A CARE ETHICAL THEORY OF POLITICAL OBLIGATION

Ira Chadha Sridhar

This thesis is submitted for the degree of Doctor of Philosophy.

Kings College

University of Cambridge

September 2023

DECLARATION

This thesis is the result of my own work and includes nothing which is the outcome of work done in collaboration except as declared in the preface and specified in the text. It is not substantially the same as any work that has already been submitted before for any degree or other qualification except as declared in the preface and specified in the text. It does not exceed the prescribed word limit for the PhD in Law set by the Degree Committee. It contains 91,529 words inclusive of footnotes and figures, and 79,995 words exclusive of footnotes.

ABSTRACT

A Care Ethical Theory of Political Obligation

Ira Chadha Sridhar

The ethics of care – an approach in moral philosophy with feminist roots – understands care not just as a social phenomenon (as a type of action, relationship, or practice), but also as a crucial moral value. This thesis draws on the ethics of care to explore the question of political obligation: when, or under what conditions, do we owe a moral obligation to obey the law?

The thesis has four chapters. The first chapter challenges the notion that there is a general, content-independent, moral obligation to obey the law by showing that our obligations to obey the law are content-sensitive and particular: they exist only in the case of some legal directives, and not others. The rest of the thesis makes significant progress in elucidating the conditions under which these obligations are indeed present. The core argument of the thesis is that we have moral obligations to obey the law whenever the law's demands are supported by our underlying responsibilities of care. To lay the ground for this conclusion, the second chapter offers a discussion of the concept of care as a thick ethical concept by elucidating the descriptive and evaluative dimensions of the concept. This sets the foundation for the third chapter which analyses the scope, grounds, and content of our moral duties to care for one another. In the fourth and final chapter, these findings are applied to the philosophical discussion around the obligation to obey the law to develop a care ethical response to the problem of political obligation. The argument that emerges is that we are morally obligated to obey legal directives of our state to the extent that is necessary for the effective discharge of our duties to care for co-citizens.

It is the author's hope that this thesis will initiate further dialogue between care ethics and jurisprudence, lend clarity to some of the core tenets of the care ethical approach, and help demystify the debate around the moral obligation to obey the law.

PREFACE

The seeds of this thesis were sown in 2016. It was the year that I first read Carol Gilligan's foundational book on the ethics of care, 'In A Different Voice'. The book resonated with me in a remarkably intimate way: several of my deepest questions, it somehow seemed, found expression in this academic text.

It was in 2016 that I also first studied jurisprudence. As a young law student in Kolkata, I was often unsettled by the ethical issues that seemed to naturally arise in the course of legal practice. These dilemmas about law and underlying issues of justice acquired depth – and grounding – through my study of jurisprudence. Since then, both care ethics and jurisprudence have been formative influences in my explorations.

I only began thinking about the intersection between these two fields, however, in 2018. As an LLM student at Cambridge, as I immersed myself in the literature on political obligation, I was struck by the close theoretical interconnectedness between care ethics on the one hand, and legal and political philosophy on the other. I realised that investigating this intersection would not be artificial; in that it was merely a product of distinct personal interests. Instead, a well-framed conversation between care ethics and jurisprudence could be mutually valuable: it could help clarify the ideas upon which the former rests, whilst introducing a useful theoretical lens to the latter. It is with this conviction that this dissertation set sail.

I have several people to thank for their help with my doctoral journey. First and foremost, I wish to thank my supervisor, Lars Vinx. I am indebted to him for his patience with my anxieties, his astute insights on the arguments made in this thesis, and most of all, for his intellectual open-mindedness: to new paths of inquiry and new areas of interest. His brilliance and kindness have set an example for the kind of academic I hope to become.

I also want to thank Matthew Kramer for his truly invaluable mentorship, Jeffrey Skopek and Kathy Liddell for the faith they have shown in my work, Joanna Miles for her support and friendship, and Rae Langton for standing by my side as an advisor. They have all – in different ways – helped me develop my research and sharpen the arguments presented in this thesis.

I am indebted to the Cambridge Trust and Kings College for funding this study. Special thanks are also owed to the Cambridge Society of Bombay, the Cambridge Nehru Trust, and Kings

College for the provision of financial assistance during the pandemic, hardship funding, and conference grants as and when required.

This funding has not only allowed me to bring this PhD project to life but has also enabled me to share my research findings at several conferences. I am grateful to the organisers of the Cambridge Political Philosophy Workshop, the Cambridge Forum for Legal and Political Philosophy, the SLSA Conference, the Philosophy, Law, and Politics Graduate Forum, the Cambridge Legal Theory Discussion Group, the LSE Political Theory Graduate Workshop, and the Humboldt University Young Scholar's Workshop for the opportunity to discuss my ideas. I greatly benefitted from the inputs provided by participants at each of these sessions. I am furthermore grateful to the administration at the O.P. Jindal Global University and my colleagues at Jindal Global Law School for their support with my research.

An excerpt from the second chapter of this thesis has been published in *Res Publica* in an article titled '*Care* as a Thick Ethical Concept'. I wish to thank the anonymous peer-reviewers at the journal for their helpful feedback.

This thesis is an ode to my friends and family. My friends in India and in Cambridge held me up as I wrote this thesis. They have ensured that despite the difficulties presented by a global pandemic, this PhD journey has not been lonely. Instead, they have filled the last three years with a joy, care, and togetherness that only friendship can bring. I owe them a huge debt.

Thank you to my family: my wonderful grandparents (who would have been so proud today), my aunts, uncles, "fristers", and cousins, for their love. And my in-laws, for their unwavering support. Finally, this thesis is dedicated to the three people without whom it would truly not have been possible:

To Mamma's doubt. To Pappa's belief. To Utkarsh's balance.

All gifts in equal measure.

29th September 2023

TABLE OF CONTENTS

INTRODUCTION ***1***

CHAPTER ONE ***13***

OBLIGATIONS TO OBEY THE LAW ***13***

I. Introduction **13**

II. The Requirements **15**

III. On the Obligation to Obey **18**

IV. The Obligation to Obey is Not Content-Independent **21**

1. On Content-Independence 21
2. Reasons to Obey the Law 24
3. Moral Reasons and Moral Obligations 29

V. The Obligation to Obey is Content-Sensitive **36**

1. But Don't We Have At Least a *Pro Tanto* Moral Obligation? 41
2. Doesn't This Contradict Widespread Beliefs? 43

VI. Conclusion **45**

CHAPTER TWO ***47***

THE CONCEPT OF CARE ***47***

I. Introduction **47**

II. Thick Ethical Concepts **49**

III. Why Care is a Thick Ethical Concept: Payoffs for Care Ethics **52**

1. Care as Practice, Care as Value 53
2. Care Ethics as a Moral Theory: From Is to Ought 55
3. Particularity 57
4. Care and "Good" Care 59

IV. Description 60

1. Needs 63
2. Meeting Needs 66
3. Intention 70

V. Evaluation 76

1. Types of Evaluation 78
2. Factors Upon Which Evaluation May Depend 81

VI. On Separability 92

VII. Conclusion 99

CHAPTER THREE *101*

DUTIES TO CARE *101*

I. Introduction 101

II. A Note on Methodology 103

1. Absolute Principles and Contributory Principles 104
2. Principles as Standards and Principles as Guides 107

III. Analysing the Literature 110

IV. A Philosophical Framework of our Duties to Care 116

1. Scope: When? 116

2. Grounds: Why? 150

3. Content: What? 157

V. Conclusion 161

CHAPTER FOUR *163*

OBLIGATIONS TO OBEY THE LAW AS DUTIES TO CARE *163*

I. Introduction 163

II. Duties to Care: Public-Political Duties 165

III. When Do we Owe Moral Obligations to Obey the Law? 171

1. Does the content of the legal directive express a genuine duty to care? 171

2. Is obeying the directive the most effective way to discharge the duty? 184

3. Has the legal system allocated duties to care in a way that is unfair or unjust? 193

IV. The Grounds of the Obligation to Obey 195

V. Upshots of this View 201

1. Natural Duty 202

2. Associativism 207

VI. Conclusion 212

CONCLUSION *213*

BIBLIOGRAPHY *221*

INTRODUCTION

Core Claim

Philosophers of law have grappled with the extent and basis of the obligation to obey the law since Plato's 'Crito' – where Socrates justifies obeying the laws of Athens despite being condemned to death by the State.[1] Ever since, and across different fields of legal and political philosophy, there has been a vigorous debate about the obligation to obey the law. To what extent are we morally obligated to obey the law? Are we required to do so at all? If so, why? These inquiries, taken together, constitute the philosophical problem of political obligation.

This thesis provides a new response to this fundamental jurisprudential puzzle. It approaches the problem of political obligation by introducing a fresh theoretical lens to the debate: *the ethics of care*. The core argument of the thesis is that many of our obligations to obey the law are best explained as obligations of care. To lay the ground for this conclusion, the thesis offers a discussion of the concept of care, explains the structure of our duties to care, and applies these results to the debate around the moral obligation to obey the law. What emerges is a care ethical theory of political obligation: one that demonstrates that we are morally bound to obey the law whenever the law's demands are supported by underlying responsibilities of care.

The Ethics of Care: A Historical Overview

The ethics of care – a moral theory that originated in the 1980s – can be traced back to the publication of Carol Gilligan's foundational 1982 text 'In A Different Voice: Psychological Theory and Women's Development'.[2] In this work, Gilligan investigated the implications of excluding the perspective of women and girls from research in developmental moral psychology,[3] by examining why women scored consistently lower than men under the hierarchal model of moral progress developed by her mentor Lawrence Kohlberg. Gilligan argued that women were not inferior to men in terms of moral maturity or progress as the results of the Kohlbergian study indicated. Instead, they spoke in a "different voice" from their male

[1] Plato (G.M.A. Grube trans) 2000, *Crito* 54c.
[2] Gilligan 1982.
[3] Pettersen 2008 provides an excellent critical overview of Gilligan's text and its influence.

counterparts.[4] The contents of this different voice are revealed through a series of narrations by the female participants in Gilligan's study. Broadly speaking, the participants all emphasise a view of the self as being constructed by intimate relationships, and an ethical perspective that highlights the moral value of care.[5] These empirical findings paved the way for the ethics of care.

Since the 1980s, Gilligan's findings have garnered significant attention in philosophical circles. With early philosophical investigations on caring by the likes of Virginia Held, Diemut Bubeck, Eva Kittay, Sara Ruddick, and Nel Noddings, the approach gradually matured into a moral theory in its own right. The core claim that care ethicists advanced was that caring is not just a crucial social activity or practice that warrants examination through the empirical methodology of the social sciences; but in fact, care is also an important moral value. It thus should be the subject of sustained philosophical attention.

Gilligan's findings and the emergence of what was increasingly spoken of as a "*feminine* ethic of care" sparked significant controversy.[6] In the 1990s, a range of criticisms emerged from feminists who argued that care ethics is a kind of slave morality that valorises women's oppression: women are oppressed by having to undertake the majority of care work in patriarchy, and care ethics glorifies this oppression as being morally valuable.[7] A second related line of criticism that emerged was that care ethics is essentialist – that is, it does not account for the variety of ways in which women differ from one another along other structural axes, and essentialises a single perspective as the biologically "inherent" or "essential" woman's voice.[8] There was thus significant pushback against this allegedly essentialist brand of care ethics that (perhaps unintentionally) made tenuous claims about care ethics being a woman's view to morality.

[4] Gilligan 1982.
[5] Gilligan 1982; Pettersen 2008, 1.
[6] By a feminine ethic of care, I am referring to an early species of care ethics that presented the ethics of care as an essentially female approach to moral reasoning. The first edition of Nel Noddings's book 'Caring: A Feminine Approach to Ethics and Moral Education' (Noddings 1984) explicitly advances this view of care as a female-centric or feminine approach to morality. In the second edition, Noddings retitled the book replacing "feminine" with "relational" (Noddings 2013).
[7] Puka 1990; Card 1990; Davion 1993; Houston 1990; O'Neill 1990, 443-4.
[8] Spelman 1988. Newer versions of the essentialism criticism argue that care is insufficiently intersectional. See Raghuram 2016; Hankivsky 2014.

Now, this debate has moved forward in significant ways since the 1980s. As early as 1993, Gilligan herself resisted characterisations of care ethics as a woman's perspective to moral reasoning. In the 'Letter to Readers' in the second edition of 'In A Different Voice', Gilligan writes:

> "When I hear my work being cast in terms of whether women and men are really (essentially) different or who is better than whom, I know that I have lost my voice, because these are not my questions. Instead, my questions are about perceptions of reality and truth: how we know, how we hear, how we see, how we speak. My questions are about voice and relationship."[9]

In line with this, this thesis strongly opposes any characterisations of care ethics as a female view to morality. This characterisation of care ethics is severely outdated and does not do justice to the amount of time and attention that has been spent by care ethicists in rebutting these essentialist readings of the approach.[10] Caring – this thesis holds – is universally valuable and responsibilities of care should concern us all irrespective of our sex or gender. Any view of care ethics as a *feminine* ethic (and care as a feminine value) should therefore be explicitly rejected at the outset.

But even if care ethics is not a *feminine* ethic, is it still a *feminist* ethic? Or rather, should care ethics be seen as a subset of feminist philosophy?[11] If women are disproportionately burdened with responsibilities of care, then it is indeed a feminist concern to highlight this issue and suggest an equal division of caring responsibilities. However, this critical claim about the unequal distribution of care labour is a concern shared by care theory across disciplines. What sets apart care *ethics* from other disciplinary approaches is not this critical claim, but rather, the substantive claim about care's moral value. Is this particular claim about care as a moral value compatible with the larger project of feminist theory?

[9] Gilligan 1993, xiii.
[10] See Gilligan 2011; Gilligan and Snider 2018; Robinson 2020; Heyes 1997. Indeed, it is doubtful that anyone working in care ethics today would associate the ethic exclusively with women and support essentialist characterisations of the ethic as a feminine morality. Engster 2007, 13 argues, in a similar vein to the approach adopted here, that while care theory may be a *feminist* morality, it does not represent a distinctively *feminine* morality.
[11] For an overview of this debate see Herring 2013a, 69-71.

There are good reasons to hold that this core claim is indeed compatible with the feminist project.[12] By recognising the value of caring, care ethicists emphasise that caring is important and is *everybody*'s job. They thereby seek to equalise the burdens of care work. In opposition to this view, there also seem to be *sound feminist reasons* to refrain from framing the ethics of care as a feminist ethic.[13] For instance, if we frame care as an ethical ideal or moral value, this may serve to legitimise the *status quo* and glorify the care labour that women currently undertake. The deep inequalities in the division of care work could become further entrenched: affirming the view that care is a woman's job, and furthering constructions of the kind that one wants to avoid of care ethics as a 'woman's voice'.

This debate about whether or not the ethics of care should be seen as a feminist ethic – and relatedly, what it means for a theory to qualify as a feminist ethic – is a complex and interesting debate that requires careful handling. It is also far beyond the scope of the present thesis. This thesis admits that the ethics of care is *feminist* in a historical sense (it has feminist theoretical roots and origins) and acknowledges that these feminist roots valuably inform substantive theorising. But it simultaneously affirms that when working within care ethics, one is not necessarily taking on the commitment of pursuing care ethics *as* a feminist ethic as to do so requires a substantive defence of why the former should be seen as a subset of the latter. This thesis thus affirms that the connection between care ethics and feminist theory is historically contingent (and immensely valuable in this sense); but it is not analytically necessary.

Care Ethics Today

Philosophical interest in care ethics has only grown over the years. Recent work by contemporary care ethicists such as Steven Steyl, Stephanie Collins, Tove Pettersen, Daniel Engster, Michael Slote, and Sarah Clark Miller amongst others steers clear of many of the historical controversies about the gendered connotations of care ethics, and instead focusses on the substantive theoretical enterprise that lies ahead. These philosophers have all contributed to the endeavour of developing the care ethical approach and building care ethics into a full-fledged moral theory.

[12] For a general discussion of care and feminist theory, see Becker 2002.
[13] Slote 2007, 56, 67, for instance, does not present a *feminist* account of the ethics of care and mentions feminist theorists and care ethicists as two distinct (though sometimes overlapping) categories.

Simultaneously, alongside these efforts to strengthen the approach itself, care ethics has had a widespread impact on a range of other disciplines. There are care ethical views on medicine,[14] political theory,[15] international relations,[16] economics,[17] business,[18] and art and aesthetics.[19] There have also been discussions on the relevance of care ethics for the law. Notably, Jonathan Herring's writings provide a wide-ranging exposition of the ways in which care ethics is relevant to doctrinal areas of law – particularly medical law and family law.[20] This demonstrates that care ethics has immense relevance if applied meaningfully to debates in law: an endeavour that has only just begun.

However, despite these significant developments within care ethics and its far-reaching impact since the 1980s, crucial gaps persist in the literature.

First, there are open conceptual questions at the very heart of care ethics. Note that care ethicists distinguish themselves from anthropologists, sociologists, psychologists, or economists who study the ramifications and meaning of the *social* activity of care, by studying care (not just as a social activity), but also as an 'ethical ideal' or a 'moral value'. The claim that caring is somehow morally valuable has therefore become the core claim of the care ethical approach. But despite this being the central tenet of care ethics, there is a surprising lack of clarity about *how* the social phenomenon of care (caring as an action, activity, or practice) is related with moral value. What about caring is morally valuable? Are caring actions necessarily morally valuable, or are they valuable only in some cases and not others? Why is the performance of these actions morally obligatory in some cases, and not others? Without a coherent account about these foundational questions, the core tenets of the theory remain elusive.

[14] Cates 2002.
[15] Engster and Hamington 2015.
[16] Robinson 1997.
[17] Nelson 2011.
[18] Hamington and Sander-Staudt 2011.
[19] Black 2018; Thompson 2015.
[20] Herring 2013a; Herring 2013b; Wallbank and Herring 2013; Herring 2007; Herring 2014; Herring 2008.

Second, while care ethics has had an impact on a range of doctrinal areas of law, the ramifications of care ethics remain unexplored in the context of jurisprudence.[21] This is not a gap in the present literature as much as it is a missed opportunity. If care is indeed an important moral value and holds the political significance that care ethicists suggest, it can provide a helpful new perspective with which to approach certain questions in political and legal philosophy.

To address both aforementioned gaps, this thesis takes up two simultaneous aims. The first aim of the thesis is to strengthen the fundamental concepts and claims underlying the care ethical approach. Alongside, the thesis makes use of care ethics to demystify the debate around political obligation. Apart from providing an attractive solution to the philosophical problem of political obligation, it is the author's hope that this thesis will pave the way for further research and conversations at the intersections of care ethics and jurisprudence.

Clarifications

Some preliminary remarks about definitions and methodology are warranted. Let us begin with definitions. *First,* note that whenever the debate on "**political obligation**" is referenced, a specific research question is being invoked. The phrase "political obligation" was first used by T.H. Green in his 'Lectures on the Principles of Political Obligation' in 1879-80 at Oxford.[22] Green coined the phrase to refer to the philosophical puzzle about the "true ground or justification for obedience to law".[23] But the term 'political obligation' is now used in a range of different ways in the literature. Considering this, a clarification about definition is very much warranted.

Over the years, and with the extensive literature on the subject, the debate on political obligation has evolved to refer to a cluster of interlinked themes. As Leslie Green notes, the term political obligation can be used in either of the following two ways.[24] On the first view, the problem of political obligation refers to a set of inquiries about the obligation to obey the

[21] There are arguably some exceptions to this statement. Nedelsky 2011 and Herring 2019 both deal with legal theory in their recent work. However, note that instead of focussing on care ethics and legal philosophy in particular, both these books are focussed on *relational theory* and its ramifications for a theory of law. Even West 1997, 7 argues for the importance of intimate *relationships* in her book, rather than bringing care ethics, in particular, in conversation with legal philosophy.
[22] D'Entrèves 1939, 3, Green 1986, 13.
[23] Green 1986, 13.
[24] Green 1988, 222.

law. The main research question under this conception of the problem is: “why, or under what conditions and circumstances, ought we to obey the law?”[25] On the second view, the problem of political obligation refers to a wider set of inquiries that extend beyond the obligation to obey the law. Here, a theory of political obligation must provide the elements of an answer to the political agent's general question: "what should I do?"'[26] The inquiry could involve questions about political participation, allegiance to the government, the requirements of good and active citizenship, and so on.[27]

This thesis adopts the first of these views. It intervenes in the narrower inquiry about the obligation to obey the law. Granted, a rigorous exploration of the narrow inquiry may sometimes involve determinations regarding the broader questions that Green identifies. While this thesis may indeed stray into this broader terrain, it will do so decidedly with the aim of answering the narrower question. The focus of the thesis is singularly on the narrower of these questions and it should be assumed that whenever the author uses the term ‘political obligation’, the former of these two conceptions to the problem is being adopted. Therefore, when the thesis refers to the question of ‘political obligation’, it is referring to the following question: why, or under what conditions and circumstances, ought we to obey the law?

The *second* clarification to be issued concerns the ambit of our research question as identified above. Note that whenever the obligation to obey the law is mentioned in this thesis, what is being referred to is an obligation to obey directives that impose legal duties: **duty-imposing norms**.[28] The arguments made about the obligation to obey the law will exclusively be restricted to legal norms that impose duties, and I will not be referring here to directives that confer powers upon legal subjects: power-conferring norms.[29]As the thesis deals with the obligation to obey the law, it seems clear that the focus should be on those norms that place citizens under some duties to perform certain actions, or refrain from performing certain actions.

[25] ibid.
[26] ibid.
[27] ibid.
[28] Kramer 1999, 254. Kramer also restricts his analysis of the obligation to obey the law to norms that impose legal duties upon others, rather than those that confer legal powers, liberties or immunities. I will adopt the same usage here.
[29] Hart 1994, 27-33 argues that legal norms can be either duty-imposing or power-conferring in his discussion of the variety of legal norms.

A *third* point of clarification concerns the usage of the terms **'duty'** and **'obligation'**. While these terms have sometimes been distinguished, notably by John Rawls who argues that while obligations are voluntarily undertaken, duties are not,[30] these terms are much more commonly used interchangeably than they are distinguished in contemporary political and legal philosophy. In line with this, it should be noted that this thesis will not invoke the Rawlsian distinction between 'duty' and 'obligation'. Instead, these terms will be used interchangeably.

The *fourth* clarification deals with a methodological point rather than a definitional one. This thesis initiates a conversation between jurisprudence (understood as debates at the intersection of analytic moral, political, and legal philosophy) on the one hand, and the ethics of care on the other. Forging this conversation has been challenging because it seems like care ethicists are often speaking in a theoretical language that differs from that used by philosophers of law. How does one bring these fields in a meaningful dialogue with one another, without compromising on the spirit of either?

Three years of doctoral research have revealed that if the focus on clarity and rigour remains uncompromised, a conversation of this sort is both possible and valuable. This thesis represents an honest attempt at this theoretical dialogue. In line with this aspiration, the reader will notice that the thesis sometimes borrows – in new ways – from the tools of analytic philosophy to sharpen and clarify the core tenets of care ethics.[31] The second chapter, for instance, brings the philosophical work on thick ethical concepts into a dialogue with care ethics. This conversation has so far never been undertaken. Subsequently, the thesis also brings the ethics of care in conversation with the literature on moral particularism. To the author's knowledge, this intersection has only been briefly mentioned twice in the past: once by Stephanie Collins,[32] and the second time by Jonathan Dancy[33] – but it has never been carefully studied. Furthermore, the thesis also contextualises care ethics against the backdrop of the philosophical literature on need. Sarah Clark Miller has initiated this conversation between care theorists and philosophers

[30] Rawls 1999, 93-101; 293-295. He writes, 98: "in contrast with obligations, it is characteristic of natural duties that they apply to us without regard to our voluntary acts".
[31] Collins 2015, 1. Collins takes up a similar aim in that her book aims to "use the tools of analytic philosophy to specify, unify, and justify these normative commitments, in a way that sheds new light on the theory".
[32] ibid, 17.
[33] Dancy 1992.

of need.[34] The contributions in this thesis should be seen as an extension of Miller's valuable endeavours.

Finally, the thesis introduces care ethics as a new lens for the philosophical debate around political obligation. There has been some work that develops a feminist theory of political obligation,[35] and efforts have been undertaken to present care ethical theories of the state and of democracy,[36] but a care ethical theory of political obligation has so far not been developed. When studying the debate on political obligation as a student several years ago, the author was struck by how care ethics could bring in new frames and ideas that would be useful for the discussion around the obligation to obey the law. It is with this commitment that the thesis began. The doctoral research findings affirm that, if further work is undertaken to sharpen the conceptual material within care ethics, care ethics can become a valuable frame with which to approach questions at the heart of jurisprudence.

Chapter Outline

This thesis has four chapters. The first chapter sets the stage for the rest of the thesis by addressing a preliminary issue around the obligation to obey the law. The argument presented in this chapter shows that there can be no general, content-independent, moral obligation to obey the law (even in a *pro tanto* sense or in reasonably just states). The existence of a general, content-independent, moral obligation to obey the law is in fact a conceptual impossibility. The chapter demonstrates that our obligations to obey the law are necessarily content-sensitive and particular moral obligations: they exist in the case of some legal directives and not others.

But the argument presented here is only half the battle. A theoretical account of political obligation must go some distance in specifying *when or under what conditions* such a moral obligation to comply with legal mandates is in fact present. This is where the material from care ethics becomes relevant. The chapters that follow develop a care ethical response to the problem of political obligation: building on literature from within care ethics to show that we have moral obligations to obey legal directives when doing so is necessary for the effective fulfilment of our underlying duties to care.

[34] Miller 2012.
[35] Pateman and Hirschmann 1992; Hirschmann 1992.
[36] Engster 2015; Tronto 2013.

The second chapter offers an account of the concept of care which forms the foundation of the care ethical account presented in this thesis. It makes the argument that the concept of care is a thick ethical concept: it consists of a descriptive element and an evaluative element. Roughly, the view that emerges is that caring actions are those that are undertaken by agents with the intent of meeting the needs of some recipients. This descriptive element is attached to the evaluative component in a manner that leaves a certain degree of contextual variability in the concept's evaluative valence. Caring actions can be evaluated with either a CARE-PRO, CARE-CON or CARE-NEUTRAL stance depending on how the action fares on the following three factors: (i) the outcome of the action: how successful is the action in meeting some important needs of the recipient? (ii) the process by the which the caring action is performed: how attentive and responsive is the agent to the recipient's needs; and how respectful is the agent of the recipient's capacity to ascertain their own needs? (iii) and the scheme of which the action is a part: to what extent is the larger practice of which the caring action forms a part either just or unjust? This provides a comprehensive account of the concept of care – demonstrating how caring actions are related with moral value.

Having discussed what caring actions are and when they are morally valuable, the third chapter of the thesis discusses a related question: when is the performance of caring actions morally obligatory? When do we have duties to perform caring actions? This chapter elucidates the scope, grounds, and content of our duties to care. The argument arrived at is that an agent A has a *prima facie* duty to care for B if B has some compelling needs and would suffer harm if these needs were not met, and if A would be able to perform a caring action that helps meet B's needs at a reasonable cost to themselves. If both the needs and costs conditions are satisfied, then A has a duty to care for B. However, there may be cases where there are multiple agents who satisfy both of these conditions. In these cases, the duty is triggered only by a third and final condition that requires that: A and B share a socially codified relationship such that A is particularly responsible for meeting B's needs. Therefore, while our duties to care exist by virtue of our natural duty to meet the needs of anyone that we can help, these duties are triggered by the final relational condition elucidated above. This analysis of our duties to care provides a helpful backdrop upon which to proceed with the analysis of political obligation.

Building substantially on the third chapter, the fourth chapter of the thesis consolidates the results of the previous chapters to build the final leg of the care ethical theory of political

obligation. We have duties to contribute towards meeting the pressing needs of others, and some of these duties, it is argued, can only be discharged by contributing to legally organized institutional frameworks. The thesis arrives at the conclusion that agent A is morally obligated to obey legal directive X (that imposes a legal duty upon A to ϕ) if the following three conditions are satisfied: (i) by ϕ-ing, A discharges a genuine moral duty to care that is owed to a recipient or a group of recipients B (ii) ϕ-ing is the *only* way, or the *most effective way*, to discharge the moral duty to care and (iii) the allocation of caring responsibilities in the system is not unjust. If each of these conditions is satisfied, a moral obligation to obey legal directive X exists.

Note that not all our obligations to obey the law are grounded in duties to care for co-citizens. Rather, many of our moral obligations to obey the law – particularly those that have been especially controversial – are grounded in our underlying duties to care. Taken together; the conditions elucidated in this thesis are not necessary conditions for the existence of a moral obligation to obey a given legal directive. But they are sufficient conditions for this obligation's existence.

Upshots

The upshots of this thesis are as follows. By framing our obligations to obey the law as necessarily content-sensitive and particular moral obligations that arise only in some limited cases, and under specific conditions, the thesis provides a new version of *a priori* philosophical anarchism. *A priori* philosophical anarchism holds that it is not only the case that no theory of political obligation has so far been successful, but also that it is *impossible* to provide a successful defence of the view that a general obligation to obey the law *qua* law exists. The thesis relies on a distinction between non-obligatory moral reasons on the one hand and moral obligations on the other, to hold that, as Stephen Darwall points out, the latter have a second-personal character which the former lack. Relying on Darwall's distinction, I argue that while there may be moral reasons to obey the law *qua* law, there can be no general moral obligation to do so. Disobeying the law in general is not blameworthy *per se.* Rather, whether or not blame is warranted for disobeying the law – and conversely, whether a moral obligation to obey the law is present – always depends on the content of the law. Thus, any argument in favour of a

general content-independent moral obligation to obey the laws of one's state (even a *pro tanto* moral obligation) will necessarily be unsuccessful.

Now, whilst supporting the anarchist position about the obligation to obey the law, the thesis simultaneously provides a demanding account of our political responsibilities. In contrast to classic libertarian approaches that hold that we are duty-bound only to refrain from infringing upon the liberty of others, the care ethical theory develops an account of wide-ranging positive duties to care. The arguments developed in this thesis explain the scope, grounds, and content of our duties to care for others, and demonstrate how these duties extend rightly to members of our political communities. We are obligated to meet the compelling needs of others when we can do so at an acceptable cost to ourselves, provided we stand in some sort of dependency relationship with the recipient of care.

This thesis contributes to political theory by providing care ethical material in support of a welfare state. It presents the view that the state can make laws (and expect compliance even from those who have not consented to its authority) that require citizens to make contributions to public services which meet some important needs of co-citizens. Furthermore, this thesis provides a way out of *the particularity problem*, which is an issue that philosophers who work on political obligation have encountered: what explains the particular relational ties that citizens have to obey the laws of their *own* state over legal directives issued by other jurisdictions?[37] The care ethical account demonstrates that our obligations are owed to the particular community of which we are members. It does so whilst simultaneously establishing the moral character of these obligations as rooted in a natural duty to care.

It is the author's hope that this thesis will clarify some of the central claims of the care ethical approach, provide a fresh and viable solution to the philosophical problem of political obligation, and initiate a meaningful dialogue between care ethics and the philosophy of law.

[37] See Simmons 2007.

CHAPTER ONE

OBLIGATIONS TO OBEY THE LAW

I. Introduction

Does one have a moral obligation to obey the laws of one's state? Despite extensive work on this subject, philosophers remain sharply divided on whether or not such a general obligation to obey the law exists. On the one hand, some legal and political philosophers argue that there is a general *pro tanto* moral obligation to obey all legal directives at least in reasonably just states. They justify their claims through principles such as consent, fair-play, natural duty, associative responsibility and / or democratic authority. On the other hand, opposing this view are the philosophical anarchists – theorists who argue that there is no general obligation to obey the law.

Philosophical anarchists have developed their approach through a series of piecemeal attacks: showing that all theoretical accounts that defend a general obligation to obey the law, and even innovative combinations of individual strategies, have been unsuccessful. The anarchists have so far established, therefore, that there is good reason to believe that there is no general obligation to obey the law (even in reasonably just polities) on normative grounds as each of the current strategies is unviable.[38] While this is a significant achievement, this leaves open the possibility that even if no present account has been able to meet the threshold, a successful defence of the general obligation to obey law may be offered in the future.

In this chapter, I take the argument in favour of philosophical anarchism a step forward. I argue that a general obligation to obey all legal norms *cannot* exist. It is conceptually impossible. If correct, my argument presents a new version of *a priori* philosophical anarchism. It shows that no future defence of a general moral obligation to obey the law will be successful. Our

[38] This is with the exception of Robert Paul Wolff's *a priori* approach to philosophical anarchism that argues that we cannot have a general obligation to obey the law as this would clash with the paramount value of individual autonomy in Wolff 1970. For a successful rebuttal of this view, see Raz 1979. Another *a priori* anarchist view is developed in Smith 2013.

obligations to obey law are, as a matter of conceptual necessity, *content-sensitive* and *particular* moral obligations.

I will make this argument by proving the claims elucidated in the following three prongs:

> P 1: For a general moral obligation to obey the law to exist, the obligation must be content-independent and not content-sensitive
>
> P 2: However, our moral obligations to obey law are not content-independent, but content-sensitive
>
> C: Therefore, there is no general moral obligation to obey the law

My argument will primarily focus on a dichotomy between 'content-independence' on the one hand, and 'content-sensitivity' on the other. I will spend the majority of this chapter showing that the obligation to obey the law is not content-independent, and to think of it as such is a fundamental error. Instead, we have moral obligations to obey *some legal norms* and not others, and whether or not this obligation exists in a given scenario is a fundamentally content-sensitive determination.

The plan is as follows. In Section II, I will introduce the conditions that allegedly must be satisfied by a successful theory of political obligation. In Section III, I will justify P1 as encapsulated above. If we had a general obligation to obey the law, i.e., an obligation to obey *all* legal norms (in reasonably just states), this obligation would have to persist despite variations in the content of legal directives. This proves P1: if we have an obligation to obey all legal norms, this obligation must be content-independent in nature: it obtains due to the status of a norm as a legal norm of a jurisdiction with suitable legitimating features, rather than because of the norm's specific content, i.e., because of the moral value of the action that it prescribes.

In Sections IV and V that form the bulk of this chapter's substantive argument, I will address P2. In Section IV, I will argue against the view that there is a content-independent obligation to obey law by drawing a distinction – borrowing from Stephen Darwall's work – between

moral reasons and moral obligations. I show that while we may have content-independent *moral reasons* to obey the law, there is no content-independent and general *moral obligation* to obey the law.

In Section V, I will demonstrate that our moral obligations to obey law are content-sensitive. We have moral obligations to obey those legal directives that prescribe the performance of morally required actions. Whether or not an action prescribed by a given directive is indeed morally required, such that the non-performance of this action would be blameworthy, depends fundamentally on the content of the directive in question and its application to a given case.

Having proven P1 and P2, conclusion C follows – there is no general moral obligation to obey the law. This conclusion is a necessary precursor for the care ethical account which will be developed in the remainder of the thesis.

II. The Requirements

To meaningfully enter the debate around political obligation, we must first ask what a successful account of political obligation must prove. Leslie Green outlines a widely-used list of requirements that must be satisfied by any theoretical account that seeks to justify the existence of the obligation to obey the law. For Green, any successful account of political obligation must show that we owe a (1) moral, (2) content-independent (3) binding obligation to obey the law that is both (4) particular (owed by a citizen to the laws of their own state) and (5) general (all citizens have a duty to obey all laws).[39] These requirements have been deemed to be individually necessary and jointly sufficient conditions for a successful defence of the claim that there is a general obligation to obey the law.

Now, in the course of this thesis, I will analyse these requirements closely to show that our moral obligation to obey the law cannot be either content-independent or general. Given this result, it is my view that an account can be a 'successful' theory of political obligation without satisfying all of Green's requirements.[40] An account of political obligation must instead take a

[39] Green 1988, 225-228.

[40] Note that Green's list gives an adequate set of standards of success for an argument that wants to show that law is binding *per se*. If one is aiming to show that the law is binding *per se* because of its status as law, then the requirements as elucidated by Green are indeed necessary and jointly sufficient. This thesis contends, however,

different route from the one suggested by Green. It must not seek to explain the grounds of a general content-independent obligation to obey the law. Instead, it should aim to elucidate the conditions under which non-general and content-sensitive obligations to obey the law are obtained. Specifying these conditions should be the goal of a sound theoretical endeavour on political obligation.

The first requirement in Green's list is that the obligation to obey legal norms must be a moral obligation. There are several instances where citizens of a certain state will have reason to obey legal norms for merely prudential reasons: such as the fear of sanctions that would be levied against them for disobedience. These reasons do not speak to the core concern that philosophers who study political obligation are after – which is, whether or not the state exerts legitimate *de jure* authority over its citizens. To show anything meaningful about political authority, we must show that disobeying the law is blameworthy and obeying the law is morally required.

Apart from the morality requirement, theorists have held that the obligation to obey law must be a content-independent duty. For the obligation to obey legal norms to be content-independent, it must accrue by virtue of some property of law's *status* as a legal norm in a particular polity, rather than due to its content i.e., the merits or demerits of the action it prescribes. As Laura Valentini explains: "if the obligation to obey the law is content-independent, then it must continue to exist even if the contents of the law – i.e., the actions that are its object – vary, provided they fall within the bounds of moral permissibility."[41]

Apart from morality and content-independence, Green specifies that theories of political obligation must be able to show that the obligation to obey law is a binding moral obligation. This aims to capture the common view that some actions are special because they exclude from consideration certain otherwise valid reasons for non-performance of the action – "usually, and at a minimum, weak considerations of ordinary self-interest or convenience."[42] We must be able to show that the obligation to obey the law is a weighty moral obligation such that if P has

that law cannot be binding *per se* and thereby sees the goals of 'successful' theoretical accounts of political obligation differently.

[41] Valentini 2018, 141.

[42] Green 1988, 226.

a moral obligation not to do X, it is morally wrong for P to do X, despite the presence of other considerations in favour of doing X.[43]

The obligation to obey legal norms, it is held, must also satisfy the particularity requirement. A successful theory must be able to capture the intuition that a citizen owes an obligation to obey the laws of their *own state* rather than to the world at large.[44] As Richard Dagger explains:

> "Political obligations are not free-floating duties, like jellyfish that may attach themselves anywhere, but moral bonds to some particular group or entity – some state or government or polity – to which one has a special relationship."[45]

Any successful account of political obligation must be able to make sense of this special moral bond shared between a citizen and their own state, according to the particularity requirement.

Finally, successful accounts of political obligation, Green argues, must also be able to satisfy the criterion of generality. This is the requirement that the obligation to obey the law must apply to the entire body of laws of a polity, and must be owed by every citizen to this entire body of law.[46] In this sense, the generality requirement carries a two-fold meaning.[47] It is assumed that if a theory of political obligation is to be successful at the level of abstraction that the debate operates at, it must demonstrate that *all citizens* have a duty to obey *all laws*. It is this generality that makes the puzzle philosophically interesting for legal and political philosophers, as they are keen to make more general claims about the possibility of legitimate political authority and the normativity of law and legal systems through their accounts of political obligation.

The arguments developed in this chapter dispute the content-independence requirement (2) and the generality requirement (5) by contending that the moral obligation to obey law *cannot* be

[43] Bindingness has sometimes also been equated with exclusionary force of the kind that Raz suggests. Raz 1979 argued that the law gives us reasons that exclude from an agent's deliberation at least some of the reasons or considerations favouring or opposing a certain line of conduct. If the bindingness requirement is thought of in these terms, then it must be distinguished from weightiness. A reason may be weighty enough to outweigh other reasons without being exclusionary.
[44] Green 1988, 227.
[45] Dagger 2018, 26.
[46] Dagger and Lefkowitz 2021; Walton 2013, 7-9.
[47] Dagger 2018, 26.

either content-independent or general. Therefore, the theory presented in this thesis will not satisfy Green's content-independence and generality requirements; and by implication, the thesis thereby disputes the view that Green's list of requirements must all be satisfied by any successful account of political obligation.[48]

My account will instead cement the philosophical anarchist position by showing that there is no content-independent and general moral obligation to obey legal norms even in reasonably just polities. In fact, it develops an account of *a priori* philosophical anarchism by demonstrating that obligations to obey legal norms cannot be general or content independent.[49] Rather, as a matter of necessity, they are particular and content sensitive moral obligations that obtain in the context of some legal norms and in some factual scenarios and not others.

III. On the Obligation to Obey

I will begin by proving the initial proposition in my argument:

> P1: For a general obligation to obey the law to exist, the obligation must be content-independent and not content-sensitive.

P1 highlights a relationship between generality and content-independence: such that if a general obligation to obey the law exists, the obligation in question must necessarily be content-independent. Some preliminary analysis is needed to justify why this is the case.

A general obligation to obey the law is an obligation to obey *all* duty-imposing norms that a legal system imposes.[50] A theory that fails to show that citizens are bound to obey *all* duty-imposing legal directives of a given system (which may have some legitimising properties) would be "insufficiently general".[51]

[48] Note that Green himself thinks of this list as an "insoluble list" and provides an account that does not satisfy the first condition on generality or universality. Green 1988, 247 writes: "None of these principles will fulfil all five requirements of a theory of political obligation, but some will satisfy the first four, in which case the state will enjoy legitimate authority."
[49] Wolff 1970, 1.
[50] Kramer 2005, 180 writes the obligation to obey the law must be "comprehensively applicable in that it attaches to every one of a society's duty-imposing legal norms, rather than only to some subset of those norms."
[51] There is considerable ambiguity inherent to the generality threshold. Walton 2013, 7 argues that John Simmons has adopted different thresholds of 'generality' in his various criticisms of substantive defences of political obligation. It is therefore unclear whether a theory must show that there is an obligation to *obey* all laws or *most*

Now, if such a general obligation were to indeed exist, how might it be justified? It is unlikely that all the laws of a certain system will share any relevant content-based similarities. The norms of a given legal system will normally vary dramatically in content: each norm prescribing or prohibiting a different set of actions. If we are looking for a property that justifies a moral obligation to obey *all* legal norms, we must turn to features other than the norm's individual content. We must look to what these norms all share: i.e., the fact that they are all *legal* norms enacted by a given state. Therefore, if it is a general obligation to obey the law we are after, it would have to be justified by reference to some overarching property of law or legal systems.

This becomes further evident if we consider the opposite scenario. Suppose the obligation to obey the law were not content-independent, the obligation would thus be content-sensitive (or content-dependent).[52] This would mean that the obligation to obey the law would accrue towards only *some legal norms* and not others. This by definition contradicts the mandate of generality as elucidated by Green.

It may be pointed out that if there is a benevolent legislator in some legal system, who has made only laws that are morally obligatory on content-related grounds, then there is an obligation to obey each law in that system. And this obligation is both *general* (in that it exists towards each law) and content-dependent or content-sensitive (in that the content of the legal directives prescribe the performance of morally obligatory acts). However, in response to this objection note that for a truly general obligation to obey the law to exist in this system, it must be established that the obligation exists towards *every possible* legal directive that the legislator might enact – not just those directives that are presently in force. It is always conceivable that our benevolent legislator may enact a law which is morally abhorrent (or does not prescribe the performance of a morally mandatory act). We cannot show that a moral obligation to obey

laws. Walton writes: "even if a moral obligation to obey legal demands need not bind everyone, Simmons claims that it must nevertheless oblige "most (or at least many) citizens in most (or many) states, or "all or most typical citizens of decent states", or "most real citizens of real states", or "most persons in most states", or "(nearly all) citizens (and other subjects) of (nearly all) modern states", or "all (or most) citizens of typical or decent states." It is not clear which of these thresholds must be satisfied in order for a theory to successful satisfy the generality threshold – thereby leading to significant confusion.

[52] Adams 2017, 151 writes "a partly content-independent reason is just a content-dependent reason." I agree that content-sensitivity entails content-dependence (in that they are both the opposite of content-independence). I use the term content-sensitivity merely as a preferred term, and do not see it as distinct from content-dependence.

all legal norms would exist on these grounds regardless of the content of *any* possible directive that this legislator might prescribe in the future. Content-independence is required to give counterfactual robustness to the notion of a general obligation.

It would have to be the case that the sheer status of a norm as a legal norm in a given legal system endows it with moral obligatoriness.[53] The generality of the obligation to obey the law seems to *entail* its content-independence. And simultaneously, the alleged generality of the obligation presupposes its content-independence.

As it is clear that there is a close interrelationship between generality and content-independence (and conversely, between particularity and content-sensitivity), P1 is correct. We can thus preliminarily hold that for a general obligation to obey the law to exist, the obligation must be content-independent, and not content-sensitive.

Before I discuss P2, certain clarifications about other relevant properties of the obligation to obey the law are required. *First,* note that when I refer to the obligation to obey the law (whether general or particular), I will be referring to a moral obligation. In other words, I hold on to Green's morality condition. I will show that whether or not a moral obligation exists with respect to a given law depends on whether disobeying the law would warrant justified ethical censure or blame.

Second, and crucial for the discussion that will follow, is a distinction between *pro tanto* moral obligations and absolute moral obligations. While a *pro tanto* moral obligation is susceptible to being overtopped in stringency by conflicting moral requirements,[54] an *absolute* or *conclusive* moral obligation is not.[55] It has only very rarely been held that the obligation to obey is an absolute moral obligation. This far-fetched – and I think clearly incorrect view – will not occupy my attention in the chapter. I will take those who defend the existence of a general obligation to obey the law to be referring to *a pro tanto* obligation to obey the law.

[53] Therefore, as Valentini 2018 notes, a general moral obligation to obey the law can be said to exist only by virtue of the sheer status of norms as legal norms in a certain polity.

[54] Kramer 2014, 10 explains the notion of overtopping as follows: "An overtopped moral obligation is not cancelled or superseded or suspended by the overtoppingly stringent moral obligation(s) with which it conflicts; rather, it retains its full force as such. It is exceeded in importance or stringency by the obligation(s) with which it clashes, but it continues to impose its requirements."

[55] Kramer 2014, 7-9 distinguishes further between two senses of the term "absolute". Kramer shows that while weak absoluteness is exceptionless, strong absoluteness is not only exceptionless but also invariably conclusive.

Therefore, whenever I refer to a general obligation to obey the law, readers should note that what is being discussed is a *pro tanto* moral obligation to obey the law. It is this kind of obligation that will be the subject of our discussion and in turn, the object of my criticism.

I will show that it is not the case that we have a *pro tanto* moral obligation to obey all duty-imposing legal norms. Rather, there is no (and can be no) *pro tanto* moral obligation to obey the law in the first place. It is this very idea – which is sometimes erroneously taken as the starting point by legal and political philosophers in their analyses of political obligation – that this chapter disproves.

IV. The Obligation to Obey is Not Content-Independent

Beginning now with the substantive argument of this chapter, let us deal with the claim encapsulated in P2:

P2: Our obligations to obey law are not content-independent, but content-sensitive.

I first prove that the obligation to obey the law *is not content-independent* (here in Section IV) and then show that these obligations are in fact *content-sensitive* (in Section V). Taken together, these claims demonstrate the correctness of P2 and P1 and P2 together thereby entail the conclusion that no general obligation to obey the law exists.

1. On Content-Independence

To show that the obligation to obey the law is not content-independent, we must first discuss what content-independence entails. Content-independence has been a subject of interest for philosophers even outside the domain of political obligation. The fundamental idea behind content-independence is that certain utterances – like commands, or requests, or promises – can create reasons for action irrespective of the content of these commands, requests, or promises.[56] Think of promises. Suppose A promises B to visit them on Sunday but simply does not feel like making that visit when Sunday arrives. In such a case, A has a content-independent reason to visit B because A *promised* to do so. B may say, "but you promised you would" –

[56] Adams 2017, 147 further clarifies that content-independence applies only to reasons that have containers as constituent parts. This is worth keeping in mind when discussing content-independence.

and this would count as a reason for A to in fact make the visit. Such reasons are paradigmatic examples of content-independent reasons. [57]

Or think of reasons that function as commands. When a teacher tells a student to stop talking in the classroom and the student asks "why?", the teacher may simply say (or imply) "because I told you so". In this case, the teacher appeals to their authority over the student rather than the advantages of keeping quiet in class. The teacher creates a reason for the student to keep quiet by their command, rather than appealing to a reason for being quiet that already exists. This shows that the teacher presumes to have the authority or power to give instructions to the student that are content-independent reasons.

Content-independence has been defined in various different ways. Hart defines content-independence as a property of a command that "is intended to function as a reason independently of the nature or character of the actions to be done".[58] Stefan Sciaraffa argues that Hart draws from Paul Grice's distinction between natural and non-natural meaning in advancing this definition.[59] In pursuance of this distinction, Sciaraffa clarifies that "an agent has a content-independent reason to ϕ if and only if someone's intent that she ϕ is a reason for her to ϕ".[60] In a slightly different vein, Joseph Raz writes that "a reason is content-independent if there is no direct connection between the reason and the action for which it is a reason."[61] If Raz is correct, we need to think carefully about what a direct connection is in this context, and what connections count as being indirect.[62] N.P. Adams notices this complexity and seeks to further clarify what content-independent reasons are. He writes:

> "A command is a speech act that has referential content; its content is the act that it refers to. To say that a command is a content-independent reason to obey is to say that

[57] To clarify, note that the existence of a promise is a moral matter as well as an empirical matter. A morally evil promise is not a *genuine promise* (in the moral sense). Obligations imposed by promises are thus content-independent only within the bounds of moral permissibility. They are not genuine promises (in the moral sense) when outside the bounds of moral permissibility and outside of these bounds, they do not impose any genuine moral obligations upon promisors.
[58] Hart 1982, 254–255; Hart 1958.
[59] Sciaraffa 2009. Unlike statements with natural meaning, statements with non-natural meaning provide the hearer with a "particular kind of reason to form some belief or perform some act A, namely the intention of the agent who uttered the statement that they form that belief or perform that act." See Dagger and Lefkowitz 2021.
[60] Sciaraffa 2009, 234.
[61] Raz 1986, 35.
[62] Adams 2017, 146.

> its status as a reason to obey depends on features of the container (the speech act), not on features of the content (what the speech act refers to)."[63]

Adams points to a helpful distinction here – between the container and the content to elucidate the notion of content-independence.

Despite significant ambiguity about content-independence, one thing seems clear: content-independence is a property of *reasons.* Theorists have relied on the notion of content-independence to show that some reasons accrue because of a norm's status, rather than because of its content. The role of these reasons is normative: they bear on how an agent reasons and how agents ought to reason practically when faced with the question of whether to obey legal directives. Content-independence is therefore useful in distinguishing between reasons that accrue independently of the nature or character of the actions to be done, and reasons that accrue due to the character of the action prescribed.

However, the debate on the existence of a general obligation to obey the law is so complex because it does not deal merely with reasons. Instead, it deals with the fully deontic notion of a *moral obligation.* While connected, these are distinct conceptual categories that have sometimes erroneously been conflated in the literature. Adams acknowledges this by noting:

> "The debate over political obligation is so difficult in part because it is about not just whether laws constitute content-independent reasons to act, which they often do in a variety of ways, but whether we have a general content-independent obligation to obey."[64]

To answer this latter question of whether we have a general obligation to obey, we cannot, therefore, merely ask whether or not the law gives us content-independent reasons for action. Some additional analysis will be required to move from the realm of reasons to the zone of moral obligations. It is this gap – that has often been overlooked in the literature on political obligation[65] – that I hope to address through the arguments presented in this chapter.

[63] ibid, 147.
[64] ibid, 152.
[65] But see Kramer 1999, 271-274 who draws attention to the difference between non-deontic moral reasons and moral obligations in his writings on political obligation. Raz 1979, 237-249 also makes reference to this distinction in his discussion on the obligation to obey the law. He writes (Raz, 238) that we at best have an "ordinary prima facie reason to obey, not a pre-eminent reason amounting to an obligation, to a recognition of the authority of the

My aim is to bridge the gap from reasons to moral obligations by pursuing the following three lines of inquiry. *First,* we should ask whether the law provides content-independent reasons at all. *Second,* even if the law provides us with content-independent reasons-for-action, we need to ask whether these are moral reasons. And finally, even if the answers to both these preceding questions are in the affirmative, a *third* question arises: even if we have content-independent moral reasons to obey the law, does this mean that there is a content-independent moral obligation to obey all legal norms?

I will show that while the answer to the first two inquiries is in the affirmative, the answer to the final question is in the negative. The law does indeed give us content-independent reasons. These reasons may also sometimes be moral reasons to act. However, none of this proves that there is a content-independent moral obligation to obey all legal norms in a given polity. This paves the way for the conclusion that our moral obligations to obey laws are necessarily content-sensitive.

2. Reasons to Obey the Law

Let us begin with our first two inquiries mentioned just above. Does the law provide content-independent reasons-for-action? And if so, can these reasons sometimes be moral reasons? We will see that the answer to both these inquiries is in the affirmative.

With regard to the first (more straightforward) determination, I agree with most legal philosophers in that the law does indeed give us content-independent reasons-for-action. After all, we often obey legal directives for reasons that have to do with the fear of disobedience: that is, that we may face sanctions if we do not comply with the law. These reasons are content-independent. They have to do with the fear of disobeying law *per se* (a property of any legal norm) and not the content of a particular legal norm.

While the law clearly gives us content-independent reasons, this fact does not in itself tell us anything conclusive about the moral obligation to obey the law. To determine whether or not

law." While other authors occasionally acknowledge this distinction in their writings, it has not been thoroughly unpacked within the context of political obligation in the manner that I intend to explore.

there is a content-independent moral obligation to obey all laws, it seems the more appropriate question to ask is whether some of the content-independent reasons that the law provides us with are moral reasons. After all, the obligation to obey is a *moral* obligation and therefore, it would seem that for a moral obligation to obey the law to exist, we should start by asking whether there are content-independent moral reasons for obedience.[66]

To establish that such reasons do indeed exist, consider the taxonomy of reasons given below:

Fig. 1

	Non-Moral	*Moral*
Content-Dependent	**A** CD Non-Moral Reasons	**B** CD Moral Reasons
Content-Independent	**C** CI Non-Moral Reasons	**D** CI Moral Reasons

In Fig. 1, I have classified the *reasons* to obey the law into the following four categories: content-dependent non-moral reasons, content-dependent moral reasons, content-independent non-moral reasons, and content-independent moral reasons.

The first row in Fig.1 deals with content-dependent reasons to follow the law: that is, reasons to follow or disobey a legal norm because of the merits or demerits of its content. These reasons bear the following structure:

[66] Note that I pursue this line of inquiry merely for argumentative purposes. It is my view that even if the law does give us content-independent moral reasons for action, this does not show that there is a content-independent moral obligation to obey the law.

> If D requires that A ϕ, and A ϕ s because A is convinced of the merits of ϕ-ing, A's reasons for obeying D are content-dependent reasons.[67]

The second row consists of content-independent reasons or reasons to obey the law because of its status as law. These reasons can be framed as follows:

> If D requires that A ϕ, and A ϕ s because of some reason which has to do with the fact that D requires the act, then A's reasons for obeying D are content-independent reasons.

Now, as seen in Fig. 1, these reasons can be further sub-divided as either moral or non-moral,[68] leading to the creation of four distinct reason-types. A closer examination of each group in our taxonomy clarifies the argumentative terrain.[69]

Group A consists of non-moral, content-dependent reasons. Though rarely discussed in the literature, these reasons can play a significant role in an agent's practical deliberation about the law. Suppose legal directive X determines that all citizens of country Y are prohibited from listening to music made by foreign artists. Ron hates foreign music as he finds it aesthetically unappealing. He only enjoys the music of his homeland. Ron's reason for obeying the law is content-dependent (in that Ron has a strong dislike for foreign music) and non-moral (in that it is motivated by an aesthetic dislike for certain kinds of music which lacks any moral basis). This type of reason qualifies as a non-moral, content-dependent reason of the kind discussed in Group A.

---

[67] The fact that A requires the action may still play some marginal role in the agent's practical reasoning in these cases. One way to think of this is that the fact that A is the law acts to trigger A's content-dependent reasons. The view that reasons provided by authoritative directives can trigger pre-existing reasons has been developed by David Enoch and will be developed in latter parts of this thesis.

[68] When I refer to "moral reasons" here I am referring to genuine moral reasons to act or refrain from acting in a given manner. I am not referring here to reasons that a given agent *may regard as moral* (but which may indeed be misguided), but to those moral reasons that are genuinely (by objective standards) which agents *should* give weight to in their practical reasoning. This is similar to Kramer's usage of the term in Kramer 1999, 273 wherein Kramer sees "moral" reasons in opposition to "unworthy" reasons; rather than merely in opposition to "prudential" reasons. As the discussion here is not about *why* people obey the law, but rather, when they *should* obey the law (i.e., when disobeying is blameworthy), Kramer writes we are interested in those non-prudential reasons to which agents *should* give weight to in the reason, rather than just those non-prudential reasons that they do in fact give weight to.

[69] The observation that an individual, P, has undertaken action X based on a reason of one type is compatible with the possibility that P has also performed X based on a reason of a different type. My argument does not assert that an individual, P, exclusively acts on the basis of a single type of reason as outlined in the taxonomy. P may indeed act on a combination of two or more types of reasons as delineated in the taxonomy.

Group B consists of moral, content-dependent reasons. Suppose agent A chooses to obey a law against sexual assault because they believe that sexual assault is grossly morally wrong. Now, sexual assault *is* morally wrong (objectively) and therefore, A's reason is a genuine moral reason. It is also a content-dependent reason in that A chooses to obey the law due to the fact that sexual assault is wrong – thereby obeying the law due to the merits of the conduct it prescribes. A's reasons for disobeying the law are based on moral considerations and are content-dependent. They would thus be classified as Group B reasons.

Now, proceeding to Group C and D, these refer to content-independent reasons to follow the law – that is, reasons to follow the law *qua* law (reasons that accrue due to the norm's status as a legal norm in a given legal system, rather than because of the merits or demerits of the action that the norm prescribes). These content-independent reasons can also be further divided into moral and non-moral reasons.

Group C refers to non-moral, content-independent reasons. Suppose Sana lives in a country occupied by fascist dictators that often use violence against those who disobey the law. Sana obeys the laws of the land because she is afraid of the repercussions of disobeying the law. In this case, Sana's reasons are content-independent as they arise out of the fear of violence that she would face for disobeying laws in general. The content of an individual legal directive is irrelevant for Sana: she will obey all laws (irrespective of their content) as she fears violent sanctions for disobeying.[70] Now, note that Sana's reasons are also clearly not moral reasons as Sana's actions are motivated by the fear of a fascist dictator and an unjust state. Her reasons thus qualify as Group C reasons.

Now, Group C reasons, though content-independent, are not the kinds of reasons that are most relevant for our discussion. As discussed earlier, the obligation to obey the law is a *moral* obligation to obey law *qua* law. Therefore, we are most directly concerned with reasons of the fourth type: content-independent reasons, that are simultaneously moral.

[70] Conversely, if a certain duty-imposing norm requires that A ϕ, and A ϕ s because A believes they will be given a reward or praised for obeying the law, this is also a content-independent reason. This reason would persist even if the content of the law were to be changed as the benefit or reward comes from the fact that a legal norm has been obeyed, irrespective of the content of that norm. This desire for blind social validation for obeying legal directives, irrespective of the content of these directives, may be a reason-for-action in the mind of agents, but is certainly not a genuine *moral* reason.

Group D consists of content-independent moral reasons-for-action. In her recent article, Laura Valentini persuasively argues that if such reasons are to exist, they will have to result from some aspect of law's *procedural properties.*[71] Reasons that concern law's procedural properties point to properties that consist in the law being the product of some valuable procedure (e.g., democracy or consent), and not instrumental properties, i.e., properties concerning the effects of complying with the law (such as fairness).[72] We may sometimes obey legal norms, it seems, because of the inherent goodness of the procedure by which these norms are enacted. These reasons are simultaneously content-independent and moral.

Thomas Christiano's democratic theory of political obligation also points to this type of reason. For Christiano, it would be disrespectful to fellow citizens not to defer to their view if they have gained a majority, at least as long as what they have decided falls within the scope of reasonable moral disagreement.[73] This shows us that the procedure by which legal directives are put into force (for instance, democratic procedure) could provide agents with content-independent reasons that are simultaneously *moral.* If there are some genuine merits to the political process by which laws are enacted, this could provide genuine Group D reasons of the type elucidated in our taxonomy.

Now, imagine that Meher is a citizen of a democratic state. She disagrees with a law in force in her country that requires her to apply for a national identity card to prove her citizenship. Meher thinks that the process in place to apply for this card causes unnecessary hassles for citizens. The national identity card system – it has been reported – is also being used to particularly identify nationals who belong to a minority ethnic group and it is suspected that the ID cards are a means through which the group will be stigmatised. Now, while this is the case, Meher also believes that as the parliament has been democratically elected, citizens must comply with legal directives to ensure that the sanctity of the democratic process can be maintained. We may further add that Meher's belief here is justified: there is some genuine moral reason to uphold the democratic process in Meher's country as the democratic process

[71] Valentini 2018, 156-7.
[72] ibid. This is because reasons that have to do with law's instrumental properties exist depending on the content of the given legal norm. Obeying norm X may be imperative in order to for the law to perform some essential function, but obeying norm Y may not be. This is a content-sensitive determination and not a content-independent one.
[73] Christiano 2008.

here generally serves some valuable political goals. Thus, if Meher chooses to obey the law in order to preserve the sanctity of democratic process, Meher's reason here is both *content-independent* and *moral.*

Now, it may seem that the fact that Group D reasons are both content-independent and moral provides an argument in favour of the view that there is a general moral obligation to obey legal norms in reasonably just systems that have legitimate or valuable political procedures in place. After all, I concede that we have content-independent and moral reasons to obey the law in these states. Should it not follow that there could be a content-independent, moral obligation to obey legal norms?[74]

I will show that the existence of content-independent moral *reasons* to obey the law (which I concede exist) does not entail that there is a content-independent moral *obligation* to obey the law. This is demonstrated by appeal to a distinction that has often been overlooked in the philosophical literature on political obligation: the distinction between non-obligatory moral reasons on one hand, and moral obligations on the other.

3. Moral Reasons and Moral Obligations

Tara is throwing a surprise birthday party for her friend to cheer her up after a rough couple of weeks at work. She is going out of her way to do so: taking time off work and her daily caregiving responsibilities in order to do something special for her friend. While Tara should be praised for throwing her friend a birthday party, it certainly cannot be said that such a gesture is *required* of her. If Tara were to refrain from throwing her friend a party, it would not be justified to blame Tara. This is because while Tara may have *moral reasons* to throw her friend a birthday party, she is not under a state of moral requirement to do so.

To see the difference between moral reasons and moral obligations, we thus just have to think of supererogatory deeds of the kind stipulated above. With supererogatory deeds – that are

[74] In a recent article Klosko argues that Group D reasons of this sort are *scope limited:* they are unable to justify an adequate range of laws (Klosko 2023). I agree with his claim about the limitations of content-independent moral reasons but diverge from Klosko in his eventual attempt to defend a theory of a general obligation to obey the law (albeit one that rethinks the notion of content-independence). My argument is that there can be no general obligation to obey the law in a content-independent sense, and that no theory, even the hybrid, multi-principle kind that Klosko suggests, provides an adequate defence.

"above and beyond the call of obligation",[75] there are compelling moral reasons to perform certain actions, but non-performance of these actions would not warrant justifiable blame. This demonstrates that there is an important difference between *moral reasons* on the one hand and *moral obligations* on the other.

However, note that reasons to perform supererogatory acts are only examples of a wider class of non-obligatory moral reasons. It is not always supererogatory for someone to act on moral reasons that do not amount to moral obligations. Let me illustrate this by help of a further example. Consider a scenario where Amar's friend Alan faces an accusation of sexual assault, and Amar is requested to provide a character certificate in Alan's favour. Now imagine that Amar refuses to provide said certificate due to the severity of the crime and the insufficient evidence supporting Alan's innocence. In such a case, while Amar may possess moral reasons to support his friend, Amar's decision will not be blameworthy. Amar, by choosing not to assist his friend, would not be morally wrong (even though there may be moral reasons to indeed extend such support). This demonstrates that while we may have some moral reasons to ϕ in a given case, this does not entail that there is a moral obligation to ϕ.

These illustrations show that there is a difference between the categories of moral reason and moral obligation. What is the difference, though? To begin with, let us clarify what a moral reason is. Moral reasons-for-action are factors of affirmative weight in practical deliberations about the morally correct code of conduct.[76] They are reasons to act in a certain manner that is genuinely morally valuable or praiseworthy: they represent, as Kramer tell us, "the demands of a sound moral precept or the aspirational pull of a sound ethical ideal".[77] Moral reasons feature most routinely in agents' practical deliberations and help them navigate choices in their daily lives: what *should* I do? What is the *morally correct* course of action?

Now let us now turn to moral obligations. Moral obligations are indeed types of moral reasons. However, they are "distinguishable from any moral reasons-for-action that involve mere *commendability,* rather than *requisiteness*."[78] As Kramer states, "a state of moral requirement obtains when failure to act or forbear from acting is morally wrong and deserves ethical censure

[75] Darwall 2013, 182.
[76] Kramer 1999, 271.
[77] ibid.
[78] ibid.

/ other penalties".[79] Moral obligations thus prescribe actions that are morally required. They represent what we owe one another in the course of our collective living.

In a series of writings on the subject, Stephen Darwall compellingly explains the distinction between the category of moral reasons and that of moral obligations. Moral obligations concern what morality demands of us and what, Darwall argues, we can justifiably be held accountable for doing. This accountability, for Darwall, is understood as what representative persons or members of the moral community have the authority to demand that we do.[80] Moral obligation is thus second-personal in its character,[81] in that it is tied to the interpersonal dynamics of justified ethical censure from members of the community.

This second-personal character is accurate as, in our daily lives, when we hold that someone has a moral obligation to act in a specified way, we are entitled to hold them accountable and blame them for failing to so act. I may reasonably ask my partner: "how could you not pick up my phone call?" Such a statement implies that there is in fact a moral obligation that my partner has (or partners have more generally towards one another) to be reasonably available for one another via phone calls. My partner may then proceed to say: "I was busy" – which is an excuse that may be valid. But the fact that my partner has to give me this excuse, proves that there was in fact a moral obligation in the first place. Thus, moral obligations are tied to reactive attitudes of censure or blame that are warranted for the performance or non-performance of certain actions. As per Darwall, then, if a moral obligation to ϕ exists, not ϕ-ing would be blameworthy without adequate excuse.[82]

Defining blame further, Darwall draws on Strawson's *Freedom and Resentment*. He writes:

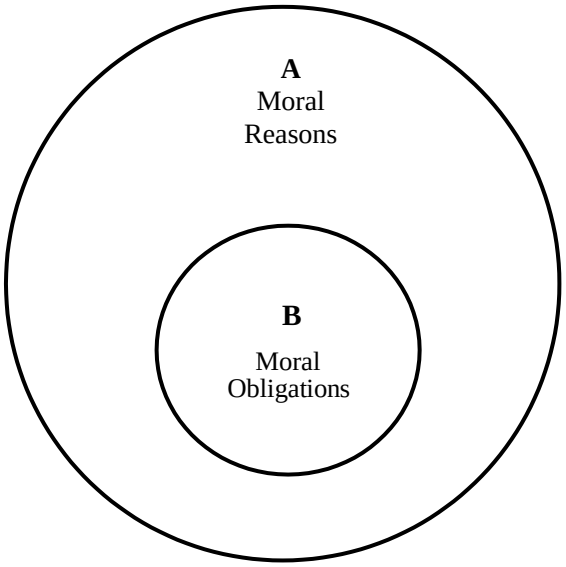
> "Blame, in this context at least […] is a Strawsonian reactive attitude through which we hold the object of blame accountable and implicitly address a demand to them to take responsibility for their action and hold themselves accountable, for example, through self-addressed blame in feeling guilt."[83]

[79] ibid.
[80] Darwall 2013, 168.
[81] ibid.
[82] ibid.
[83] Darwall, 2017, 5; Strawson 1968; Darwall 2006.

Non-performance of a morally obligatory act must thus *warrant blame* from any representative member of the moral community: where reactive attitudes such as blame on the part of any representative member of the community (and guilt on behalf of the agent) would be suitable responses.

The relationship between moral reasons and moral obligations thus reflects a unique conceptual relationship which can be clarified as follows:

Fig.2



In this case, B is a subset of A. This means that while all moral obligations are moral reasons-for-action, the converse is not true. Not all moral reasons for acting or not acting in a particular way entail the existence of a moral obligation to so act. Some reasons-for-action are non-obligating moral reasons.

There are only certain cases – therefore – where moral reasons-for-action amount to moral obligations. What are these cases? Darwall tells us that the failure to act on a moral reason or on a group of moral reasons to ϕ, would only amount to the violation of a moral obligation, if

failing to ϕ would be *blameworthy*. Whether or not an action is *blameworthy* in this sense depends on whether an agent can justifiably be blamed for not doing it (without excuse).[84]

Darwall is correct in noting that the very notion of moral obligation has an interpersonal or second-personal character. When we hold someone accountable for the performance of a moral obligation, someone (either a real person or a representative agent) blames the agent for non-performance of a certain action and the agent will duly feel some feelings of guilt knowing that they have committed a blameworthy action.[85] Tara, in our earlier hypothetical, cannot be justifiably blamed for not throwing her friend a birthday party (though she may be praised for doing so). This shows that her actions were not morally mandatory at all.

I therefore adopt the view that the social mechanisms of accountability – whether or not an agent can face justifiable ethical censure for non-performance of a certain action – determine whether or not the agent has a moral obligation to perform this action. Accountability and blame, understood in a second-personal Darwallian way, are central on my account to the very notion of a moral obligation. Therefore, in reference to Fig. 2, I suggest that: A + warranted ethical censure = B.

Some theorists have adopted a view opposite to Darwall's: arguing that moral obligations are merely the result of a balance of some kinds of reasons. These views could take either of the following two routes.

First, it may be argued that if our moral and non-moral reasons are balanced against each other and if some action is recommended on the balance of reasons (after determining in which way the balance would tilt), there is indeed a moral obligation to perform this action.[86] On this view, the moral obligation to obey the law would be a result of Group A, B, C, and D reasons. The determination of whether or not the obligation to obey the law exists, and what the weight of this obligation is, would depend on whether the moral reasons for obeying the law outweigh the reasons against obeying the law.

[84] Darwall 2017, 18. Note that this is importantly distinct from the mere adoption of reactive attitudes of blame. For an action to be morally obligatory, it must be the case that an agent can be held *justifiably* accountable for non-performance.
[85] For Darwall 2013, 40 anyone with psychic capacities necessary to enter into relations of mutual accountability – i.e., anyone with Darwallian second-personal competence – can be held accountable, and authoritatively hold other members accountable. Accountability could be via either a moral community or individual authority.
[86] Jonathan Dancy adopts this view in Dancy 1993.

If moral obligation is understood in this way, it could seem that merely because of the existence of Group D reasons which are indeed content-independent moral reasons for obeying the law, there exists a *pro tanto* moral obligation to obey the law *qua* law (at least in states that are reasonably just). It may seem that the existence of Group D reasons is equivalent to the existence of a *pro tanto* moral obligation to obey the law because of its status as law.

The error with this approach is that there is a crucial difference between a *pro tanto* moral obligation on the one hand and a moral-reason-for-action on the other. Let me illustrate this further with an example. Laila, a mother to a young girl Lenny, gets a raise in her salary. With the extra money obtained through the raise, Laila decides to buy Lenny an expensive mobile phone. Lenny has wanted this mobile phone for a while now and it can help Lenny with some of her schoolwork, and to keep in touch with her friends. Now, we may say that Laila has some moral reasons to procure this phone and gift it to her daughter. The phone could be useful, for instance, with Lenny's educational and cultural activities and can contribute to Lenny's wellbeing. Laila can also comfortably afford this purchase on her new salary. As a result, we may say that once all relevant reasons have been considered, the balance of reasons favours buying Lenny the phone. However, suppose Laila chose to not purchase this phone for Lenny and instead invest her money in a bank account, Laila's actions would not be *blameworthy* in that any ethical censure is warranted against Laila. It would be outlandish to hold Laila accountable for not buying her daughter a lavish gift: an act which is very much subject to her discretion. Therefore, in asking whether or not there is a moral obligation to ϕ, the crucial question is not whether there is a particularly weighty set of moral reasons that recommend ϕ-ing but whether not ϕ-ing would attract blame.

In the context of the obligation to obey the law, as I will elaborate upon subsequently in this chapter, we may have a moral reason to obey the law out of respect for a democratic procedure. But that does not make it the case that disobeying an *unjust* directive in a democratic state is blameworthy at all. In fact, obeying an unjust directive in a democratic state warrants praise rather than blame. Therefore, even if there is a moral obligation to obey a given legal directive on a balance of reasons, there is no general moral obligation to obey law *qua* law.

Second, it may be argued that moral obligations result from a particular kind of balancing of reasons: exclusionary reasons and non-excluded reasons. Joseph Raz argued that some reasons are exclusionary: they are *negative, second-order* reasons.[87] First-order reasons are reasons to ϕ whereas second-order reasons, for Raz, are reasons to act for a reason or refrain from acting for a reason.[88] Now, certain second-order reasons are also exclusionary in that they exclude other reasons from the ambit of consideration. Raz writes: "the fact that an authority requires performance of an action is a reason for its performance which is not to be added to all other relevant reasons when assessing what to do but should exclude and take the place of some of them".[89] Some reasons, Raz tells us, are not merely content-independent but also exclusionary; such that reasons excluded by them ought to be disregarded in the weighing process that leads to the final judgment as to what one ought to do, so that only exclusionary and non-excluded reasons would be in the balance. It could be argued that the notion of exclusionary reasons might be invoked to get from the realm of moral reasons to moral obligations. The obligatoriness of a moral reason, one might claim, is to be understood as an instance of exclusionary force.

But this view that obligatoriness can somehow be explicated as exclusionary force is misguided. Even if we accepted that a law has exclusionary force (as opposed to merely claiming it) in a given case, it might still be the case that the exclusionary reason provided by that law does not amount to a moral obligation understood in the Darwallian sense. Suppose Raz is right to claim that a red traffic light is an exclusionary reason for stopping. This still does not show what we have a moral obligation to stop at the red light, as there will be instances where to cross the red light is certainly not blameworthy.[90] Therefore, even if laws provide agents with exclusionary reasons for action that exclude some first-order reasons in the course of practical deliberation, this does not imply that agents are *morally obligated* to obey those

[87] Adams 2021, 237.
[88] ibid; Raz 1999, 39.
[89] Raz 1986, 46.
[90] This can be seen from the fact that advice from an expert typically constitutes an exclusionary reason for acting in compliance with the expert's advice, yet it only rarely imposes a moral obligation to follow the advice (such that a failure to act on that advice would constitute a moral wrong). As Darwall 2010a, 267 argues in his critique of Raz's theory of authority, " The fact that I would do better in complying with the prudential reasons concerning provision for my retirement if I were to put myself in the hands of a financial expert…, cannot establish that I actually am answerable to her or that she has any standing to hold me to account for complying with her directives." The absence of justified blame for non-compliance with this type of expert advice illustrates that there can be exclusionary reasons to act in a certain manner without there necessarily being a moral obligation to do so.

laws. The category of moral obligation is a deontic category which is not coextensive with the normative realm of reasons.

All this is a way of saying that moral obligations are what morality requires or demands, not just what there are moral reasons for doing, however weighty or conclusive these reasons might be, or whether they are exclusionary reasons or not. Those who think that moral obligations can be thought of as resulting from a balance of moral reasons (of any of the two types discussed herein) miss the crucial relationship between the notion of moral obligations and accountability.

Now what does this all mean for our discussion of political obligation? The first thing this conceptual distinction shows us is that there is a distinction between moral reasons to obey the law *qua* law (content-independent moral reasons in Group D) and the moral obligation to obey the law. As discussed earlier, we do sometimes have moral reasons to obey legal directives because of their status as legal directives. If we live in democratic societies, and believe that democratic political arrangements are just, then we would, for instance, have some good reasons to obey the legal directives issued by democratic states merely because of their status as legal directives (rather than because of the content of these directives).

However, the mere existence of Group D reasons does not demonstrate that there is a content-independent moral *obligation* to obey the law. There can be cases where obeying a legal directive would be commendable, but disobeying the directive would not be blameworthy.[91] Therefore, if theorists adopt arguments that hold that the existence of Group D reasons entails the existence of a moral obligation to obey law *qua* law, they are missing a step in their analysis.

A general moral obligation to obey legal norms can only exist if disobeying legal norms, irrespective of their content, invariably warrants blame or ethical censure. I will show that ethical censure is not warranted for every instance of disobedience. Rather, whether or not ethical censure is warranted is a content-sensitive determination.

V. The Obligation to Obey is Content-Sensitive

[91] Or there may be cases where it would be neither commendable nor morally wrong to obey the law.

I now show that obligations to obey legal norms are content-sensitive moral obligations: they exist only in the case of some legal directives, and not others.

A good place to start is a classic example in the literature on political obligation: the case of jaywalking.[92] Suppose Joe, who is the resident of a reasonably just, democratic state, jaywalks on a clearly empty street. He makes sure to double-check that there are no cars or pedestrians in the vicinity, and only after a careful and thorough observation of his surroundings, he decides to jaywalk. Joe jaywalks (as members of his town often do on empty roads) – and no one knows or notices that he has done so, and he has certainly not harmed anyone in his act of crossing the road. Now, if Joe lives in a country that has some laws which prohibit jaywalking, we must ask: has Joe violated any *moral obligation* by his actions?

The reason that Joe's actions are not blameworthy in this instance is because Joe has not harmed any one or caused any adverse consequences due to his minor transgression. Members of a representative moral community would thus have no reason to blame Joe. Furthermore, if a representative moral person or community tried to hold Joe accountable for his action, their blame would not be justified as there has been no adverse consequence at all. Considering that Joe made sure to check that there were no cars on the street while he walked across, and has evidently caused no harm by his actions, ethical censure or moral blame thus hardly seem justified.

As Joe's action is not *morally blameworthy* considering the facts of the case, it is not the case that Joe has violated a moral obligation. Granted, Joe may still have some moral reasons to follow the law on jaywalking: perhaps because the law is enacted by a reasonably just state with a democratic procedure in place. But the fact that it would not be justified to *blame* Joe or hold him to be an object of ethical censure for what was a clearly harmless, and often culturally accepted, action shows that there is no moral obligation to refrain from jaywalking when on evidently empty streets.

Another way to test this is to think about when guilt is warranted for disobeying legal directives. Darwall draws particularly from Alan Gibbard to clarify moral obligation's association with

[92] Kramer 1999, 285-7; Edmundson 1998, 48; Klosko 2023, 39.

the reactive attitude of guilt.[93] According to Gibbard, "what a person does is morally wrong if and only if it is *rational* for him to feel guilty for having done it, and for others to be angry at him for having done so".[94] Gibbard's point can be illustrated from the case of promises. If a promisor fails to adhere to a commitment they have freely and voluntarily undertaken, it would be rational for them to feel guilt for the breaking of their promise (even if their actions are otherwise justified or excused). Similarly, the anger of the promisee towards the promisor (or the anger of other members of the community) would be justified due to the voluntary nature of promissory undertakings. As the promisor's guilt is rational and the promisee's anger seems warranted, this shows that failing to adhere to a promise is morally wrong *per se*.

On the contrary, there is no similar association of guilt attached to every instance of disobeying legal directives. A citizen who jaywalks on a clearly empty road with no other person in the vicinity should not feel any guilt for their actions. Any sense of guilt they experience would be irrational and unfounded, considering they have caused no harm through their actions, and no one has witnessed them jaywalking.[95]

Now suppose the legal directive at stake was not the prohibition of jaywalking but another directive T. T requires that all citizens pay taxes proportionate to their income and penalises those who violate this law. An extremely wealthy industrialist disobeys T merely because he does not believe that progressive taxation is morally legitimate.[96] The industrialist could be blamed here for disobeying T because he refuses to do his fair share in contributing to the revenue of the state by means of taxation and helping people meet their basic needs.

Notice that the difference between the 'jaywalking case' and the 'taxation case' is simply that we are dealing with two distinct legal norms with different content. Whether or not blame is warranted depends crucially on the content of the directive being disobeyed, and on whether the action that the norm prescribes is morally required in a given case or not.

[93] Darwall 2006, 93.
[94] ibid; Gibbard 1990, 42.
[95] Unlike the case of promises discussed above where there is a promisor and a promisee, the jaywalker's actions do not affect anyone adversely.
[96] Think of an industrialist who is wealthy enough that their failure to pay taxes is detectable and has some adverse impact on the system.

This content-sensitivity is clearer still in the case of just regimes with grossly unjust legal directives.[97] When a just regime enacts an extremely unjust legal directive, the fact that the content of the directive is grossly iniquitous will mean that no ethical censure is warranted against those who disobey the directive. In fact, those who disobey the directive must often be met with praise – and a positive reactive attitude would be the justified response to acts of disobedience.

Think of cases wherein grossly unjust laws that persecute religious or ethnic minorities, or prescribe genocide or slavery, are disobeyed by citizens of what seems like a democratic state.[98] Here whilst there may still be some reasons to obey the law *qua* law (to respect some thin democratic procedure), there is evidently no moral obligation to obey such enormously unjust laws. Disobeying these laws would not be blameworthy, and to suggest to the contrary would be morally obtuse. In fact, citizens are duty-bound to disobey such laws and are not even at liberty (from a moral point of view) to obey them. The appropriate attitude for disobeying deeply unjust laws is not blame, but in fact praise or commendation.

Moreover, should an individual disobey an *unjust* legal directive, say compelling them to perpetuate racial discrimination or ethnic cleansing, the grossly immoral character of such laws absolves them of any obligation to harbour guilt for non-compliance. It is hardly intelligible to hold that a person who disobeys a grossly unjust law should both feel contempt towards the actions prescribed in the abhorrent directive, and feel guilt for disobeying the directive in question. A person who disobeys an unjust law should not feel culpable for any wrongdoing and instead, should be credited or praised for their actions. Therefore, as guilt is not the warranted response for every instance of disobedience, disobeying the law is not a moral wrong *per se*.

Now, in response to this argument on grossly unjust directives, Adams has argued that the fact that unjust legal directives do not morally bind can be explained as a content-independent feature. Adams suggests that such commands do not morally bind because when faced with such commands, citizens negatively evaluate the *source of the command* – the state. And

[97] All the arguments here would of course be stronger in the case of legal systems that are unjust in themselves: such as totalitarian or fascist regimes.
[98] I am referring to examples of states that adopt some version of electoral democracy but continue to enact grossly unjust laws.

because of this negative image of the source of authority or the state, they choose to disobey legal directives. Here, the "content is relevant, but only indirectly so".[99] He illustrates this by reference to an example:

> "In the case of egregious injustice, the problem is not just that this particular command is mistaken. Egregious injustices infect our assessment of someone's judgment on the whole. If the U.S. government were to repeal the Thirteenth Amendment, it would not be only that particular command that failed to bind. We citizens would then have excellent grounds for doubting the judgment of the government in future cases as well, not just in this case."[100]

Instead of defeating my argument, Adam's view – when understood correctly – is actually an affirmation of my argument so far. While content-based reasons may indeed influence our view of the source of the command, this pertains purely to the deliberative process in an agent's mind about whether or not a law should be followed. After all, Adams shows that content-independence can only be a feature of *reasons* that have containers as constituent parts.[101] While Adams's bifurcation between content-independence and dependence thus may be meaningful in the realm of reasons and practical deliberation as Adams contends, it is entirely meaningless when we are discussing the deontic notion of moral obligation.

The deontic concept of a moral obligation, as I have suggested, has second-personal character. When assessing whether or not a moral obligation to ϕ exists, we must ask whether failing to ϕ, without adequate excuse, could validly attract ethical censure or blame. In the context of the law, this means that if the content of a legal directive requires citizens to ϕ, there is a moral obligation to ϕ, if and only if, the non-performance of ϕ in a particular case would be morally blameworthy. My view is that a moral obligation is present only when non-performance of the action prescribed by a legal norm's content causes *some adverse consequence* and interferes with the law's ability to perform its core functions.[102] Whether or not disobedience will create such adverse outcomes depends on the content of the specific legal directive being

[99] Adams 2017, 152.
[100] ibid, 153.
[101] ibid, 147.
[102] Kramer 1999 takes a similar approach wherein he argues that only the violation of *some* legal norms, and not others, will cause these disruptive effects.

disobeyed.[103] The illustrations provided here clearly demonstrate that there is no general moral obligation to obey legal directives, even in reasonably just polities.

I will now address two objections that I anticipate can be levied against the argument that I have made so far. I aim to provide some pre-emptive responses.

1. *But Don't We Have At Least a General Pro Tanto Moral Obligation?*

The most intuitive objection to my view could be that it is merely a repackaged version of the standard view that prevails in the literature. The criticism goes that if it is the case (as I admit) that we have content-independent moral reasons to obey legal norms in reasonably just systems (reasons that have to do with democracy for instance), this is equivalent to saying that we have *overridable* moral obligations to obey these norms. Accordingly, if there is some legitimate moral reason why I am required to obey laws, then there is a presumption that I am *required* to obey which can be overridden or dissolved by the contents of given laws. We can simply hold that the obligation to obey the law is content-independent until it is defeated by content-dependent considerations.

There are two issues with this line of critique. *First*, note that my argument is not that there is a moral obligation to obey the law that can be overridden by content-based factors. Instead, I have defended the view that there is no general content-independent moral obligation to obey the law at all. Why is that the case? Because for a moral obligation to exist (whether *pro tanto* or not), it must be the case that the obligation has considerable moral weight. Just because a *pro tanto* obligation clashes with another obligation, this does not negate or suspend the *pro tanto* obligation; indeed, the *pro tanto* moral obligation still requires the performance of an action that is morally mandatory. Thus, in order to show that there is a general obligation to obey the law, one will have to prove that disobeying the law should *per se* be blameworthy on its own right.

[103] Whether or not blame is warranted involves an analysis of interpersonal dynamics and justified censure. An action will be blameworthy if it can be held that the person had conclusive reason *not* to do what she is blamed for doing. If a legal directive requires that A ϕs, and A disobeys the directive and fails to ϕ, A's actions would only be blameworthy if ϕing was morally required and conversely, a failure to ϕ would lead to some adverse consequence or negative impact. See Darwall 2006, 97-98.

Now disobeying the law is not blameworthy *per se* or on its own terms. Consider the case wherein a democratically elected state enacted a law that disallowed women from entering a religious place of worship, solely on the grounds that women are inferior to men.[104] The fact that the state is a democratic state may feature in an agent's reasoning (i.e., reasons to do with the fact that the will of the democratically elected government must be respected) and provide the agent with some content-independent moral reasons for obeying the law. However, even whilst this is the case and some women may generally want to uphold the good of democracy by obeying the law, if a certain woman chose to enter a place of worship and defy this clearly sexist and discriminatory legal dictate, this would not warrant any ethical censure or blame at all. Rather, this woman's act of disobeying the law would warrant praise and approval. The fact that women who disobey the law cannot be blamed shows that there is no moral obligation to obey the law in the first place.

It will not do, at this juncture, to respond by saying that a content-independent moral reason is equivalent to a *pro tanto* content-independent moral obligation. This is the trope of a *pro tanto* moral obligation cannot be used to diminish the moral weight of an obligation in itself. A moral obligation always requires the performance of a morally mandatory action – one whose non-performance, I have argued in Darwallian terms, warrants the reactive attitude of blame from members of a community.[105] The notion of a *pro tanto* moral obligation cannot be used to theorise away the very concept of a moral obligation and its association with blame.

John Simmons echoes a similar worry by arguing:

> "When a *prima facie* obligation is overridden, it is a real obligation which continues to have moral weight even while being overridden… Obligations, however, do not cease to be important simply because overridden."[106]

[104] The Supreme Court of India had to deal with the constitutionality of such a legal rule that prohibited the entry of women inside a temple shrine in India. See Indian Young Lawyers Association v. The State of Kerala.

[105] As Darwall 2017, 13 argues, we owe a moral obligation to perform an action, whether *prima facie* or actual, only when the non-performance of said action would be blameworthy *per se* without adequate excuse. It is not the case that disobeying a legal mandate is blameworthy *per se* such that justification can be sought about the "excuse" for violating the law. Rather, the fact that a directive is law does not confer upon the directive any degree of obligatoriness *per se* at all.

[106] Simmons 1979, 27-8. I am not committed to the view that the *prima facie*-actual distinction is never helpful as Simmons seems to be, but rather, take the more modest position that this distinction cannot be used to change the very force of the conceptual category of a moral obligation itself.

I agree with Simmons to the extent that the *prima facie*-actual distinction (or more aptly, the distinction between *pro tanto* and absolute moral obligations) should not be used to obscure important conceptual matters about moral obligation. Defending the existence of a general moral obligation to obey the law (whether *pro tanto* or conclusive) commits its proponents to proving that blame is warranted for disobeying laws *per se:* a feat which, as I have so far demonstrated, is inevitably unsuccessful. Hence, there is no moral obligation to obey all law *qua* law in any given polity (even if there are some moral reasons to respect democratic procedure). Therefore, far from affirming the standard position on political obligation, my view actually represents a wholesale reversal of the standard picture.

Second, and related to my response above, note that this line of criticism belies the same mischaracterisation about moral obligations that I have so far criticised. Suppose it was true that we have a *pro tanto* obligation to obey the law (in a reasonably just state), but that this obligation is overtopped in some cases by a more stringent moral requirement. If this obligation did exist, it would always be justified to demand an explanation from someone who violates the law and blames someone for disobeying a legal directive. But it is false to claim that violations of the law, even in reasonably just states, always give rise to this form of accountability. I do not, for instance, have standing to demand that someone I see jaywalking on an empty road explain to me why they were justified to break the law. We can thus distinguish between cases wherein a moral obligation to obey the law exists and cases in which a legal directive, though it may be a reason, does not amount to a moral obligation by asking whether we are entitled to demand a justification for the breaking of the law from the non-complying agent. The fact that this justification cannot always reasonably or justifiably be sought means that there is no obligation to obey the law even in reasonably just states.

A moral obligation only obtains when the directive prescribes the performance of some morally required action: such that the non-performance of this action would justify some blame and ethical censure. Therefore, in line with P2 which was initially laid out, we see that the obligation to obey the law is fundamentally content-sensitive.

2. *Doesn't This Contradict Widespread Beliefs?*

Critics may also argue that the problem with the view I have taken is that it contradicts widespread beliefs that people hold about the obligation to obey the law. This line of criticism is based on the claim that there is sufficient empirical evidence to show that people regard themselves as having genuine moral obligations to obey the law.[107] For instance, Klosko argues that "the existence of strong general feelings that we have political obligations . . . is supported by our most basic feelings about politics."[108] He thinks that it is "obviously true that most people believe they have obligations to their governments".[109]

I am not convinced that this is an empirical given in the first place.[110] Large-scale political movements and civil society discourses today are replete with slogans and public imagery that appeal to the difference between legal obligations and moral obligations: the rise of the popular political slogan – "when injustice becomes law, resistance becomes duty" – speaks to this.[111] When theorists hold that there is a general obligation to obey the law, they often 'bracket-out' the empirical data that points to how often people disobey the law and think that doing so is morally legitimate – indeed as has been the case with several civil disobedience movements across history. By 'bracketing-out' morally impermissible laws from the realm of their theorising, theorists sometimes focus selectively on some empirical findings over others.[112]

Considering the complex realities of legal systems and modern nation-states, I think that political analysis must at least try to think beyond ideal theorising about 'good law' or law that exists within the bounds of moral permissibility. 'Bracketing-out' morally impermissible laws, and restricting one's analysis to purely morally permissible laws in just regimes begs the question at hand. It selectively constructs what counts as the "central case" of law – thereby excluding several non-ideal cases of law from the ambit of theorising.

[107] See Tyler 1990; for a critical discussion of this data, see Green 1996, 301–317.
[108] Klosko 1992, 68: "I take it as intuitively obvious that most individuals believe they have political obligations. As a corollary of this belief, most individuals believe that their governments are legitimate and so, by implication, acceptably fair."
[109] ibid. This observation may be true, but -- even so -- it is not sufficient to establish that most people believe that political obligation is incumbent on everyone.
[110] See Green 1988, 111.
[111] For a general discussion of the justification of civil disobedience, see Delmas 2014; Morreall 1976.
[112] Valentini 2018 resorts to this bracketing out of morally impermissible laws in her analysis of content-independence. The 'bracketing out' of morally impermissible laws seems tied to a trope sometimes relied upon by political philosophers (arguably a methodological hazard) wherein they 'bracket out' unjust regimes from their analysis by limiting their theorising to 'reasonably just states'.

I therefore suggest that disobeying a law is only blameworthy on moral grounds in *some* cases, and not others. Whether or not blame is warranted depends on the content of the law being disobeyed – and whether the action it prescribes is morally mandatory or required. Therefore, there is no general moral obligation to obey legal norms that results from their sheer status as legal norms, even in reasonably just and democratic states. Rather, we have content-sensitive moral obligations to obey some legal norms and not others.

VI. Conclusion

This chapter bolsters the anarchist view on political obligation by presenting a version of *a priori* philosophical anarchism. I have shown that philosophical anarchism is not just a normatively sound account, but also the *only* accurate solution to the problem of political obligation. In Section II, I introduced the debate around political obligation and specified metrics for a successful account. In Section III, I developed the first prong of my argument. If the obligation to obey the law is a general obligation, it must obtain towards all legal norms irrespective of their content.

While a general obligation to obey the law *must* be content-independent, Section IV of the chapter showed that this obligation *cannot* be content-independent. There may indeed be content-independent and moral reasons to obey the law. But this does not show that there is a general, content-independent, and moral *obligation* to obey the law. I drew from Darwall to discuss the concept of moral obligations and to highlight their connection with accountability and blameworthiness. I applied this in Section V of the chapter, wherein I argued that our moral obligations to obey law are content-sensitive. Blame is warranted only when the content of the law prescribes a morally mandatory action, or disobedience causes some adverse consequence. It is at the very least possible for the laws of even a reasonably just state to be unjust in content, so that disobedience would not attract blame. This is enough to show that obligations to obey the law of even a reasonably just state are content-sensitive. Therefore, I proved P1 and P2. As a result, conclusion C follows – there is no general moral obligation to obey the law.

In this chapter, I have tried to explain our deepest intuitions about political obligation: people cannot be blamed for violating legal directives *per se*. Blame is warranted for disobeying some laws and not others, and this process of determining whether or not ethical censure is warranted

is an essentially content-sensitive enterprise that depends fundamentally on the particular context of each act of disobedience.

The remainder of the thesis will be devoted to going some distance in specifying when the moral obligation to obey the law *in fact exists*. I answer this question by developing a care ethical theory of political obligation which shows that when a legal directive prescribes an action that is supported by a moral duty to care, a moral obligation to obey that directive is obtained. To lay the ground for this conclusion, I first discuss the concept of care and specify what caring actions are, and how they are related with moral value (Chapter Two). I then discuss when we are morally obligated to perform caring actions elucidating the scope, grounds, and content of the duty to care (Chapter Three). Finally, I conclude by noting that moral obligations to obey the law (content-sensitive and particular as we have seen they are) are present when obeying the law helps with the performance of a relevant duty to care (Chapter Four). The present chapter thereby lays the foundation for the care ethical theory of political obligation that will be developed in the remainder of the thesis.

CHAPTER TWO

THE CONCEPT OF CARE

I. Introduction

This chapter presents a conceptual account of care. The concept of care is the central moral concept that I will employ in this thesis. Significant fleshing out of this concept is thus warranted. In this chapter, I will discuss two related questions: *first*, what kind of concept is the concept of care? And *second*, what does the concept of care entail? This analysis not only acts as the first building-block of the care ethical theory that I develop in this thesis, but, more generally, helps strengthen the conceptual foundations of the care ethical approach and assists in clarifying crucial issues that persist within care ethical literature.

Care plays a crucial role in human life. Most of us will require care at some point in our lives, and we often care for others when they need it. To care – and to be cared for – thus seem to be experiences almost universally shared. Despite its near universal presence in our lives though, care varies dramatically with context. It is messy, raw, and often deeply personal – taking different forms on the basis of the persons and social groups through which it operates. What, then, does it mean to care? What does the concept of care entail?

Philosophers who study care have undertaken this inquiry and provided us with a range of helpful conceptual accounts.[113] Despite these inroads, though, certain tensions about the concept of care seem to persist. In particular, there tend to be different (and potentially conflicting) images of care in the academic literature. On the one hand, care is seen as a social practice that *furthers structural inequality*, particularly along the axis of gender. After all, as feminists have noted, women across the world undertake the majority of care-work and this has strengthened structures of male supremacy.[114] On the other hand, though, care is often

[113] Steyl 2020; Pettersen 2008, Collins 2015, Engster 2007, 2005; Held 2006; Bubeck 1995; Bowden 1997.
[114] Herring 2013, 34.

imagined as an ethical ideal. A prominent school in feminist ethics – the ethics of care – is premised on the idea that caring is *somehow morally valuable*. A conceptual discrepancy thus arises: care is seen as a social site that furthers structural inequality, on the one hand, and as a moral value on the other. What is it about care that makes it susceptible to assessments as different as this?

To answer this, we need to ask a related (perhaps prior) question that has so far been overlooked in care ethical literature: what kind of concept is the concept of care? I will introduce this question here and wager an answer. In this chapter, I will argue that the concept of care (to which I refer to in the italicised as *care*) is a thick ethical concept. The aim is to demonstrate that framing *care* as a thick concept will help in our efforts to make sense of care – both as a complex social practice and as an important moral value – in the worlds that we inhabit.

Now, at the outset, let me acknowledge the difficulty, that several care theorists have pointed out, of trying to arrive at a conceptual account of care. Some have noted the impossibility of a precise definition,[115] while others have highlighted its undesirability.[116] Let me briefly tackle both charges.

First, care ethicists largely agree that defining care is a remarkably difficult task because of the dramatic contextual variation in the phenomenon.[117] I acknowledge this difficulty and it is therefore not my aim to provide a bright line definition of care that obscures contextual variation. Instead, as is the case with any sound philosophical endeavour, I will operate at a high level of abstraction in order to illuminate (rather than obfuscate) these contextual variations.[118] Rather than sacrificing these variations for the sake of conceptual tidiness, I aim to develop an account that is as attentive to contextual particulars as it is to similarities that the phenomenon exhibits across variations.

[115] Clement 1996.
[116] Bowden 1997.
[117] Herring 2013, 34 observes: "It hardly needs to be said that there is no 'correct' definition of care. […]. One of the difficulties in producing a definition, at least if it is not to be utterly vague, is that care takes place in so many different contexts and has so many levels that a bright line definition is unhelpful."
[118] To accommodate for contextual variation, Herring 2013, 14 for instance outlines four key markers of care. While not providing a definition as such, they provide an indication of the extent to which an activity is or is not care. Where all four markers are clearly present there is undoubtedly care. When these markers are shown to lesser extents, the behaviour moves away from the central understanding of care.

Second, I am not undertaking this analysis to arrive at a core truth about care purely for the sake of this truth. Rather, I see very good pragmatic reasons to undertake such an inquiry. Caring serves a crucial social and political function. Simultaneously, there has been much concern (particularly from feminists) about how the burdens of care work are disproportionately borne by women and other marginalised groups. Considering the complexities that arise about care work and its division and regulation in society, politics, and law, it becomes crucial to engage with a conceptual question of what it means to care – and at least aim to arrive at a clear conceptual account. It is with this conviction that I will proceed with my inquiry.

In the first part of this chapter, I will engage with the question of conceptual type or form. What kind of concept is the concept of care? In Section II, I introduce thick ethical concepts. In Section III, I will show the payoffs of framing care as a thick concept. Having shown that care is a thick concept, Sections IV and V proceed to delineate the concept's content: the descriptive and evaluative dimensions of *care* respectively. Finally, Section VI briefly discusses the issue of separability: are the descriptive and evaluative elements of the thick concept of care separable from one another, or does a description of a given action as caring carry with it a necessarily positive evaluation? Taken together, this chapter provides a conceptual account of *care* and demonstrates how the social phenomenon of care is related with moral value.

II. Thick Ethical Concepts

In our evaluations of persons and actions, we do not merely evaluate them as right or wrong, correct, or incorrect, or good or bad. Rather we may also refer to them as honest, kind, courageous, rude, selfish, selfless, generous, and so on. This latter set of concepts communicates more about actions than their mere rightness or wrongness: we have a specific descriptive element associated with each of these concepts, along with an evaluative dimension that attaches to this description. For this reason, such concepts have been called "*thick ethical concepts*".

The idea behind thick concepts can be traced back to R. M. Hare's 1952 text, 'The Language of Morals'. Here, Hare distinguished primarily evaluative words and secondarily evaluative

words which later came to be associated with the terms 'thin' and 'thick' respectively.[119] Other than this, the literature on thick concepts is said to have had two 'founding mothers': Iris Murdoch and Philippa Foot – who articulated the idea behind thick concepts (though they did not use the term) in a seminar in the 1950s. Influenced by their discussion,[120] Bernard Williams introduced thick ethical concepts to mainstream analytic philosophy in his 1985 book 'Ethics and the Limits of Philosophy'.

Williams argued that certain types of terms and concepts are thick.[121] Unlike thin terms or concepts that merely evaluate something as being either good or bad, or right or wrong, thick terms and concepts, Williams argued, *combine description and evaluation*. To understand the distinction better, consider this excerpt from Simon Kirchin:

> "Imagine we are discussing the merits of a mutual friend, Peter. I describe Peter as being good…Describing Peter in this way does not tell us much about his character. There are plenty of ways in which people can be morally good, and plenty of types of action that they typically perform. In contrast, imagine that our discussion continues, and I describe Peter as being honest. There are plenty of ways in which people can be honest or show their honesty. However, this more specific description gives us more of a sense of what Peter is like, and perhaps why we think of him as good."[122]

The term 'honest' (and the concept of honesty) refers to a more specific trait than the term 'good' (or the concept of goodness). In Kirchin's example, we know more about Peter if we know that he is honest than if we know merely that he is good because the term 'honest' indicates specifically that Peter tells the truth and is good *in this way*. This is not rendered salient with the usage of the term 'good'. 'Honest' is thicker in its content than 'good', and honesty would thus qualify as a thick ethical concept.

While we may be able to intuitively gauge the difference between thick concepts such as honest or courageous, and thin concepts such as *good or bad*, we must probe further to ask: what precisely is the distinction in play? Put simply, a thick ethical concept is a concept that

[119] Hare 1952, 121-122.
[120] Abend 2019, 10.
[121] Williams 1985.
[122] Kirchin 2013, 1-2.

somehow combines evaluation and non-evaluative description.[123] Through the use of this concept, we evaluate a phenomenon (in either a positive or negative manner) and also describe some of its features in a non-evaluative sense. Thick concepts are thus to be distinguished from purely descriptive concepts and purely evaluative concepts, because thick concepts combine elements of both. Purely descriptive concepts or terms such as 'chair', 'wood', 'dress' or 'beer' are used to pick out the features or properties of certain things—to describe them. On the other hand, purely evaluative concepts, or terms (thin concepts) such as 'good', 'right', 'bad' or 'wrong' are used to evaluate a thing and to indicate some kind of approval or disapproval for the thing in question. By contrast, thick concepts, in Williams's words, do both—they are "action-guiding" and "guided by the world".[124]

Often, the distinction between thin and thick terms and concepts is seen as a distinction of degree rather than a distinction of kind.[125] On this view, it is not the case that thin concepts contain no descriptive content, but rather that they possess less of such non-evaluative content as compared to their thick counterparts.[126] Even if we see the distinction between thin and thick as a difference of degree rather than kind, we can agree that there is some intuitive difference at play here that allows us to differentiate broadly between thick and thin concepts. Thick concepts either have a descriptive or non-evaluative element that thin concepts lack, or at least that thin concepts and terms possess to some lesser degree. It is this combination of evaluation and description—or a "union of fact and value"[127]– that lends a concept its thickness.

Since the second half of the twentieth century, thick concepts have become an important theme in different areas in moral, political, and legal philosophy.[128] They continue to be the topic of active engagement, with new questions being raised about how these concepts operate. By drawing care ethicists' attention to this area of scholarship at the intersection of philosophy of language and analytic moral philosophy, I aim to show that there are very good reasons to hold that care, in fact, should be framed as a thick ethical concept.

[123] Dancy 2013, 44.
[124] Williams 1985, 144.
[125] Scheffler 1987; Hare 1963.
[126] For instance, Hare 1963, 24-25 argues that the non-evaluative or descriptive meanings of thick terms are more firmly attached to them than their evaluative counterparts, while the converse is true of thin terms.
[127] Williams 1985, 144.
[128] Kirchin 2013; Kirchin 2017; Zangwill 1995; Putnam 2002; Enoch and Toh 2013.

III. Why *Care* is a Thick Ethical Concept: Payoffs for Care Ethics

Let us begin by considering how we use the term 'caring' in ordinary language. Suppose X and Y are two friends who live together. X suddenly falls ill and cannot make a meal for themselves, and so, Y steps in by preparing a meal for X. We may thus refer to Y's act of cooking a meal for their friend as 'caring'. Now suppose this is not a one-time occurrence but a matter of routine. X and Y both often cook for one another when either one is unable (or even unwilling) to. We may call their relationship a 'caring' one and refer to each of them, in turn, as 'caring' people. Such statements use the term 'caring' to describe certain facts about X and Y. But there is also an *evaluation* that accompanies this description. We evaluate X and Y's actions towards one another here as being good or morally praiseworthy acts. Statements that use the term 'caring' thus walk a fine line between the descriptive and evaluative.

Consider two cases of paradigmatical thick concepts: *selfishness* and *courage*. When we call someone 'selfish', we describe the fact that they perhaps unthinkingly put themselves over others, apart from evaluating this action as being bad or wrong. Or when we call someone 'courageous', we seemingly describe the fact that they are not deterred by danger or pain, and also evaluate this quality as being admirable, worthy of respect or generally good. Similarly, when we refer to a person or an action as 'caring', we describe something about the way they are and also evaluate this as being generally good, desirable, or right.

Consider the following excerpt from Held:

> "If we say of someone that ''he is a caring person,'' this includes an evaluation that he has a characteristic that, other things being equal, is morally admirable…It is highly useful to be able to characterize people (and societies) in specific and subtle ways, recognizing the elements of our claims that are *empirically descriptive* and those that are *normative*…Caring thus picks out a more specific value to be found in persons' and societies' characteristics than merely finding them to be good or bad, or morally admirable or not."[129]

[129] Held 2006, 38.

From this excerpt we see that the phenomenon of care functions in a very similar way to the phenomena that thick ethical concepts seek to pick out. On the one hand, descriptions of care are accompanied by (generally positive) evaluations. On the other, care is not like thin ethical concepts such as good and right: it is more specific. In order to capture this subtlety, I suggest that we frame care as a thick concept to pick out the evaluative dimension of care without compromising on its descriptive distinctiveness.

I will now elaborate upon certain *payoffs* of framing care as a thick ethical concept in the following parts.[130] We will see that each of these payoffs give us reason to think of care in a thick conceptual sense and motivates a study of care in these terms.

1. Care as Practice, Care as Value

First, framing *care* as a thick concept helps reconcile two main features of caring. While care is a set of actions, or a social practice,[131] it is also a moral value. This duality between the social and the moral was first stressed by Virginia Held. While Held argued that to care for another is a social practice—a series of doings or actions that are geared towards meeting the needs of others—she resisted the characterisation of care as being just this and cautioned against constructing care in entirely non-normative terms.[132]

Importantly, care ethicists following Held have also stressed the importance of viewing care in these decidedly normative terms. This is crucial considering the historical devaluation of care-work along structural lines.[133] The majority of care-work has been performed by women, or people of colour, or people from marginalised caste and ethnic groups across societies.[134] Or perhaps the marginalisation of these groups has been legitimised *because* they participated in care-work. In light of this devaluation, care ethicists have struggled to get the social practice of care recognised normatively. With this in mind, care ethicists emphasise the duality of value

[130] I borrow the helpful language of "payoffs" from Enoch and Toh 2013 who discuss the payoffs of framing the term 'legal' as a thick term and the underlying concept of law as a thick concept.
[131] For distinctions between caring actions, activities, and practices, see Steyl 2020. On practices, see generally Sangiovanni 2016.
[132] Held 2006, 36-37.
[133] Chatzidakis et al 2020, 24.
[134] ibid.

and practice in care. Consider Joan Tronto and Bernice Fisher who define care, itself, as being geared towards morally valuable ends. They write:

> "Caring is […] everything that we do to maintain, continue and repair our world so that we may live in it as well as possible."[135]

In a similar vein, Sara Ruddick points out that three meanings of the term 'care' have emerged: it is a form of labour, or a relationship or a kind of ethic.[136] While the first and second meanings deal with the social phenomenon of care, the third meaning hints at moral value. For Engster, the social and the moral aspects of *care a*re sometimes even at odds with one another in that they have different emphases. He writes:

> "Caring for human beings, in turn, is usually defined as *either* virtue or practice. When caring is defined as a virtue, the focus is on inner traits, dispositions, and motivations of the caring person …When caring is defined as practice, by contrast, the focus is on a person's external actions and their consequences… These two definitions of caring are not entirely opposed…The two approaches nonetheless have different *emphases*."[137]

While the idea that *care* picks out both a social practice (understood here as a series of actions geared towards a common purpose) and a moral value has thus been reflected—in different forms—across the literature in care ethics, very little has been said about how and in what ways practice and value are interrelated. Held asserts that the practice of care "incorporates moral value" and that caregiving has values "embedded" within it.[138] But it is not clear what such a claim about embedment entails. Is moral value embedded in every act of caring? Or are we thinking of caring actions and the value of care as different things that only sometimes overlap?

I think that the relationship between practice and value can be best picked out through by framing *care* as a thick concept. As we have seen, thick concepts combine description and evaluation. We can both pick out *care*'s descriptive element – by describing caring actions or

[135] Tronto 1993, 103; Fisher and Tronto 1990, 40.
[136] Ruddick 1998, 4.
[137] Engster 2007, 21.
[138] Held 2006, 38.

practice – and identify how our descriptions of such actions are often accompanied by an *evaluation*. Further, there is extensive material in the literature on thick ethical concepts on how the descriptive and evaluative elements are combined within a concept. This material indicates that it is not the case that evaluations accompanying descriptions of *care* must necessarily be positive. Rather, this evaluation may vary with context.[139] Care ethicists have not so far paid attention to this material or made use of the findings in this field. But this material can greatly inform how we view the relationship between the activity of caring and moral value. I will discuss both these elements further in the subsequent sections of this chapter. For now, however, we can note that the material in the work on thick concepts can lend a frame with which to understand how practice and value are interrelated in one concept.

It may be argued, at this juncture, that we could employ different concepts of care – one which picks out care as a practice and the other that picks out care as a value – instead of striving for a unitary concept. But that would distort the way we use the term 'care' usually in everyday discourse. If I say that a certain phenomenon X is 'caring', this is not similar to a description of a certain phenomenon as being 'red', for instance. The term 'care' or 'caring' is typically loaded heavily with an evaluative dimension—wherein the usage of such terms indicates that the speaker is making some kind of evaluation that accompanies their description. This close relationship between practice and value makes it difficult (and indeed undesirable) to study these two aspects as separate phenomena. If we do so, we miss the close interrelationship between the two: after all the value arises from the practice, and the practice cannot be understood without an understanding of how it is valued in the world around us.

In light of this, rather than resorting to a concept of care that focusses on a single aspect of what it means to care, we require a conceptual apparatus that does both: picks out social fact and moral value. As thick concepts are concepts that do precisely this, they make for a compelling conceptual frame for *care*.

2. Care Ethics as a Moral Theory: From Is to Ought

Second, and in relation to our discussion above, the *ethics of care* – the moral theory that is based on care – has grappled with a tension between the descriptive and the normative. Care

[139] Väyrynen 2011.

ethicists have all focussed (in some way or another) on care's moral value and potential – arguing that care ethics can offer "a new orientation to social and political thinking".[140] Care ethics is not interested, as Held notes, merely in describing the practices of care as they have evolved across history and cultures.[141] Rather it is an ethical theory that is based on the idea that care is importantly associated with moral value and it requires evaluations and judgements, not just empirical findings.[142]

But as Pettersen writes, if this is the case, philosophers of care who are committed to building care ethics must pay closer attention to 'the interface between the normative and the empirical'.[143] Care ethics has often been criticised for being unsuccessful in bridging this very gap. The fact that this has been a challenge for care ethics, I think, has also to do with historical reasons. Carol Gilligan's early work[144] —which provided the foundation of the care ethical tradition—was in the field of psychology. Petterson writes that this has sometimes posed a problem:

> "It appears as if Gilligan draws normative conclusions from her psychological thesis on human nature, thus blurring the distinction between 'is' and 'ought'."[145]

Because Gilligan's work was the bedrock for care theory, care ethicists have had to negotiate how to think of care as a moral concept that can provide a foundation for a moral theory. This has led to tensions in care ethics – fractures between the descriptive and the evaluative, between the empirical and the normative, between fact and value.

I think that framing care as a thick concept helps think through these tensions and provides ways in which care ethicists may satisfy their justificatory burdens. Drawing from the literature on thick concepts – that I will discuss in significant detail – there seem to be two ways to think about the relationship between care's descriptive and evaluative components.

[140] Engster and Hamington 2015, 1.
[141] Held 2006, 37-38.
[142] Held 2014, 114.
[143] Pettersen 2008; Pettersen 2011, 61.
[144] Gilligan 1982.
[145] Pettersen 2008, 37.

First, we may view the descriptive and evaluative elements as inseparable in the sense that describing an action or practice as caring necessarily involves judging the said action or practice as morally valuable. On this view, care in and of itself – like other thick concepts – bridges the is-ought gap and provides possible ways out of the naturalistic fallacy. The is-ought gap, attributed to David Hume holds that we cannot validly arrive at evaluative statements from a set of purely descriptive statements.[146] If the descriptive and evaluative elements of a concept are inseparable, thick concepts can potentially bridge this gap. As Philippa Foot observes, the description provided by certain terms such as 'rude' which could be described as 'causing offence by indicating a lack of respect' contains negative evaluation.[147] If we think of care in these terms, where the descriptive and evaluative components are inseparable, we arrive at one way of bridging the is–ought gap.

Second, in the alternative, we may view the relationship between the descriptive and evaluative component as being fundamentally separable. On this view, describing an action as 'caring' does not entail that the action has moral value. Care theorists will have to look outside care to explain why care is usually morally valuable. They will have to rely on moral principles outside the conceptual framework of care: such as the principle of fairness or reciprocity.

Depending on how we view the relationship between care's components, we can gauge whether care itself can act as a bridge between 'is' and 'ought', or whether we require moral principles external to care to bridge this crucial gap. This discussion could be particularly important in the context of Steven Steyl's recent and valuable efforts to develop a care ethical theory of right action.[148] Steyl suggests that care theorists must work towards building such a theory through available conceptual resources. Framing care as a thick concept and determining whether the components of the concept are separable could dramatically strengthen the conceptual resources available to care ethicists.

3. Attention to Concrete Particulars

[146] Hume 1739-40 in Norton eds. 2007, §3.1.1
[147] Foot 1958.
[148] Steyl 2021.

Third, another reason why care ethicists should frame care as a thick concept is that thick concepts have been considered to be more concrete and grounded in social context than their thin counterparts. There is a layer of descriptive specificity that comes with thick concepts that thin concepts lack (at least to the same degree). To elaborate on this point, consider this extract from T.M. Scanlon:

> "[T]he thinness of thin concepts such as right, wrong, duty and obligation lies first and foremost in the abstractness, hence relative emptiness, of the ethical ideas that they involve, by contrast with concepts such as coward, lie, betrayal, brutality, honor, and gratitude, whose greater content reflects the distinctive character of *particular social worlds*."[149]

Care ethicists have often resisted characterising care through thin value concepts. Held writes that we cannot think of care in the 'most general value terms' such as good or right.[150] Rather, to care for someone has a layer of specificity that more thin concepts lack. In light of this, one of the most important features of care ethics has been its concreteness. Steven Steyl summarises this commitment to concreteness aptly when he says:

> "Care ethics has always regarded itself as an ethic at the coal face. Care ethics, it is said, is a practical ethic, rooted in the lived experiences of caregivers and care-recipients. For this reason, care ethicists have often taken some type of action, activity, work, labour, or practice to be a, if not the, central moral concept."[151]

Care ethics thus claims to be rooted resolutely in "particular social worlds" and takes certain activities or practices to be central moral concepts. But how can social practices, often mired in inequalities and injustices, be useful moral concepts? The varied practices of care, the changing meanings of care over time,[152] the unequal distribution of care-work across societies and the fact that most care-work continues to be undertaken by women,[153] particularly those from marginalised communities,[154] shows that care ethicists must think further about how and

[149] Scanlon 2003, 276-277.
[150] Held 2006, 38.
[151] Steyl 2020, 279.
[152] Tronto 2013, 1-2, 18-20.
[153] Alonso et al 2019; Herring 2013, 34.
[154] Raghuram 2019, 617.

why the social phenomenon of care is at all morally valuable. Framing care as a thick concept provides a solution to this problem. The literature on thick concepts – particularly the wealth of recent work on the relationship between evaluation and description – can help clarify how certain social facts are related with moral value.

Apart from the internal value of this move for care ethics, a thick conceptual framing also helps *locate* care ethics within the landscape of analytic moral philosophy. Stephanie Collins writes that despite the amount of recent work on it, care ethics continues to exist as 'a somewhat shadowy entity at the outskirts of debates in analytic moral philosophy'.[155] If care is constructed as a thick concept, care theory has an affinity with theories that focus on moral concreteness (as compared to a theory that has thin value concepts at its core). This affinity with concreteness or specifity can pave the way for framing care ethics, potentially and after more research on this subject, as a type of moral particularism.[156] Seeing care ethics as a *type of particularism* would resolutely locate care ethics in the domain of analytic moral philosophy and facilitate further engagement with the approach and its core tenets.

4. Care and "Good" Care

Fourth, in recent discussions on care, some philosophers have proceeded with the understanding that we should think of care in two ways: care *simpliciter* and 'good' care. Collins distinguishes "care" (caring actions and attitudes) from what she calls "morally valuable care".[157] Steyl also presents an account of caring actions wherein he argues that "an action that is caring is not, *eo ipso*, morally good or right".[158] Pettersen seems to assume this distinction as well when she argues that Gilligan's theory must be defended further – "since what is to be proven is precisely *which* descriptions [of care] may be recognised as having normative value".[159] There thus seems to be an emerging distinction between care simpliciter and 'good' care, which has become a prominent feature in contemporary scholarship.

[155] Collins 2015, 2.
[156] Dancy 1992.
[157] Collins 2015.
[158] Steyl 2020, 289-290.
[159] Pettersen 2008; Pettersen 2011, 40.

If we are to operate with this distinction (which I think we should), we require the conceptual tools to think through how care is related with good care. Are we to think of care and good care as distinct concepts? Or should we hold that they are tied together in some way – that may not make the link between them necessary, but still shows that they are often rather closely tied together? I think the philosophical investigations on thick concepts can, once again, help us immensely in thinking through this distinction.

As I have stated earlier, I do not think that having care and 'good' care work as *two distinct concepts* is a viable option. We do not use the terms 'care' and 'good care' as entirely separate ideas in our ordinary language, culture, and conversations. Rather, the evaluation of care is intimately tied with its description. Considering thick concepts combine fact and value within a single conceptual structure, they are best suited to pick out this complexity.

Having shown why this conceptual frame is helpful, we are now well-placed to think about the question of conceptual content. I will provide an account of caring actions and demonstrate how caring actions are connected with care as a moral value. In Section IV, I will outline *care*'s descriptive element and in Section V, I will discuss *care*'s evaluative dimension. Finally, in Section VI, I will take up the important question of *how* the description of care is related to its evaluation by addressing the separability issue.

IV. Description

Let us take us take a look at the descriptive element of *care*. The first thing to ask here is whether and how care is *distinct* from more general (indeed thin) evaluative terms like 'good' or 'right'. Several people, relationships, and interactions may be considered to be good, but only some of these can correctly be called 'caring'. What is the distinction at play here?

Not all good relationships are caring: the former quality does not entail the latter. Suppose I have a good relationship with a colleague at my workplace: wherein we are both cordial with one another and stay out of each other's way. We may not know any particular information about each other's specific needs, personalities, preferences, or interests and may do nothing to make each other feel better on a daily basis. There are times when I have expressed a need

for assistance with some tasks, but this colleague has not offered their help. The colleague however makes it a point to greet me pleasantly and does not interfere negatively with my daily work – thereby ensuring that we work well together in all our professional interactions. While our relationship may be called a good relationship, it does not seem like it is a *caring* relationship. This is because for a relationship to be caring, there are certain further characteristics that become necessary.

Care thus has some descriptive element that adds a layer of specificity to it. To make sense of the descriptive element of *care*, we must ask the following question: what makes *care* more specific than general thin concepts like good?

Two clarifications are in order before proceeding with this inquiry. *First,* the term 'care' can refer to a few distinct (though related) phenomena. We might "care about" someone or something. The locution "caring about" involves holding certain attitudes towards a certain thing (whether a being, an object or an idea or set of beliefs). Now, distinct from this locution, we may use locutions such as "caring for", "taking care of" and "giving care to".[160] These locutions describe caring actions, or the act of caring. I will not concern myself with the first kind of locution ("caring about") directly in the course of this thesis. My focus will be on the phenomenon picked out by the following types of locutions – "caring for", "taking care of" and "providing care to".[161] These locutions all refer to the *act* of taking care of another person. Note that I primarily focus on caring actions as this thesis eventually presents a theory of political obligation. As obligations most commonly refer to obligations to *act,* rather than to hold certain views or to be a certain type of person,[162] the focus on caring actions is justified.[163]

Second, although the concept of a caring action is closely linked to the notion of a 'caring relationship', these two ideas evidently represent distinct phenomena. While my emphasis in this thesis is on the former, it is helpful to briefly acknowledge that 'caring relationships'

[160] Collins 2015 uses similar ones in her discussion of caring actions.
[161] This will involve a discussion about caring attitudes to the extent that they are necessary for the performance of caring actions / morally valuable caring actions.
[162] Though not inconceivable, this is certainly harder to do and comparatively rare in the literature on obligations.
[163] A question that arises is: can they be separated like this? As *care* is a complex concept and the locutions associated with it can refer to a range of different things, this separation is analytically necessary in order to make the phenomenon at hand as clear as possible. But to address this worry, we may adopt a bifurcation between "caring actions" and "caring attitudes" as Collins 2015 and Randall 2023a do and argue that the former only sometimes embodies morally valuable caring attitudes.

involve the reciprocal performance of some caring actions by both parties towards another, in any given relationship. Due to this reciprocal element, caring relationships are often regarded as necessarily morally valuable: in that if a relationship is a caring relationship, this implies that the relationship has moral value. As Randall argues, parties exhibit mutual concern towards one another in caring relationships.[164] Held suggests that caring relations have "primary value" and the goal of care ethics is to highlight the importance of caring relationships.[165] While I will not take a position on the accuracy of these value-laden accounts regarding caring relationships, note that I avoid such conclusions in my discussion of caring actions. My argument is that caring actions are not necessarily morally valuable, and I use the material from thick concepts to illuminate why this is the case.

Now that these clarifications have been established, we can proceed with the analysis of caring actions.

I will defend the following conception of caring actions:

> **D:** Agent A cares for recipient B by ϕ-ing, if and only if, by ϕ-ing, A intends to meet any of B's needs or to go some way towards meeting any of B's needs.

There are three particularly contentious claims in formulation D which I will devote the rest of this section to justifying. *First,* formulation D is directed towards **needs.** For an action to be a caring action, is it necessary that the action must be directed towards meeting needs in particular? What does the conceptual category of needs entail? *Second,* what does it mean to **meet needs**? Does an action have to successfully meet needs in order for it to qualify as 'caring'? Or is the agent's intent to meet needs sufficient to deem an action 'caring'? This brings us to our *third* and final question: what does the **intention** requirement under formulation D demand? Does an agent have to perform an action with the express motivation of caring for the recipient? Or is a tacit belief (that the action will somehow meet a recipient's needs) sufficient? The following sub-sections (1), (2), and (3) are devoted to each of these expositions. Taken together, the arguments presented here will serve to provide a justification for formulation D as stated above.

[164] Randall 2023a, 47-48.
[165] Held 2006, 19.

1. Needs

The concept of needs seems to be at the very heart of care ethics.[166] Most care theorists agree that to care for another involves an effort to meet the needs of another being. Consider Tronto who writes, "what is definitive about care […] seems to be a perspective of taking the other's needs as the starting point for what must be done".[167] Or Held, who thinks that the core focus of the care ethical project is on the "compelling moral salience of attending to and meeting needs".[168] Diemut Bubeck also defines care as "the meeting of the needs of one person by another person".[169] Need features centrally even in the more recent care ethical accounts provided by the likes of Daniel Engster,[170] Sarah Clark Miller,[171] Tove Pettersen,[172] and Sandrine Berges.[173] Steven Steyl, in fact, conducts a comprehensive overview of definitions in his excellent article 'Caring Actions' and concludes the notion of need is employed almost universally across competing definitions of care.[174] Need is thus a dominant idea in nearly all accounts of care.

But what does it mean to have a need? At its simplest, it seems that a need is a condition that must be met if a person is not to suffer harm or blight.[175] Harm, here, is to be understood as a setback to a person's interests. To further a person's interests is to perform an action that is typically beneficial for them whilst to harm a person is to perform an action that typically causes a setback in their interests. The non-fulfilment of needs thus is likely to cause some harm.[176]

However, a closer look at the notion of needs reveals that needs are connected to harm in several distinct ways and to varying degrees. We have different kinds of needs: some are more

[166] Herring 2019, 51; Steyl 2020.
[167] Tronto 1993, 105, 137–41; Tronto 2013, 162–63.
[168] Held 2006, 10.
[169] Bubeck 1995, 129, 132.
[170] Engster 2007, 522; Engster 2005, 51; Engster 2007, 48. Steyl 2020, 284.
[171] Miller 2012, 141, 150.
[172] Pettersen 2008, 101.
[173] Berges 2015, 125.
[174] Steyl 2020, 284-286.
[175] See Brock and Miller 2019.
[176] I elaborate upon the connection between needs and harm further in the discussion in the third chapter of this thesis.

vital or important than others. The first question to ask, then, is whether caring actions involve actions that meet *any* need, or whether caring actions are restricted to a subset of needs.

This question has been the subject of much recent debate among care theorists. Some theorists think that caring actions correctly refer to only the meeting of our most *basic,* or *biologically vital* needs.[177] Others strongly disagree.[178] A chief proponent of the former view is Daniel Engster. In his earlier work, Engster had advanced a broader conception of caring actions as actions that are directed at meeting a wide set of needs or interests of a potential recipient. But he revised this view in his later book, 'The Heart of Justice',[179] wherein he suggested that if we define caring actions to include actions that meet a broad range of needs (not just our most vital or basic needs), our accounts end up being too closely tied up with "particular liberal understanding(s) of the good life".[180] Engster writes:

> "If caring is said to involve fostering *all* of the potential capabilities of human beings, then individuals who do not encourage the development of all these capabilities in their children or others would have to be judged as uncaring. Parents who for example meet all their children's biological and basic needs, but perhaps for religious reasons choose not to encourage their aesthetic appreciation would be uncaring."[181]

Engster is mistaken in adopting this view. In the paragraph quoted above, notice that Engster assumes that anyone who does not perform caring actions is necessarily "uncaring". This would mean that there are only two types of conceivable actions: caring ones and uncaring ones. If agents do not perform actions of the former type, their actions necessarily fall within the latter's ambit.

Engster seems to adopt (without any justification for this view) a bivalent understanding of *care*.[182] This bivalent approach to understanding *care* is clearly incorrect. It is not the case that

[177] Engster 2007, 26-7.
[178] Collins 2015, 71.
[179] Engster 2007, 50.
[180] ibid, 27.
[181] ibid.
[182] There is a discussion on bivalent and trivalent accounts of liberty that can make for an interesting parallel. Kramer 2010, 828 writes the predicates "is not free" and "is unfree" are not equivalent: the latter predicate entails the former, but not vice versa. Likewise, with *care* the predicates "is not caring" and "is uncaring" are not equivalent: the latter does not entail the former.

if an action is not caring (i.e., it does not meet the descriptive threshold outlined in D), it is necessarily "uncaring" instead. Suppose I am indifferent towards a junior colleague in my workplace. I assign them tasks to do and interact with them in a purely professional capacity. I may greet them every day with a cordial "hello" as I pass them by. My actions towards this colleague are not "caring": I have not done anything to meet their needs and have not proceeded with any such an intention. But my actions are also certainly not "uncaring" at least not if that description of my act is to carry a condemnation.[183] Therefore, there is a crucial middle-ground between 'caring actions' and 'uncaring actions', and a trivalent account of *care* is more appropriate.

It is thus not the case that the parents in Engster's example will necessarily be labelled 'uncaring' if we define care in broader terms than what Engster suggests. It would be caring for parents to develop their children's aesthetic sensibilities, but this does not entail that parents who do not to do so are uncaring. Hence, we need not deny that for the parents to foster the development of aesthetic sensibility is 'caring' to hold on to the claim that the parents who do not do so need not be 'uncaring'. We have no reason to *reject* an account of caring actions as meeting a broader range of needs purely on the grounds that Engster suggests.

Having set aside this objection, it is now apt to proceed with the question itself: are caring actions *only* those that refer to 'basic' or 'biologically vital' needs? It is not at all clear why this should be the case. I may be having a sad day and missing my family who lives far away from where I am. My flatmate tries to cheer me up by buying me a bouquet of flowers for my room. On receiving these flowers, I feel happy and light, and I tell her that my day was made much better by her gesture. It is not the case that this bouquet of flowers satisfies any of my most basic biological needs. But still my roommate has 'cared for' me through her action and her action here – of getting me flowers – is in fact a 'caring action'. To either say that this is not an act of care or to characterise my need for flowers on a difficult day as some kind of basic need is far-fetched. My flatmate has not catered to any of my basic, biological needs by getting me these things, but she has very much still cared for me.

[183] This can be seen clearly even from our initial discussion on the difference between good actions and caring ones. If a certain action X does not qualify as caring, it may still be a good action. It would be strange to call good actions "uncaring" ones as this reveals a sort of contradiction. What we should instead hold is that a good action can sometimes be "not caring" but it is not uncaring. This provides proof that a trivalent view of the concept of care should be adopted in our conceptual endeavors.

On my account D, thus, if an action is geared towards meeting any need that a recipient has, it qualifies as a caring action. If agent A gives a hungry recipient B some food, they have performed a caring action. But similarly, A also performs caring actions by giving B a birthday cake, by going on long walks with B, listening to B vent about difficult days at work, or by buying B a special gift. While these needs are not as compelling as B's need for food when hungry, that is not relevant at the present stage in our analysis: i.e., in our endeavours to *define* caring actions. At this definitional stage, we should hold that if A performs an action to meet any of B's needs, A's actions are caring actions.

2. Meeting Needs

Now that I have gone some distance in clarifying what I mean by 'needs' in D, I will explore the next important theme about the *meeting of needs*. Must actions be successful in their outcome i.e., in meeting the needs that they set out to meet, in order to qualify as 'caring'?

Some care ethicists think so. Consider Noddings who famously stated that: "care is not care unless it actually meets needs".[184] Bubeck also defines care as the "meeting of needs".[185] Kittay too adopts this perspective by contending:

> "I may intend to care for a parched plant by watering it, but if, unbeknownst to me, the glass of clear liquid I pour in the plant contains vinegar, not water, most would agree that, despite my good intentions, I have failed to care for it."[186]

For these authors, for an action to be caring, it must satisfy the outcome-threshold, i.e., it must be successful, at least to some degree, in actually meeting the needs of the recipient. These views centralise the perspective of the recipient of care: if the recipient's needs are not met by a given action, the action under consideration is not "caring" despite the agent's best efforts.

Now before I show why this view is incorrect, it is pertinent to note that ethicists have often conflated their descriptive and evaluative tasks: confusing the question of what a caring action

[184] Steyl 2020, 290; Noddings 2002, 30.
[185] Bubeck 1995, 129.
[186] Kittay 2011, 612.

is with the inquiry about what makes caring actions morally valuable. Due to this fallacy, care ethicists define care as what is best for the recipient. It could be this fallacious trope that has led the likes of Kittay, Bubeck and Noddings to hold on to the outcome-threshold in their definitions. Now, I understand the motivation behind these views. If *care* is considered to be a good or morally valuable thing, it would indeed be sensible to hold that an action is caring *only* if the recipient is actually made better off as a result of it.[187] However, this view comes apart if we do not begin with the assumption that caring is in itself good or morally valuable and reject this fallacy at the first instance. If we distinguish between *care* simpliciter and good care (as my account does), we see that there are actually several examples of caring actions that are unsuccessful in meeting needs.[188]

Let us take a closer look. Medical practice, for instance, is replete with cases wherein a doctor may perform unsuccessful actions: a doctor performs an action with the intent of meeting the patient's needs but sometimes (despite the doctor's best efforts) these actions are unsuccessful in curing the patient or meeting their needs. Suppose a doctor J performs a surgery to meet her patient's needs, and the surgery fails to improve the patient's condition due to the serious and chronic nature of the disease that the patient is suffering from. Can we say that J still cared for the patient by performing the surgery? Or is J's action not a caring action at all?

Noddings, Kittay and Bubeck are committed to the view that J's action is not a caring action. This however strikes me as implausible. Medical care involves instances wherein doctors are often unsuccessful in meeting a patient's needs due to factors that have to do with moral luck. Despite this, their actions are still very much caring actions: indeed, the law (for instance) thinks even of unsuccessful surgeries as instances wherein a doctor performed their duty of care towards a patient.[189] The doctor remains a "caregiver" in this context, and to label doctors who are unsuccessful in curing patients as not being caregivers is outlandish.[190] Therefore, the fact that the doctor cannot cure a patient of their disease (due to factors outside their control) does not mean that they have not cared for the patient at all.

[187] Steyl 2020, 290-291 alludes to this fallacy.
[188] I will argue that a given caring action counts as "good care" depending on how it fares on the consequence, process, and scheme thresholds that I subsequently outline in the section on 'Evaluation'.
[189] Note that the duty is said to be violated only when there is some negligent act or act of malice on part of the doctor, not when the doctor tries their best.
[190] An objection could arise that we can perhaps define the care component of "caregiver" differently from "care". But this goes against our daily usage and commonsense inclination.

My argument here finds support in the writings of Collins and Steyl. Collins provides a persuasive illustration to defend this view. She writes:

> "Imagine that you and I each separately stumble upon injured dogs. We each put the dog that we find into the back of our cars and attempt to drive them to the nearest vet. While your dog reaches the vet in good time and is healed, I get caught in traffic and arrive at the vet five minutes too late."[191]

In the example above, it would be incorrect to say that your action is caring but mine is not. Note that your action may be *better* care than mine and may thus be more morally more valuable,[192] (though Collins disputes this as well),[193] but both our actions would qualify as caring actions. Similarly, a doctor who performs a successful surgery and a doctor who performs an unsuccessful surgery both *care* for the patient, whilst the former may *care better* than the latter.

Steyl further clarifies:

> "At least as far as my own intuitions are concerned, it is jarring to describe one scenario's actions as caring and the other's as noncaring (or perhaps uncaring) given that they are identical except for the contributions of moral luck."[194]

This becomes even more evident if we think more about some of the *reasons* for why actions that intend to meet needs may be unsuccessful. Often, a lack of success in the outcome of an action is closely connected with a *lack of resources*.[195] We can think of cases wherein parents from financially disadvantaged and socially stigmatised groups lack the resources to cater to all the nutritional needs of their children, despite trying their best within their limited means. In comparison, a wealthy family may be able to satisfy all the needs of their children just because of their access to resources. If we define caring actions on the basis of their success,

[191] Collins 2015, 74.
[192] This depends on whether my action is deemed to be morally valuable at all. This would depend on how the consequence, process and scheme thresholds relate to one another. If one is satisfied by a given caring action, but two are not, what is the moral standing of that given caring action? Further research is warranted to unpack the relationship between the three criteria mentioned in the 'Evaluation' section.
[193] Collins 2015, 75.
[194] Steyl 2020, 291.
[195] ibid, wherein Steyl writes that successfully meeting needs comes down to the resources one has at hand.

we will have to hold that parents who lack the resources to meet all their children's nutritional needs are *not engaged in caring actions at all.*

This is clearly absurd. The financially disadvantaged parents think of themselves as being involved in the act of caring for their children as much as the wealthy parents. To define one set of actions as caring (and exclude the other) adopts far too narrow a definition and thereby excludes several instances that fall within the ambit of care.

Think also of caring activities in the public sphere. In healthcare systems across the world, a lack of resources or good resources often means that doctors may not be able to meet all their patient's health-related needs. Despite a doctor's best efforts, then, a patient could not be made better off due to a gaping lack of resources. This is particularly true of healthcare systems in the third world, that are by far less powerful, adept, and resourceful than their counterparts in the first world. If we define caring actions on the basis of their success, we will have to say that doctors and medical professionals in the third world are often not engaged in caring activities at all (or are often not engaged in caring actions) because they could not successfully meet a patient's needs. Further, if systems often could not successfully meet needs due to a paucity of resources, this would lead us to the untenable conclusion that such systems are *not health care systems at all.*[196] Instead of accepting such a ridiculous conclusion, we should recognise that success is not indispensable for the status of an action as a caring action or for the status of a practice as a caring practice.

If we take Kittay's, Bubeck's, and Noddings's approach, we are led to distortive conclusions in each of the abovementioned illustrations. It is important to avoid such conclusions and ensure that the success of an action in meeting needs should not determine whether or not an action is caring. While the success of an action in meeting needs is certainly relevant to how we *evaluate* caring actions as I will later demonstrate, it is not a necessary condition for an action at this descriptive-definitional stage.

[196] One may respond to the argument sketched so far by contending that there is a distinction between caring *actions* and caring practices. But if the latter are constituted by the former, it is unclear why or how a series of actions that are not caring could constitute a caring practice. When we speak of healthcare at a systemic level, we assume that the actions undertaken within the healthcare context are caring actions. They may be better or worse caring actions depending on how they treat the patient's wishes or meet the patient's needs. But because of their purpose – that is, to meet some significant needs of the patient's – these actions are caring actions.

Finally, a related question that then arises is: even if a successful outcome is not necessary for an action to qualify as a caring action, is it *sufficient?* This is to say, if a given action X performed by agent A ends up meeting some of recipient B's needs, is this fact alone sufficient for us to deem X a caring action?

In sub-section (3) which follows, I defend the view that satisfying the outcome-threshold is not always sufficient. Even if an action X performed by agent A ends up meeting some needs of B, this is sometimes (though rarely) insufficient in deeming X a 'caring action'. This is because it must be shown that A *intended to meet* B's needs by the performance of a given action. Therefore, for an action to be caring, it must necessarily be accompanied by at least a tacit belief that the action will meet some of the recipient's needs.

3. Intention

The intention-condition is regarded as a necessary condition in many conceptual accounts of *care.* Think of Steyl who defines caring actions as those that have a particular "intentional structure" – they are intentional by definition.[197] He points out that definitions of caring as provided in the care ethical literature make use of the teleological marker "to" and define care with reference to some specific goals and ends that the agent has in mind whilst performing the action.[198] Or consider Engster who also defines care as "everything we do directly *to* help individuals to meet their vital biological needs, develop or maintain their basic capabilities, and avoid or alleviate unnecessary or unwanted pain and suffering, so that they can survive, develop, and function in society."[199] Or Collins who argues that an intention to meet needs is a necessary condition for a caring action.[200] Several other care theorists also define care as a purposive enterprise that is characterised by the effort to meet some relevant needs.[201] Therefore, we see there is a preliminary justification in the literature for the intention-condition as encapsulated in formulation D.

[197] Steyl 2020, 284.
[198] ibid.
[199] Engster 2007, 28.
[200] Collins 2015, 68.
[201] Steyl 2020, 285 writes that caring actions are those whose proximate end is to meet a certain sort of need.

Are these care ethicists correct in holding on to this view? Some further elaboration is warranted. Let us begin with an illustration. Neel, who has an extremely acrimonious relationship with his wife Nina, resents Nina's professional success. Neel has also subjected her to physical and mental abuse. One day, Nina receives news that she has been promoted at work and will get a raise in her salary. On discovering this news, Neel is overcome with jealously. He begins planning ways to harm Nina and plots ways in which he can cause her death. After much research, he decides that the most effective way to cause Nina's death is by mixing a lethal poison along with her bedtime tea. That night when Nina is getting ready for bed, Neel mixes (what he thinks is) poison along with Nina's tea. Unknown to Neel, however, he inadvertently puts a soothing medicine which Nina usually takes to cure her night-time headaches into Nina's tea. It turns out that Nina is suffering from a very bad headache on this day, and her headache is cured when Neel gives her the bedtime tea.

Has Neel *been caring* towards Nina by the performance of his action? Certainly not. There is something deeply amiss about the suggestion that despite the fact that Neel wants to kill his wife through a given action, his action can still be labelled as a "caring action". This is because when we label something as caring, we both describe and evaluate the *agent's* actions. While I will demonstrate that caring actions are not necessarily morally valuable, it must be noted that there is still a default evaluative valence associated with the term 'care' and its underlying concept. For an action to be caring, at a minimum, it is crucial to ensure that the needs fulfilled by a particular action align with the needs that the agent originally intended to address.[202] While Neel's action has certainly inadvertently met some of Nina's needs, this is still insufficient. We must say something more about the *intention* of the agent whilst performing the action in order for the action to rightly qualify as a 'caring action'. This brings us to our present discussion on the intention-condition.

More still needs to be said about what intention entails. How is intention related with belief? The complex notion of belief and its relationship with intention is a topic that has greatly vexed philosophers of mind and continues to be the subject of much recent discussion.[203] Beliefs are often framed as "propositional attitudes".[204] As Eric Schwitzgebel summarises,

[202] The moral value of the action would then depend upon how well those needs are met.
[203] For an overview of discussions on belief and the several views on the subject, see generally Schwitzgebel 2021.
[204] ibid.

"a *propositional attitude* is the mental state of having some attitude, stance, take, or opinion about a proposition or about the potential state of affairs in which that proposition is true".[205] These propositional attitudes are of the form S (a subject) holds A (an attitude) towards T (a sentence that expresses a given proposition).[206] Now, if we work with this rough understanding of beliefs as propositional attitudes wherein a subject holds a given attitude towards a sentence (which expresses the truth or falsity of a given proposition), we can ask: what beliefs should an agent A hold when performing a caring action?

There are two clarificatory points about belief that warrant attention.

First, bear in mind the distinction between **express and tacit beliefs**. Very roughly, one believes *P expressly* if a representation with that content is actually present in the agent's mind in the right sort of way—for example, if a sentence with that content is inscribed in the "belief box" in the mind of an agent.[207] In the case of caring actions, an agent would act with the express belief that their action will meet the needs of the recipient when a proposition that action X will meet B's needs is actually present in the mind of the agent (it exists in A's "belief box") whilst performing the action. These instances wherein the belief is clearly present in the mind of the agent evidently satisfy the intention threshold.

The case is more complicated when we think of *implied* or *tacit* beliefs. One believes *P tacitly* if one believes *P*, but the mind does not possess, in a belief-like way, a representation with that content.[208] With respect to caring actions, this would mean that even if agents do not possess the express belief that by ϕ-ing they will help meet some of the recipient's needs, they may still perform a caring action by ϕ-ing if they hold a tacit belief that ϕ-ing will meet some of the recipient's needs. Suppose A undertakes a given action without really thinking about how the action would affect B. However, were A to have been asked at the time of the performance of the action whether performing the action would help meet some of B's needs, A would have said "yes". A thus believes that the action will meet B's needs but does not hold this belief as

[205] ibid.
[206] ibid.
[207] ibid. A belief-box is a theoretical device used to refer to the set of propositions that are present as sentences within the agent's mind at the time of performing a given action.
[208] ibid.

a representation while actually performing the action. Now, is the intention-condition satisfied when only a tacit belief is held rather than an express one?

Collins thinks it is. She writes:

> "The carer need not consciously entertain their intention as 'doing what I believe is in the recipient's interests' and they need not have a full-blown concept of interests. They just need a tacit belief that the action is good for the recipient in some way."[209]

I agree with Collins account in that a tacit intention is enough for an act to qualify as caring.[210] This is because caring actions are often performed with the implicit knowledge that a given act may end up catering to a recipient's needs, even if that belief is not expressly held. Suppose M and N are two friends who live together in a shared home. M cleans the common living spaces in the home that she shares with N, but without the express intent of caring for N. Instead, M cleans the house because she wants to live in a clean and tidy environment. In this instance, has M performed a caring action towards N? It is my view that she has. This is because while M does not clean the house primarily because she wants to cater to N's needs (rather she does it primarily for her own interests), it is reasonably foreseeable that by cleaning the house, M will cater to some of N's needs. N may come home from work that evening and be pleasantly surprised by M's act of caring. This shows that it is not necessary that M primarily intended to care for N; but rather, merely that M holds a tacit belief that her actions will help fulfil some of N's needs.[211] Thus, when someone intends to care for another person, they must hold (at least) a tacit belief that their action will meet some of the recipient's needs.

---

[209] Collins 2015, 68.

[210] As I have so far argued, the agent must possess either an explicit or *tacit* belief that by performing ϕ, they will meet some needs of another person. This might raise the question of whether individuals lacking mental capacity can harbour these pertinent beliefs. If not, we would have to hold that people lacking mental capacity are unable to perform caring actions. In response to this, it is important to note that the lack of mental capacity, as legally defined in contexts such as England and Wales, pertains to the inability to make *certain decisions*. This distinction is crucial, as it diverges from the issue at hand—specifically, the holding of relevant tacit beliefs. Even if someone is unable to decide on crucial issues for themselves, they may still be able to hold some set of tacit beliefs about their actions. Consider a scenario where an individual with a mental illness instinctively undertakes an action that caters to the needs of another person. I contend that, even in this case, they still implicitly believe that performing ϕ would indeed address essential needs of the person they are caring for (if they are able to answer, they would hold that their action, even though not consciously performed, would likely meet someone's needs). The instinctive nature of the action thus does not negate its purposefulness toward a specific end.

[211] Note that this case is different from the earlier discussed hypothetical about the abusive husband Neel and his wife Nina. In that case, Neel did not believe (either in an express or tacit sense) that the action that he was setting out to do would meet any of his wife's needs. In fact, to the contrary, he believed that he was performing an action that would certainly cause his wife's death and brutally harm her. In that case, Neel did not hold even a tacit belief

Now, what is satisfied by the presence of an express belief is a necessary condition for the existence of an intention. A belief, even an express belief, is not itself sufficient for the existence of an intention. While what it means to intend to do *A* is to believe *p*; other conditions must also be met for the existence of an intention.[212] To intend an action is to believe that one will perform it and either to have some appropriate *guiding desire* towards performing said action, or to hold a belief that itself has the power to guide said action through practical deliberation.[213] While an intention thus always involves holding some relevant beliefs, in order for the intention-condition to be satisfied, it is necessary that a *volition* should be formed on the basis of these guiding beliefs.

Note further that the belief that the action will meet the recipient's needs (whether expressly or tacitly held in the mind of the agent) must be *objectively reasonable*. If A believes that by doing a cartwheel every day, A will cure B of cancer, A's belief does not stand the test of basic reasonableness. It would be odd to say that A has cared for B by performing a cartwheel every day. For an action to qualify as a caring action, thus, the following two requirements must be satisfied regarding belief: (i) agent A must hold belief B (that by φ-ing A will meet recipient B's needs) either expressly or tacitly; and (ii) B must be an objectively reasonable belief. If and only if conditions (i) and (ii) are obtained, A's action can be deemed to be caring.

Now, requirement (ii) about objective reasonableness throws up some contentious issues. Consider the case of a priest who performs an exorcism on someone with the belief that it will cure them of some disease (and thereby meet their needs). Here, we have to ask a further question about whether it is objectively or reasonably conceivable that this action may in fact meet the recipient's needs. If there are any good reasons to hold that some of the recipient's needs may be met, we may still call the action a caring one (albeit certainly a *bad* caring action as it is likely to harm the recipient all things considered). Suppose the recipient themselves asks for the exorcism to be performed and is deeply committed to the religious faith that supports it. We may say that a priest who then performs said exorcism is performing a caring action

that ϕ-ing would help meet Nina's needs: and therefore, his actions do not satisfy the requirements of the intention-condition.

[212] See Setiya 2022.

[213] Ibid.

because they cater to the recipients' religious needs and wishes, but we may negatively evaluate such an action all things considered because it is likely to harm the recipient's health.

Second, note that there is a distinction between **intention** (here, seen as a volition formed on the basis of some express or tacit belief that performing an action will lead to certain ends) and **motivation**. Motivation refers to a thicker notion than the relatively thinner notion of intention I rely on. When discussing the motivation for an action, one is referring to the variety of underlying reasons and psychological factors that underpin a given action. Intention involves the immediate volition to act, driven by the belief that taking a specific course of action will lead to a desired consequence (here, the meeting of the recipient's needs). On the other hand, motive refers to the deeper factors that propel the action, exploring the underlying reasons or desires behind it.

It is my view that caring actions can have a variety of underlying motivations and a value-laden motivational underpinning is not necessarily required for a given action to be 'caring'. Think of an apathetic medical professional who is motivated solely by the receipt of their salary when performing a life-saving surgery for a patient. While their desire to perform the surgery may solely be motivated by the remuneration that they are owed, they still care for the patient by performing a life-saving surgery. To hold that caring actions are necessarily performed with noble intentions would exclude all these kinds of actions – that are plainly classifiable as caring actions – from the ambit of 'caring actions'. This is thus too restrictive a definition.

Selma Sevenhuijsen affirms this by arguing that "caring for others can also stem from less noble motives, such as the urge to meddle or control others".[214] To suggest that caring actions are necessarily motivated by noble ideals seems to veer, as Steyl notes, closer to a theory of *good* care rather than *mere* care.[215] Steyl writes, that a conceptual account of *care* must thus "leave adequate conceptual space for the variety of reasons that might motivate care."[216] While the value underpinning these motivations may indeed feature during the evaluative stage (i.e., when deciphering the moral worth of a caring action), they are not relevant at the descriptive stage when we are asking what a caring action is in the first place. At this descriptive stage, all

[214] Sevenhuijsen 1998, 20; see also Miller 2012, 3.
[215] Steyl 2020, 286.
[216] ibid.

that is required is that the agent must *believe* (either in an express or implied sense) that ϕ-ing will help meet a given recipient's needs and this belief must be objectively reasonable.

All this provides a preliminary justification for formulation D as specified above. On the basis of the discussion that has so far been undertaken, we can arrive at a more detailed version of our original formulation D:

> **D*:** Agent A cares for recipient B by ϕ-ing, if and only if, A ϕ s with a volition based on *either the express or tacit guiding-belief* that by ϕ-ing, A will meet B's needs or go some way towards meeting B's needs; and provided that A's belief is reasonable.

D* represents my account of caring actions *simpliciter*. How these caring actions are to be evaluated is a separate analysis that I will now undertake.

V. Evaluation

Understanding how evaluation works with thick concepts is not a straightforward task. There seem to be (at least) two views on this topic. According to some philosophers (non-cognitivists), the function of evaluative terms is to express certain attitudes – approval or disapproval, desire, or preference. On this view, sentences that employ evaluative terms are not truth-apt in the way propositions that make use purely of descriptive terms are. According to other philosophers (the cognitivists), sentences that employ evaluative terms are primarily geared at expressing beliefs and such beliefs are truth-apt. They can thus be assessed as either true or false, much like propositions that make use of descriptive terms.

Now, engaging with these divergent views on evaluation opens up an important question for care ethicists: is the evaluative component of *care* meant to signify a pragmatic attitude of approval, or does it relate to the semantic truth conditions of the term 'caring'? While I want to intervene in this debate to discuss the evaluative dimension of *care*, it is far beyond this thesis's scope to determine how thick concepts generally function. Note however that it is not necessarily the case that the resolution of this debate must lead to the same result for all candidate thick concepts. As David Enoch and Kevin Toh suggest, it may be the case that thick concepts do not all function in the same way and bear only some similarities (in terms of

conceptual structure) with one another.[217] If we accept this non-uniformity suggestion from Enoch and Toh, we can analyse how *care* works in its own right: as a concept that bears some similarities with other thick concepts but whose evaluation functions in a manner that may not be shared by all thick terms and concepts. Taking up the non-uniformity suggestion,[218] I will make specific arguments that apply to *care* assuming that these arguments can indeed be made coherently (at least to some extent), without any attempt to settle broader general issues about thick evaluation.

Most importantly for our discussion of *care* is one crucial finding regarding thick concepts: the contextual variability of their evaluative valence. Several philosophers who work on thick concepts argue that the evaluative valence of thick terms and concepts can *vary* with context.[219] It is not fixed. Building on this view, I will argue that there is a degree of variation in the evaluative valence of *care.* While caring actions are typically evaluated positively, there are instances wherein they may also be evaluated negatively, and such a negative evaluation is warranted.[220]

In line with this, it is not the case that all caring actions (that meet the descriptive threshold outlined in D*) are necessarily morally valuable. While a positive evaluative valence is indeed typically warranted (I will show that a positive evaluative valence is the default stance associated with *care),* atypical negative or neutral evaluations are also sometimes warranted. Therefore, in order to determine how caring actions are connected with moral value, it will not do to merely point out that *care* is a thick ethical concept. While *care* is indeed thick, there is an important variability in the concept's evaluative valence. We thus require a normative theory to distinguish 'good care' from 'bad care'; or 'better care' from 'worse care'. This theory should provide clarity about (1) the types of evaluative stances that can reasonably accompany D*, and (2) the factors upon which this evaluative variation should depend. It is this endeavour that I will now embark upon.

[217] Enoch and Toh 2013, 262. They observe rightly that the literature assumes without justification that there will be "one uniform answer to the location-of-evaluation question with regard to the entire class of thick concepts and thick terms." Toh and Enoch think that this assumption is most likely false. They write: "we are here in the business of understanding and explaining a huge class of concepts and expressions in a natural language. And it cannot be ruled out that they do not all behave in the same way."
[218] ibid, 263.
[219] Väyrynen 2011.
[220] Although some philosophers have assumed that being committed to contextual variability in evaluative valence would mean to side with those who advance the pragmatic position, this is not necessarily the case (Väyrynen 2011).

1. Types of Evaluation

Without treading too far into meta-ethical questions around evaluation,[221] a brief overview of the variability claim is warranted. In Pekka Väyrynen's leading work on the subject, Väyrynen discusses the variability claim as follows:

> "What does it mean to say that thick terms and concepts are contextually variable in evaluative valence? A theoretically fairly neutral but (therefore?) rough formulation is that *brutal*, for instance, is variable in valence if it can be used to evaluate things negatively in some contexts but positively in others – if utterances of sentences of the form X is brutal convey sometimes that X is bad in some way but at other times that X is good in some way. This formulation allows that thick terms and concepts may typically convey evaluations of a particular valence even if their valence is contextually variable."[222]

For instance, while we speak of "brutal violence" (evaluated negatively), we may also speak of "brutal honesty" (evaluated positively). The chief argument in favor of variability in evaluative valence comes from these sorts of examples.[223] These examples move at the level of language, Väyrynen tells us, in that they draw from linguistic evidence about how thick terms and concepts work to reveal something fundamental about the concepts underlying these terms.[224]

Drawing from these findings, I will discuss how the evaluative valence of *care* varies with context. When are caring actions evaluated positively, and when are they evaluated negatively? It is my argument that there can be (at least) three types of evaluations associated with the claim that an action is caring.

These evaluative stances can be summarized as follows:

[221] More detailed discussion on these issues can be found in Kirchin 2013.
[222] Väyrynen 2011, 3.
[223] ibid, 4.
[224] ibid.

Fig. 3

Care - PRO	*Care* - NEUTRAL	*Care* - CON

Let us begin with the *Care* – PRO[225] stance described first in Fig. 3 that is *care's* default valence.[226] By default valence, I mean that when an action is described as being 'caring', there is typically a positive evaluation that accompanies this description. To care is generally considered to be a good thing that warrants praise. After all, when we describe something as "caring", we almost always take it for granted that this is a positive, valuable trait – even a virtue.[227]

Now, on the other end of the spectrum, we have the *Care* – CON stance as encapsulated in Fig. 3. This is perhaps the least intuitive of the three evaluative stances associated with *care*. When we describe something as caring, a positive evaluation typically accompanies said description. However, in rare cases, there may also be an atypical, negative evaluation that accompanies the description of something as caring.

The *Care*-CON stance is routine, for instance, in the medical context. Patients often complain of "bad care" or a "low standard of care" and in doing so, they make negative evaluations while describing caring actions. A 2018 United Nations report uses the term "poor healthcare" to refer to the globally pervasive issue of medical failures and inadequacies in the provision of healthcare.[228] Through such statements, it is recognized that care was indeed provided but that this care was inadequate in some way. These locutions ("poor care", "inadequate care", "has not cared well", "low standards of care") point to the fact that there are some acts which qualify as caring actions, but fail to perform their function adequately. A negative evaluation therefore attaches to the description of these actions as 'caring'.

[225] By the term CARE-PRO, I do not mean that the caring action is either permitted or mandatory, but rather that there is a degree of moral praiseworthiness or "goodness" that we attach with some, if not most, actions that we call caring.
[226] There is an ongoing debate about whether thick concepts necessarily have a *default* valence. See Kirchin 2013; Kirchin 2007a; Kirchin 2007b; Norman 2007.
[227] Several theorists such as Slote 2007; Halwani 2003 have developed virtue ethical accounts of care ethics.
[228] United Nation News Report 2018.

This point is made even more evident in the case of caring actions that are not just unsuccessful in meeting a patient's needs but are also harmful. Take the case of medical malpractice. A doctor thinks it would be in the patient's interests to be given a very strong medicine which the doctor knows has not yet been approved by the relevant pharmaceutical authorities. After a few hours of taking this medicine, the patient has a violent reaction and dies due to this medicine. The doctor's actions are an example of "bad care" as the doctor's negligence ended up causing the death of the patient. The law, for instance, will hold this doctor accountable for failing to abide by a prescribed standard of care – thereby recognising that while care was provided, it was not provided well.

Now, in a slightly different vein, consider the following example. Suppose I am tortured every night, and there is a doctor who cares for me every day, so I survive and can be tortured again the next night. Here, the doctor's actions are still caring actions: after all, they meet some important medical needs that I possess. But these actions should certainly be negatively evaluated by any reasonable observer. This is because the agent is disrespectful to the patient and the agent's actions contribute to a larger scheme of wrongdoing: they create the conditions for further torture.[229] In such cases as well, thus, a negative evaluation is warranted.

In the middle of these two ends, we have what I have termed as the *Care* – NEUTRAL stance which I have mentioned in Fig. 3. Sometimes our evaluations of caring actions may not decisively conclude with either a *pro* or *con* valence. There may be cases wherein our evaluations of caring actions may be inconclusive – they are neither pro nor con, all things considered. For instance, if A and B are in a relationship wherein the burden of care work falls solely on A, we are faced with a complex case of care. Suppose further that A gets a sense of themselves out of doing all the care work and enjoys doing this work most of the time. We may have reason to evaluate A's caring actions as being good because they help cater to B's needs. But equally, the unequal nature of the relationship between A and B is also a cause of concern. A non-reciprocal relationship (particularly if it is further complicated on a power axis of the

[229] There is extensive debate about how thick terms that have a default positive valence can sometimes be evaluated negatively. One view is to say that a positive evaluation is baked into some concepts such as *courage* (or *care*). But sometimes the default positive evaluation that is baked into the concept turns out to be defeasible by unusual circumstances. When I describe an act as courageous, I always commend it (in some respect) – even though when courageous acts are deployed in the service of evil ends, a negative evaluation is warranted. Similarly with *care*, we may want to hold on to the view that to label an action as "caring" is to always commend it in some respect. This positive evaluation however can be defeasible by circumstances of the type discussed above. For a general discussion about this, see Väyrynen 2011.

likes of gender),[230] would warrant a complex evaluative case. We thus may have reasons to evaluate A's actions both negatively and positively and will not be able to settle neatly on a either a pro or con valence.[231]

Note that this case, and all cases that fall under the *Care* – NEUTRAL stance, are not purely descriptive cases. We *do not merely describe* the actions here as caring. There is still an evaluative stance that accompanies the description and thus *care* here is still a thick concept. The only point is that this evaluative stance cannot neatly be categorized as either pro or con and we have reasons to settle on an evaluative stance in the middle of these two ends.

We have so far arrived at the following conclusion: there are three evaluative stances that can accompany D*. Having shown this, we are now well-placed to think about the factors upon which the evaluation depends.

2. Factors Upon Which Evaluation May Depend

We often hear statements like "P took care of Q. P is such a good friend!". Or "P cares for Q despite Q not caring for P. Their relationship is unequal." This shows that *care's* valence varies with certain factors. But what are these factors? On what basis do we make such evaluations of caring actions? And what factors should feature when we are determining the moral standing of caring actions?[232] I will argue that the evaluation of caring actions should depend on the following three metrics:

i. *Consequence:* Did the action X meet recipient B's needs?
ii. *Process:* Was agent A attentive and responsive to B's needs, and respectful of B's capacity (when present) to ascertain their needs?
iii. *Scheme:* Did A's action contribute to a just or an unjust social practice?

[230] If A is a woman and B is a man, and they are both in a domestic relationship, the gendered dimension of this encounter would influence our evaluations.
[231] See Dancy 2013.
[232] Note that my argument here is not that these are the factors that *are often considered* by us in evaluating caring actions (an empirical claim), but also that these factors *should be the basis* upon which our evaluations of caring actions rest (a normative claim). The argument aims to present a metric to distinguish good care from bad care: one that can inform the practice and regulation of caring.

Let us take a look at each of these factors and what they entail.

A. Consequence

Our evaluations of caring actions are related importantly to the *consequences* of these actions. Do they successfully meet the needs that they set out to meet? As I discussed in the preceding section, some care ethicists have argued that for an action to be a caring action, it must be *successful* in meeting the needs of the recipient in some way.[233] While I demonstrated that the success criterion has no room at the stage of our description of caring actions (D*), I will now demonstrate that the success of a given caring action plays an important role in our evaluations of these actions.

Think of a case wherein A, B and C all set out to meet D's needs. A meets these needs. B is unsuccessful in meeting these needs. C's actions are not only unsuccessful in meeting D's needs, but are also harmful to D. Our evaluations of the care given in each case would *vary* on the basis of the outcome – we may be comfortable saying that D is better cared for by A than by B, and better cared for by B in comparison to C.

Now why should this be the case? The aim (teleologically speaking) of caring actions is *to meet needs.*[234] As the purpose of caring is the meeting of needs, the doctor who cares successfully for her patients should be praised above the doctor who cares unsuccessfully. The better an action performs its aim of meeting needs, the better it should fare on an evaluative metric about what constitutes good care. Without this, we would not be able to determine what a caring action must ideally be able to do and hold our standards of caring accountable to the relevant archetype. Further, without acknowledging that successful caring actions constitute "better care" than their unsuccessful counterparts, we run the risk of obfuscating the recipient's standpoint in an account of caring action. After all, to care well for someone is to meet their needs as well as possible. The consequence or outcome of a given caring action should thus be an important factor in our evaluation of caring actions.

B. Process

[233] Kittay 2011, 612. Collins 2015 takes Bubeck to have a similar view.
[234] Steyl 2020, 285.

Our evaluations of caring actions also importantly depend on the *process* through which the action is performed. As should have become evident in our earlier discussion on needs, determining what a recipient's needs are when performing a caring action is not a straightforward process. It is notoriously difficult to determine what a person's needs are. Who decides and how do we decide?

The philosophical puzzle here is whether needs are *objective* (things that would make the recipient better off from an objective standpoint), or *subjective* (things that a particular person – most often the agent or the recipient – believes would make them better off from their subjective standpoint). To need something is to *require* something such that the lack of it may cause some harm – whether physical or psychological. On one hand, we may take an entirely objective approach to the question of needs. We may say that if it can be empirically or scientifically proven that a recipient B would be better off if a certain need X were met, and if agent A meets need X, then A has performed a caring action. But conversely, if X is not something that would make B *objectively better off*, then any action where A meets X would not be correctly called a caring action.

But there has been some scepticism about whether a purely objective perspective to the question of need is viable. We may say that it is *objectively clear* that human beings need some things – like food, water, shelter, and good health – but in the case of less vital needs, the subjectivities inherent to the needs discourse become apparent. Do we really *need* smartphones or computers at all, for instance? There is no objective answer to this, but rather the answer is deeply contextual and depends on the societies we live in, the level of technological advancement, and the specific situation of the recipient. As a result, it becomes difficult to escape the contextuality and subjectivity involved with determining needs.

In my view, the answer lies somewhere in between purely objective accounts and subjective perspectives. While there is a degree of objectivity so far as needs are concerned (which is not the case with wants or desires), determining needs purely on the basis of what is objectively in the best interests of the recipient obfuscates the fact that the recipient has their own conception of what it is that they need. By ignoring the recipient's own articulations of their needs, an agent runs the risk of devaluing their agency. Therefore, when thinking of caring actions, the

process by which the agent meets the recipient's needs becomes paramount. When evaluating the moral worth of a given caring action, it is appropriate to ask: did the agent merely impose their own conception of needs upon the recipient? Or did they pay heed to the realities of the factual state of the recipient and the recipient's own conception of their needs?

In line with this, care ethicists have sometimes argued that there are certain values that are associated with care. These values are exhibited through some attitudes or mental states that the agent possesses towards the recipient whilst performing caring actions. Three attitudes routinely feature in the literature on caring actions: attentiveness, responsiveness, and respect.[235] Some care ethicists such as Engster argue that these attitudes must necessarily accompany actions in order for those actions to be labelled as "caring". The problem with this view is that this conflates the notions of care *simpliciter* and good care.[236] An apathetic nurse who distractedly feeds a handicapped patient still cares for the patient, though she has not cared well. A therapist who prescribes the correct medicine for a depressed patient despite failing to really listen to the patient has still cared for the patient: though, one can rightly call into question the standard of care that she gives the patient. This shows that while the attentiveness, responsiveness, and respect by which an agent performs a given caring action should matter at the evaluative stage (wherein we evaluate the moral standing of the caring action), they should not feature at the stage of defining caring actions.

Instead of holding that these factors feature in any way at the definitional stage, I argue that these are valuable attitudes that the agent possesses during the process of performing a given caring action. The degree of attentiveness, responsiveness, and respect demonstrated by the agent should influence the moral standing of a caring action.

[235] Gilligan 2011, 1990. In his 2023 book on the subject, Thomas Randall argues that there are certain distinct values of care, which can help us evaluate the moral standing of care (Randal 2023a, 30). Randall proceeds to identify the following four values of care: attentiveness, mutual concern, responsiveness, trustworthiness (46-7). Note, however, that Randall's focus is on *caring* relations instead of caring actions. Arguably the value of a caring relation would depend on some shared traits of the kind that Randall identifies, for instance, when he discusses "mutual concern" as a value of care. I am here dealing particularly with *caring actions* and am therefore interested more specifically in the attitudes that accompany caring actions: those that represent the mental states that an agent must possess before, during and sometimes even after the performance of a caring action. Therefore, I focus on attentiveness, responsiveness, and respect: valuable attitudes that an agent may possess towards the recipient during the performance of a given caring action.

[236] Engster 2007, 31.

It would help to say a little more about what each of these attitudes entails. *First*, as I have suggested, the greater degree of **attentiveness** that the agent displays in the process of performing a given caring action, the more valuable the action is. Attentiveness, for Engster, is the "first virtue of caring".[237] To be attentive to the needs of a recipient, is to make inquiries of the type: "do you need something?" and to respond through a caring action that meets these needs.[238] Now, recipients of care often have a clear idea of what their needs are and can communicate them clearly to the agent. In such cases, attentiveness would demand acknowledging these needs and acting in order to meet them. However, sometimes recipients experience a mental or physical illness that incapacitates them from being able to make decisions or communicate them to the agent. An attentive agent would have to decipher the needs of the recipient through the appropriate non-verbal cues: what is it that they seem to require, how is their body responding to certain stimuli: these and other such deliberations would be involved. In line with this, Lawrence Blum discusses attentiveness as the ability for "moral perception" and "sensitivity to particulars" in a situation that warrants a moral response.[239] This is obviously a tricky exercise without the clarity of verbal cues, but considering several paradigm instances of care occur wherein these verbal cues are absent, an attentive agent should at least try to decipher what a recipient, who lacks the capacity, actually needs, and then orient their actions towards meeting those needs.

Following from attentiveness, a *second* quality that matters for our evaluations of caring actions is the degree of **responsiveness** to need. I refer here to responsiveness as the degree to which the agent accommodates for any *changes* or *fluctuations* in the needs of the recipient in the process of performing the caring action. In the process of caregiving, the needs of the recipient often change. Caring actions must be responsive to changes in these needs, particularly with the passage of time. If an agent proceeds with an outdated understanding of a person's needs, then this would be a reason to evaluate their action less favourably. For instance, in the process of raising a child, it becomes important to keep track of the developmental needs of the child and monitor the fluctuations in these needs closely. As a child grows, their needs – nutritionally, environmentally, socially, and physically – will change and a responsive carer would alter their caring actions to account for these fluctuations. I agree with Engster then, that

[237] Engster 2007, 30.
[238] ibid.
[239] Blum 1991.

"an individual who fails to engage with others when providing care for them, or fails to monitor their reactions to care, will in the end usually be less effective than someone who remains open and responsive to them".[240]

Though closely related, attentiveness and responsiveness denote slightly different traits on my account. Attentiveness is primarily a synchronic virtue that pertains to the mental state of the agent at the time when the caring action is initially performed. On the other hand, responsiveness primarily embodies a diachronic virtue, demanding that the agent remains consistently mindful throughout the execution of caring actions or in the caregiving process. This entails not only being attentive to the recipient's needs at all stages but also evaluating how the *caring action is being received by the recipient*. It therefore involves a proper consideration of the patient's response to the agent's actions by the agent, rather than merely an initial-stage assessment of the recipient's needs.

Third, and finally, what often distinguishes care that is positively evaluated from care that is not, is also the degree of **respect** given by the agent to the recipient's own articulation of their needs. Care ethicists (and some feminist philosophers in general) have seen respect as being about treating another individual as a concrete individual with their own particularities – rather than an abstract, generalised other.[241] As Herring points out, such respect is a "marker of care".[242] It involves treating someone as an agent who can ascertain their own needs, rather than as an object.[243] In '*Respect and Care: Toward Moral Integration',* Robin Dillon argues that 'care respect' or the respect that must accompany caring actions strikes a balance between the universal and the particular. Dillon writes:

> "Care respect thus involves viewing persons simultaneously in the abstract and in the particular, valuing this person as the fully specific concrete individual 'me' she is because she is a particular individual and human 'me.".[244]

[240] Engster 2007, 30.
[241] Benhabib 1985.
[242] Herring 2019, 53.
[243] ibid.
[244] Dillon 1992, 118.

Herring suggests a similar view by contending that "treating the other as a person with their *own* particular character, beliefs and interests".[245] Note that it is not the case that an agent must make a positive appraisal of the character of the recipient. The agent is required, rather, to recognise the recipient's dignity and authority *in ascertaining and articulating their own needs*. As Engster correctly highlights, the focus here is the "recognition that a recipient is capable of understanding and expressing their needs".[246] When agents recognise that a recipient is capable in this sense, they should give due respect for their *ability* to decide what it is they need and how these needs can best be met. It is this respect – of the recipient as a subject who can make their own decisions – that is important as an attitude that accompanies caring actions.

It is helpful to turn to Darwall at this juncture. Darwall draws a distinction between two kinds of respect: *recognition respect* and *appraisal respect*. While recognition respect is the "disposition to give appropriate weight or consideration in one's practical deliberations to some fact about the object and to regulate one's conduct by constraints derived from that fact, appraisal respect, by contrast, is an attitude of positive appraisal of a person or their merits, which are features of persons that manifest excellences of character."[247] The respect that I am referring to here is a kind of recognition respect – that Darwall notes involves the "normative notion" that a recipient of care possesses the "dignity or authority to make claims or demands of us."[248]

To see the value of respect in activities of care, let us deal briefly with the opposite scenario: actions wherein the agent displays a lack of respect for the recipient. A father tells his adult daughter not to wear a short skirt on an outing with her friends, because he says that wearing such a short skirt is not good for her safety. The daughter responds saying that she is capable of evaluating her own safety-related needs and that she will wear what she pleases. The father yells at her and prevents her from going out – either by emotional factors or by physical restrictions (not giving her the car keys, perhaps even bolting the door). In such a case, the father believes he is doing something that will meet the daughter's needs or protect her from harm. However, he clearly displays a complete *lack of respect* for her autonomy in determining

[245] Herring 2019, 53.
[246] Engster 2007, 31.
[247] Dillon 2022.
[248] Darwall 2010b, 156. But see Darwall who argues that respect and care in Slote's version of care ethics, are incompatible.

her needs. Such a caring action is a paternalistic one of the kind that would appropriately be evaluated with the *Care* - CON evaluative stance.

What respect requires is the recognition that recipients of care are often best placed to judge what their needs are. It is therefore advisable to put a lot of weight on people's judgment about what their own interests are. However, in some instances, people can be misguided about what it is they needed and be wrong about their needs. What respect requires is not that we blindly follow the recipient in their articulations of their needs, but rather, that we listen to how the person articulates their needs. It requires that we assume, unless we have reason to believe otherwise, that the recipient's articulation of their own needs is sound. But in cases where it is obviously not, respect requires us to look out for the person's welfare. We therefore have a duty to *listen* to the person articulate their needs and value their articulations. But if we conclude, after due deliberation, that that the recipient's understanding is fatally flawed or that the recipient lacks the capacity to make their own decisions, then the agent is not disrespectful if they go ahead and give the care they believe (perhaps with very good reason) is required.

Think, for instance, of medical patients that suffer from illnesses that mentally or physically incapacitate them from making decisions. Doctors often step in and make decisions about what would be best for the patient.[249]There are rich debates in medical ethics and law about the validity of such decisions and the cases in which paternalism is justified. Without delving too far into these, we can see that there are perhaps *some* cases where paternalism is necessary, justified and even desirable (consider a comatose patient for instance who is unable to ascertain or communicate their needs).[250] As I have made clear, what matters in our evaluations of caring actions is to what degree A was attentive to B's needs, responsive to any changes in B's needs and respectful of B's capacity *(when present)* to ascertain their own needs.

The caveat of "when present" is important here: we can only morally require an agent to respect a recipient's articulation of their needs when they have the *capacity* to articulate these needs.

[249] Medical paternalism is deemed to be justified in several cases. See generally, Bassford 1982, 731-9; Hanson 2008, 910-13. But see Häyry 2002 for a detailed discussion on the limits of paternalism's justifications.

[250] In several cases, the doctors are instructed to do what is in the patient's best interests. This best interest threshold is also invoked in several jurisdictions in child custody cases – wherein the courts decide what is in the best interests of the child and which custody arrangement would be most beneficial for the child. Both the incapacitated patient and the child, then, are deemed unable to decide what is best for them and thus paternalism is justified in these cases. See generally, Hanna 2018 for a rigorous examination of the justification of this threshold and paternalistic interventions.

A full theoretical argument about when capacity is present and when it is absent is far beyond the scope of this thesis. It will suffice to say that when the capacity threshold is met (determined as it is by whatever moral, political, or legal standard present), then the agent must respect a recipient's agency in determining what it is they need. However, in cases where the patient lacks mental capacity to make their own decisions, paternalism is often justified. By adding the capacity caveat, then, I hope to bracket out cases of valid paternalism.

We can thus conclude that the degree of attentiveness and responsiveness that agent A shows towards recipient B's needs; and the degree to which A is respectful of B's capacity (when present) to ascertain their own needs, should influence the moral standing of A's caring action.

C. Scheme

This brings us to the final factor in our evaluative determination. Sometimes the problem with a caring action is not that the needs of the recipient were not met or that the agent did not adhere to certain process-based standards when performing the action. Rather, the issue is related to the larger context under which the caring action is performed.

Think of the historical evidence that shows that during genocide, there have been teams of doctors working alongside those perpetrating genocide.[251] Nazi doctors, for instance, were charged with the job of attending to the medical needs of the Nazis, in such a manner and with such an intent, so as to allow the perpetrators to go about their actions of mass murder or torture efficiently. The Nazi doctors' actions – of attending to basic medical needs of the officials – were caring actions in that they met some undeniably important medical needs of the officials. These caring actions may do well on the 'consequence threshold' (as they successfully meet the perpetrator's needs) and the 'process threshold' (as the doctors are attentive, responsive, and respectful towards the perpetrator's medical needs). However, despite this, these actions would certainly be evaluated negatively, and this negative evaluation would be warranted. Our evaluations of caring actions, all things considered, hence also depends on the larger scheme to which such actions contribute.

[251] Due to the large-scale involvement of physicians in war crimes, the concept of 'medical war crimes' has been the subject of significant legal discussion and regulation since after World War II (Mehring 2011).

In evaluating a caring action, the larger social practice to which it contributes is relevant. Steyl points out that "caring relations are caught up in the power dynamics of the wider family, community, profession, state, and even the international community."[252] Feminist philosophers have further highlighted the extent to which care is intertwined with these structural power dynamics – showing that care work has been a burden for women and has been a tool in furthering patriarchal oppression.[253] Moreover, the moral standing of a caring action is notably shaped by the relational context in which it occurs: does the caring action contribute to the furtherance of an unequal relationship? If so, this would rightly be a cause of concern at the evaluative stage. For instance, if a woman bears the sole burden of care work for an abusive husband, and maintains an abusive relationship with him, her caring actions are not "morally praiseworthy" all things considered. Her actions in this case further her own oppression and in some cases may expose her to direct physical harm. They also uphold a social morality that licenses the oppression of women: so that the damage is not just to herself, but to all women. Thus, a more complex evaluative stance (something like *Care*-NEUTRAL or even *Care*-CON) would be adopted – and appropriate – in our evaluations of the woman's caring actions.

Now while caring actions that contribute to a larger scheme of wrongdoing would warrant a negative evaluation, the converse is also true: caring actions that contribute to a valuable scheme would warrant praise. Suppose Don runs a manufacturing factory wherein workers are subject to inhumane working conditions. Due to the lack of adequate equipment in the factory, workers often suffer serious injuries. As a result, less output is produced, and the profits of the company have suffered. In response, instead of providing adequate safety standards and equipment to workers, Don decides to hire a medical professional to attend to the workers' injuries. The doctor follows Dan's directions to treat worker's injuries solely with the intent of ensuring that they get back to work for Dan as soon as is possible. This leads to a compromise in the standard of care expected for patients who suffer serious injury. Now, while the doctor's actions would qualify as caring actions, they warrant negative evaluation as they contribute to a larger scheme of wrongdoing.

In contrast, think of a case wherein a doctor is treating injuries of domestic violence victims at a shelter. Due to the lack of resources available at the shelter, the standard of care provided to

[252] Steyl 2020, 292-3.
[253] Herring 2019, 53.

individual victims sometimes has to be compromised so that a large group of persons can be treated. While this is the case, the doctor attempts to provide the best care possible to the victims and is involved in a successful effort that helps victims of abuse. Here, the doctor's actions contributed to a valuable scheme that seeks not just to meet immediate medical needs of the victims, but also contributes to a larger effort to assist and rehabilitate victims of domestic violence.

Now compare the actions of both doctors in our hypotheticals above. If we isolate their actions from the larger context under which they are performed, they seem equally placed. Both sets of actions sometimes reflect a compromise in the general standard of care expected from victims of injuries, but still satisfactorily manage to meet the patient's needs. However, even though the actions themselves seem equally placed in terms of the quality of the care provided, the doctor's actions in the domestic abuse case would certainly warrant more praise than the doctor's actions at Don's factory. This is because all other things being equal, the moral value of caring actions depends importantly on the nature of the scheme that the actions contribute to.[254]

Drawing from the arguments presented so far, we arrive at the following conclusion. If agent A's act of ϕ-ing meets the threshold encapsulated in D*, we can say that A performed a caring action towards recipient B. But the moral standing of that caring action must be evaluated on the basis of the metric specified here in E*:

> **E*:** A caring action X warrants evaluation with a pro-valence rather than a con-valence depending on how (i) successful X is in meeting B's needs; (ii) the degree to which A is *attentive* to B's needs, *responsive* to any changes in B's needs, *and respectful* of B's capacity (when present) to ascertain their own needs; (iii) and the degree to which X contributes to a valuable scheme rather than a larger scheme of wrongdoing.

[254] There is a degree of overlap here between the question of scheme (i.e. the larger practice of which the action is a part) and the motive of the agent when performing the action. Arguably, if a given caring action X contributes to an unjust scheme, it would be the case that X was performed with the motive to contribute to this unjust scheme. However, bad motive *per se* does not lead to an action that contributes to an unjust scheme. The success of the action in contributing to this injustice will also be a factor that plays a role in our evaluations.

A cumulative assessment of these three factors, as stated in E*, capture the complexities of how care should be evaluated and why it is sometimes seen to be a morally valuable thing (even a virtue) and why other times it is seen to a tool that furthers oppression and inequality (which is a core feminist concern). Our understandings of *care* must be able to accommodate this deep variability. Taken together, then, the formulations D* and E* provide the foundation for a conceptual account of *care.*

VI. On Separability

Framing *care* as a thick concept opens up one final area of inquiry. This is the question of how the evaluative and descriptive are held together in a thick concept. After all, even if we can agree that *care* has both a descriptive and a normative component, we must ask: how are these two related to another?

There are two views on this subject: separationism and non-separationism. The separationists think that the descriptive and evaluative components can be separated from one another, while the non-separationists think that they cannot. If care ethicists engage with this literature, we may be able to determine how our descriptions of care are held together with evaluations. Can these two components be disentangled from one another, at least in theory? Or is there a necessary overlap that makes such disentangling impossible?

This debate between separationists and non-separationists is related closely with another debate on thick concepts: how are thick terms and concepts connected with the evaluations that they may be used to convey?[255] Väyrynen calls this the question of the "location of evaluation".[256] There are two approaches to this question as well: the semantic view and the pragmatic view. For theorists who adopt the semantic view, thick terms and concepts are *inherently* evaluative: their relationship to evaluation is conceptual and semantic.[257] On this view, the evaluations are part of the term's truth-conditions much like the descriptive content of the term. Now, in contrast to the semantic view, some theorists adopt a pragmatic view which holds that the evaluations associated with thick terms and concepts are not part of the semantic truth-

[255] Väyrynen 2011, 2.
[256] ibid.
[257] ibid.

conditions of the term. Rather, they are conveyed through some pragmatic mechanism – such as what speakers may use them to mean, associate with their meanings, or gather from their uses.[258] The evaluations here are thought to merely convey the attitudes that speakers take towards the term or concept, but are not part of the semantic conditions of the term.

From the discussion on *care* that has so far been undertaken, it may seem that my approach is closer to the pragmatic view. While undertaking a comparison between semantic and pragmatic approaches is far beyond the scope of the present thesis, I should note that I am indeed inclined to side with the pragmatic view on evaluation with respect to *care*. This is because the pragmatic view seems more compatible with the notion of contextual variability of evaluative valence. After all, the pragmatic view holds that the *evaluation* of caring actions is a matter of pragmatics, rather than semantics: therefore, the pro-evaluation that typically accompanies descriptions of caring actions is not part of the semantic meaning of the term 'care'. If we take this approach, we can easily accommodate for *care's* contextual variability and the atypical negative evaluations that are sometimes exhibited.

This ties in well with the argument made by Simon Blackburn who argues that, for instance, while the term "tidy" is typically used to convey a positive evaluation, someone can be criticized for being "too tidy" – indicating that the term tidy is used to convey something negative.[259] If the positive evaluation was indeed a part of the truth-conditions of the term "caring" or "tidy", then the phrases "too caring" or "too tidy" would be semantically awkward. Since they are not semantically awkward as one can imagine their sensible usage, it seems that evaluation is a matter of the pragmatics and thus varies with context.[260]

[258] ibid; Blackburn 1992.
[259] Blackburn 1992, 226.
[260] But see Väyrynen 2011 who argues that in this case, the negative evaluation has to do with the usage of the term "too" rather than the given thick term. The atypical evaluation can be attributed to identifiers such as "too", and not to the given term in question. With *care*, however, we can think of negative evaluations that accompany the term even when the term "too" is not employed. For instance, we often say that someone "does not have a care in the world" and speak of this state of being "carefree" as a positive thing. This shows that the atypical evaluations that accompany the usage of the term "care" are not part of the term's truth conditions. When the term "carefree" is employed, or expressions like "X does not have a care in the world" are used, they signify that the individual lacks the responsibility to take care of anyone or anything. This absence of caregiving responsibilities is perceived as a form of freedom, while the opposite—having responsibilities to care—is often considered a source of anxiety. Likewise, when the term "careless" is applied, it implies that a crucial aspect of care, specifically attentiveness as I have outlined, is absent when the agent performs a given action. In essence, these expressions all refer to different facets of what it entails to engage in caring actions or undertake the labour of caring for someone else.

Now, while this is the case Väyrynen argues that both the semantic and pragmatic views are compatible with the general claim that the evaluative valence of a thick term or concept varies with context.[261] Similarly, both separationism and non-separationism are also compatible with the claim of variability.[262] Therefore, when thinking of *care,* we can adopt either a separationist or a non-separationist view and still retain the argument on variability.

This is compatible with the perspectives we can glean from care ethical writings as well. Sometimes care ethicists endorse a position that seems closer to a non-separationist view than a separationist one. For instance, Held writes:

> "It is not enough to think of care as simply work, describable empirically, with 'good' and 'right' providing all the normative evaluation of actual practices of care."[263]

Such a position suggests that it is not possible to detach the descriptive component of care from an evaluative element with either a pro or con valence.[264] If Held's view is elaborated upon, then we could perhaps say that a description of care carries with it a positive evaluation: to make the former, is to inevitably make the latter.

Even Peta Bowden's view likewise seems to be close to the non-separationist approach. Caring, for Bowden, expresses: "ethically significant ways in which we matter to each other, transforming interpersonal relatedness into something beyond ontological necessity or brute survival".[265] Caring in itself is an ethically significant way of going about things and examples of care thus seem to be intimately related with evaluative judgements that to care is in fact a good and ethically significant thing.

On such a non-separationist view, the description of any phenomenon as "caring" carries with it a positive evaluation. When we describe something as "caring", a positive evaluation

[261] Väyrynen 2011.
[262] ibid.
[263] Held 2006, 38.
[264] As I mentioned earlier, some theorists argued that evaluations need not be restricted to either a pro evaluation or a con one and that evaluative content can be more varied than either pro or con evaluations: Dancy 2013, 58; Kirchin 2013, 74.
[265] Bowden 1997, 1; Held 2006, 33.

necessarily accompanies the description of the term. Kirchin describes the idea behind non-separationism eloquently in the following excerpt:

> "Imagine an anthropologist going into a society and trying to pick out what a certain evaluative concept stands for. As part of this, or perhaps first of all, she will have to work out what the concepts are that are in use, which ones are evaluative, and so on… Perhaps the outsider encounters a friendly insider who points out which collection of descriptively characterized things are kind, and which are not. But, after the insider leaves the outsider, will she be able to continue and apply her knowledge to descriptively new cases? (No)... People can see what various descriptively characterized collections have in common only if they can latch onto the evaluative point of putting these items into a collection in the first place."[266]

This is of deep interest in the context of care. Can anthropologists who study care, for instance, make sense of it without sharing its evaluative point? Or is it possible to identify phenomena as 'caring' only if we do indeed "latch on" to its evaluative point, as the non-separationists claim?

If such a non-separationist view is taken, to call something 'caring' is to generally evaluate it favourably and this may be good enough reason to recommend it or advocate for it. The recommendations made by care ethicists follow directly from the classification of an action as caring. The is-ought gap and the divide between the descriptive and the normative could thus potentially be bridged by developing a nuanced version of such an account.

On the other hand, we could also potentially endorse a separationist account of *care.* We could say that D* is separable from the evaluative component that accompanies D*. The latter is merely attached to D*. On this account, when we describe a phenomenon as "caring", we are describing certain non-evaluative features of an act. The evaluative element that goes with it, is often thought of, under this view, as a matter of pragmatics and not semantics.[267] The

[266] Kirchin 2013, 11-12.
[267] This is not necessarily the case, though. There can also be separationist views that align with the semantic approach rather than pragmatic view. See Väyrynen 2011.

evaluations that we convey are thus a set of cultural attitudes on such a separationist, pragmatic view and are not truth-apt.

On such a view, the mere fact that some action qualifies as 'caring' is not reason-giving. The separationist view, it would appear, fits better with the claim that caring actions are open to differing evaluations (PRO, NEUTRAL and CON), and that a normative theory of what makes *care* morally valuable and, in some cases, morally obligatory is called for. The question cannot be ducked by claiming that the concept of care itself, as a thick concept, does all the normative work. In this way, a separationist view bears similarity to the approach I have taken in this chapter. For *care* to be reason-giving and provide sound reasons for action, there must be something else in the picture.[268] What, then, is this something else?

This opens up another debate in care ethics – the debate on moral principles. There is an ongoing discussion among a few theorists about whether principles are necessary for care ethics, for the approach to navigate the distance between the descriptive and the normative.[269] On a separationist view, such principles would be needed as additional evaluative premises – or independent normative grounds – to bridge the gap between the descriptive and the normative. Merely because care is *often* evaluated favourably as a matter of pragmatics, does not mean that it gives us moral reasons for action.

Pettersen seems to endorse such a view when she argues that moral principles or premises need to be added to in care ethics. Pettersen writes:

> ".. For the perspective of care to constitute a *normative* theory, not merely a value-laden, question-begging, and fallacious psychological construction, an evaluative premise must be *added.* The ethics of care must be anchored in an ethical ideal or value, if the normativity of the theory is to be justified."[270]

[268] Engster 2005.
[269] Some have argued that even if there is no room for principles in care ethics at the level of deliberation, there may be room (and even a need) for moral principles at the level of justification or determining rightness. (Stark 2010, Collins 2015, 17-33). The position – that we need normative grounds to ground our *obligation* to care for others, based in moral principles – has also been affirmed by Engster (Engster 2005).
[270] Pettersen 2008, 40.

If a separationist view is taken, we see that there is perhaps a stronger case to be made for why care ethics *requires* moral principles. On such a view, the evaluation that accompanies a description of a phenomenon as caring is a matter of context – and varies with context, often with pro-valence and sometimes with con-valence. Therefore, for the practice of care to give rise to a moral "ought", care ethics must accommodate certain moral principles.[271] Or put differently, a moral theory of *care* (which points to certain moral principles) – or a care ethical theory of right action – [272] is needed to explain under what circumstances caring acts are morally commendable.

As is clear by now, on the account of *care* I have advanced so far, if X is a caring action that does not automatically mean that X is morally good. It may seem then that I have advanced a separationist account of *care* as a thick concept. I am not opposed to such a characterisation and agree that it is perhaps the most intuitive upshot of the arguments on *care* that have been developed so far.

Note that, contrary to how it may appear, being committed to a separationist view about thick concepts does not commit us to the view that these concepts are not thick concepts at all. It is sometimes assumed that if the descriptive and evaluative components can be separated in the way that separationists suggest, the concepts in question are not thick at all as they fail to truly *combine* both elements. This view is misplaced for two reasons. *First,* the crucial feature that distinguishes thick terms and concepts from their thin counterparts is that they hold together non-evaluative description and evaluation. The evaluative component does not necessarily need to be only of a particular valence. The point is merely that the term necessarily carries with it an evaluative component (irrespective of the valence). *Second,* the mere fact that caring actions are not necessarily morally good does not mean that the term "care" and the concept of care do not carry a typically positive valence. They do. The default valence associated with care is still positive with atypical negative and neutral evaluative stances.

The term "care" can be used to convey negative evaluations: something is "too caring", and this is a bad thing, someone "does not have a care in the world" and this is a good thing, we

[271] For a more general discussion on how the justification, formulation, and grounding of principles can depend on practices, see Sangiovanni 2016.
[272] Steyl 2021.

speak of the "burdens of care" as a bad thing. This shows that the valence of *care* varies with context and as I have further highlighted, the moral value of caring actions varies on the basis of the factors identified above. These findings arguably lead us to the view that this variable evaluative stance (a matter of pragmatic attitudes and not semantic truth conditions) can be separated from the descriptive features of the thick term "care" and the underlying concept of care.[273] It thus seems that my account is similar to the separationist view.

Now, while this is the case, I also want to point out that there exists a way to reconcile my account of *care* with a non-separationist perspective as well. For instance, Jonathan Dancy has proposed a non-separationist account of thick concepts that can accommodate the contextual variability in evaluative valence that I have highlighted with respect to *care.* Dancy is committed to a non-separationist stance as he thinks that with some concepts, thick terms and concepts involve different directions of evaluation in different contexts and may even involve multiple evaluations of different valence in one and the same context.[274] As Väyrynen writes, Dancy holds that calling something lewd "might typically express something negative, sometimes express that it is just what is called for, and sometimes express some mixture of the positive and the negative, such as that it would be appropriate to respond with some mixture of titillation and embarrassment."[275] For Dancy these variable evaluative stances are built into the semantic truth-conditions of the term and competence with the term requires competence with a *range* of these variable evaluative stances.[276] Dancy argues that we cannot determine the descriptive features of these thick terms without engaging with the question of what evaluations normally accompany the term. Therefore, Dancy adopts a non-separationist (or inseparabilist view) and a semantic view which is compatible with the claim that the evaluative valence of the term can vary with context.

This brief discussion of Dancy's approach shows that we could also adopt a non-separationist approach to *care.* We thus see that while my conceptual account of *care* is compatible most intuitively with separationism, some versions of non-separationism can also account for the

[273] This separationist view does not necessarily commit us to the non-cognitivist pragmatic approach. See Väyrynen 2011.
[274] Dancy 2013, 46. Further, non-separationism could also be compatible with a pragmatic view if we hold that it is possible for there to be some "pragmatic intrusion" into the semantic content of a thick term so that the descriptive and evaluative components of thick terms cannot be disentangled from one another.
[275] Väyrynen 2011, 15; Dancy 1995, 265.
[276] ibid.

contextual variability of *care's* evaluative valence.[277] I will not take a side on which view to adopt on *care* at this juncture but want to highlight the importance of this line of inquiry for future research.

VII. Conclusion

This chapter has provided a conceptual account of care. In Section II, I first introduced thick ethical concepts. In Section III, I demonstrated the payoffs of framing *care* as a thick concept. A thick conceptual structure not only fits the phenomenon of care, but also throws light on its various aspects. If we frame *care* as a thick ethical concept – I think – there is much that we stand to gain.

Now, if *care* is indeed a thick ethical concept, we must ask what such a concept entails: what are the descriptive and evaluative components of such a concept? I took this question up in Section IV and V. I argued that caring actions can be described as follows: A cares for B by ϕ-ing, if and only if, A ϕ s with *either the express or tacit belief* that by ϕ-ing, A will meet B's needs or go some way towards meeting B's needs; and provided that A's belief is reasonable **(D*)**. After discussing the descriptive element of *care*, I provided an account of *care's* evaluative dimension. I advanced an account here that stated that evaluations of caring actions (described in D*) vary in their valence in three ways – we can potentially have *Care – PRO, Care- CON* and *Care- NEUTRAL* approaches. I argued that a caring action X must be evaluated with a pro-valence rather than a con-valence depending on (i) *outcome* – how successful X is in actually meeting B's needs; (ii) *process* – to what degree A was attentive of B's needs, responsive to any changes in B's needs, and respectful of B's capacity (when present) to ascertain their own needs; (iii) *scheme* – whether or not X has contributed, in any way, to a larger scheme of wrongdoing. In Section VI, I concluded this chapter with a brief discussion of how the descriptive and the evaluative are held together. Are they separable from one another, or are they inseparable? I outlined the differences between both accounts and demonstrated that my conceptual account of *care* is compatible both with separationism (in most intuitive ways) and with some accounts of on non-separationism which are committed to showing a concept's variability of evaluative valence.

[277] See Väyrynen 2011. Non-separationist accounts tend to be semantic and thus may not intuitively account for this, but it is certainly a possibility.

This framing may not be able to settle the debate on what it means to care. But it certainly brings us closer to an answer. Cumulatively, the discussion so far on the concept of care can be summarised on the basis of the following four claims: (i) *care* is a thick ethical concept (ii) it consists of a descriptive and an evaluative element (iii) the descriptive element can be captured in formulation D * and the evaluative element in E* (iv) the descriptive and evaluative elements interact in such a manner that the evaluative valence taken to the description varies with context (it is typically positive, but atypically negative or neutral). These findings contribute to care ethics by clarifying what *care* entails and pave the way for the analysis in the subsequent chapters of this thesis.

CHAPTER THREE

DUTIES TO CARE

I. Introduction

We often regard ourselves as being responsible for the care of another: a child, a parent, a friend, a pet, or a perfect stranger to whom we owe some basic responsibilities. What explains these duties to care for others? When do we owe them? Why do we owe them? And what do they entail? The preceding chapter provided an account of caring actions. The present chapter builds on these findings to pursue the following inquiries: when is the performance of caring actions morally obligatory? And what makes the performance of caring actions morally obligatory in some cases, and not in others?

A discussion of duties to care (duties to perform some caring action or set of caring actions) is crucial – not just for my project here, but also for the project of care ethics in general.[278] If care ethicists are to base their arguments on any form of the moral principle – "one must care" – care ethics requires a rigorous understanding of the obligatoriness associated with the performance of caring actions.[279] In Section II, I begin with a brief discussion on methodology. While the justification for our duties to care for others will be based on a moral principle, care ethicists have been sceptical (to some degree) of moral principles altogether. This scepticism will be addressed, and it will be demonstrated that a reliance on moral principles is indeed salutary. This paves the way for Section III wherein a literature review is provided. The review demonstrates that there are crucial gaps in the literature on duties to care that require resolution. Section IV – which forms the focus of this chapter – then provides a comprehensive

[278] Miller 2012 uses the phrase "the duty to care" to refer to the moral duty to perform caring actions. Note that the phrase "duty of care" in Anglo-American law is used to refer to a duty to exercise due caution in one's activities. Given that this legal duty is distinct from (though importantly related to) the moral duty to perform caring actions that I refer to in this thesis, I have used the phrase "duty to care"(or "duties to care") across the thesis when referring to our moral duties to perform caring actions.

[279] Engster 2005, 57. Note that care ethicists sometimes use the term "responsibility" instead of "duty" or "obligation". In the course of this thesis, I will use these three terms interchangeably. I hold that if one is obligated or duty-bound to ϕ, they are indeed responsible to someone for ϕ-ing.

philosophical framework on the scope of duties to care, their grounds or justification, and their content. This framework addresses prevalent gaps in care ethics whilst setting the stage for the discussion on political obligation that follows.

Let me begin with some necessary clarifications. *First,* it is important to distinguish between the question of when and why we have obligations to care and the question of how to assess the moral value of caring actions. The second of these questions, on the moral value of caring actions, has been dealt with at some length in Chapter Two of this thesis. The question of what makes one caring action better than another is an evaluative inquiry which is distinct from the inquiry around moral obligations that I am undertaking in the present chapter. To appreciate this distinction, think of the fact that the performance of some of the 'best', or most morally valuable caring actions, may indeed not be *required* of an agent. All supererogatory deeds can fall into this category: to meet a friend's needs by putting oneself in grave danger may indeed be morally valuable and salutary, but it would rarely be *obligatory.* Therefore, the question of moral value which has been discussed earlier is different from the inquiry that I will undertake in this chapter.

Second, moral obligations must be distinguished from non-obligatory moral reasons. Moral obligations are not merely weighty or conclusive moral reasons. They are those moral reasons that have a distinct character: they provide an agent with moral reasons to perform an action the non-performance of which would be blameworthy. This distinction between obligatory and non-obligatory moral reasons is missed in even some of the more nuanced care ethical literature.[280] As I have discussed at length in the first chapter of this thesis, while having a moral obligation to ϕ entails having a moral reason to ϕ, not all moral reasons are moral obligations. We may have good moral reasons to perform a caring action that meets another person's needs, but it does not necessarily follow that a moral obligation to perform said action

[280] This distinction is overlooked by various philosophers who argue that deontic properties can be reduced to non-deontic properties. Although not explicitly stated, this view is sometimes also adopted by certain care ethicists. For instance, in her account of dependency duties, Collins writes that a moral obligation is "a moral reason that warrants a large amount of weight in an agent's practical reasoning": Collins 2015, 97. I do not think that this view is incorrect. But rather, it is incomplete. A moral duty to care can indeed give an agent a strong moral reason that warrants a large amount of weight in their practical reasoning. But this is not sufficient. A moral duty to care must also prescribe the performance of an action whose non-performance is blameworthy. Duties to care are not merely weighty moral reasons to care, but rather cases wherein the non-performance of a caring action would be morally blameworthy.

is obtained. Moral duties to perform caring actions are present only when the non-performance of these actions would be wrong. It is these cases that the present chapter is devoted to.

Bearing these clarifications in mind, we are now equipped to deal with a preliminary hurdle on methodology.

II. A Note on Methodology

When discussing duties to care, it would make sense to justify these duties by recourse to some moral principle. But there has been some pushback against this very invocation of moral principles from within the care ethical tradition. In fact, the "scepticism of moral principles" has been regarded as a central tenet of the care ethical approach.[281] As Collins explains:

> "Care ethicists tend to see principles – understood as conditionals with an imperative consequent – as at best insufficient, and at worst distortive, for proper moral justification and deliberation. This thought is expressed differently by different theorists, but the general idea is that a full and accurate specification of the moral reasons to perform an action, ϕ, in a context, C, will include so much detail about C that none of the reasons will apply to other contexts."[282]

This is reflected in a range of care ethical work that states that moral principles are unhelpfully "abstract", and they are "universal": they do not pay attention to contextual particulars.[283] In line with this, the first question to ask is a methodological one: is it methodologically sound to rely on moral principles? Or is doing so somehow antithetical to the tradition within which this analysis seeks to root itself?

Care ethicists are often sceptical of moral principles and claim that theirs is a particularistic ethic that rejects, rather than embraces, the abstraction that the use of moral principles (allegedly) entails.[284] Now, the care ethical antipathy to moral principles is a rare stance. Most

[281] ibid, ch.1.
[282] Collins 2015, 17. Note that Collins's conception of principles (articulated at the beginning of the quoted paragraph) itself warrants questioning. The deontic operator of a moral principle governs the whole conditional rather than just the consequent of the conditional.
[283] ibid.
[284] Held 2006, 11.

moral philosophers think that principles are in fact fundamental in some way to moral thought and practice. Western modernity, inspired by traditional Christian ideals, has been grounded in the idea that the moral person is principled – acting and thinking consistently. In fact, principles are so central to our understanding of morality that it is difficult to think of duties without relying on moral principles. After all, when we teach children that they have a moral duty to refrain from lying, we ground this imperative in a general moral principle: "one should not lie". It seems intuitive to think that our duties are justified by underlying moral principles. Arguably the very rationality of moral thought – moral judgment, reasoning, and practice – requires moral principles.[285]

This antipathy to moral principles is shared by one other group of philosophers: the moral particularists. For the particularists, the rationality of moral thought does not depend on the suitable provision of any moral principles. In fact, principles distort our understanding of how we reason through moral dilemmas. In this section, I will bring care ethics into conversation with moral particularism. Drawing from particularism helps point out what conception of moral principles care ethicists are operating with and allows us to thereby clarify what the care ethical antipathy to moral principles entails.

1. Absolute Principles and Contributory Principles

Even a cursory look at the literature in moral particularism reveals two competing conceptions of moral principles: the absolute conception and the contributory conception. On the absolute conception, a moral principle makes some universal clam about the *overall* wrongness or rightness of an action.[286] Consider the principle that 'lying is wrong'. On the absolute conception of principles, this would mean that *all instances* of lying are *wrong.* Even if we may have a good reason to lie (for instance to save someone's life), any instance of lying would always be wrong despite any other redeeming features of said action.[287]

[285] Most moral philosophers are moral generalists in that they subscribe to the view that moral reasoning and practice makes use of principles in some important way. In contrast, particularism is characterized by a general *negative attitude* toward principles.
[286] For a detailed discussion, see Dancy 2017.
[287] The classical source for this view is Kant. See Carson 2010 for a discussion on the prohibition against lying in the Kantian framework.

On the other hand, we may adopt a contributory conception of moral principles. On this conception, moral principles make only *partial claims* and tell us about *a particular feature* of an action, rather than making a judgment about the action's overall rightness or wrongness. For instance, on such a conception, if an action is a lie, that merely counts *against* it. That is, the action is wrong *prima facie* insofar as it is a lie but there may be other features that make its performance necessary or even morally valuable overall.[288]

The first question that I ask, then, is what conception of principles do care ethicists adopt and therefore oppose? In outlining the four central tenets of care ethics, Held writes:

> "The ethics of care respects rather than removes itself from the claims of particular others with whom we share actual relationships. It calls into question the universalistic and abstract rules of the dominant theories."[289]

On a close reading of this view, we see that Held erroneously assumes that an attention to moral particulars and the use of moral principles are mutually exclusive. Held employs a conception of moral principles that assumes that moral principles are rules that incorrectly obfuscate contextual nuance. Much like Held, Engster writes:

> "[t]here are a number of different ways of defining care ethics, but a core element in all definitions is an emphasis on the concrete and particular. ... Care ethics is thus distinct from moral theories that start from broad principles and rules of action...".[290]

Once again, Engster seems to assume that "broad principles" and an emphasis on the "concrete and particular" are somehow mutually exclusive. Similar to Held, Engster's view also holds true if we think of absolute imperatives that leave no room for contextual nuance.

Both Held's and Engster's views of moral principles are misguided because it is indeed possible to conceive of principles that allow room for contextual particulars. As Ornaith O'Dowd notes, whilst critiquing the care ethical opposition to principles:

---

[288] It should again be noted that I am referring to the term "*prima facie"* to mean "presumptive".
[289] Held 2006, 12.
[290] Engster 2004, 114; Collins 2015, 20.

> "A commitment to principle does not mean a rejection of context-sensitivity; it is the role of moral judgment to help us live and realize our principles in concrete situations, and our life experience, including our communications with others, is crucial in developing this capacity."[291]

Claudia Card's criticism of care ethics adopts a similar line. Card writes that "principles do not necessarily abstract from special connections with particular others… what [care ethicists] have found objectionable about acting on principle may have more to do with the content of particular principles than with the idea of abstraction."[292]

From this analysis, we can see that the care ethical opposition to moral principles stems from the erroneous belief that a commitment to a moral principle necessarily entails a rejection of context-sensitivity. This criticism of moral principles is misplaced. This is clearly not the case if we adopt the contributory conception of moral principles, but it is equally misplaced if we adopt the absolute conception as articulated here. Even on the absolute conception, while genuine deontological moral principles are indeed binding moral requirements, no reasonable moral philosopher would argue that given moral principles (particularly in their abbreviated forms) must be adhered to blindly irrespective of context.[293] Rather, moral principles can indeed be overtopped in stringency by competing moral requirements and all things considered, the best course of action may demand the breach of a genuine moral principle.[294]

If understood in this sense, it seems that care theorists are more receptive to the use of moral principles. In fact, many of them make use of moral principles in their work. Consider, even the fundamental idea – 'one should care' – which almost all care ethicists rely on. The

[291] O'Dowd 2012, 419.
[292] Card 1990, 105.
[293] Even Richard Hare, who was the most prominent advocate of the indispensable role of moral principles, acknowledged that the conditional of any moral principle would have to have a highly detailed antecedent. In Hare 1981, 25-43 he distinguished between intuitive moral thinking and critical moral thinking, and between statements of moral principles on which we rely in practice and the non-abbreviated full statement of these principles that would be specified by and known to moral experts.
[294] The point merely is that failing to perform an action recommended by a moral obligation and justified by a moral principle is wrong and will always give rise to some remedial obligations.

imperative that we should care is, after all, a moral principle and is the bedrock of a wide array of care ethical work.[295]

Of course, it is not the case we should always care or that caring is always the correct course of action in a given scenario. Most care ethicists would thus provide some conditional statements about context to back up this principle and would rightly refrain from adopting the principle: "one should care" in this abbreviated form as a guide across all contexts. Instead, care ethicists focus on specifying these conditional statements and paying attention to the contextual features that modify this moral principle. In light of this and considering that moral principles have been relied on by care ethicists in a range of their own writings, it seems appropriate to say that any overarching care ethical opposition to moral principles is unfounded.

2. Principles as Standards and Principles as Guides

Moral principles can also be distinguished on the basis of their function, in that they can function as either standards or guides. Roughly speaking, guides are principles that are used when properly *deliberating* about a scenario. Standards are not relevant for the stage of deliberation like guides, but at the stage of *justifying* a certain response or action as being right or wrong.[296] Principles thus operate at different levels: they can either be used at the stage of deliberation, or at the stage of justification.

Let me make this clear with an example. If my goal is to eat healthy, it is true that I should eat foods which are the ideal combination of the highest nutrition levels and the lowest calorie levels. If someone advised me to the contrary, for instance, they would be wrong: because healthy eating with the goal of weight loss mandates a combination of high nutrition and low calories. Therefore, the principle of eating nutritious foods with low calorie counts functions correctly as a *standard* in determining the rightness of my actions. However, this same principle – of eating the healthiest foods possible and closely monitoring calories – may not be the best *guide* with which to operate in many scenarios. For instance, it may be impossible to make a calculated decision about what foods in a buffet are the most nutritious and have the

[295] For instance, Collins surveys a range of care ethical writings to discuss what the "core of care ethics" is. She formulates the 'dependency principle' that describes when we have moral duties to care, and this is a conditional principle accompanied with conditions and defeaters. See Collins 2015, 97-124.
[296] Ridge and McKeever 2020.

lowest calorie in-take whilst standing in the line for lunch. I do not (and should not) try to count the calories present in each and every dish offered because it would create confusion and chaos and may interrupt the flow of my daily life. Thus, while we may adopt a principle as a standard in determining the right conduct, the same principle may not be as helpful as a guide. There is often a distinction between principles used to justify rightness (standards) and principles used in deliberating about daily decision-making (guides).

This distinction between standards and guides is of particular importance to care ethicists. As Cynthia Stark notes, work in care theory sometimes "conflates two different levels of moral theorizing—the level of justification and the level of deliberation".[297] Stark goes on to show that these two levels must be distinguished and that taking a position on the effectiveness of abstraction at one level *does not entail* the same position at the other level. Stark notes that care ethicists can (and in fact have) admitted the usefulness of moral principles as *standards,* even if they have rejected them as guides in deliberation. Collins also supports this view by writing that "care ethicists' position on principles is properly construed as one regarding the role of principles in deliberation", and a "sound rendering of care ethics should avoid asserting that there is no place for principles in determining rightness."[298]

Stark and Collins are correct in showing that care ethical scepticism is directed at moral principles when they are employed as guides, and not as standards. This is because most care ethical scepticism about principles is grounded in the intuition that we do not rely on principles when reasoning or deliberating through routine moral dilemmas. The earliest scepticism about moral principles can be traced back to Gilligan's studies in 1982. While Gilligan's experiments in 'In A Different Voice' reveal that the participants in her study were indeed critical of moral principles, a close look at their narrations shows that participants are not sceptical of moral principles in general but of a particular use of principles. They are sceptical of the reliance on moral principles in solving the complex moral dilemmas that they are presented with.[299] Note that therefore Gilligan's participants are sceptical not of principles at the stage of justification or determining rightness, but rather, point to the problems of using moral principles as guides to reason through moral dilemmas.

[297] Stark 2010, 826.
[298] Collins 2015, 18.
[299] Gilligan 1982.

In fact, and to the contrary, Gilligan's interviewees are often deeply concerned with questions of rightness and make use of moral principles as standards in their articulations. For instance, they are concerned, as one participant puts it, with the question of: "how to lead a moral life".[300] In sharing how they think one can live a moral life, several participants make use of moral principles as standards: in that, they would hold that we should do X to live a moral life; or be Y to be a good person. Gilligan notices this herself when she writes that the "moral imperative that emerges repeatedly with women is an injunction to care, a responsibility to alleviate the real and recognizable trouble of this world."[301] An "injunction to care" can be restated simply as a moral principle of the kind: "one must care". This moral principle is not just floated by participants as a tentative thought. Rather, they are claiming that the statement "one must care" is correct. It is morally justified and the right thing to do.

Since Gilligan, several care ethicists have further used moral principles at the stage of justification. Kittay relies on standards in her work to determine the rightness of actions. Her focus is not on principles of justice, but rather on a principle of care.[302] Bubeck advances a moral principle of meeting needs.[303] Engster also relies heavily on moral principles in his writings and justifies the existence of duties to care by using a range of principles.[304] Pettersen further emphasises the importance of principles as standards and advances an "expanded principle of not hurting" as the basis of care ethics.[305] Collins's work establishes the importance of employing justificatory principles and advances the dependency principle as the heart of care ethics.[306] Going further, Steyl has recently suggested that care ethicists must be open to developing a care ethical theory of right action.[307] Steyl argues against the standard "anti-abstractivist" formulations of care ethics,[308] and demonstrates the importance of a full-fledged normative theory of right action based in care ethics.

[300] ibid, 21.
[301] Gilligan 1982, 100.
[302] Kittay 1999, 117.
[303] Bubeck 1995, 199–208; Collins 2015, 32.
[304] Engster 2005.
[305] See Pettersen 2008.
[306] See Collins 2015, 97-124.
[307] Steyl 2021.
[308] ibid, 503.

These new directions in care ethical scholarship demonstrate that care ethicists are sceptical of principles as guides, but in fact they clearly rely on them rather heavily at the stage of justification. As standards – that seek to identify, explain, and justify rightness and wrongness – we can and certainly should rely on moral principles.

From the analysis presented so far on moral principles, we can conclude that the care ethical scepticism about principles is directed against a certain conception of moral principles and certain ways in which they are used. As I have shown, care ethicists are sceptical of the role of principles as guides, but often make use of principles as justificatory standards that make claims about the wrongness of an action whilst also properly outlining relevant features of the context.

Considering this is the stance on moral principles, care ethics can perhaps be classified as a type of moral particularism – in that it rejects the reliance on moral principles *qua* guides. Principled eliminativism, in its most extreme form, denies that there are any moral principles.[309] It is possible, however, to be an eliminativist about certain uses of principles, and not others.[310] *Qua standards,* the care ethical tradition can accommodate moral principles while also emphasising due consideration of features of context. Therefore, care ethics can be thought of as a species of particularism but of a moderate type (in that it is critical of the use of moral principle as guides), rather than a radical particularism (that rejects reliance on moral principles altogether).

I am not going to delve too far though into this classificatory question about whether care ethics should be viewed as a species of moral particularism. My primary aim was to clarify the care ethical approach to moral principles at this preliminary stage in our analysis of duties. We have so far established that there is indeed room for moral principles within care ethical scholarship and the care ethical reliance on moral principles – *qua standards* – is salutary.

III. Analysing the Literature

[309] Ridge and McKeever 2020.

[310] We may also then characterise care ethics as being akin to the particularism developed by W.D. Ross where Ross is a generalist about some kinds of principles and a particularist about other kinds. See Ross's theory on *prima facie* duties See Ross's theory on *prima facie* duties Ross 1930, ch.2.

A discussion on duties to care, I think, should first be traced back to the early work of Robert E. Goodin. Though Goodin is not a care ethicist himself, his work has been used by several care ethicists to explain duties to care. Goodin was interested in the kinds of duties that we owe to our friends, partners, children, parents or families. We certainly owe very strong duties to this set of people and our duties to them would often take priority over any other, general duties we have towards strangers. For instance, if I could only save one of two people from a natural disaster, I am justified in picking my mother to save rather than a complete stranger – even if the complete stranger was someone who could help save people's lives in the future or live a generally more "valuable life" as compared to my mother.[311]

This point was propounded earlier by Bernard Williams in his essay 'Persons, Character, and Morality' wherein he discusses the case of a man faced with a situation in which he can save only one of two people in equal danger – one is a complete stranger, and the other is his wife.[312] The man chooses to save his wife. Williams argues that any accusation suggesting that the man ought to have maintained impartiality instead of choosing to save his wife imposes an unnecessary cognitive burden, adding "one thought too many" to the man's already difficult situation.[313] The man will not be – and should not be – thinking in impartial, general terms. To assume to the contrary obscures the particular way that the action is actually justified by the agent.[314] Both Williams and Goodin use these illustrations to show that we have strong moral duties towards family and friends which differ from the duties that we owe more generally to the world at large.

Now, Goodin argued that because our responsibilities towards family and friends are owed to specific others rather than to the world at large, they have been constructed by philosophers as being "special duties" and are distinguished from general duties, in the following way:

> "First, whereas everyone has the same general duties, special duties vary from person to person: I have special responsibilities that you do not. Second, whereas general duties

[311] Goodin 1985b, 776. Goodin relies on a similar example and lists a range of such hypotheticals in the philosophical literature in footnote 1.
[312] Williams 1981, 1–19.
[313] ibid, 18.
[314] ibid.

> are owed to everyone equally, special duties are owed to specific others: I have different responsibilities to different people."[315]

It is clear that our duties towards our friends and family share these two features. We may thus be tempted to characterise these duties as special duties. A problem arises, however, due to how special duties were understood in the philosophical literature. At the time in which Goodin was writing, special duties were largely constructed as being *self-assumed* duties.[316] It was thought that we have such special duties because we have chosen to – through some kind of voluntary act, promise, or undertaking that morally binds us.[317]

Unlike contractual relationships, Goodin argues, our relationships with friends and family do not exist due to any voluntary undertakings. Rather, he writes:

> "What most fundamentally underlies the reciprocal duties of family life of spouses to one another, of parents to their children, of children to their aged parents is the vulnerability of those parties to one another."[318]

These personal duties, for Goodin, are vulnerability-responsive. In fact, Goodin goes a step further to argue that even moral duties that persons owe to strangers and non-intimate others (which have been called 'general' moral duties) are 'vulnerability-responsive' at their core.[319] They are best framed as responses to vulnerability.

Post Goodin, Eva Kittay discusses these duties in the context of dependency work.[320] Kittay suggests that coercion and domination are defeaters for our duties to care: we are not required to perform duties to care when such performance would cause coercion, domination or injustice.[321] Kittay attempts to clarify the contours of our duties – do we owe duties to *everyone*

[315] Goodin 1985b, 777.
[316] ibid.
[317] Goodin 1985b, 776-77 traces this construction of special duties as being *self-assumed* back to H.L.A Hart's foundational essay 'Are There Any Natural Rights'. However, the view attributed to Hart by Goodin is a mischaracterisation of Hart's position. While Hart 1955, 183 writes that the most obvious cases of special rights or duties are those that arise from promises, he explicitly acknowledges that *special relationships* of the kind that we owe to family members cannot be assimilated into the same category as promises. He notes "that where the parties have a special natural relationship, as in the case of parent and child, this right arises out of the special relationship of the parties (though it is in this case a natural relationship) and not out of the character of the actions to the performance of which there is a right" (Hart 1955, 187).
[318] Goodin 1985b, 778.
[319] Kittay 1999, 55.
[320] ibid, 53-64.
[321] ibid.

who is dependent on us? Or do only some relationships attract these duties? Kittay briefly addresses these important issues but does not provide entirely comprehensive answers.

Another issue that Kittay has with Goodin's theory concerns the *grounds* or *justification* for our duties. If someone is vulnerable and if we are in a place to respond to this vulnerability and mitigate it, why must we do so? Kittay worries that Goodin does not satisfactorily address this issue and that he confuses the "pragmatic ought" with the "moral ought" in his account.[322] Just because we *have* certain responsibilities or assume them in practice, as Goodin notes, this does not mean that we *morally ought* to act in accordance with them. Goodin thus skips the justificatory step in his analysis.

Engster brings up the same issue by suggesting that we require some kind of *moral principle* to show why vulnerability, as Goodin argues, generates moral responsibility. Simply applying Goodin's explanatory model will not do. Engster writes:

> "Although Goodin's argument is not meant to provide a normative ground for care theory, Kittay and Clement have applied it to this purpose, arguing that a duty to care for others can be derived from others' vulnerability to us. There is a problem, however, with using Goodin's argument in this way. Goodin does not actually provide an account of *why* we should care about the interests or vulnerability of others, but merely assumes this point."[323]

What becomes clear from the journey from Goodin to Kittay and then to Engster is that it is not clear *why* we owe these duties to care for others. Let us call this 'the justification problem'.

The justification problem is a central issue in the literature on duties to care. Sarah Clark Miller recognises this. She states that care ethicists have only partially considered, if at all – the question: "must I care"?[324] Or "what grounds or justifies this obligation of care?"[325] Miller argues that the answer to the justification problem lies in the Kantian principle of beneficence. While Miller recognises the tension between feminist ethics and Kantian ethics and describes

[322] ibid, 59.
[323] Engster 2005, 58.
[324] Miller 2012, 52.
[325] ibid, 53.

the latter "as the least likely ally" for feminist philosophers,[326] she insists that we can re-interpret Kant in a feminist way to make his account of the duty of beneficence consistent with tenets of care ethics. Miller's account has been criticised for stretching her interpretation of Kant too far to make it consistent with care ethical tenets. This debate about whether Kant's writings can be interpreted in the manner that Miller recommends, or about whether Miller provides a reading of Kant that either stretches it too far beyond recognition or fails to adequately justify our duties to care, is beyond the scope of the present discussion. The point here – which we see correctly stated in Miller's writings – is that we require *some moral principle* to ground our duties to care.

We see this commitment to moral principles in Engster's subsequent work. Engster grounds duties to care in what he calls the "principle of consistent dependency".[327] Drawing from Alan Gewirth's principle of general consistency, which contends that all purposive agents act for ends that they consider good, Engster argues that considering we *claim* care from others when we need it, it would be inconsistent not to assume duties to care when we are called upon to perform them.[328] The idea here is that since purposive agents will act for ends that they consider to be valuable, and because care is valuable and we claim care from other people when we need it, we must *logically* recognise and adhere to our duties to care for other people when they are in similar states of need.

I am not convinced by this invocation of the principle of consistency.[329] It seems entirely plausible that someone may say: "I don't demand care from others, so I am not obligated to care for them." Or "if I need care, I will pay for it out of my own pocket, so that my need will be met without any claim on my part that others are bound to help me." This line of argument may be immoral (since it refuses to acknowledge a basic natural duty to care), but it is not irrational.

Suppose we recast Engster's argument in terms of a principle of fairness instead (rather than consistency). We might say it is only *fair* that if someone asserts a right to be cared for when

[326] ibid.
[327] Engster 2005; Engster 2007.
[328] Engster 2007, 63-64.
[329] Note that Gewirth identifies the connection here as logical rather than moral – a stance that I dispute. For a comprehensive critique of Gewirth along these lines, see Kramer and Simmonds 1996; 1998.

in need, that they should help others to meet their needs in times of similar urgency. While this seems plausible at first glance, a closer look makes it evident that this approach too is misguided. This is because it is not always the case that our duties to care for others are reciprocally performed. In fact, some people who require care the most – for instance, patients suffering from an unbearable illness or a physical disability – cannot be expected to perform reciprocal duties to care for their caregivers. Furthermore, even if our duties to care are not simply reciprocal – in the sense that if A cares for B, B must care for A – and if we instead, adopt a picture of a "collective pool of care" wherein if A cares for B, someone else must care for A in return (even if not B),[330] we still do not seem to have a justification for why we owe any such duties to care. At times, there may be no adequate collective pool of care, or an agent may not in fact have consciously drawn from this pool at any point in their lives.[331] More worryingly, this would lead us to the conclusion that *the degree* of reliance on the collective pool of caring would determine *how much we should care for others.*

We owe duties to meet the compelling needs of others not because we may or may not have relied on them or a collective societal pool to meet our own needs. Rather, we possess a natural moral duty to meet compelling needs of others when we can do so at a reasonable cost to ourselves. Therefore, while Engster is correct in his recognition that we must invoke some moral principles to justify our caring responsibilities, he errs in his choice of moral principles. Neither the principle of consistency that Engster invokes, nor the fairness-based reformulation of Engster's view, is a successful justification for our duties to care.

Another theorist who has worked extensively on duties to care for others is Collins. Collins bases her account of duties to care on the 'dependency principle' which she states as follows:

> "If you are sufficiently capable of helping someone in need, at not too high a cost, then you have a strong moral duty to do so."[332]

[330] Engster 2005.
[331] Consider, for instance, that person P has never received adequate care even as a child and resents this fact. P does not think that they have any duty to care for anyone else due to the immense lack of care that they experienced.
[332] ibid.

This account draws from our very familiar intuitions – that we have some kind of duty to respond to those in urgent need by helping them. Collins builds on this intuition by relying on the '*drowning child hypothetical'* which is often invoked by moral philosophers. The hypothetical goes somewhat like this. Suppose you are walking by a secluded area, and you notice a child drowning in a pond. If you are the only person around, and if you are able to swim, you have a duty to attempt to rescue the child. If you did not even attempt to rescue the child and nonchalantly walked away, this would invite and warrant disapproval or criticism. Collins thus provides us with a way out of the justification problem by grounding our duties to care in the dependency principle.

Now, while I think Collins is right on several counts, there are some issues she leaves unanswered. Suppose we have duties to help anyone in need, what explains our "special" duties – such as the one we owe to our family or friends? If the idea is merely that we must help people meet their needs when we are able to do so, this does not account for the relational aspect of our duties to care: we owe duties to care to *some people over others*, particularly when there is a decision to be made about competing responsibilities. Collins's account fails to account for the particular relational ties that frame our duties to care.

Despite significant progress in our understanding, thus, certain issues persist. There are *three themes* that require further clarification: the **scope** of the duty to care (<u>when</u> do we owe duties to care for others?), its **grounds** or justification (<u>why</u> do we owe these duties?), and the **content** of this moral duty (<u>what</u> is the agent required to do?)

I will call these questions the when, why, and what questions about duties to care and address each of these inquiries now.

IV. A Philosophical Framework of our Duties to Care

This section develops a substantive account that explains the scope, grounds, and content of our moral duties to care.

1. Scope: When?

While caring actions may be morally valuable depending on how they fare on the metrics specified in chapter two of this thesis (process, consequence, and scheme), this does not tell us anything conclusive about when the performance of caring actions is *morally obligatory.*[333] The first inquiry that I will thus undertake is about the *scope* of our duties to care: when, or under what conditions, is the performance of caring actions morally obligatory?

Some terminological clarifications are in order before we begin. *First,* when I use the term *prima facie* moral obligation in this chapter, it should be read to mean "presumptive" or "upon initial examination".[334] On this usage, when we say a *prima facie* duty exists, we hold that said duty exists upon initial investigation of the matter.[335] But upon further inspection of relevant factors (all things considered), it may be revealed that the duty does not actually exist at all. In line with this, I will argue that there seems to be a moral duty to care upon initial inspection when the needs and cost conditions (elucidated subsequently) are fulfilled. But on further investigation of the given social norms in place, this duty may not actually be triggered. Whether or not the duty is activated depends on whether the relational condition (also described subsequently in this chapter) is satisfied.

Second, my account also relies on a philosophical distinction between moral duties that are 'dormant'/ 'latent' and those duties that are 'activated'. I borrow this terminological distinction from David Enoch's work on triggering moral reasons.[336] I will discuss Enoch's theory in significant detail but at this preliminary stage, it will do to clarify that a dormant duty to care is one that exists due to some cogent moral principle but remains inactive i.e., the factual circumstances that activate this duty have not yet occurred. I will demonstrate that a duty to care exists in a given factual scenario if the following three conditions are satisfied: the needs condition, the cost condition, and the relational condition. While we owe *prima facie* moral duties to care only when the needs condition and the cost condition are satisfied, our duties to care (while they exist) may still remain dormant. They are activated only by the satisfaction of a third and final condition: the relational condition. It is necessary that our relational ties trigger our dormant duties to care such that we are responsible for the care of a given recipient.

[333] There may be cases wherein caring actions are indeed valuable, but are beyond the call of duty: they are supererogatory deeds. To identify when caring actions are morally obligatory, I will determine the conditions in which the non-performance of such actions is morally blameworthy.
[334] Kramer 2014, 2.
[335] ibid, 2-4.
[336] Enoch 2011; Enoch 2014.

I will now examine each of these conditions: the needs condition, the cost condition, and the relational condition. These conditions are individually necessary and jointly sufficient to activate our moral duties to care in a given scenario.

A. Needs Condition

The first necessary condition in my account is the needs condition. Duties to care are, at their simplest, requirements that obligate agents to perform some caring action or set of caring actions in response to the needs of recipient(s). Most care ethicists would agree that caring is related closely with the notion of need. After all, care ethicists often cite Tronto's claim which has been developed by Miller into a slogan of sorts on this subject: "to have a need is to require care".[337] The conceptual relationship between needs and care is such that the presence of the former state often necessitates actions of the latter kind. The notion of needs is thus central to any theory of the duty to give care.

While needs sometimes create corresponding duties, surely *not all needs* create a corresponding moral duty to meet them. Think of a teenager who expresses a need for money to buy cocaine and asks his father for the money to buy the drug. It would be odd to claim that the father has a moral duty to fulfil that need (even if he indeed has the means to do so). Quite obviously, then, whether or not a moral duty to care exists in a given scenario depends (in part) on what need requires to be met by the agent. We must thus delve some way into the philosophical literature on needs to clarify which needs attract corresponding moral duties.

Philosophical efforts to analyse the concept of need have been notoriously challenging.[338] This is because the concept of need is difficult to define without resolving, or at least rigorously addressing, a cluster of underlying philosophical issues. These issues include (but are not limited to) the difference between needs and wants or preferences or interests, the normativity of needs, and the question of whether needs are objective or subjective – that is, whether they depend on the preferences of the recipient rather than any objective categorisation.[339] My goal is not to resolve the philosophical debate surrounding needs on each of these questions. Rather,

[337] Miller 2012, 47.
[338] Reader 2007; Reader 2005; Braybrooke 1987; Thomson 1987; Wiggins 1987.
[339] See Brock and Miller 2019.

I take up the more modest aim of identifying the types of needs that impose corresponding moral duties on potential agents to meet these needs. When are needs morally significant so that agents have moral duties to meet these needs?

I will answer this question by (i) elucidating the structure of need-claims, (ii) discussing the relationship between needs and normativity, and (iii) identifying the threshold that separates needs that possess any independent normative force from those that do not. I conclude by discussing why the needs condition is a necessary but insufficient condition for a moral duty to care to exist in a given factual scenario (iv). These inquiries are informed by the discussion on need in analytic moral philosophy. Apart from clarifying the scope of duties to care – a task I will now undertake – the philosophical literature on need can also assist care ethicists in their larger project of developing a comprehensive ethical theory of right action.[340] An ancillary aim of this discussion is thus to fuel a more focussed theoretical dialogue between care ethics and the philosophy of need.

i. The Structure of Need-Claims

The first clarificatory task I take up is to ask what needs are. In Tronto's slogan, the factual presence of a need entails a corresponding fact: that the needy person requires care. But when are these claims valid? A good place to start is to ask what kind of form a need-claim takes: when we say that someone needs something, what is the kind of claim we are making? Preliminarily, we can frame a need-claim using the following structure:

F: X needs Y.

A further question immediately arises: when we talk of someone needing something, must we also specify *for what* they need such a thing? Is the claim incomplete without a specification of an end?

[340] Efforts to develop such an account have recently been made by Steyl 2021.

Some philosophers adopt this view. They argue that need-claims are always elliptical or opaque unless the end for which the thing in question is needed is specified.[341] On versions of this view, our need-claims will only make sense if we modify F in the following way:

> **F*:** X needs Y *for Z*.

Those who suggest F* argue that without the specification of the end, the need-claim in question is incomplete and insufficiently informative, and conversely, that it is always necessary to ask why someone needs something in order to make sense of their claim. Think of Antony Flew who advocates for F*. Flew writes: "when I say I need something, it is never inept to ask what for."[342] In a similar vein, Alan White affirms that "to say that A needs to V is elliptical for saying that A needs to V in order to F," (where F is the end state).[343] Brian Barry further argues that:

> "When someone says, 'x is needed' it always makes sense (though it may be pedantic in some contexts) to ask what purpose it is needed for."[344]

On these views, there is something incomplete in formulations like F that do not mention end-states. A need-claim is only complete through the clarification of the end-state as issued in F*.

On the other hand, some theorists argue that the formulation F is complete and sufficiently informative with respect to at least some need-claims. According to Wiggins, theorists like Flew, Barry and White may indeed be correct if what is being discussed are instrumental needs.[345] If I need something instrumentally, it becomes important (even necessary) to specify the end for which I need the thing. For instance, if my friend tells me that they need to buy a new pair of stilettos, it makes sense for me to ask her why she wants this new pair of shoes. She may then say that she requires these stilettos because she is attending a formal event and wants to be suitably well-dressed. In this case, the need-claim will remain incomplete unless the end is spelled out. But this characterisation does not hold with absolute needs. If a mother

[341] Wiggins 1987, 7.
[342] Flew 1984, 119-120.
[343] Wiggins 1987, 7 (fn. 1). See White 1975, 105.
[344] Barry 2010, 34.
[345] Wiggins 1987.

says that her baby needs a diaper, it would be strange to ask: "what for"?[346] This is because the kind of need here is implicit in the need-claim itself. Similarly, suppose your friend says: "I need a drink of water!" It would be very odd to ask them: "What for?" It is understood that they want to quench their thirst. The specification of an end is thus unnecessary in the case of some needs. These need-claims are absolute and are different from their instrumental counterparts.

The disagreement about whether need-claims lack sufficient informativeness without the specification of an end may seem purely semantic at first glance. But in fact, the resolution of this debate has important ramifications for a great deal of work in the philosophy of need. If we admit that we must adopt the formulation F* instead of F in all given instances of need-claims, we concede that it is the *end that is morally relevant*, rather than the need-claim itself. On the other hand, if F holds true in some cases, need-claims can sometimes hold normative significance and/or moral salience in themselves. Thus, the question of the *normativity of needs* – that is, whether need-claims alone provide us with independent reasons or justifications for action rests upon the debate elucidated above between F* and F.

Those who argue that need-claims have independent normative force (where the need is absolute as opposed to instrumental), hold that if we witness someone in a state of need, their state of being in need in itself gives us a reason to act in order to fulfil their need. In fact, some philosophers even assert that our duties towards others cannot be fully captured without paying attention to the idea of absolute needs. On the opposite view, need-claims do not and cannot have any independent justificatory force at all in and of themselves. A leading proponent of this approach is Barry, who writes:

> "When I say that 'need' is not by itself a justificatory principle, I mean that no statement to the effect that *x* is necessary in order to produce *y* provides a reason for doing *x*. Before it can provide such a reason *y* must be shown to be (or taken to be) a desirable end to pursue. This much is *necessary* in order to provide *pro tanto* a reason for doing *x*."[347]

[346] In this case, it is not merely "pedantic" to ask, "what for?" (as Barry suggests). Rather, it is useless. It does not provide any new information to us that was not provided by the statement of need itself.
[347] Barry 2010, 34.

Therefore, on Barry's view, specifying an end and showing that it is desirable to meet, is crucial in order to provide any reason to perform any action to help fulfil or meet someone's need. Without such a specification of the end for which someone needs something, a need-claim, like F stated above, has no justificatory force.

The debate is thus whether *any* need-claim can have independent justificatory force: that is, whether there can be absolute need-claims at all. It seems necessary that if we adopt F*, we concede that normative relevance for any and all needs comes solely from the end, and if we admit F's relevance, we think that needs do have such independent normative force at least in some cases. This debate may be recast, perhaps, as a debate about whether there are any absolute needs at all or whether all needs are best understood and categorised as instrumental – that is, geared towards a particular end that alone provides it any justificatory force. We must therefore ask: are there need-claims that provide a reason to meet the need stipulated *no matter what*?

It seems clear to me that *not all kinds of need* give us reasons for meeting them. If my colleague tells me that she needs one thousand pounds (without telling me why), I have no reason to get her this money even if I have the means to do so. Or if an assassin needs a gun to kill an innocent person, I certainly have no reason to give them that gun (even if I possess one). It seems uncontroversial that if all need-claims are formulated through F, several of them will be normatively inert in that there will be no reason to meet the needs encapsulated independently in these claims. But that is not the issue being contested. What is controversial, as Wiggins notes, is "the claim that there is no alternative".[348] As I will show, the fact that F is sometimes a meaningful formulation of need-claims demonstrates that there are in fact absolute needs. Absolute needs possess independent normative force: that is, they *always* give potential agents a reason to meet these needs irrespective of contextual particulars.[349] I will further clarify which needs fall under the absolute category and which do not. This is the theoretical bedrock upon which my account of our duties to care and political obligation will eventually rest.

ii. Needs and Normative Force

[348] Wiggins 1987, 9.
[349] This reason can be overridden by other more compelling moral and non-moral reasons.

In entering this discussion, an initial question to probe is: what does the state of need connote? Or more roughly, what does it mean to be in need? At first glance, we can glean that the notion of need is closely related with that of harm. In early theoretical work on need, Joel Feinberg wrote: "in a general sense, to say that S needs X is to say simply that if he doesn't have X, he will be harmed."[350] The dominant theoretical account of harm also continues to be the one given by Feinberg. For Feinberg, harm refers to a setback to the legitimate interests of an agent.[351] Feinberg's is a counterfactual account: we compare what actually happened in a given situation with what would have happened if the action in question had not been performed.[352] If the person is worse off with regard to their legitimate interests than they would have been but for this action, the person has been harmed.[353]

Now how is the notion of needs related with Feinberg's account of harm? When I *need* something, will I necessarily be harmed if that need-claim was not met? Or is the relationship between need and harm more complicated than this simple formulation lets on?

To determine this, we must turn to the distinction between absolute and instrumental need-claims. Both absolute and instrumental need-claims are related with the notion of harm. Much like the harm that would accrue to a thirsty person who was not given a glass of water (an absolute need), states of instrumental need may also be related with harm. If I need a new pair of shoes for a professional meeting (clearly an instrumental need), and if I am not able to buy the shoes, I may be harmed due to the setback that may accrue to my professional interests as a result of my lack of proper dressing.

However, while this is true, there is a difference between *how* the need for water and the need for a new pair of shoes are related with harm. Let me illustrate this through the following examples. If I need a new dress, it is not necessarily the case that I will be harmed without the dress. Circumstances matter when claims of need reference an instrumental need. It may be that I need the dress for a job interview or to be able to go to work, or it may be that I just think my walk-in closet looks a little empty. If someone says: 'I so need that dress!', it may well be

[350] Wiggins 1987, 7 (fn. 11); Feinberg 1973, 111.
[351] Rowe 2021; Feinberg 1987, 36.
[352] Purshouse 2016.
[353] ibid.

the case that they don't need the dress at all, however much they may desire to have it. In contrast, if I say I need to have my daily morning bath, or brush my teeth, it is clear why and how I will be harmed if I fail to meet these needs.[354] In these cases, specifying the purpose for which the thing is needed is pedantic and unnecessary. Therefore, absolute need-claims seem to have the notion of harm implicit in them such that no contextual specification of the ends is necessary. With instrumental need-claims, it is not implicitly clear as to how the recipient will be harmed if the need is left unmet. Or, to put it differently, with absolute needs, it is always the case that the recipient has a legitimate interest that the need be met. The same does not hold true with instrumental needs.

Perhaps another way to state this is that when the term 'need' is used in formulations such as F* to refer to absolute needs, the end (that is, an avoidance of harm) is rendered salient by the usage of the term 'need'. The same is not true in the case of instrumental needs as the end is not rendered salient by the usage of the term 'need' in those cases. Therefore, while a person P may be upset or annoyed if they cannot buy luxurious items of clothing, this is importantly different from cases wherein, for instance, P is denied any food for days at end, is not allowed to use the toilet, or is not able to drink a sip of water. The harm associated with the denial of these absolute needs seems implicit in the need-claims themselves.

In line with this, absolute needs, on my view, always provide us with a reason for action irrespective of contextual particulars. If someone needs a drink of water, that always provides us with a reason to give them water as the recipient has a legitimate interest that the need be met. This is not true in the case of instrumental needs. With instrumental needs, the end must be specified for a reason to meet these needs to be present. Suppose I need a hammer to fix the leaking ceiling of my home. To acquire a hammer to address the issue of the leaking ceiling, I must effectively communicate to someone else the specific purpose for which I require the hammer, namely, to remedy the leaking roof. Only by doing so can I establish a compelling rationale for them to provide me with the necessary tool: thereby giving them a reason to give

[354] Suppose I have just brushed my teeth and say that I need to brush my teeth *again*, it is of course perfectly appropriate for someone else who knows that I have just brushed my teeth to ask me why I think that I need to brush my teeth again. But here the question is not geared towards why I need to brush my teeth at all, but why I need to brush my teeth *again.* The question is directed to the repeated nature of this action and therefore deals with the fact that the need is not occurrent. It is dispositional. I introduce this distinction subsequently in the thesis.

me the hammer. While absolute needs always provide (overridable) reasons for action, this is not the case with instrumental needs.

One way to determine what constitutes an absolute need is to issue a specific list. Some care ethicists have resorted to this approach in their accounts. Miller, for instance, lists the following needs as fundamental needs for agents: nutrition and water, rest, shelter, healthy environment, healing, education, attachments, social inclusion, participation, and recognition, play and security.[355] I want to steer clear of laying down such a list because it seems difficult to show that a list of this sort can be complete. Further, all that is required for purposes of our discussion is to have a few examples of needs – our core cases – that clearly belong on the list. Instead of a list, I thus prefer a conceptual framework with which we can broadly gauge which need-claims are absolute (and which are not).

With this in mind, I suggest that the best way to characterise a need-claim as absolute is merely on the basis of our discussions on F and F*. I thus suggest that:

> **A:** If we can sufficiently informatively frame a need-claim through formulation F, rather than formulation F*, the need in question is an absolute need.

The idea behind this formulation is that with some need-claims, the reference to harm is contained in the usage of the term itself. If this is the case, the need in question is an absolute need. On the other hand, if further contextual details relating to an *end* would have to be supplied for the need-claim to be sufficiently informative, and for us to determine whether there is reason to contribute to meeting the need, the need in question is instrumental. Now, given that a failure to meet absolute needs will typically cause significant harm, a refusal to meet these needs is very likely to attract blame that indicates a moral duty has been violated. What is more, the invariance of absolute needs will favour legal (that is, institutionalized and rule-governed) provisions for meeting those needs as I will establish later in this thesis.

This conception of absolute needs can be further clarified through some important points. *First*, keep in mind that we do not necessarily need to think of absolute and instrumental needs as sharply distinct categories. Instead of imagining them in binary terms, we should in fact think

[355] Miller 2012, 41-2.

of a continuum. On such a continuum, absolute or vital needs are on one end of the continuum and instrumental needs (that require an end to be specified) are on the other end. Collins suggests such a continuum proposal in her work,[356] though she does not take a position on what needs (note that Collins uses the term 'interests') are more important than others. I agree that thinking of need-claims in terms of a continuum of needs, with basic benchmarks to determine what distinguishes absolute and instrumental needs, is a sound approach. This is because some need-claims will be more likely to be intelligibly formulated through F than others. While the need for food may well be formulated through F, the need for a strong internet connection may exist somewhere in the middle between F and F* depending on the cultural connotations and specifications of the need. This demonstrates why thinking of absolute and instrumental needs on a continuum is preferable to drawing up a clear binary.

Second, to make this all a little more intuitive it is important to turn to illustrations. Engster's construction of what he calls "basic, biological needs" throughout his work in care ethics provides compelling examples. For instance, Engster writes:

> "Vital biological needs include access to adequate food, sanitary water, appropriate clothing and shelter, sufficient rest, a clean environment, basic medical care and protection from harm".[357]

In an attempt to sketch what he means by our basic needs, Engster says we should attempt to think of those things that we require to stay alive and reasonably healthy, develop and sustain innate capabilities, and avoid and alleviate pain and suffering.[358] These meet the test of being formulated through F rather than F*. It does not seem that Engster wants to provide an exhaustive list, but instead he just gives us examples with which we can work if we are to imagine what our most absolute, biological needs are.[359] He mentions the needs that are essential for our survival – food, water, healthcare, clothing, shelter. We think of actions that are intended to meet these needs as our paradigmatic examples of caring actions and activities. This characterisation is helpful for our purposes here.

[356] Collins 2015, 105.
[357] Engster 2007, 26-28.
[358] ibid, 28
[359] It is not the case that all our basic needs are biological. We may regard the need for self-respect to be a basic or absolute need, for instance, even if it not biological.

However, note that Engster makes a misstep when he restricts *his definition of caring actions simpliciter* to such basic, biological needs. As I have shown in Chapter Two, there is no reason to restrict our definition of caring actions to basic, biological needs as we can care for people by getting them flowers on a rough day, or a card, or a fancy car, or their favourite dessert. Our definition of caring actions (the descriptive element of *care* as a thick ethical concept) need not be restricted in such a way to basic, biological needs. But we must bear in mind that our account of *care* (simpliciter) is distinct from any explanatory account of duties to care. An action may be caring without being morally valuable, an action may be caring and be morally valuable but not morally obligatory, or it may be caring and morally obligatory. I am interested primarily in the last group of caring actions mentioned here. This is because the thesis eventually presents an account of the obligation to obey the law. The law can validly compel us to care only where the law enforces moral obligations of care. It is therefore this category of actions that I am focussed on in this intervention.

Therefore, while I hold that Engster is incorrect in restricting his descriptive account of *care* simpliciter in such terms, his construction can be valuable when we are thinking of what kinds of needs are morally obligatory. When we move from discussions oriented towards *describing* what it means to care, to the question of our moral obligations or duties to care, Engster's work on needs becomes far more compelling. In line with this, the category of absolute needs on my account includes the 'core cases' of human need: food, shelter, clothing, adequate healthcare, a clean environment, and protection from harm, suffering or blight. We have a rough idea with which we can proceed, which I think will serve as an adequate guide for this thesis.

A final point to note is that the distinction between absolute needs and instrumental needs is particularly important for care ethics. This is because the paradigm or core cases of caring refer to instances where an agent is meeting a recipient's absolute needs: such as the need for food, water, or healthcare. Care ethicists want to highlight that caring is often hard work: it can be messy, dirty, exhausting, burdensome and boring.[360] As Herring writes in his discussion of Julia Twigg's work:

[360] Bellacasa 2017, 6.

> "Julia Twigg has done much to emphasise that care work is bodily. She argues that much care involves negotiating nakedness, touch, dirt, disgust, and intimacy. Care work challenges the bounded nature of bodies. Bad odours not only leave one body but enter another. The foulness of the one body enters and interacts with her body. She suggests the fact it is 'dirty work' explains the low esteem in which it is held."[361]

When a professional caregiver is employed to take care of a patient, their daily job revolves around feeding the patient, clothing them, and assisting them to use the bathroom, bathing them and putting them to sleep. These daily, laborious tasks are paradigm instances of care work. In light of this, care ethicists in particular have a strong reason to hold on to a conceptual distinction of the kind Wiggins sketched between absolute needs and their instrumental counterparts. The former provides us, we may say, with our central case of care.

The distinction between absolute and instrumental duties is also particularly relevant for the thesis's later discussion on the obligation to obey the law. Duty-imposing legal norms that enforce duties to care will usually encapsulate duties to meet the *absolute* needs of other persons. This is because legal rules are drafted at a certain degree of abstraction so that they cannot accommodate all the variations in contextual particulars that may occur across different factual circumstances.[362] Legal rules therefore do not normally require citizens to meet the instrumental ends of co-citizens as there is no *general* reason to meet an instrumental need irrespective of contextual particulars. Because absolute needs such as the need for food, shelter, clothing, healthcare or protection from harm or blight invariably provide agents with some reasons to meet these needs irrespective of contextual particulars, it is this kind of need that legal rules are normally directed towards. Therefore, this thesis – in its discussion on political obligation – will primarily be focussed on absolute needs.

iii. Needs with Normative Force

Note that while I have distinguished between absolute and instrumental needs, I am not adopting the view that instrumental need-claims are always less weighty as compared with absolute need-claims. Suppose S needs a screwdriver and asks Q for one. It would be sensible

[361] Herring 2013a, 17; Twigg 2000; Twigg et al. 2011, 831.
[362] This is the distinction between general rules and particular directives that Hart refers to.

for Q to ask what the screwdriver is needed for. Now suppose S says that they require the screwdriver to fix a burning socket. It would seem that the need for a screwdriver (which is an instrumental need) is quite morally demanding in this given factual scenario and provides Q with a strong reason to give S the screwdriver. In some cases, S's need for the screwdriver may even be more morally weighty as compared with absolute need-claims. For instance, if M has just eaten a meal, M's absolute need for food (while present) is less urgent than S's need for a screwdriver to fix a burning socket. This shows that instrumental needs can also be morally weighty depending on the circumstances. What distinguishes absolute and instrumental needs is thus not that the former are always morally weighty while the latter are not always morally weighty.

Now, if this is the case, what does this tell us about our reasons to meet needs? What kinds of needs provide us with reasons to meet them? Wiggins identifies certain metrics that can help gauge the normative force of a given need-claim (whether absolute or instrumental).

First, Wiggins points to the *'badness'* of a need: the intensity or gravity of the harm that would ensue if the need were not met.[363] If A needs *x,* we could then ask, as Wiggins says: "how much harm or suffering would be occasioned by going without the thing in question."[364] Answering this will tell us about the need's badness. This feature does not *distinguish* absolute needs from instrumental ones as non-fulfilment of the latter may also cause a great extent of harm in some cases. However, *the badness* of the need matters in deciding the weight or normative force of a need-claim in a given factual scenario. The greater the badness of the need, the stronger reason a potential agent has to meet this need.

Second, Wiggins also introduces the idea of *urgency.* This is a temporal question related to the question of '*badness'.* Considering some considerable harm or suffering would occur if A were to go without *x,* how soon must *x* be supplied?[365] How much would a delay in meeting the need affect the worsening of a need's badness: this is the element of *urgency* of a need. I will explore this further when I discuss the difference between occurrent and dispositional needs. For now, note that in addition to the badness of the need, we must also think of the need's *urgency.*

[363] Wiggins 1987, 14
[364] Wiggins 1987, 14.
[365] Wiggins 1987, 14

Third, apart from badness and urgency, Wiggins also brings in the ideas of *entrenchment* and *substitutability.*[366] Needs may be *entrenched* when they are inflexible to modification, or *substitutable* when they are not. For Wiggins, if in any conceivable future, we can imagine A being okay without needing *x* at all, A's need for x is not entrenched but substitutable. 'Entrenchment' is connected for Wiggins with another idea that he develops (though I think less clearly) – the notion of 'basicness'. For Wiggins, a need is basic if it results from a law of nature, an unalterable and invariable environmental fact, or a fact about the human constitution. [367]Wiggins brings in this idea of basicness to address the problem of cultural relativity that philosophers of need have often grappled with.[368] What is deemed to be a "need" varies across different societies and cultures. For instance, internet connectivity is deemed to be a genuine and vital need in several of our cultural contexts, but not in others wherein the population does not own gadgets or computers. In a similar manner, the notion of need varies across these contexts, and it is important that an account of need accommodate this variation. I think it is fair to say that some kinds of needs like food, or water, or healthcare, or protection from violence hold true, perhaps in different forms though, across cultural contexts. The rest is deeply culturally relative and must be retained as such in our conceptual frame. Such fuzziness is also perfectly fine for our endeavour and in fact enhances (rather than reduces) its accuracy.

Through these three frames of badness, urgency and entrenchment, Wiggins provides an account of how to gauge the normative force of a given need-claim. I find Wiggins' account helpful because it correctly identifies *why* some needs are more important than others. For instance, denying someone food for many days on end is worse than denying someone access to a swimming pool for many days on end. But why is this the case? The former's non-fulfilment would lead to a great deal of bodily harm as compared with the latter's non-fulfilment. The longer we take to fulfil the need-claim the worse it will get. And it is an entrenched and biologically vital or basic need. These factors distinguish the need for receiving food when hungry from the need for a swimming pool. The latter may be valuable, but the need-claim in the former case is certainly weightier.

[366] Wiggins 1987, 13-15.
[367] Wiggins 1987, 15.
[368] ibid.

Note that badness and urgency can be present in both absolute and instrumental-need-claims, to varying degrees. But with absolute needs, the needs are "bad in a way that is entrenched and scarcely substitutable": therefore, there is always some reason to meet these kinds of needs.[369] With instrumental needs, the badness or gravity of the need and the degree of corresponding harm may well be severe. But it is not entrenched irrespective of contextual particulars the way it is with absolute needs.[370] This observation further supports my focus on absolute needs: that is, needs that give us a reason to meet them irrespective of contextual particulars.

Fourth, a final distinction that becomes important here is whether the need in question is presently fulfilled or unfulfilled. Collins thinks that for a duty to provide care to exist, the interest in question (that the duty is directed toward) must presently be unfulfilled.[371] Though this idea is asserted throughout her work, it has not been explained further. Is it necessary that a need must be presently unfulfilled in our accounts? If so, what would this entail?

Philosophers of need have drawn a helpful distinction between 'dispositional needs' and 'occurrent needs'.[372] Gillian Brock and David Miller summarize the distinction as follows:

> "A dispositional need is a general need that human beings have, like the need for sleep. But whether a person has an occurrent need for sleep depends on whether he has just woken up after a good night's rest or on the contrary has been unable to sleep for the last twenty-four hours. It is only in the latter case, where the need is occurrent, that others have a reason to meet it by offering the sleep-deprived person a bed to lie on."[373]

This distinction is further elaborated upon by Soran Reader in 'Needs and Moral Necessity'. Reader writes that "a dispositional need is a need that a needing being has, simply by virtue of being what it is."[374] Our general need for food or water, because of the fact that we are human beings, are dispositional needs. Reader proceeds to characterise occurrent needs, on the other hand, as being closely related with *states of lack.*[375] Reader explains:

[369] For this excerpt and a rich discussion on need, see Brock and Miller 2019.
[370] ibid, Wiggins 1987.
[371] Collins 2015, 97. Collins uses the term 'interests' in similar ways to my usage of the concept of need.
[372] This discussion connects well with Wiggin's discussion on urgency of needs.
[373] Brock and Miller, 2019.
[374] Reader 2007, 71.
[375] See Thomson 1987, 11-12 also who discusses the relationship between need and lack.

> "An occurrent need, by contrast, is one the needing being has only when it is in a state of lack. The dispositional human needs for water and safety are thus occurrent needs only when the patient is actually deprived of water or safety – dehydrated or in danger".[376]

This distinction between dispositional and occurrent needs matters because the latter "actualises the potential moral demandingness of the former", Reader writes.[377] While dispositional needs are present generally across time, their urgency and proximity with potential harm (to borrow from Wiggins's account here) are more pronounced when they become occurrent. Occurrent needs, therefore, are most demanding and give us the strongest normative reasons to act in order to meet them.

Note that this does not imply that dispositional needs do not give us any reasons, even moral reasons, for action. When we are faced with dispositional needs, we may have reasons to prepare and make provisions to fulfil those needs so that those needs do not become occurrent. A state of occurrence *actualises* the moral demandingness of dispositional needs – thus creating duties to meet occurrent needs and to prevent dispositional needs from becoming occurrent.

Our duties to care would also require us to meet dispositional needs at certain points, *so that these dispositional needs do not turn into occurrent needs*. Let me illustrate this further. Even if a child is not particularly hungry at the time of a meal, parents would consider it important that the child eats in a timely manner so that their hunger and need for food does not become pronounced. Therefore, it is not the case that we must wait for a need to become occurrent before we take action to meet it, but rather we must also plan and prepare to meet someone's needs so that those needs do not become occurrent. Similarly, at a public or political scale, we may see that people's dispositional needs – for adequate healthcare or security – must be met so that these needs do not become occurrent and can adequately be met if they do indeed become occurrent.

[376] Reader 2007, 71.
[377] ibid.

All this gives us an idea of when need-claims possess normative force, and conversely, when they do not. The factors outlined here all discuss the relationship between need and the possibility of harm accruing from the non-fulfilment of that need. It thus becomes apparent that when we are discussing the normative force of need-claims, we are trying to determine the extent of harm that would accrue if the need was not met. The greater this harm, the stronger the need-claim.

Based on these findings, we can arrive at an account of what I will call "**compelling needs**" or needs with normative force. These needs can be framed as follows:

> **CN**: A need N counts as a "compelling need" or a "need with normative force" if person B would suffer harm (i.e., face a setback to their legitimate interests) if N were to remain unmet.

The degree of harm that would ensue in the case of non-fulfilment – as elucidated through the frames given above – will determine the weight of the need-claim. Note also that as per CN articulated above, the needs condition is met for all absolute needs, and it is met for some (but not all) instrumental needs. With instrumental needs, there sometimes may be strong reasons to meet them: when the non-fulfilment of the need would somehow cause the agent harm.

CN provides a metric to identify which needs qualify as "compelling needs" and the strength of a need-claim can be determined by gauging how it fares on the metric provided above in CN. This clarity on needs paves the way for our further discussion on duties to care.

iv. The Needs Condition: Necessary but Insufficient

I have so far shown that we have reasons to meet compelling need-claims (as articulated in CN above). This is the first building-block in my analysis of our moral duties to care. I will now show that this condition (that there are reasons to meet those needs specified in CN) is **necessary, yet insufficient** for the existence of a duty to care.

The simultaneous necessity and insufficiency of the needs condition can be established through a comparison of the following two cases.

> Case 1: Maya, who is Fen's daughter, needs to be fed dinner. Maya has not eaten for several hours and is hungry. She would suffer some harm to her health were she not adequately fed.
>
> Case 2: Maya's friends are planning a vacation to another country. None of Maya's friends are travelling by train, whereas a large group of friends is flying business class to the destination. Maya insists that she needs to fly business class with her friends.

A comparison of Case 1 and Case 2 suggests that, Fen has a moral duty to feed Maya dinner in the former case. But in Case 2, while Fen may choose to fund Maya's plane ticket, doing so is not morally required. Case 1 encapsulates a duty to care while Case 2 does not.

What explains this intuition? In Case 1, the need in question is clearly an absolute need and has strong normative force. If Maya says that she needs to eat dinner, it would be clear that she would be harmed were she not given dinner. Her need is also occurrent in that she is currently hungry. This is different from the need-claim in Case 2. In Case 2, Maya expresses a need to fly business class. There will be some setback to her interests were she to travel by train because she would have to do so without the company of her friends. However, the harm here is not severe and Maya would be able to join her friends for their vacation by travelling by train. The fact that Case 1 encapsulates a duty to care, while Case 2 does not, shows that whether or not a duty to perform a caring action exists depends importantly on the nature of the need in question. Therefore, the needs condition (in that the action must be geared towards the type of need specified in NFF) is a necessary condition for a moral duty to care.

However, note that the satisfaction of the needs condition is not sufficient for a moral obligation to meet the need at issue to exist. Think of a case wherein A and B are the only two persons on a sinking ship. A has a life vest but B does not. A is confronted with a choice between giving B her life vest or choosing instead to save herself. Despite the fact that B has this compelling need which A has good moral reasons to meet, A is not morally obligated to lend B their life vest and face death themselves. Therefore, while the needs condition is indeed necessary for the existence of a duty to care, it is also insufficient. Whether or not a moral duty to care exists

also depends crucially on the cost of performing a given caring action for the agent. This brings us to our second requirement: the cost condition.

B. Cost Condition

We hear people saying that caring for someone is "too demanding" or that performing a duty to care for someone "asks too much" of them. Or we may decline to perform a caring action on the basis that it would be somehow unfair or unjust to expect us to perform it. This points to the fact that we cannot be obligated to perform a caring action when performing said action would impose an excessive cost or burden upon ourselves. While this seems straightforward, the nuances require specification: when is the cost of performing a caring action *too high?* I will specify this threshold in (i) and then show why satisfaction of the needs and cost conditions leads to the creation of a *prima facie* but dormant duty to care – one that is triggered only in the case of some factual circumstances and not others in (ii). This sets the stage for the final requirement in the account: the relational condition.

i. When is the Cost too High?

I will now demonstrate that even if there are good moral reasons to perform a caring action in order to meet someone's compelling needs, an agent is only under a state of moral requirement to perform said action if this performance is not excessively costly or burdensome for the agent themselves. The first thing to say here is that a duty to care can only be present when agent A *can* meet recipient B's needs by the performance of some caring action. Suppose B is suffering from a deadly disease that has no cure presently. A, who is B's caregiver is not equipped to be able to find a cure for the disease as this is beyond their skill set (A is neither a scientist nor a researcher into this disease). A helps B with daily activities and provides palliative care. But these activities are futile in *finding a cure* for B's disease and ensuring that he lives (even though they meet some other care needs of B).

Now A cannot care for B by the performance of this specific action: finding a cure for B's condition due to A's inability and lack of training. A critic may object at this juncture by noting that A can indeed *attempt* to find a cure to B's condition by taking up the requisite training and studies and devoting their entire life to finding such a cure. However, this is clearly beyond the

call of duty for A. This is because while several actions are arguably within the realm of *possibility* for an agent, many of these actions can be extremely costly to an agent. Therefore, A will have an all-things-considered duty to care for B only if A can meet B's needs by the performance of a caring action that is not unreasonably costly to A.

But when is the performance of a caring action "unreasonably costly" for an agent? And when does it impose too onerous a burden upon the agent?[378] Let us begin by thinking in terms of a paradigm instance of a duty to care. A caregiver is employed by a family to take care of their only daughter who is suffering from a chronic health condition. The caregiver agrees to take the job despite the low wages because she is fond of the family that has employed her. However, as time goes by, the family faces financial issues and can no longer afford to pay the caregiver at all. The caregiver is now not *required* to care for the daughter in the family due to the immense cost to herself: i.e., foregoing the possibility of wages and any other employment. When the cost to the agent is excessive, no moral duty to perform a caring action can exist.

Now to make this point clearer, we can think of cost in terms of harm to the agent who performs the caring action. Analysing harm is not a straightforward task and philosophers have advanced several distinctive accounts of the nature of harm. One of the most common conceptions regarding harm is that the nature of harm is comparative – harmful events make the agent *worse off*.[379] On a temporal comparative account, the idea is that an event must make the agent worse off than they were before the occurrence of the event. It can be accurately formulated as follows:

> H1: An event e harms a subject s if, and only if, e makes s worse off (in terms of welfare) after e than s was prior to e.[380]

[378] Collins cautions that we should think, at this juncture, not just in terms of 'cost' but also in terms of 'value'. After all, there is sometimes *value* for an agent in performing caring actions (and of course also for the recipient). This value may be tangible in nature – like a payment or some kind of benefit that the agent gets from the recipient for the performance of a specific duty to care. But it also may be of psychological value to the agent, wherein it allows the agent to secure a certain social standing as a "caring person", or just the fact that the agent may feel good about themselves when they perform such a duty. These kinds of value to the agent motivate a discussion, as Collins notes, in terms of 'value' rather than just cost.
[379] Folland 2022.
[380] ibid.

Now, in contrast to this, we have the 'baseline of mankind' approach to the nature of harm. On this approach,

> H2: An event e harms a subject s if, and only if, e makes s worse off (in terms of well-being) than the normal well-being level of mankind.

Without delving too far into either of these approaches, we can ask which conception of harm seems to be more effective for our purposes here.[381] On H2, if the performance of the duty to care would make the agent's well-being worse than the normal level of mankind, we may say that the duty is too costly. This would cover all cases of grave danger or physical harm that agents may suffer. However, the problem with this account seems to be that we need some general idea about what counts as the *normal level of well-being of mankind,* to be able to employ an account such as this one. Specifying this would certainly be extremely difficult and would involve over-generalisation about the nature of harm. What may be "too harmful" for one person, may be acceptable to another – and thus, setting a baseline threshold for humankind's acceptable threshold of harm would be too conceptually tidy. Moreover, accepting the threshold outlined in H2 would inevitably lead to the untenable conclusion that individuals whose well-being significantly exceeds the normal level for a person cannot be harmed by setbacks, unless such setbacks diminish their well-being below that of a typical person. This assertion is evidently unsustainable.

Instead, I think we need to think a little differently about the nature of harm. H1 is a more suitable conceptual approach here. Under H1, an agent's duty to care would stand defeated if the performance of the duty would make the agent worse off than they were prior to said performance. This is similar to Feinberg's account of harm, wherein harm is seen as a setback to a person's interests. It is this account that I relied on earlier in this chapter whilst discussing the concept of need.

However, note that when are discussing harm as a defeater, we cannot refer merely to a setback of interests. For harm to act as a defeater for duties to care, the harm must be *significant*. H1 merely shows that harm has in fact taken place i.e., the agent was made worse off by the

[381] The choice between these approaches and the larger conceptual question on the nature of harm are beyond the scope of this thesis.

performance of the caring action. This is not sufficient as a defeater. If just about any degree of harm to the agent was enough to act as a defeater, *a duty to care* would almost never exist. It makes me worse off to get wet when I rescue a baby from drowning in a pond. It would make me financially worse off to take my spouse to hospital after an accident. But it would be odd to say that my duties in these cases are negated because I would be made worse off than I was prior to the duty's performance. Thus, merely satisfying H1 is not sufficient. The agent must be made *significantly* worse off for the cost condition to kick in.

What does it mean for an agent to be left significantly worse off by the performance of a caring action? *First,* the agent may be left worse off physically or suffer some kind of physical harm or blight. Physical harm here refers to pain, injury, impairment, or illness that an agent may face during the performance of a duty to care. If an agent is faced with the potential of any such physical harm, it is justified if the agent refuses to undertake the performance of said duty. Consider a case of two roommates A and B. A is suffering from coronavirus and requires B's help. Now, B is morally obligated to help A in any way possible from a safe distance – by providing A with food supplies or medicines while A is in self-isolation. This can be affirmed from the fact that, were B to refuse to do the bare minimum by providing A with medicines, B could be held accountable, and blame is warranted. Suppose A was bedridden and required daily physical assistance. A requests B to help her with her daily activities at the risk of the contracting the virus. In this case, we cannot *expect* B to cohabit with A in order to care for A, even if the quality of care that B could provide through cohabitation was far superior to the care that B would provide from a distance. This is because cohabiting during the process of caring for A would put B under the risk of physical harm. B would likely contract the coronavirus infection and would face the symptoms of a serious illness.

Second, even if no physical harm or blight is suffered, a given agent A may be left worse off psychologically. With psychological suffering, there are very often situations in which the cost to the agent is extreme. In the case of domestic abuse, the immense psychological abuse that the victim would face at the hands of the perpetrator may excuse the victim from performing many duties to care for her partner that she otherwise has.

But emotional and psychological costs are variably bearable across agents: some agents may be able to accept higher costs than others in the name of duties and responsibilities of care. I

do not think there is a precise boundary line that can be drawn that demarcates acceptable cost from unacceptable cost. What I want to emphasise is that duties to care should not be borne to the extent where the agent is left significantly worse off. This would require agents to sacrifice their own interests entirely in the name of caring for others.[382] This unreasonably selfless construction of our duties to care, as Pettersen notes, is problematic. We should perhaps strive for a middle ground in our account of duty: between selflessness and selfishness.[383] Considering this, if performing a duty to care would make the agent significantly worse off either physically or psychologically than they were before the performance of the duty, then the action is too costly. The non-performance of the action would not be blameworthy and a moral duty to perform the action will not exist.

The *nature of the relationship* between the agent and the recipient is also relevant in determining whether or not caring for the recipient will make the agent significantly worse off. Suppose S and R are two friends living together. S finds themselves constantly taking care of the needs of R without equal reciprocity from R's side, despite R being entirely capable of doing so. In this case, the asymmetric nature of the relationship is unfair because R willingly abdicates their own responsibilities. S would not be required to keep performing duties to care for R considering the non-reciprocal relationship that exists between the two. Bear in mind, though, that some relationships are necessarily asymmetric and not reciprocal in a straightforward manner: like the relationship a caregiver and a person who is disabled. However, even in these cases, there are ways to ensure that the needs of the caregiver are met adequately. Kittay insists on the importance of this and emphasises that dependency relationships are not dyadic.[384] Rather, the interests of caregivers must be met by someone else: either someone who can pay for the carer's work or help out with the carer's work. States will often come in to assist carers and provide them with benefits.[385]

[382] Holding on to such a view would feed into some early criticisms of care ethics – for glorifying subjugation and encouraging a kind of 'slave-morality' – where agents accept immense and unacceptable costs to themselves while performing duties to care for others. Card 1990, 101-108. For a discussion on the altruistic ideal of care and criticisms from feminist theory, see Pettersen 2012, 374-376.
[383] Pettersen 2008, 41. This is heightened because of the gendered dimensions of caring – and the fact that women would be encouraged, by patriarchal structures, to be caring at the cost of their own personhood and agency. Furthermore, this chimes in with worrying consequentialist tropes that require the rights and interests of the individuals to be sacrificed for the interests of the other, or a social group.
[384] See Kittay 1999.
[385] ibid.

In the absence of these benefits, we may even hold that there are reasons for a caregiver to refrain from performing their duty to care, as to do so would come at the cost of too much harm to themselves. This harm is contextualised in the framework of the relationship – what the features of the relationship are and what the expectations of both persons in the relationship are. Therefore, the nature of the relationship between the agent and the recipient – if unjust or unfair – would be a reason for the agent to refrain from performing any duties to care.

Furthermore, this is not the only relevant scenario. There can be cases wherein the cost condition can be satisfied only if several agents cooperate with one another and share the burden of discharging the relevant duty. For instance, citizens of a political community all have needs to be protected from harm or violence. In modern nation states, this translates into a need for national security. Now while the citizenry has this absolute need, it is impossible for any single agent to meet the need. Even if a handful of citizens got together to protect the borders, they would likely be unsuccessful, and this would impose a massive cost on these agents. Furthermore, if my individual contribution does not make any difference, then my effort, whether terribly costly or not, will be wasted. It seems unreasonable to expect me to undergo any cost if there is no benefit in terms of needs met. Thus, national security is an example of a need that *requires* a very large number of agents to cooperate with one another. The needs in question are such that they can arguably be met *only* through a cooperative enterprise because no single agent would be able to bear the cost. In these cases, as well, the cost condition kicks in and prevents the duty to meet a compelling absolute need (here, of national security) from falling upon any individual agent.[386]

Broadly, we thus see, that there is no duty to care if the agent would be made significantly worse off by the performance of the duty. What counts as being made "significantly worse off" is not a matter that can be precisely identified. I have instead provided metrics for this – showing that an agent may suffer either physical or psychological harm that would make the performance of a given duty to care too costly.

In sum, a *prima facie* duty to perform a given caring action X is present when the needs condition and the cost condition elucidated above are both satisfied. Note further that this *prima facie* moral duty to care can be stronger or weaker depending on *the degree* to which each of

[386] Or else the duty transforms into a duty to make a fair contribution to a cooperative scheme.

these conditions is met in a given case. Therefore, to specify this further, we can say that the strength of A's duty to care for B depends on the following three broad inquiries. *First,* how much harm would B face if B's needs were not met? And *second,* what cost would A have to bear in order to meet B's needs? Coupled with these conditions, is a *third* relational condition that I will now unpack.

ii. Moving from a Single Agent to Multiple Agents

I have so far shown that if recipient B has some compelling needs, and if agent A is able to meet these needs at a reasonable cost, it would be morally blameworthy were A not to act in order to meet B's needs.

This formulation works well when we are thinking of a dyadic relationship between agent and recipient such that there is only one agent who is well-placed to meet a recipient's needs. The classic rule-of-rescue case is based on this single-agent scenario. A passer-by sees a stranger drowning in a pond. The passer-by knows how to swim and can easily rescue the stranger. This passer-by happens to also be *the only other person in the vicinity* as the stranger who is drowning – thereby making the passer-by the only agent that can meet the stranger's needs. In this case, the passer-by is morally obligated to jump into the pond and rescue said stranger.

Now let us introduce a slight variation to the abovementioned case. Think of an instance wherein there are two people P and Q who encounter the drowning stranger. Both P and Q can perform a caring action by jumping into the pond and rescuing the stranger. However, P is best placed to do so as P is a professional swimmer and Q has only begun her swimming lessons (there is a small chance she may drown, and she is also less likely to succeed in rescuing the stranger). In this scenario, even though there is more than one agent, the factual circumstances are such that it is clear that the moral obligation to meet the stranger's needs lie with P and not Q, or at least that P owes a stronger moral duty than Q, all other things being equal.[387] This is because, of all the possible agents in this given scenario, P is evidently *best placed* to meet the stranger's needs.

[387] Suppose P refuses to intervene, then Q would have a duty to attempt the rescue.

We thus see from this core case that sometimes human needs can create obligations between perfect strangers: of the type that the agent has a natural duty to undertake as a measure to meet some of the recipient's needs when the agent is uniquely positioned or best placed to do so.[388] Due to certain factual circumstances that brought the agent and recipient together, the agent and recipient now share a factually incidental relational tie: such that the former is best placed to meet the latter's needs and thus has a moral duty to do so.

While satisfying merely the needs and cost condition is sufficient if we are thinking of a single-agent and single-recipient relationship (or a case wherein there is evidently one agent who is best-placed to meet a given recipient's needs), things get more complicated when recipient B has some compelling needs that *multiple agents* are equally well-placed to meet at a reasonable cost. Think of a case wherein H is a hungry child in a certain locality, and agents X, Y and Z (who are members of H's community) all have the means to feed H. Who has the responsibility to feed H?

Suppose X assumes that Y will meet H's needs, while Y assumes that Z will meet H's needs, and Z assumes that X will meet H's needs. In the process, it is not clear who has the responsibility to meet H's needs. An adverse consequence of this could be that *no one will provide* H will food, as they may all assume that the duty will be fulfilled by someone else. Or perhaps they might simply ask: "why should I help? I don't have more of a duty to do so than the others".[389] This is a problem of social coordination that I will call the **allocation problem**.

This allocation problem is created in scenarios in which conditions i (needs) and ii (cost) are both satisfied in a given case, but wherein several agents satisfy (ii) and are all well-placed to meet the recipient's needs. In such cases, it is unclear which agent out of a set of multiple agents has the responsibility to meet a recipient's needs by the performance of a caring action or set of actions. If there are multiple agents who are all well-placed to meet some of B's compelling needs, the allocation problem creates significant confusion in large political communities and societies. Therefore, while all agents here possess a general duty to provide

[388] Collins's care ethical account is based exclusively on this kind of case: where rescuers are obligated to come to the rescue of perfect strangers. She grounds the dependency duty – the duty to perform caring actions in order to meet other people's needs – in a moral principle based on the "rule of rescue".
[389] Suppose one of these people is a more conscientious person and feels compelled to help even while the others turn out to be shirkers. In that case, the person who feels compelled to help, who responds to the call of duty, will be unfairly burdened. This is also a problem of unfair allocation.

requisite care, this does not translate into a specific duty to provide care in a given context until the problem of allocation has been resolved.

My view is that in order to solve the allocation problem, it must be determined which agent (or set of agents) is deemed particularly socially responsible for the performance of a given duty to care. While a duty to care exists if the need and cost conditions are satisfied, this duty is often only activated by a third and final condition: 'the relational condition'.

C. Relational Condition

When there are multiple agents who are roughly equally well-placed to meet a recipient's needs, A will be responsible for caring for B if agent A is responsible for meeting B's needs by virtue of a socially codified dependency relationship. I will now proceed to explain and justify this claim.

Suppose a baby girl is born to a couple, Taruna and Tarik. Both Taruna and Tarik are middle-class citizens of a given state and make enough money to provide for their child Tara's basic requirements, but may not be able to provide her the best standard of education that is potentially available to her. A wealthy member of their community, Todd, has the means to pay for Tara's upbringing and can provide her arguably a better standard of care in terms of education, healthcare and living environment than Taruna and Tarik. Despite the fact that Todd is seemingly better-placed to provide better care for the baby, it is not the case that Todd has the primary responsibility to care for the baby despite the fact that her parents are alive and despite the fact that Todd has no pre-existing relationship with her. It would be even more far-fetched to hold that the corresponding right to raise the child (that vests with those who have the duty to care for her) should vest with Todd, and not the baby's parents Taruna and Tarik.

Now Todd may have some duties to indirectly contribute to Tara's care by contributing to a social scheme, for instance, such as a public scheme for the provision of education to young children. While Todd has this duty to care for Tara (and other children) in his own state, he owes this duty due to his role as a citizen of that state. A wealthy industrialist in a neighboring

country will not have the same moral or legal duty to contribute to Tara's education through a relevant social welfare scheme.[390]

This is because there is something other than needs and cost that is doing the explanatory work in our hypothetical. Despite the fact that the baby has some compelling needs that Todd could arguably fulfill better than her own parents, and at a lower cost to himself than the cost that would accrue to Tara's parents, it is the child's parents that have the primary responsibility of her care. The child and her parents share a *particular relationship* which confers the responsibility of the child's care upon her parents. Furthermore, Todd owes a duty to pay taxes and contribute to social justice schemes that indirectly contribute to Tara's care. The same duty is not owed by a citizen of another country: indeed, if that citizen contributed their money to the welfare of the children in their own country, instead of contributing towards the welfare scheme oriented towards Tara, this would not attract any justified blame. This is very much the norm. What explains these phenomena?

Let us begin with a paradigm case of a particular relational tie: the parent-child relationship. This is a central instance of what philosophers sometimes call a "special relationship". Special relationships, as they are often labelled in the literature, are those relationships that we share with our friends, our family members, our colleagues, our fellow citizens, and those to whom we have made promises or commitments of some sort.[391] How these special relationships are to be characterized and what kinds of duties they generate are matters of extensive discussion in contemporary moral and political theory.[392] I do not aim to resolve this issue or to provide a substantive account of these special relationships and to what extent they impose duties upon persons. My aim is more modest: I want to show that duties to care for other people are often structured by these special relationships.

There has been some debate about whether special relationships are in fact 'special' at all when contrasted with our 'general' moral duties.[393] To steer clear of the confusion, I will call these

[390] We may say that the wealthy industrialist in a neighboring country also has some sort of *moral* duty to contribute to Tara's needs indirectly. However, this is a less weighty moral obligation than the one owed by Todd by virtue of his status as a citizen of the state wherein Tara resides. This fact captures the particularity of our caring responsibilities: the fact that these dormant duties are triggered by our dependency relationships.
[391] See Jeske 2002.
[392] For a general discussion on special relationships, see *Id;* Jeske 1998; Jeske 1997; Jeske 2001.
[393] Goodin argued that both these types of duties are vulnerability-responsive at their core and thereby sought to contest the label of "special relationships" altogether in Goodin 1985a.

relational ties '**socially codified dependency relationships**'. We have different types of dependency relationships that social and legal norms codify. These dependency relationships act as frames to allocate caring responsibilities.

When we use the term 'dependence', we sometimes use it as a one-place predicate: someone might be *dependent* without depending on anyone or anything.[394] When used like this, the term dependence often refers to a state of helplessness or deprivation.[395] Even in these cases, it seems implicit that the person is dependent on someone or something (that is not specified in the sentence). In light of this, dependence is better understood as some sort of three-place relation wherein we specify who is dependent on whom for what.[396] We can thus think of a dependency relationship through the following formula:

A *depends* on B *for* Z.

In this formulation, a further question arises: what does it mean to depend?[397] If A *depends* on B for Z, what does A's state of dependence connote? We can frame a dependency relation in either of the following two ways. *First,* we can think of dependence through the notion of needs: A requires B's help to meet some of their needs. Or *second,* we can think of dependence in terms of harm: A would be harmed without B's help. Now, as has been argued above, need and harm here seem to be two sides of the same coin.[398] If A has a compelling need (of the kind stipulated in CN) that only B can meet, and if B does not meet that need, A is harmed. To restate this in the converse manner, if A can be harmed by B and if B harms A, B is furthering A's state of need in some way.

The concept of need acquires a relational connotation through the notion of dependence, i.e., it becomes clear now not just that A needs Z but also that A depends on B for Z. And because of the close connection between the notions of need and harm, there is a simultaneously close

[394] Collins 2015, 101.
[395] ibid.
[396] ibid, 102.
[397] I am interested in cases wherein A and B are both persons (rather than animals, for instance) so that we can think of our duties to care in this context.
[398] For a discussion on the relationship between need and harm, and dependence and vulnerability, see Dodds 2014.

relationship between the concepts of dependence and vulnerability.[399] While dependence is the relational notion that centres around needs, vulnerability is the relational notion that is centred around *harm*. To be vulnerable to someone, is to be vulnerable to being harmed by their actions. Therefore, this thesis views the notions of dependence and vulnerability (and need and harm) as two sides of the same coin. The care ethical account here draws specifically on dependency relationships as it has so far been centred around need, but all the material here can be recast through vulnerability-harm discourse if needed.

Note that for B to be *dependent on* A, it must be the case that A is not merely well-placed to meet B's needs. There may be several agents in a given society that could be well-placed to meet a given recipient's needs. But the recipient is *not equally dependent* on all these possible agents. Something beyond this threshold of ability to meet B's needs is required when we are establishing who B is *dependent* upon. In the account presented in this thesis, a socially codified dependency relationship consists specifically in relational ties that bear the following features.

First, in a socially codified dependency relationship, the agent and recipient share a relational tie that is sanctioned by a set of social and/or legal norms. The paradigm case of a socially and legally sanctioned relationship is the relationship shared between a parent and their child that we discussed in our initial hypothetical. A parent is responsible for their child – more than other persons are responsible for meeting the needs of this child. Social, cultural, and legal structures all confer responsibility upon the parent to take care of their child: such that if the child has an unmet need, it is first and foremost, the responsibility of the parent to meet this need. If this responsibility is to be given up, for instance if the parents are incapable of taking care of the child, or abusive – the legal responsibility for the care of the child 'transfers' either to a third-party individual or to the state.[400]

Note however that in the case of some intimate relationships, such as the ties shared between friends, there may be no *legal norm* that confers responsibility on a friend to meet another friend's needs. But the socio-cultural norms of friendship: i.e., the fact that friends are expected

[399] ibid; I will not delve too much into the conceptual relationship between vulnerability and dependence at this juncture, but I want to highlight that they are closely connected ideals: because of their relationship with the notions of need and harm. We can thus think of dependence either in terms of needs, or in terms of harm.
[400] For a discussion on how the law structures relationships and the potential for a relational theory of law and the self, see Herring 2019; Herring 2014; Herring 2013b.

to take care of each other particularly in reciprocal living arrangements may act as a factor in conferring responsibility.[401]

Second, with socially sanctioned dependency ties – those that we share with spouses, children, family members, friends, members of a community and co-citizens – we may owe a wider range of duties to care as compared to the duties that arise in cases of incidental relational ties. An incidental relational tie arises because of a factual circumstance such as the instance of a passer-by witnessing a person drowning in a pond. As discussed, the duties of the passer-by are limited to duties to rescue the drowning stranger from extreme danger or harm. They would not similarly extend to a wider range of needs. This is not the case where a pre-existing sanctioned dependency comes into the picture. When our dependency relationships are *codified* by a set of social or legal norms, rather than being purely incidental, we can owe a wider range of duties. We have a moral duty to meet a spouse's emotional needs or pick up a friend's call when they are having a difficult day or adhere to certain responsibilities to meet our neighbour's cleanliness and hygiene needs. These needs exist due to dependency norms that allocate the *responsibility* of caring for one's spouse, or friend, or neighbour upon oneself.

Third, note at the time when the duty to care is to be discharged, there is already a pre-existing relational tie that subsists between agent and recipient such that the former is vested with the responsibility to meet the latter's needs. By pre-existing, I mean that the agent and recipient of a given caring action shared a particular relationship which was socially codified *prior to the performance of the caring action.*[402] At the time when the duty to care is to be discharged, there is already a relational tie that subsists between agent and recipient such that the former is vested with the responsibility to meet the latter's needs.

Fourth, with socially codified dependency, it is not the case that the person who is held responsibl*e* to meet a recipient's needs through the given set of social norms is necessarily *best placed* to meet their needs. Think of Jo, a wealthy industrialist in a given community who has the means to take care of all the children of that community. Any measure Jo performs to take care of the children in the community will be more effective in meeting the children's needs

[401] Therefore, while legal norms sometimes help in the codification of these sanctioned relationships, this is not necessarily the case. Sometimes social and cultural norms suffice.
[402] This is unlike incidental dependency relationships that are created by factual incidents that occur *at the time at which* the caring action is to be performed and the duty to care is to be discharged.

than any measure that the children's parents will be able to take. But merely because Jo is seemingly best placed to meet their children's needs, it cannot be held that all parents should forfeit their caring responsibilities to Jo and that Jo should be the guardian to all these children. This is because the socially codified dependency norms make the parents of each child *responsible* for the day-to-day care of their child.[403] Therefore, even if the parent of each child is not best placed to offer the child the "best care" (as compared with other options), the responsibility to care for the child vests with the child's parents.[404]

Oftentimes responsibility to care may be shared by several agents or a group of agents. Even in the aforementioned hypothetical, it is not the case that Jo has no responsibilities to care for the child. Jo may be morally and legally obligated to contribute to the child's well-being by paying taxes used for the welfare schemes for children in the country. Jo should be blamed for not paying these taxes (if Jo defaults) and therefore we say that Jo does in fact owe *some* duty to care for the children in his community. However, this duty is different from the duty that parents owe their children. Parents have more immediate control over their children's lives and have rights to make important decisions for their children. Thereby, the responsibility to meet the child's needs also rests to the greatest degree with the child's parents. Jo will have some responsibility to meet the children's needs, but these responsibilities require the performance of indirect caring actions, rather than direct ones. Socially codified dependency relationships thus also allocate the *extent* of dependence of a recipient upon an agent and thereby influence the strength of the moral duty that is owed by a given agent.

We can therefore see that socially sanctioned relationships of this sort are targeted towards one end: they allocate caring responsibilities through structuring dependency relationships. This is true not just at the scale of our family or friends, but also at the level of the political community. Citizens of South Korea, for instance, do not have a legally codified duty to pay a portion of their income in taxation to meet the needs of people in Sudan. This is not because there is no pressing need or a lack of ability (Koreans are of course paying taxes in their own country). Rather, it is because our legal-political systems structure dependency relationships through

[403] Legal transfers of parental responsibility, and how family law principles and legislation are worded in this area, further affirms this point.

[404] However, the norm of allocation that makes parents responsible, in the first instance, for their children would not be sound or justifiable if it was not normally the case that the parents are at least well-positioned and highly motivated to assume responsibility for the care their children need.

networks of nationality. State boundaries are themselves allocative mechanisms so that one is more responsible for one's fellow citizens than for people in Sudan, other things being equal. Social norms thereby codify dependency – right from the level of the family, up to the level of the political community – influencing determinations about when, and under what conditions, we possess moral duties to care.

While these socially sanctioned dependency relationships are crucial for an explanatory account of duties to care, it is important to specify what role they play in these accounts. Importantly, as I will unpack in the following section on 'grounds', it is not the case that these socially codified ties in themselves *create* moral duties to care or provide us with independent moral reasons for action. This is because these social norms can also be extremely unjust. Think of dependency allocation in family law that prevented same-sex couples from being married to one another. Or national ties that make arbitrary divisions between 'citizens' and 'aliens'. These social norms are purely a reflection of prevalent social and cultural beliefs: they do not, in themselves, provide us with any valid *moral* reasons.

When this hypothesis about our socially codified dependency ties is read in conjunction with the arguments on duties to care, we will see that these relational ties specifically trigger our pre-existing natural duties. It is this analysis that I undertake in sub-section 2 on grounds which will soon follow.

D. Combining these Claims on Scope

In this extensive discussion on the scope of our moral duties to care, I have elucidated why the needs, cost, and relational conditions are jointly necessary and sufficient for a moral duty to care to exist. The argument we have arrived at can thus be stated as follows:

A has a *prima facie* duty to care for B if the following two conditions are met:

(i) The Needs Condition: B has compelling needs such that B would suffer harm (i.e., face a setback to their legitimate interests) if those needs were unmet.

(ii) The Cost Condition: A would be able to perform a caring action that helps meet B's needs at a reasonable cost to themselves.

However, in cases where there are multiple agents that satisfy condition ii, *several potential* agents are roughly equally well-placed to meet B's needs. In this case, I will show that even if conditions i and ii are satisfied, A's duty to care for B remains dormant.

The duty is triggered only by a third and final condition:

(iii) The Relational Condition: A and B share a socially codified relationship such that A is responsible for meeting B's needs.

If there are multiple agents that are well-placed to meet B's needs, A's duty is specifically triggered when conditions i, ii and iii are satisfied. When all three conditions are satisfied, we can thus conclude that A has a moral duty to care for B.

Taken together, the three conditions outlined so far conclude our analysis on the scope of our duties to care for others. Further elaboration upon each of these elements will be undertaken in the section on 'grounds' that will immediately follow and in the subsequent chapter in this thesis.

2. Grounds: Why?

Having delineated the scope of our moral duties to perform caring actions, we are now equipped to deal with a closely related inquiry into the grounds of this moral duty. I have already indirectly addressed some aspects of this justificatory question during the preceding discussion on scope. Using that material as a springboard for the present analysis, I will now take up the question of what moral principle(s) ground or justify our moral duties to perform caring actions.

As the duty to perform caring actions is a moral obligation, it must be rooted in a moral principle, or some set of moral principles.[405] The first thing to ask, then, is: what moral principle grounds our duties to care? I argued that certain needs have independent normative force: needs that, on their own and without any further contextual particulars, provide reasons for agents to act in order to meet these needs. But even if we know that a certain sub-set of needs gives us *reasons* to act in order to meet these needs, this does not prove that we have a *moral obligation* to act in order to meet these needs. There is an important distinction between the normative realm of reasons and the deontic notion of moral obligation that we must be careful not to obscure in our discussion of needs.

Normative reasons are reasons 'in favour of' or 'against' doing something or holding a certain attitude, whereas when we are speaking of how someone *morally must* act, we mean something distinctively deontic.[406] The moral *must* of obligations would then require further justification beyond the normative realm of reasons. Moving from the realm of normativity to morality, I will now show why we have a moral duty to meet the needs specified in CN by reference to a moral principle.

My view is that our duties to care are grounded in the following moral principle:

> **CP**: When we witness someone in a state of compelling need, we have a moral duty to help them meet this compelling need by the performance of some caring action or set of actions, provided that we can do so at an acceptable cost to ourselves.

This principle encapsulates a natural duty that obtains because of our status as moral persons. It is satisfied by the sheer fact of need, our capacity to respond to it, and our faculties as moral beings. The imperative to meet needs, I argue, is a core moral concern for human beings and to have a need connotes a fundamental state of lack: one that (often independently of other features of context as is the case with compelling needs) imposes a requirement upon persons with moral faculties to assist or help persons in need.

[405] As I have established earlier, the use of moral principles in such justificatory endeavours is salutary and is compatible with the core tenets of the care ethical approach. The principle invoked here is meant to act as a standard in our justificatory endeavour.
[406] Darwall 2017.

There are several formulations of similar principles in contemporary discourses in moral philosophy.[407] The rule of rescue, for instance, alludes to the natural duty we all have to rescue those in states of grave danger. However, the moral principle around needs that I have stated is more demanding than the rule of rescue as the requirement that we must meet the compelling needs of others imposes a more demanding obligation upon agents than the requirement that we must rescue people in 'grave danger'. On my account, the idea of compelling need coupled with the moral principle that we must meet these compelling need-claims when we can do so at a reasonable cost to ourselves, provides the grounding for our obligations of care.

Apart from the moral imperative to help meet the needs of others when we can do so (a standard natural duty formulation), my account also accords a significant role to our relationships. If A and B share a dependency relationship, I have argued that this triggers our pre-existing duties to care. In some ways, this seems similar to Collins statement: dependency relationships generate responsibilities.[408] While I agree with the general sentiment behind Collins's formulation, more needs to be said about what it means to "generate" responsibilities or duties to care. How do our relational ties "generate" or "give rise to" moral duties?

This question should be approached whilst bearing in mind the larger theoretical backdrop in care ethics. Care ethicists have often used the factual states of dependence and/or vulnerability as *grounds* for our moral duties to care: stating, as Collins does, that dependency relationships in themselves generate responsibility.[409] Very broadly, they see dependence as the state of needing another person whereas vulnerability refers to the potential that we have to be harmed by another person.[410] Care ethicists stress that our dependence on one another, and our

[407] Collins 2015, 98-100.
[408] Collins 2015, 2.
[409] In fact, Engster extensively discusses which of these should ground our duties to care. Engster thinks that we *need* only a few people, at few junctures in our life. Therefore, instead of rooting our account in need and dependence, we must broaden our theoretical frame to capture the broader and more public duties to care that we have. Engster levied such a criticism against the approach of several care theorists – indeed against his own stance in earlier work. He argued that because we are dependent on far fewer people than we are vulnerable to, we should think of care ethics in terms of vulnerability (instead of dependence) so that the ethics of care can live up to its full potential as a moral theory. This approach stretches care ethics far beyond its normally-accepted ambit. I am vulnerable to being murdered by all of my co-citizens, but it seems outlandish to hold, without justification, that the duty upon each of them to refrain from murdering me should be thought of as a duty to care. Further specification is then warranted about what the concept of need encapsulates and the relationship between the notions of 'need' and 'harm'.
[410] For further discussion on this, see Dodds 2014.

vulnerability to one another are oft ignored features in the philosophical conception of human persons and must be emphasised as important features of personhood.

I am not going to comment on whether these aspects have in fact been ignored or side-lined in dominant conceptions of personhood in philosophy (a debate that would certainly require further specification for any side to be taken). I do agree with care ethicists, however, when they state that human dependence and vulnerability are important features in any account that seeks to explain caring and our duties to care. But neither dependence nor vulnerability is an independent justification for our duties to care. They are social facts. For these states to justify the existence of our duties to care, they must be accompanied by a moral principle or set of moral principles.

In what follows, I will demonstrate that our dependency relationships *trigger* our pre-existing or dormant natural duties to care. The notion of triggering a reason has been elucidated by David Enoch who sets out to explain what he regards as a unique feature of moral reasoning. Sometimes, Enoch states, certain changes to *factual* circumstances have the effect of manipulating normative circumstances such that a latent reason becomes active. As Fabienne Peter writes, in explaining Enoch's account of triggering reasons: "the reason is there all along; it is not created by the interaction."[411] These factual states merely provide the factual backdrop that activates dormant moral reasons.[412]

We may wonder: is this a "normative magic" of sorts? Enoch does not think so. It is not the case that we are *creating moral reasons* from factual states – a line of argument that might attract objections based on the is-ought fallacy.[413] Instead, certain changes in factual circumstances trigger our pre-existing moral reasons to act. This becomes clearer through the illustrations. The first illustration Enoch gives is based on a story about a neighbourhood grocer. Enoch writes:

> "Suppose your neighbourhood grocer raised the price of milk. It is natural to say that she has thereby given you a reason to reduce your milk consumption. It is, after all, true that you didn't have this reason before her relevant action, that you do after it, and

[411] Peter 2014, 24; Enoch 2011, 6.
[412] Collins seems to commit this fallacy when she writes dependency relationships "generate" responsibilities.
[413] ibid.

> furthermore that you have this reason because of her raising the price. In a perfectly ordinary sense, then, she has created this reason: she has given you a reason to buy less milk. But there is nothing mysterious — no normative magic here. The obvious thing to say about this case is that the giving here is a much less radical giving or creating than in cases of requests, commands, and promises. What the grocer did, it seems natural to say, is merely to manipulate the non-normative circumstances in such a way as to trigger a dormant reason [to not spend too much money] that was there all along, independently of the grocer's actions."[414]

In a similar vein, Enoch provides another example of drivers and pedestrians. He writes:

> "Examples of this triggering case are all around us. By placing his foot on the road, a pedestrian can give a driver a reason to stop, but only because the driver had all along, and independently of the pedestrian's actions, the conditional reason to-stop-should-a-pedestrian-start-crossing. By placing his foot on the road, the pedestrian thus triggers this pre-existing reason, thereby giving the driver a reason to stop."[415]

Through these examples we can see that the factual circumstances in either case – the pedestrian crossing the road or the grocer increasing the price of the milk – merely act as factual states that trigger reasons that existed all along.

The notion of triggering reasons is extremely helpful when analysing our duties to care. Suppose that three persons: M, N and O all live in the same city. O suffers from a chronic disability and is unable to walk. While M and N can be expected to do their share towards contributing to social welfare schemes of the state and community, they are not expected to provide daily care to O as they have not been allocated the specific responsibility of caring for O.

Now suppose that N and O meet virtually on a dating website and fall in love. After a couple of months, N moves into O's home. By virtue of their newly acquired special relationship (the partnership), N will now have the responsibility to care for O. If O's needs are not met – for instance, if O does not have adequate food or healthcare – members of the community will be justified in holding N accountable. N is now accountable to a greater degree and in a different

[414] Enoch 2011, 4.
[415] Enoch 2011, 4.

manner than M is to meet O's needs. This shows that the special relationship shared between N and O acted as a *factual trigger* for N's dormant duty to care for O. The special relationship may affect either the existence of N's duty or the strength of N's duty to perform a caring action or a set of caring actions.

Two clarifications are warranted about this argument. *First,* from the abovementioned hypothetical, it may seem that my argument only applies to those special relational ties that agents *voluntarily* enter into. After all, N and O chose to enter into a voluntary partnership and thereby assumed the responsibilities to care for one another. How do other relationships (those that we do not choose to enter) work within this paradigm?

Think of the relationship between a child and their parent. Children do not choose who their parents are. Why then, do they owe their parents any moral duties to care? On my account, children do not owe their parents any moral duties to care *because* they are their parent's children. This is merely a social fact. This social fact makes the general background duty to care applicable to these children in respect of their particular parents. The allocation of duties to care via social norms and background moral and social principles – that confer the responsibility of their parents' care upon children – acts as a trigger for a dormant duty to care.

Suppose E, an elderly person in the city *Gratis,* is suffering from an illness and needs a wheelchair to get by. Everyone in *Gratis* who can meet E's need for the wheelchair has a dormant duty to care for E. However, E's child (let us call her F) can be held specifically accountable for meeting E's needs and obtaining the wheelchair.[416] The fact that E is specifically responsible finds justification not in any value-based reading or voluntaristic account of the special relationship that E and F share. Rather, it finds justification only in the fact that caring must be coordinated efficiently and fairly in large societies and polities. In order for people's needs to be met, social and legal norms *must* necessarily place accountability of meeting needs on specific persons or a group of persons – and this is done through codified social and legal norms (including the norm that imposes the duty that children owe to care for

[416] Furthermore, a special relationship need not necessarily be a *change* in circumstances on my account. It can be a factual state that a given agent has acquired at birth itself. In the case of special ties that are not voluntarily acquired, like the ties between parents and children, we may say that the fact of birth *triggers* special duties to care between parents and children.

their children).[417] It is this systemic consideration that *justifies* why F is responsible for caring for E.

Therefore, on my account our special dependency relationships are not necessarily voluntarily undertaken. Social rules allocate responsibilities and codify dependency relationships often without the consent of the persons involved. Therefore, we can conclude that the duty to care is merely triggered by these socially codified relational ties.

Second, it may be argued that we have stronger moral duties to care for those we are in 'special relationships' with as these relationships have some essentially morally valuable element to them. We have duties to care for our partners because we love them. Or duties to care for our parents because we respect them. Building on this, a critic may argue that due to these valuable aspects of intimate relationships, they act as independent justifications for the performance of duties to care: giving agents sound moral reasons to care for their loved ones.

While it is true that healthy intimate relationships attract strong duties to care, it would be wrong to assume that all intimate relationships impose genuine moral duties to care. Care ethicists have sometimes failed to appreciate this rather basic point and have erroneously implied that intimate relationships themselves carry moral significance.[418] However, this is plainly not the case. The view that intimate relationships invariably or necessarily impose genuine duties to care is misguided because the duties to care that may otherwise exist are defeated in an abusive intimate relationship. Intimate relationships (between parents and children, or partners, or friends) are often the sites of abuse, neglect and hostility. Hence, the fact of the intimate relationship is not itself morally significant. Rather, these relationships are social facts which – if they meet a certain qualitative standard i.e., they are healthy and not abusive intimate relationships – trigger pre-existing moral duties to care.

The moral principle that grounds the duty to care is based on our fundamental duty to help meet the needs of others when we can. But this duty is socially allocated: triggered either by incidental or codified dependency relationships.

[417] This duty is legally codified in some jurisdictions. In India, for instance, The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 is in force. This legislation imposes a legal obligation upon children to provide maintenance to their parents by the provision of a monthly allowance.
[418] See Held 2006.

This duty thereby fails to fall into the neat binary that is sometimes constructed in moral theory between 'natural duties' and 'special obligations'. The duty to care is grounded in a natural duty to respond to need by the performance of caring actions. But in most real-world scenarios, there are either several agents who can each meet a given need (or needs can only be met through the cooperation of multiple agents): leading to an allocation problem. This problem is solved by socially codified norms that trigger pre-existing moral duties to care. Of course, these socially codified norms may allocate duties to care in ways that are unjust,[419] for instance when a system of socially codified norms assigns all care work exclusively to women. Further discussion of this will be provided in the fourth chapter of the thesis wherein I will show that whether the socially codified norm triggers a moral duty to care depends, in part, on whether the system of norms that a society uses to allocate burdens of care is reasonably fair or just.

3. Content: What?

Having delineated the scope of the duty and the grounds of this duty, the final issue to be discussed is the *content* of our moral duties to care for other persons: *what* does this duty require agents to do? So far, we have only established that when this duty exists (i.e., both scope and grounds conditions are met), the agent is bound to perform a caring action in order to meet a recipient's needs. But what is it that the agent is required to do in performing their duty? This refers to the content of the duty to care – an aspect that is of immense importance in the subsequent discussion in this thesis on political obligation.

I will argue that when an agent has a duty to care for a recipient, the agent is required to be *attentive and responsive* to the recipient's needs, and *respectful* of the recipient's capacity (when present) to determine their own needs.[420] The mandate of being attentive and responsive connotes a certain degree of vigilance about the recipient's needs. As Tronto puts it, these traits consist in a "a proclivity to become aware of need".[421] There is a duty to strive to be aware of

[419] Some argue against certain institutions like marriage that they contend carry no moral significance. Thus, the allocation of caring responsibilities through the norms of marriage might well be brought into question on these grounds. See Brake 2012.
[420] This formulation builds on the material provided in the second chapter of this thesis regarding the moral value of care and the conditions under which caring actions are morally valuable. I have defended why attentiveness, responsiveness and respect are the central values that are exhibited by "good" caring actions. Engster's account embodies these three features: attention, responsiveness, and respect, though he makes a major misstep by arguing that these elements are necessary for the very existence of a caring action.
[421] Tronto 1993, 126-136.

the recipient's needs before, during and after the performance of any caring action. This involves specifically paying attention to how the recipient is articulating their own needs and how these needs change with alteration in circumstances or with time. This is coupled with the duty to *respect* a patient's capacity or ability to determine what it is that they need or how a certain need-claim can best be met for them. As discussed in our earlier analysis of the concept of need, we know that our duties to care exist in the case of *compelling needs* (we always have some legitimate reasons to meet absolute needs, and sometimes also have reasons to meet their instrumental counterparts depending on further contextual specifications). The core cases of human need (our absolute needs) refer to things such as the need for food, water, shelter, clothing, education, or healthcare.[422] Even these absolute needs may not exist irrespective of what the patient or anyone else thinks about the matter.[423] There may well be a degree of subjectivity involved in determining what a recipient needs: a subjectivity that calls for respect for the recipient's capacity to have a say in determining their needs.

To take an example from medical law, think of instances wherein doctors must decide between ensuring food supply for a patient suffering from an unbearable terminal illness and adhering to their request to withdraw life-saving treatment in order to reduce their suffering. On the one hand, there are reasons to continue the food supply for the patient at all costs. On the other, there are good reasons to respect the patient's own determination of their needs: here, a need to reduce unbearable suffering. The duty to care as I have established it would require an agent to be *respectful* of the recipient's capacity (when present) to determine their own needs. This would mean that there is a presumption in favour of acting in accordance with the patient's needs as they have articulated it. This presumption can only be defeated by very strong reasons that point to the fact that the recipient does not have the capacity to determine what they need.

Cumulatively, we therefore see that a duty to care first and foremost requires the agent to be attentive and responsive to a recipient's needs and respectful of the recipient's capacity (when present) to determine what they need.

[422] Instead of providing a watertight list of absolute needs as Miller does, for instance, I have provided an account that defines absolute needs and accommodates for a degree of fuzziness. It is therefore helpful to think of core cases of need when we proceed with our analysis in this chapter and the fourth chapter of the thesis.
[423] By objective needs, I mean needs that can be determined by an objective third-person without reference to the patient's own subjective preferences and views regarding their needs.

Now, this brings us to the second aspect regarding the content of the moral duty to care. Apart from duties to be attentive, responsive, and respectful when determining what a patient needs, there is a duty to perform a measure that is likely to meet the recipient's needs.[424] The agent cannot be expected to perform a *successful* caring action (after all, the agent may not be aware of whether or not the action will be successful in meeting the recipient's needs). What the agent can be held morally accountable for is the performance of an action which is *likely* to meet the recipient's needs.[425] Let us unpack this now.

In any given case, there could potentially be *several possible measures* available to an agent through which they can satisfy their duty to care for a recipient. What measure is the agent obligated to take? And how do we determine this? The problem can be illustrated through an example. Imagine a patient in a hospital who is suffering from an illness and requires medication. The nurse in the hospital has a choice between two measures that both constitute caring actions: the nurse can either procure said medicine herself immediately or request the patient's family members to procure it.[426] The latter option would place a lower burden on the nurse, but it may require more time, potentially causing significant delays in delivering the medicine to the patient. When the nurse is confronted with a choice between these two measures, which measure is the nurse obligated to take?

Let me start by discussing equally effective measures. If several measures M1, M2, M3 can meet B's needs equally well, A has the discretion of choosing any one of these measures. A's moral obligation is towards performing *any* one measure but is ambivalent as to which measure A must perform. This gives the agent significant discretion in deciding the content of the duty.

But what about the case of unequally effective measures? Suppose there is an option between M1 and M2, such that the former is more likely to meet the recipient's needs than the latter

[424] This draws again from the conceptual account provided in the second chapter of this thesis that showed that the consequence of a caring action – i.e., how successful the action is in actually meeting the patient's needs contributes to determining how valuable the action is. Here, as we are moving from the discussion of value to moral obligatoriness, I focus on what the agent has a duty to do.

[425] If there is no action available to the agent that is likely to meet the recipient's needs, then failure to meet needs here is not blameworthy as nothing that the agent can do themselves would be able to meet the needs of the recipient. However, in these cases, seeking assistance from an expert capable of addressing the patient's needs may indeed be morally mandatory and failure to perform this action (of seeking assistance) would warrant blame.

[426] In the former formulation, the caring action would be the procurement of the medicine and in the latter formulation, the caring action would be communicating the need for the medicine to the patient's relatives.

(but the former is also costlier than the latter), is the agent obligated to take measure M1 or M2?

In these cases, I argue that the more compelling the need-claim (and the relational-claim) of the recipient is, the stronger the agent's duty to take the most efficacious measure to meet the need despite the measure's cost to the agent. It is not necessarily the case that the most effective measure to meet a given need will be the costliest for the agent, but this will often be the case. The stronger the need-claim and the relational claim, the stronger the duty to take the most effective measure *even if it is the costliest* of available measures for the agent.

To illustrate this briefly, if T's mother is suffering from a terminal illness, it would be assumed that T has a duty to help in her mother's daily care. While T may not be able to stop everything else in her life and quit her job to care for her mother, it would be assumed that T should put in some resources to hire a professional caregiver for her mother or otherwise ensure that she is cared for on a daily basis. Now, if on a given day, T's mother suffers a stroke – her mother's need for care is at its highest at this point. In this circumstance, T has a duty to 'stop everything' else in her life and take her mother to the hospital immediately. The stronger the need-claim (or the graver the harm that would accrue if the need-claim was not satisfied at the given time), the more reason T has to take the most effective measure to care for her mother.

Furthermore, one therefore may have a strong duty moral duty to help one's mother if she suffers from a grave illness. The duty to help with the day-to-day care may not extend to an aunt who is suffering from a headache: a phone-call or the provision of medicines would do. The content of the duty (or what the agent is required to do) is thus determined on the basis of how strong the need-claim and the relational-claim of the recipient is: how bad is the state of need? To what extent is the agent responsible for the recipient?

To conclude, therefore, we have arrived at the following conclusions on content:

> *First,* the agent must be attentive and responsive to the recipient's needs and respectful of the capacity (when present) of the recipient to determine their own needs.

> *Second,* in the case of unequally effective measures, the stronger the need-claim and the relational-claim, the more important it is that A takes the most effective measure i.e., the measure that is most likely to meet the recipient's needs.

These two statements encapsulate the content of the duty to care. This is particularly relevant for our discussion on the obligation to obey the law which I will undertake in the subsequent chapter of this thesis. In the course of the subsequent discussion on the obligation to obey the law, further clarifications on the scope, grounds, and the content of our duties to care will also be provided: illuminating aspects of these duties that have so far not been explored.

V. Conclusion

In conclusion, this chapter has provided a comprehensive philosophical account of our duties to care, by determining, under what conditions and on what grounds, the performance of caring actions is morally obligatory.

In Section II, I argued that the care ethical scepticism is best characterised as a scepticism against the use of principles as universal guides, rather than as justificatory standards. In Section III, I conducted a review of the writings in care ethics on duties to care. I argued that further conceptual clarification is required about the *scope, grounds and content* of these duties. Section IV – which builds the chapter's central argument – provided a normative account that addresses these issues. I first addressed the question of *scope* by establishing that for a moral duty to care to be activated,[427] three conditions must be satisfied. The first of these is that the needs in question must be compelling need-claims (as articulated in CN). The second is that the agent must be able to meet these needs at a reasonable cost. And finally, the agent and the recipient must share a dependency relationship such that the former is responsible for the care of the latter.

This set the stage for the subsequent discussion on *grounds.* I showed that the duty to care is a natural duty to respond to compelling need when doing so is not too burdensome. The moral principle was based roughly on rule-of-rescue formulations of natural duty theories. However,

[427] This is only in the case of multiple agents. In the case of a single agent, the needs and costs conditions are sufficient as elucidated earlier.

to become active, these natural duties must be triggered by factual states i.e., certain socially codified dependency relationships. Finally, I undertook an analysis of the *content* of our duties to care. I first demonstrated that duties to care impose a duty to be attentive, responsive and respectful of a recipient's needs. Additionally, I argued that in case of unequally effective measures, the stronger the need-claim and the relational-claim, the more important it is that a given agent takes the most effective measure that can be possibly taken to meet a recipient's needs. Cumulatively, this philosophical account of our duties to care lays the foundation for the concluding chapter of this thesis that is devoted to a discussion about political obligation.

CHAPTER FOUR

OBLIGATIONS TO OBEY THE LAW AS DUTIES TO CARE

I. Introduction

When and why do we have moral obligations to obey the law? The present chapter develops a care ethical response to these crucial questions. The first chapter of this thesis was devoted to demonstrating that we do not have a general, content-independent, moral obligation to obey the law in any given legal system. Instead, our moral obligations to obey the law are content-sensitive and particular: they are owed in the case of some legal directives and not others. The second chapter developed a conceptual account of care, focusing on caring actions and the conditions under which they hold moral value. This laid the foundation for the third chapter wherein I provided an explanatory framework of duties to care: clarifying when these duties are owed, what the basis of these duties is, and what they require agents to do. This care ethical account paves the way for the present chapter wherein these findings are all applied to the philosophical discussion around the obligation to obey the law.

The care ethical theory of political obligation developed here aligns with philosophical anarchism of an *a priori* kind by upholding the view that there can be no general, content-independent, moral obligation to obey the law even in reasonably just states. I have shown that such a general obligation to obey the law is an impossibility in any given legal system because violating the law does not constitute a moral wrong *per se*. But this is only half the battle. I will now advance the argument beyond what philosophical anarchists have so far shown. In this chapter, I will outline a set of sufficient conditions for the existence of the moral obligation to obey the law: I demonstrate that we owe a moral obligation to obey the law when doing so furthers a genuine duty to care. While the conditions presented here are sufficient for a moral obligation to obey a legal directive to be obtained, note that they are not necessary conditions for this obligation's existence. In light of this, the thesis does not aim to provide a conclusive solution to the problem of political obligation. Rather, it provides a theoretical account of one

major class of moral obligations to obey the law – thereby propelling the discourse on political obligation forward, whilst simultaneously engaging care ethics in a meaningful conversation with the literature in this domain.

This chapter will be divided into four sections. In Section II, I provide an overview of care ethical writings to emphasise that our duties to care are not limited to our personal relationships (family or friends) but, in fact, often extend to perfect strangers in wider public-political contexts. Some of our duties to care thus have public-political character. This sets the stage for the conversation between care ethics and jurisprudence that this chapter initiates: showing how our duties to care possess the political relevance required to ground a successful theory of political obligation.

In Section III, I elucidate the core argument of this chapter. I use the care ethical framework I have so far developed to argue that agent A has a moral obligation to obey legal directive X when the content of X encapsulates a relevant duty to care that A owes; and when obeying X is the only measure/most efficacious measure for the discharge of the duty to care; and provided that the allocation of caring responsibilities has been done in a manner that is reasonably just.

In Section IV, I discuss the grounds of these particular moral duties to obey the law. We owe a duty to obey the law for reasons that have to do both with our natural duties to respond to need and our socially codified dependency ties that hold us accountable for caring for some people (and not others). What emerges in this thesis is thus an account of political obligation that satisfies the 'morality' and 'particularity' conditions of political obligation, but intentionally steers clear of the 'generality', content-independent' and 'bindingness' requirements.

Section V concludes the substantive arguments of the thesis and locates the care ethical account of political obligation against the backdrop of contemporary political theory. I show that while the care ethical account bears affinity with natural duty accounts and associative theories of political obligation, it emerges as importantly distinct from each of these accounts. The care ethical account combines voluntaristic and non-voluntaristic theories in its explanation of the grounds of the obligation to obey the law. The upshots of this view are that it can advance the

present discussion around political obligation and help demystify the age-old philosophical debate around the moral obligation to obey the law.

II. Duties to Care: Public-Political Duties

The first thing to clarify (though it should largely be evident from the arguments made so far in this thesis) is that our duties to care exist well beyond personal ties or intimate relationships. As I have shown in the preceding two chapters: caring is a concept that encompasses a broader range of act-types than those that are restricted to personal relationships. Our duties to care, I will first show, have public and political character.

I use the term public-political duties to refer to caring responsibilities which extend beyond our intimate or personal relationships. For our purposes here, personal relationships are the relational ties we share with people we *personally know* prior to the performance of any relevant duty to care or the interaction between agent and recipient.[428] This can be seen from the fact that sometimes duties to care can exist between perfect strangers. Medical healthcare – a paradigm case of care – imposes duties upon doctors, nurses, and professional caregivers to care for patients they do not personally know. In a similar vein, even though we may not have personal ties with members of our community or nation, we still owe certain duties to meet some of their compelling needs. To explain this phenomenon, care ethicists have affirmed that duties to care extend beyond the realm of our intimate or personal relationships, and caring relations are regulated – in important ways – by the forces of state, politics, and the market.

Joan Tronto, one of the first care theorists to make a notable inroad in this direction, argued that characterizing care ethics solely as a moral theory served to obfuscate the enormous political relevance of care work, and the significance of care ethics for political theory.[429] She contested the rigid boundaries between the moral and the political domain and the oft-criticized dichotomy between the public and private spheres. This critique paved the way for Tronto's framing of *care* as a valuable political concept.[430] Since Tronto, there has been immense interest in several questions at the intersection of care ethics and political theory. The idea of a

[428] Note that a personal relationship is different from a pre-existing socially codified dependency relationship of the kind that I have discussed in the previous chapter. The latter can exist even between perfect strangers.
[429] Tronto 1993.
[430] ibid, 21.

'public ethic of care' has been developed by the likes of Grace Clement, Eva Kittay and Nel Noddings,[431] and applied to questions of citizenship,[432] international relations and global responsibility,[433]and questions about democracy and the welfare state.[434]

A tension between justice and care continues to be prevalent in several of these writings, with theorists attempting to reconcile the role of care ethics in political theory (whether it is a supplementary moral theory to liberal theories of justice/or an all-encompassing one).[435] I do not wish to delve into these discussions in the course of this thesis. Instead, I will focus on how care ethicists transpose their findings about care into the political context: thereby providing the theoretical bedrock for a care ethical account of political obligation that the thesis presents.

The commitment to casting care as a political concept (that is, a concept with relevance for political theory) can be traced back to early writings in care ethics. In her foundational work in the field, Held takes up the project of showing that our duties to care extend beyond the realm of the personal, towards the political and global zones.[436] This stems from a recognition that, unlike some concepts that exist uniquely within the realm of intimate relationships, such as 'love' or 'friendship' (which can then perhaps be applied to the wider political context),[437] care does not have to be similarly imported from the context of intimate groups to wider political groups. Several central instances of caring exist outside the realm of personal or intimate relationships. Think of healthcare. Healthcare professionals are involved in the performance of *caring actions* and are employed by the state and/or private individuals for the discharge of certain caring responsibilities. This paradigm case of care exists very much in the public domain (as opposed to the private sphere of our intimate relationships) and has immense political significance. Therefore, unlike the concepts of love and friendship which operate in the private realm of our intimate relationships (and must be scaled up in some ways to be meaningfully applicable to the realm of the political community),[438] care is very often given in public and professional settings between perfect strangers. It therefore inherently has political

[431] Clement 1996; Kittay 2001a.; Kittay 2001b; Noddings 2002.
[432] Sevenhuijsen 2003; Tronto 2011.
[433] Miller 2010.
[434] Tronto 2013; Engster 2015.
[435] For a discussion on this, see Held 2015.
[436] Held 2006.
[437] Dworkin does this in his account of political obligation in Dworkin 1986.
[438] Nussbaum 2013 also takes up a similar project.

significance and is a crucial concept with which we can evaluate relationships and obligations in the public sphere.

Note that there has been some pushback against bringing care ethics into the political domain. Held acknowledges this criticism in her work by noting:

> "Adult citizens, our critics claim, usually don't care about strangers, don't want to be expected to care for them, and don't want to be cared for by them. … Caring is something they see as limited to particular relations of family, lovers, or friends and as largely irrelevant to political institutions and even to moral theory."[439]

This line of criticism is a hurdle that care theorists often face in their efforts to draw upon the relevance of care ethics for political theory. As my work brings care ethics in conversation with legal and political philosophy, this line of criticism will apply equally against my project. It therefore requires some further handling.

I have two responses to this line of criticism. *First,* critics who adopt the view that care is limited to particular relations of family, lovers, or friends adopt an overly restrictive view of what it means to care. They see caring as being restricted to the private sphere: a form of feminised labour that has limited relevance in a public-political realm. As Asha Bhandary observes:

> "Care has been placed beyond the lens of justice due to liberalism's reliance on a division between public and private spheres, paired with the semi-official linking of caregiving to the private family and its encoding as feminine labour."[440]

While it is beyond the scope of this thesis to explore how liberalism has contributed to the discourse around care, I want to point to Bhandary's apt characterisation of how the division between the public and private spheres has entrenched the view that care is "beyond the lens of justice". Critics often erroneously view care as a virtue that is primarily restricted to our intimate relationships and "semi-officially" as a form of feminine labour (i.e., labour which is

[439] Held 2006, 76.
[440] Bhandary and Baehr 2020.

primarily the job of women within the private sphere).[441] These views seem to lurk at the background of the criticisms that Held highlights.

Bhandary further notes that gender is not the only ethically salient category through which images of care have been constructed – care work is often undertaken by people of colour, ethnic minorities, oppressed caste groups, and those who belong to a low socio-economic class.[442] Along with gender, then, categories of race, caste and class are also relevant and have "semi-officially" informed the reluctance to think of *care* as a central political concept. It may be true that care-work has often been assigned to women, in the family context. But this is just one way in which the burden of care might be allocated in a society, and there is no reason not to ask whether this or that possible way of allocating the burden of care is fair or just.

Second, as briefly discussed earlier, such criticisms conflate caring actions with other act-types: such as actions performed by love, affection or friendship. There is no necessary link between love, affection, or friendship on the one hand and care, on the other. As elucidated in the second chapter of this thesis, caring actions need not involve any of these feelings or personal attachments. Indeed, a value-laden motivational underpinning is also not necessary. Actions that agents perform with the intent of meeting a recipient's needs, despite their motivations, will qualify as caring actions. It is straightforwardly incorrect to suggest that love, affection, or personal regard need necessarily accompany actions in order for them to qualify as 'caring'. To limit *care* conceptually to our particular relations with family or friends is therefore a glaring conceptual mischaracterisation: it excludes a large set of paradigm cases of care from within its definitional ambit.[443]

Chapter Two of this thesis presented a distinction between the descriptive and evaluative elements of *care* and between care *simpliciter* and morally valuable care. On this reading, the presence of love or affection for the recipient may improve the moral standing of a given caring action and thus these considerations may feature when we evaluating the moral worth of caring actions.[444] But feelings of love or affection are completely irrelevant at the stage of *defining*

[441] Steyl 2019 correctly notes that while *care* is indeed a virtue that it not all that care is.
[442] ibid.
[443] As I have shown, healthcare is a prime example of caring actions. It is not limited to family, friends, or people we know and is a dynamic that exists between a doctor and patient who are almost always perfect strangers until their encounter.
[444] It may be the case that if the agent has genuine feelings of affection or love for the recipient, they will be more invested in performing caring actions well. However, it may equally be the case that the values or dispositions associated with caring actions – attentiveness, responsiveness and even respect – may be harder when we

caring actions. Therefore, the notion that care is a value associated solely with the zone of friends, families and intimate others is misplaced. Our duties to care extend beyond the realm of our families and intimate relationships.

It is evident that care is performed in many public contexts: hospitals, schools, nursing homes etc. This is because while some people may have their vital needs met by families, friends or kinship groups, "most needs for care far exceed the capacity of these family members to meet them".[445] In order for needs to be met we need to think beyond the realm of the intimate sphere towards the spheres of politics, law, and the market. As Daniel Engster puts it:

> "We all have moral obligations to care for others in need. While we can fulfil some of our obligations to others through personal caring relationships, we can fulfil many others only through collective caring institutions and policies."[446]

Engster further notes that all capable individuals have obligations to care for others in need.[447] These duties can be fulfilled sometimes through direct actions, but in other cases we require more indirect support to fulfil these duties: such as support from political institutions that help in the meeting of needs at a larger scale.

As I have discussed, the fulfilment of caring actions may seek to protect some individual from harm – or it may go a step further and meet some need of the individual. Think of this in the political realm. To begin with, bear in mind that the distinction between duties to refrain from harming someone and duties to help someone is familiar for political and moral philosophers. These duties are distinguished in terms of positive duties and negative duties. Very roughly, negative duties are ones that oblige us to refrain from some act which would operate to the detriment or prejudice to someone else.[448] Positive duties require us to undertake some positive act that will benefit another.[449] As Philippa Foot summarises, the difference here is "between

personally care for the recipient. Professional caregivers of sick patients may be able to be at the distance required from the patients to care for them better, while the children or partners or these patients may be emotionally invested and distraught in a manner that would make it hard for them to be attentive, responsive, and respectful of the patient's needs. Therefore, the presence of love or affection does not necessarily improve the quality of care given to the recipient.

[445] Tronto 2013, xiv.
[446] Engster 2007, 2.
[447] ibid, 66.
[448] Varden 2011.
[449] ibid.

what we owe people in the form of aid and what we owe them in the way of non-interference".[450]

This dichotomy between non-interference (not harming) and helping or assisting is crucial for my project. As should be evident, my account of duties goes beyond the non-interference threshold. I hold that we have duties to assist those in states of compelling need. These are positive duties that, in my view, we owe in addition to the more minimal negative duties we have to refrain from harming others. In caring for a young child, for instance, performing actions aimed at fulfilling their most pressing needs is just as crucial as avoiding any actions that may cause them harm.[451] Or when a doctor cares for a patient, they have duties to assist them and meet their needs (and not just minimal duties of not harming them). This shows that our duties to care typically involve the performance of duties that have been framed as both negative duties of non-interference, and positive duties to meet needs. These duties involve *both* the task of refraining from harming co-citizens and the project of helping meet their absolute needs.[452] Caring for someone (and caring for them well) typically involves both non-interference and actions that are geared towards actively meeting their needs.

In line with this, the approach advanced in this thesis highlights the importance of a needs-based approach for political theory and philosophy.[453] Tronto agrees that an emphasis on needs, as opposed to a wider category of subjective interests or goods, will be one of the main shifts we would require in moral and political theory if we are to adopt a care ethical perspective to political questions.[454] This brings us to the core argument of the present chapter. I will argue that we sometimes owe moral duties to care for co-citizens. These duties require that when we can do so at a reasonable cost to ourselves, we must assist others in meeting their most

[450] Foot 1978, 27; Goodin 1985a, 18.
[451] In fact, even legal rules in the area of childcare refer to both these thresholds – of meeting the child's needs and of protecting them from harm.
[452] See Goodin 1985a, 18.
[453] Randall 2023b, 558 argues that our "public-political relations are thinner than our personal ones… Yet such relations still generate a responsibility to uphold the normative baseline – perhaps merely by upholding the law to reinforce mutual concern and civic trust, or helping those whose vital interests are thwarted where we can."
[454] Tronto 1993, 164. It has been difficult to identify which needs are most urgent and should be the priority for nation states. See Tronto 2013, 89 wherein she writes that: "Scholars such as Theda Skocpol (Skocpol 1992) and Barbara J. Nelson (Nelson 1986) have noted the gendered ways in which some kinds of needs are treated as transparently the needs of citizens (e.g., those requiring veterans' pensions or workers' compensation) while others are considered as beneath the level of citizens' needs and their recipients cast as dependents (e.g., welfare assistance, needs for children and the elderly). Nancy Fraser (Fraser 1989) called this the 'politics of needs interpretation', since in every society a political fight produces the assumptions made about which needs are worthy and how they should be constructed and controlled."

compelling needs. This is a core natural duty that all persons possess. Now, these duties to care for co-citizens, I argue, are oftentimes only satisfied, or best satisfied, by obeying legal mandates. In line with this, I will demonstrate that in such instances, our moral obligations to obey legal directives are best explained as duties to care for co-citizens.

III. When Do we Owe Moral Obligations to Obey the Law?

Having clarified that our duties to care extend beyond personal relationships to co-citizens and distant others, we are now well-placed to enter the discussion on the obligation to obey the law. Through the arguments presented in this section, I will demonstrate that we have moral obligations to obey the laws enacted by our state whenever the legal directives in question help in the discharge of a relevant duty to care. The argument that I will develop is as follows. Think of a legal directive X that requires that agent A ϕ. A will have a moral obligation to obey directive X if the answers to questions 1 and 2, summarised below, are affirmative, and if the response to question 3, as encapsulated below, is negative:

1. *First,* by ϕ-ing, will A discharge a moral duty to care that is owed to a recipient or a group of recipients B?

2. *Second,* is ϕ-ing the only way, or the most effective way, to discharge the moral duty to care?

3. *Third,* has the legal system allocated duties to care in a way that is unfair or unjust?

If these three conditions are satisfied (in that the answer to the first two questions is in the affirmative and the answer to the third question is in the negative), a moral obligation to obey directive X will necessarily be present.[455] This argument requires significant explanation and justification that I will now undertake.

1. *Does the content of the legal directive express a genuine duty to care?*

[455] Note that these are sufficient conditions for the existence of a moral obligation to obey the law, rather than necessary and sufficient conditions for the existence of such an obligation.

Recall that as established in the first chapter of this thesis, our obligations to obey the law are content-sensitive. This means that the existence and strength of the moral obligation to obey a given directive depends on the content of the directive. But what properties of the content are relevant here? How does the content influence whether or not a moral duty to obey the directive exists? The present discussion points to one aspect of the content that always influences whether a moral obligation to obey a directive exists: whether or not the directive expresses a genuine duty to care.

Before I proceed further, two preliminary points of clarification are in order. *First*, note that it is not my argument that we have moral obligations to obey the law *only* in situations wherein obeying a given legal directive would help in the discharge of our duty to care. While the conditions encapsulated above are thus sufficient for a moral obligation to obey a legal directive to be obtained, they are not necessary conditions for this obligation's existence. This is because there are some laws (for example, a law that prohibits defamatory conduct) that one is obligated to obey due to reasons and obligations that cannot be meaningfully understood through the care ethical framework. To argue to the contrary would be to stretch the framework beyond its appropriate ambit. Therefore, my argument is that *whenever* obeying a given legal directive is the most efficacious way to discharge a relevant duty to care, a moral obligation to obey this directive obtains.

If successful, this argument goes some distance in specifying *when* our moral obligations to obey the law exist. It paves the way for a complete theoretical account of all relevant cases in which a moral obligation to obey a given legal directive exists. While I am of the view that such a complete account is both possible and necessary, providing such a complete account is beyond the scope of the present thesis.

Second, it must be borne in mind that I am not intervening in the debate around *how* agents morally deliberate when deciding whether or not to obey the law. Instead, I am intervening in the justificatory question around the obligation to obey: the inquiry about whether the view that there is a moral obligation to obey a given directive can find adequate *justification*.[456] This question often plays out in our interpersonal political and moral conflicts around the law. Think

[456] This inquiry about justification employs moral principles as standards (rather than as guides that explain or seek to guide our moral deliberations) and thereby aligns with the care ethical stance on moral principles.

of two friends who are debating whether a certain law which their government has recently enacted should be followed. One friend says it should be followed and approves of the demands of the law. The other friend vehemently disagrees – objecting to what the law mandates. A tussle on political and moral questions thus ensues. Which friend is correct in holding on to their view? The arguments developed in this thesis are geared towards this kind of justificatory inquiry.

When determining whether or not it is morally obligatory to obey a given legal directive, the foremost question in my account is: does the content of the legal directive express a duty to care? Building upon the analysis presented in the previous chapter, I will show that three inquiries must be undertaken to determine whether a given legal directive expresses a genuine moral duty to care. We will explore the *needs condition,* the *cost condition,* and the *relational condition:* each in significant detail in the sub-sections A, B and C that now follow.

A. Needs

A legal directive X is enacted by the government of a country Y. X requires that agents ϕ. Does an agent A have a moral obligation to ϕ? For a moral obligation to obey X to be present, the first requirement is that the needs condition as encapsulated in this thesis is satisfied. That is to say that by ϕ-ing, A should contribute to meeting some *absolute* need that a group of citizens in Y possess.[457] Now, how do we determine that this is the case?

Sometimes determining the absolute needs of a group of citizens is a straightforward matter. The state determines what a group of citizens need or what is in their best interests and then enacts a directive in furtherance of protecting these needs. Oftentimes they will get their needs-determination right and we are presented with relatively clear cases (for instance, with laws that mandate progressive taxation to ensure that needs for food or shelter are met). With these legal mandates, it is clear that by ϕ-ing (here paying taxes), an agent A is meeting some absolute need of fellow co-citizens. But in the cases of other legal directives, the matter of

[457] Note that while I have argued that that there are sometimes moral duties to meet instrumental needs of the kinds encapsulated in CN (compelling needs), the arguments made in this chapter will be restricted to absolute needs. This is because the law works at a level of abstraction. As absolute needs such as the need for food, shelter, clothing, healthcare or protection from harm or blight invariably provide agents with some reasons to meet these needs irrespective of contextual particulars, it is this kind of need that we usually see specified in legal directives.

needs-determination gets far more complicated. Very often, the state errs in in determining what a group of citizens need. As I have shown in the second and third chapters of this thesis, when determining what people need, we must be attentive, responsive, and respectful. With the case of legal directives, we must thus ask: has the state been *attentive* and *responsive* to the needs expressed by the group of citizens that the directive targets, and has the state been *respectful* of these citizens' ability to determine what their needs are? If the answer to any of these questions is in the negative, the state has got its needs-determination wrong and the directive in question does not express a genuine moral duty to care.

Let me illustrate this with the help of an illustration. In the United States, there are a range of food safety laws that restrict people from sharing food with community members who are homeless.[458] These laws mandate that people obtain a permit to share food and sometimes make food safety regulations so strict that it is impossible for food-sharing groups to comply with these regulations due to lack of funding and resources.[459] For years, critics have argued that such laws therefore end up making it significantly more difficult to be homeless rather than helping to address the problem and meet the needs of homeless persons. Now, our question is, do citizens have a duty to comply with these food-safety laws?

The care ethical account pushes us to ask whether the state has erred in its needs-determination with respect to the food safety laws in question. Through the metrics devised so far, we see that by severely limiting food sharing to ensure a very high degree of food safety standards, the state fails to be adequately attentive, responsive, or respectful of the actual needs as expressed by the homeless citizens. Attention to the needs of the homeless citizens would reveal that they have articulated a strong preference for access to food irrespective of whether it meets a certain authorised standard or not: primarily because the alternative (a complete lack of food) is far worse. If the state decides that the homeless citizens cannot make the choice about their own food-related needs, the state fails in its duty to be respectful of the capacity that these citizens have to determine what they need or what is in their best interests.

[458] Levintova 2014.
[459] For example, certain food safety laws may require food handler permits or restrict food service to only hot meals in designated locations.

Furthermore, while the homeless citizenry certainly has an interest in safe food, the law seems to covertly serve a very different purpose while using the needs trope as a false justification. The motivation behind these laws seems to be to drive away the homeless by preventing them from having access to meals. This motivation can be seen from the statement of public officials when enforcing the law. Think of Florida city commissioner Tony Yaniz who suggested, in March 2014, that Soup Kitchens that serve meals to the homeless in Florida should cut back on their activities or face criminal sanctions. The motivation is clear from his statements justifying these laws: "what we've got to do is quit making it cosy… let's not feed them anymore".[460] This indicates that whilst the state overtly claims that it is targeting a need of the homeless citizens, it has failed in its task of being adequately attentive and responsive to the citizens' needs and respectful of their capacity to make their own decisions about their needs. Therefore, we can say that the state has erred in these particular food-safety laws and these laws, in practice, do not express a genuine duty to care.[461]

Now, we can ask further: how should those who violate this legal mandate be treated? Think of Sheila, a citizen of a state wherein such food-safety laws are in force. Sheila is finishing dinner at a restaurant in her neighbourhood and has packed some of her leftovers to take away. On the way home, she encounters a homeless person who requests Sheila to give her the food that she is carrying. Sheila does so immediately. Would we say that Sheila has violated any moral duty? Would we say that a sanction is warranted against Sheila for her actions? Surely not. Rather, it seems that Sheila is acting in accordance with her moral duties by recognising an immediate need that she is confronted with and performing a caring action in order to meet the need.

This can be affirmed from real-world scenarios wherein citizens who have disobeyed food-safety laws have been praised for their actions rather than morally censured. Think, for instance, of the outrage that was sparked in the USA when a ninety-year old citizen of Florida was arrested for feeding the homeless under a gamut of these laws.[462] The outrage pointed to a collective moral intuition held by the citizenry: that one should not be blamed for disobeying

[460] National Coalition for the Homeless Report 2014.
[461] It is not the case that food-safety laws *per se* are antithetical to the care ethical framework. In fact, food-safety laws that are attentive, responsive, and respectful of the needy citizens' articulations would fit in well with this framework.
[462] Levintova 2014.

the laws in question, but in fact praise is warranted for disobeying the laws and meeting the immediate needs of the homeless citizens. Therefore, the criminalisation of efforts to feed people in need represents a legal directive wherein the 'needs-determination' has gone wrong. These directives do not express a genuine duty to care and there is no moral obligation to obey these directives.

The point can be further established through certain kinds of paternalistic laws that states often enact.[463] Think of legal directives that criminalise alcohol purchase, sale, and consumption in certain countries.[464] Do adult citizens of these countries have a *moral duty* to obey these directives? Citizens may well choose to obey the law out of a fear of punishment for violating the law; but, as we have seen, that is not the issue at stake. What is at stake here is if a moral obligation to obey these directives exists such that it would be blameworthy, on moral grounds, were A to violate the given legal directive.

Imagine Jessie, a healthy adult citizen who resides in a state S that has a prohibition law in place. S is one of the very few states in the world to have this kind of prohibition law, and alcohol consumption is very much the cultural norm in most other jurisdictions. Jessie goes on a road trip to a bordering state and brings back a couple of beers for his friends and himself. He thinks he is unlikely to be caught by the police for his actions (there are very few checks) and he is of the belief that he can make his own choices about what he needs or what actions are (or are not) in his best interests. He chooses to have a drink with his friends despite the prohibition law in place. Are Jessie's actions morally blameworthy? I suspect most of us would think that Jessie's action is not blameworthy. This is because such laws are enacted under the garb of meeting some health-related needs that the state perceives people to have. While it is not the case that people *always* judge their needs more soundly as compared to the state, laws enacted *without respect for people's own capacity* to determine their needs will clearly fail the needs determination threshold. As adults can make decisions about a range of lifestyle choices, it is unclear why they cannot choose to drink alcohol and determine what it is they need in a given case. The prohibition laws therefore fail to satisfy the attentiveness, responsiveness and

[463] Paternalism is sometimes justified and necessary and the care ethical framework would support laws that are paternalistic, for instance, when persons *clearly* lack the capacity to make their own decisions. These measures are routine in the medical healthcare context.
[464] For an overview of alcohol prohibition laws world over, see World Health Organisation Report 2004.

respect threshold required for a sound needs-determination, and no moral obligation to obey such laws is also therefore present.

Needs-determination is often unsound on gendered grounds: where the state acts paternalistically to decide what women need despite clear evidence to the contrary expressed by women. Think of laws, for instance, that prohibit companies and establishments from hiring female employees because the state is of the opinion that women should not work as they are best placed to take care of household responsibilities. Or laws that prohibit women from wearing certain kinds of clothing which are 'too revealing' to allegedly cater to their safety. The state here erroneously makes determinations about what female citizens need. The state is inattentive and unresponsive to the actual need-claims expressed by women (to be allowed to work where they want and wear what they please). There is also no respect for women's capacity in making their own determinations about what it is they need. In enacting these kinds of laws, the state fails in what I have called the act of needs-determination, and thus no moral obligation to obey these laws exists.

We have so far discussed instances of legal directives that do not provide agents with corresponding moral duties. In these cases, an agent has a better chance of effectively discharging their existent duty to care by disobeying the legal directive than by obeying it. Therefore, whether or not the needs determination is sound determines whether or not the directive in question expresses a *genuine* moral duty to care.

B. Does obeying the directive come at a reasonable cost to the agent?

If only the needs condition is satisfied by the content of a specific legal directive, we may say that the agent has some moral reasons to obey the directive. However, a moral duty to obey the directive only arises when ϕ-ing (as prescribed in the directive) would come at a reasonable cost to the agent. Thus, apart from the needs condition, it is necessary that the cost condition as stipulated in this thesis is also satisfied.

If legal directive X is enacted by the government of a country Y and X requires that agents ϕ, whether or not a moral obligation to obey X exists depends also on the cost of obeying the directive. Even if X expresses a genuine need (and the state's needs-determination is correct),

ϕ-ing may come at too high a cost for prospective agents. To illustrate this, think of mandatory-conscription laws that still exist in several countries globally. These laws prescribe the mandatory enlistment of citizens for military service and impose severe sanctions for non-compliance.[465] With some variations, these laws generally hold that citizens (mostly with specifications about age and sex) must compulsorily serve in the military of their country for a specified period of time. Sometimes these laws are enacted during a war or right before a war. The National Service (Armed Forces) Act, for instance, was enacted in Britain in 1939 in advance of the Second World War and imposed conscription on all males aged between 18 and 41.[466] At other times, such laws remain in force even where a country is not currently in war and is not even facing any immediate threat of war, merely as a precautionary measure against future attacks. In these cases, as well, countries often mandate conscription in order to prepare themselves for future wars or warlike situations.

Now, the rationale behind these mandatory conscription laws is that there are some compelling, absolute needs of co-citizens (here, safety and security) that require urgent protection by the military. As the military does not have enough manpower at some junctures, citizens have a duty to step in and help meet the safety and security-based needs of their co-citizens. These needs may be occurrent as was the case with laws such as the National Service (Armed Forces) Act which was enacted at the time of war. Or they may be dispositional – such that the measures designed to address them are introduced to satisfy needs which may become occurrent in the near future.[467]

It can hardly be debated that people need to be protected against the harms of war and value their safety and security. What is more, the relevant need here (safety and security) cannot be met in any other way *except* through cooperation from the citizenry who jointly undertake military duties. Hence, conscription laws do impose a duty upon people to meet some relevant absolute and occurrent or to-be-occurrent needs that co-citizens possess and the needs-determination with regard to these laws is indeed sound.

[465] For an overview of conscription laws world over, see Chakravortty 2022; Sagdahl 2018; Paret 1993.
[466] National Service (Armed Forces) Act 1939.
[467] In the former case, the need-claim is more compelling than in the latter.

However, the problem with these laws is not that they get the needs-determination wrong. The issue with these laws lies in the fact that they can impose too high a cost upon those who are conscripted. While this is not necessarily the case (we can imagine conscription laws that only require a short period of conscription in exchange for some valuable benefits), there can be legal directives wherein the costs of conscription are incredibly high: requiring agents to put themselves in grave danger that can cause bodily harm or even lead to death when the state is in the midst of a war. Even if the country is not actively engaged in a war, conscription laws can impose an unduly high cost on potential agents – often mandating that people give up their work, move away from their homes and families, and sacrifice a considerable period of their youth to military service.[468] Considering these immense costs that conscription laws can impose upon agents, those who enlist in the military can and perhaps should be praised for their sacrificial acts. Agents may also choose to obey the law merely because of its force – that is out of fear of non-compliance. As Frederick Schauer notes, "at times the law conscripts us into military service, though we may believe the wars immoral, the dangers exaggerated, or the enemies imagined."[469] In these cases, even if we obey legal directives, our reasons for doing so are fear of sanctions and punishment rather than any coherent moral reasons.

If we obey the law out of fear of sanctions, this does not speak to the existence of a moral obligation to obey mandatory conscription laws. The point is that disobeying directives that put such high a cost on agents would not warrant justified blame. Suppose Jenna, a young woman in a country that is ridden with conflict, is required by the laws of her country to enlist in the military during a war. It is very likely that by enlisting in the army, citizens will put their lives in grave danger and expose themselves to the threat of death. While all citizens are equally likely to face this danger, there are further reports that women who enlist in the army are particularly facing targeted sexual abuse. Rather than compelling women to enlist in the army amidst concerns of sexual abuse, a proposed solution is being discussed that suggests maintaining an all-male composition within the army until effective measures are implemented to address the issue of sexual abuse.

[468] Note that whether a cost is deemed unreasonably high in these cases may depend on the situation that one's country finds oneself in. When there is a danger that one's country be attacked, military service will be potentially more dangerous, but it also seems justifiable, in those circumstances, to demand more of citizens.
[469] Schauer 2015, 1.

Now if an army composed solely of male citizens could indeed effectively defend the nation, it would not be a moral imperative for women to enlist and subject themselves to the tangible risk of sexual violence. If Jenna, in our hypothetical, chose to disobey the directive and prioritise her own personal safety, she should not be blamed for her actions. While praise may be warranted if she chooses to obey the law and enlists in the army (for her sacrificial act and for her willingness to put herself in grave danger for the safety of others),[470] one cannot justifiably blame Jenna for failing to perform a supererogatory deed: the performance of which would put her in grave danger, and likely expose her to sexual abuse and violence. This shows that if the content of a legal directive that mandates ϕ-ing, and if ϕ-ing is unreasonably burdensome for the agent (it unfairly exposes them to grave danger), the legal directive in question does not impose an all-things-considered moral duty upon agents. Agents may choose to obey this law: but that is purely a matter of their personal discretion.

C. Does B stand in a relevant dependency relationship with A?

There is one final inquiry that needs to be undertaken when determining whether a given directive imposes a genuine moral duty to care upon a given agent. We need to determine whether A and B stand in a dependency relationship such that *A is responsible for meeting B's needs*. It is only once this final condition is satisfied that an agent's duty to care for a particular recipient will be activated.

When discussing the 'relational condition' in the third chapter of the thesis, I argued that the presence of certain socially codified dependency relationships triggers an agent's dormant duty to care for a recipient. Social norms regulate the provision of care: determining who is responsible for the care of whom. I will now show the role of the law in codifying these relationships and activating an agent's dormant duties to care.

The law (and more generally, a legal system) plays a central role in the process of allocating caring responsibilities. The process of allocating our responsibilities of care, as Tronto argues, is at the heart of our political processes:

[470] This is not necessarily the case. We may also be worried that Jenna's wishes are shaped by a false and extreme sense of patriotism that allows Jenna to put herself in grave danger for other people's interests.

> "On some level, then, the process of allocating responsibility is at the heart of the political practices of care. Political "care work" also requires that those responsible for the allocation of care responsibilities throughout society are attentive to whether or not those processes of care function."[471]

This "political care work" is done by a range of our social and political institutions: each with a different role in this process. The law plays a crucial role in this aspect. As Hart pointed out in *The Concept of Law*, legal systems can issue two types of legal norms: duty-imposing norms and power-conferring norms.[472] The former impose legal duties upon their addressees. The latter confer certain powers upon their addressees. Both norms allocate the responsibility of meeting needs. In the case of duty-imposing norms, the state allocates responsibility by conferring the responsibility of meeting some needs on a specific group of persons. Power-conferring norms enable individuals to enter into sanctioned legal relations with one another: often through some kind of voluntary action, undertaking, or commitment. By entering into these legal relations, they accept the responsibility for meeting some needs of another person. Further, power-conferring norms may also confer the power to allocate responsibilities on public authorities. State officials thereby have powers, in a prescribed set of circumstances, to allocate responsibilities upon private persons. In these ways, the law allocates responsibilities to meet needs differently with respect to both norms in the Hartian framework.

When the law imposes duties and confers rights upon people in this way, it creates a complex network of legal relations. Perhaps the most influential writings on this subject have been provided by Wesley Hohfeld. Hohfeld famously developed an account of legal relations that focussed on the interpersonal relations between legal subjects. He argued that the law creates correlative legal positions and relations. Through the correlativity thesis, Hohfeld made the claim that all legal relations can be expressed through correlative concepts that occur in pairs.[473] Claim-rights are correlative to duties. Liberties are correlative to no-rights. Powers are correlative to liabilities. And disabilities are correlative to immunities. In this way, the law

[471] Tronto 2013, 55.
[472] Hart 1994. Kramer 2007, 560-561; Kramer 1998, 7-60 demonstrates that legal norms can in fact be divided into four types: duty-imposing norms that prescribe what is obligatory; liberty-conferring legal norms that specify what is permissible; power-conferring norms that specify how changes in legal relations can be brought out; and immunity-conferring norms that specify how changes in legal relations cannot be brought out.
[473] For a complete elucidation of the Hohfeldian analysis, see Kramer 1998; Eleftheriadis 2008, 108. See Hohfeld 1923.

allocates certain legal positions – of which responsibility (or a duty, in Hohfeldian terms) holds a crucial place.

Law is thus a "powerful means of structuring human relations", as Jennifer Nedelsky writes.[474] In this thesis, we are interested particularly in the allocation of duties.[475] I focus therefore particularly on duty-imposing legal norms. Now, when a legal authority enacts a duty-imposing legal directive, they impose some responsibility upon the addressee to perform an action. Several of these duties prescribe the performance of an action that is intended to meet some needs of a particular individual/group of individuals.[476] These duties are not always negative duties i.e., duties that require the addressee to refrain from performing a certain action: such as crime, theft or murder. They may also be positive duties: such as duties to pay a certain amount of one's income as taxation, duties to abide by the terms of a contract, duties to take care of one's children or dependents, or duties based on a professional role such as the duties of a medical professional to provide their patients with an adequate standard of care. These are all examples of the kind of duties that the law imposes upon persons: they either require that agents refrain from ϕ-ing, where ϕ-ing causes harm to another person, or require that agents ϕ where ϕ-ing helps meet some given need of a person or group of persons. On the care ethical account, both kinds of duties – positive and negative – can be characterised aptly as duties to care (though we might say that laws that mandate that agents act in a given way, rather than forbear from acting in such a manner, are more aptly and specifically picked out by the care ethical account).

Now, if we possess these duties to care, and the law plays a role in allocating the responsibility to perform caring actions to given agent(s), how does this allocation work? I want to defend the view that when a legal authority issues a directive, it manipulates the non-normative circumstances in such a manner that a latent moral duty to care becomes active. Let me demonstrate this by way of an example. Suppose A, a wealthy industrialist, lives in a third-world country Y. Several citizens in Y are living in poverty with many of their absolute needs

[474] Nedelsky 2011, 4.
[475] Different areas of legal doctrine impose their own kinds of duties upon individuals. Through instruments such as contracts, for instance, people voluntary undertake the responsibility of meeting someone's needs in exchange for some consideration. Criminal law usually imposes duties upon persons not to harm one another. Medical law and family law combine duties that have traditionally been conceived as positive duties to meet needs, with negative duties of non-interference, within their schema.
[476] These can be seen as duties not to harm or duties to meet needs. As I have shown in the thesis, they are related categories.

being occurrent: they have a compelling need for adequate food, water, shelter or healthcare. Now Z, which is the country that neighbours Y, also has a similar demographic wherein several citizens in Z are also impoverished and require their needs to be met urgently. On my account, the needs and cost conditions for A to have a duty are satisfied in both cases: with respect to the citizens in Y and the citizens in Z. Therefore, A has a (dormant) duty to care in both cases. However, the relational condition is not satisfied in both cases. Z will have legal norms in place that require citizens of Z to pay taxes, whereas Y will impose this duty upon its own citizens. This duty rests on the underlying assumption that tax revenue will be spent to meet fellow citizens' important needs in some relevant way. A who is a citizen of Y thus has a legal responsibility, and a corresponding moral duty, to meet the needs of citizens of Y by the payment of taxation. Therefore, the legal directives (which are purely social facts) trigger A's dormant duties to care in one case and not in the other.

Recall Enoch's example: when a pedestrian sets foot on a road, the pedestrian activates the driver's latent reason to stop-should-a-pedestrian-start crossing.[477] In a similar vein, the law plays this triggering role. By assigning legal responsibility upon the addressee to meet the recipient's needs, a legal directive triggers a dormant duty to care that the addressee already possessed.

Note that legal duties are not equivalent to moral duties. They are merely social facts that may trigger otherwise dormant moral duties. When a given legal directive thereby satisfies the relational condition with respect to agent A, then agent A's duties to care are activated.

Therefore, if the needs threshold and cost threshold are met by a given legal directive, and the directive also specifically holds the agent responsible for meeting the needs of the recipient, then we may say that the directive expresses a genuine moral duty to care. To go back to our first formulation, if directive X requires that agent A ϕ, we must ask whether ϕ-ing will help A fulfil some genuine duty to care that A owes to co-citizens. This evaluation involved three aspects: determining whether the state got their needs-determination right; whether the cost of obeying the law was not unreasonably burdensome; and finally, whether the law specifically held the agent responsible for meeting the needs of the recipient. If all three conditions are satisfied, we can conclusively say that an agent has good moral reasons to obey X.

[477] Peter 2014, 6.

2. Is obeying the directive the most effective way to discharge the duty?

Now, even if a given legal directive expresses a genuine duty to care (in that it satisfies the needs, cost, and relationality conditions as elucidated above), it still constitutes *only one way* of fulfilling one's caring responsibilities. Agents often have a choice between a range of actions or measures when performing their duties to care. As I discussed in the section on content in Chapter Three, in the case of unequally effective measures, the stronger the need-claim and the relational-claim, the more important it is that A takes the most effective measure i.e., the measure that is most likely to meet the recipient's needs.

In the case of legal directives, the relational claim is satisfied if the directive confers a legal duty upon A to meet the needs of a given recipient or group of recipients. The satisfaction of the needs condition depends on how strong the need-claims of these recipients are. The stronger the need-claim, the stronger the obligation to take the most efficacious measure in fulfilling the relevant duty to care.

Our question is thus: is the law, in general, an effective means for fulfilling our duties to care for other citizens? Under what conditions is compliance with the law the most effective measure for the fulfilment of our caring responsibilities? I will argue that A has a moral obligation to obey legal directive X if and only if obeying X is the *only* route or the *most efficacious* route for A to perform a moral duty to care that A holds with respect to recipient (s) B.

Now, as earlier shown, we have political-public duties to care for co-citizens. In complex social and political arrangements, sometimes the only / best route to fulfill some of our duties to care is through *indirect mechanisms.* To take an example, one way to fulfill our duties to care for co-citizens who do not have access to adequate food, shelter, or clothing is to pay taxes in a welfare state which seeks to provide for these citizens' absolute needs. The understanding is that due to the fact that these public-political duties are owed to a range of recipients (all co-citizens with occurrent needs for food, shelter, or clothing), it is better to defer to some authority who can coordinate these functions. The role of individual citizens thus becomes to contribute

to the institution of the welfare state through political participation and through the payment of taxes.

Some care theorists think that we have a duty to support *democratic institutions* in particular – by voting in elections, protecting dissent, and preserving the democratic processes and integrity of a given political order. Tronto is the leading advocate of this approach, arguing that caring practices must necessarily be carried out in a democratic way and that support for democratic processes is crucial for the proper facilitation of caring practices.[478] She develops a "feminist democratic ethic of care" – which envisions democratic states and institutions as integral to the proper fulfilment of caring responsibilities.[479] We thus see that participating in and supporting some political systems – such as democracy – has been hailed as indispensable for the large-scale performance of caring responsibilities.

Though Tronto's argument on democracy may be plausible, it is beyond the scope of the inquiry in this thesis to determine whether or not democratic systems in particular are necessary to support the effective discharge of public-political duties to care.[480] Tronto's work addresses broader questions on political participation, responsible citizenship, and the specific good of democracy. Recall that such inquiries would fall under the head of what Green labels the *broad questions on political obligation* as opposed to the narrower question which this thesis takes up. I am interested here in the narrower species of our inquiry: when do we have an obligation to obey the law? While this inquiry has already at certain junctures made claims about the broad questions on political obligation, note that answering these broader questions is not the immediate aim of the arguments provided in this thesis.

Now, in taking up this narrow question, we must investigate whether obeying a given legal rule is necessary to ensure the successful performance of relevant public-political duties to care in a certain factual scenario. I will approach this inquiry at a level of generality by inquiring into the role of a legal system in the allocation of caring responsibilities. If we can show that the law is generally useful, or even necessary, in the discharge of these duties, this shows us why obeying legal directives (whose content expresses a genuine duty to care) is morally obligatory.

[478] Tronto 2013, 29.
[479] ibid.
[480] We may want to hold on to a more modest claim: a democratic system is more *likely* to be caring than other political systems, even if we do not adopt the view that the system is indispensable.

In undertaking this inquiry about whether legal systems are necessary for the adequate dissemination of caring responsibilities, I will refer to a legal system in the Hartian sense. On this view, a legal system consists of a union of primary and secondary rules.[481] Very roughly, primary rules are those rules that either require or forbid the performance of certain actions and are accompanied by serious social pressure such that their performance is required whether human beings wish to perform these actions or not.[482] They are "necessary to the maintenance of social life or some prized feature of it".[483] Supporting these primary rules, are three secondary rules: the rule of recognition, the rule of change and the rule of adjudication. These rules each govern the way in which primary rules are identified, modified, and enforced.[484] Together, a system that consists of primary rules (rules that regulate conduct) and secondary rules (rules that regulate primary rules) can be called a 'legal system'.[485]

The first question to ask here is whether a legal system, understood in this Hartian manner, is helpful in fulfilling public-political duties to care that citizens owe to one another? When we think of public-political duties to care, we are dealing with complex, collective duties. We must go beyond the dyad of caring relations – and even beyond the triad and tetrad accounts of caring relations – to think about care as a relation with multiple relata.[486] Collective duties to care apply to varied contexts wherein every recipient of care has multiple possible care-providers beyond two-person collaborations, to networks between public institutions and the state.[487] These collective duties give rise to complex needs-based concerns.

In complex social situations like this, with multiple potential agents and recipients, the first thing to ask is *how should the responsibilities to care be allocated?* As Tronto notes,

> **"**Politics originates in making judgments about the relations that exist, about how needs might be met…It is true that if humans had no needs that they could not automatically

[481] Hart 1994, 79-99.
[482] ibid, 81.
[483] ibid.
[484] Rules of the second type, Hart argues, are parasitic on the first, 81. For a clarification regarding Hart's distinction between primary and secondary rules and for a rebuttal of the erroneous view that all duty-imposing norms are Hartian primary norms, see Kramer 2018, 71-73. Some duty-imposing norms, as Kramer shows, are secondary norms, as their contents presuppose the existence of other legal norms.
[485] Hart 1994, Ch. 5.
[486] Collins 2015, 124.
[487] ibid, 125.

> meet by themselves, there would be no politics. But that is not because politics is the same as meeting needs; it is because politics involves meeting needs in a way that permits the pursuit of other goals as well, and because it involves making decisions about who does what for whom."[488]

Our societies consist of people with varying needs. Rules help identify what the needs are, accommodate for changes in these needs and resolve claims about which of these needs must be met when and in what way. Tronto recognises the importance of rules for caring, as she writes that a system of rules helps to ensure a "public discussion of needs, and an honest appraisal of the intersection of needs and interests".[489]

Now, the first step therefore is that the needs must be identified. Our obligation to care for others involves a basic knowledge of what other people's needs are, or what they are potentially harmed by. Without such awareness, we may say that large-scale caring in pluralistic societies is difficult and mired with confusion: aggravated by the allocation problem that I have earlier discussed.[490] To resolve the allocation problem at a large scale, there must be a system that accounts for fluctuations in our needs and adjudicates for which needs must be met in a case of competing needs or interests. In this sense, a legal system – of primary and secondary rules – becomes valuable (we may even say, essential) for large-scale caring.

Additionally, we see how the secondary rules in Hart's model – the rule of recognition, change, and adjudication – play out with respect to our duties to care. The first rule will help identify which norms to adhere to (i.e., which norms belong to a particular system of legal governance as its laws); and the second rule will be necessary to identify what absolute needs there are, which recipients possess them, which agents are responsible for meeting them, and how these needs can effectively be met. The third rule deals with the following issue: who identifies what an "absolute or occurrent / to-be-occurrent need" is and decides what measures are necessary to be meet these needs?

[488] Tronto 2013, 49.
[489] Tronto 1993, 168.
[490] Engster 2015, 6. For Engster, the rule of law is an essential feature of just and "caring" welfare states.

Surely, there will be divergences about what needs meet this threshold, and different groups or institutions may have conflicting representations about which absolute need-claims require attention. For instance, think of a case wherein a local governing body (which is not sanctioned officially by the state) has control over a town and its residents. The local governing body's members are all inhabitants of the town and are elected by a roughly democratic ballot. The residents of the township have faith in this body and its representatives. Now suppose that this local body decides that all residents of the township should have unrestricted access to internet facilities, at a highly subsidised rate. It considers the access to internet in a modern age as an absolute need, which is currently unfulfilled, and without which the residents of the township will suffer. The central government of the nation, however, does not think that unrestricted access is a basic or absolute need for residents and fears that allocation of resources towards interests such as access to internet, will detract from more important needs such as education or national security. There are two institutions here – the local body and the state government – which are at odds with one another and disagree about needs-identification here. We would need some rules, like the rule of recognition and change in the Hartian model, to identify which authority has the final say.

Consider another familiar situation that several states found themselves in during the COVID-19 pandemic. During a global pandemic, vaccinations had become available to citizens after year-long research efforts. Vaccines seek to protect citizens from harm, and at a narrower level meet their specific health-related needs. However, not all social groups *need* the vaccine to the same extent, as not all groups are *prone to harm* in the same sense or to the same degree (senior citizens, those with co-morbidities and even ethnic minorities seem to be more prone to being harmed by the novel coronavirus).[491] In light of this, there needs to be some coordination of the varied needs relating to the vaccine, and consensus about which needs require to be met first, and with most urgency. A system of rules is needed to make sense of these realities.

The performance of large-scale duties to care, by state and non-state actors, also throws up conflicts that require adjudication. For example, in cases wherein the public health authority of a certain country, such as the NHS, must meet nation-wide medical needs, we require authoritative bodies to uphold these duties and adjudicate the standard of care provided by the

[491] See generally Sanyaolu et al 2020 1-8; Platt and Warwick 2020.

NHS or private medical practitioners. Therefore, something like the rule of adjudication is also important for caring responsibilities to be effectively met.

This all demonstrates the indispensable role of a system of legal rules – and particularly, secondary rules – in the dispensation of caring duties. The goal of political institutions and arrangements, Tronto identifies, is precisely to meet needs and allocate the responsibility for meeting these needs. Without a coherent system of rules, we would not be able to straightforwardly apportion responsibilities for conducting needs-determination, revise these needs-determinations when factual circumstances change, and adjudicate conflicting claims regarding care-based duties. Therefore, we require rule-based political institutions to perform these tasks.

As is clear from the analysis above, large-scale caring may be facilitated by the existence of legal rules and a legal system. When care is characterised as a purely private activity, we fail to see why rules are relevant for the project of caring. But if care is not relegated merely to the private sphere, and has crucial public and political dimensions, we begin to see the relevance of legal rules for large-scale caring.

Now that we have determined that a legal system is helpful for the implementation of our large-scale duties to care, we can ask whether such a system is *necessary* in any given political order for the effective discharge of caring responsibilities. Can our caring responsibilities be effectively discharged at a public and political level without the law? Or is the law's role indispensable in this regard?

If we are thinking of a system of rules, I do think – for the reasons detailed above – that such a system is necessary for the successful completion of public-political duties to care. Without such a system, we will not be able to identify which authority's determination of needs to refer to and deal systematically with the allocation problem of *who* has duties to care *for whom.* However, if we are thinking of legal systems as necessarily being routed through *states,* the question is less straightforward. Is submission to the authority of a *state* – of the kinds that exist in the modern world around us – required? Perhaps not.

We could conceive of an institution that provides for all three types of secondary rules in the Hartian frame, but which does not possess some other features we associate with modern nation-states. I will not delve much into the concept of a legal system further. I employ the Hartian model in this thesis and my argument is merely that a system of legal rules (both primary and secondary rules) is necessary to organise activities of caring, particularly in large and complex societies.

Note that even if legal systems are deemed to be *necessary* for the large-scale meeting of needs, this does not indicate that legal systems are necessarily virtuous or morally valuable. My project here is firmly committed to a denial of any necessary connections between law and morality.[492] Though Hart recognises that there is a minimum content of natural law that legal systems possess,[493] acknowledging that a rough system of legal rules is required for large-scale caring does not attribute any inherent moral property or value to the law *qua* law.[494] Thus, we can accept that legal systems often help to do good, and that they are necessary to secure certain morally valuable ends, without compromising on a positivist commitment.

Having shown that legal rules can indeed help in the large-scale fulfilment of caring responsibilities by codifying relational ties, we now ask a version of this question that is directed towards individual legal directives: is obeying a given legal rule necessary for the discharge of a duty to care? Let me unpack this with the help of the following two case studies.

> **Case 1:** A legal directive T requires that A pays a certain portion of her income as taxation to the government in her country C. C's government uses taxpayer money to cater to some absolute needs of C's citizens such as the need for food (through ration schemes) and shelter (through discounted housing and urban planning initiatives). In C, there is a large-scale charity organisation called *Gravitas.* This organisation also caters to the food-centered and shelter-centered needs of the impoverished citizens in C. Agent A now has a choice in how to discharge her duty to care. She can either contribute her money to the charity or choose to obey T and pay a portion of her income in taxation

[492] But see Gardner 2001.
[493] Hart 1994, 194-198.
[494] Matthew Kramer argues this in his response to Nigel Simmonds. See generally Kramer 2004; Kramer 2011.

to the state. A chooses the former option and donates that portion of her income to charity.

Are A's actions morally blameworthy? If the needs of impoverished persons are met better by non-state actions (here, *Gravitas*) as compared to the state, A's actions will not be morally blameworthy. But the problem is that this is very rarely the case. Private or non-state actors cannot be held accountable in the way state-actors can. A key feature of a liberal-democratic legal system is that the sovereign itself can be subject to legal dictates and that state officials are not above the law but are also bound by legal dictates. Therefore, it will usually be the case that in a properly functioning legal system, obeying a legal directive would be the preferable route for the discharge of a duty to care.[495] People who obey the directive can hold accountable the authority in charge of ensuring that needs are met. This makes obeying the law a more effective measure of discharge than donating one's money to charity in the above hypothetical.

Now, imagine that we are thinking of a legal system in which state officials routinely deem themselves to be above the law and violate legal procedures that are intended to keep them in check. This is typically the kind of system wherein the principles of the rule of law are fulfilled at relatively low levels. In particular, think of a system that lacks congruence: where official action and legal rules are frequently not congruent, and it is commonplace for state officials to abuse their power. Would obeying the law still be the most effective way to discharge a relevant moral duty in this system?

Let me explore this question by introducing a different case:

> **Case 2:** A is a citizen of an unjust legal and political system D.[496] The state officials in D routinely violate procedural safeguards and abuse their power. There are further charges of corruption against state officials – where they have openly pocketed the money that is acquired through taxation into their own personal accounts. In such a state of affairs, A, a citizen of country D, decides to pay her portion of income to a

[495] Further, we want to ensure that the burdens of care are allocated fairly at a systemic level. Only the state – provided it is not corrupt – can do this. While one can contribute to meeting needs by giving to charity, this system of mere charitable giving would likely entail that some people will shirk their duty to contribute to meeting needs.
[496] I will remain neutral here about what theory of justice to adopt. What I want to underscore is that a system that is corrupt or a system wherein needs are routinely mischaracterized by the laws of the state will be less likely to provide agents with moral obligations to obey legal directives.

large-scale non-governmental organisation that has a more reliable track record in ensuring that the funds that they receive are adequately transferred to the impoverished citizens of D.

Are A's actions morally blameworthy? A negative answer is warranted to this question because, in Case 2, the non-governmental body evidently has a better track record of meeting needs than the state itself.[497] The inverse situation is true in Case 1. From a comparison of these two scenarios, we can see that the nature of the legal and political system influences whether or not the law becomes the most *effective route* for the discharge of one's duties to care for co-citizens.

Sometimes the legal and political order does not meet the minimal threshold of substantive justice required from a good polity. If the state is corrupt or misidentifies needs, this will make obedience to its laws less effective as a way to discharge one's responsibilities of care. These systemic considerations – about the degree to which the system is just – will inform whether or not a moral obligation to obey a directive of that system exists.

Let us call these the **'background conditions'** for the obligation to obey the law. When these background conditions indicate that the system is unjust, this has the following repercussion: it influences whether or not obeying the law becomes the most effective route for the discharge of caring duties. Citizens then (in case the system is pervasively unjust or unusually corrupt) can and should turn to non-state actors for the discharge of their caring responsibilities. In some cases, the private non-state bodies may be ineffective in assisting with the discharge of these duties, and citizens will be largely or wholly unable to discharge their duties.

In the care ethical account that I have so far developed, then, the degree to which the system is just is a relevant background condition in our determination about the obligation to obey the law. Without attempting to provide an account of what makes a legal system just (a question that is beyond this thesis's scope), it is important to note that on a care ethical perspective, the question of justice is tied closely with how able the state is to ensure that citizens discharge their moral duties to care. Further, the burden of care must be allocated by the state not merely

[497] Arguably, if it is plainly evident that the state's intention is not to meet any needs of the recipients, then a duty to care itself does not exist.

to ensure effectiveness but also to ensure a fair distribution of the burden. A minimal requirement of fairness is that no one be allowed to shirk their duties to care. A legal framework is necessary to ensure fairness in the distribution of burdens of care. Therefore, in addition to whatever standards we have to ensure that a legal system is generally just, we should add that the system's policies and procedures support caring arrangements and allow for the effective and fair discharge of caring responsibilities.

Therefore, on my account of political obligation, our obligations to obey the law are sometimes best characterised as duties to care for co-citizens. But even if a given legal directive expresses a duty to care (such that it meets the needs, cost, and relational conditions), sometimes no obligation to obey the directive is present due to systemic issues: such as a heightened degree of injustice in the legal system that makes the fair dissemination of caring responsibilities difficult or impossible.[498]

While I think that the injustice of the legal system at large contributes to our determination about whether a duty to obey a given law persists, the converse is not true. That is, it is not true that if the systemic background conditions show that the system is just, that means that there is a general moral duty to obey the directives of this system because of their status as legal directives. This is because the primary determination is still whether or not obeying a given legal directive will help in the discharge of our duties to care. A system may be just in that it effectively allocates responsibilities of care, but this does not, by itself, impose any obligation to obey all the legal directives of the system. Whether or not such an obligation to obey a given directive exists depends on whether obeying the directive in a specific factual scenario will help with the discharge of a relevant duty to care.

3. Has the legal system allocated duties to care in a way that is unfair or unjust?

Even if a legal directive expressed a duty to care and if obeying the directive was necessary for the discharge of the duty, a duty is not triggered if all care work was assigned systematically in an unjust manner; say exclusively to a particular gender or caste. Such a system of unequal

[498] Note that if there are two or more routes that are equally efficacious, where only one of those routes is legally prescribed, there would be a moral obligation to adopt the legally prescribed route provided that the third condition elucidated subsequently is satisfied: in that the allocation of caring responsibilities in the system is generally just.

division of caring responsibilities might be legally enforced. It may be that needs for care will then be met, but not in a way that is morally acceptable.[499] Therefore, we must ask: is the distribution of burdens of care unjust? If so, the moral obligation to obey an individual legal directive in a legal system could also potentially be overridden.[500]

Think of the case wherein directive X imposes a requirement that people pay a certain amount of their income as taxation to the state. The revenue generated from taxation will be used – and is consistently used – to cater to those most economically needy in that state. Now, on the face of it, it seems that X satisfies our first two conditions: it expresses a duty to care and obeying the law would be the most effective means of discharging this duty. However, suppose that X was also imposed exclusively on members of a certain persecuted religious minority. Imagine X required only those members to pay taxes or that it required that those members pay far more in taxation than other citizens. It would certainly be the case that there is no moral obligation to obey X considering the unjust ways in which caring responsibilities are distributed.[501]

While I will not be able to develop a theory of what it would take for burdens of care to be allocated equitably in the present thesis, the point I want to highlight is that even if the first two conditions are satisfied with respect to a given legal directive X, there is no moral obligation to obey X if the legal system under which X exists unfairly distributes caring responsibilities. This consideration – about the fairness in the allocation of care work – would act as a defeater for an individual instance wherein a moral duty to obey the law seems to exist.

Therefore, to summarise the discussion so far, we have arrived at the following conclusion.

Agent A has a moral obligation to obey a legal directive X that mandates ϕ-ing if:

[499] This argument speaks to the scheme consideration that I had developed in the second chapter of this thesis wherein I argued that the nature of the scheme of which the action is a part influences our evaluations of the action. This is true not just with respect to evaluations, but also here, when we are determining whether a moral obligation to obey the law exists.

[500] Whether or not it will be overridden depends on the relationship between the needs and cost conditions: i.e., how important is the need and how burdensome is the cost, along with the question of how unjust the scheme is and how significantly obeying the directive would contribute to the scheme.

[501] Note that this does not make the theory provided here akin to Engster's fairness-based argument. What grounds obligation is the underlying natural duty, and fairness is relevant only in the allocation of burdens of care.

(i) By ϕ-ing, A will perform a genuine moral duty to care: *that is*, if each of the following three conditions is satisfied:

a. Needs Condition: The content of X is directed at meeting some absolute needs that a group of citizens have; and that these needs have been determined correctly and in a manner whereby the state was attentive and responsive to the recipient's need-claims and respectful of the recipient's capacity (when present) in ascertaining their own needs;

b. Cost Condition: The act of ϕ-ing does not come at an unreasonable cost to A;

c. Relational Condition: The content of X confers the responsibility of meeting the recipient's needs on agent A.

(ii) Obeying X is the most effective way for A to discharge their relevant duty to care.

(iii) The allocation of caring responsibilities is not unfair or unjust.

If the abovementioned conditions (i), (ii) and (iii) are satisfied, there is a moral obligation to obey the legal directive in question.[502] This concludes my substantive argument on the obligation to obey the law.

Some further questions must be asked about what the grounds of our moral obligation to obey laws are and what the ramifications of this theory are for our broader understanding on political obligation. I will undertake these inquiries now.

IV. The Grounds of the Obligation to Obey

[502] But note that these conditions are not necessary for a moral obligation to obey a legal directive to be obtained. There may be other reasons (apart from care) for the existence of a moral obligation to obey some laws.

As the material in Chapter Three has shown, we have duties to perform caring actions to meet the needs of those in a state of absolute and occurrent / to-be-occurrent needs. These duties are not self-assumed nor the result of any action we have voluntarily undertaken. Rather, they accrue merely because of our status as human beings with moral responsibilities to help or assist those in compelling states of need or danger.

Now, the obligation to obey law (being as it is a duty to care) will thus also be framed on this view as a natural duty. On the account that has been developed in the thesis, the obligation to obey legal norms cannot be traced back to a voluntary commitment to be bound by the authority of the state. Rather, these obligations arise because of the moral responsibilities that we have to care for other persons. While our obligations to obey are natural duties as they cannot be traced back to any voluntary commitments to be bound by political authority, note that these duties are also triggered specifically by certain social facts on my account. The presence of particular relational ties or socially codified dependency relationships triggers our otherwise dormant natural duties. Therefore, the account that this thesis has developed brings in our particular relational ties (which can be accrued either voluntarily or involuntarily) as triggers – combining this with the natural duty to care for others.

This dichotomy between the general and the particular can be addressed particularly well from within the care ethical landscape, and framing the obligation-to-obey as a duty to care sheds light on how it straddles this complex balance. As Enoch's argument on triggering reasons goes, some features of the factual circumstances in a situation could make it the case that a pre-existing reason to act or refrain from acting in a certain way is activated.[503] This becomes particularly relevant when we think of complex cases of public-political duties to care and collective caring responsibilities. If a child B is hungry and has not eaten for a day, everyone in B's community perhaps has moral reasons to care for the child. However, because of the presence of multiple possible care providers for the child, there will be ambiguity about *who* has the responsibility to meet the child's needs, and who is allocated this responsibility – causing the 'allocation problem'.[504] Until this allocation problem is settled, all *moral duties* to care that potential agents owe to the child will remain dormant.

[503] Enoch 2011, 5.
[504] This refers to the problem of distributive justice on how best to allocate limited resources within a given polity.

To solve the allocation problem, societal and relational norms have ensured that these duties are activated by certain social facts – such as the presence of a particular relationship that the child shares with some potential agents (and not others). For instance, the parents of the child would be particularly responsible for the care of the child, and if they were to fail to care adequately for the child when they could in fact do so, their actions would be blameworthy. Hence, it becomes evident that the particular relationship between a prospective agent and recipient is the determining factor for whether the agent is morally obligated to care for the recipient. These relational ties thus play a crucial role in the care ethical account elucidated in this thesis.

The special relationship between the agent and the recipient – our non-normative feature – also influences the strength of these moral duties that an agent possesses. The greater the degree that recipient B is dependent on agent A, the stronger the moral duty that A owes to B. For Goodin, special responsibilities derive from the fact that other people are dependent on you and are particularly vulnerable to your actions and choices.[505] As Goodin writes:

> "What seems true for children in particular also seems to be true for other kin, neighbours, country men and contractors. To some greater or lesser extent, they are all especially dependent on you to do something for them; and your varying responsibilities towards each of them seem roughly proportional to the degree to which, they are, in fact dependent on you (and you alone) to perform certain services.".[506]

Note that both dependence and vulnerability in this model are *relational* notions, as Goodin clarifies. Saying that A is particularly dependent on B or vulnerable to B for X clearly points to B as the agent who should be particularly responsible for meeting A's needs. Therefore, thinking in terms of these dependence-vulnerability relations helps pinpoint responsibility and allocate it to the agents concerned.[507] Not only are these notions relational in this sense, but they are also relative. We are dependent on and vulnerable to people to different degrees. As Goodin writes:

[505] Goodin 1985a, 33.
[506] ibid, 33-34.
[507] ibid, 118.

> "A is more vulnerable to B (1) the more control B has over outcomes that affect A's interests and (2) the more heavily A's interests are at stake in the outcomes that B controls."[508]

Hence, we can say that the strength of agent A's duties to care depends on the extent to which the recipient B is dependent on/ vulnerable to A's actions and on how much control A has over outcomes that affect B's needs.

However, against Goodin, I hold that the mere social facts of dependence or vulnerability in themselves are insufficient independent grounds for the moral duty to care. They are, in my account, non-normative factual circumstances that can (i) trigger otherwise dormant moral duties and (ii) influence the strength of these moral duties. These particularized social facts of relationships thus do not give rise, themselves, to duties to care – but instead concretise the pre-existing natural duties to care that agents already possess. This view aligns well with a distinction that has been stressed in Chapter Two between the existence of caring relationships on the one hand and morally valuable relationships on the other.

This is all especially relevant for the debate on political obligation. On the account that has so far been presented, our duties towards members of a political community are (i) triggered when we stand in particular relationships with them in which they are dependent on us and (ii) are stronger depending on the extent to which they are dependent on us. We thus may have active duties to meet the needs of our co-citizens because we stand in particularly relevant relationships with them as opposed to citizens of other nations; and we would have **stronger moral duties** to meet the needs of our co-citizens or members of our own polity (who are directly dependent on us/vulnerable to us and whose need outcomes we have control over) than we will have towards distant others.

Let me illustrate with an example. Consider the case of Anya who is a wealthy citizen of Bangladesh and currently resides there.[509] Anya's actions of obeying (or disobeying) certain legal directives will have direct repercussions for her co-citizens. Suppose, for instance, that

[508] ibid.

[509] Consider also that Anya's wealth is substantial enough that her failure to pay taxes in the particular nation where she resides will significantly impact the funds available to the system of governance for investment in social programs.

Anya fails to pay taxes for years on end. Her lack of payment would affect how much revenue the state has for welfare spending – thereby reducing the total revenue that the state can spend on other citizens' basic needs for food, shelter, and clothing.[510] Her co-citizens are thus vulnerable to Anya's actions and dependent on Anya in ways that citizens of another country – say Belgium – are not. Due to this, Anya has duties to obey the laws of her own state as this ensures that her duties to care for her co-citizens are fulfilled.

Now imagine a case wherein Anya is a citizen of Bangladesh but is residing and working in Belgium. Will Anya have obligations to obey the laws of Belgium, even though it is not her 'own state' in citizenship terms?[511] The simple answer is yes. Anya will have to obey legal directives in Belgium because, as she is currently residing and working there, other persons residing in Belgium are dependent on/vulnerable to Anya's actions and Anya's act of obeying/disobeying legal directives can have significant outcomes for these residents because they are so proximate to her in space and time.

Think also of a rich person in Belgium. Does this rich person have a duty to support the poor in Bangladesh? On my view, there is a moral duty to care at play here. The wealthy Belgian citizen has a moral duty *to care* for the poor in Bangladesh by the performance of caring actions. On the account I have so far developed, the needs-condition is certainly satisfied (citizens of Bangladesh sometime live in dire poverty) and the cost-condition is also fulfilled (Belgian wealthy citizens can contribute some of their income to support the Bangladeshi poor at not too high a cost to themselves). Therefore, there is a duty to care that exists whereby the Belgian rich owe support to the Bangladeshi poor.[512] This view generally aligns with the position advanced by Thomas Pogge in his work on global poverty.[513]

Now, while a *prima facie* duty to care exists in the case stipulated above, the relational condition is not satisfied and the duties in *status quo* remain largely dormant. The human rights framework so far does not impose positive duties of assistance on citizens of rich countries to

[510] This is assuming that the state prioritizes citizens' welfare and uses money from taxation for these welfare-oriented purposes.
[511] There is a great deal of confusion about what Rawls is referring to when he uses the term "one's own state". This has attracted objections on the basis of what Simmons calls the particularity problem. See Simmons 2007.
[512] But the rich person in Belgium would still be obligated to pay taxes in Belgium as well. They do not have the freedom to say: I will put all the money I am obligated to spend to meet others' needs into a charity that caters to the poor in Bangladesh.
[513] For an overview of this debate, see generally Pogge 2007; Pogge 2005; Ferraz 2008.

assist the poor from the Third World: a duty that Pogge and others have argued that law should enshrine. I am sympathetic to this view and support reform that achieves this end. But for now, the social facts, i.e., the law (not necessarily morally valuable) does not impose a duty on the rich Belgian to assist the Bangladeshi poor. This may have the consequence that the rich person in Belgium, as discussed in the earlier hypothetical, fails to meet their moral duty to assist the poor in Bangladesh. Reform may indeed be required to modify the relational norms at play and enshrine some form of this duty under the international human rights framework.

Even if such reform were to be put into place, note that it is still the case that the Belgian would owe duties first and foremost to other Belgians (and then would owe residual duties, which may and perhaps should be strong moral duties to assist citizens of other states). This is because the relational condition is satisfied based on how dependent the recipient is on the agent's actions. The rich Belgian's actions most directly influence the needs of other Belgians: and therefore, the duties are owed first to co-citizens and then to others. This is affirmed by Goodin who observes:

> "On balance, persons relatively near to us in space and in time probably *will* be rather more vulnerable to us. Their interests are more likely to be affected more heavily by our own actions and choices than are the interests of persons more distant; and our nearer neighbors in space and time are more likely to be depending on us, more or less exclusively, for assistance and protection." [514]

Therefore, Anya is bound by the duties imposed by the Belgian legal framework because her residence in a given territory activates certain natural duties to meet the needs of Belgian citizens when doing so comes at a reasonable cost.

This shows that the *particular relationship* between the citizen and the state is routed through the nature of the relationship between an agent and the co-residents/citizens of a certain state. The higher the degree of vulnerability/dependence, the stronger the moral duty. Of course, the greater dependence and vulnerability are in large part due to the institutional and governmental arrangements that assign greater responsibility to citizens for fellow citizens than for the members of other countries. These social arrangements ensure that we have stronger moral

[514] Goodin 1985a, 121.

duties to obey the laws of 'one's own' state because the citizens of this state are more dependent on us (as compared to citizens of other states) and are more vulnerable to our actions.

V. Upshots of this View

Now that I have developed this care ethical account of the obligation-to-obey, I will locate it within the contemporary theoretical landscape. This analysis will reveal that the care ethical approach has affinities with two strands in contemporary work on political obligation: natural duty accounts and associativism. By contextualising the care ethical theory against the current theoretical backdrop, my aim is to demonstrate that this account is a novel and illuminating way to approach the age-old philosophical puzzle of political obligation.

The philosophical landscape on political obligation is divided into two approaches: voluntarist and non-voluntarist approaches.[515] The voluntarist accounts – consent theory and the principle of fair play – explain political obligation as something we have consented to, either explicitly by a social contract[516] or tacitly by accepting certain benefits from the state.[517] Non-voluntarist accounts, on the other hand – like natural duty and associativism – appeal to an array of involuntary aspects: like the natural duty to comply with just institutions,[518] or an obligation that we owe due to membership in certain social groups.[519]

The care ethical account of political obligation is predominantly a non-voluntarist account. On my account, our duties to care are not grounded in notions of reciprocity, the acceptance of care-based services and benefits, or a principle of fairness (some care theorists like Engster and Baer adopt fairness-based views).[520] Our duties to care are instead best understood as natural duties: they are moral imperatives that bind human beings to respond to compelling need-claims when they can do so at a reasonable cost. And, as has been argued, the obligation to obey legal directives is sometimes a species of our duties to care for co-citizens. It too is a natural duty that extends from our moral duties to respond to the needs of others.

[515] But see Jeske 2001 which seeks to go past this bifurcation.
[516] See generally Locke 1980.
[517] Rawls 1964.
[518] Rawls 1971; Rawls 1999.
[519] Dworkin 1986, 195-202.
[520] Collins 2015.

Considering the care ethical theory is a non-voluntarist account, it is sensible to explore the array of non-voluntarist accounts on political obligation, focussing on the two which most closely resemble the care ethical approach: the theory of '**natural duty**' and the theory of '**associative obligations**' This exploration reveals that the care ethical account could be seen as a hybrid of these two theoretical frameworks. Whether such a characterisation will hold depends on how flexible the categories of natural duty and associativism are (or should be deemed to be). I am fine with this result and am generally less interested in the taxonomy of the care ethical view and whether it is a subset of either, or a combination of both, or a new approach in its own right. I am committed to demonstrating that (i) there are important differences between the care ethical account and these candidate justifications of the obligation to obey law, and (ii) current accounts of natural duty and associativism have some shortcomings that the care ethical view circumvents and even resolves.

1. Natural Duty

Natural duty accounts of political obligation were first discussed by John Rawls. Rawls's discussion in 'A Theory of Justice' revised his earlier account of political obligation, which had argued we are obligated to obey the law in virtue of our acceptance of state-conferred benefits.[521] Everyone, Rawls now contended, is subject to a natural duty of justice that "requires us to support and to comply with just institutions that exist and apply to us".[522] Every person is bound to these institutions, Rawls writes, "independent of his voluntary acts, performative or otherwise."[523]

Rawls derives this duty to support and comply with just institutions by invoking the theoretical construct of the "original position"[524] – wherein the rational essences of individuals, under crucial informational constraints, are to pick the best set of rules or principles of justice, under a hypothetical veil of ignorance: under which participants are ignorant about core features of their identity such as their class position, social status and their personal ability, intelligence or strength.[525] There are two uses of the original position device in Rawls's 'A Theory of Justice'.

[521] Rawls 1964.
[522] Rawls 1971, 115.
[523] ibid, 115.
[524] ibid, 17-22.
[525] To specify, Rawls 1971, 137 writes: "It is assumed, then, that the parties do not know certain kinds of particular facts. First of all, no one knows his place in society, his class position or social status; nor does he know his fortune

First, it is used to choose principles of justice for the basic structure of a society. *Second,* it is used to choose principles of individual morality that are to fit with the principles of justice for the basic structure.[526] The natural duty argument occurs in the second of these two employments of the original position. Under the veil of ignorance, Rawls argues that individuals will agree on a range of political matters: one of them being that there is a natural duty to support and comply with laws in reasonably just states.

Now, since Rawls, theorists of the likes of Jeremy Waldron,[527] Christopher Wellman,[528] Thomas Christiano,[529] and Anna Stilz,[530] have all expanded on the theory of natural duty. These theorists provide diverging accounts of the grounds of natural duty – some invoking Kantian principles (Stilz discusses a Kantian duty of respect for others freedom as independence), others invoking political processes such as democracy to justify versions of the natural duty view.

If the care ethical account were to be framed as a species of the natural duty view, it bears closest resemblance to Wellman's theory of political obligation. Wellman bases his defence of political obligation on what he calls a "Samaritan duty of rescue". To discharge our natural Samaritan duty to rescue others from the "perils" of the state of nature, we must submit to an authority that can prevent several mutually reinforcing sources of conflict.[531]

I have argued that the justification for duties to care is akin to some form of the rescue principle – in line with the care ethical writings of Collins on dependency duties. Therefore, because the care principle is in some ways akin to the rescue principle: people have certain duties simply by virtue of their status as moral agents – it seems that there are important similarities with

in the distribution of natural assets and abilities, his intelligence and strength, and the like. Nor, again, does anyone know his conception of the good, the particulars of his rational plan of life, or even the special features of his psychology such as his aversion to risk or liability to optimism or pessimism. More than this, I assume that the parties do not know the particular circumstances of their own society. That is, they do not know its economic or political situation, or the level of civilization and culture it has been able to achieve. The persons in the original position have no information as to which generation they belong."

[526] Rawls 1999, 51.

[527] Waldron 1993; Waldron 1999.

[528] Wellman 2005.

[529] Christiano 2008.

[530] Stilz 2009.

[531] See Wellman 2005.

Wellman's natural duty view in particular. However, the care ethical view differs from Wellman's view and other natural duty accounts in at least two important ways.

First, Wellman thinks of our obligations to obey the law as resulting from our moral duty to rescue people from the "perils of the state of nature".[532] While the duty to care and the duty of rescue share similar grounds or justifications (as Collins notes, the duty to care is a species of the duty to rescue and both are types of natural duties), it is important to note that the former differs significantly from the latter in matters of content and scope. As should be evident from the account so far, under the care ethical approach, our duties are not restricted to duties to rescue people from "perils" or extreme "danger" of the kind that Wellman refers to. Rather, our duties to care go significantly beyond mere Samaritan duties to "rescue" that Wellman discusses.

According to Wellman, we have a duty to rescue people from only particular kinds of danger or cater to a specific kind of need: namely, the need to be rescued from the dangers of a possible state of anarchy. Wellman's account suggests that there would be no obligation to support a state that aims to meet needs other than the need of protection. His argument therefore seems to have a libertarian bent that, in light of the care ethical reflections presented in this thesis, appears to be arbitrary. Why should it be more important to rescue people from the perils of the state of nature, than to give them decent food and adequate health care? The care ethical account argues that the latter is as important as the former and that we owe a wider range of duties to meet the absolute needs of the citizenry in our political communities.[533] Therefore, duties to care impose a more demanding moral obligation upon citizens to fulfil the needs of other citizens than the account presented in Wellman's work.

Second, Wellman and other natural duty theorists have been criticised for their failure to satisfy the particularity condition. Consider John Simmons's critique which has been summarised by Richard Dagger and David Lefkowitz:

[532] ibid.

[533] Care ethics can potentially provide an answer to the 'particularity problem' as well. We have stronger obligations to co-associates and co-citizens because it is very likely that our actions will influence them more deeply than they do non-citizens.

> "Simmons argues that this commitment renders natural duty accounts unable to justify the particularity of political obligations; that is, the fact that people have political obligations in virtue of their citizenship or residence in particular states, and that they owe those obligations to that particular state (or to their fellow citizens). Even if we have a natural duty "to support and comply with just institutions," as Rawls maintains, why must we discharge that duty by supporting and complying with the just institutions that comprise the state in which we are citizens or reside?"[534]

The care ethical view I have developed is importantly distinct from these approaches because natural duties to perform caring actions are triggered by particular relational ties. I have analyzed, in significant detail, how the existence of non-normative features (our dependency relationships) can trigger dormant duties to care for others. I have shown that we sometimes *first,* owe moral duties to co-citizens and / or those that we are tied to geographically which we do not owe to distant others and, *alternatively*, that even if we owe moral duties to both our co-citizens and to distant others, our duties in the former case are stronger than the duties that exist in the latter scenario. Therefore, as the existence and weight of our moral duties are partly determined by the relational webs that we find ourselves a part of, [535] the care ethical view developed in this thesis satisfies the particularity requirement. As per this requirement, a successful theory of political obligation must be able to show that a citizen owes a moral obligation to obey the laws of their *own* state, rather than other states – a factor that the care ethical theory is able to successfully demonstrate.

Due to this particularized framing of the duty to care, it may be argued that as these relational ties play a crucial role in the care ethical theory, it is these ties that are doing the 'real' normative work rather than the natural duty itself. Critics might argue then that the basis of the care ethical account is not the natural duty to care for others, but rather our special relational ties or roles.

To engage with this line of criticism, we must ask what the difference is – in precise terms – between natural duty theories and associativist accounts. In Michael Hardimon's article 'Role

[534] See Simmons 2007.
[535] The concept of care, after all, is fundamentally *relational* and relationality has been hailed to be a hallmark of the care ethical tradition: thus, bringing in the significance of particular relationships as frames with which to understand political obligation.

Obligations', Hardimon helpfully differentiates between role obligations (or special/associative obligations) and natural duties by providing a metric by which the former differs from the latter.[536] A role obligation or a special obligation is a moral requirement that necessarily satisfies the following two conditions: it (a) attaches to an institutional role and (b) its normative force flows from the role. Now what does it mean to say that a duty's normative force flows from a role? Hardimon specifies this by stating that some obligations arise from special roles, rather than general statuses. "Not every status is a role", Hardimon writes. [537] Our status as human beings, for instance, is not a role and the obligations we owe by virtue of our status as human beings are not role obligations.[538] With natural duties, the normative force does not flow from any role and arises from our general status as human beings. Thus, only when the normative force of an obligation stems from a social or institutional role can the obligation be termed a special obligation. In other cases, the obligation is a matter of natural duty.

How would the care ethical account feature in Hardimon's taxonomy? Duties to care fulfil the first of these requirements (for a role obligation) in that they are duties that attach to certain institutional roles: as the daughter of my mother, I owe a duty to care for my mother that may not exist for other persons towards my mother or may exist to a lesser degree. However, our duties to care would not satisfy requirement (b) in Hardimon's framework as the normative force of our duties to care does not flow from the role itself. The normative force of the duty comes from the moral requirement that all human beings bear (irrespective of their role) to meet the absolute needs of others, when they can do so at an acceptable cost. As it fails to meet requirement (b) Hardimon would agree that our duties to care are not role obligations per se in that the normative force of the obligation does not flow from the role, but from an additional moral consideration.

Our particular relational ties do not necessarily carry moral significance, and I have disambiguated notions of caring relationships (as social ties) and 'good' or 'morally valuable' caring relationships. I have also shown that our relational ties of dependency are codified by a set of social norms: law being a central social institution that helps in this codification. These relational ties are socially codified, but not necessary morally salient, and they do not, in

[536] Note that Hardimon 1994, 335 distinguishes his account of "role obligations" from Dworkin's "associative obligations".
[537] Hardimon 1994, 334.
[538] ibid.

themselves, obligate agents to perform caring actions. Therefore, our particular relational ties do normative work only to the extent that they trigger pre-existing duties and influence the strength of our moral duties. They do not justify these duties in the first place.

Therefore, the 'real' justificatory work in the account of political obligation offered here is done by the following moral principle: "we must care for those in compelling states of need at a reasonable cost". This principle appeals to a natural duty that all persons have irrespective of any particular relational ties, past facts, or voluntary undertakings.

2. Associativism

Moving from natural duty theories now to associativism, I want to first emphasize that the care ethical theory's strength is precisely this balancing of the universal and the particular. Our social realities and particular relational ties frame our (natural) duties to care and help allocate care-based responsibilities. It is between the universal and the particular, then, that my care ethical account lies.

In light of this, we see that the care ethical account also bears similarities to associativism. It is therefore helpful to elaborate upon some similarities and divergences between associative accounts of political obligation and the care ethical theory, and show that the later successfully avoids some of the issues that critics have alleged against the former.

Ronald Dworkin, arguably the most prominent proponent of associativism among authors in jurisprudence, writes that "political association, like family and friendship and other forms of association more local and intimate, is in itself pregnant of obligation".[539] The fact that we have associative obligations in these more intimate groups presents a case for the existence of these obligations at a larger scale of the political community. The key claim is that a political community is an associative group, comparable to the family in having a fraternal structure, so that members are tied together by bonds of mutual concern and respect.[540] Associativists thus

[539] Dworkin 1986, 206. See also Horton 1992.

[540] Note that Dworkin makes this claim only about certain types of political communities, of the kind he calls "true communities". Another proponent of associativism, Scheffler 2018, 23 writes "just as our participation in valuable relationships is a source of the associative obligations that are a ubiquitous feature of our personal lives, so too we may have political obligations that derive from the value of our membership in the political societies to which we belong".

view the political community as analogous to a family, in that both are (or at least could be) fraternal communities in which the same type of obligation is at play in both cases.

Another leading proponent, John Horton, puts forward an associativist account that draws parallels between families and polities. He writes:

> "My claim is that a polity is, like the family, a relationship into which we are mostly born, and that the obligations which are constitutive of the relationship do not stand in need of moral justification in terms of a set of basic moral principles or some comprehensive moral theory. Furthermore, both the family and the political community figure prominently in our sense of who we are: our self-identity and our understanding of our place in the world."[541]

A reader familiar with the discussion on political obligation may thus, most intuitively, locate the care ethical account as a type of associativism. Both associativism and care ethics seem particularly interested in our more intimate relationships (though I have shown that this is an incorrect characterisation of the care ethical approach) and relationships that share some morally relevant characteristics with intimate relationships. It may thus seem that both approaches seek to argue that characteristics (such as fraternity or solidarity) that characterize our intimate ties also apply in the context of a large and anonymous political community.

In some ways, both approaches seek to dismantle the boundaries between the private and the public: associativists compare our intimate relationships in the private sphere to the fraternal ties we share with members of a political community, while the care ethical account emphasises *both* our intimate relationships and wider public-political contexts as central sites for the performance of caring activities. Both approaches also require a degree of questioning about the boundaries that separate our moral landscapes from our political ones: thereby blurring lines between moral and political philosophy strictly construed.[542] Associativists of course use our personal intimate ties as paradigm relationships that can inform political practices. The care ethical account requires us to think of care not just as a thing of moral value, but also as a

[541] Horton 1992, 150–51.
[542] Tronto, 1993.

crucial political concept. Tronto's suggestion that care ethics requires a merger between moral and political theory is echoed in the claims and project of this thesis.

Note, however, that there are significant differences between these two approaches *First,* associativists have been criticised for obfuscating crucial differences between aspects of our personal relationships and the relationships we owe to distant others in a political community.[543] By arguing that the political community is analogous to a family, associativists claim that political relationships are analogous to intimate or personal relationships in that the ties that morally bind citizens are of the same type as the ties that morally bind members of a family.

Note that this is importantly not the case with the care ethical theory. Our duties to care can extend, and often are extended, beyond personal and intimate contexts of families and friends. The care ethical theory rejects the view that responsibilities entailed by intimate relationships have a paradigmatic status for understanding our responsibilities of care. This theory, rather, grounds both public and more intimate duties to care in the same natural duty. And for that reason, the care ethical theory holds that it is wrong to even suggest that duties to care might not extend into the public realm.

Several core cases of caring actions, labour and practices occur in fact occur squarely within this public context. Our obligations of care exist in a nested form – where our more personal, intimate relations are linked with wider relational patterns.[544] Therefore, the care ethical account does not seek to compare our intimate relationships to political ties. Rather, as the arguments presented in this thesis have shown, the descriptive element of *care* refers to actions and practices that are oriented towards meeting needs. Caring – understood in this way – has public character and is not restricted to the domain of intimate relationships and groups.

Second, that care is associated with family contexts is a result of a specific way in which the work of care has been allocated, traditionally, both by the law and by informal gender norms. But these allocations are problematic from the point of view of fairness or justice. So, the care ethical account does not claim that values most at home in the family context must be extended

[543] Simmons advances this critique against the associativists.
[544] Nedelsky 2011, 20.

to political community. Rather, the care ethical view argues that norms of fairness or justice that have always been understood to govern the public sphere may have to be extended to more intimate spheres. While it is thus true that both accounts contest the public/private distinction, they do so from different ends.

Third, a charge often levied against the associative accounts is that they lack normative independence.[545] The objection goes as follows: associativism argues that political obligation is grounded in the aspect of membership in a certain social group.[546] We have duties towards family members that we do not choose or voluntarily agree to perform. But we still owe them. Similarly, we owe moral duties towards co-citizens due to the fact that we are members of wider political communities. However, critics point out that in our more intimate social groups, members share personal, face-to-face connections. Families know each other and sometimes have ties that are held together by love, reciprocity, respect, and affection. This familial aspect is clearly absent in political communities. Further, political communities can adopt and endorse some extremely unjust practices. How, then, can membership in a political community be obligation-generating? And what of unfair, unjust, or evil community practices?

Whether one finds this objection compelling or not, I want to highlight that the care ethical approach circumvents this kind of issue. The charge of normative independence has found rebuttals in a range of associativist accounts. Dworkin, for instance, responds to this challenge by saying that associative obligations are only owed to members of a "true community".[547] Members of a true community have responsibilities which are special to the group, personal (in that they run from each member to each other member), flow from a concern about the group's well-being and reflect an equal concern for all members of the group. This mutual concern is an "interpretive property of the group's practices", which generates obligations and responsibilities in the Dworkinian frame.[548]

But invoking the notion of the "true community", critics argue, gives rise to a *problem of normative independence.* John Simmons suspects that in Dworkin's true community, the obligations to obey, such as they are, would arise from moral principles external to the

[545] Simmons, 1979.
[546] Dworkin 1986, 196.
[547] ibid, 199-201.
[548] ibid, 197.

relational tie itself, such as 'natural duty' or 'fair play', rather than from membership alone.[549] If a true community is a just and equal community in the way Dworkin describes it, it would seem that associative obligations stem from the nature of the community (some prized substantive features of the community) rather than the fact of one's membership in it.[550]

Another strategy that associative theorists have used to respond to the issue of normative independence is to argue that our special relationships are in fact voluntary – "we could have stepped out of them if we had wanted to."[551]Massimo Renzo offers a reformulation of associativism in quasi-voluntarist terms. Renzo thinks that our social roles also have an important voluntarist aspect to them, as we can choose to exit these relationships if we wish to.[552] But it is unclear to me how "denying" one's parents rids oneself of all the obligations that come from being their child. For instance, even if D disowns her mother M, if M suffers a heart attack, D may be one of the first persons that the hospital or members of the community contact. This in itself places D in a unique position as compared to all other strangers and imposes a moral requirement on D to at least arrange for the provision of adequate care for her mother M, even if D does not go to meet M and care for M herself.

These obligations are not "merely residual obligations" as Renzo calls them but represent the core fact about special relationships: even if one chooses to end special relational ties, there are social norms in place that enforce these ties and their corresponding obligations. And these norms determine to what extent one is permitted to opt out of the duties incurred through these relational ties. Therefore, Renzo exaggerates the voluntarist element of these special relationships: many such relationships are neither relationships one can voluntarily enter into, nor relationships one can voluntarily opt out from.

Both Renzo's quasi-voluntarist model and Dworkin's true community are convoluted ways of justifying political obligation. I want to emphasise that the care ethical view developed in this thesis does not face the issue of normative independence. In fact, it provides a solution to this problem. In the second chapter of this thesis, I demonstrated that *care* is a thick concept that

[549] Simmons 1999, 65-92.
[550] A rebuttal to this view would hold that members of Dworkin's true community are in fact beneficiaries of it, and are also bearers of responsibilities owed to it, *precisely because* they are members rather than non-members. Therefore, the fact of membership is intrinsically tied to the nature of the community as a "true community".
[551] For this line of argument, see Renzo 2012.
[552] ibid, 22.

has both a descriptive and evaluative element. I built on this in the third chapter by arguing that while not all caring actions are morally valuable, there is a proximity between caring practices and moral value. We have duties to perform morally valuable caring actions and respond to compelling need: a duty which human beings have in virtue of their status as moral agents.

This all shows that the care ethical theory justifies political obligation through an evidently moralistic framework. The ethics of care, a moral theory that emphasises the moral value of good care, is the bedrock for my approach: thus, clearly providing a solid normative foundation for the theory.

VI. Conclusion

In this chapter, Section II established that our duties to care extend beyond the personal into the domain of the political. We often have duties to care for people who are perfect strangers to us (prior to the interaction and even perhaps after the interaction). Then, I presented the substantive argument of the present chapter. In Section III, I argued that if a legal directive expresses a genuine duty to care (in that the needs, cost, and relational condition are all satisfied), and obeying the directive is the only/ most effective way for an agent to discharge this relevant duty to care, and if the allocation of caring responsibilities at a systemic level is not unjust, then a moral obligation to obey the legal directive in questions exists. In Section IV, I discussed the grounds of the obligations to obey law: showing how my account merges elements from natural duty accounts and associativism. Finally, in Section V, I evaluated the care ethical account and categorized it in the context of contemporary literature on political obligation.

Taken together, the arguments of the present chapter have shown that whether or not an obligation to obey a certain law exists depends crucially on whether compliance with the law is either necessary to discharge one's natural duty to care or is the most effective way to do so. It has been argued that this determination is at the heart of our discussion on political obligation and the care ethical theory provided here can help demystify this fundamental jurisprudential debate.

CONCLUSION

This thesis has developed a **care ethical theory of political obligation**, offering insights into the fundamental jurisprudential puzzle surrounding political obligation—specifically, the circumstances under which we have a moral obligation to comply with the law. According to the care ethical theory of political obligation, we have particular and content-sensitive moral obligations to obey the law of our state when doing so furthers the discharge of our underlying duties to care for co-citizens. The theory was established in four parts. In the first chapter, I argued that there is no general and content-independent moral obligation to obey the laws of one's state, even if the state is reasonably just. While we may have moral reasons to obey the law *qua* law because of some reasons that have to do with law's procedure, it was shown that there is no equivalent moral *obligation* to obey the law. Disobeying the law only warrants blame when the content of the legal directive prescribes the performance of some morally mandatory action.

When are actions prescribed by law morally mandatory? Although this thesis does not outline all cases in which a *pro tanto* moral obligation to obey the law exists (a feat indeed impossible within the confines of a doctoral dissertation), it outlines the necessary and sufficient conditions for the members of one major class of *pro tanto* moral obligations to comply with legal requirements.[553] The central argument of the thesis is that when a law expresses a *genuine moral duty to care,* and when obeying the law is the *most effective way* to discharge this moral duty, a moral obligation to obey this law exists. To defend this view, a solid explanation of caring actions and our duties to perform caring actions was required. While the thesis draws from material in care ethics to provide this explanation, it also presents a range of original arguments about care that seek to clarify some central tenets of the approach.

Chapters Two and Three developed the framework upon which the care ethical theory stands. The second chapter provided a conceptual account of care that framed the concept of care as a thick ethical concept. This allowed us to think meaningfully of caring actions *simpliciter* and

[553] While the conditions presented in the thesis are sufficient conditions for the existence of a moral obligation to obey a legal directive, it is important to note they are not necessary conditions for this obligation's existence.

of morally valuable care and delineate the metrics by which we can gauge the moral worth of caring actions. The third chapter established that we owe moral duties to perform caring actions when the needs condition, the cost condition, and the relational condition are satisfied. I demonstrated what each of these conditions entails and why they are individually necessary and jointly sufficient for the existence of our moral duties to care. What emerged is the view that we owe moral duties to meet the compelling needs of others when we can do so at an acceptable cost to ourselves. This duty to care for those in states of compelling need, the thesis argued, is a crucial moral duty that vests upon all agents: it is *a natural duty.*

Now whilst the duty to care is a fundamental natural duty that has not been voluntarily incurred, the thesis showed that our duties to care are allocated by a series of social norms that structure our dependency relationships. The law plays a central role in allocating our caring responsibilities. Therefore, while we owe natural moral duties to meet the compelling needs of others when we can do so at an acceptable cost, these duties remain dormant. They are latent until they are *triggered* by some facts that allocate our caring responsibilities based on a set of socio-legal norms. These norms thereby are purely social facts, but they trigger our pre-existing moral duties.

This provides a promising backdrop for the analysis of political obligation. In Chapter Four of the thesis, I argue that our obligations to obey the law, where they exist, are often grounded in duties to care. More specifically, I argued that if legal directive X expresses a genuine moral duty to care, in that it satisfies the needs, cost, and relational condition; and if obeying X is the most effective way to discharge the duty to care, then we do indeed owe a moral obligation to obey X, on the further assumption that the allocation of caring responsibilities in the system is not unjust.

Note that as the care ethical theory frames our duties to care for others as natural duties that are triggered by specific relationships, it successfully shows that one owes an obligation to obey the law of *one's own state* – thereby satisfying the particularity condition which several candidate justifications of political obligation have so far been unsuccessful in satisfying. The strength of the care ethical theory, in my view, lies precisely in the fact that the concept of care – if analysed rigorously – can successfully straddle the boundaries of the private and the public, the descriptive and the moral: providing us with a theory of political obligation that steers clear

of various issues that theorists have faced in the past. The concept of care and the care ethical tradition thereby provide us a with a new and helpful lens with which to approach the debate on political obligation.

The thesis has therefore clarified some of the fundamental gaps in care ethics, developed a care ethical framework, and then applied this framework to build the care ethical theory. In light of these simultaneous goals, it is worth revisiting the original contributions made in this thesis and identifying some future directions for research.

First, the thesis has clarified what the concept of care entails. I have argued that *care* should be framed as a thick ethical concept: a suggestion that has so far not been made and explored in the literature. The concept of care on the account I presented consists of a descriptive element and an evaluative element (how the two are related to one another can be the subject of important future study). The former picks out the social activity of caring, while the latter identifies its moral value. A thick conceptual framing vindicates the central claim of the care ethical approach that has been integral to the approach since the early works of Gilligan and Held: that care is both a social fact, and a crucial ethical ideal or moral value.

Now, framing *care* as a thick ethical concept has opened up important lines of inquiry, both for care ethics and for the law. Although efforts have been made recently to explore the intersection of care ethics and doctrinal areas of law, certain gaps persist in the literature. This is largely the fault of care ethics itself. The theoretical foundations of the approach are not yet entirely fleshed out, and there is more to do by way of clarifications and depth. Importantly, this thesis has pointed to a fundamental gap at the heart of care ethics: the lack of clarity about the relationship between caring actions and moral value. Are caring actions necessarily morally valuable? Or are they valuable only in some cases and not others? If so, what are these cases?

I have argued that not all caring actions are good actions: they may involve neglect, manipulation, and oppression. Without a clearer conceptual understanding of what caring actions are, and what constitutes ‘good care’, the meaningful application of care ethics to doctrinal debates remains challenging. Further research at the intersection of analytic moral philosophy and care ethics is therefore needed. It is important to establish a coherent definition of caring actions, outline the conditions under which caring actions hold moral value, and shed light on debates in law and policy that necessitate an evaluation of caring actions. In particular,

there is scope to clarify how we can tell care *simpliciter* apart from 'good' or 'morally valuable care'. What are the metrics to be used?

In Chapter Two of the thesis, I have only tabled the idea that the moral worth of a caring action depends on some combination of the following factors: (i) the outcome of the action: how successful is the action in meeting some important needs of the recipient? (ii) the process by which the caring action is performed: how attentive, responsive and respectful is the agent of the recipient's needs? (iii) and the scheme of which the action is a part: to what degree does the action contribute to a valuable scheme or a larger scheme of wrongdoing? There is a need to defend why these are the relevant factors in our evaluations. Further, what is the relationship between these factors? Suppose a caring action satisfies threshold (i) and not (ii), or vice versa, what is the action's moral standing? These determinations are crucial particularly for areas such as medical law wherein the law necessitates a rigorous evaluation of caring actions and their moral value. The work of this thesis therefore opens up these specific and valuable lines of further inquiry.

Second, while I have gone some way in clarifying what kinds of needs are morally demanding, more work on this subject is warranted. Particularly, a coherent account of absolute needs and their relationship with their instrumental counterparts is required. Care ethicists must be careful not to conflate the descriptive and normative realms in their analysis – as I have pointed out in the thesis. Keeping in mind that caring actions *simpliciter* can be actions that meet a range of needs, an account of what kinds of needs qualify as "absolute needs" is very much required.

Third, the care ethical theory has provided an account of political obligation that does not satisfy the generality, content-independence and bindingness requirements that are normally assumed to be necessary – following from Green – for a successful theory of political obligation, but satisfies the morality and particularity requirement. It thereby reframes the way we should think about theoretical endeavours around political obligation: showing that we owe a duty to obey some laws that help in the discharge of our duties to care. The thesis brings in care as a particular lens with which to understand individualised obligations to obey the law, against the general background conditions of just states or polities.

There is further research that can be conducted on *who* the obligations to obey the law are owed to. It seems that the care ethical theory supports a view wherein these obligations are owed to

other citizens, rather than to the political entity of the state. I am inclined to defend the view, that Rolf Sartorius has briefly discussed, which suggests that the state merely acts as a trustee for the citizens: it has a duty to further its caring responsibilities to citizens like guardians have for those they care for. But citizens do not owe any corresponding moral obligations to obey all the laws of a state.

Moreover, the care ethical theory – if further fleshed out – can provide us with a robust defence of the welfare state. In the realm of political theory, the debate between authors like Nozick and Simmons on the one hand and Rawls on the other, is in large part a debate about whether a state can make laws – and rightly expect compliance even from those who have not consented – that require citizens to make contributions to public services that meet important needs (other than the need for security). This thesis provides care ethical materials for an answer to this question, thereby making it interesting as an argument in political theory. If we have duties to meet the needs of others by obeying legal directives, a full-fledged account of the role of the state in furthering caring, on the lines mentioned in this thesis, can be developed. This fits in well with the recent surge of interest in care ethics and political theory and could be a helpful addition to these discussions.

Fourth, and most importantly perhaps, the care ethical theory has two simultaneous upshots.

On the one hand, the thesis presents an *a priori* philosophical anarchist view: showing that there can be no general, content-independent moral obligation to obey the law even in a *prima facie* sense or in reasonably just states. If correct, this view can help settle questions about the ultimate justifiability of civil disobedience: to what extent, and on what grounds, is disobedience morally permissible? As John Simmons argues, "how we treat the ultimate justifiability of civil disobedience will have to depend in part on the strength of the moral presumption in favour of obedience that we embrace."[554] The *a priori* anarchist position presented in this thesis shows that there is no moral presumption in favour of legal obedience. It is not the case, therefore, that civil disobedience requires any further justification than any of our actions generally warrant.[555] This carries significant implications for how we

[554] Simmons 2003, 57.
[555] ibid, 60. If the anarchists are correct, Simmons argues, civil disobedience calls for no more justification than is required for our actions generally.

conceptualize civil disobedience efforts and their legitimacy within contemporary social and political landscapes.

But if there is no general or content-independent obligation to obey the law as this thesis contends, this may lead us to the conclusion that the state does not have legitimate political authority. How is this claim compatible with the second upshot of this thesis: that we owe wide-ranging moral duties to care to another which should be enforced and regulated through political authority? Due to this perceived incompatibility, these twin claims may seem antithetical at first glance. But it is precisely this perceived contradiction that the thesis seeks to question – showing that these claims can be legitimately held simultaneously.

The first upshot of the care ethical theory of political obligation is that it presents an *a priori* philosophical anarchist perspective by demonstrating that our moral obligations to obey the law are present in some circumstances and not others. It may be contended that if our obligations to obey law are content-sensitive and particular moral duties as has been so far argued, this necessarily entails that states do not have legitimate political authority. Richard Flathman, for instance, writes that linkage between obligation and authority is intrinsic to the semantic rules governing the concepts: if there is no obligation to obey the authority, there can be no *de jure* authority at all.[556] Hannah Pitkin argues that "part of what authority means is that those subject to it are obligated to obey".[557] Their views represent the entrenched position in the literature that to deny the existence of a general obligation to obey the law is to deny the possibility of legitimate political authority.

Due to this linkage between philosophical anarchism and the denial of legitimate political authority, philosophical anarchism has often been adopted by libertarians. After all, libertarians are sceptical of political authority and often deny the possible *de jure* authority of states. If people have not consented to being bound by authority, any authoritative dictates for libertarians are unjust impositions upon personal liberty. Therefore, many libertarians embrace philosophical anarchism.

The view presented in this thesis, while committed to philosophical anarchism, is directly opposed to the traditional libertarian view. For many libertarians, personal liberty and

[556] Flathman 1972, 89-90.
[557] Pitkin 1966, 40.

autonomy are the paramount values for any political community and people can be justifiably coerced only in a minimal manner to refrain from infringing upon the liberty of others. They *cannot* legitimately be coerced by the state to promote the good of others in any way. On the care ethical view that this thesis develops, we do not just have negative duties to refrain from infringing upon people's liberty. Rather, we owe positive duties to meet the needs of others. The state is justified in using coercion to the extent that is required to ensure the discharge of caring responsibilities in complex political and social systems.[558] Therefore, the care ethical theory provides a demanding account of political responsibility wherein we owe wide-ranging duties to meet people's compelling needs when we can do so at a reasonable cost, and when the relational condition as elucidated in the thesis is further satisfied. The welfare state has a duty to help meet compelling need-claims of persons and furthermore, has the political authority to do so.

If this is the case, one may argue that the thesis's scepticism about the obligation to obey the law is antithetical to the care ethical framework developed in the latter parts of the thesis. It should be pointed out, however, that this line of criticism only holds true if we blindly accept the view adopted by Flathman and Pitkin above, that to deny the existence of a general, content-independent obligation to obey the law entails a denial of the very possibility of *de jure* political authority.

But the Flathman/Pitkin view, I suggest, can and should be contested.[559] Kent Greenawalt also adopts a similar approach wherein he denies any necessary conceptual connections between the denial of a general obligation to obey the law and a denial of the possibility of legitimate authority.[560] Similarly, Green writes that the absence of political obligation does not necessarily entail the illegitimacy of states. Rather, this depends on the relation between authority and obligation.[561]

I am sympathetic to the views laid down by these authors. The logical correlates involved in authority relations are not, in Hohfeldian terms, 'right' and 'obligation', but rather 'power' and

[558] It may be argued that the state is justified, in any case, to enforce natural duties to care, whether it has general legitimate authority or not. For the possibility of such a view, see generally Simmons 1999.
on justification and legitimacy.
[559] For a contestation of this view, see Sartorius 1981.
[560] Greenawalt 1987, 50-53.
[561] Green 1988, 234.

'liability'.[562] If the state has legitimate authority or power over citizens, it does not necessarily follow that citizens owe moral obligations to obey the law. Rather, what follows in Hohfeldian terms is that citizens are liable to have their status and positions changed by the exercise of authority. As duty and power are not correlates in Hohfeldian terms, there is enough reason to dispute the Flathman/Pitkin view. We can thus defend the philosophical anarchist view provided in Chapter One whilst still holding that political authority plays a crucial role in the discharge of our public-political duties to care for co-citizens, as contended in the subsequent portions of the thesis.

The thesis brings care ethics in conversation with analytic jurisprudence: presenting the care ethical theory as a fresh new solution to the philosophical problem of political obligation. It is the author's hope that the findings and efforts of this thesis will pave the way for future research at the intersection of the ethics of care and the philosophy of law.

[562] ibid. Furthermore, the Hohfeldian moral power of a state to impose moral obligations on its citizens is not unlimited or unconstrained. For instance, as illustrated by the arguments in this thesis, it is evident that no moral obligation to provide care is present in instances wherein the conditions outlined in this thesis (for the existence of a genuine duty to care) remain unfulfilled.

BIBLIOGRAPHY

Abend, Gabriel. 2019. Thick Concepts and Sociological Research. *Sociological Research* 37 (3): 209–223.

Adams, N.P. 2017. In Defense of Content-Independence. *Legal Theory* 23 (3): 143–167.

Adams, N.P. 2021. In Defense of Exclusionary Reasons. *Philosophical Studies* 178 (1): 235-253.

Alonso, Cristia et al. 2019. *Reducing and Redistributing Unpaid Work: Stronger Policies to Support Gender Equality.* International Monetary Fund Working Paper. WP/19/225.

Barry, Brian. 2010. *Political Argument*. Routledge.

Bassford, H.A. 1982. The Justification of Medical Paternalism. *Social Science & Medicine* 16 (6): 731-739.

Becker, Mary. 2002. Care and Feminists. *Wisconsin Women's Law Journal* 17 (1): 57-110.

Bellacasa, M.P de La. 2017. *Matters of Care: Speculative Ethics in More Than Human Worlds*. University of Minnesota Press.

Benhabib, Seyla. 1985. The Generalized and the Concrete Other: The Kohlberg Gilligan Controversy and Feminist Theory. *Praxis International* 5 (4): 402-424.

Berges, Sandrine. 2015. *A Feminist Perspective on Virtue Ethics.* Palgrave Macmillan.

Bhandary, Asha, and Amy R. Baehr. 2020. *Caring for Liberalism: Dependency and Liberal Political Theory*. Routledge.

Black, Steven P. 2018. The Ethics and Aesthetics of Care. *Annual Review of Anthropology* 47 (1): 79-95.

Blackburn, Simon. 1992. Through Thick and Thin. *Proceedings of the Aristotelian Society*, 66: 284–99.

Blum, Lawrence. 1991. Moral Perception and Particularity. *Ethics* 101 (4): 701-725.

Bowden, Peta. 1997. *Caring: Gender-Sensitive Ethics*. Routledge.

Brake, Elizabeth. 2012. *Minimizing Marriage: Marriage, Morality, and the Law.* Oxford University Press.

Braybrooke, David. 1987. *Meeting Needs*. Princeton University Press.

Brock, Gillian and Miller, David. 2019. Needs in Moral and Political Philosophy. *Stanford Encyclopaedia of Philosophy.*

Bubeck, Diemut. 1995. *Care, Gender, and Justice.* Oxford University Press.

Card, Claudia. 1990. Caring and Evil. *Hypatia* 5 (1): 101-8.

Carson, Thomas L. 2010. Kant and the Absolute Prohibition Against Lying. In *Lying and Deception: Theory and Practice*. Oxford Academic Online.

Cates, Diana Fritz et al. 2002. *Medicine and the Ethics of Care*. Georgetown University Press.

Chadha-Sridhar, Ira. 2023. *Care* as a Thick Ethical Concept. *Res Publica* 29 (3): 405–423.

Chakravortty, Dipanwita. 2022. Conscription in Israel. In *The Palgrave International Handbook of Israel*. Springer Nature.

Chatzidakis, Andreas et al. 2020. *The Care Manifesto: The Politics of Interdependence*. Verso Books.

Christiano, Thomas. 2008. *The Constitution of Equality: Democratic Authority and Its Limits*. Oxford University Press.

Clement, Grace. 1996. *Care, Autonomy, and Justice: Feminism and the Ethics of Care.* Westview Press.

Collins, Stephanie. 2015. *The Core of Care Ethics*. Palgrave.

D'Entrèves, A.P. 1939. *The Medieval Contribution to Political Thought*. Oxford University Press.

Dagger, Richard and Lefkowitz, David. 2021. Political Obligation. In *The Stanford Encyclopaedia of Philosophy.*

Dagger, Richard. 2018. *Playing Fair: Political Obligation and the Problems of Punishment.* Oxford University Press.

Dancy, Jonathan. 1992. Caring About Justice. *Philosophy* 67 (262): 447-466.

Dancy, Jonathan. 1993. *Moral Reasons*. Blackwell.

Dancy, Jonathan. 1995. In Defence of Thick Concepts. *Midwest Studies in Philosophy* 20 (1): 263–279.

Dancy, Jonathan. 2013. Practical Concepts. In *Thick Concepts*, ed. Simon Kirchin. Oxford University Press: 44-60.

Dancy, Jonathan. 2017. Moral Particularism. In *The Stanford Encyclopaedia of Philosophy*.

Darwall, Stephen. 2006. *The Second-Person Standpoint: Morality, Respect, and Accountability*. Harvard University Press.

Darwall, Stephen. 2010a. Authority and Reasons: Exclusionary and Second-Personal. *Ethics* 120 (2): 257-278.

Darwall, Stephen. 2010b. Sentiment, Care, and Respect. *Theory and Research in Education* 8 (2): 153–162.

Darwall, Stephen. 2013. *Morality, Authority, and Law: Essays in Second-Personal Ethics*. Oxford University Press.

Darwall, Stephen. 2017. What Are Moral Reasons? *The Amherst Lecture in Philosophy* 12: 1–24.

Davion, Victoria. 1993. Autonomy, Integrity, and Care. *Social Theory and Practice* 19 (2): 161-82.

Delmas, Candice. 2014. Political Resistance: A Matter of Fairness. *Law and Philosophy* 33 (4): 465-488.

Dillon, Robin S. 1992. Respect and Care: Toward Moral Integration. *Canadian Journal of Philosophy* 22 (1): 105-131.

Dillon, Robin S. 2022. Respect. *The Stanford Encyclopaedia of Philosophy.*

Dodds, Susan. 2014. Dependence, Care, and Vulnerability. In *Vulnerability: New Essays in Ethics and Feminist Philosophy*, eds. Mackenzie, Catriona and Rogers, Wendy and Dodds, Susan. Oxford Academic Online.

Dworkin, Ronald. 1986. *Law's Empire.* Harvard University Press.

Edmundson, William A. 1998. Legitimate Authority without Political Obligation. *Law and Philosophy* 17 (43).

Eleftheriadis, Pavlos. 2008. *Legal Rights*. Oxford University Press.

Engster, Daniel and Hamington, Maurice eds. 2015. *Care Ethics and Political Theory*. Oxford University Press.

Engster, Daniel. 2004. Care Ethics and Natural Law Theory: Toward an Institutional Political Theory of Caring. *The Journal of Politics* 66 (1): 113–35.

Engster, Daniel. 2005. Rethinking Care Theory: The Practice of Caring and the Obligation to Care. *Hypatia* 20 (3): 50–74.

Engster, Daniel. 2007. *The Heart of Justice: Care Ethics and Political Theory*. Oxford University Press.

Engster, Daniel. 2015. *Justice, Care, and the Welfare State*. Oxford University Press.

Engster, Daniel. 2019. Care Ethics, Dependency, and Vulnerability. *Ethics and Social Welfare* 13 (2): 100-114.

Enoch, David and Toh, Kevin. 2013. Legal as a Thick Concept. In *Philosophical Foundations of the Nature of Law*, ed. Waluchow, Wil and Sciaraffa, Stefan. Oxford University Press.

Enoch, David. 2011. Giving Practical Reasons. *Philosopher's Imprint* 11 (4): 1 – 22.

Enoch, David. 2014. Authority and Reason-Giving. *Philosophy and Phenomenological Research* 89 (2): 296 – 332.

Feinberg, Joel. 1973. *Social Philosophy*. Pearson.

Feinberg, Joel. 1987. *The Moral Limits of the Criminal Law Volume 1: Harm to Others.* Oxford University Press.

Ferraz, Octavio LM. 2008. Poverty and Human Rights. *Oxford Journal of Legal Studies* 28 (3): 585-603.

Fisher, Berenice and Tronto, Joan. 1990. Toward a Feminist Theory of Caring. In *Circles of Care: Work and Identity in Women 's Lives*, eds. Abel, Emily K. and Nelson, Margaret K. State University of New York Press.

Flathman, Richard. 1972. *Political Obligation*. Atherton Press.

Flew, Anthony. 1984. *The Politics of Procrustes: Contradictions of Enforced Equality*. Temple Smith.

Folland, Anna. 2022. The Harm Principle and the Nature of Harm. *Utilitas* 34 (2): 139-153.

Foot, Philippa. 1958. Moral Arguments. *Mind* 67 (268): 502–513.

Foot, Philippa. 1978. *Virtues and Vices.* Blackwell.

Fraser, Nancy. 1989. *Unruly Practices: Power, Discourse, and Gender in Contemporary Social Theory.* University of Minnesota Press.

Gardner, John. 2001. Legal Positivism: 5 1/2 Myths. *American Journal of Jurisprudence* 46 (1): 199-227.

Gasdaglis, Katherine. 2021. Moral Regret and Moral Feeling(s). *Inquiry* 64 (4) 424-452.

Gibbard, Allan. 1990. *Wise Choices, Apt Feelings.* Harvard University Press.

Gilligan, Carol and Snider, Naomi. 2018. *Why Does Patriarchy Persist?* Polity Press.

Gilligan, Carol. 1982. *In A Different Voice*. Harvard University Press.

Gilligan, Carol. 1993. *In A Different Voice.* 2nd edn. Harvard University Press.

Gilligan, Carol. 2011. *Joining the Resistance*. Polity Press.

Goodin, Robert E. 1985a. *Protecting the Vulnerable: A Re-analysis of our Social Responsibilities*. University of Chicago Press.

Goodin, Robert E. 1985b. Vulnerabilities and Responsibilities: An Ethical Defense of the Welfare State. *American Political Science Review* 79 (3): 775-787.

Green, Leslie. 1988. *The Authority of the State*. Oxford University Press.

Green, Leslie. 1996. Who Believes in Political Obligation? In *For and Against the State,* eds. Sanders, J. T. and Narveson, J. Rowman, and Littlefield, 301–317.

Green, T. H. 1986. *Lectures on the Principles of Political Obligation and Other Writings*. Cambridge University Press.

Greenawalt, Kent. 1987. *Conflicts of Law and Morality*. Oxford University Press.

Halwani, Raja. 2003. Care Ethics and Virtue Ethics. *Hypatia* 18 (3): 161–192.

Hamington, Maurice and Sander-Staudt, Maureen. 2011. *Applying Care Ethics to Business*. Springer Science & Business Media.

Hankivsky, Olena. 2014. Rethinking Care Ethics: On the Promise and Potential of Intersectional Analysis. *American Political Science Review* 108 (2): 252–64.

Hanna, Jason. 2018. *In Our Best Interest: A Defence of Paternalism*. Oxford University Press.

Hanson, Robin. 2008. Making Sense of Medical Paternalism. *Medical Hypotheses* 70 (5): 910-913.

Hardimon, Michael O. 1994. Role Obligations. *The Journal of Philosophy* 91 (7): 333-363.

Hare, R. M. 1952. *The Language of Morals*. 1st edn. Clarendon.

Hare, R.M. 1963. *Freedom and Reason*. Oxford University Press.

Hare, R.M. 1981. *Moral Thinking: Its Levels, Method, and Point*. Oxford University Press.

Hart, H.L.A. 1955. Are There Any Natural Rights? *The Philosophical Review* 64 (2): 175-191.

Hart, H.L.A. 1958. Legal and Moral Obligation. In *Essays in Moral Philosophy*, ed. Melden, A.I. University of Washington Press.

Hart, H.L.A. 1982. *Essays on Bentham: Studies in Jurisprudence and Political Theory*. Oxford University Press.

Hart, H.L.A. 1994. *The Concept of Law*. 2nd edn. Oxford University Press.

Häyry, Heta. 2002. *The Limits of Medical Paternalism*. Routledge.

Held, Virginia. 2006. *The Ethics of Care: Personal, Political, Global*. Oxford University Press.

Held, Virginia. 2014. The Ethics of Care as Normative Guidance: Comment on Gilligan. *Journal of Social Philosophy* 45 (1): 107–115.

Held, Virginia. 2015. Care and Justice, still. In *Care Ethics and Political Theory*, Daniel Engster and Maurice Hamington eds. Oxford University Press.

Herring, Jonathan. 2007. Where are the Carers in Healthcare Law and Ethics? *Legal Studies* 27(1): 51-73.

Herring, Jonathan. 2008. Caregivers in Medical Law and Ethics. *Journal of Contemporary Health and Policy* 25 (1): 1-37.

Herring, Jonathan. 2013a. *Caring and the Law*. Hart Publishing.

Herring, Jonathan. 2013b. Forging a Relational Approach: Best Interests or Human Rights? *Medical Law International* 13 (1) 32-54.

Herring, Jonathan. 2014. *Relational Autonomy and Family Law*. Springer.

Herring, Jonathan. 2019. *Law and the Relational Self*. Cambridge University Press.

Heyes, Cressida. 1997. Anti-Essentialism in Practice: Carol Gilligan and Feminist Philosophy. *Hypatia* 12 (3): 142–63.

Hirschmann, Nancy J. 1992. *Rethinking Obligation: A Feminist Method for Political Theory*. Cornell University Press.

Hohfeld, Wesley. 1923. *Fundamental Legal Conceptions*, ed. Walter Wheeler Cook. Yale University Press.

Horton, John, 1992. *Political Obligation*, Basingstoke: Macmillan.

Houston, Barbara. 1990. Caring and Exploitation. *Hypatia* 5(1): 115-119.

Hume, David (1739-40). 2007. In *A Treatise of Human Nature: A Critical Edition*, eds. Norton, David Fate and Norton, Mary J. Clarendon Press.

Indian Young Lawyers Association vs The State of Kerala 2018 (India) SCC Online SC 1690.

Jeske, Diane. 1997. Friendship, Virtue, and Impartiality. *Philosophy and Phenomenological Research: A Quarterly Journal* 57 (1): 51-72.

Jeske, Diane. 1998. Families, Friends, and Special Obligations. *Canadian Journal of Philosophy* 28(4): 527-555.

Jeske, Diane. 2001. Special Relationships and the Problem of Political Obligations. *Social Theory and Practice* 27 (1) 19-40.

Jeske, Diane. 2002. Special Obligations. *Stanford Encyclopaedia of Philosophy.*

Kirchin, Simon. 2007a. Moral Particularism: An Introduction. *Journal of Moral Philosophy* 4 (1): 8–15.

Kirchin, Simon. 2007b. Particularism and Default Valency. *Journal of Moral Philosophy* 4 (1): 16–32.

Kirchin, Simon. 2013. Introduction: Thick and Thin concepts. In *Thick Concepts*, ed. Simon Kirchin. Oxford University Press: 1-20.

Kirchin, Simon. 2017. *Thick Evaluation*. Oxford University Press.

Kittay, Eva. 1999. *Love's Labor: Essays on Women, Equality, and Dependency*. Routledge.

Kittay, Eva. 2001a. A Feminist Public Ethic of Care Meets the New Communitarian Family Policy. *Ethics* 111 (3): 523–547.

Kittay, Eva. 2001b. From Welfare to a Public Ethic of Care. In *Women and Welfare: Theory and Practice in the United States and Europe*, eds. Hirschmann, Nancy J. and Liebert, Ulrike, 38–64.

Kittay, Eva. 2011. Forever Small: The Strange Case of Ashley X. *Hypatia* 26 (3): 610–31.

Klosko, George. 1992. *The Principle of Fairness and Political Obligation.* Rowman & Littlefield.

Klosko, George. 2023. Content Independence and Political Obligation: Scope Limitations of Content-Independent Moral Reasons. *Political Studies* 71(1): 30–46.

Kramer, Matthew and Simmonds, Nigel. 1996. Reason Without Reasons: A Critique of Alan Gewirth's Moral Philosophy. *The Southern Journal of Philosophy* 34(3): 301-315

Kramer, Matthew and Simmonds, Nigel. 1998. No Better Reasons: A Reply to Alan Gewirth. *The Southern Journal of Philosophy* 36(1): 131-139

Kramer, Matthew. 1998. Rights Without Trimmings. In *A Debate over Rights*, eds. Kramer, Matthew. Simmonds, N.E. and Steiner, Hillel. Oxford University Press: 7-111.

Kramer, Matthew. 1999. *In Defense of Legal Positivism*. Oxford University Press.

Kramer, Matthew. 2004. On the Moral Status of the Rule of Law. *The Cambridge Law Journal* 63 (1): 65-97.

Kramer, Matthew. 2005. Legal and Moral Obligation. In *The Blackwell Guide to the Philosophy of Law and Legal Theory*, eds. Golding, Martin P., and Edmundson, William A. Blackwell: 179-190.

Kramer, Matthew. 2007. Why the Axioms and Theorems of Arithmetic are not Legal Norms. *Oxford Journal of Legal Studies* 27 (3): 555-562.

Kramer, Matthew. 2010. Freedom and the Rule of Law. *Alabama Law Review* 61 (4): 827-845.

Kramer, Matthew. 2011. For the Record: A Final Reply to NE Simmonds. *American Journal of Jurisprudence* 56 (1): 115-133.

Kramer, Matthew. 2014. *Torture and Moral Integrity*. Oxford University Press.

Kramer, Matthew. 2018. *H.L.A. Hart: The Nature of Law*. Polity Press.

Levintova, Hannah. 2014. Is Giving Food to the Homeless Illegal in Your City Too? *Mother Jones Daily Report.* Mother Jones Daily. Available at https://www.motherjones.com/politics/2014/11/90-year-old-florida-veteran-arrested-feeding-homeless-bans-2/. Last accessed 16th September 2023.

Locke, John. 1980. *Second Treatise of Government*. Revised edn. C. B. Macpherson, ed. Indianapolis: Hackett Publishing.

Maintenance and Welfare of Parents and Senior Citizens Act, 2007. India.

Mehring, Sigrid. 2011. Medical War Crimes. In *Max Planck Yearbook of United Nations Law*, eds. Armin Bogdandy and Rüdiger Wolfrum. Martinus Nijhoff Publishers: 229-279.

Miller, Sarah Clark. 2010. Cosmopolitan Care. *Ethics and Social Welfare* 4 (2): 145–15.

Miller, Sarah Clark. 2012. *The Ethics of Need: Agency, Dignity and Obligation*. Routledge.

Morreall, John. 1976. The Justifiability of Violent Civil Disobedience. *Canadian Journal of Philosophy* 6 (1) 35-47.

National Coalition for the Homeless Report. 2014. *Share No More: Report the Criminalization of Efforts to Feed People in Need*, eds Michael Stoops.

National Service Armed Forces Act, 1939. United Kingdom.

Nedelsky, Jennifer. 2011. *Law's Relations: A Relational Theory of Self, Autonomy, and Law*. Oxford University Press.

Nelson, Barbara J. 1986. M*aking an Issue of Child Abuse: Political Agenda Setting for Social Problems*. University of Chicago Press.

Nelson, Julie. 2011. *Care Ethics and Markets: A View from Feminist Economics*. Springer.

Noddings, Nel. 1984. *Caring: A Feminine Approach to Ethics and Moral Education*. University of California Press.

Noddings, Nel. 2002. *Starting at Home: Caring and Social Policy*. University of California Press.

Noddings, Nel. 2013. *Caring: A Relational Approach to Ethics and Moral Education*. 2nd edn. University of California Press.

Norman, Richard. 2007. Particularism and Reasons: A Reply to Kirchin. *Journal of Moral Philosophy* 4 (1): 33–39.

Nussbaum, Martha C. 2013. *Political Emotions*. Harvard University Press.

O'Dowd, Ornaith. 2012. Care and Abstract principles. *Hypatia* 27 (2): 407-422.

O'Neill, Onora. 1990. Justice, Gender, and International Boundaries. *British Journal of Political Science* 20 (4): 439–459.

Paret, Peter. 1993. Justifying the Obligation of Military Service. *The Journal of Military History* 57 (5): 115.

Pateman, Carole and Hirschmann, Nancy. 1992. Political Obligation, Freedom and Feminism. *American Political Science Review* 86 (1): 179-188.

Peter, Fabienne. 2014. Second-Personal Reason-Giving. G*razer Philosophische Studien* 90: 21–34.

Pettersen, Tove. 2008. *Comprehending Care: Problems and Possibilities in the Ethics of Care.* Lexington Books.

Pettersen, Tove. 2011. The Ethics of Care: Normative Structures and Empirical Implications. *Health Care Analysis* 19 (1): 51–64.

Pettersen, Tove. 2012. Conceptions of Care: Altruism, Feminism, and Mature Care. *Hypatia* 27 (2): 366–389.

Pitkin, Hanna. 1966. Obligation and Consent--II. *The American Political Science Review* 60 (1): 39–52

Plato. 2000. *The Trial and Death of Socrates*. G. M. A. Grube trans. 3rd edn. Hackett.

Platt, Lucinda, and Warwick, Ross. 2020. "Are Some Ethnic Groups More Vulnerable to COVID-19 Than Others? *The IFS Deaton Review.* The Institute for Fiscal Studies.

Pogge, Thomas. 2005. World Poverty and Human Rights. *Ethics & International Affairs* 19 (1): 1-7.

Pogge, Thomas. 2007. *Freedom from Poverty as a Human Right: Who Owes What to the Very Poor?* Oxford University Press.

Puka, Bill. 1990. The Liberation of Caring: A Different Voice for Gilligan's 'Different Voice'. *Hypatia* 55 (1): 58-82.

Purshouse, Craig. 2016. A Defence of the Counterfactual Account of Harm. *Bioethics.* 30(4): 251-259.

Putnam, Hilary. 2002. *The Collapse of the Fact/Value Dichotomy and Other Essays*. Harvard University Press.

Raghuram, Parvati. 2016. Locating Care Ethics Beyond the Global North. *An International Journal for Critical Geographies* 15 (3): 511–533.

Raghuram, Parvati. 2019. Race and Feminist Care Ethics: Intersectionality as Method. Gender, Place & Culture 26 (5) 613-637.

Randall, Thomas. 2023a. *Justice, Care, and Value: A Values-Driven Theory of Care Ethics.* Taylor & Francis.

Randall, Thomas. 2023b. A Care Ethical Justification for an Interest Theory of Human Rights. *Critical Review of International Social and Political Philosophy* 26 (4): 554-578.

Rawls, John. 1964. Legal Obligation and the Duty of Fair Play. In *Law and Philosophy*, ed. Hook, S. New York University Press: 3-18.

Rawls, John. 1971. *A Theory of Justice*. Harvard University Press.

Rawls, John. 1999. *A Theory of Justice*. Revised edn. Oxford University Press.

Raz, Joseph. 1979. *The Authority of Law*. Oxford University Press.

Raz, Joseph. 1986. *The Morality of Freedom*. Oxford University Press.

Raz, Joseph. 1999. Practical Reasons and Norms. 2nd edn. Princeton University Press.

Reader, Soran ed. 2005. *The Philosophy of Need*. Cambridge University Press.

Reader, Soran. 2007. *Needs and Moral Necessity*. Routledge.

Renzo, Massimo. 2012. Associative Responsibilities and Political Obligations. *Philosophical Quarterly*. 62: 106–27.

Ridge, Michael and McKeever, Sean. 2020. Moral Particularism and Moral Generalism. *The Stanford Encyclopaedia of Philosophy.*

Robinson, Fiona. 1997. Globalizing Care: Ethics, Feminist theory, and International Relations. *Alternatives* 22 (1): 113-133.

Robinson, Fiona. 2020. Resisting Hierarchies through Relationality in the Ethics of Care. *International Journal of Care and Caring* 4 (1): 11-23.

Ross, W. D. 1930. *The Right and the Good*. Clarendon Press.

Rowe, Thomas. 2021. Can a Risk of Harm Itself Be a Harm? *Analysis* 81 (4): 694-701.

Ruddick, Sara. 1998. Care as Labor and Relationship. In *Norms and Values: Essays on the Work of Virginia Held*, eds. Halfon, Mark S. and Haber Lanham, Joram C.. Rowman & Littlefield Publishers: 3-25.

Sagdahl, Mathias S. 2018. Conscription as a Morally Preferable Form of Military Recruitment. *Journal of Military Ethics* 17 (4): 224-239.

Sangiovanni, Andrea. 2016. How Practices Matter. *Journal of Political Philosophy* 24 (1): 3–23.

Sanyaolu, Adekunle, et al. 2020. Comorbidity and its Impact on Patients with COVID-19. *SN Comprehensive Clinical Medicine* 2 (8):1069-1076.

Sartorius, Rolf. 1981. Political Authority and Political Obligation. *Virginia Law Review* 67 (1): 3-17.

Scanlon, T. M. 2003. Thickness and Theory. *Journal of Philosophy* 100 (6): 276–277.

Schauer, Frederick. 2015. *The Force of Law*. Harvard University Press.

Scheffler, Samuel. 1987. Morality Through Thick and Thin: A Critical Notice of Ethics and the Limits of Philosophy. *Philosophical Review* 96 (3): 411–434.

Scheffler, Samuel. 2018. Membership and Political Obligation. *Journal of Political Philosophy* 26 (1): 3–23.

Schwitzgebel, Eric. 2021. Belief. *The Stanford Encyclopaedia of Philosophy*.

Sciaraffa, Stefan. 2009. On Content-Independent Reasons: It's Not in the Name. *Law and Philosophy* 28: 233–260.

Setiya, Kieran. 2022. Intention. *The Stanford Encyclopaedia of Philosophy.*

Sevenhuijsen, Selma. 1998. *Citizenship and the Ethics of Care*. Routledge.

Sevenhuijsen, Selma. 2003. The Place of Care: The Relevance of the Feminist Ethic of Care for Social Policy. *Feminist Theory* 4 (2): 179-197.

Simmons, A. John, 1979. *Moral Principles and Political Obligations*, Princeton, NJ: Princeton University Press.

Simmons, A. John. 1999. Justification and Legitimacy. *Ethics* 109 (4): 739-771.

Simmons, John. 2003. Civil Disobedience and the Duty to Obey the Law. In *A Companion to Applied Ethics*, eds. Frey, R.G. and Wellman, Christopher. Blackwell: 50-62.

Simmons, John. 2007. The Particularity Problem. *APA Newsletter on Philosophy and Law* 7: 18–27.

Skocpol, Theda. 1992. *Protecting Soldiers and Mothers: The Political Origin of Social Policy in the United States.* Harvard University Press.

Slote, Michael. 2007. *The Ethics of Care and Empathy*. Routledge.

Smith, Matthew Noah. 2013. Political Obligation and the Self. *Philosophy and Phenomenological Research* 86: 347–75.

Spelman, Elizabeth V. 1988. *Inessential Woman: Problems of Exclusion in Feminist Thought.* Beacon Press.

Stark, Cynthia. 2010. Abstraction and Justification in Moral theory. *Hypatia* 25 (4): 825–833.

Steyl, Steven. 2019. The Virtue of Care. *Hypatia* 34 (3): 507–26.

Steyl, Steven. 2020. Caring Actions. *Hypatia* 35 (2): 279–297.

Steyl, Steven. 2021. A Care Ethical Theory of Right Action. *The Philosophical Quarterly* 71 (3): 502–523.

Stilz, Anna. 2009. *Liberal Loyalty: Freedom, Obligation, and the State*. Princeton University Press.

Strawson, Peter Frederick. 1968. Freedom and Resentment. In *Studies in the Philosophy of Thought and Action*. Oxford University Press.

Thompson, James. 2015. Towards an Aesthetics of Care. *Research in Drama Education: The Journal of Applied Theatre and Performance* 20 (4): 430-441.

Thomson, Garrett. 1987. *Needs*. Routledge and Kegan Paul.

Tronto, Joan. 1993. *Moral Boundaries: A Political Argument for an Ethic of Care*. Routledge.

Tronto, Joan. 2011. A Feminist Democratic Ethics of Care and Global Care Workers: Citizenship and Responsibility. In *Feminist ethics and Social Policy: Towards a New Global Political Economy of care,* eds. Rianne Mahon and Fiona Robinson. UBC Press.

Tronto, Joan. 2013. *Caring Democracy: Markets, Equality, and Justice*. NYU Press.

Twigg, Julia et al. 2011. Conceptualising Body Work in Health and Social Care. *Sociology of Health and Illness*, 33 (2): 171-188.

Twigg, Julia. 2000. Care work as a Form of Bodywork. Ageing and Society 20 (4): 389-411.

Tyler, T. R. 1990. *Why People Obey the Law.* Yale University Press.

United Nations News Report. 2018. Dangers of Poor-Quality Health Care Revealed In All Countries. Available at https://news.un.org/en/story/2018/07/1013942. Last accessed 16th September 2023.

Valentini, Laura. 2018. The Content-Independence of Political Obligation: What It Is and How to Test It. *Legal Theory* 24 (2): 135–157.

Varden, Helga. 2011. Duties, Positive and Negative. In *Encyclopaedia of Global Justice*. Springer 281-284.

Väyrynen, Pekka. 2011. Thick Concepts and Variability. *Philosophers' Imprint* 11 (1): 1–17.

Waldron, Jeremy. 1993. Special Ties and Natural Duties. *Philosophy and Public Affairs*, 22 (1): 3–30.

Waldron, Jeremy. 1999. *Law and Disagreement*. Oxford University Press.

Wallbank, Julie, and Herring, Jonathan eds. 2013. *Vulnerabilities, Care and Family Law*. Routledge.

Walton, Kevin. 2013. The Particularities of Legitimacy: John Simmons on Political Obligation. *Ratio Juris* 26 (1): 1–15.

Wellman, Christopher. 2005. Samaritanism and the Duty to Obey the Law. In *Is There a Duty to Obey the Law?* eds. C. H. Wellman and A. J. Simmons. Cambridge University Press.

West, Robin. 1997. *Caring for Justice*. New York University Press.

White, Alan. 1975. *Modal Thinking*. Blackwell.

Wiggins, David. 1987. *Needs, Values, Truth*: *Essays in the Philosophy of Value*. Blackwell.

Williams, Bernard. 1965. Symposium: Ethical Consistency. *Aristotelian Society Supplementary Volume* 39: 103–138.

Williams, Bernard. 1981. *Moral Luck.* Cambridge University Press.

Williams, Bernard. 1985. *Ethics and the Limits of Philosophy*. Harvard University Press.

Wolff, Robert Paul. 1970. *In Defense of Anarchism*, 3rd ed (1990). University of California Press.

World Health Organization. 2004. Substance Abuse Department. *Global Status Report.* Available at https://www.who.int/publications/i/item/global-status-report-on-alcohol-2004. Last accessed 16th September 2023.

Zangwill, Nick. 1995. The Beautiful, the Dainty and the Dumpy. *British Journal of Aesthetics* 35 (4): 317–329.