

Well-Being, Sacrifice, and the Scope Problem

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An intuitive idea about well-being is that when a person makes a rational self-sacrifice she cannot at the same time be doing what is best in terms of her well-being and *vice versa*. A theory of well-being will have to be rejected as such if its scope will be as wide as including instances of rational self-sacrifice. This is known as the scope problem. Recently Stephen Darwall (2003) claimed that informed and rational desire theories of well-being must be rejected precisely because they fall prey to the scope problem. According to him, the scope problem originates in the fact that well-being is taken to be an agent-relative normative concept. Hence, Darwall's claim that well-being is agent-neutral and not intrinsically normative.

In this paper, I will not question the idea that theories of well-being should satisfy the scope requirement. I will argue, however, that theories taking well-being to be an intrinsically normative agent-relative concept do not necessarily fall prey to the scope problem. My argumentative strategy turns around an often neglected point: theories of well-being are expected to square with some intuitive substantive judgements about what is good and bad for, say, human beings while at the same functioning as a decision procedure, i.e., guiding us to choose what is best for us (at least when other considerations beside one's own well-being are not at play). More in detail my argument goes as follows:

1. Arguments (Darwall, 2003; and Raz, 2001) purporting to show that this or that theory of well-being (at least those targeted by Darwall and Raz) falls prey to the scope problem turn on intuitive substantive judgements about well-being. In one example, Darwall claims that Sheila must be making a (rational) self-sacrifice when she opts for a life in which she helps rebuild a destroyed city jeopardising in this way her health in nasty and irreparable ways. The argument hinges on (1) the substantive well-being judgement that health is good for Sheila and loss of health is bad for her, (2) the substantive comparative judgement that, from the point of view of a person's well-being, beyond a certain level, health cannot be traded for other goods such achievement, (3) the idea that when choosing between options with an eye to one's well-being, one is rationally required never to choose something unless it is best for one.

2. Some rational desire theorists may initially share the same intuitive substantive well-being judgements as Darwall. It doesn't follow, however, that they should reject their theory as falling prey to the scope problem. A much less expensive option for them is to reject (2) instead. Consider the following case. *A* has a choice between two options: donate her kidney to *B*, her daughter, or let *B* die. Both options may be understood as being intrinsically bad for *A* in terms of the absolute level of her well-being (this would be in line with (1)). Yet it is not difficult to accept as true and intuitive *A*'s claim to the effect that donating the kidney would be better for her because it would save her daughter's

life. Sheila (and Raz's) example could be viewed in a similar way: a choice between two bad options in absolute well-being terms and yet the chosen option would still be the best in terms of her well-being. As per (3), a theory of well-being has to recommend the best option for one, even though it is not good for her in absolute terms. With this in mind we may no longer find it so intuitive to claim that loss of health is the worse option for Sheila. To insist that it is to insist that (2) must be the case, and, as I shall argue a theory of well-being should not establish that something like (2) is always the case on pains of excluding a level of subjectivity that all theories of well-being should allow.

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