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Aim

- 1. To identify arguments for and against considering spillover effects among significant others in healthcare decision-making
- 2. To discuss challenges associated with the reimbursement of pharmaceuticals in Sweden



Background

There is a growing trend for applications submitted to HTA agencies, such as the Dental and Pharmaceutical Benefits Agency (TLV) in Sweden, to include effects on significant others. Nevertheless, TLV do not currently consider these effects when making reimbursement decisions.

The objective of Swedish healthcare is to promote good health and provide care on equal terms. Priority-setting is guided by the Swedish ethical platform for priority-setting in healthcare (Box 1). Based on this platform, TLV accepts a higher cost per gained QALY for more severe conditions.

Box 1. The Ethical Platform for Priority-setting in Swedish healthcare

- 1. **The human dignity principle:** All individuals have equal right to care, irrespective of social status or any other factor
- 2. **The needs and solidarity principle:** Priority should be given to those with the greatest needs
- 3. **The cost-effectiveness principle:** Resources should be used effectively

Methods

A search in PubMed was conducted (2000-2021) to identify publications concerning significant others in the context of health economics. Reference lists were reviewed to identify additional relevant papers.

Conclusions

The arguments for and against considering effects on significant others in healthcare decisions revolve around resource allocation and health distribution. While incorporating these effects may enhance overall population health, it could also result in a shift of resources from patients to their significant others.

This consideration poses ethical challenges within the framework of priority-setting in Swedish healthcare, particularly concerning the principles of human dignity and needs and solidarity.

Table 1. Arguments for and against considering effects on significant others

Arguments for	Arguments against
1. The effects are real and if the aim is to maximise health, they should be included	1. Unequal from a patient perspective to let access to care be influenced by how many significant others that are affected by the condition
2. Effects are included when significant others are the primary target group - inconsistent to not include the effects when they are not the primary group	2. Including significant others may divert resources from patients, potentially worsening their health
3. Unequal from a population perspective to not include significant others who are affected by the intervention	3. There is a risk of double counting effects
	4. Methodological challenges can lead to increased arbitrariness

Challenges in the Swedish context related to the ethical platform

- **The human dignity principle:** It is uncertain whether prioritizing patients with more significant others aligns with this principle, which asserts equal rights to care for all individuals
- **The needs and solidarity principle:** It is unclear how to consider that the severity of the health states of patients and of the significant others may differ

References

Heintz E, Degerlund Maldi K, Sharma A, Simarmata B, Davidson T. Externa effekter hos närstående vid beslut om subvention av läkemedel. En översikt av hälsoekonomisk litteratur samt diskussion av konsekvenser vid tillämpning i en svensk kontext. Health Economics and Policy, Institutionen för Lärande, Informatik, Management och Etik (LIME), Karolinska Institutet; 2022.

