

EQUITY AND ETHICAL CONSIDERATIONS IN HEALTH TECHNOLOGY ASSESSMENT

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Defining Equity

- Equity as a concept is represented by ideas of social justice or fairness. It is an ethical concept, grounded in principles of distributive justice.
- Equity in health can therefore be defined as the absence of socially unjust or unfair health disparities (Braveman and Gruskin: 2003)

Key points in defining Health Equity

- A definition of equity in health is needed that can guide measurement and hence accountability for the effects of actions.
- Health equity is the absence of systematic disparities in health (or its social determinants) between more and less advantaged social groups.
- Social advantage means wealth, power, and/or prestige—the attributes defining how people are grouped in social hierarchies.
- Health inequities put disadvantaged groups at further disadvantage with respect to health, diminishing opportunities to be healthy.
- Health equity, an ethical concept based on the principle of distributive justice, is also linked to human rights (Braveman and Gruskin: 2003).

Equity in Health Technology Assessment

- According to Culyer and Bombard, there are two domains of equity that are particularly relevant for HTA. "One is fairness of the procedures used in the conduct of HTAs. The other is equity as a decision criterion, like efficiency, for ranking health care interventions" (Culyer and Bombard:2012; 148)
- There are multiple determinants of equity for HTA like the choice and implementation of technology, the role of the health service system to make it available, accessible, affordable and acceptable (4 As) across social groups and the cost of the technology and its use.

Equity in HTA

- The health service system is an important determinant of equity and therefore the four As stated above need to be factored as an important consideration.
- It is vital that the assumptions and trade offs be clearly stated through the deliberations regarding the choice of technology by the HTA process.
- Draborg et al have further elaborated the importance of resources and the health system performance for equity in HTA.
- They state that HTA is a multidisciplinary process that systematically evaluates the effects of a technology on health on the availability and distribution of resources and on other aspects of health system performance such as equity and responsiveness (Draborg et al: 2005).



Figure 2. Social and ethical issues associated to key components of an health technology assessment (HTA). *Adapted from Hofmann (16); **adapted from Heitman (18); ***adapted from Hasman (15).

Equity and HTA

- The HTA process has to engage with several determinants of equity that are not mutually exclusive of one another. These include the following:
- Socio-economic inequities in health outcomes and access to health services
- The political support for health services
- Budgetary support
- Availability, accessibility, affordability and acceptability of health services
- Capacity of health services
- Cost of technology, cost to the health services and to the users of the services
- Safety aspects of the technology
- Clinical effectiveness
- Legal aspects

• THERE IS A GENERAL CONSENSUS IN THE HTA COMMUNITY TO INTEGRATE SOCIAL AND ETHICAL CONCERNS.

- LEHOUX AND BLUME (2000) HAVE SHOWN THAT A VERY SMALL PERCENTAGE OF HTA STUDIES HAVE INTEGRATED THESE CONCERNS.
- WHY ARE THESE CONCERNS NOT BEING ADEQUATELY ADDRESSED BY HTAS?
- THE PROBLEM IS LOCATED IN THE CONCEPTUAL AND METHODOLOGICAL UNDERPINNINGS OF HTA
- HTA IS PRIMARILY BUILT ON THE ASSUMPTION THAT TECHNOLOGY IS VALUE NEUTRAL. IT IS ASSUMED THAT IT IS ONLY ITS APPLICATION THAT VALUES BECOME RELEVANT.

• WHILE THE IMPORTANCE OF SOCIAL AND ETHICAL CONSIDERATIONS FOR HTA IS ACKNOWLEDGED, THE CHALLENGE IS 'HOW' TO INTEGRATE IT

- THERE ARE THEORETICAL, CONCEPTUAL AND METHODOLOGICAL CHALLENGES THAT UNDERPIN THE 'HOW' QUESTION
- THE FIRST STEP IS TO ACKNOWLEDGE THESE CHALLENGES AND ENSURE THAT THERE IS A MULTIDISCIPLINARY TEAM THAT IS A PART OF THE HTA PROCESS
- A WILLINGNESS FOR DIALOGUE AND DEBATE WITHIN AND ACROSS DISCIPLINARY BOUNDARIES
- IMPORTANT TO ACKNOWLEDGE THE POWER RELATIONS BETWEEN
 DISCIPLINES
- BIOMEDICINE AND ECONOMICS HAVE SET MUCH OF THE TERMS OF THE THEORETICAL, CONCEPTUAL AND METHODOLOGICAL DIMENSIONS OF HTA
- SOCIAL AND ETHICAL ISSUES ARE OFTEN 'ACCOMODATED' OR MAYBE EVEN PERIPHERAL TO THE EXERCISE

- COST EFFICIENCY AND EVEN SAFETY OF TECHNOLOGIES CAN BE SUBJECT TO QUANTITATIVE ANALYSIS
- MORAL, ETHICAL AND SOCIAL ASPECTS CANNOT ALWAYS BE SUBJECT TO QUANTIFICATION
- SINCE THEY MAYNOT BE AMENABLE FOR QUANTIFICATION THEY MAY BE MARGINALISED
- THESE ASPECTS NEED TO FOREGROUNDED AND ADDRESSED IN ORDER TO ENSURE TRANSPARENCY IN THE ASSUMPTIONS

THIS WOULD REQUIRE A SURVEY OF RELEVANT LITERATURE ON THE TECHNOLOGY, SAFETY CONCERNS, CLINICAL TRIALS, ADVERSE EVENTS, HEALTH SYSTEM PREPAREDNESS, LEGAL ISSUES, PUBLIC DEBATES/OPINIONS ETC

- INTEGRATING MORAL ISSUES IN HTAs IS TO ADDRESS IMPORTANT ASPECTS THAT INFORM OUTCOMES AND COSTS
- THE DECISIONS ARISING OUT OF HTA MUST BE COMMUNICATED IN AN ACCESSIBLE MANNER TO THE PUBLIC
- HERE, SCIENCE AND MORALITY ARE INTERCONNECTED. IT IS THE RESPONSIBILITY OF THE HTA PROCESS TO ENGAGE WITH THESE DIFFICULT QUESTIONS

• AN EXAMPLE OF THIS IS THE CASE OF TESTING THE SAFETY, EFFICACY AND COST EFFECTIVENESS OF INJECTIBLE CONTRACEPTIVES/ IMPLANTS

- THERE IS A LONG DEBATE ON THE EFFICACY AND SAFETY OF THESE CONTRACEPTIVES- FROM A SCIENTIFIC, PREPAREDNESS OF HEALTH SERVICE SYSTEMS, CONTRAINDICATIONS, SIDE EFFECTS
- ITS EFFECTS ON POPULATIONS BELONGING TO DIFFERENT SOCIO-ECONOMIC STRATA WITH VARYING NUTRITIONAL STATUS
- CAPACITY OF HEALTH SERVICE SYSTEMS FOR SCREENING, MONITORING AND FOLLOW UP
- THESE ARE SOME OF THE SOCIAL AND ETHICAL CONSIDERATIONS THAT SHOULD INFORM THE ASSESSMENT

THE CANADIAN AND A FEW NORTHERN AND WESTERN EUROPEAN COUNTRIES HAVE TRIED TO INTEGRATE SOCIAL AND ETHICAL CONCERNS IN HTA

- THERE IS SOME CRITICAL ENGAGEMENT BY SCHOLARS ON THIS ISSUE BUT STILL AT A NASCENT STAGE
- THERE ARE SOME CONCEPTUAL MAPS THAT HAVE BEEN EVOLVED WHICH WE MAY CONSIDER WHILE WE EMBARK ON HTA IN INDIA
- THERE HAS TO BE A CONSCIOUS EFFORT FOR A DIALOGUE AND ENGAGING WITH 'DIFFICULT' QUESTIONS
- LETS NOT REDUCE HTA TO A MERE COSTING EXERCISE
- THAT MAYBE THE DEMAND FROM INSURANCE SCHEMES OR NATIONAL PROGRAMMES
- THE HTA NEEDS TO DEFINE ITS ROLE MUCH BEYOND THE 'DEMANDS'THAT ARE LIKELY TO ARISE
- THERE IS NEED TO BUILD A MULTIDISCIPLINARY TEAM, CAPACITIES OF THE TEAM AND HAVE OPEN ENGAGEMENT WITH THE WIDER SCIENTIFIC COMMUNITY

