name of international pandemic preparedness efforts, the authors argue that it was Indonesia's just due, based on considerations of reciprocity, to be included as an equal among those who benefit (ibid., p. 280). Benefits include accessibly-priced vaccines, transparency and inclusion in decision making, equity and respect, among others (ibid., pp. 273-275). While this example is from the context of pandemic planning and response, it points towards how reciprocity's role can be understood more broadly in the context of global distributive justice.

The overwhelming emphasis in the pandemic planning literature is on either facilitating or compensating efforts made for the common good as a means of ensuring that the health sector and society more generally can respond to a pandemic; however, we must note that within the pandemic literature there are diverse perspectives and interpretations of reciprocity. One notable example of a highly collectivist, social and non-instrumental

sense of reciprocity is found in New Zealand's pandemic plan, *Getting Through Together* (NEAC, 2007, pp. 42-47), in which reciprocity is discussed along with trust, neighbourliness, and unity, among other notions. In this plan, not only is the notion of reciprocity used to justify the expected obligations, such as protecting workers and compensating those who face increased burdens, but further, the plan, overall, reflects the values of community and collective action for the common good.

### Reciprocity and mental health policy

Reciprocity appears elsewhere in the literature, such as in the statement intended to inform mental health policy makers in the U.K. in the 1990's, in which Nigel Eastman appeals to the principle of reciprocity to claim that society "has no right to remove civil liberties from patients for the purpose of treatment (whether in hospital or in the community) if resources for that treatment are inadequate" (Eastman, 1994, p. 45). This is a recognition of the reciprocal duty of society to provide an appropriate level of care for patients as a condition for imposing restrictions on them—even if the restrictions are imposed to protect the public.

### Communication, public trust and reciprocity

Another connection worth noting here has to do with communication and its connection to reciprocal obligations. This relates to the goals of transparency and enhancing public trust in institutions. Communication (which includes listening) can both constitute and bolster reciprocity: when individuals can see that their efforts to support the common good are being recognized by the provision of timely and relevant information from public institutions, that communication between individuals and institutions is a form of reciprocity. It may support ongoing reciprocity by boosting the likelihood of further public participation. Examples of how this notion finds its way into the public health literature are discussions describing communication with the public as a reciprocal obligation incumbent on public institutions (Viens et al., 2009, p. 212), or the code of ethics for public health practitioners developed by the Public Health Leadership Society, which associates reciprocity and communication with building public trust (2002, p. 2, value 3).

In the various cases outlined above, we have seen examples of reciprocal obligations that society has to individuals who have contributed (e.g., to facilitate or compensate their efforts), obligations of individuals

to other individuals (e.g., not to make others sick) and to society more generally (such as to recognize the benefits of public health by making an effort to help out during a pandemic). In addition to these positive responses, various kinds of negative responses can also be envisioned, such as sanctions imposed on individuals who do not do their part, or individuals refusing to participate when society does not create the proper conditions enabling them to do so.

## RECIPROCITY AS A VALUE UNDERLYING THE SOCIAL AND COLLECTIVE ROOTS OF PUBLIC HEALTH

### Shifting perspective in public health

In another broad area of discussion within the public health literature, reciprocity is a key part of a conceptual shift toward a more social model in which public health (and public health ethics) is a non-individualistic, thoroughly social and collective undertaking (e.g., Robertson, 1998; Baylis, Kenny, & Sherwin, 2008). Baylis and her colleagues point to the importance of developing an "ethics framework for public health that builds on the notions of relational personhood (including relational autonomy and social justice) and relational solidarity" in the service of the public interest and the common good (Baylis et al., 2008, p. 2). An important part of this framework is a perspective reflecting the inclusive ethics of 'us' and 'us' as opposed to 'us' and 'them' (ibid., p. 10). Among the principles these authors cite as important is a notion of reciprocity that enjoins us to "support those who face a disproportionate burden in protecting the public good, and take steps to minimize burdens as much as possible" (ibid., pp. 2-3, citing the University of Toronto Joint Centre for Bioethics, 2005, p. 7). However, they propose focusing not on "'health care workers, patients and their families' as the persons likely to face a disproportionate burden, but on the vulnerable and the historically marginalized" (ibid., p. 3). As we can see, here critical analysis of social justice, including the dynamics of power, marginalization and privilege, takes the foreground.

Baylis and colleagues associate reciprocity with trust, neighbourliness, and solidarity (Baylis et al., 2008, p. 3), and thus endorse the way in which it is used in the New Zealand pandemic plan (NEAC, 2007). This opens a completely different perspective on reciprocity, and calls for a different approach and attitude toward it. Thus, it is a concept with a great range of interpretations, and these are revealed in its use.

We wish to highlight the range of interpretations of reciprocity now so that the reader might bear its polymorphism in mind as we proceed. The concept is so broad that alternative versions can be coherent with different underlying worldviews.

In the next section, we will step outside of the public health literature to explore some of the different ways in which reciprocity is understood, and in doing so draw out its main dimensions. In terms of the practical applications of reciprocity, each dimension has different ethical implications.

# Part 3 - The dimensions of reciprocity

In this section, we will present some of the different dimensions of reciprocity as referred to or developed in the literature from various fields.

## DIMENSION: NARROW VS BROAD/WIDE

According to the narrow view of reciprocity, our reciprocal obligations extend only so far as we have invited, or voluntarily entered into, particular social practices. In the broad view, our reciprocal obligations extend to all the good and bad we receive, regardless of whether it was invited or not, accepted or not (Viens, 2008, pp. 1-2). The question of how we could possibly have an obligation relating to an unasked-for good that we have received is, for Becker, "the crux of the matter. We do not need the notion of reciprocity to get an account of voluntary agreements. If it is to have a useful place in moral theory at all it will be for an account of nonvoluntary obligations—the kind we acquire whether we ask for them or not" (Becker, 1990, p. 73).

The difference between the narrow and broad views, and its implications for public health, are quite significant. Consider that many of the social goods arising from public health are at the population level, often requiring coordinated efforts from a variety of actors and institutions including, sometimes, the active participation of the public (Verweij & Dawson, 2007). An essential type of participation is that in which the actions of *individuals*, taken collectively, make it possible to reach some threshold that improves the *public*'s health (for example, a critical mass of non-smokers in a population reducing the likelihood of someone new taking it up, or herd immunity in a population in which a sufficient

**6**

**Briefing Note**
The Principle of Reciprocity: How Can it Inform Public Health and Healthy Public Policies?

percentage of citizens have had themselves vaccinated) (ibid., pp. 26-27). The whole society attains the common benefits from these initiatives whether individual citizens have asked for them or not. According to a broad conception of reciprocity, however, citizens have a role to play in doing their part to help society to attain them, (assuming that the response is aligned with the notion of fittingness and that the alleged benefit represents a good!). This is a social, public aspect of public health.

## DIMENSION: SELF-REGARDING AND OTHER-REGARDING

A great deal of work has been done in various disciplines to explain, and sometimes to justify, cooperation among individuals in groups. It is beyond our scope here to provide an overview. Often, the lowest-common denominator of individual self-interest is taken as a starting point as theorists seek to understand how benefit accrues to individuals through cooperative behaviour, and various forms of stability and security that can result from repeated interactions. Reciprocity features prominently as a means by which such cooperative systems can arise and function in the first place.[1] Contained within the notion of cooperation is an ambiguity between selfish and unselfish individual motives. Viens captures this ambiguity when he observes that, "[w]hile one could understand reciprocity as an altruistic concern for individual or collective welfare, one could also understand reciprocity as selfish concern for obtaining the personal advantages that result from mutual cooperation" (Viens, 2008, p. 2). We do not need to sort this out, but we do need to be aware that each interpretation is a coherent alternative.

While it is very difficult, if not impossible, to determine whether someone is acting out of self- or other-regard, how we interpret their motivation can have implications for trust and respect. The more that trust is generalized, i.e., the more that people believe and expect that other people are acting in other-regarding ways, the greater the effect on their responses. We only highlight this so that the notions

of self- and other-regard may be kept in mind as one navigates reciprocal obligations and relationships.

## DIMENSION: DIRECT VS INDIRECT VS GENERALIZED

Direct reciprocity is a type of reciprocity where the reciprocating actors are involved in a back and forth exchange with one another. I act cooperatively with this person and she responds in kind; this group provides me with a service and I respond. Direct reciprocity can involve very sophisticated and subtle exchanges between actors, particularly with regard to nuances, interpretations, understanding of social norms and expectations, etc. The main idea here is that each exchange or series of exchanges is between two parties. It is only simple in that it is one to one, back and forth.
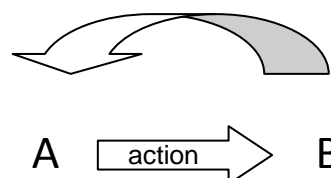


**Figure 1:   Direct reciprocity**

Indirect reciprocity involves a third actor responding to an exchange in which he/she/it did not directly participate but of which he/she or it was aware and to which he/she or it responds accordingly (Herne, Lappalainen, & Kestilä-Kekkonen, 2013, pp. 3-4). For example, if someone does a favour for you, I might make some gesture towards that person in recognition of this. If a person gives up a bus seat to a stranger who is laden with baggage, others on the bus might acknowledge that small gesture by saying thank you or otherwise acknowledging that person. Notice that this is still a reaction to the original act; the only difference in indirect reciprocity is that the reaction is not that of the recipient. A variation or corollary of this is when someone does a good deed for another, not expecting anything in return from the recipient, but rather so as to be seen by others to have done a good deed and thereby develop a reputation for cooperation. He or she can then expect more cooperation from those witnesses (Vogel, 2004, p. 1128).
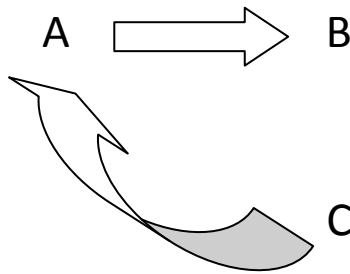
---

[1]   For an introduction to some foundational work in political science and in evolutionary biology that helps to contextualize what is at stake in these discussions, and that introduces strategies like 'tit for tat,' 'reciprocal altruism,' and game-theoretical situations like the prisoners' dilemma, we recommend Axelrod, 1984 (a nine-page summary is available here: http://www-ee.stanford.edu/~hellman/Breakthrough/book/pdfs/axelrod.pdf) and Trivers, 1971.

**Figure 2:   Indirect reciprocity**

Generalized reciprocity is a disposition to cooperate further. In its most basic form, generalized reciprocity means that givers contribute to a system and they may not necessarily see or even know the individuals who benefit from their acts. Giving is done with no immediate expectation of return, and to no directly identifiable individual.[2] Yet the givers may receive indirect benefits from elsewhere in the system. A well-known example of generalized reciprocity, developed by Titmuss in *The Gift Relationship* (1970), is the act of giving blood (see, e.g., Robertson, 1998, p. 1426; Weale, 2001, p. 70). We give blood without necessarily expecting to need a transfusion and hoping that we won't. Similarly, we may ourselves give up a seat on the bus without really needing that in return (for the immediate future, at least) while still recognizing the importance of being willing to make sacrifices, however small, for one another whether or not we are strangers. Depending on how we interpret our act, it may be viewed as altruism (i.e., an act that we consider good, that costs us something, and for which we expect no reciprocal good), and it might well be considered to be reciprocity, if aligned with a broad conception of connectedness and social cooperation, and with the idea of receiving certain kinds of social benefits or support in the future. We contribute in various ways; yet, we know that the social system to which we contribute also sustains us in various, sometimes different, ways. Generalized reciprocity involves an attitude towards others, as revealed by our actions, that reflects this understanding. It is social, and relational.

## DIMENSION: WEAK VS STRONG

Herbert Gintis and colleagues argue that it is necessary to distinguish weak from strong reciprocity. Weak reciprocity is essentially self-interested. Strong reciprocity means "a propensity, in the context of a shared social task, to cooperate with others similarly disposed, even at a personal cost, and a willingness to punish those who violate cooperative norms, even when punishing is personally costly" (Gintis, Henrich, Bowles, Boyd, & Fehr, 2008, p. 243). The key distinction between strong and weak reciprocity is that strong reciprocators' actions go further, both in terms of doing good, and punishing, than can be explained by models of weak reciprocity. That is, people act in ways that go beyond their own self-interest and which can be regarded as altruistic, in that their behaviour "benefits group members at a cost to the strong reciprocators themselves" (Gintis, 2000, p. 178).

Despite their similarities, we have not found any work discussing the relationship between strong reciprocity and generalized reciprocity. Although strong reciprocity is typically more clearly defined than generalized reciprocity, particularly in terms of responding to non-cooperation, they have significant areas of overlap. Both concepts can account for giving anonymously, both feature individual actions whose benefits are realized at the group level, and both are associated with adding something essential to the long-term stability of cooperation in groups (See e.g., Gintis, 2008, pp. 248-252; Becker, 2005, p. 32). We have not seen any examples of strong generalized reciprocity or weak generalized reciprocity, etc.; nor have we seen any comparative analysis of these parallel conceptual universes.

So far we have touched upon different dimensions of reciprocity as they appear in the literature in order to give some shape to the different ways in which reciprocity can be understood and applied. These are summarized below.

---

[2]   There are other conceptions and typologies using very different notions of generalized reciprocity at odds with this one. For example, cultural anthropologist Marshall Sahlins posits generalized, balanced and negative reciprocity. For him, generalized reciprocity means contribution 'To an identifiable individual, with no immediate expectation of return.' In this case, the key variable is time. See, for example, the summary of this typology in O'Neil, D. (2013).

8

**Briefing Note**
The Principle of Reciprocity: How Can it Inform Public Health and Healthy Public Policies?

## Summary of the dimensions of reciprocity

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

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

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

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

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

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

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

## Part 4 – Reciprocity and cooperation, justice, social capital and the moral economy

In the previous sections, we introduced a basic notion of reciprocity and looked at some of the ways in which it has been used in public health. From there, we turned to some of the key dimensions of reciprocity, acknowledging that it is a concept put to use in numerous fields and in various ways. In so doing, we have thus far been focused on gathering insights into how reciprocity might be most useful for advancing practical ethical concerns in public health.

We wish to continue to explore other, broader contexts within which this concept has been employed. We will look at reciprocity as a general feature of cooperation, at its role in underpinning justice and some implications of this, and then we will touch upon the idea of how it is related to social capital. The way that reciprocity underlies these essential features of social relations can give us some understanding of its importance. Curiously,

despite this importance, its role is somewhat removed from surface concern; it is as if we might say, "Yes, there it is, it's essential, but now what?" In response, we will conclude in part 5 by offering some practical ways to take reciprocity and reciprocal obligations into consideration.

## RECIPROCITY AS ESSENTIAL FOR SOCIAL FUNCTIONING

Reciprocity is frequently invoked as an essential aspect of social cooperation and functioning. Becker remarks that "every society of record has an elaborate set of social practices that amounts to a pretheoretical conception of reciprocity [...] everywhere regarded as defining something fundamental to human life" (Becker, 2005, p. 18). Further, he claims that limited forms of reciprocity (for example, only responding when it is to one's advantage and non-generalized reciprocity) "cannot reliably sustain the social conditions for which generalized reciprocity is necessary" (ibid., p. 32), echoing Gintis' argument in favour of strong reciprocity, summarized above. The claim is simply that stable social orders are dependent upon some form of generalized (or strong) reciprocity. We can find parallels to this view elsewhere, as for example when Rawls identifies reciprocity as a "deep psychological fact" underlying our practices and without which social cooperation would be "fragile if not impossible" (Rawls, 1971, pp. 494-5). The sociologist Alvin Gouldner claims that reciprocity, in a generic form, is "a dimension to be found in all value systems and, in particular, as one among a number of 'Principal Components' universally present in moral codes" (Gouldner, 1960, p. 171).

## RECIPROCITY AS A FEATURE UNDERLYING CONCEPTIONS OF JUSTICE

Becker also discusses reciprocity as an element underlying justice (that is, as a means to a theory of justice that includes fairness and equality for all) through cooperative arrangements. Reciprocity as a notion underlying justice extends the concept of self-interested cooperation (that we briefly mentioned above) to what are known as mutual advantage theories of social cooperation, including social contract theories. One prominent author writing in this tradition is John Rawls, whose *A Theory of Justice* (1971) is one of the more influential texts of the past century.

Reciprocity figures as a key element underlying justice for Rawls. He sums up its essential role with the observation that a "capacity for a sense of justice built up by responses in kind would appear to be a condition of human sociability" (Rawls, 1971, p. 495). Add to this his claim that "[c]ooperation involves the idea of fair terms of cooperation: these are terms that each participant may reasonably accept, provided that everyone else likewise accepts them. Fair terms of cooperation specify an idea of reciprocity or mutuality" (Rawls, 1985, p. 232). Reciprocity is clearly seen to underlie justice here.

Martha Nussbaum adds another nuance when she notes that Rawls's dependence upon a particular kind of reciprocity poses a critical problem for his work. She argues that the idea of reciprocity between "rough equals who are imagined as joining together to reap a mutual benefit" (Nussbaum, 2003, p. 448) is too narrow, citing the case of people with mental disabilities.

Nussbaum does not use this line of argument to dismiss reciprocity but rather to expand the range of values that can be considered as part of reciprocal relations. She calls for a new perspective on what social cooperation entails. Nussbaum points to other aspects of reciprocity, observing that clearly there are reciprocal relations of love, play, generosity, and appreciation expressed by some disabled persons that do not fit into certain models of reciprocity; these people fall outside of the circle defined by these models despite their social engagement, because they are not "capable of reciprocity of the requisite sort" (ibid., p. 443).

## SOCIAL CAPITAL AND THE MORAL ECONOMY

In the foregoing, we have more frequently encountered models centered around self-interested behaviour and less frequently found more relational, solidaristic, other-regarding models explaining human cooperation. One of the reasons for this is that theorists sometimes take the hard road in order to make their case. If one can convince the rational egoist that cooperating yields better results for him or herself personally, then one has made a more convincing argument, or so the argument goes. Some are explicit in their methodological choices, others less so. Becker talks about convincing the 'tough crowd' when arguing that reciprocity is essential in a mutual advantage theory underlying justice, and this view can be traced back to a problem identified by Plato – how to convince the political realist using the lowest common

10

**Briefing Note**
The Principle of Reciprocity: How Can it Inform Public Health and Healthy Public Policies?

denominator, the common ground of self-interest (Becker, 2005, pp. 12-13).

There are major implications tied to how one interprets the self/other-regarding dimension of reciprocity. And what we can observe in the more other-regarding interpretations of (or perspectives on) reciprocity is that it is 1. hard to define, and 2. understood as essentially contributing to social cohesion through cooperation. Some refer to that cohesive force as social capital: key features include cooperation among social actors and trust that their actions will receive favourable responses.

Prainsack and Buyx note that reciprocity is an important underpinning of social capital (Prainsack & Buyx, 2011, p. 43). For Weale, generalized reciprocity is what makes it possible to move from mutual advantage (selfish interests) as the basis for stability towards "more solidaristic forms of social union" (Weale, 2001, p. 69). While he thinks that a form of direct reciprocity is enough to sustain a system based on mutual advantage in which "agents should do good only to those who have done good to them," it is through generalized reciprocity that better results arise for all, due to the effects of trust and other aspects of social capital (Weale, 2001, pp. 70-71). In a sense, when enough of society participates in generalized reciprocity, the whole becomes greater than the sum of the parts due to the emergence of social capital.

Examining how reciprocity forms the basis of social capital leads us to consider another value: solidarity. Solidarity and reciprocity are clearly overlapping concepts and often appear together in lists of social values and ethical principles. Clear distinctions are less easily found. In reciprocity, we find the explicit or implicit expectation of a return as a key element, which is not necessarily part of solidarity. However, as the reciprocity becomes more generalized and diffuse, it begins to shade over into the concept of solidarity. Soler identifies the concept of solidarity as going "beyond reciprocity as it does not entail the obligation of giving back" (Soler, 2012, p. 855). Also, when "the balance between donors and receivers is altered and some clearly give more than others and more than they can expect to receive in the future, the notion of solidarity appears" (Soler, 2012, p. 851). This notion has a long history in sociology where some argue that solidarity emerges or is generated from certain types of reciprocal exchange (Molm, Collett, & Schaefer, 2007, p. 206). Molm argues that the more generalized and indirect the

reciprocity, the more it produces solidarity (ibid., pp. 211-212) and social capital as a result (Molm, 2010, p. 119).

Pursuing the notion of social capital as a kind of social good dependent upon reciprocity, the economist Stefano Zamagni also sees reciprocity's function as generating trust and social capital (Zamagni, 2010, 5:20-7:21). Generalized reciprocity goes beyond the expectation of the immediate, equal return that characterizes the market transaction (the exchange of equivalents) (Zamagni, 2005, p. 27) and it is in that difference that social capital emerges and accumulates through repetition.

In discussing what she calls the "moral economy of interdependence," Ann Robertson (1998) aims to contribute to a perspectival shift away from the individualistic discourse of dependence/independence towards interdependence. She identifies reciprocity at the core of a society's collective moral understanding of what people owe one another, and to what they are entitled from one another (Robertson, 1998, p. 1426). Her analysis identifies different interpretations of reciprocity, revealing different sides of a perspectival gap. Arguing that in order to have a conceptual base that is consistent with the collective nature of public health, and in particular its nature as a "moral enterprise" (ibid., p. 1428), Robertson endorses an understanding of reciprocity that is in line with that underlying social capital – that is, a collective understanding of our reciprocal obligations that goes beyond an individualistic marketplace-type economic exchange. Minimally, this means a notion of reciprocity that is consistent with the individual contributing to the collective good and not simply trading for self-advantage. Indeed, the entire discussion is being reframed to set aside self-advantage as the default position and thinking instead of the collective good. This is in line with Baylis et al.'s thinking in terms of 'us' and 'us.' This is a very different approach than that of Becker in his mutual advantage argument in order to convince the tough crowd.

## Part 5 – Putting ideas about reciprocity into practice: cases, questions, application

How can attention to reciprocity advance healthy public policies? We will focus on two examples to

consider how practitioners or policy makers can incorporate the principle of reciprocity into their work.

### FAMILY CAREGIVERS

First, we will consider unpaid family caregivers (whether they provide care for an elderly parent or a disabled child, for example). Family members do a significant amount of work for relatives who need special or additional care, and this can place extreme burdens on families.[3] Despite whatever support might be available, the burdens assumed by caregivers are in addition to the usual obligations of work, family and other relationships, etc. In the context of reflection on reciprocal obligations, we might consider how society benefits from the care that individuals bestow upon one another. As a starting point, let us examine our norms regarding societal versus individual obligations. It is reasonable to ask whether and how society can expect people to perform what we will call obligations of care for close relatives if the appropriate supports are not there. Also, the need for support will differ based on individual or family means, including wealth. This is not a question of *will*, or *care*, or *love*, (which are, after all, questions about individual choices and motivations) even though these are involved in care – it is a question of who is doing a good for us all and how policies can be developed to ensure that the conditions are in place which allow those who provide care to do so, and those who need care to be cared-for appropriately. Reciprocity, when brought into a discussion about the conditions under which people are expected to fulfil the responsibilities that they take on, and from which we all benefit, focuses attention on the structures that we collectively create and support to make that possible. That is, it is essential to question the taken-for-granted by asking 'Who is supposed to care for whom, and how?' This will include asking questions about how individual choices are institutionally informed.

Clearly, the dimensions of reciprocity outlined in the pages above have implications for whether or not society has obligations to those who need care and how it fulfills these, bearing in mind that those who provide care may also be in need. Given a narrow, self-interested conception of reciprocity, one might argue that society does not have an obligation to

support a family caregiver; from a broad, other-regarding perspective we would more likely favour support for caregivers as they fall more clearly within the circle of reciprocal obligations. Or, looking at the situation differently (taking into account the discussion of Rawls and Nussbaum above), one might argue that reciprocity only applies in the case of care for seniors who have paid into the system already; if we are to care for disabled children who will not pay into the system in this way, this will be motivated or justified by some other value, or else out of reciprocity towards the caregiver (who *has* paid into the system). These implications arise from the different possible interpretations of reciprocity and the different perspectives that underlie and inform them.

Considerations of fittingness and proportionality will also enter into the discussion, but must be applied on a case-by-case basis as situations will differ considerably. However, fittingness and proportionality could be integrated into policy statements as important considerations tied to reciprocal obligations to family caregivers.

In the case of unpaid caregivers, we can see some similarities to the pandemic literature's reciprocity-based arguments for supporting public health workers in a time of pandemic. The key feature they have in common is that both the unpaid caregiver and the pandemic worker make sacrifices in performing work from which society benefits. (If one questions whether society benefits, one need simply ask: *If care is not provided by families, will those individuals needing care be ignored or will society be obliged to provide it?*)

Questions for discussion:

- Is it reasonable to extend our reciprocal concern to recognize society's role in providing long-term family caregivers with the support they might need to participate fully in society and lead fulfilling lives also?
- How does the unpaid and private aspect of this case change the scenario?
- Finally, does it make a difference if the care is for an adult who has 'paid' into the system through work, taxes, social goods, or whether it is for a disabled child who will never be in a position to make that kind of contribution? How would society's responsibility to support family caregivers, if any, differ in these two situations?

---

3   For further reading on this, see the blog by Monique Lanoix on the Impact Ethics site at: http://impactethics.ca/2014/01/14/family-caregivers-in-canada-prognosis-poor/. Retrieved on January 15, 2014.

### HEALTHY EATING STRATEGY

Given the option of launching a healthy eating campaign, a health district might consider how healthy eating messages might play out in a low-income neighbourhood. With society having placed the onus on the family for providing food to children, what issues might be embodied in a seemingly straightforward message that ultimately asks parents to provide healthier foods for the sake of their children's well-being? First, one aspect of reciprocity means that if society places a responsibility on an individual or group, then it is up to society to facilitate their capacity to live up to that obligation. We can see that for some, providing healthier foods is much more difficult than for others. In low-income neighbourhoods, there are a host of issues that can make this expectation unreasonable:

- Cost – less healthy foods are typically much less expensive;[4]
- Access – low-income neighbourhoods are often food deserts. That is, residents may not have easy access to grocery stores, but rather to gas stations, corner stores and discount stores, and consequently healthy choices are simply not available; transportation to far-away grocery stores can be more difficult also;
- Time – cooking from scratch as opposed to serving frozen, prepared, ready-to-serve, or otherwise processed foods may well be a luxury for a family of people who have to work more hours per week, or more than one job, or who are under various kinds of pressure just to keep up, and who often lack resources and support.

For these and other reasons, a campaign could increase inequities for already-marginalized people if it is launched without reflection on the conditions for ensuring that everyone has the means to join in and do their part. Notably, inequities could increase if the campaign, due to the limitations mentioned above, produced more benefits for higher-income members of society. Also, if some lower-income families do not have the means to act upon the messages, the campaign will only serve to stigmatize them by criticizing practices that they cannot substantially change. The messages might just add an additional burden upon families. There are many ways to draw

---

[4]   For more information on cost, access and other relevant issues, see the site of the Food Research and Action Center at: http://frac.org/initiatives/hunger-and-obesity/why-are-low-income-and-food-insecure-people-vulnerable-to-obesity/. Retrieved on on January 24, 2014.

in these considerations, but the notion of reciprocity highlights the fact that in this case planners would need to understand the issues that underlie unhealthy eating, including money, access and time.

### WHAT THE APPLICATION OF RECIPROCITY YIELDS DEPENDING ON PERSPECTIVE AND ATTITUDE

Before concluding, we would like to briefly consider the range of conceptions of reciprocity that we have touched upon above, and point once again to the differences revealed by taking (whether tacitly or deliberately) one or another perspective as a starting point for thinking about reciprocal obligations. Readers will carry their own perspectives, values, and preferences into their ethical deliberations and these will inform the starting points for discussions about how to consider reciprocity as it applies to the issues they face in public health practice, and so define the immediate possibilities. We wish to stress the perspectival difference because it is very often the most important difference underlying deliberations about issues and is so primary that it may even go unnoticed; yet it informs our choices by shaping the possibilities that frame those choices. This is important in group deliberation also. And deliberation will be an essential way forward for integrating ethical considerations (including reciprocity) into the development of healthy public policies.

To underscore the importance of collective thinking, consider how consulting with marginalized individuals and groups fits into gaining an understanding of reciprocal obligations. In order to understand fittingness and proportionality, one has to understand what is good (or a benefit, or a burden) from the perspective of the people involved, and one has to understand its relative significance. (One can *imagine* a world for others, or one can ask.) Ultimately, these matters cannot be decided independently of others: both the content and the process are social. In addition, consulting with others both constitutes and builds reciprocity and trust.

Thus, we propose that you consider the way in which you understand reciprocity. The way one responds to situations will perhaps reveal different underlying worldviews that inform how reciprocity is understood. We conclude with a series of questions to apply to cases or in practice. You may reflect on cases of your choosing or on one of the cases above. Following through with these questions, especially if they are deliberated-upon in a group setting, will

demonstrate how large a difference these differing conceptions make in practical terms.

### QUESTIONS FOR PRACTICAL APPLICATION

1.  Are there any features of a proposal (program, response to a public health issue, plan, policy) that could create a burden for a particular individual or group?

    a.  What people or groups would be involved? What are the particular implications for them before, during and after any plans are put into effect?

    b.  How big are the burdens in this case? How will you assess these?

    c.  Do you foresee any need to facilitate or create the conditions under which people can do their jobs better?

    d.  Are there any types of additional training or protection that people might need?

    e.  Will some kind of recognition, insurance system, or compensation be appropriate?

2.  Who benefits? Who is burdened? Where are the marginalized in all of this and how have they been consulted and engaged? What are their ideas about good, burdens, responsibilities and harms in this case?

3.  How will your engagement with, and communication of, these issues add to public trust?

4.  Does your model of reciprocity depend upon the prior or future capacity of all recipients to 'pay back' into the system of reciprocal relations? What kinds of contribution count? Discuss with your colleagues.

5.  How far do the limits of reciprocity extend? What is (or who are) the 'we'? Is there an 'other'?

## References and bibliography

Axelrod, R. & Hamilton, W. (1981). The evolution of cooperation. *Science*, 211, pp. 1390-1396. http://www-personal.umich.edu/~axe /research/Axelrod%20and%20Hamilton%20 EC%201981.pdf

Axelrod, R. (1984). *The evolution of cooperation*. New York: Basic Books. http://www-ee.stanford.edu/~hellman /Breakthrough/book/pdfs/axelrod.pdf (nine-page summary by Axelrod). http://www-personal.umich.edu/~axe /Axelrod_Evol_of_Coop_excerpts.pdf (excerpts).

Baylis, F., Kenny, N. P. & Sherwin, S. (2008). A relational account of public health ethics. *Public Health Ethics*, 2008, 1-14.

Becker, L. (1990). *Reciprocity* (2nd ed.). Chicago: University of Chicago Press.

Becker, L. (2005). Reciprocity, justice and disability. *Ethics*, 116, 9-39.

Benatar, S., Daar, A. S., & Singer, P. A. (2003). Global health ethics: the rationale for mutual caring. *International Affairs*, 79(1), 107-138.

*Compact Oxford English Dictionary*, 2nd Edition. (1991). Oxford: Oxford University Press.

Eastman, N. (1994). Mental health law: civil liberties and the principle of reciprocity. *British Medical Journal*, 308, 43-45.

Food Research and Action Center. (2014). Why low-income and food insecure people are vulnerable to overweight and obesity (Webpage). Retrieved on January 24, 2014 from: http://frac.org/initiatives/hunger-and-obesity/why-are-low-income-and-food-insecure-people-vulnerable-to-obesity/

Gintis, H. (2000). Strong reciprocity and human sociality. *Journal of Theoretical Biology*, 206, 169-179.

Gintis, H., Henrich, J., Bowles, S., Boyd, R., & Fehr, E. (2008). Strong reciprocity and the roots of human morality. *Social Justice Research*, 21, 241-253.

14

**Briefing Note**
The Principle of Reciprocity: How Can it Inform Public Health and Healthy Public Policies?

Gintis, H. (2013). Altruistic reciprocity. In L. Bruni & S. Zamagni (Eds.), *Handbook on the economics of reciprocity and social enterprise* (pp. 20-43). Northampton, MA: Edward Elgar.

Gouldner, A. (1960). The norm of reciprocity: a preliminary statement. *American Sociological Review*, 25, 161-178.

Harris, J. & Holm, S. (1995). Is there a moral obligation not to infect others? *British Medical Journal*, 311, 1215-1217.

Herne, K., Lappalainen, O., & Kestilä-Kekkonen, E. (2013). Experimental comparison of direct, general and indirect reciprocity. *Journal of Socio-Economics*, 45, 38-46.

Kenny, N. P., Sherwin, S., & Baylis, F. (2010). Re-visioning Public Health Ethics: A Relational Perspective. *Canadian Journal of Public Health*, 101(1), 9-11.

Kotalik, J. (2006). *Ethics of planning for and responding to pandemic influenza: literature review*. Swiss National Advisory Commission on Biomedical Ethics. Bern: Swiss Federal Office of Public Health.

Krishnamurthy, M. & Herder, M. (2013). Justice in global pandemic influenza preparedness: an analysis based on the values of contribution, ownership, and reciprocity. *Public Health Ethics*, 6, 272-286.

Lanoix, M. (2014). Family caregivers in Canada: prognosis poor. In *Impact Ethics* (Blog). Retrieved on January 15, 2014 from: http://impactethics.ca/2014/01/14/family-caregivers-in-canada-prognosis-poor/

Molm, L. D., Collett, J. L., & Schaefer, D. R. (2007). Building solidarity through generalized exchange: A theory of reciprocity. *American Journal of Sociology*, 113(1), 205-242.

Molm, L. D. (2010). The structure of reciprocity. *Social Psychology Quarterly*, 73(2), 119-131.

The National Ethics Advisory Committee (NEAC). (2007). *Getting through together: ethical values for a pandemic*. Wellington: Ministry of Health.

Nussbaum, M. (2003). Beyond the social contract: toward global justice. *The Tanner Lectures on Human Values*, delivered in November 2002 and March 2003, pp. 413-505. Retrieved on January 7, 2014 from: http://tannerlectures.utah.edu/_documents/a-to-z/n/nussbaum_2003.pdf

O'Neil, D. (2013). *Economic systems: an introduction to systems of distribution and exchange*. Behavioral Sciences Department, Palomar College, San Marcos, California. Online module retrieved on February 10, 2014 from: http://anthro.palomar.edu/economy/econ_3.htm

Prainsack B. & Buyx, A. (2011). *Solidarity: reflections on an emerging concept in bioethics*. London: Nuffield Council on Bioethics.

Public Health Leadership Society. (2002). *Principles of the ethical practice of public health, version 2.2*. Retrieved on January 14, 2014 from: http://phls.org/CMSuploads/Principles-of-the-Ethical-Practice-of-PH-Version-2.2-68496.pdf

Rawls, J. (1971). *A theory of justice*. Cambridge: Harvard University Press.

Rawls, J. (1985). Justice as Fairness: Political not Metaphysical. *Philosophy and Public Affairs*, 14(3), 223-251.

Robertson, A. (1998). Critical reflections on the politics of need: implications for public health. *Social Science & Medicine*, 47(10), 1419-1430.

Singer, P. A., Benatar, S., Bernstein, M., Daar, A. S., Dickens, B. M., MacRae, S. K., Upshur, R. E. G., Wright, L., & Zlotnik Shaul, R. (2003). Ethics and SARS: lessons from Toronto. *British Medical Journal*, 327, 1342-1344.

Soler, C. T. (2012). Reciprocity and solidarity in intergenerational relationships: Spain, France and Norway in comparative perspective. *Papers 2012*. 97(4), 849-873.

Titmuss, R. (1970). *The gift relationship*. London: Allen & Unwin.

Trivers, R. (1971). The evolution of reciprocal altruism. *The Quarterly Review of Biology*, 46, 35-57.

University of Toronto Joint Centre for Bioethics. (2005). *Stand on guard for thee: ethical considerations in preparedness planning for pandemic influenza*. Toronto: University of Toronto Joint Centre for Bioethics. Retrieved on September 23, 2014 from: http://jointcentreforbioethics.ca/publications/ documents/stand_on_guard.pdf

Upshur, R. E. G. (2002). Principles for the justification of public health intervention. *Canadian Journal of Public Health*, March-April 2002, 101-103.

Verweij, M. & Dawson, A. (2007). The meaning of 'public' in 'public health'. In A. Dawson & M. Verweij, (Eds.), *Ethics, prevention and public health*. Oxford: Oxford University Press, pp. 13-29.

Viens, A. M. (2008). Public health, ethical behaviour, and reciprocity. *The American Journal of Bioethics*, 8(5), 1-3.

Viens, A. M., Bensimon, C. M., & Upshur, R. E. G. (2009). Your liberty or your life: reciprocity in the use of restrictive measures in contexts of contagion. *Bioethical Enquiry*, 6, 207-217.

Vogel, G. (2004). The evolution of the golden rule. *Science*, 303, 1128-1131.

Weale, A. (2001). Trust and Political Constitutions. *Critical Review of International Social and Political Philosophy, 4(4),* 69-83.

World Health Organization. (2007). Ethical considerations in developing a public health response to pandemic influenza. Geneva: World Health Organization.

World Health Organization. (2014). Ethical considerations for use of unregistered interventions for Ebola viral disease. Geneva: World Health Organization.

Zamagni, S. (2010). *Cooperatives: a counter to corporatism*. Video retrieved on January 9, 2014 from: http://vimeo.com/9287294

Zamagni, S. (2005). A civil-economic theory of the cooperative enterprise. (*Per una teoria economico-civile dell'impresa cooperativa*, in: Verso una nuova teoria economica della cooperazione, BOLOGNA, Il Mulino, 2005, pp. 15 – 56). English version retrieved on January 9, 2014 from: http://www.uvic.ca/res earch/centres/cccbe/assets/docs/speakers/Z amagni_Theory_of_Cooperative_Enterprise. pdf

Zamagni, S. (2008). *Reciprocity, civil economy, common good*. Retrieved on January 9, 2014 from: http://www.ordosocialis.de/pdf/Za magni/RECIPROCITY,%20CIVIL%20ECON OMY.pdf

Centre de collaboration nationale
sur les politiques publiques et la santé

National Collaborating Centre
for Healthy Public Policy

*Institut national
de santé publique*
Québec