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DOI: 10.1377/hlthaff.2021.01926

QALYs In Health Resource Usage Decisions

Although we agree with Leah Rand and coauthors' review (September 2021) of the objections to the use of quality-adjusted life-years (QALYs) for prioritizing health resources, we note that one important distinction has not been given sufficient consideration.

QALY-related goals—improved life expectancy and quality of life—arise from individual ("self-regarding") preferences but ignore social ("other person–regarding") preferences. Although it is more complex to capture social judgments with respect to non-QALY objectives, there is broad agreement that health care resource allocation decisions should be informed by the preferences of the population for how they would prefer to see the health dollar allocated.

This category of preferences includes well-researched topics such as severity (of others' conditions), age, the distribution of health (that is, how to aggregate benefits), nondiscrimination, and the capacity to benefit. But it also includes less well researched topics, notably including treatments for rare diseases, reciprocity, and solidarity in a collective program for social well-being.

The high fixed cost of biopharmaceutical research often results in a prohibitively high treatment cost per patient for rare diseases.[1] However, there is an increasing recognition that to disenfranchise people with rare diseases from access to effective medical treatment is inconsistent with social norms and preferences, even if treatments are less "efficient" as judged by their cost per QALY.[2] But, by its construction, an incremental cost-effectiveness ratio cannot accommodate any impact of rarity, because the number of patients occurs in both the numerator and denominator of the ratio and necessarily cancels itself out.[3]

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NOTES

1 Schlander M, Hernandez-Villafuerte K, Cheng C-Y, Mestre-Ferrandiz J, Baumann M. How much does it cost to research and develop a new drug? A systematic review and assessment. PharmacoEconomics. 2021;39(11):1243–69.
2 Richardson J, Schlander M. Health technology assessment (HTA) and economic evaluation: efficiency or fairness first. J Mark Access Health Policy. 2018;7(1):1557981.
3 Schlander M, Garattini S, Holm S, Kolominsky-Rabas P, Nord E, Persson U, et al. Incremental cost per quality-adjusted life year gained? The need for alternative methods to evaluate medical interventions for ultra-rare disorders. J Comp Eff Res. 2014;3(4):399–422.