PUBLIC PARTICIPATION: HEALTHCARE RATIONING IN THE NEWSPAPER MEDIA

Audun Brendebekken,1 Bjørnar Robbenstad,2 Ole Frithjof Norheim.1 Department of global public health and primary care; University of Bergen/Bergen Centre for ethics and priority setting; Norway; 1Health Economics, Leadership and Translational Ethics Research (HELTER), Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway; 2Bergen Centre for Ethics and Priority Setting (BCEPS). Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway

Abstract

Background It is impossible to meet all healthcare demands, but an open and fair rationing process may improve the public acceptability of priority-setting in healthcare. Transparent decision-making is subject to scrutiny by newspaper media. In Norway, healthcare rationing has been subject to public debate both before and after the establishment of 'The National System for Managed Introduction of New Health Technologies within the Specialist Health Service' (New Methods) in 2013.

Aim To describe and assess the development of the public debate on Norwegian healthcare rationing through three cases in print media.

Methods We purposively sampled Norwegian newspaper articles between 2012 and 2018 concerning three resolutions in the Norwegian system. The resolutions were ipilimumab (Yervoy, n=45) against metastatic melanoma, nivolumab (Opdivo, n=23) against non-small cell lung cancer, and nusinersen (Spinraza, n=68) against spinal muscular atrophy. Cases were analysed separately using the qualitative method of systematic text condensation.

Results Our analysis highlighted four common themes—money, rationales, patient stories, and process—and a unique theme for each case. Ipilimumab was uniquely themed by rationing rejection, nivolumab by healthcare two-tiering, and Spinraza by patients' rights. We found wide media deliberation among a multitude of stakeholders. Perceptions of rationing were found to be chiefly aligned with previous empirical research. We assessed that the media reported more frequently on Norwegian healthcare rationing and isolated the public debate both before and after the establishment of 'The National System for Managed Introduction of New Health Technologies within the Specialist Health Service' (New Methods) in 2013.

Discussion We found that the media reported more frequently on opposition to rationing compared to findings from previous studies on Norwegian healthcare decision-making attitudes. We think this was influenced by our selection of cases receiving extraordinary media attention, and from media sources being subject to political communication from special interest groups.

Title

Conclusion The introduction of New Methods institutionalised Norwegian healthcare rationing and isolated the public debate into conversations between stakeholders and decision makers outside the political sphere. The findings from these three extra-ordinary debates are not generalisable and should be seen as a stakeholder learning opportunity.

IDENTIFIABLE, ANONYMOUS, AND STATISTICAL VICTIMS

Bastian Steuwer*. Center for Population-Level Bioethics; Rutgers University; USA

Health priority-setting must sometimes decide between the health needs of identified individuals and the health needs of merely statistical persons. For example, right to health litigation includes an identified litigant claiming resources which otherwise would be to an unknown individual. Preventive public health measures improve statistical health measures, but we cannot identify a token individual beneficiary as we can when resources are devoted to the treatment of current patients.

Psychologically, decision-makers are more likely to benefit identified individuals than to benefit individuals that are ‘merely statistical’. Normatively, writers are divided whether such an ‘identified victim bias’ is morally justified. There have been attempts to justify the moral relevance of identifiability. In my paper, I join critics in rejecting that identifiability is morally relevant. However, unlike these critics I argue...