

VALUE OF LIFE: AS PERCEIVED BY PHYSICIANS AND THE GENERAL PUBLIC

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Introduction

Health technology assessment (HTA) has been developing rapidly in the Czech Republic in recent years to meet EU standards. With the advancing process of HTA, a question emerged such as what is the willingness to pay (WTP) for health and life as well as what is the general awareness of the national health care policy and health economics. So far all WTP estimates have largely been based on academic deductions, thus we adopted a previously published approach to estimate the empirical WTP awareness of health policy and health economics.

Objective

The objective of this study was to assess the accepted WTP threshold and health policy awareness among the general population and doctors.

Methods

A total number of 381 doctors (DC) of 15 specializations and 500 respondents (RS) from the general population, both matching the CZ demography, were interviewed online.

Doctors were asked directly to suggest a reasonable WTP per equivalent of QALY.

In the general population, the average WTP was estimated from double-bounded dichotomous choice contingent valuation survey. If the first response was "yes," the second bid was the double of the first bid; whereas, if the first response was "no," the second bid was one half. Minimal and maximal second bids were CZK 250,000 (EUR 9,690) and CZK 4 million (EUR 155,039). The average WTP, including 95% confidence interval, was determined using SAS proc LIFEREG, which allows estimation of averages for interval data.

Results

Doctors give the top priority to the quality of life, followed by clinical parameters, ethical/social aspects and economic aspects have the lowest priority.

Doctors not rejecting the concept of paying for health (only 28%) produced a median of CZK 700,000 (EUR 27,129) as an adequate payment for an extra year in full health, representing one QALY.

Question about WTP to be covered by the national health insurance was answered yes-yes by 77.2% of the respondents and the question about the pay-of-pocket WTP was answered by 70.2% no-no regardless of the bid amount. The average WTP was therefore obtained via extrapolation and not interpolation, and parametric approach was necessary. Optimal parametric model of the data was chosen based on the minimum value of Akaike's information criterion (AIC) and the average WTP by the national health insurance was extrapolated as CZK 8.4 million (EUR 731,110), by pay-of-pocket as CZK 177,000 (EUR 6,859).

1. Do you think that human life has value expressible in monetary terms?

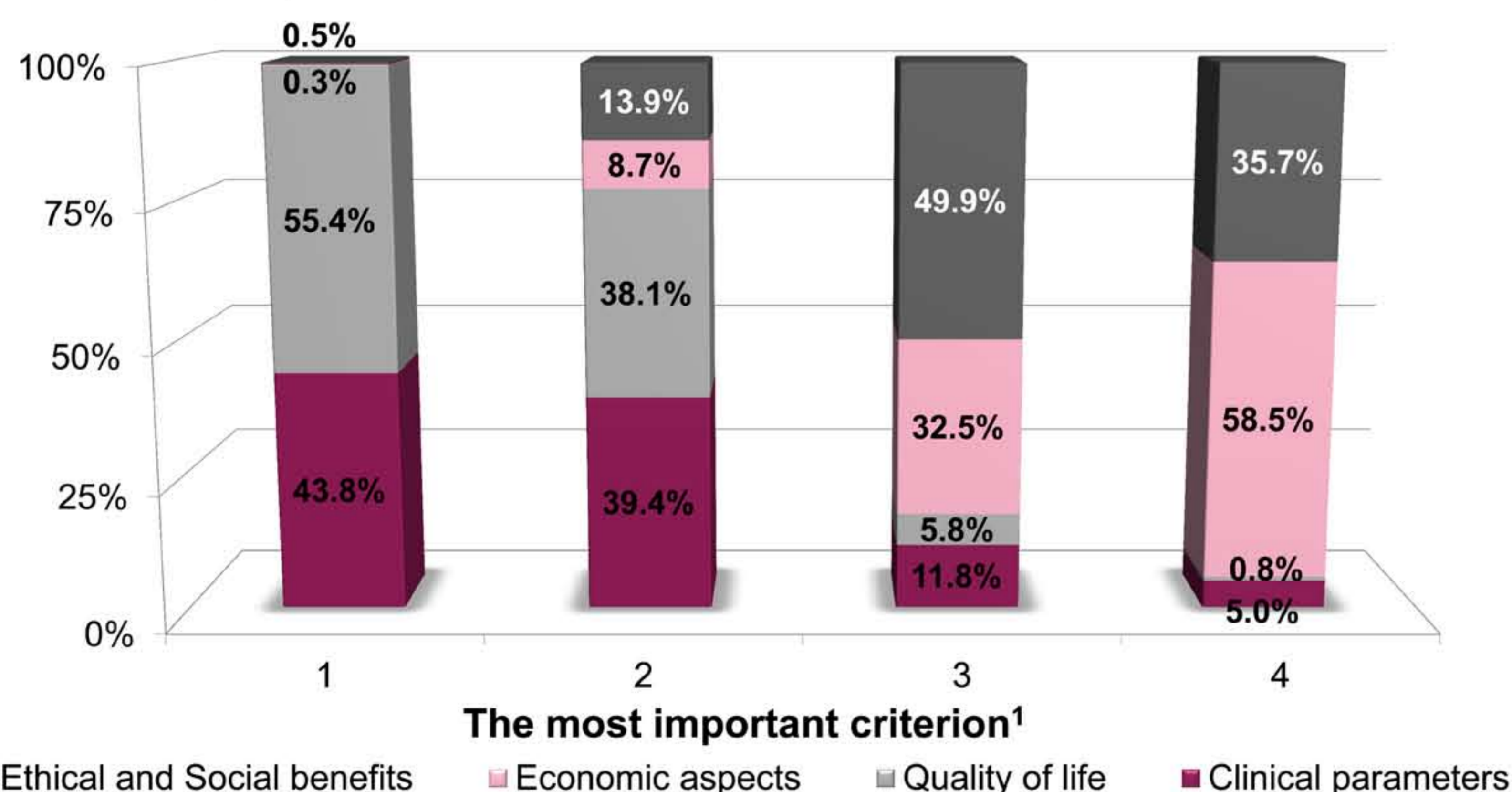
	DC	RS
YES	12%	14%
NO	88%	86%

1.1. Imagine a situation where you had a chance to extend the life of your patient for one year in full health. What would you consider a reasonable economic value of such interventions? (DC)

Number of respondents	97
Minimum	€388
Maximum	€38 759 690
Median	€27 129
Mean ¹	€494 302

Notes: 1 ... Mean is not reliable due to non-realistic maximal WTP

2. According to which order of priority do you personally assess medical intervention? (DC)



Notes: 1 ... For responding doctors the most important criterion was Quality of life followed by Clinical parameters, Ethical and Social benefits and Economic aspect.

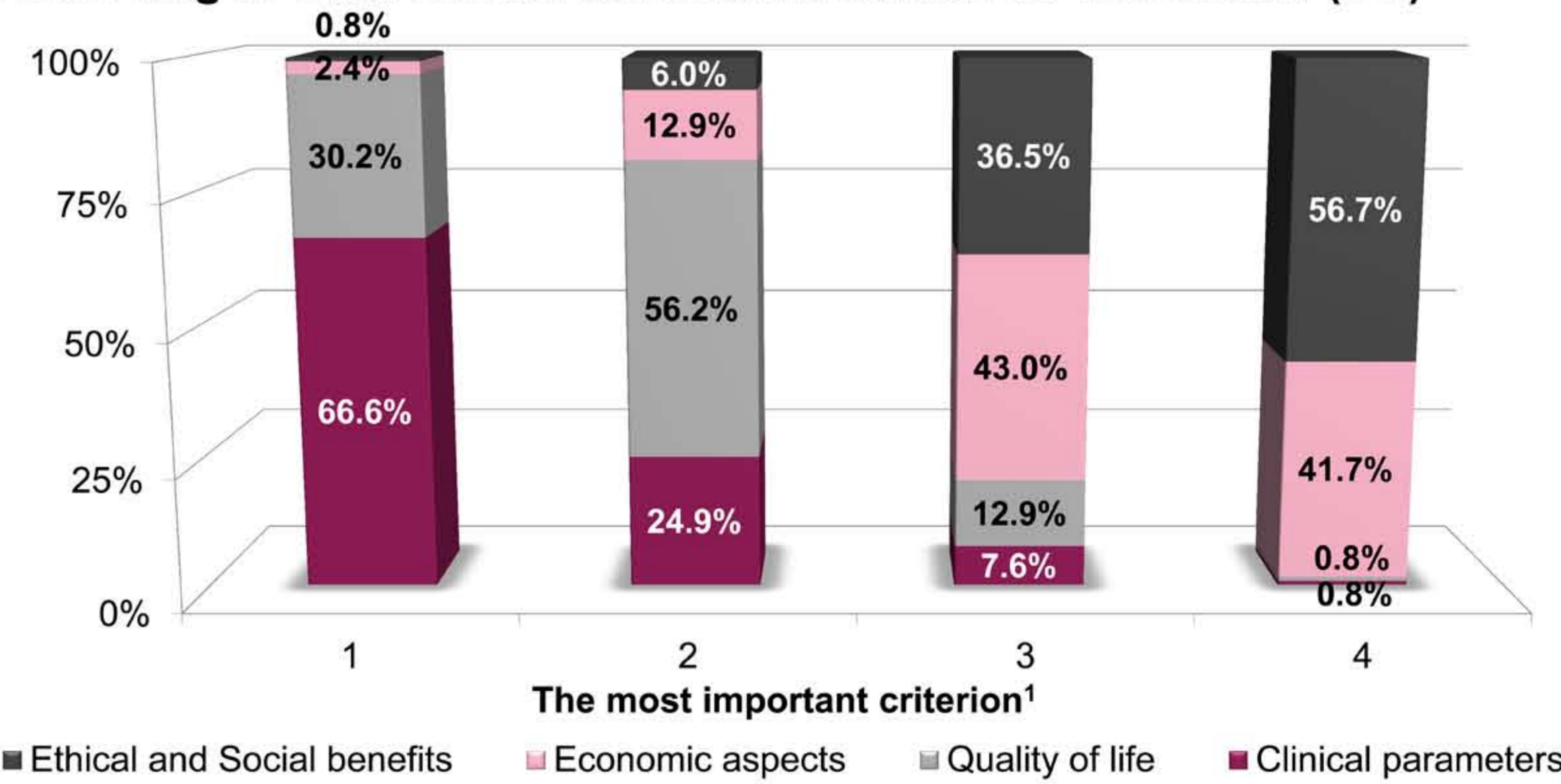
Conclusions

The awareness of health economics and its methodology is rather low among doctors and the general public. While the medical doctors who expressed understanding for the concept of WTP and QALY suggested a value similar to the implicit WTP of CZK 1 million (EUR 38,756), the general public suggested extreme WTP from the public budget, which reflects the distant position of the public.

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3. According to what should medical innovation be assessed? (DC)



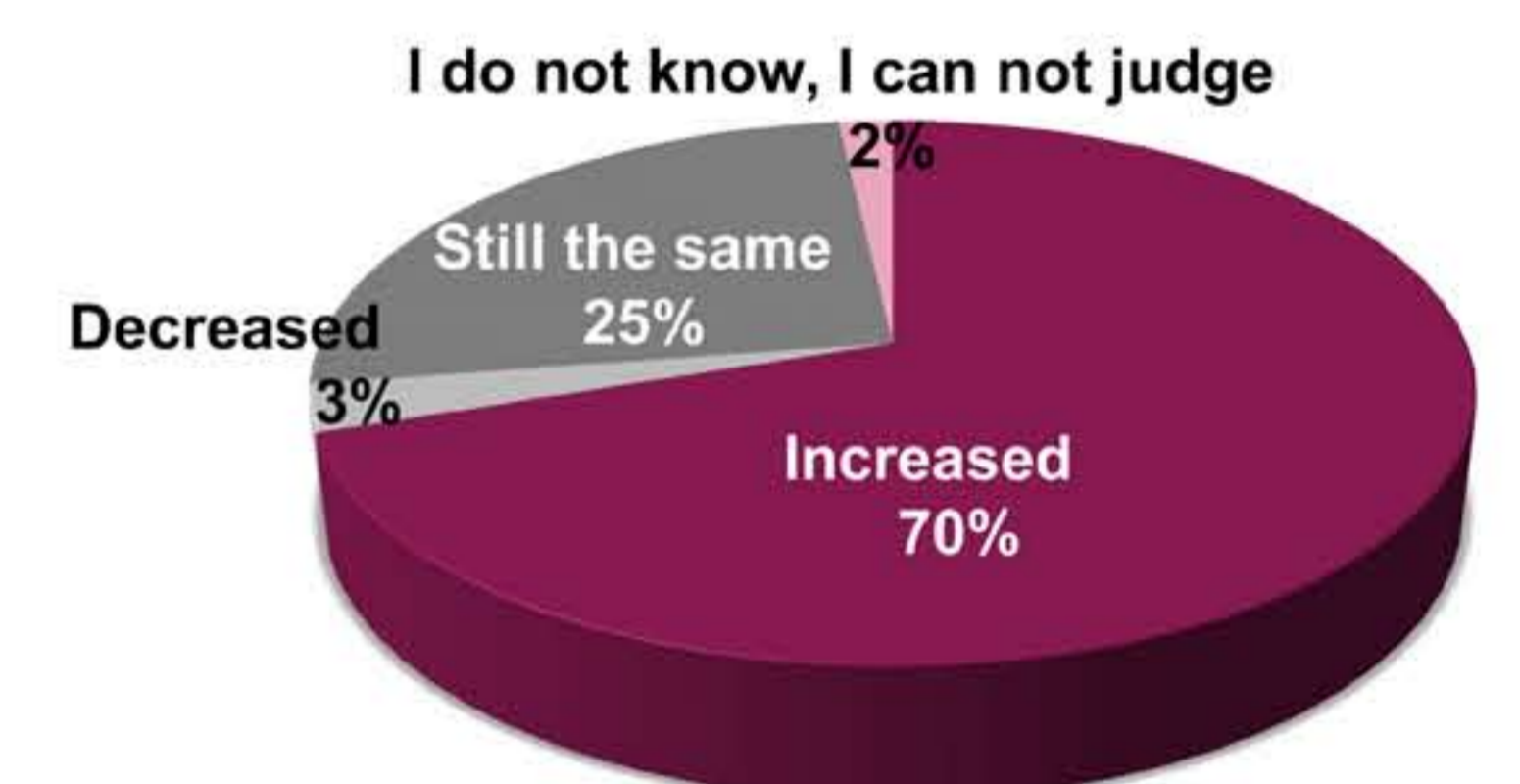
Notes: 1 ... For responding doctors the most important criterion was Clinical parameters, followed by Quality of life, Economic aspects and Ethical and Social benefits.

Question (DC)	Fully justified	Rather justified	Rather unjustified	Fully unjustified
4. Clinical parameters (efficacy and safety) are in the assessment of medical innovation at the national level:	74.8%	21.8%	3.4%	0.0%
5. Complex expression of the patient's quality of life is in the assessment of medical innovation at the national level:	55.7%	38.3%	5.5%	0.5%
6. Economic aspects when examining medical innovation at the state level:	30.2%	51.4%	16.3%	2.1%
7. Ethical and social aspects when examining medical innovation at the national level:	47.8%	43.0%	7.9%	1.3%

8. Do you think that health is expressible in terms of money? (DC)

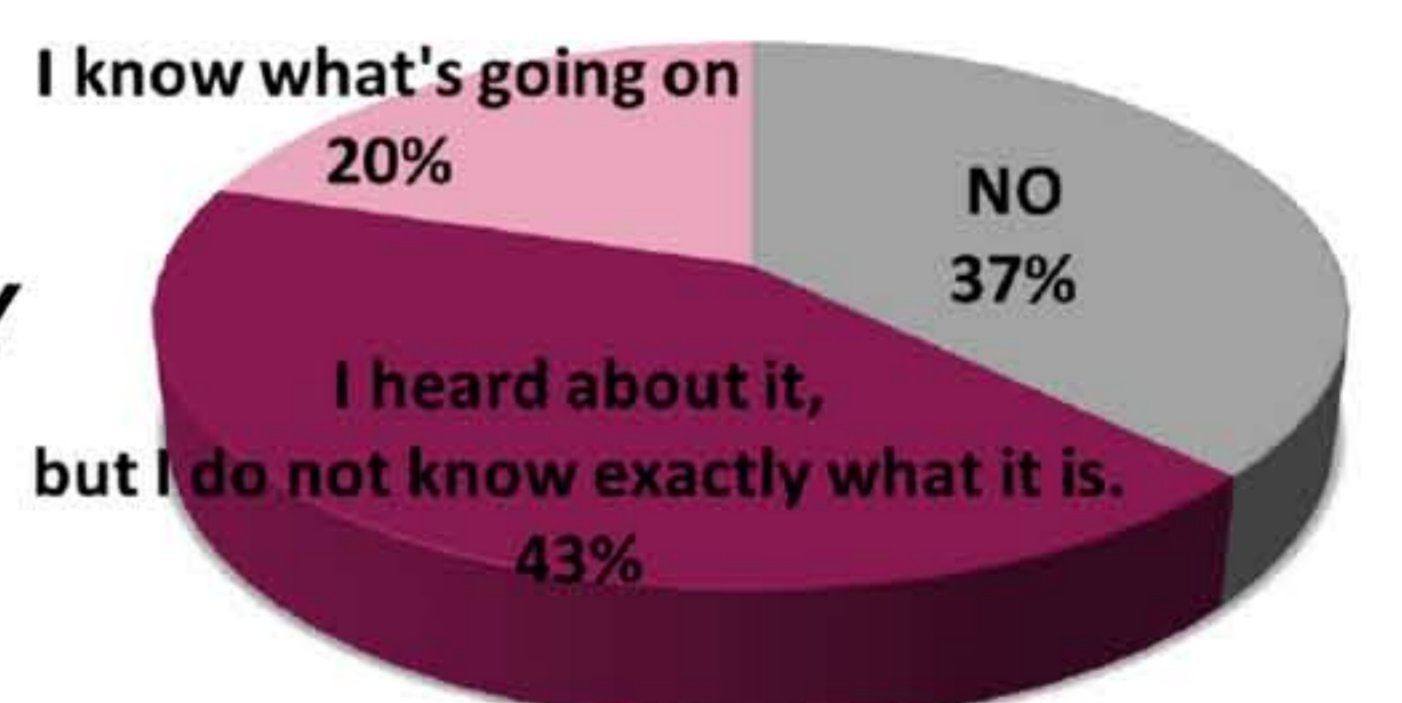
YES	NO
28%	72%

9. How do you think that your personal health care costs have changed over the last 10 years? (RS)



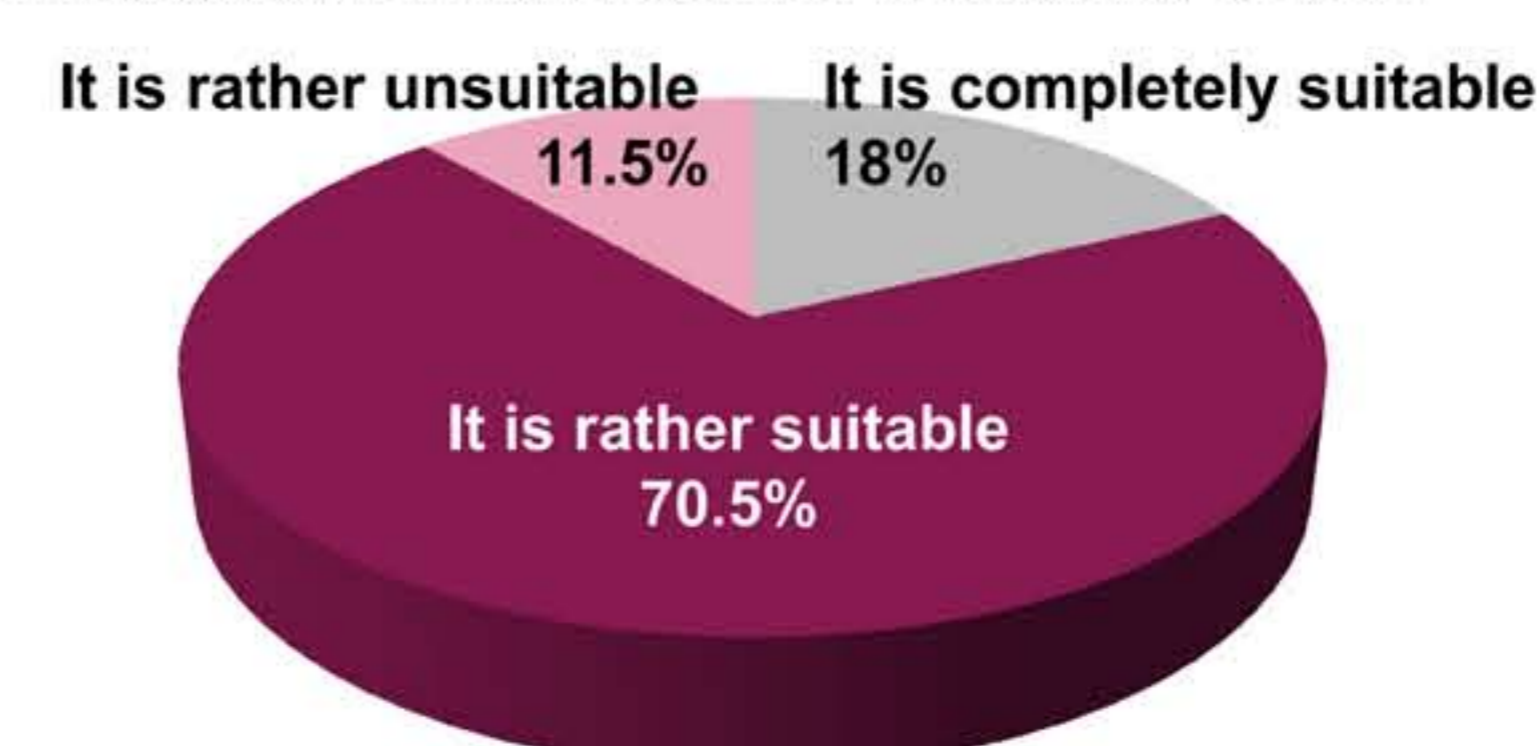
Question	Definitely YES	Rather YES	Rather NOT	Definitely NOT
10. Do you consider supplements (not regulatory fees) for medication at a pharmacy to be correct? (RS)	13%	44%	29%	14%
11. Do you feel economic restrictions in your medical decisions? (DC)	57.4%	32.7%	8.5%	1.4%
12. Do economic constraints have a negative impact on your patients? (DC)	24.4%	36.2%	34.4%	5.0%

13. Do you know the concept of QALY (quality-adjusted life year)? (DC)



The following questions 13.1. and 13.2. were not answered by doctors who answered NO

13.1. Do you consider QALY an appropriate parameter to assess the extent of the benefits of medical innovation at the state level?



13.2. Do you consider the parameter QALY more important than the clinical evaluation of the benefits of medical innovation?

Category	Percentage
Definitely YES	9.0%
Rather YES	42.3%
Rather NOT	44.9%
Definitely NOT	3.8%