

Priority setting in health care and public health

The role of health economics

People have different and innumerable wants but resources are scarce and have alternative uses. This is as true for health care and public health services as for standard market goods. The fact that resources are scarce implies a need for choices and priority setting, i.e. to decide who gets what at whose expense. In the case of public services, these social choices are frequently made by politicians or other decision-makers on behalf of the general public, whose risk and well-being as payers and patients are affected by decisions made. On the most general level, the question is how much resources should be devoted to health and how much should be allocated to other ends. Once decided on that, choices remain on how to distribute these resources within the health sector and, given that distribution, decide how to use them efficiently. The choices made and priorities set will ultimately affect whose lives are saved, which fatalities are prevented and which diseases are cured or treated.

This thesis analyzes the role of health economics for priority setting in health care and public health. Specifically, implications for policy and practice from the normative assumptions made by choice of methodology are analyzed. Different forms of economic evaluation methods are based on different assumptions about what we aim to maximize. These methods also allow for different conclusions depending on the decision contexts. Hence, policy decisions can be viewed as a combination of analysis and values, implying that methodology as well as preferences are important when using health economics as an aid to priority setting in health care and public health.

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