Measures of benefit, social values and claims: (How) Can the current health economic evaluation paradigms be amended to meet fairness objectives?

1. The multiple goals assumption
2. Health maximization
3. Social value maximization
4. Additive interpersonal aggregation

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1. The multiple goals assumption

"[...] a major objective of decision-makers is to maximize health or health improvement across the population subject to resource constraints."

Weinstein et al. 2009

"[...] that decision-makers may also have other objectives such as equity, fairness, and political goals, all of which currently must be handled outside the *conventional* [approach]."

Weinstein et al. 2009

Message 1

The fairness problem cannot be solved outside the conventional, health-maximizing evaluation approach. Solving the fairness problem means correcting the approach. We have to look for the source of unfairness within the approach, in order to remove it.

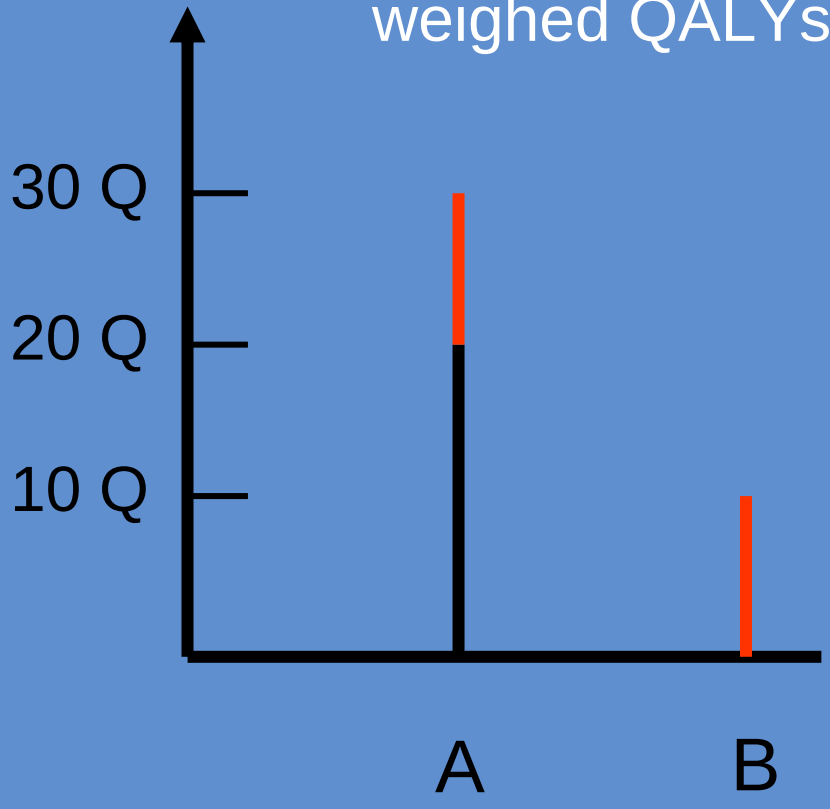
2. Health maximization

“Under strict application of the principles of efficient allocation, working people must be given the more preference the higher their income.”

Greiner 2007 (translation W. L.)

conventional max ($Q^A + Q^B$)

weighed QALYs max ($\frac{1}{2} Q^A + 1 Q^B$)

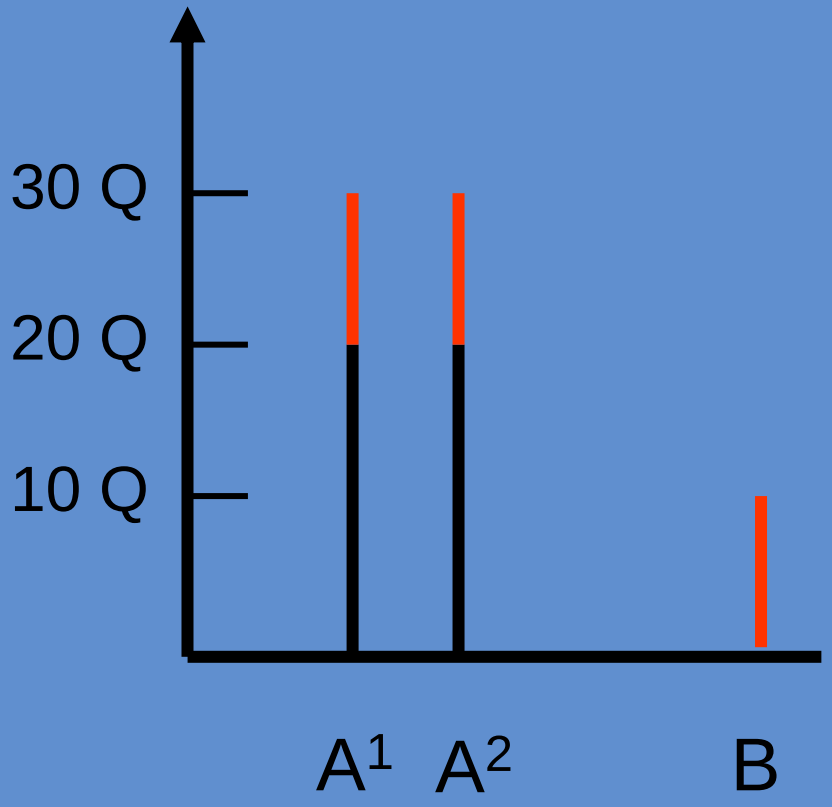


"[S]ociety´s overall valuation of health output is a function not only of total output, but also of the distribution of health output across individuals. […] The term *health-related societal value* may be used to designate the overall value that society assigns to different health outcomes and programmes when concerns for both efficiency and equity are taken into account. Equity weighed QALYs are thus measures of health-related societal value."

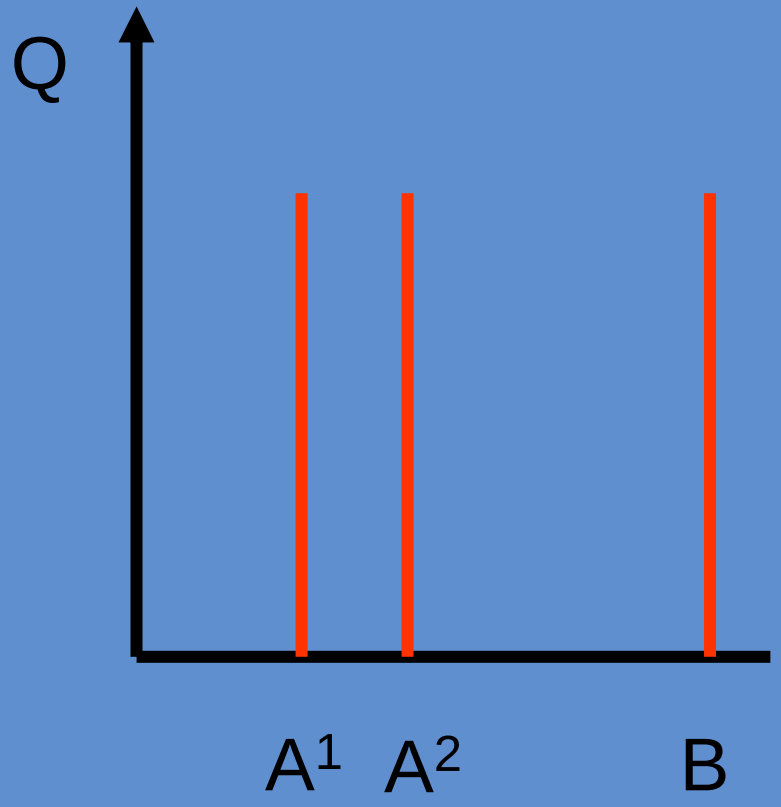
Nord et al. 1999

3. Social value maximization

$$\max (\tfrac{1}{2} Q^{A1} + \tfrac{1}{2} Q^{A2} + 1 Q^{B})$$



$$\max (\tfrac{1}{2} Q^{A1} + \tfrac{1}{2} Q^{A2} + 1 Q^{B})$$

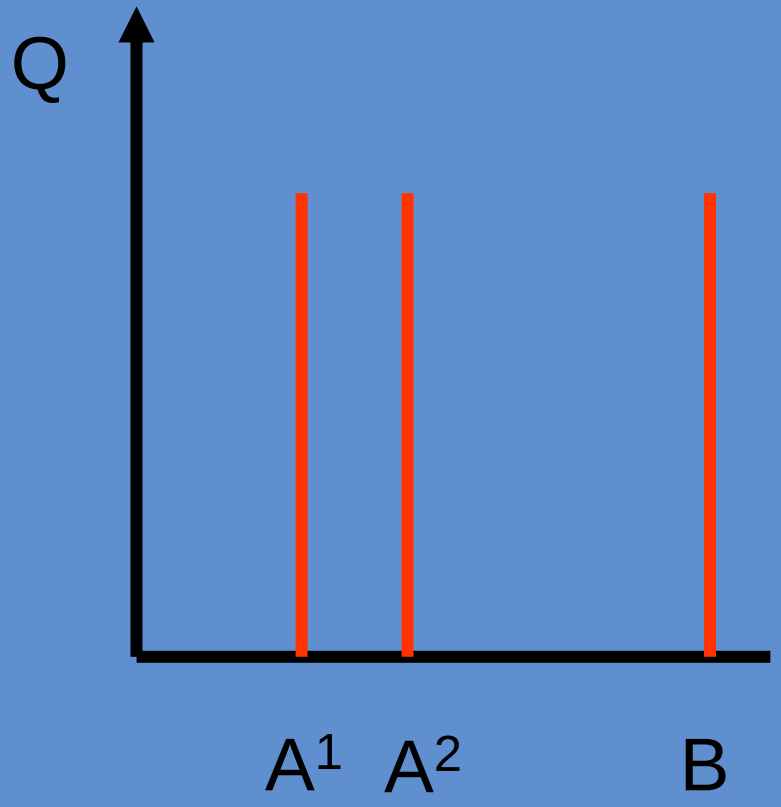


Message 2

The method of equity weighting assumes that health care allocation is an exercise in value maximization. So-called social preference studies do not confirm this assumption empirically. The assumption is a preconception that analysts foist onto their subjects. It may well be false. Without it, no equity weights can be elicited from preference studies.

4. Additive interpersonal aggregation

$$\max (\tfrac{1}{2} Q^{A1} + \tfrac{1}{2} Q^{A2} + 1 Q^{B})$$



Message 3

Equity weighting assumes that fairness can be integrated into cost-effectiveness analysis by manipulating the value of the units that are aggregated. If, however, the fairness problem rests within the mode of aggregation, this assumption is wrong. Additive interpersonal aggregation, the very basis of the idea of efficient allocation, might itself be the source of the fairness problem.

Message 4

Whenever experts for health care evaluation talk to you about “best outcomes”, ask back: best for whom? If the answer is “best for the patients”, ask back: best for which patients? And if the answer is “best for society”, ask back: Who exactly is that, please?