# Why Do We Owe Duties to Care?

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**Abstract**

We are often responsible for the care of others – we find ourselves accepting these responsibilities, and in turn, holding others accountable for fulfilling theirs. Yet while it is clear that we sometimes owe such duties, it is less clear why we owe them. What explains our duties to care? It is this question that I take up. This is a question about normative grounding: it asks why, or in virtue of what, these duties exist. Though not expressly framed in terms of grounding, care ethicists have paid considerable attention to this question – offering either voluntarist or non-voluntarist accounts of grounds. I argue that voluntarist accounts are misguided and turn to non-voluntarist alternatives, which are, in turn, divided between views that trace grounds to (a) certain relational facts or (b) a natural duty. Arguing that neither (a) nor (b) is individually correct, this paper offers a new account: 'hybrid non-voluntarism'. On this view, our duties to care are grounded in a relational moral principle: they exist in virtue of natural duties but are 'triggered' only by specific relational ties. Through this account, I aim to resolve existing tensions within care ethics and elucidate the grounds of our duties to care.

## 1. Introduction

We are often responsible for the care of others – a child, parent, spouse, friend, a patient or client, or even, at times, a stranger. We accept these responsibilities, and when we fail to provide adequate care for those under our charge, we recognise that it is reasonable for others to criticise or blame us. But while it is evident that we do sometimes owe these duties, it is less clear *why* we owe them. What explains our moral responsibilities to care for others? Why, or in virtue of what, do we owe them? These are the questions this paper seeks to address.

This question of *why* we owe certain duties, obligations, or responsibilities to care for other people has been a point of considerable discussion within the 'ethics of care'.[1] The ethics of care – an

[1] Care ethicists sometimes distinguish between the terms 'responsibility', 'duty' and 'obligation' and prefer the first of these terms. I will use

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approach in moral philosophy with feminist roots – sees care not just as an important matter of social fact (in terms of caring actions, relationships, work, or practices), but also as a crucial moral value (Held, 2006). Care ethicists have examined several questions related to the normative and moral aspects of caring, one of them being about why we owe duties to care. But despite progress on this issue, conflicting accounts persist, and these accounts have rarely been brought into conversation with each other. As a result, it is still largely unclear why we owe these duties (Miller, 2012, p. 52). This lack of clarity is surprising, especially considering that the foundational text of care ethics – Carol Gilligan's '*In a Different Voice*' – positions our responsibilities to care as a central theme of the approach (Gilligan, 1982). In fact, in the distinct moral language that Gilligan identifies through the narrations of the participants in her psychological study, the main moral problem is defined as one of the 'obligation to exercise care and avoid hurt' (Gilligan, 1982, p. 73). The notion that caring is sometimes morally obligatory is thus at the very heart of the care ethical approach. Considering its centrality to care ethics, an account of why we owe these duties is important not just for its own sake; but also, to advance the goals of care ethics as a moral theory.

This paper offers an account of why we owe these duties, by framing literature in care ethics within the broader discourse on 'normative grounding'. Grounding is a central theme within analytic philosophy, with roots in metaphysics. Though the meaning of grounding is itself a matter of significant contention, it generally refers to a relationship of 'metaphysical dependence' (Morton, 2019, p. 411; see Fine, 2012, pp. 37–80) – such that a given fact is explained or true in virtue of another fact. For instance, that there are at least two people in the room is explained by the fact that Derek and Martha are in the room. This refers not to a relationship of causation, but to a *constitutive* relation – such that the latter fact *explains why* the former is true (Chang, 2013, pp. 164–165).

When this notion is brought into the domain of ethics (see Morton, 2020; Vayrynen, 2013) to examine the grounds of a given moral reason for action or a principle, we deal with what moral philosophers call 'normative grounding'. Normative grounding works similarly to metaphysical grounding in that we are interested in *why* or in virtue of what a given normative proposition holds true

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these terms interchangeably to refer to actions that are morally *required* such that a failure to perform these actions is morally blameworthy.



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(Sangiovanni, 2016). For instance, to examine the grounds of the moral duty to keep our promises, we will have to ask in virtue of what this duty exists. We may then hold that the moral bindingness of promises is true in virtue of the fact that promises are voluntarily undertaken. On this view, it is voluntariness that provides the normative grounding for moral duties to abide by promissory undertakings.

In a similar vein, this paper explores the normative grounds of our duties to care. I will frame the literature in care ethics within the broader discourse on normative grounding in moral philosophy. Under this framing, if we are to examine the grounds of our duties to care, we would have to determine the grounds of the analogous moral principle: 'one should care' (under specific conditions).[2] Let's call this proposition – 'one should care' – '*P*', and let's denote the entity that grounds proposition *P* as '*Q*'. The relationship between *P* and *Q* is such that *Q* provides the normative foundation for *P*. The task of this paper is thus to delineate the content of *Q* – which will, in turn, explain why *P* holds true.

The paper begins with preliminary clarifications about scope, methodology, and core terms and concepts (§2). I then provide a survey of two leading answers to the question of grounds within care ethics that I call voluntarism and non-voluntarism (§3). I argue that views of the former type are misguided, and therefore, turn to the latter. Within non-voluntarism, I point to a further tension between accounts that see *Q* as referring solely to certain facts, and those that trace *Q* purely to claims of natural duty, and suggest that neither approach is individually correct. With the aim of reconciling the tension between both approaches, I offer a new hybrid account (§4) wherein *P* is grounded in *Q**: a relational moral principle. Under *Q**, the mandate that we ought to care is true in virtue of a natural duty to care when we can do so, but this imperative is 'triggered' only in presence of specific relational ties.

My primary aim is to clarify the grounds of our duties to care and to resolve prevalent tensions within care ethical discourse. Additionally, I have a programmatic goal: I aim to contribute to the valuable ongoing efforts to establish care ethics as a moral theory in its own right (see Steyl, 2020; Engster & Steyl, forthcoming) and to foster further dialogue between care ethics and other approaches within analytic moral, political, and legal philosophy.

[2] Tronto relies on a principle of this sort: 'one should care for those around one or in one's society' (1993, p. 178).



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## 2. Preliminary Clarifications

Before venturing into this question of grounds, certain clarifications should be issued regarding the scope of the paper, its methodology, and the usage of certain terminology. *First,* note that there are (at least) three aspects of these duties that have attracted care ethical attention: (i) the **scope** of the duty: when do we owe duties to care for others?; (ii) the **content**: what is the agent required to do?; (iii) and the **grounds** of this duty: what grounds or explains why we owe these duties? While the present paper is focussed on the final of these inquiries, a preliminary discussion on allied issues of scope and content is necessary.

For the purpose of this paper, the content of the duty can be specified as follows: 'a duty to care is a duty to perform a caring action or a set of caring actions'. And in turn, a caring action is an action performed by an agent with the intent of meeting some of the recipients' needs (for defences of this view, see Chadha-Sridhar, 2023, Steyl, 2020). To whom does this kind of duty then extend? I will argue that the scope of this duty is such that it extends towards several persons that are dependent upon us to meet their needs, either by virtue of what I will call an 'incidental' dependency relationship or a 'socially codified' one. This discussion on the scope is closely related to the discussion around grounds. After all, in order to explain *why* the performance of caring actions is sometimes morally obligatory, we must deal with *when* it is in fact obligatory. Thus, while the primary objective of this paper is to address the question of grounds, allied issues of scope will also be partially addressed.

*Second,* on methodology, care ethicists have sometimes been sceptical of the usage of moral principles in their theorising (Collins, 2015, Ch. 1). The present paper is quite clearly positioned to find the contents of $Q$ (potentially a moral principle) which backs up $P$ (another moral principle), that together ground our duties to care. Is such a project compatible with the goals of care ethical scholarship? While a complete undertaking of how care ethicists should approach moral principles would take us too far astray, I want to point out that since Gilligan, several care ethicists have used moral principles (especially of the *prima facie* or contributory kind) in their writings to justify the claim that 'one should care'. Eva Kittay relies on a standard of this sort in her work on a principle of care (Kittay, 1999, p. 117). Joan Tronto offers what she calls a 'universalist moral principle: one should care for those around one or in



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one's society' (Tronto, 1993, p. 178). Daniel Engster also relies heavily on moral principles in his writings and justifies the existence of duties to care by using a range of principles (Engster, 2005). Tove Pettersen further emphasises the importance of principles as standards and advances an 'expanded principle of not hurting' as the basis of care ethics (Pettersen, 2008). Stephanie Collins establishes the importance of employing justificatory principles and advances the dependency principle as the heart of care ethics (Collins, 2015, pp. 97–114). Further, Steven Steyl argues against the standard 'anti-abstractivist' formulations of care ethics (Steyl, 2020, p. 503) and demonstrates the importance of a full-fledged normative theory of right action based in care ethics.

Given that a range of contemporary care ethical writings frequently appeal to moral principles, it is important to reconsider the initial antipathy towards them. Cynthia Stark's underrated and valuable work on this issue provides a framework for such a reconsideration. Stark suggests that the care ethical opposition to moral principles should target their use as guides for moral reasoning rather than as standards for determining rightness (Stark, 2010). Moral principles can either be used to guide our deliberations about ethical issues in decision-making (guides) or to determine the rightness or wrongness of a given action at a justificatory level (standards). This paper, focused on identifying the grounds of moral duties, concerns itself with the latter use of moral principles. Thus, moral principles will be employed, examined, and their content critically analysed throughout this paper.

*Third,* a terminological and conceptual clarification about the nature of moral duties should be issued. Note that what is being discussed here is a *moral duty* to perform caring actions. While moral duties are indeed moral reasons for action, not all moral reasons for action constitute moral duties (see Darwall, 2017; Darwall, 2006; Kramer, 1999). This distinction between obligatory and non-obligatory moral reasons is missed in even some of the more nuanced care ethical literature. For instance, 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, p. 97). I do not think that this view is incorrect. Rather, it is incomplete. I might have good moral reasons to endanger my life to save a friend in an emergency. But doing so is not *morally required* as the cost (risking my life) is too high. It would not be justified to *blame* me for failing to perform this supererogatory deed (though praise may be warranted). This shows us that moral duties are not merely weighty or conclusive



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moral reasons (Kramer, 1999). But instead, they are moral reasons with a distinct character: they provide an agent with moral reasons to perform an action the non-performance of which would be *blameworthy*. Thus, when I refer to duties to care, I am not referring to merely weighty moral reasons to care, but rather to cases wherein the non-performance of caring actions would be (at least *prima facie*) morally blameworthy.

## 3. Two Views About Grounds

Why do we owe duties to care? Care ethicists have largely adopted two strategies to respond to this question: 'voluntarism' (§3.1), and 'non-voluntarism' (§3.2).

### *3.1 Voluntarism*

If you are what I call a 'voluntarist' about the grounds of our duties to care, you would argue that *P* ('one should care') is true in virtue of *Q*, wherein *Q* refers to some past actions that were *voluntarily undertaken* by a given agent. Note that views I characterise as voluntarist do not state that all our duties to care are voluntarily accepted (through promissory undertakings etc), but rather, that the performance of some voluntary actions in the past has now committed us to owing duties to care to others. For example, a voluntarist may argue that we owe duties to care for others because we have relied on the care of others in our times of need. Our reliance on others for the provision of care, it would be argued on such a view, is *voluntary* – thereby, imposing a corresponding duty to care for others when we are called to do so. On this kind of view, then, *P* is true in virtue of *Q*, and *Q* has some clearly voluntaristic features.

A species of this view has been advanced by Engster who grounds duties to care in what he calls the 'principle of consistent dependency' (Engster, 2005; Engster, 2007). 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 by others to perform them (Engster, 2007, pp. 63–64). Note that Engster had first proposed an argument from consistency based on dependence, but then modified this argument around vulnerability (Engster, 2019, p. 111).



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The criticisms that will be provided here do not apply against Engster's invocation of either the notions of dependency or vulnerability, but rather, the claim about consistency itself. 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. 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 illogical or incoherent.[3] The argument about coherence or consistency thus fails, unless backed by another moral principle – such as a moral claim about fairness.

Now, let us recast Engster's argument in terms of a principle of fairness, which I think makes the argument more plausible. The principle of fairness – as it is invoked generally in moral and political philosophy – states that all persons are duty-bound to contribute their fair share to the maintenance of any cooperative scheme or enterprise, considering said scheme or enterprise benefits them and they draw *voluntarily* from said scheme (for an overview of the general fairness-based argument and its criticisms, see Klosko, 1987; Simmons, 1979). If we recast Engster's insights in terms of the principle of fairness, we might say it is only *fair* that if someone asserts a right to be cared for when in need, that they should help others to meet their needs in times of similar urgency. A similar fairness-based account has been suggested by Annette Baier. For Baier, caring can be understood as a cooperative social scheme or enterprise. We all depend on the care of others and thereby rely on this scheme, for our vital goals such as our survival and well-being (Baier, 1997). And we do so *voluntarily*: we deserve benefits from this scheme, knowingly and willingly. Considering this, we have a moral duty, based in the principle of fairness, to care for others when we are called on to do so by this collective scheme. Were we to fail to do so, blame would

[3] Engster's view might be more precisely labelled as a form of 'coherentism' yet it still falls under the broader category of voluntarism. This is because, for the argument from consistency to hold, it must appeal to fairness, which requires that care-based benefits are voluntarily accepted.



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be warranted. She writes, 'free riding on the generative scheme' of caring is 'at best churlish, at worst manifestly unjust' since caring forms the background of society and is central to the quality of all of our lives' (Baier, 1997, p. 30).

Now, Baier's view and the proposed recasting for Engster's view, both advance a fairness-based formulation of *Q*, roughly like: 'we rely on the benefits provided by the cooperative scheme of caring, and so, we should do our fair share to contribute to the scheme when required'. Note that these arguments are sometimes characterised to focus on our disposition to rely on care: 'we are *disposed* to rely on the care of others or cannot help claim care from others, and so, we should do our fair share to contribute to the scheme of caring'. But why is this the case? If we cannot turn to consistency, for arguments of this sort to successfully establish a moral duty to care, it is a prerequisite that these benefits are *voluntarily* accepted, as without voluntary acceptance, there is no *real consent* to the benefits that can morally bind agents – and arguments from fairness will be unsuccessful. Is *Q*, framed in terms of a principle of fairness, a successful explanation for *P*?

The argument from fairness is unsuccessful for three reasons. *First,* while fairness-based arguments must establish voluntariness to succeed, in many cases, *we do not voluntarily rely* on the benefits offered by the cooperative system of care. It is conceivable that a certain person may have only relied on the care of others when they were a child, and not consciously, or when they were sedentary in old-age. In fact, some people who need care the most – for instance, patients lacking mental capacity – cannot be said to voluntarily have accepted any benefits from this collective pool of care.

*Second,* even if someone has in fact voluntarily relied on the care of others, they may still hold that they have no duty to give anything back. In complex socio-political systems, in which care work is often paid for either privately or by the state, someone may also conceivably say: 'My caregiver was paid for, and thereby I fulfilled my duty to care – I don't have any further duty to care for others'. Further, at times, there may be no adequate collective pool of care to draw from, and a person may say: 'There was no care when I needed it, why should I give back?' These kinds of objections may seem selfish, but the point is that they are valid.

*Third,* such fairness-based accounts lead to the distorted conclusion that a person's degree of reliance on the care of others should determine how much care they, in turn, owe. Very often, people are in control of which needs become occurrent, as well as when, how, and why. That power can be exercised to shrink the set of 'care



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claims' that others can validly make upon them. For instance, if an able-bodied, healthy person has rarely relied on medical care, except as a child, fairness-based arguments might suggest that they have a lesser moral duty to care for others compared to those who have depended more heavily on collective support. But these views are clearly misguided. An able-bodied person has an equally strong, if not stronger, moral duty to care for others, and their lack of care would justifiably invite blame and reproach.

Note that we do not need to entirely rule out that voluntary acts can sometimes play a role in the genesis of our duties to care. I may promise to care for someone where I do not already have a duty to do so, and that promise (a voluntary undertaking) may impose a duty to care on me. However, the relevant point for our discussion here is that voluntarism does not provide an exhaustive explanation of the entire class of cases wherein these duties exist and cannot be generalized to the extent required to ground the duty *at large* without resulting in the aforementioned distorted conclusions. Therefore, arguments from voluntarism fail, and neither the principle of consistency that Engster invokes, nor the fairness-based reformulation of Engster's view, nor Baer's view is ultimately successful. We should, thus, turn to non-voluntarism.

### *3.2 Non-Voluntarism*

If you are what I call a 'non-voluntarist' about grounds, then you would argue that *P* ('one should care') is true in virtue of *Q*, wherein *Q* cannot necessarily be traced back to any voluntary actions undertaken by agents.[4] While united in their rejection of voluntarism, non-voluntarists are divided about the content of *Q*, offering either 'relational accounts' wherein *Q* refers to some social facts about relational ties (§3.2.1), or 'natural duty accounts' where *Q* refers purely to a claim about natural duty (§3.2.2).

### *3.3 Relational Accounts*

A discussion of relational accounts should first be traced back to the early work of Robert E. Goodin. Though Goodin is not a care

[4] While non-voluntarists would concede that duties to care sometimes arise due to voluntary undertakings, they would hold that voluntariness cannot explain the grounds of these duties at the level of generality required.



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ethicist himself, Goodin's work has been relied on by several care theorists when discussing grounds. Goodin was interested in the kinds of duties that we owe to our friends, partners, children, parents or families. These duties were categorised, at the time that Goodin was writing, as types of 'special duties'. And special duties were, in turn, contrasted with 'general duties', based on the premise that special duties (primarily modelled around contractual promises) were voluntarily undertaken and owed to specific others, whereas general duties were not undertaken voluntarily, and were owed to the world at large (Goodin, 1985b, pp. 776–77). Goodin argued that the duties we owe to friends and family members, though special, are not in fact self-assumed duties. Rather, he writes, that '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.' (1985b, p. 778).

For Goodin, these duties towards intimate others – and following from this, our general moral duties as well – are fundamentally vulnerability-responsive. We owe these duties *because* of the fact that people are vulnerable to us: which, in itself, gives rise to a moral duty. Central to this account is the notion of '*relationships* of vulnerability'. In fact, Kittay observes the relational nature of Goodin's account, noting that Goodin's model can be described in 'strikingly relational terms' (1999, p. 62). Since Goodin, some care ethicists, including Kittay herself, have argued that *dependency relationships* – as opposed to ties of vulnerability in fact generate these moral duties, and there has been some back and forth about which *kind* of relationship best explains duties to care (Engster, 2019; Fineman, 2008). While a relationship of dependence occurs in a narrower set of circumstances than relationships of vulnerability, both point to similar kinds of relational ties: where the recipient either has some needs that (only) the agent can meet: a relationship of dependence, or when the recipient can be harmed by the agent's actions: a relationship of vulnerability (Dodds, 2014). These relational ties of vulnerability or of dependence, it is argued, *generate* moral duties.

The first thing to say about these views is that they are clearly non-voluntaristic. The fact that certain people are vulnerable to our actions, or dependent on us, is not necessarily the result of any voluntary action on our part. If I buy a particular product from a supermarket, a farmer in another country might be harmed by my food choices, thereby becoming vulnerable to my actions. Similarly, my parents may depend on me for care, even though I did not voluntarily choose this responsibility *per se*. Considering that these relational ties are not always, or even often, voluntarily assumed, we



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need a particularly compelling moral argument to establish *why* (and when) we are duty-bound to care for others.

It is in this very aspect that arguments of this sort are lacking. Arguments of this type hold that *P* is true *when* and *in virtue of* fact *Q*, wherein *Q* is roughly: 'an agent and recipient share a relationship such that the recipient is either dependent on/vulnerable to the actions of the agents'. These accounts *ground* our duties in certain social (*i.e.*, non-moral) facts, and the claim is that these factual ties *generate* or *give rise* to moral duties.

But can *Q*, understood here as purely a matter of fact, successfully ground moral duties? While relational ties of dependence and vulnerability are important features for any account on grounds, neither dependence nor vulnerability can *independently* ground our moral duties to care without attracting valid objections from the is-ought fallacy traced back to Hume (2007). As arguments from the is-ought fallacy would go, how can these relationships – which are clearly matters of *social fact* – mysteriously give rise to moral duties?

Engster observes this important issue, noting:

> 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, … Goodin does not actually provide an account of *why* we should care about the interests or vulnerability of others, but merely assumes this point. (2005, p. 58)

Engster argues that the 'why' missing in Goodin's account can be addressed by the principle of consistency. I agree with Engster's critique of relational non-voluntaristic views – establishing a robust theory of the grounds of duties to care indeed requires supplementing a relational account with some moral principle or set of principles, as Engster suggests. But Engster errs, I think, precisely in this choice of moral principles. We need a moral principle not from voluntarism, but of the non-voluntaristic kind, for a successful explanation of grounds.

### *3.4 Natural Duty Accounts*

In contrast to 'special duties' (those that we owe only to our intimate others, or by virtue of some social role), natural duties are owed simply in virtue of our status as moral agents: we 'need to do nothing to acquire them, nor does their bearing such duties depend on



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our occupying some role in a socially salient relationship' (Dagger & Lefkowitz, 2021). These duties thus obtain merely because of our status as participants in a shared moral practice, and our capacity to respond in a morally appropriate or sensitive way to certain situations. As they exist by virtue of our sheer status as human beings, natural duties are universal in their scope: that is, they are owed to all potential recipients, provided that they are in possession of some basic feature that makes them a proper focus of moral concern.

A version of this view has been suggested by Sarah Clark Miller, who argues that we *should* care for others because to do so is an extension of the Kantian moral principle of beneficence (Miller, 2012). For Miller, the *grounds* for our duties to care can be traced back to this Kantian principle of beneficence, and this duty is owed because of a moral obligation to act in a beneficent way and manner towards the needs and interests of all other persons. As the Kantian principle is a universal one, owed merely because of our status as moral persons, Miller's view can be preliminarily classified as what I call natural duty non-voluntarism.

We also see a version of this view in Collins's work, who traces the grounds of our caring responsibilities to the following principle:

> If you are sufficiently capable of helping someone with some important interest, at not too high a cost, then you have a strong moral duty to do so. (Collins, 2015, p. 97)

On the type of non-voluntarist views advanced by both Collins and Miller, $P$ is true primarily in virtue of $Q$, wherein $Q$ refers to a moral principle such as: 'we should care for others, when we can do so, because it is our natural duty to do so'.[5] While I think these views are partially correct, they are incomplete. If $Q$ refers solely to a moral principle of natural duty to care for all potential recipients when they need it, what explains the fact that we owe these duties to some specific people over others? This formulation of $Q$ does not explain the fact that we owe duties to care to *particular* others – often those we share specific relationships with.

Collins addresses this cursorily by contending that certain dependency relationships *generate* our responsibilities (Collins 2015, p. 2).

[5] Views of this sort can also be thought of as only specifying the grounds for an imperfect duty to care rather than a perfect duty – a distinction that Miller points to in her writings (Miller, 2012, p. 65). The account offered in this paper aims to show that the relational condition actualises our duties to care, and these are thereby perfect moral duties to act towards meeting the needs of certain others when we can reasonably do so.



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But what does this entail? If our duties are grounded in these relationships, how do relational ties 'generate' moral duties? And how do these relationships connect with the main claim about natural duty? The account I offer aims to address these challenges.

## 4. Why We Owe Duties to Care

In what follows, I provide a new non-voluntarist account that I call 'hybrid non-voluntarism', that seeks to reconcile tensions between prevalent non-voluntarist views.[6] I argue that our *prima facie* duties to care exist in virtue of principle $Q$, wherein $Q$ states a claim of natural duty (§4.1). But I draw from work on triggering reason-giving to show that this principle of natural duty is *triggered* only in the presence of specific relational ties (§4.2). These relational ties can become a part of principle $Q^*$, and we thereby arrive at $Q^*$ – a relational moral principle – which, I suggest, provides a successful explanation of the grounds of $P$ (§4.3).

### *§4.1 A Natural Duty to Meet Needs*

There are several formulations of natural duty in contemporary moral and political philosophy (Collins, 2015, pp. 98–100) Perhaps one of the most famous formulations is the 'rule of rescue', that is often defended by relying on the '*drowning child hypothetical*': a central case for moral and political theorists. 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, your action would clearly warrant some blame. This type of case shows that there is a moral duty to rescue those in grave danger, if one can do so at a reasonable cost.

Natural duties are usually characterised as duties to try to *rescue* people from grave danger, states of peril, or harm. While the

[6] This account might also accurately be referred to as the 'triggered natural duty' or 'relational natural duty' account which perhaps better captures its substantive claims. However, I have retained the term 'hybrid non-voluntarism' with the aim of locating the account within the broader framework of contemporary care ethics.



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duty to care exists because of similar moral intuitions, it is a duty to act towards *meeting the needs* of others, rather than merely rescuing them from perilous or dangerous circumstances. But even when the moral imperative involves the mandate to meet needs (rather than to rescue from grave danger or harm), the argument from natural duty should still hold. Suppose we modify the traditional 'drowning child' hypothetical scenario as follows. A passer-by encounters a clearly famished child who asks for food. The passer-by is holding a loaf of bread. Instead of giving the child the bread, the passer-by throws it into a nearby bin. In this scenario, the passer-by's actions also warrant blame. Even though the child is not in immediate danger of drowning as in the previous illustration, the child's need is compelling, and the passer-by has the means to fulfil that need.

It is these kinds of duties that have been highlighted particularly by care ethicists (Kittay, 1999; Engster, 2019; Collins, 2015). The imperative to meet needs is a core moral concern for human beings and to have a need connotes a fundamental state of lack: one that imposes a requirement upon persons with moral faculties to assist or help persons in need. The relationship between the normative force of certain needs and the cost of meeting them for an agent is crucial: in that it determines whether or not a moral duty to care indeed exists in a given context. Therefore, we can preliminarily agree that *P* ('one should care') is true in virtue of *Q*, that states a principle of natural duty:

> ***Q*:** When we witness someone in a state of compelling need,[7] we ought to help them meet this compelling need by the performance of some caring action or set of actions,[8] provided that we can do so at a reasonable cost to ourselves.

In order to defend the elements of *Q* encapsulated here, a brief discussion of needs and cost is warranted.

*First,* not all claims of need create a moral duty to address them. For instance, if someone claims to need a luxury handbag, it does not obligate others to fulfil that need. Only certain types of need-claims generate corresponding moral duties. Therefore, we need a framework for determining when needs carry normative weight and

[7] To witness a need is (very roughly) to become aware of it.

[8] This includes omissions, where omissions are performed with the intent of meeting needs.



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when they do not.[9] Given the scope of this paper, a comprehensive analysis of this sort is not feasible. However, I propose that we consider certain needs – which I have termed here as 'compelling needs' – as possessing normative force, such that failure to meet them would result in significant harm to the recipient. This involves both the urgency of the need (with immediate needs being more pressing than dispositional ones) and the objective importance of the need.

*Second*, 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? 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.[10]

I am referring here to an objective standard of reasonableness and not an agent-relative one (as costs are variably bearable for agents). Within this objective standard, I do not think we need to arrive at a precise boundary line that demarcates acceptable cost from unacceptable cost; but what I want to preliminarily emphasise is that duties to care should not be borne to the extent where the agent is left *significantly* worse off. 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 the 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,

[9] Miller (2012) has extensively explored the normative significance of needs.

[10] Note that other than the severity of the need in question, the level of acceptable cost can vary based on the type of relationship that the agent and recipient share. In some circumstances, people who have a very close relationship to one another may have to bear very high costs associated with care.



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the agent must be made *significantly* worse off for the cost condition to kick in.

If both the needs and costs conditions are satisfied, then $A$ has a duty to care for $B$. However, if the duty to care is grounded *just* in the principle $Q$ as encapsulated above, we again encounter the same problems faced by natural duty accounts. What explains accounts for a parent's duties to care specifically for their own children? Or a friend's responsibility to care for their friend, or a spouse towards their spouse?

### *4.2 Relational Ties as Triggers*

I will now show that 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. Certain relational ties of dependence in fact act as factual triggers for our natural moral duties to care when we can.

In a series of papers on the subject, David Enoch has put forward what is often regarded in moral philosophy as one of the most sophisticated versions of the triggering-account. In discussing practical reasons, Enoch introduces what he calls 'triggering reason-giving,' a unique feature of moral reasoning wherein certain changes to factual or non-normative circumstances manipulate normative circumstances such that a latent reason becomes active (Enoch, 2011, pp. 3–5). To explain what triggering reason-giving is, Enoch contrasts it with 'robust reason-giving' (2011, pp. 3–5). Robust reason-giving is evident in the making of requests. For example, when $A$ requests $B$ to read her paper, $A$ creates a *new reason* for $B$ to do something that $B$ did not otherwise have a reason to do. This kind of robust reason-giving is characterized by the creation of a new reason – one that did not exist before the reason-giver performed a specific act, such as making a request.

In contrast, merely triggering reason-giving occurs when a new reason is not created, but rather the non-normative circumstances are altered in a way that triggers a pre-existing duty. Suppose a grocer in your neighbourhood raised the price of milk. You now have a reason to reduce your milk consumption. By raising the price of milk, it may seem in ordinary terms that the grocer has created a new reason for you to not buy milk. However, this is a mischaracterisation. Enoch argues that the grocer's action in the case above merely



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triggers a pre-existing reason that you have to 'buy less milk if the price goes up'. This reason existed all along, and the grocer's act of increasing the price of milk merely triggers this dormant reason that you possessed all along (2011, p. 4).

Similarly, by placing his foot on the road, a pedestrian gives a driver a reason to stop. This happens because the driver already has the conditional reason to stop if a pedestrian starts crossing. The pedestrian's action of stepping onto the road activates this pre-existing reason, thereby giving the driver a reason to stop (2011, p. 4). As Fabienne Peter explains: 'the reason is there all along; it is not created by the interaction' (Peter, 2014, p. 24). In such cases, non-normative circumstances are manipulated in a manner that activates a latent pre-existing duty.

This differs from cases of robust reason-giving, such as requests, where a *new reason is created*. In the case of triggering reason-giving, certain factual circumstances merely *trigger* our pre-existing moral reasons to act: something that alterations in non-normative circumstances routinely do. Enoch thereby aims to avoid charges from the is-ought fallacy, and contends that triggering is a routine part of our moral practice. Our moral practices are, after all, located within social context. A range of social, factual or non-normative circumstances can – and do – influence whether or not a given reason or principle is activated in a particular case.

The triggering account, as developed by Enoch, helps with the inquiry about the grounds of our caring responsibilities. I will demonstrate that when certain relational ties come into being, either incidentally or systematically (and further, if systematically, whether voluntarily or involuntarily) these ties trigger our pre-existing moral duties to perform caring actions when we can do so. As is the case in Enoch's illustrations, these relational ties do not themselves create new (moral) reasons to perform caring actions. Rather, these relational ties are merely matters of fact that serve to trigger a pre-existing moral imperative that we have to care for those in need when we can do so at a reasonable cost.

I should say more about what types of relational ties trigger our moral duties, and why and when this happens. Think first of the incidental ties of dependency that are created between perfect strangers. Kittay has an example:

> If I encounter a bleeding stranger, and there is no one else around, then the fact of my being there creates a unique relation that calls forth an obligation on my part to do something to help the stranger. (1999, p. 63)



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Crucial for our purposes is Kittay's notion of 'calling forth' a moral duty. What does such a 'calling forth' entail? I contend that my mere presence, the unique relationship established between me and a bleeding stranger, or the stranger's dependence on me, do not *generate* any moral duties in a robust sense. These are merely factual triggers for pre-existing moral reasons. This becomes clear if we contrast such cases with paradigmatic instances of robust reason-giving, such as requests. If I request that you eat oranges every Friday, my act of requesting provides you with a new reason to do so, a reason you did not previously have. In contrast, encountering a bleeding stranger does not create a *new* reason to help them by acting to meet their needs. We already possess moral reasons to care (in a way that we don't possess moral reasons to eat oranges every Friday). The factual states therefore merely activate a pre-existing reason we already possess – as a matter of natural duty – to help those in states of urgent need, and this is the limited role they play in an account of grounding.

Now, the factual scenario in Kittay's 'Bleeding Stranger' case, refers to a relational tie that is purely a matter of incidental facts: I happen to stumble upon the stranger in a case of need. But not all ties of dependence are created in this manner. In fact, a single-agent, single-relationship case of the kind in 'Bleeding Stranger' is rare. In most real-world scenarios, duties to care are carried out within complex social and political structures, including families, communities, and states where there are often *multiple agents* capable of addressing a given individual's need.

When multiple agents are involved, how should we determine *who* is responsible for the meeting of a given need? This is particularly crucial considering problems of coordination and the allocation of responsibility. 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* with 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'.

This is a problem of social coordination that I will call the *allocation problem*. The allocation problem is created in scenarios wherein several agents are well-placed to meet the recipient's needs. In such



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cases, it becomes unclear which agent out of a set of multiple agents has the responsibility to meet a recipient's needs. Therefore, while all agents here possess a general (or dormant/latent) duty to provide 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. We thus require a way out of this problem, at a larger social and political scale.

One option is to argue that, socially speaking, the agent best able or best placed to provide care for a given recipient should be responsible for that care. If we modify 'Bleeding Stranger' such that two people stumble upon a bleeding stranger, and one of them is a doctor. It is clear here that the stronger moral obligation to help the stranger should lie with the doctor, all other things being equal.[11] However, while this approach works when the parties involved are strangers meeting for the first time in this hypothetical case, it presents obvious problems when considering the allocation of caring responsibilities among people with intimate relationships, within social groups, or within a larger community or state. The wealthiest person in my country may have the best means to meet some of my child's needs. But even if they are arguably better equipped to meet those needs, it is not their responsibility or their right to do so; it is mine. What explains this phenomenon?

This brings us to our second type of dependency relationship. Other than incidental ties of the sort we have discussed that make strangers dependent upon each other in some cases, we often have certain 'socially codified dependency relationships': wherein the agent and recipient share a relational tie that is sanctioned by a set of social and/or legal norms.

To see how these relational ties trigger duties to care, think of the following case. *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, (why they have a latent duty to meet *O*'s needs when they can) 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

[11] This is assuming that the measure is equally costly for both.



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food or healthcare – members of the community will be justified in holding *N* accountable. This shows that the newly acquired relationship between *N* and *O* has acted as a *factual trigger* for *N*'s dormant duty to care for *O*. *N* already had a latent duty (to-meet-compelling-needs-when-they-can), but this is now activated on the basis of a relational tie (that is here, voluntary acquired).

Now, *N* owes this duty because social and legal norms are *required* to allocate caring responsibilities.[12] In order to resolve the allocation problem discussed earlier, large societies must develop certain social practices to regulate the allocation of caring responsibilities, thereby generating, and sustaining certain dependency relationships. The practices, in turn, issue certain norms – and thereby codify *who* is responsible for the care of *whom*.

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 (For a general discussion on how the law structures relationships, see Herring, 2019; Herring, 2014; Herring, 2013). In the case of other 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 to take care of each other particularly in reciprocal living arrangements may act as a factor in conferring responsibility. It is through these practices of social codification that our dependence on one another gets allocated within large multi-agent, multi-recipient systems.

More can be said about how the mechanism of codification works and why it becomes necessary. What I have aimed to show here is that our relational ties – whether incidental or socially codified through larger practices – in fact, trigger pre-existing moral responsibilities to care. But these ties do not *create* new moral reasons as

[12] It follows that if these norms are not unjust, they do impose genuine moral requirements on *N*.



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the making of a request, for instance, does. Instead, they are factual states that act to trigger an already existing imperative that we all owe, as participants of a shared moral practice, to care when we can reasonably do so.

### *4.3 Grounding*

Now what does all this tell us about the grounding of our earlier proposition *P*? If we adhere to the view that *P* is grounded solely in *Q*, as natural duty non-voluntarists do, we would need to assert that *P* is grounded exclusively in a principle of natural duty, with relational ties having no role in the grounding of these duties *per se*. This strikes me as implausible as the fact that these duties are triggered by relational ties seems to be *part* of the explanation of why they exist. However, against the relational non-voluntarists, I do not think these relational ties in themselves *generate or create moral duties*. Instead, these ties affect the factual circumstances of a situation in such a way that pre-existing moral imperatives – such as the duty to care when possible – is triggered. How, then, do we resolve the problem of grounding?

The literature on grounding can help us with an answer. Sometimes moral reasons or duties are triggered in the presence of a social relation, such that the relationships also become a *part* of the principle that grounds the duty. In his paper, *How Practices Matter,* Andrea Sangiovanni provides an account of how social practices can sometimes influence the grounds of a given reason or principle. A reason/ principle of morality might bind people '*when* and *because* these persons are joint participants in a social practice' (Sangiovanni, 2016, pp. 4–5). Furthermore, one way in which social practices ground principles of political morality is by *triggering* these principles. Sometimes moral reasons or principles are triggered in the presence of a social relation. Sangiovanni calls these principles '*relational* principles' (2016, pp. 4–5).

These relational principles, bind persons both *when* (scope) and *because* (grounds) of certain social relations. Sangiovanni writes:

> An example of [a relational moral principle] might be: "One ought to distribute goods equally if and only if, and because, people share a national identity". Egalitarianism is here triggered by some morally relevant feature of national identity – an identity which, in turn, is both generated and sustained by a complex network of underlying social practices. (2016, pp. 3–4)



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In the account of egalitarianism provided here, the principle is triggered when and because of the fact that 'people share a national identity'. The factual element is, as Sangiovanni, contends a part of the moral principle of egalitarianism – making it a 'relational moral principle'.

In a similar way, I argue that the grounds of our duties to care for others or the general proposition *P* ('one should care') is true in virtue of a *relational* moral principle that emphasises that the duty exists as a matter of natural duty, but is triggered by relational ties. We can thus hold that the duty to care for someone when we can (*Q*) is triggered [*if and only if* they are dependent on us by virtue of a dependency relationship]. While Sangiovanni does not discuss the nature of these relational ties, I have argued that in the context of our caring responsibilities, this dependency relationship, as discussed, can be either: (a) an incidental one (of the kind we saw in 'Bleeding Stranger') or (b) a socially codified one, where certain social and legal practices allocate caring responsibilities to some agents over others. These relational ties are part of the principle that grounds *P*, in that they trigger the principle: and thereby contribute to when and why this duty is owed.

On the account provided herein, *P* ('one should care') is grounded in a modified version of *Q* which can be stated as follows:

> ***Q*:*** When we witness someone in a state of compelling need, we ought 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, [if and only if they are dependent on us by virtue of a dependency relationship].

A related question in the literature on normative grounding is whether relational moral principles like *Q** can serve as the ultimate grounds for certain moral reasons or principles, or if they must ultimately be grounded in a higher, non-relational principle as philosophers such as G.A. Cohen insist (Sangiovanni, 2016, pp. 6–8; Cohen, 2008). Sangiovanni provides a compelling argument for why relational principles can be the *final* bases for other principles, without attracting valid objections based in the is-ought fallacy (2016, p. 8). While I cannot delve too deeply into this debate on normative grounding in general, I want to add to Sangiovanni's argument that, care ethics, with its focus on contextual particulars, is uniquely well-suited to treating relational moral principles as normatively foundational. This is because the concept of care is deeply embedded in the particulars of specific contexts: it refers not just to a moral value, but



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also to specific *actions* – and *why* and *whether* these actions are obligatory in a given context should depend on features relating to context, particularly the nature of the dependency relationship between the agent and recipient and the practices that constitute these relationships.

This view is further supported by the fact that the nature of the dependency relationships in question, along with the nature of the practices that generate them, plays a crucial role in determining not only when these duties are triggered but also whether they are triggered at all. To see why this is the case, consider an extremely unjust society that enforces a set of formal legal norms that require women to care for men, but not the other way around.[13] While this system might create dependency relationships and impose *legal* reasons for women to care for men, it would not activate or trigger any genuine moral duties. This is because, for a genuine moral duty to be activated, the dependency relationship must not result from a socio-legal system that is excessively unfair or unjust in its assignment of caring responsibilities. This is because if a woman were subjected to such a legal code and objected to it, her objections would not warrant any blame. On the contrary, her actions would deserve praise, not blame. This demonstrates that when the socio-legal assignment of caring responsibilities is excessively unfair or unjust, the dependency relationships produced by such systems do not trigger moral obligations. Instead, they merely create social and/or legal reasons to care, the violation of which would not be morally blameworthy.

Furthermore, when faced with such unjust allocation systems, individuals can – and often do – point to the injustice of the allocation to contest that any genuine moral duties to care under these conditions exist.[14] We might thus further refine the factual antecedent in $Q^*$ as follows: [if and only if they are dependent on us by virtue of a dependency relationship *that is not the product of an allocation system which is excessively unfair or unjust*]. The nature of the practices and systems that give rise to relational ties of dependency, as well as the ties themselves, play a crucial explanatory role in grounding *P*. Therefore, without taking a position on whether

[13] Note that several contemporary societies have such an unjust system in place but this is often codified through socio-cultural rather than formal legal norms.

[14] For a discussion of how democratic politics should centre upon assigning responsibilities for care in a just manner, see Tronto (2013).



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relational principles can indeed be the ultimate grounds for normative propositions in *general,* we have good reason to support the view that the grounding of our duties to care – why they exist – can be ultimately explained by a relational moral principle of the kind encapsulated in *Q**.

## 5. Conclusion

Care ethicists have employed either voluntarist or non-voluntarist strategies to address the question of what grounds our duties to care. I have demonstrated that voluntarist strategies are inadequate and have instead supported non-voluntarist options. Within non-voluntarism, I showed that grounding duties to care solely in relational ties of vulnerability or dependence faces some valid objections from the is-ought fallacy, as social facts alone cannot independently ground moral duties. Conversely, grounding duties to care purely in natural duty fails to explain why we owe specific obligations to those with whom we have particular relationships over others. To address this tension, I proposed a new hybrid non-voluntarist approach. Here, the duty to care, and *P* is grounded in a relational moral principle *Q**. This means the duty arises from a natural duty to care when we can do so but is 'triggered' by specific relational ties of dependence. As these relational ties are triggers, they do not create new moral reasons but activate dormant moral ones.

If I am correct, our duties to care do not fit neatly into the binary of 'natural duties' and 'special obligations' often constructed in moral theory. Instead, our responsibilities to care are unique. They exist in virtue of a natural duty to care but are activated only by certain relational ties. It is my hope that this paper can resolve tensions within care ethics, advance the efforts to build care ethics into a full-fledged moral theory, and clarify the grounds of our duties to care.[15]

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