Priority setting for new technologies in medicine: A transdisciplinary study
by Jennifer Gibson, Douglas K. Martin and Peter A. Singer.
The paper reports on a multidisciplinary, ethically based model for priority setting in medicine. In
general, the paper has one major weakness, namely not addressing the most important questions when
priority setting is needed: When a decision on reimbursement has to be made, any preventive,
diagnostic, therapeutic or palliative medical intervention first needs to be proven effective, appropriate
according to the planned indications, and cost effective. If these three most important issues can all be
answered with 'yes' (based on evidence) the discussion on the ethical and empirical issues may start. If
the process of priority setting decisions runs the other way round or fails to prove effectiveness,
appropriateness, and cost effectiveness the decision is based on political rather than on scientific
foundings and may seriously affect a health care system. In the paper this issue needs to be clearly
addressed, either in the introduction or in the discussion part.
Compulsory Revisions:
1. A very important question when priority setting decisions are made is that a new technology should
be financially acceptable by the public. Especially for new technologies that possibly have a relevant
effect on tax and/or premium payers, e.g. genetic or therapeutic interventions. These issues should be
dealt with in the paper.
2. In the background section in the second paragraph the authors state that there are no widely
accepted models for priority setting in health care to help address the questions mentioned: This does
not apply to most Western countries: When a debate on a new technology comes up, the national
health authorities demand evidence on effectiveness, appropriateness, and cost effectiveness including
ethical data before deciding (such as in the Netherlands, Germany, Switzerland, France etc.).
3. In the same paragraph the authors state that "empirical accounts of priority setting are insufficient
because .... they cannot provide normative guidance about what should be done": Theoretically this is
true, but in practice we all know that in the past 10 years several decisions were taken only on empirical
accounts, e.g. hippo-therapy, various complementary procedures. In the next sentence it is stated that
only a combination of ethical and empirical considerations may lead to a correct decision. It is important
to note that even a combination of ethical and empirical priority setting has its limitations (see above).
This is especially true if there is no data on the effectiveness.
4. Page 9, first sentence: "This new model is a more practical and user-friendly version of accountability
for reasonableness that can guide health care decision makers in actual priority setting." The authors should state on which data and findings their hypothesis is made.

5. Page 11, line 8. The authors state that to their knowledge the transdisciplinary model of priority setting that combines an empirical and an ethical framework of priority setting is the first such model in the world. However, Europe and North America have a long tradition of priority setting including ethics, economics, and research, e.g. the Oregon model in the U.S. or the Manual for the Standardization of Clinical and Economic Evaluations of Medical Technologies by the Swiss Federal Office for Social Security.

Discretionary Revisions:
1. The personality cult "Daniels and Sabin have developed ..", Daniels and Sabin identify .." should be avoided.
2. From pages 3 to 7 we consider the information provided more as an extended introduction. According to the instructions for authors the whole paper may still be too long (1700 instead of 1500 words); to shorten the paper it is therefore well possible to compress pages 3 to 7. From page 7 onwards the impact of the paper is growing.
3. Figure 1 and 2 are integrated in the text and appear again at the end of the paper. Figure 1 may not be necessary when trying to understand the model.

Recommendation

In summary, the paper is lacking in new arguments or novel insights into the highly interesting and very topical debate on priority setting and should be improved considerably. Through an extensive literature review, transdisciplinary and ethically well designed methods for priority setting including effectiveness, appropriateness, and cost effectiveness should be reviewed and logical arguments why the model described is better than existing ones should be presented. I therefore recommend a profound revision of the manuscript, hoping that these comments may be helpful.

Competing interests:

None declared.