

CZH/4/1055 Establishing QALY Weights for End of Life (EQWEL)

In the UK, the Scottish Medicines Consortium (SMC) and National Institute for Health and Care Excellence (NICE) assess end-of-life (EoL) technologies using criteria that can result in provision of these treatments when the cost per quality-adjusted life year (QALY) is higher than the standard threshold. However, empirical evidence of societal preferences is equivocal for EoL health gains and there is little evidence comparing the value of different types of health benefits at the EoL – quality of life (QoL) improvement and life extension (LE). This study examines individual and societal preferences for QALYs gained at the EoL relative to QALYs gained from non-terminal (Non-EoL) health problems and for different types of QALYs (improvements in QoL compared to improvements in LE) gained at the EoL.

Eight health scenarios were designed depicting i) QoL improvements for non-terminal temporary (T-QoL) and chronic (C-QoL) health problems and ii) QoL and LE improvements for terminal illness. Preferences were elicited for these health scenarios using Person Trade-Off (PTO) and Willingness to Pay (WTP) techniques. The survey was administered via Computer Assisted Personal Interview (CAPI) to 901 participants quota sampled to reflect the Scottish population, between May and October 2016.

PTO results suggest a preference for Non-EoL health gains over EoL health gains and for QoL improvements at EoL. WTP results are less clear but at the aggregate level are suggestive of a preference for EoL health gains over Non-EoL health gains but with no clear preference for QoL improvements or LE at EoL. Overall our results indicate no clear preference for EoL (particularly LE) health gains.