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THE CAKE AND ITS BITS:

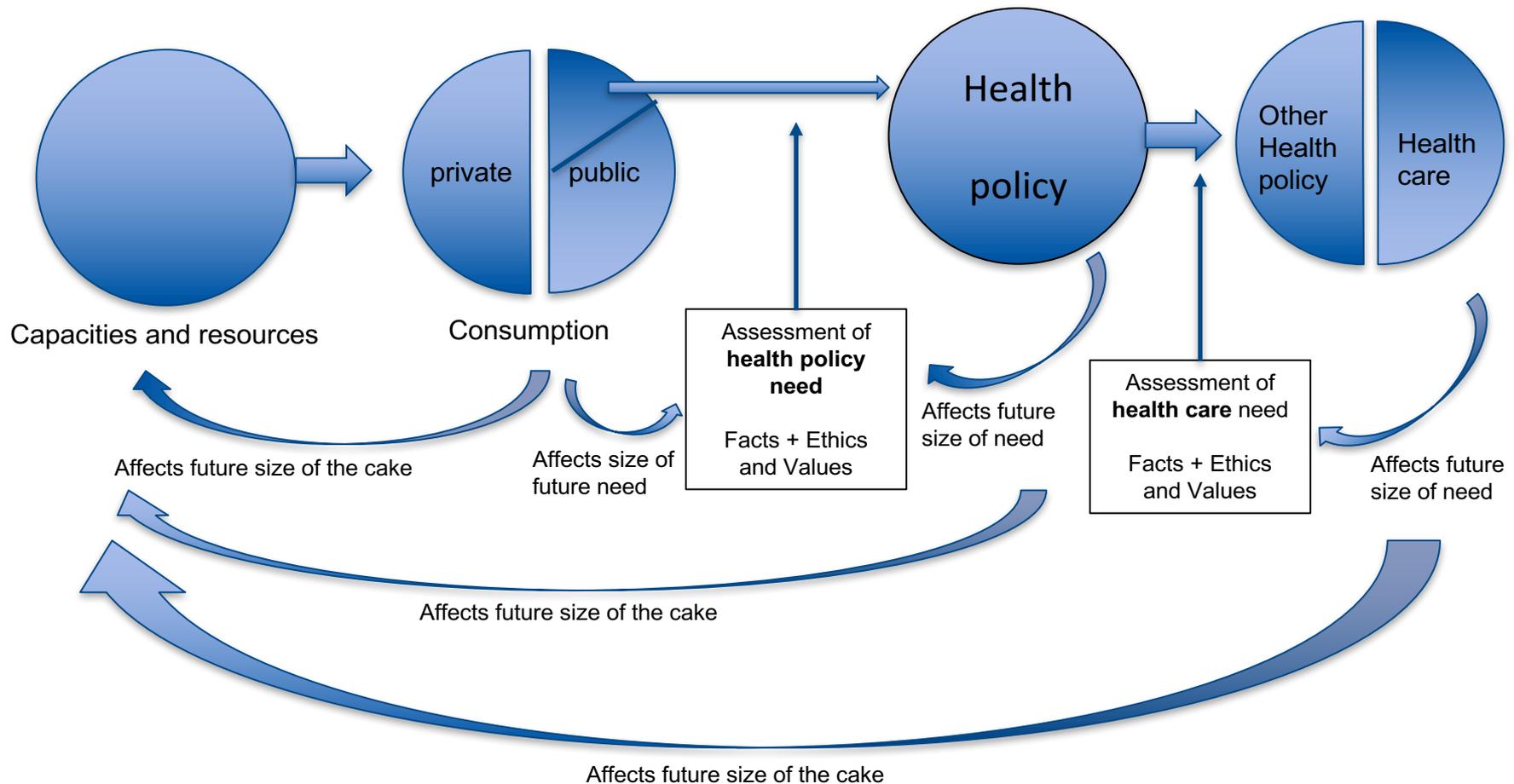
CAN UNIVERSAL HEALTHCARE SYSTEMS SURVIVE (WITHOUT) ETHICAL PRIORITY SETTING?

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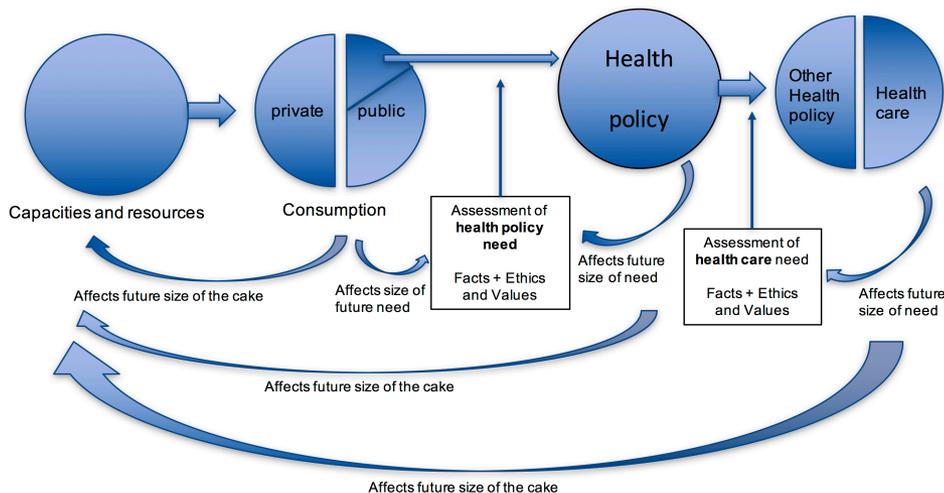
MAIN THESES

- Understanding the dynamics of the public funding of health systems is crucial for a sound ethical analysis of priority setting ...
 - ... within health care, and ...
 - ... between healthcare and wider health policy, and ...
 - ... the healthcare sector and other sectors of public policy.
- These areas of priority setting must be analysed together, lest the ethics of priority setting within health care risks being corrupted by negative structural dynamics
- Determining **the size** of the cake in light of what affects it should not be disentangled from the question of how **dividing it up in bits** may affect quality of service delivery
- This means that the traditionally embraced principles for ethical priority setting in health care need to be complemented

Public funding of health systems: the cake



Main ethical values at work: *sustainability* & *population based principle of need*



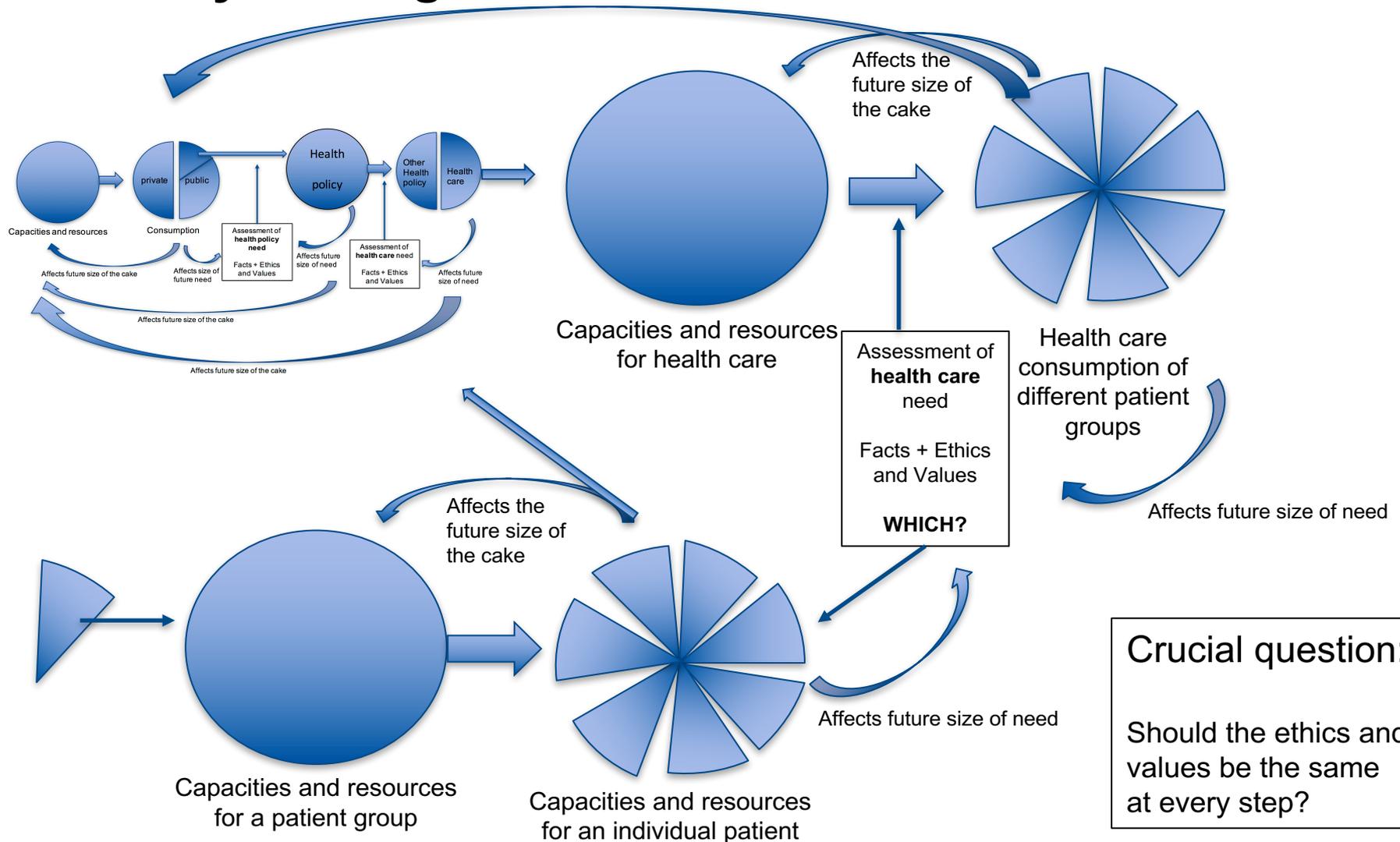
Roughly:

1. Society should become better at providing for *societal* health needs
2. The pursuit of 1 must be sustainable over time

The ethics of priority setting at this level:

- **No individualist principle of need:** size of population & effects on growth and social stability decisive
- **No superior principle of equal standing or human dignity:** an aspiration to be better at providing for human needs

Priority setting *within* health care



Example (simplified, but rooted in reality):

- Unique patient X (1 person): extremely severe condition, no current treatment whatsoever
- New drug: some, but very weak effect, some but weak evidence, very high cost that cannot be absorbed as an overhead across the health system without noticeable effect on other patient groups
- Expected dynamic effect: providing the drug creates incentive for companies to develop similar drugs for similar groups at even higher costs
- Alternative spending: infrastructural investment (nothing to do with the health budget) that will prevent the occurrence of future patients like X

Current standard ethics for priority setting within health care

1. Principle of equal treatment and non-discrimination
2. Principle of individual need
3. Principle of cost-effectiveness
4. Lexical ordering: 1 before 2 before 3



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My suggestion:

- The traditional principles should be **constrained by a principle of sustainability**
- They should moreover be complemented by an explicit **principle of preventive need**
- This means that the strict ordering between them, and the strict individualism of principle 2 is relaxed
- Possibly, at the clinical level, the traditional principles should be retained as the main ethos.