What Does It Mean to Be Moral Equals?
The Special Case of Children’s Moral Status

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Abstract

This paper develops a novel theory of the meaning of moral equality. This theory has two original and significant implications: first, it shows – contra what is commonly held in the literature – that adults and children are not always each other’s equals; rather, the former are sometimes inferior and sometimes superior to the latter, depending on the interest at stake. Second, it reveals that human beings’ comparative moral status changes across time, and what matters is that they are each other’s equals at simultaneous segments of their lives.

Key words: Adults; Children; Moral equality; Moral inequality; Time
1. Introduction

That human beings are each other’s equals in some basic sense is a fundamental premise to contemporary moral and political philosophy (Kirby and Floris forthcoming). In recent years, the question of the justification of moral equality – that is, the question of what makes human beings equals – has gained increasing attention.¹ Surprisingly, however, less has been said about its meaning: philosophers typically use “moral equality” as a placeholder to indicate that their theories of justice are fundamentally committed “to considering and treating humans as equals” (Kymlicka 2002). But, as some critics have pointed out, this vague definition of moral equality is unable to yield precise normative prescriptions, making it either trivially true or redundant (Nathan 2015). The upshot is that it is often unclear what kind of unequal treatment, if any, is irreconcilable with a commitment to considering and treating human beings as equals. The aim of this paper is to address this shortcoming by developing a theory of the meaning of moral equality that defines what role this principle exactly plays in our normative theorising.

To this end, this paper investigates the question of the equality of moral status between adults and children. This is because, on the one hand, we often seem to ascribe to children a special moral status, which is different from that of adults: thus, we generally believe that it is prima facie wrong to treat an adult as a child, and vice versa (Schapiro 1999). On the other hand, it is widely shared that adults and children are nonetheless one another’s equals in some fundamental sense. As Anca Gheaus has recently observed, “today the prevalent belief is that children have full moral status – that is, that their interests have the same weight as the interests of adults” (Gheaus 2019: 2).²

¹ See, among others, Carter 2011; Floris and Kirby forthcoming; Sangiovanni 2017; Waldron 2017.
² See also Archard (2015: 3), Brennan and Noggle (1997: 3), and Macleod (2002: 212).
An analysis of the equality of moral status between adults and children will therefore allow us to shed novel light on what it means to be considered and treated as moral equals. Specifically, our theory of the meaning of moral equality has two significant and original implications: first, it reveals that it is sometimes required – or at least permissible – to consider and treat children and adults as moral *unequals*. This is an important result for two reasons: first, because our account provides a coherent rationale for why it is sometimes appropriate to treat adults and children differently, which need neither resort to ad *hoc* explanations to reconcile unequal treatment with the ideal of moral equality, nor water down the ideal of moral equality, making it an unduly formal prescription unable to generate significant normative implications. Second, because it shows that a wide range of common-sense moral beliefs about the appropriate treatment of adults and children need not rest on a commitment to adults and children’s moral equality which, despite its widespread acceptance, has turned out to be hard to justify (Floris 2023).

Second, our theory of the meaning of moral equality provides a theoretical framework which offers novel insights on an issue that has so far been largely neglected in the literature, namely: the question of what the relevant temporal unit of moral equality is. In particular, we argue that a proper understanding of the principle of moral equality reveals that human beings are not moral equals in the relevant sense if they have equal moral status over the complete course of their lives. Rather, they are fundamentally each other’s equals if they have equal moral status at *simultaneous segments of their lives*.

The paper is structured as follows. Section 2 proposes an analysis of the requirements of moral equality. Section 3 presents three cases: “TV programme”; “Cephalalgia-70”; and “Dinner Table”. We assume that these cases represent widely shared intuitions

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1 Notice that the moral inequality between adults and children entails neither the intra-inequality among adults themselves nor the intra-inequality among children themselves. For further discussion, see Floris (forthcoming).
about what is owed to adults and children. Drawing on our account of the meaning of moral equality, we examine which cases are compatible with – and entailed by – a commitment to adults and children’s moral equality, and which are not. We argue that “TV programme” must be justified by an appeal to adults and children’s moral equality (section 4). However, “Cephalalgia-70” is an appropriate response to children’s moral superiority (section 5), and “Dinner Table” expresses a commitment to children’s moral inferiority (section 6). Section 7 concludes by developing an account of moral equality in time.

2. What Moral Equality Commands
To analyse the requirements of the principle of moral equality, it will be helpful to start by examining the distinction between moral status simpliciter and equal moral status. Having moral status simpliciter is commonly conceived of as being the object of moral obligations in virtue of the entity that one is. Thus, if A has moral status, this means that B has at least a directed duty – that is, a moral obligation that is owed to someone (or something) in particular – to A. Therefore, the possession of moral status simpliciter entails being a right-holder (Carter 2011; Christiano 2015; Floris 2021; Sangiovanni 2017). Accordingly, affirming that human beings have moral status simpliciter amounts to claiming that human beings have at least some rights qua moral status-holders.

Now, the principle of moral equality – whereby human beings do not simply have moral status simpliciter, but they have equal moral status – is fundamentally comparative: it determines what is owed to a moral status-holder in relation to what is owed to other moral status-holders. Thus, if having moral status means having at least some rights qua a moral status-holder, having equal moral status entails having equal rights qua a moral

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4 This deontological conception of moral status is different from a consequentialist conception, whereby an entity that has moral status is not a right-holder but an object of moral concern. For further discussion, see Singer (2011).
equal. Hence, to understand what it means to be valued and respected as an equal, we need to understand what it means to have equal rights. To do this, it will be instructive to look at the claims that egalitarian political movements – such as the LGBTQ+ movement and the anti-racist movement – have raised against society to be considered and treated as full equal members.\textsuperscript{5}

To begin with, consider the claim of homosexual women and men that they should be granted the right to marry on the same terms and conditions as opposite-sex couples, thereby enjoying the same benefits of marriage, such as adopting and retaining custody of children. Homosexual women and men in many states rightly protest that, by being denied the right to marry on the same conditions as opposite-sex couples, they are considered and treated as inferiors. This is because, like heterosexuels, homosexuals have a fundamental interest in having the opportunity to marry their loved ones and adopting children. However, society deprives them of a right to the satisfaction of these interests. In other words, the inferiorising treatment of gay individuals in many contemporary legal systems consists in the fact that although both heterosexual couples and homosexual couples share the same fundamental interest, only the former are granted a right to it. Having the same rights to the same fundamental interests is therefore a necessary condition to be considered and treated as an equal.

Holding the same rights, however, is not sufficient to be respected as an equal. To appreciate this, consider Rosa Parks’ act of defiance towards the bus driver who ordered her to vacate her seat, which was located in the “coloured” section, because a white passenger had nowhere to sit, given that all the seats in the “white” section were occupied. By

\textsuperscript{5} We do not mean to endorse a form of moralism whereby all moral rights must be legal rights. However, as many theorists of moral equality have pointed out, persons’ legal status must be consistent with their moral status (Waldron 2017: 6-7). In what follows, we discuss examples of individuals or social groups who are not considered and treated as moral equals because they are granted a legal status that does not recognise some of the fundamental rights that they have \textit{qua} moral equals. We are grateful to an editor of this journal for prompting us to clarify this point.
ordering her to give up her seat in favour of a white person, the bus driver thereby claimed that Parks’ right to a seat on public transports counted less than the same right of a white person. Parks’ refusal to comply with the bus driver’s order was therefore an affirmation of her right to be recognised as an equal. Specifically, Parks’ act of defiance helps us see that having equal moral status also entails that equally weighty interests should ground rights with an equal degree of stringency, other things being equal.

We have now specified what it means to have equal moral status. Persons are considered and treated as each other’s equals if, and only if, given equally weighty interests, (i) they are granted the same rights to the satisfaction of those interests, and (ii) those rights have an equal degree of stringency, other things being equal. Therefore, persons are considered and treated as inferiors (or superiors) if and when they are granted fewer (or more) rights than others, and/or their rights are less (or more) stringent than those of others, despite having equally weighty interests.

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6 Our deontological interest-based conception of moral equality differs from other historically prominent conceptions of equality, such as Locke’s view of equality as “equal jurisdiction” and Kantian views of equality as “equal legislative authority”. See Locke (2016) and Kant (2002). It is somewhat less clear whether our conception of moral equality is compatible with those contractualist and relational egalitarian views that understand equality as standing in a relation of justifiability to others, or that hold that “relating to others as equals” does not only require “treating” them as equals, but also “regarding” them as such. For further discussion, see Wallace (2019: ch. 4) and Lippert-Rasmussen (2018: ch. 3). Thanks to an anonymous editor for urging us to distinguish our account of moral equality from other competing views.

7 Notice that this theory of the meaning of moral equality need not rest on a specific view of the justification of moral equality. Thus, for example, some argue that a range of beings have equal moral status when and because they hold a status-conferring property which confers upon them equal moral value, or worth (Carter 2011; Christiano 2015; Floris 2019). Others maintain that equal moral status is grounded in the wrongness of treating others as inferiors. On this view, if two beings possess the same status-conferring property, this does not presuppose that they have equal moral value, or worth, but it implies that it is wrong to treat them as inferiors (Sangiovanni 2017). For the purposes of this paper, it is sufficient to assume that persons have equal moral status if and when they possess the same status-conferring property, regardless of whether this is because such a property confers equal moral value upon them or explains why it is wrong to treat them as inferiors. In sections 4 and 5, we examine cases in which unequal consideration and treatment is justified because, although individuals have equally weighty interests, they either do not possess the same status-conferring property, or they hold it to an unequal degree. These then are genuine cases of moral inequality. Thanks to an anonymous reviewer for instructive comments on this point.
3. Three Cases

In this section, we present three cases in which it must be determined what is owed to adults and children in situations of conflicting claims. In the next sections, we will show that an appeal to the equality of moral status between adults and children is unable to deliver some of these verdicts. Hence, those who believe that these verdicts are correct are committed to holding that equally weighty interests of adults and children do not always count equally toward what morality requires. Therefore, adults and children ought not always to be considered and treated as each other’s moral equals.

Case I: TV programme

Cloe, Daniel and their two seven-year-old children are planning to watch TV together: while Cloe and Daniel would like to watch the football game of their favourite team, Arsenal, the children would prefer to watch the last episode of their favourite cartoon, Peppa Pig. *Ex hypothesi*, both options are equally valuable from an objective standpoint: neither is detrimental or conducive to some further valuable end.

Cloe, Daniel and the children talk about what to watch. Discussion, however, does not lead to an agreement. Therefore, they resort to an independent fair decision-making procedure, such as a coin flip. The kids win the coin toss; hence, they all watch an episode of Peppa Pig.

Case II: Cephalalgia-70

It is the year 2070 and a new pandemic has broken out. The virus – called *Cephalalgia-70* – causes a migraine headache which includes several unpleasant symptoms, such as nausea, sensitivity to light, and severe pain. The effects of Cephalalgia-70 last for two weeks, and everyone is equally vulnerable to be infected by the virus.
A vaccine against the virus has been developed; however, due to a shortage of a key component, only a limited number of doses can be produced. Therefore, the authorities must determine how to allocate this scarce health care resource. They decide that all children should be vaccinated against Cephalalgia-70. As a result, most adults contract the virus, whereas all children are immune to it.

*Case III: Dinner Table*

Mary is having dinner with her extended family at a restaurant. Her husband, Philip, and her seven-year-old child, William, are eating with their mouths open. Mary explains to Philip and William that chewing with one’s mouth open is inappropriate. When she realises that neither Philip nor William is willing to stop eating with their mouth open, she threatens William with some forms of permissible punishment and, once this proves to be ineffective, she takes his plate away until he promises that he will eat with his mouth closed. She does not, instead, coercively interfere to stop Philip from chewing with his mouth open.

4. Adults and Children’s Moral Equality

In “TV programme”, two parents, Cloe and Daniel, and their two seven-year-old children disagree over which TV program to watch. The option preferred by the parents, Arsenal’s football game, and the one preferred by the children, an episode of Peppa Pig, are equally valuable from an objective standpoint: the only value they promote is the pleasure of watching them, and neither is detrimental or conducive to any objectively higher value. Thus, they seek to solve their disagreement by means of a suitably non-arbitrary procedure. They first discuss the merits of each option in the attempt of persuading each other. And,
once they realise that discussion was not going to lead to an agreement, they flip a coin to set the issue.\(^8\)

Few would disagree with this verdict. On the one hand, if Cloe and Daniel had decided to impose their choice because they have the power to do so, and they think that their children’s judgement on the issue is not worth considering, they would be acting wrongly towards their children. More precisely, they would be treating them as inferiors by refusing to acknowledge that (i) not only do their children have the right to have their \textit{safe} preferences\(^9\) taken into account, but (ii) their right is also as stringent as theirs. On the other hand, hardly anyone would deny that a society where parents must always “surrender” to their children’s preferences is morally problematic, for it violates parents’ equal moral status to express their own preferences. Specifically, such a society considers and treats adults as inferiors because it fails to respect their equally weighty interest in expressing their own preferences by denying them an equally stringent right to have their preferences taken into account.

The verdict of “TV programme” is thus compatible with and required by an appropriate understanding of adults and children’s moral equality: given the equally weighty interest in having one’s safe preferences taken into account, adults and children have (i) the same right to the satisfaction of this interest, and (ii) their right is equally stringent, other things being equal. A commitment to the moral equality of adults and children is therefore a fundamental premise for the appropriate treatment of adults and children, at least sometimes.

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\(^8\) It might be objected that neither adults nor children have a right to watch TV in the first place. Hence, this is not a case of conflicting rights. But even if this were true, the important point is that if Cloe, Daniel and their children want to watch TV, then they have to decide what to watch. This then raises the issue of whether they ought to consider and treat each other as equals by giving equal weight to their preferences. Thanks to an anonymous reviewer for raising this objection.

\(^9\) By “safe preferences”, we mean preferences that (i) do not involve complicated value judgments, and (ii) are not detrimental to children’s wellbeing or their developmental process.
5. Children’s Moral Superiority

In “Cephalalgia-70”, a pandemic has broken out. Those who are infected by the virus Cephalgia-70 develop several unpleasant symptoms – such as abdominal pain, nausea, sensitivity to light, and severe pain – which last for two weeks. Once a limited number of doses of Cephalgia-70 vaccine became available, the authorities decided to allocate them to children. As a result, all children are protected against the virus, whereas most adults contract this painful disease.

It seems plausible to maintain that the authorities took the right decision by ensuring that children have priority access to the vaccine. In this section, however, we argue that if it is true that children’s right to the vaccine overrides the comparable right of adults, this means that children ought to be considered and treated as moral superiors to adults, at least in this respect.

Before moving on, a comment is in order. Some readers may disagree, even strongly, with the intuition that the state should give the vaccine to children: they may believe, instead, that the state should resort to an impartial procedure – such as a lottery – to determine who should receive the vaccine.

However, it is important to notice that even if this were true, it would not be enough to show that “Cephalalgia-70” is compatible with the moral equality of adults and children. This is because there is an important asymmetry, we submit, in the permissibility and/or the degree of wrongness of granting priority to adults rather than children, which is inconsistent with a commitment to moral equality.

On the one hand, it seems hard to maintain that the state has an obligation to grant priority to adults, other things being equal.\textsuperscript{10} Thus, some might believe that although the

\textsuperscript{10} It might be objected that presumably the state has an obligation to grant priority to adult caregivers to ensure that individuals who are sick are cared for. This is surely true, but it does not undermine our argument because this priority is not a response to adults’ moral status or the weight of their interest in being relieved
state does not have a duty to give the vaccine to children, it nonetheless may do so, while it cannot allocate the doses of vaccine to adults. In short, discriminating in favor of children is morally optional, but discriminating in favor of adults is morally prohibited. On the other hand, it can be argued that both discriminating in favour of children and discriminating in favour of adults is wrong. Therefore, if the state could appeal to a non-arbitrary procedure to determine the distribution of the doses of vaccine, it ought to do so. But it is difficult to deny that if it were impossible to resort to an independent fair decision-making procedure, discriminating in favour of children would be less wrong than discriminating in favour of adults. However, this claim is irreconcilable with a commitment to the moral equality of adults and children.11

In what follows, then, we argue that the state ought to grant priority to children – or, at least, that it would be permissible for it to do so, and/or it would be less wrong to prioritise children than adults. Crucially, these claims express a commitment to children’s moral superiority.

To see this, let us begin by recalling our account of moral equality. We have argued that two individuals are considered and treated as equals if, and only if, given equally weighty interests, they have (i) the same rights to the satisfaction of those interests and (ii) those rights are equally stringent, other things being equal. According to our account, then, “Cephalalgia-70” presupposes children’s moral superiority because, although both adults and children have an equally weighty interest in not suffering from pain, which grounds their right to health care and therefore to have access to the vaccine, the right of the latter from pain. For our purposes, the relevant question is whose right to vaccine should be prioritised on the grounds of (i) the degree of one’s moral status and (ii) the weight of one’s interest in avoiding pain, holding all other factors fixed. Thanks to an anonymous reviewer for raising this objection.

11 To illustrate: compare this with a scenario in which the state cannot appeal to a fair decision-making procedure and therefore decides to prioritise white people’s right to being vaccinated over the comparable right of people of colour on the grounds that this would be less wrong than granting priority to people of colour. This is clearly an instance of wrongful inferiorising consideration and treatment.
is considered to be *more stringent* than the right of the former.\textsuperscript{12} Hence, condition (ii) is not satisfied: children’s moral superiority is expressed by the higher degree of stringency that their right to be relieved from pain has relative to the same right that adults have.

It might be objected that granting priority to children is not sufficient to conclude that the verdict of “Cephalalgia-70” is incompatible with a commitment to adults and children’s moral equality, because the same pain is *more harmful* to the latter than to the former. Hence, children have a weightier interest in being relieved from pain. But, as we have observed, moral equality requires ascribing equally stringent rights to equally weighty interests, and unequally stringent rights to unequally weighty interests. Accordingly, not only is prioritising children’s right to vaccination compatible with a commitment to adults and children’s moral equality but is also entailed by it (Macleod 2002: 225-230). Call this the *unequal weight objection*.

In response to the unequal weight objection, we argue that even when adults and children have an equally weighty interest in being relieved from pain in “Cephalalgia-70”, it is required, or at least permissible, to grant priority to the latter. Hence, prioritising the right of children to be relieved from pain is incompatible with considering adults and children as moral equals.

To illustrate this, we need to address the following question: what are the morally relevant factors that determine the weight of the interest to be relieved from pain? It is often suggested that there are two main factors that should be considered when assessing the weight of one’s interest to be relieved from pain: (1) the intensity of the pain and (2) the duration of the pain (Kagan 2016: 5; Singer 2011: 53).

\textsuperscript{12} For an extended discussion of the interest in avoiding pain and the relative right in the context of moral equality see Kagan (2016). For a discussion of the children’s right to be relieved from pain, see MacLeod (2002).
In “Cephalalgia-70”, *ex hypothesi*, the duration of the pain is the same for both adults and children because the effects of the virus last for two weeks. What about the intensity of the pain? The intensity of the pain can be measured according to an objective metric or a subjective perspective. For example, the pain of having one’s arm broken is objectively higher than the pain caused by a pinch on one’s arm. This, however, does not mean that the latter is always *perceived* as less painful than the former. For instance, a pinch on an arm may be more painful to a young child than a broken arm is to an adult who is particularly tolerant to pain. Accordingly, one way in which the same pain may be more harmful to children is that the same (objectively) level of pain caused by a migraine headache is (subjectively) perceived as more painful by children than by adults. But suppose that the variation in the subjective perception of pain is factored in in “Cephalalgia-70”, so that all those infected by the virus develop a migraine headache whose level of pain is subjectively equal. It still seems intuitively plausible to maintain that the authorities should not change their distributive policy by resorting to an independent fair decision-making procedure, such as a lottery, to determine who is entitled to the doses of vaccine – or, at least, they do not have a moral obligation to do so. This is because we typically think that children are especially vulnerable and therefore protecting them from suffering from pain is particularly morally urgent. In other words, children’s vulnerability provides us with a compelling reason to ascribe them a moral status that is superior to that of adults when reflecting upon the appropriate treatment of adults and children with respect to their right to be relieved from pain.\(^\text{13}\)

However, a critic might observe that intensity and duration are not the only morally relevant factors that should be taken into account when assessing the weight of one’s

\(^\text{13}\) For further discussion of vulnerability as a basis of children’s moral status, see Lotz (2014) and Macleod (2014).
interest to avoid pain. Even if the pain for children is as bad and long as for adults, so the objection goes, it is still reasonable to hold that it is worse for the former in virtue of the different long-term effects that the same pain causes to different beings. Indeed, children are generally less able to recover from the ill effects of painful experiences as well as less capable of processing painful experiences than adults (Grunau 2013). Therefore, the authorities should grant priority to children because (i) it will take them longer to recover from the effects of the virus, and/or (ii) contracting “Cephalalgia-70” might be a traumatic experience for them which might affect their developmental process. But if this is true, then the unequal weight objection applies once again: far from being incompatible with a commitment to the moral equality of adults and children, this unequal treatment is a response to it.

In reply, we argue that even when long-term effects are equally bad for adults and children, it is still reasonable to hold that priority ought to be granted to children over meeting the comparable claim of adults to pain-relieving medication – or, at the very least, that it would be permissible to do so, while it would be impermissible to grant priority to adults. To appreciate this, let us slightly revise the case of “Cephalalgia-70”. Suppose now that a group of scientists has not only developed a vaccine against Cephalalgia-70, but they have also produced a pill which, while not curing immediately those infected by the virus, allows them to fully recover from it and to even forget that they had been infected with the virus in the first place. Thus, after two weeks from contracting Cephalalgia-70, individuals who got infected can take the pill and they will feel as they felt before having the illness and will not even remember that they had contracted the virus.

It seems plausible to maintain that even in this scenario the authorities would act wrongly if, instead of prioritising children’s right to access to the vaccine, they appealed to an independent non-arbitrary decision-making procedure to determine how to allocate
the doses of vaccine and give the pill to those who have not been vaccinated. Or at the very least, it is difficult to deny that (i) it would be permissible for the authorities to provide children with the vaccine, while it would be impermissible to prioritise adults’ claim to vaccine; and/or (ii) it would be less wrong if children were granted priority, had it been impossible to allocate the doses of vaccine by means of a suitable non-arbitrary procedure.

But, as explained above, this asymmetry reflects an inequality of moral status between adults and children with respect to the right to be relieved from pain, because it presupposes that it is at least permissible to consider the interest of children in being relieved from pain to count more than the interest of adults when deliberating about what morality requires. Put differently: if we believe that it is required, or at least permissible, to ascribe priority to children over adults in “Cephalalgia-70”, then we are committed to holding that what justifies this unequal treatment is not a difference in the weight of the interests at stake, but a difference in the degree moral status of children and adults which, in turn, grounds a difference in the moral weight that these interests ought to have in our moral deliberation when determining what ought to be done.

To summarise, we have argued that even when factors that are relevant to the weight of one’s interest to be relieved from pain are equalised, we still find it intuitively plausible to hold that it is required, or at least permissible, to grant priority to children’s right to pain-relieving medication over the comparable right of adults, in virtue of their specific vulnerability. This, however, is irreconcilable with a commitment to adults and children’s moral equality because the only morally relevant factor that justifies a difference in treatment in cases in which equally weighty interests are at stake is a difference in the degree of moral status. For this reason, we conclude that “Cephalalgia-70” reveals that children have a moral status that is superior to that of adults with regards to the right to be relieved from pain.
6. Children’s Moral Inferiority

In “Dinner Table”, Mary treats a child, her seven-year-old son William, and an adult, her husband Philip differently in order to make them stop chewing with their mouth open. In this section, we argue that this unequal treatment is an expression of children’s moral inferiority.

To begin with, it is important to observe that in “Dinner Table” Philip and William have an equally weighty interest in not being interfered with their actions. Indeed, there is no reason to think that freedom from interference with performing an action of no particular significance should be more important for adults than for children. If so, Mary’s unequal treatment implies that Philip has a right that William lacks, even though they both have an equally weighty interest in not being coercively interfered with their action. Hence, Mary’s unequal treatment is incompatible with a commitment to the equality of moral status between Philip and William. Therefore, William has a moral status that is inferior to that of Philip with respect to the right to non-interference.

The pertinent question then is: what, if anything, justifies Mary’s unequal treatment towards Philip and William? The answer, we argue, lies in the fact that adults are autonomous beings and, as such, have a very stringent right to non-interference with their own actions, even when these presuppose violating some social norms, which children lack. Let us explain.

In “Dinner Table”, Philip and William violate an informal social norm, shared at least in contemporary Western societies, whereby people ought to eat with their mouths closed. Social norms are “rules that govern the attitudes and behavior of members of a

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14 This then is not to deny that the weight of one’s interest in non-interference can vary in accordance with the significance of the action in question. For example, suppose that Philip chews with his mouth open to defy the social norms in force in his society. It seems plausible to hold that, in this case, Philip has a weightier interest in not being interfered with because this action is an expression of his moral convictions.
group, specifying how those individuals ought (not) to act” (Billingham and Parr 2020: 998). Therefore, social norms constitute ways in which persons show respect towards others. Accordingly, it is widely held that persons have a moral obligation to respect those social norms that correspond to fundamental principles of justice – such as anti-sexist and anti-racist norms – and that are essential to live together civilly and ensure peaceful and cooperative coexistence (Anderson 2000). However, it seems reasonable to maintain that it would be wrong to coercively force adults to abide by less serious social norms, like norms of politeness and etiquette. This is because, being full moral agents, adults are typically considered to have a right to personal freedom which generates a duty to refrain from imposing specific rules of conduct that are not necessary to protect other persons’ rights (Mill 2015).

Accordingly, we can now see that Mary’s unequal treatment of Philip and William is justified on the basis of a relevant difference in the moral status of the norm violator. On the one hand, Philip is a full moral agent: hence, while Mary can explain to him why she considers his action to be inappropriate, she must ultimately refrain from coercively preventing him from chewing with his mouth open, as a matter of respect for his status qua a moral agent. On the other hand, instead, William is a seven-year-old child who has not fully developed his agential capacities and, for this reason, he is liable to several forms of permissible interference with his own actions.

“Dinner Table” then is a case in which adults and children are treated unequally: crucially, what justifies this unequal treatment is not the possession of different interests, since ex hypothesi both Philip and William have an equally weighty interest in non-interference, at least in this specific case. Therefore, what makes this kind of unequal treatment appropriate is a difference in the moral status of Philip and William which, in turn, is grounded in the possession (or lack thereof) of a relevant property, namely: moral agency.
“Dinner Table” is thus a case in which, although adults and children have an equally weighty interest, it is required, or at least permissible, to grant adults a right to the satisfaction of that interest, while denying the same right to children. Hence, “Dinner Table” illustrates that it is sometimes required, or at least permissible, to consider and treat children as inferior to adults with respect to the right to non-interference.

Let us now strengthen our argument by addressing two objections. The first objection suggests that our analysis has misrepresented what is at stake in “Dinner Table”. “Dinner Table” is a case of paternalistic intervention, and treating children paternalistically is not only compatible with but also required by a commitment to considering and treating them as equals (Grill 2019). The reason for this is that, while adults have a fundamental interest in deciding what is good for them, which grounds a right not to be interfered with by others, children lack such a fundamental interest because they are not fully formed autonomous agents. On the contrary, children have a fundamental interest in having their well-being promoted by being educated, nurtured, and protected from their own bad choices. Paternalism then is a case in which adults and children have unequal rights simply because they have unequal interests. As such, far from being a violation of their equal moral status, it is the appropriate response to it.

In reply, we argue that, even assuming that paternalism is consistent with adults and children’s moral equality,15 “Dinner Table” is not – or at least need not be – a case of paternalism. To be sure, there might be paternalistic reasons for Mary to interfere with William: for example, it is plausible to hold that children should be taught to respect informal social norms, as this will foster their developmental process into well-adjusted adults capable of participating in and establishing social relations. However, Mary’s interference

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15 For why paternalism might be irreconcilable with a commitment to adults and children’s moral equality, see Bengtson and Lippert-Rasmussen (forthcoming: 18-19).
would be justified also on independent grounds: even if interfering with William’s action were not conducive to his well-being, Mary is nonetheless justified in coercively forcing him to stop from eating with his mouth open because (i) this is inappropriate behaviour and, as such, is disrespectful towards the other people who are at the dinner table, and (ii) William is not a fully autonomous agent who can claim a full right to non-interference. It follows from this that it is appropriate to interfere with children’s actions when they are disrespectful towards others, independently of and in addition to their consequences for children’s well-being. This kind of interference, however, is irreconcilable with a commitment to consider and treat children as moral equals because it is not a response to children’s interests.

The second objection suggests that Philip, like William, lacks a right to non-interference in “Dinner Table”. Social norms can be enforced through a wide range of informal non-legal sanctions, such as expressions of disapproval, ostracism, public shaming, and withdrawal of cooperation. And it seems reasonable to maintain that Mary can impose some sanctions in response to Philip’s social norm violation. For example, Mary may threaten Philip that she will no longer go to the restaurant with him if he keeps eating with his mouth open. But if this is true, so the objection concludes, there is a sense in which it is permissible for Mary to interfere with Philip’s action; hence, like William, Philip does not have a right to non-interference. Therefore, there is no asymmetry in the way in which Mary ought to treat Philip and William which is irreconcilable with a commitment to their moral equality.

Much of what we think about this objection turns on what we think constitutes an instance of “coercive interference.” However, we argue that the inequality of moral status

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16 For example, suppose that Mary knows that William will not remember being told off because he was eating with his mouth open and, as such, her interference will not have any long-term beneficial effects.
between Philip and William in “Dinner Table” is consistent with whatever conception of “coercive interference” one endorses. If one adopts a narrow conception of “coercive interference”, wherein coercive interference occurs only when one is physically prevented from carrying out an action, then Philip has a right to non-interference, which William lacks. This is because while Mary can enforce informal sanctions in response to Philip’s behaviour, she cannot force him to stop eating with his mouth open, while it is at least permissible for her to interfere with William’s action by taking the plate away from him. In this sense, then, condition (i) of our account of moral equality is not satisfied: Philip has a right to non-interference, which William lacks.

If, instead, one adopts a broad conception of “coercive interference”, wherein coercive interference occurs when some costs are applied to one’s choice, then both Philip and William have a right to non-interference, but their rights are not equally stringent. This is because although Mary can enforce some informal sanctions in order to stop Philip and William from eating with their mouths open, the sanctions should not be equally coercive. Indeed, as noted above, while Mary can communicate her disapproval to both for their behaviour, she cannot threaten Philip with forms of punishment, which are instead permissible in the case of William, such as forbidding him from doing an activity (e.g., playing with videogames) or taking his plate away. Thus, the unequal degree of severity of permissible sanctions that Philip and William are subject to reflects the unequal degree of stringency of the right to non-interference that both Philip and William have, which, in turn, is an appropriate response to their unequal status qua norm violators. Therefore, condition (ii) of our account is not satisfied: although Philip and William hold the same right to non-interference, their right is not equally stringent.

In the previous section, we have argued that there are some circumstances in which it is required, or at least permissible, to consider and treat children as superior to adults. In
this section, we have shown that the opposite is also true: it is sometimes required, or at least permissible, to consider and treat children as inferior to adults. Specifically, unlike children, adults are fully autonomous beings with a very stringent right against being interfered with actions that presuppose the violation of some less fundamental social norms, like norms of politeness or etiquettes.

It may be observed that this kind of inferiority does not concern crucial aspects of children’s lives, such as body integrity, health, education, and development of autonomy. But the kind of moral inferiority which we have identified in this section refers to an inequality in the fundamental right to non-interference that characterises a great number of ordinary interactions between adults and children. It provides a coherent rationale for why adults may interfere with children to force them to abide by several social norms – e.g., do not shout in public places; avoid nose-picking; avoid burping; do not spit on the ground; take your hat off when entering public buildings and attending ceremonies; use appropriate forms of courtesy when talking to others – independently of and in addition to its role in promoting their wellbeing. Hence, this is a genuine case of moral inferiority that pervasively shapes the relation between adults and children.

7. Moral Equality in Time

In the previous sections, we have developed a theory of the meaning of moral equality, according to which individuals are considered and treated as each other’s equals if, and only if, given equally weighty interests (i) they have the same rights to the satisfaction of those interests, and (ii) those rights have an equal degree of stringency, other things being equal. We have argued that this shows – contra what is often held in the literature – that adults and children ought not always to be considered and treated as moral equals; on the contrary, the latter are sometimes superior and sometimes inferior to the former.
But if our theory is correct, it also reveals that individuals’ *comparative* moral status changes across time. This is a significant implication because it allows us to shed light on an important question, which has received a great deal of attention in the literature on distributive equality but has so far been neglected in the literature on moral equality, namely: the question of “Equality in time”. In this final section, we address this lacuna.

As several theorists of distributive equality have pointed out, when analysing the requirements of equality, it is not sufficient to determine what is the relevant good X to which persons are entitled to have an equal amount of – e.g., resources or welfare – but it is also necessary to establish what the relevant *temporal domain* of equality is. In particular, Dennis McKerlie has distinguished three views of the “Equality in time” question:

1) The “whole complete lives” view maintains that what matters is that persons have an equal share of X over their complete lives. Two individuals A and B, then, have an equal amount of X if they hold an equal amount of X over the course of their lives, even if they possess unequal shares of X at specific points in time.

2) The “corresponding segments of life” view states that what is relevant is that persons have an equal share of X at corresponding segments of time. For example, A and B have an equal amount of X if they have an equal share of X when they are both children and when they are both adults.

3) The “simultaneous segments of lives” view holds that persons have an equal amount of X if they have an equal amount of X at each simultaneous segment of life. For instance, if A is an adult when B is a child, then, A and B have an equal amount of X if they have an equal share of X at that simultaneous segment of their lives (McKerlie 1989).¹⁷

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¹⁷ For further discussion, see also Bidadanure (2016).
Now, our analysis of the equality of moral status between adults and children has two significant and far-reaching implications. First, it shows that an adequate theory of moral equality cannot simply explain if and why human beings have equal moral status. Instead, it must also identify the salient temporal domain of equality in order to specify the relevant sense in which human beings ought to be considered and treated as equals. In short, any theory of moral equality must provide an answer to the “Equality in Time” question. Second, it also offers a theoretical framework which can help us address such a question. Specifically, it reveals that human beings’ moral status changes across time because the (i) kind of rights that human beings have over the course of their lives, as well as (ii) the degree of their stringency, vary according to the kind of morally significant properties that they possess and the degree to which they hold them at different stages of their lives.

Drawing on this theoretical framework, in what follows we analyse what the most plausible view of moral equality in time is. Consider then the following table which illustrates William’s and Philip’s (i) right to have their safe preferences taken into account (RPTA), (ii) right to be relieved from pain (RRP), (iii) right to non-interference (RNI), and their respective degree of stringency, at different stages of their lives.
As we saw above, there are three possible answers to the question of what the relevant temporal unity for moral equality is. One possibility is to look at William’s and Philip’s lives and verify whether they have had the same rights with an equal degree of stringency over the complete course of their lives. According to this view, the lower degree of stringency of a right at a given segment of time can be compensated by a higher degree of stringency later in life, and vice versa. We can therefore calculate the whole-life degree of moral status of an individual by summing the stringency of each right along their life, as shown in the right column of the table. If Philip and William have the same and equally stringent rights over the complete course of their lives, then they have equal moral status in the relevant sense. Call this, the “whole complete lives” view of moral equality (or “whole complete lives” view for short).
The “whole complete lives” view, however, is unable to capture relevant (in)equal-
ities of moral status between Philip and William in specific segments of their lives. On the
one hand, it cannot rule out some unjustified dimensions of moral inequality. For instance,
it does not have the theoretical resources to condemn a scenario in which at T3 Philip’s
RPTA has a degree of stringency 10 while William’s has a degree of 100, and the situation
is reversed at T4. In such a scenario, while at T3 Philip has the right to unilaterally decide
what to watch on TV, William has the same right at T4, and their respective RPTA have
an equal aggregated degree of stringency over the complete course of their lives. Accord-
ingly, the “whole complete lives” view allows for any type of right stringency aggregation
and therefore is insensitive to salient dimensions of moral equality at specific segments of
time, such as the equality of RPTA.

On the other hand, the “whole complete lives” view cannot vindicate some justified
dimensions of moral inequality. For example, it does not require that, at T3 and T4, Wil-
liam is considered and treated as a superior with regard to RRP, and as inferior with respect
to RNI. In fact, it is compatible with the claim that Philip and William have RNI and RRP
with an equal degree of stringency over their lives. Hence, this view is unable to provide a
coherent rationale for the verdicts of “Cephalalgia-70” and “Dinner Table”.18

Alternatively, one might hold that the corresponding segments of life are the rele-
vant temporal domain of moral equality. The relevant segments of life are represented in
our table by: “early childhood”, “late childhood”, and “adulthood”. On this view, then, two
individuals are considered and treated as equals if they have equal moral status at each
corresponding segment of life. Call this, the “corresponding segments of life” view of
moral equality (or “corresponding segments of life” view for short).

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18 To be sure, the “whole complete lives” view is compatible with these verdicts only if and because they
turn out to be consistent with the equality of moral status between William and Philip over the complete
course of their lives.
The “corresponding segments of life” view seems more plausible than the “whole complete life” view because it does not allow for any type of stringency aggregation during life, but it entails that all individuals experience the same kind of stringency aggregation during their lives. Thus, individuals are fundamentally each other’s equals if and because they all have a less stringent RNI and a more stringent RRP during their childhood, whereas they hold a more stringent RNI and a less stringent RRP during their adulthood.

The problem with the “corresponding segments of life” view, however, is that it is unable to condemn any kind of moral inequality, as long as it is shared by every individual at a certain stage of their lives. For example, suppose that children have RPTA of stringency 10 (Philip at T1 and T2 and William at T3 and T4), whereas adults’ RPTA has a degree of stringency 100 (Philip at T3 and T4 and William at T5 and T6). The “corresponding segments of life” view would conclude that children and adults are considered and treated as equals because they have equal moral status at each corresponding segment of life. But, as we have argued above, a convincing account of the moral equality between adults and children should be able to explain why adults and children are sometimes moral equals in simultaneous – not corresponding – segments of their lives. For example, Philip and William ought to be considered and treated as equals with respect to RPTA at T3 and T4. The corresponding segments of life view fails to justify this conclusion and thus does not provide a comprehensive and plausible account of the salient temporal domain of moral equality between adults and children.

Finally, one might maintain that simultaneous segments of life are the salient temporal domain of moral equality. On this view, human beings have equal moral status in the relevant sense if they are considered and treated as equals at simultaneous segments of their lives. Call this, the “simultaneous segments of life” view of moral equality (or the “simultaneous segments of life” view for short).
Our analysis provides a coherent rationale for why this is the most plausible view of “moral equality in time”. This is because only the “simultaneous segments of life” view is able to account for the justified dimensions of moral (in)equality between Philip and William, which we have identified in the previous sections. Specifically, only by taking “simultaneous segments of life” as the relevant time unit can we make sense of the fact that (i) Philip and William ought to be treated as equals with respect to RPTA at T3 and T4, (ii) and as unequals with regards to RNI and RRP at those same segments of time. More generally, the “simultaneous segments of life” view offers a theoretical framework which explains why human beings’ comparative moral status changes across time. In particular, the kind of rights that they hold and their degree of stringency vary in accordance with the kind of status-conferring properties that human beings have, and the degree to which they possess them, at specific segments of their lives. Therefore, human beings are each other’s equals in the relevant sense if they are considered and treated as equals at simultaneous segments of their lives.

8. Conclusion

The principle of moral equality is still the common premise to much of the debate in contemporary moral and political philosophy. Yet, while hardly anyone rejects this principle, few agree on what exactly is entailed by a commitment to it. In this paper, we have developed a theory of the meaning of moral equality that has clarified which instances of unequal consideration and treatment are compatible with a commitment to moral equality, and which are not. Specifically, we have argued that persons are considered and treated as each other’s equals if, and only if, given equally weighty interests, they hold the same, and equally stringent, rights to the satisfaction of those interests.
This account has brought to light two original and significant implications for the debate on moral equality. First, it has revealed – contra what is often held in the literature – that it is sometimes required, or at least permissible, to consider and treat children and adults as moral unequals. Second, it has shown that human beings’ comparative moral status changes across time, and that what matters is that they are considered and treated as moral equals at simultaneous segments of their lives.

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