

DISABILITÀ
COMPLESSE



Cost-Effectiveness Analysis and Disability Discrimination

Greg Bognar

Department of Philosophy, Stockholm University
Stockholm Centre for Healthcare Ethics (CHE)

Outline

- 1) Why priority setting in health care is inevitable
- 2) How to think about disability
- 3) Disability and discrimination
- 4) Disability and social justice



Priority setting in health

Scarcity in health care is **always present**:

- biomedical advances, aging populations, increasing demand;
- all people have claims on resources and health inequalities are problematic;
- health care always competes with other social objectives.

Priority setting is **ubiquitous**:

- implicit or explicit decisions are always made;
- refusing to make a decision is itself a decision!

Scarcity is a good thing!



Setting priorities in health care

Cost-effectiveness ratio = Costs of intervention / benefits of intervention

- Decision makers set a *cost-effectiveness threshold*:
 - NICE: £20,000–30,000 per year in full health;
 - PBAC: A\$45,000–75,000;
 - WHO: 1–3 times GDP per capita.

Priority setting ensures the greatest health improvements for the lowest costs. But it raises *ethical problems*:

- e.g. people with reduced capacity to benefit: disabilities.



How to think about disability

Disability is...	Analogous to...	To be addressed by...
Medical problem	Illness	Medical intervention
Socially caused disadvantage	Race or sex	Anti-discrimination law
Combination of the two	Poverty or other disadvantage	Social justice



Disability discrimination

The cost-effectiveness ratio of an (only) intervention for the management or rehabilitation of a disability is over the cost-effectiveness threshold, and for this reason the intervention is not provided or subsidized in a health care system.

- E.g., the intervention may be too expensive, complex, extended, or uncertain, with modest benefits for improving quality of life or extending life.

Is disability discrimination wrongful discrimination?

(Not all discrimination is wrong...)



The deliberative freedoms account

Discrimination is wrong when it violates people's rights to equal *deliberative freedoms*:

- “*freedoms to deliberate about and decide how to live in a way that is insulated from pressures stemming from extraneous traits*” (Moreau).
- Deliberative freedoms must be weighed against other interests and values.
- Priority setting is a means of such balancing: disability discrimination is not accommodated by the deliberative freedoms account.



The equality of opportunity account

Discrimination is wrong only when it undermines equality of opportunity (Segall).

- Only a necessary, rather than a sufficient condition for wrongful discrimination; must be augmented by other features: e.g., unequal treatment for no justifiable reason.
- Even if disability discrimination leads to inequality of opportunity, there is a good reason for unequal treatment (priorities must be set).



The harm-based account

Discrimination is wrong when

- i. X treats Y differently from Z in dimension W ;
- ii. the differential treatment is disadvantageous to Y ;
- iii. the differential treatment is *suitably explained* by Y 's and Z 's being (members of) different, socially salient groups. (Lippert-Rasmussen)

Disability discrimination: (iii) is not satisfied (treatment is not explained by membership).



What can be learned from these accounts?



Disability discrimination is not accommodated by the deliberative freedoms, equality of opportunity, and harm-based accounts: it is *not a case of wrongful discrimination* against people with disabilities.

- *However*, on each account, a *necessary* (but not sufficient) condition of wrongful discrimination is met;
- Disability discrimination resembles standard cases of wrongful discrimination.



Conclusions

- Disability discrimination is
 - *not* analogous to discrimination on grounds of race or sex;
 - analogous to injustice suffered by poor or disadvantaged.
- Disability discrimination should be treated as a matter of *injustice*, rather than discrimination;
 - it should be addressed by social policy, not anti-discrimination law.
- Priority setting in health care must include ethical principles to reduce social disadvantage.

