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Ethical Issues in Public Health
Session 6: The Use of Cost-Effectiveness in Priority Setting

Health policymakers in the state of Maryland are considering implementation of a series of new health initiatives aimed at segments of its older population of adults. Currently, it is unclear as to the amount of money that will be budgeted for these initiatives. Because of this, state officials are creating a ranked list of proposed new health interventions (compared to standard interventions or no intervention) using a registry of cost-effectiveness ratios (cost of the intervention in U.S. dollars per QALY gained) published by the Harvard Center for Risk Analysis in the Harvard School of Public Health (<http://www.hsph.harvard.edu/cearegistry/>). This registry compiles hundreds of cost-effectiveness ratios published in the medical and health policy literature from 1976 through 2001. All dollar amounts have been converted to U.S. 2002 dollars.

An intense debate arose at a recent meeting of state officials concerning the ranking of three interventions (A-C) aimed at adults > 60 years of age. As an esteemed ethicist, you have been invited to attend the next meeting of these officials to help them rank the three interventions under dispute. Specifically, you have been asked to offer a proposed rank ordering of the interventions, and to provide ethical arguments justifying the ordering. A list of the interventions, their cost-effectiveness ratios, and a few facts are below.

Intervention Comparison	\$\$'s/QALY	Facts
(A) Sildenafil (Viagra) vs. No treatment in men with Erectile Dysfunction (ED) in a hypothetical cohort of 60 yo. men	\$13,000	The prevalence of ED was estimated at 52% in one large study of U.S. males aged 40 to 70 yo; Impotence affects about 10% of men in their sixties.
(B) Community Outreach for the influenza vaccine vs. no new outreach program in persons aged 65 yo. and older who did not receive the vaccine in the previous year	\$24,000	The Healthy People 2010 objective is a 90% vaccination rate for adults > 65 yo. 2001 data estimated that only 64.9% of adults in this age group received the vaccine in the previous year.
(C) Mechanical Ventilation and intensive care vs. less aggressive care in seriously ill patients with acute respiratory failure requiring ventilator support, in a low risk group of patients 65-74 yo.	\$49,000	“low risk” = > 50% chance of surviving more than 2 months