

## Health Economics Summer School

### Roundtable Discussion

### *The 'Dismal Science' Revisited: Normative Foundations of Health Economic Analysis*

Heidelberg, Studio of Villa Bosch, September 25, 2007, 08:00 p.m.

#### **Friedrich Breyer** (Universität Konstanz)

"In my view, the objective 'to maximize health' can be a reasonable one only under two rather restrictive conditions, 1. the health care budget is exogenously fixed and independent of demand or supply conditions, and 2. health is not the responsibility of the individual but something that can be produced by medical care professionals. This presents a fairly paternalistic picture."



#### **Martin J. Buxton** (Brunel University, London)

"Consistent with the aim of the health service to maximize population health within a politically determined budget, we need to disinvest from technologies that have poorer cost-effectiveness ratios to allow investment in technologies that offer more health gain per unit of resource. This means we need to establish what threshold level will achieve this at the margin."



#### **Sören Holm** (Cardiff University / Prifysgol Caerdydd)

"Maximizing health related quality of life is not the goal of the health care system and neither is minimizing losses of disability adjusted life years. Furthermore, there is no algorithmic way of taking all the other goals of the health care system into account. Reliance on cost-utility analysis in priority setting is therefore dangerous and may, in some circumstances, be positively unethical."



#### **Jeff Richardson** (Monash University, Melbourne)

"National Health Schemes (NHS) have been established to achieve fundamental fairness objectives. In contrast, economic evaluation usually operates with an 'efficiency first' paradigm, which facilitates the sidelining of issues of fairness. However, despite the appearance of radical change, our proposal of a fairness-based framework would have a relatively modest effect upon the practice of economic evaluation."



#### **Michael Schlander** (Hochschule für Wirtschaft Ludwigshafen)

"In a Health Scheme created crucially to replace market values, it is incongruous that the framework for evaluation should be based upon the values embodied in the market model. In order to increase its relevance to policy-makers, how can economic evaluation of health care programs accommodate principle-based medical ethics ('respect for autonomy, nonmaleficence, beneficence, justice') and rights-based approaches?"

