#### **Guest Editorial**

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# Allocating resources in health care

# A comparison of cost-effectiveness analyses and evidence-based medicine

n many industrialized countries there is a discussion about rationing health care services [40]. Rationing of health care services can be defined as the failure to provide services which are necessary and demanded. Rationing can be done explicitly or implicitly, i.e., with or without predefined criteria. It is a method of allocating health care resources that decreases the input to the health care system (health care expenditures) as well as its output (health outcomes). Cost-effectiveness analyses (CEAs) which compare the cost of a program with its expected benefits present a typical tool to this end.

An alternative method of allocating resources is evidence-based medicine (EBM). EBM follows four steps: formulate a clear clinical question from a patient's problem; search the literature for relevant clinical articles; evaluate (critically appraise) the evidence for its validity and usefulness; implement useful findings in clinical practice [57], EBM primarily aims at improving clinical practice and thus tries to increase the output of the health care system regardless of changes to its input. Thus, EBM does not directly consider the cost-effectiveness of interventions. Efficiency considerations are made indirectly in terms of the number needed to treat to prevent one target event (NNT) and the number needed to treat to produce one episode of harm (NNH) (or other proxies for the absolute benefit/harm a patient can expect from treatment). By dividing the inverse of the NNT through the inverse

of the NNH the likelihood of being helped versus harmed (LHH) is calculated [10]. Thus, EBM allows to assess a benefit-harm ratio. In that respect, EBM and CEA are alternatives for allocating scarce health care resources.

The purpose of this article is to compare CEAs and EBM as the most frequently discussed tools for the allocation of health care resources. The advantages and limitations as well as the ethical justifications for the two methods are discussed.

#### General characteristics of resource allocation tools

Tools for allocating resources establish criteria by which health insurers are able to determine a package of health care services to be reimbursed. They are most favorable if they can be applied to all services of the health care system. They are largely free of controversial value judgements and not tied to any specific ethical theory. CEAs, for example, are ethically justified not only by the ethical theory of utilitarianism (see below).

#### Criteria for evaluating resource allocation tools

For evaluating CEAs and EBM as resource allocation tools we applied criteria related to their methodology (methodological soundness; existence and use of methodological standards) as well as their implementation and impact (generalisation of study results; impact on total health care expenditures; acceptance among all stakeholders; number of interventions evaluated; feasibility of implementations ethical justification based on the main ethical threories).

#### Common characteristics of cost-effectiveness analyses and evidence-based medicine

It is a disadvantage of both CEAs and EBM that they base their findings on studies of patients with specific characteristics. Thus, conclusions drawn from these studies apply to patients similar to patients encolled in these studies but not necessarily to the individual in question. This is of concern because the effectiveness of interventions may differ among individuals due to comorbidities, cultural factors, individual preferences, and other factors. Forming subgroups with homogeneous characteristics within the study population is a potential solution but may also lead to discrimination if specific subgroups did not receive services hed.

Another disadvantage common to both CEAs and EBM is that only a small number of interventions have been evaluated so far (see below). Finally, both CEAs and EBM promote rational thinking in clinical decision making and thus

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# **Allocating Health Care Resources**

**Robert M. Veatch** 

#### **Allocating Health Care Resources:**

Allocating Health Care Resources James M. Humber, Robert F. Almeder, 1995-01-11 In ALLOCATING HEALTH CARE RESOURCES leading authorities and researchers expose the basic philosophical ethical and economic issues underlying the current health care debate The contributors wrestle with such complicated issues as whether it is ethical to ration health care the morality of the worldwide bias against children in allocating health care resources whether sin taxes can be defended morally and how to achieve a just health care system The book also includes an insightful analysis of the Clinton health care reform plan ALLOCATING HEALTH CARE RESOURCES will be of interest to philosophers health policy experts medical ethicists health professionals and concerned citizens It serves to clarify and illuminate the logic and rhetoric of health care reform and so to help us all achieve a fair and equitable distribution of these precious resources Economics of Resource Allocation in Health Care Andrea Klonschinski, 2016-03-31 The question of how to allocate scarce medical resources has become an important public policy issue in recent decades Cost utility analysis is the most commonly used method for determining the allocation of these resources but this book counters the argument that overcoming its inherent imbalances is simply a question of implementing methodological changes. The Economics of Resource Allocation in Health Care represents the first comprehensive analysis of equity weighting in health care resource allocation that offers a fundamental critique of its basic framework It offers a critique of health economics putting the discourse on economic evaluation into its broader socio political context Such an approach broadens the debate on fairness in health economics and ties it in with deeper rooted problems in moral philosophy Ultimately this interdisciplinary study calls for the adoption of a fundamentally different paradigm to address the distribution of scarce medical resources This book will be of interest to policy makers health care professionals and post graduate students looking to broaden their understanding of the economics of the health care system Allocating Health Resources Anne Fox Kiger, 1986 Allocating Scarce Medical Resources H. Tristram Engelhardt Jr., Mark J. Cherry, 2002-05-20 Roman Catholic moral theology is the point of departure for this multifaceted exploration of the challenge of allocating scarce medical resources. The volume begins its exploration of discerning moral limits to modern high technology medicine with a consensus statement born of the conversations among its contributors The seventeen essays use the example of critical care because it offers one of the few areas in medicine where there are good clinical predictive measures regarding the likelihood of survival As a result the health care industry can with increasing accuracy predict the probability of saving lives and at what cost Because critical care involves hard choices in the face of finitude it invites profound questions about the meaning of life the nature of a good death and distributive justice For those who identify the prize of human life as immortality the question arises as to how much effort should be invested in marginally postponing death In a secular culture that presumes that individuals live only once and briefly there is an often unacknowledged moral imperative to employ any means necessary to postpone death The conflict between the free choice of individuals and various aspirations to equality compounds the challenge of controlling medical costs while also offering high tech care to those who want its possible benefits It forces society to confront anew notions of ordinary versus extraordinary and proportionate versus disproportionate treatment in a highly technologically structured social context This cluster of discussions is enriched by five essays from Jewish Orthodox Christian and Protestant perspectives Written by premier scholars from the United States and abroad these essays will be valuable reading for students and scholars of bioethics and Ethics of Health Care Benedict M. Ashley, Kevin D. O'Rourke, 2002 The textbook emphasizes the Christian moral theology Catholic tradition in health care ethics without separating it from the broader Christian tradition The third edition incorporates issues that have arisen since the 1994 second and is somewhat differently arranged Appended are the 2001 Ethical and Religious Directives for Catholic Health Facilities and the Universal Declaration of Human Rights of the United Nations Annotation copyrighted by Book News Inc Portland OR VA health care allocation changes would better align resources with workload ,2002 Rationing and Resource Allocation in Healthcare Ezekiel J. Emanuel, 2018 Budgets of governments and private insurances are limited Not all drugs and services that appear beneficial to patients or physicians can be covered Is there a core set of benefits that everyone should be entitled to If so how should this set be determined Are fair decisions just impossible if we know from the outset than not all needs can be met While early work in bioethics has focused on clinical issues and a narrow set of principles in recent years there has been a marked shift towards addressing broader population level issues requiring consideration of more demanding theories in philosophy political science and economics At the heart of bioethics new orientation is the goal of clarity on a complex set of questions in rationing and resource allocation Rationing and Resource Allocation in Healthcare Essential Readings provides key excerpts from seminal and pertinent texts and case studies about these topics contextualized by original introductions The volume is divided into three broad sections Conceptual Distinctions and Ethical Theory Rationing and Resource Allocation Containing the most important and classic articles surrounding the theoretical and practical issues related to rationing and how to allocate scare medical resources this collection aims to assist and inform those who wish to be a part of bioethics 21st century shift including practitioners and policy makers and students and scholars in the health sciences philosophy law and Allocating Health Resources Martin Buxton, Rudolf Klein, Great Britain. Royal Commission on the medical ethics National Health Service, 1978 Allocating Health Resources Buxton M. J., Klein R. E., 1979 The desire to achieve a more equiable distribution of resources was a basic force in the creation of the national health service More over it was implicit from the very beginning that new resources were to be allocated according to centrally determined criteria More than thirty years later large geographical variations in the provision of health care in particular the expensive hospital service remain whether measured in terms of expenditure capital Beds Or manpower per capita One point often overlooked cannot however be overstres sed That variations in resources can only be used as a very rough and ready indicator of variations in the

provision and availability of health care The correspondence between levels of resource avail ability and use is obviously not complete Earlier attempts to re allocate revenue resources tended to compromise that the formulae were based on a mixture of population and existing resource criteria The recommendations of the resource allocation working party represent a complete break from this particular compromise Only population based criteria are included in its formula for revenue purposes The report discusses in more detail some of the main problems involved in constructing and utilising such formulae

Medical Ethics Robert M. Veatch, 1997 A collection of readings on topics such as abortion organ transplantation and HIV Valuable for practitioners and students of medical ethics **Essentials of the U.S. Health Care System** Leiyu Shi, Douglas A. Singh, 2022-07-18 Essentials of the U S Health Care System Sixth Edition is a clear and concise distillation of the major topics covered in the best selling Delivering Health Care in America by the same authors Written with the undergraduate in mind Essentials of the U S Health Care System is a reader friendly well organized resource that covers the major characteristics foundations and future of the U S health care system The text clarifies the complexities of health care organization and finance and presents a solid overview of how the various components fit together Key Features Updated new data for tables charts figures and text based on the latest published data Coverage of COVID 19 The latest on the Affordable Care Act including its effects of insurance access and cost Navigate eBook access included with each print text provides online or offline access to the digital text from a computer tablet or mobile device **Rights and Resources** Frances H. Miller, 2024-11-01 This title was first published in 2003 The fulfilment of health care rights in a world where resources are scarce is a prominent issue In this volume Frances H Miller introduces studies on a wide variety of aspects of this important yet complex process The Allocation of Health Care Resources John McKie, Peter Singer, Jeff Richardson, 2016-12-05 The competition for limited health care resources is intensifying We urgently need an acceptable method for deciding how they should be allocated But the goods that health care produces are of very different kinds Health care can extend the lives of children and of older people It can make it possible for a person to walk when without health care that person would be permanently bedridden and it can reduce the pain and distress of people who are terminally ill How can we possibly decide which of these and many more diverse achievements of health care are more deserving than others We need a common unit by which we might be able to measure these very different goods The Quality Adjusted Life Year or QALY is the most developed proposal for such a unit of measure In this book a distinguished team of ethicists and economists defend the core of the QALY proposal that health care resources should be used so as to produce more years of life of the highest possible quality. This leads to a discussion of such fundamental questions as whether all lives are of equal value whether health care should be allocated on the basis of need and whether the QALY approach incorporates an adequate account of fairness or justice The result is the most thorough account yet of the ethical issues raised by the use of the QALY as a basis for allocating health care resources Securing Access to Health Care: Appendices empirical, legal,

and conceptual studies United States. President's Commission for the Study of Ethical Problems in Medicine and Biomedical Rationing Health Care André den Exter, Martin Buijsen, M. A. J. M. Buijsen, 2012 Medical and Behavioral Research, 1983 need is a factor in health care access decision making but merit considerations are becoming important too In the shortening of waiting time priority arrangements are considered and or introduced based on non medical criteria Simultaneously in terms of financing health status has become important due to payment arrangements limited insurance package options etc At the same time health status disparities due to socioeconomic inequalities seem to be increasing Under these circumstances confronted with increased health spending it is expected that rationing will become more eminent Due to this the emerging relevant questions are Who will be responsible for rationing the market governments bureaucrats physicians or others How does it function explicit or implicit What are relevant and acceptable selection criteria QUALYs DALYs health status sex age etc To what extent is current rationing just What can be done to make it more just Managed Care Technical Assistance Series ,1997 Reviews in Public Health Expenditure and Performance Hai Fang, 2025-04-11 Effective allocation and utilization of resources are fundamental to achieving optimal public health outcomes Health economics provides valuable insights into how financial resources are allocated across different healthcare sectors and their subsequent effects on health indicators and health related quality of life By conducting in depth reviews of existing research and policy evaluations on public health expenditure and their performance this Research Topic aims to shed light on best practices challenges and innovative approaches to optimize public health expenditure for maximum impact Potential topics for review articles may include but are not limited to Review of health economic evaluation methods applied to public health interventions including cost effectiveness cost benefit cost utility analyses and budget impacts Assessment of the relationship between public health expenditure and health outcomes including the impact on disease prevention healthcare access and quality of life Evaluation of health financing systems and their influence on healthcare equity and affordability with a focus on vulnerable and marginalized populations Analysis of the role of public private partnerships in healthcare funding and service delivery to enhance overall health system performance Review of healthcare budget allocation strategies and their implications for resource allocation in different public health domains Exploration of innovative financing mechanisms such as social impact bonds and health insurance schemes to improve healthcare accessibility and efficiency Critique of policy interventions aimed at optimizing public health expenditure and enhancing performance in healthcare service delivery

Securing Access to Health Care United States. President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, 1983 Contemporary Catholic Health Care Ethics David F. Kelly, Gerard Magill, Henk ten Have, 2013-04-01 Contemporary Catholic Health Care Ethics Second Edition integrates theology methodology and practical application into a detailed and practical examination of the bioethical issues that confront students scholars and practitioners Noted bioethicists Gerard Magill Henk ten Have and David F Kelly contribute diverse backgrounds and

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