Pathology, Preference, Pleasure and Pursuit: Problems of Health Measurement

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Outline

1. Conceptualizing health measurement
2. The social choice model
3. Private evaluation: welfare, pleasure and preferences
4. Public vs. private evaluation
5. Public evaluation: feelings and functions

1. Conceptualizing (generic) health measurement

- Purposes
  - Clinical evaluation of treatments
  - Public health research
  - "Guiding" allocation of health budget

Note: Strong justice constraints

- Heath as the integral over time of instantaneous multi-dimensional health states

Measuring Health States

- The relation, “is healthier than” is incomplete
- The task instead is to say which health state is better -- to evaluate health states
- The value of health states depends on the environment and on goals and activities

Evaluating Health States

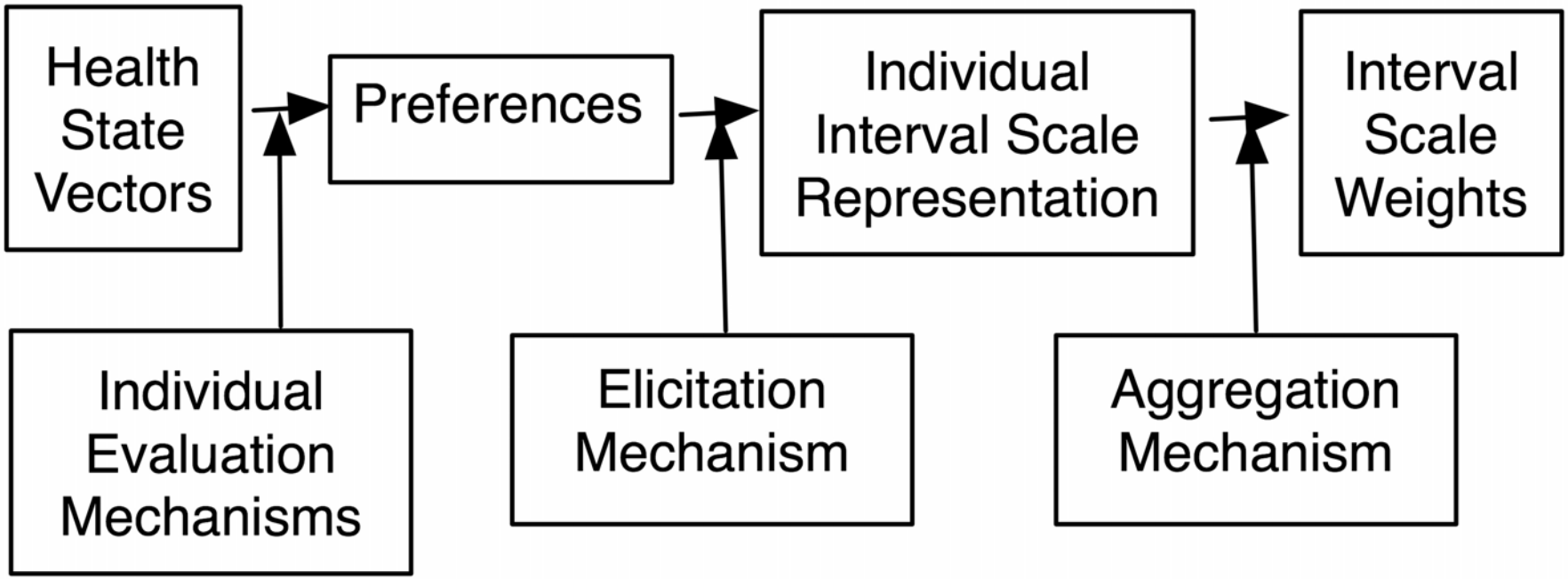
- To compare health benefits of alternative policies, health states must be “measured” on at least an interval scale
- Values of health states must be interpersonally comparable
- Since death is a natural “zero”, one aims at a ratio scale
- “Full health” is assigned a value of one

How can health states be evaluated?

- How are the numbers supposed to be used?
  - Example: eradicating river blindness versus Guinea worm
  - Costs, number of people affected
  - value of preventing blindness versus pain
- One "liberal" response: "consumer sovereignty"
  - Values of individuals affected should govern
  - Confluence of liberalism and benevolence
  - Constraints of justice

2. The Social Choice Model

- Begin with individual evaluations of health states, which lead to individual preferences among health states
- Elicit quantitative measure of individual preferences
- Aggregate or average
- As in social choice theory, social value derives from individual preferences



Measuring Health as Measuring Preferences

Distinguish Four Questions

1. (*Public value*) From a public (social) perspective, is health state H_1 is better than H_2?
2. (*Private value*) Is *i*'s health better from *i*'s own perspective when *i* is in H_1 than when *i* is in H_2?
3. (*Individual well-being*) Is *i* better off when *i* is in H_1 than when *i* is in H_2?
4. (*Individual preference*) Does *i* prefer H_1 to H_2?

Social Choice Model:

- 1 depends on 2
- 4 tells us what we need to know re: 2 and 3

3. Private evaluation: Why rely on preferences?

- Assume
  - Value of health states = bearing on welfare
  - Welfare = preference satisfaction or
- Assume
  - People's preferences among health states coincide with their judgments concerning the value of health states.
  - People's judgments of the value of health states are more accurate than any alternative indicator
- Is consumer sovereignty implied by democratic sovereignty?

Against evaluation by preferences

- Welfare ≠ preference satisfaction
- Preferences need not match judgments concerning the value of health states
- Preferences among health states are likely to be flawed
  - General flaws in preferences
  - Lack of knowledge and experience in expressing preferences among health states
  - Systematic conflicts in health state preferences

Dolan's Proposal

- Evaluate health states by the feelings associated with them
- Regard preferences as flawed indicators of feelings
- Identify well-being with cumulative quality of momentary subjective feeling
- Reject the social choice model: do not aggregate individual evaluations (and thereby eliminate cognitive demands on respondents)
- Very narrow basis for health-state evaluation
- Exaggerates Kahneman's position

4. Public vs. Private evaluation

- An alternative construal of liberalism: Scanlon and Sen; preference vs. “urgency”
- “Public value” not determined by private value
- Rejects welfarism
- Not a question of accuracy

Distinguish Two Questions

A. How does this health state bear on a given "life plan"?

B. How does this health state limit the set of valuable "life plans" that can be pursued successfully?

- Private evaluation focuses on successful "functioning"
- Public evaluation focuses on "capabilities."
- The (public) value of a budget set ≠ the utility of the alternative an individual chooses from it.

Example: Deafness

- Limitations owing to deafness on A's activities and on the pursuit of objectives A cares about are variable, depending on what A does and what A pursues.
- Limitations owing to deafness on the range of valuable activities that are open to individuals and on the set of valuable objectives they can pursue are serious.
- Public valuation depends on contestable values: appraisal of capability sets is not simply quantitative.

5. Public Evaluation
Feelings and Functions

- Central question: How can health states be evaluated with respect to their bearing on the range of feasible choices among important objectives and ways of living well?
- Whatever their worth in private evaluation, neither preferences nor feelings correctly rank health states in terms of this criterion.
- Hypothesis: Focus on activity limitations and feelings

Implementation

- Propose a parsimonious, two-dimensional classification of health states on top of existing classifications
  - Compare to HALex and Rosser and Kind's "Disability and Distress Index"
- Weighting via deliberative groups and public discussion.

Similarities to Dolan's Proposal

- Critique of preference-based evaluation (though for different reasons)
- Rejection of social choice model and the liberalism of "consumer sovereignty"
- Emphasize feelings

Contrasts with Dolan

- Adds an additional dimension and makes weighting health states difficult
- Concerns public evaluation, while Dolan does not distinguish private and public evaluation
- Grounded in a particular construal of liberalism rather than in benevolence
- Construes the evaluation of health states as a matter of public deliberation rather than as a measurement problem

Conclusions

- Health "measurement" for the purpose of guiding the allocation of health-related resources should specify the public value of health states.
- Health-state evaluation must accordingly be grounded in political philosophy.
- Consumer sovereignty and the social choice model rely on a flawed conception of liberalism.
- Both preference-based weights and feelings are flawed as measures of the private value of health states and unacceptable as measures of their public value.