

ID: 677341

Equity versus equity: exploring people's preferences

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Objetivos (Objectives):

In a resource-constrained environment, often there are conflicts between the different criteria that might guide healthcare resource allocation. In this context, and given the recognition that social values are an important input for allocation decisions, empirical studies have sought to determine which criteria people support and which trade-offs are they willing to make. The emphasis of these studies has been mainly on the trade-off between health maximisation and equality of health, usually interpreted as the equity-efficiency trade-off. But trade-offs and conflicts also exist between different perspectives of equity. Therefore, the objectives of this (pilot) study were to learn about preferences for 'all or nothing' allocations; to learn about preferences for equal opportunity versus equal utilisation and to compare preferences for equal utilisation with preferences for equal health gain.

Metodologia (Methodology):

A questionnaire, comprising four questions, was developed. It was hypothesised a situation regarding the allocation of resources, between two regions, for a screening programme and treatment of positive cases. The first question explored preferences for 'all or nothing' allocations (respondents had to choose between not offering the screening test at all and offering the test to only a fraction of the female population); the second question involved a choice between equal opportunity (to use health care services) and equal utilisation (respondents were asked about the period of time that an ambulatory team, performing the screening test, should spend in each of the two hypothetical regions); in the third question, a person trade-off question was used to assess the trade-off between maximisation and equality (across regions) of utilisation (where utilisation was measured by the number of tests performed); and the fourth question assessed the trade-off between maximisation and equality of health gain (where this gain was measured by the number of ill women successfully treated). The questionnaire was administered to (and self-completed by) a convenience sample of 131 students.

Resultados (Results):

In question 1, there was an impressive percentage of respondents (93.2%) who chose the alternative that produced some health gain; in question 2, 68% of respondents preferred to give people equal opportunity to use healthcare services compared to the alternative that sought to equalise utilisation across regions; in question 3, the median respondent was willing to forego 1% of the total number of tests performed in order to equalise this number across regions; still, about 40% of respondents were willing to forego between 10

and 25% of the total number of tests; concerning question 4, the median respondent was also willing to forego 1% of the total health gain but in this question the percentage of respondents not willing to forego any health gain was 42.7% (while in question 3 this figure was 34%), suggesting that the acceptable opportunity cost of equality is lower when health (instead of utilisation) is at stake; despite this apparent difference, the Wilcoxon matched-pair ranked test rejected differences between the two trade-offs ($p > 0.1$); differences between male and female respondents were also tested but none was statistically significant (p -value for Kolmogorov-Smirnov test greater than 0.1)

Conclusões (Conclusions):

People's preferences for different equity criteria were studied and the main conclusions are: 'all or nothing' allocations were clearly rejected; the majority preferred the criterion of 'equal opportunity' compared to 'equal utilisation'; acceptable opportunity costs of equality seem to be lower when the outcome of resource allocation is measured by health gain compared to utilisation; nonetheless, trade-offs between efficiency and equity were not statistically sensitive to the particular measure of outcome used.