

Dignity, Autonomy, and the Ethics of Conditionality

What It Means to Condition Healthcare on Behavior

Is it ethically permissible to condition access to healthcare on compliance with behavioral requirements? The question appears straightforward. The philosophical terrain is anything but. When policymakers debate work requirements, they typically focus on instrumental questions: Will requirements increase employment? How many people will lose coverage? What administrative systems are necessary? These questions matter. But they rest on prior normative foundations that are rarely examined. ***Work requirements are not merely policy choices; they are moral positions about obligation, desert, and the proper relationship between citizen and state.*** The ethical questions deserve philosophical engagement rather than assumption.

This analysis does not argue for or against work requirements. It examines what we are actually claiming when we condition healthcare on behavioral compliance, what moral commitments are entailed, and where the philosophical fault lines run. Readers across the political spectrum will find their intuitions both validated and challenged. That discomfort is the beginning of philosophical seriousness.

The Central Question

Consider the fundamental structure of work requirements: a person seeking to maintain Medicaid coverage must demonstrate that they have engaged in 80 hours of work, education, training, or other qualifying activities each month. Failure to verify this activity results in coverage termination. Healthcare access depends on behavioral compliance.

Is this arrangement just? The answer depends on more basic questions. What makes healthcare special, if anything? What can society legitimately demand from citizens in exchange for benefits? When do conditions become coercive rather than contractual? What obligations exist between individuals and communities? Does the act of verification itself communicate moral messages about status and trust?

These are not empirical questions answerable through data. They are philosophical questions requiring normative argument. Different answers lead to radically different conclusions about the legitimacy of work requirements, even when people agree on factual predictions about implementation outcomes.

The Stakes

Beginning December 2026, approximately 18.5 million Medicaid expansion adults will become subject to work requirements. The Congressional Budget Office projects that 10.3 million people will lose coverage by 2034, with work requirements as the largest driver. These are real consequences for real people. But the numbers alone cannot tell us whether those consequences are just or unjust, acceptable or intolerable. ***Philosophy provides the frameworks within which empirical findings acquire normative meaning.***

The contemporary American welfare state represents a particular resolution of questions that every political community must address. How should resources be shared? What do we owe each other? Work requirements represent one answer to these questions, drawing on specific philosophical traditions. Understanding those traditions clarifies what is actually at stake.

The Case for Conditionality

The argument for conditioning benefits on behavior draws on several philosophical traditions that merit serious engagement rather than dismissal. These are not merely rationalizations for punitive policy but expressions of moral intuitions that resonate across political divides.

Reciprocity as Moral Principle

The most fundamental argument holds that **benefits entail responsibilities**. If society provides healthcare coverage, recipients owe something in return. This is not merely transactional calculation but moral principle: human relationships properly involve mutual giving and receiving rather than one-directional flows.

This intuition runs deep. Most people, when they think about their own lives, believe they should contribute to the communities and relationships that sustain them. The parent who provides for children expects some reciprocation as those children mature. The friend who consistently receives support without offering any becomes, eventually, something other than a friend.

Reciprocity is constitutive of many valuable human relationships.

Lawrence Mead's influential work *Beyond Entitlement* extended this intuition to welfare policy. The problem with unconditional assistance, Mead argued, is not its generosity but its permissiveness. By providing benefits without expecting anything in return, traditional welfare programs communicated that recipients were not capable of contribution, that they existed outside the normal expectations of citizenship. **The dignity of expectation might serve people better than the degradation of dependence.**

Communitarians develop this argument further. Michael Walzer's *Spheres of Justice* emphasizes that membership in community is not a passive status but an active practice. Citizens are not merely recipients of communal goods but participants in their production and distribution. Work requirements, from this perspective, affirm that Medicaid recipients are genuine community members with the capacities and obligations that membership entails.

The communitarian argument has particular force when applied to means-tested programs. Medicaid expansion is funded by taxpayers, many of whom work demanding jobs to support their families while also contributing to programs that benefit others. **Is it fair to ask workers to fund healthcare for those who could work but choose not to?** The question is not rhetorical. It expresses a moral intuition about fairness that deserves engagement rather than dismissal.

Personal Responsibility and Self-Respect

A related argument holds that work requirements promote values essential to human flourishing. Employment provides not merely income but structure, purpose, social connection, and self-respect. People who work generally report higher life satisfaction than those who do not, controlling for income. Work is not merely instrumental to survival but constitutive of a well-lived life.

This argument is paternalistic in a specific sense: it claims that we can sometimes know what is good for people better than they know themselves. But paternalism is not always wrong. We accept paternalistic policies in many domains, from mandatory education to seatbelt laws. **The question is not whether paternalism is ever permissible but when it is appropriate** and what forms it should take.

Article 15J:

Dignity, Autonomy, and the Ethics of Conditionality



If work genuinely contributes to human flourishing, then policies encouraging work might benefit recipients even if they would not choose work absent the requirement. This argument does not depend on punitive motives. It depends on the empirical claim that work promotes wellbeing and the normative claim that government may sometimes act on such knowledge.

The Sustainability of Social Solidarity

A more pragmatic argument emphasizes the conditions for sustainable social programs. Universal healthcare coverage requires broad public support. That support may depend on perception that beneficiaries are contributing members of society rather than free riders exploiting communal generosity.

Scandinavian welfare states, often cited as models of generous provision, typically include strong work expectations. The bargain is comprehensive: society provides robust support, but able-bodied adults are expected to work. **High social spending and strong work norms may be complements rather than substitutes.** Americans might be willing to provide more generous benefits if they believed recipients were contributing in return.

This argument is explicitly consequentialist. It claims that conditional benefits, by maintaining public support for redistribution, may ultimately serve vulnerable populations better than unconditional programs that erode solidarity. Whether this empirical prediction is correct remains contested. But the moral logic is coherent: sometimes accepting constraints on ideal policy enables achievement of more valuable goals than holding out for perfection.

The Autonomy Critique

Against these arguments stands a formidable philosophical tradition that identifies fundamental problems with conditioning healthcare on behavioral compliance.

Healthcare as Prerequisite for Autonomous Agency

The deepest critique holds that **healthcare is not a reward for demonstrating autonomous agency but a prerequisite for exercising it.** You cannot make meaningful choices about work if untreated depression robs you of motivation, if uncontrolled diabetes leaves you exhausted, if chronic pain makes concentration impossible. The conditions that lead people to need Medicaid often impair the very capacities that work requirements assume.

Norman Daniels' influential work *Just Health* develops this argument within a Rawlsian framework. Health, Daniels argues, has special moral importance because it protects "normal functioning," which in turn protects the range of opportunities open to individuals. Healthcare is not merely another consumer good to be distributed according to market principles or earned through demonstrated merit. **Healthcare enables the pursuit of life plans rather than rewarding successful pursuit.**

This argument has particular force in the Medicaid context. Expansion populations include people with serious mental illness, substance use disorders, chronic conditions, and histories of trauma. Many have experienced healthcare deprivation that itself creates barriers to stable employment. Requiring them to work before providing the healthcare that makes work possible creates a cruel paradox: **the conditions for satisfying the requirement are contingent on already having met it.** Consider the single mother with untreated anxiety whose condition prevents her from interviewing successfully. She needs mental healthcare to become employable. But she cannot access mental

Article 15J:

Dignity, Autonomy, and the Ethics of Conditionality



healthcare without demonstrating employment. The work requirement assumes precisely what it prevents. This is not accommodation failure but structural contradiction.



The Kantian Critique

Immanuel Kant's moral philosophy provides another framework for criticizing conditionality. Kant's categorical imperative requires that we treat persons as ends in themselves, never merely as means. This demands respecting persons' capacity for autonomous self-determination, their ability to set and pursue their own goals according to their own reasoning.

Work requirements arguably violate this principle by **subordinating persons' basic interests to social goals they may not share**. The person who loses healthcare coverage for documentation failure is treated not as an end whose dignity commands respect but as a means to social objectives like workforce participation and program sustainability. Her own assessment of her situation, her own choices about how to live, are overridden by state determination of appropriate behavior.

The Kantian critique becomes stronger when we consider implementation realities. Most coverage terminations under work requirements result not from refusal to work but from documentation failures, missed deadlines, and administrative confusion. A person who loses coverage because she could not navigate complex verification procedures is punished not for choosing idleness but for lacking the administrative capacity the system assumes. **Treating documentation failure as moral failure misrepresents the actual ground of the penalty.**

Relational Equality

Elizabeth Anderson's work on relational equality provides perhaps the most powerful contemporary critique of conditional welfare. Traditional egalitarianism focuses on distributing goods equally. Anderson argues this misunderstands what equality fundamentally means.

Equality is not primarily about equal distribution but about standing in relations of equality with others not being dominated, subordinated, or excluded from social participation.

From this perspective, conditional welfare programs may undermine equality even when they distribute significant resources. The act of monitoring, verifying, and conditionally providing support communicates something about the moral status of recipients. It says: you are not trusted to make your own decisions about work. Your self-report is insufficient; you must prove your worthiness. Your continued access to healthcare depends on satisfying bureaucratic requirements that others do not face.

Compare Medicaid work requirements to tax deductions for employer-sponsored health insurance. Both represent public subsidy of healthcare. But one is claimed simply by having insurance through employment, while the other requires monthly verification of hour-by-hour activity. **Why is the word of an employer sufficient while the word of a poor person is not?** The asymmetry communicates something about relative status and trust that conditional programs for the affluent do not convey.

Procedural Justice and Fair Process

Even if conditionality is permissible in principle, justice requires that conditions be administered through fair processes. What makes a process fair? At minimum: adequate notice of requirements, opportunity to demonstrate compliance, accurate fact-finding before adverse action, and proportionate responses to documented violations.

Article 15J:

Dignity, Autonomy, and the Ethics of Conditionality



Do work requirement verification systems meet these standards? The Arkansas experience provides a disturbing test case. During implementation, approximately 25% of expansion adults were unable to report their work hours through the state's online portal due to technical difficulties. Notifications about requirements reached only a fraction of affected individuals. Appeals processes were inadequate to correct errors before coverage termination. ***When administrative convenience substitutes for procedural fairness, the moral legitimacy of the entire enterprise becomes questionable.***

The question of proportionality is particularly troubling. Consider the moral weight of the penalty for non-compliance: loss of healthcare coverage. For someone managing chronic conditions, this can mean inability to access medication, deterioration of health, potential disability or death. Is this penalty proportionate to failure to document 80 hours of work activity? Is it proportionate even to genuine refusal to work?

Criminal law requires proportionality between offense and punishment. We do not execute people for traffic violations. But welfare policy often imposes devastating consequences for minor infractions or administrative failures. ***The moral significance of documentation failure is categorically different from the moral significance of coverage loss.*** Fair process requires some reasonable relationship between the two.

Recognition, Monitoring, and the Experience of Being Watched

Axel Honneth's recognition theory illuminates an aspect of conditionality that policy analysis often misses: the subjective experience of being monitored, documented, and evaluated as a condition of receiving support.

Honneth argues that human identity develops through relationships of mutual recognition. We become who we are through being seen, acknowledged, and respected by others. When recognition is withheld or distorted, identity itself is damaged. Social arrangements that systematically deny recognition to certain groups constitute a form of injustice distinct from maldistribution.

Work requirement verification involves a particular kind of seeing: ***surveillance rather than recognition, evaluation rather than acknowledgment.*** The state does not look at Medicaid recipients to understand and support them but to monitor their compliance with behavioral requirements. This gaze communicates distrust. It says: we believe you would not work absent compulsion, would not tell the truth absent verification, would not comply absent threat of sanction.

Compare this to how the tax system treats high-income individuals. Deductions for mortgage interest, charitable contributions, and retirement savings are largely self-reported. Audits are rare. The system assumes good faith until specific evidence suggests otherwise. ***Conditional welfare programs invert this presumption.*** They assume non-compliance until proven otherwise, requiring continuous documentation rather than trusting self-report.

This asymmetry cannot be justified by fraud rates. Medicaid fraud is actually quite low, and most overpayments result from administrative error rather than recipient deception. The asymmetry reflects something else: assumptions about who is trustworthy that track class and race in disturbing ways. The experience of being watched while others are trusted communicates a message about relative moral status that no amount of benefits can fully compensate.

When Does Mutual Obligation Become Coercion?

Defenders of conditionality frame work requirements as expressions of mutual obligation: society provides healthcare, recipients provide work effort. But this framing assumes conditions that may not obtain.

Genuine mutual obligation presupposes meaningful choice. Contractual relationships are binding because parties enter them voluntarily, with alternatives available if terms are unacceptable. But what are the alternatives for someone facing work requirement compliance? ***The choice is not between Medicaid with work requirements and some other healthcare arrangement. It is between compliance and no healthcare at all.***

For those with serious health conditions, this is not a meaningful choice in any morally relevant sense. The person with diabetes cannot choose to forgo insulin coverage and remain healthy. The person with serious mental illness cannot choose to forgo treatment and function normally. ***When one option means suffering or death, the other is not really chosen; it is compelled.***

This coercion analysis suggests that work requirements function less like contractual conditions and more like threats. "Work or lose healthcare" resembles "your money or your life" more than it resembles the mutual obligations of genuine partnership. The vocabulary of reciprocity and social contract may obscure the actual power dynamics at play.

The Baseline Problem

Underlying these debates is a fundamental disagreement about baselines. Is Medicaid expansion a benefit above baseline that can legitimately be conditioned? Or is healthcare part of the baseline itself, something that conditions cannot legitimately threaten?

Those who view Medicaid as benefit-above-baseline see work requirements as merely limiting a generous program to those who demonstrate worthiness. The program gives something valuable, so it may reasonably ask something in return. Those who refuse to give should not receive.

Those who view healthcare as baseline see work requirements differently. ***Threatening baseline necessities to secure compliance is not reciprocity but coercion.*** It is like requiring someone to surrender speech rights as a condition of food assistance, or requiring religious conversion as a condition of housing support. Some things should not be conditioned because they are prerequisites for functioning as persons at all.

This is ultimately a question about what persons are owed simply by virtue of being persons, prior to any contribution they make or fail to make. Different answers to this question lead to entirely different assessments of work requirements. The disagreement cannot be resolved by data about employment effects or coverage losses. It is a philosophical disagreement about the nature of human dignity and the obligations of political community.

Administrative Burden as Moral Choice

The work of Pamela Herd and Donald Moynihan reveals another dimension of the ethics of conditionality: ***administrative burden is itself a policy choice with moral significance***, not merely an unfortunate byproduct of necessary verification.

Every requirement imposed on benefit recipients creates costs: learning costs (figuring out what is required), compliance costs (gathering documents, attending appointments, submitting forms), and psychological costs (stress, anxiety, stigma). These costs fall disproportionately on those with

Article 15J:

Dignity, Autonomy, and the Ethics of Conditionality



the fewest resources to bear them. The single mother working multiple jobs has less time to navigate bureaucracy than the policy professional who designed the system.

These burdens are not inevitable. They result from specific design choices about verification frequency, documentation requirements, notification procedures, and appeal processes. **A system could be designed with minimal burden or maximal burden while achieving the same policy objectives.** When burden is high, it functions as implicit rationing, screening out those who cannot navigate complexity regardless of their underlying eligibility.

From this perspective, administrative burden raises distinct moral questions from conditionality itself. Even if requiring work is permissible in principle, creating unnecessarily burdensome compliance procedures may not be. The Arkansas system that required monthly reporting through an online portal that many could not access was not merely bad administration. It was a moral choice to impose costs on vulnerable populations that more careful design could have avoided.

Philosophy Does Not Determine Policy

This analysis does not resolve whether work requirements are just or unjust. Philosophical argument illuminates the terrain without eliminating disagreement. Different moral frameworks yield different conclusions, and reasonable people can weigh considerations differently within the same framework.

What philosophy does reveal is **what we are actually arguing about** when we debate work requirements. We are not merely disagreeing about predictions regarding employment effects or coverage numbers. We are disagreeing about the nature of community membership, the meaning of reciprocity, the boundaries of legitimate state action, and the foundations of human dignity.

Recognizing this clarifies what kinds of arguments are relevant. Someone who believes healthcare is a baseline entitlement will not be persuaded by arguments about the dignity of work expectations. Someone who believes reciprocity is foundational to legitimate benefit provision will not be moved by arguments about coercion and choice. **The disagreement runs to bedrock commitments that philosophical argument can illuminate but cannot eliminate.**

Toward Philosophical Seriousness

Work requirements deserve philosophical engagement from those who support them and those who oppose them. **Currently, much debate proceeds as if the ethical questions were settled, requiring only technical implementation or political opposition.** This impoverishes discourse and obscures what is actually at stake.

Supporters of conditionality should honestly engage with the autonomy critique, the recognition critique, and the coercion analysis. They should explain why healthcare is appropriately conditioned when other necessities are not. They should justify the asymmetry between verification requirements for the poor and trust extended to the affluent. They should demonstrate that procedures meet standards of fairness and proportionality.

Opponents of conditionality should honestly engage with reciprocity intuitions and communitarian arguments. They should explain why healthcare should be unconditional when other social goods are not. They should address concerns about sustainability of public support for redistribution. They should acknowledge that work may genuinely contribute to human flourishing in ways that matter for policy design.

What Philosophy Offers

Philosophy will not end political disagreement about work requirements. ***But it can improve the quality of that disagreement by clarifying what is actually contested.*** The question is not merely whether work requirements will achieve their stated objectives. The question is whether conditioning healthcare on behavioral compliance is consistent with respect for persons, whether verification procedures maintain appropriate relations of equality, whether the coercive dimension of conditionality undermines claims of reciprocity, and whether administrative burden is morally acceptable when design alternatives exist.

These are hard questions. They deserve hard thinking. ***Work requirements are moral positions about obligation, desert, and the relationship between citizen and state, not merely administrative procedures to be optimized.*** Taking the moral dimension seriously means engaging philosophical arguments on their own terms rather than dismissing them as either self-serving rationalization or naive idealism.

The expansion adults who will navigate work requirements beginning December 2026 are persons with dignity, not merely policy subjects to be managed. Whatever we conclude about the ethics of conditionality, we owe them philosophical seriousness about the moral claims we are making and the moral burdens we are imposing. Philosophy cannot determine policy, but it can clarify what our policy choices reveal about what we believe and what we value.

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