

Kathrin Dengler, Dipl-WiWi
email: kathrin.dengler@uni-ulm.de

Uta Bittner, MA
*Institute of the History, Philosophy and Ethics of Medicine
 Ulm University
 Ulm, Germany*

CONFLICTS OF INTEREST

Both authors report they have no potential conflicts of interest.

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TO EVALUATE VERSUS TO KNOW THE VALUE OF EVERYTHING

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Kathrin Dengler and Uta Bittner demand a full-fledged philosophy of values in our empirical study of various methods for ethical analysis in health technology assessment (HTA). This may be like putting the classification of disease on hold until the concept of disease is clarified, or postponing the development of health care until the term “health” is clarified. As Dengler and Bittner rightly point out, the term value has many meanings, and as they properly recognize: “[P]hilosophically, the definition of what is meant by ‘a good life’ or ‘well-being’ is a very challenging project.” Hence, it may be a bit over the top to crave that we solve eternal issues in an empirical article on methodology.

Furthermore, as we underscore in our article (4), the assessment and decision making context is important. “[T]he value-ladenness of a technology depends on the cultural context where it is applied.” (5). Hence, values may be quite different in various settings, as may the meaning of value as such. As Dengler and Bittner rightly point out, there are many types of values (scientific, moral, aesthetic, economic) and values may be subjective and objective. We would like to add that values can be intrinsic and extrinsic (instrumental, inherent, contributory, relational, indicative), and they can be intersubjective. We do not demand universal definitions of “the good life” and “well-being” to address value issues in HTA, as Dengler and

Bittner do. This is because our main point is to highlight value-judgments and value-issues in the assessment, implementation, and use of health technology in context. We do not want to impose our conceptions of values on patients, users, and decision makers. Instead, we want them to be aware of and reflect on value issues in the context where they themselves define value. In particular, we do not have the same strong preference for economic values as Dengler and Bittner. That being said, we do have some categories of values which we think are relevant to the assessment of health technology in most cases, such as general moral values, stakeholder interests, technological value-ladenness, methodological values in HTA, and values related to HTA (and EBM) and a more fine grained explication of such values is also provided (1;3).

Although their call for of a philosophy of value analysis in our empirical article on ethics method in HTA may be demanding too much, the question itself is of course highly relevant and interesting. It has been dealt with in the philosophy literature repeatedly. However, as Dengler and Bittner presumably know, there is no consensus on the matter. Waiting on consensus before elaborating ethics methodology may be misguided. As we use terms such as health and disease without clear definitions (2), we may have to use terms such as value and good life with similar lack of definition. Moreover, we do not think it is wise to enforce stringent definitions of value on the contextual assessment. This may distract and hamper the reflection on values in the context where they are at play and, at the same time, defined.

Hence, we agree with Dengler and Bittner that the challenges with defining values need to be taken into consideration in technology assessment in health care, but we do not think it is necessary to do it top down. Their solutions and definitions are of course most welcome.

Bjørn Hofmann, PhD
email: b.m.hofmann@medisin.uio.no
*University College of Gjøvik and Norwegian Knowledge Center
 for the Health Services
 Oslo, Norway*

Samuli I. Saarni, MD, PhD
*National Institute for Health and Welfare
 Department of Mental Health and Substance Abuse Services
 Helsinki, Finland
 Department of Psychiatry
 Helsinki University Central Hospital
 Helsinki, Finland*

Annette Braunack-Mayer, PhD
*Adelaide Health Technology Assessment School of Population
 Health and Clinical Practice
 University of Adelaide
 Adelaide, Australia*

Gert Jan van der Wilt, PhD

*Department of Epidemiology, Biostatistics and HTA
Radboud University Nijmegen Medical Centre
Nijmegen, The Netherlands*

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