Ethical and Value Issues in Insurance Coverage for Cancer Treatment

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DAN W. BROCK Harvard Medical School, Boston, Massachusetts, USA

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ABSTRACT
Many new cancer drugs provide only limited benefits, but at very great cost, for example, $200,000 –$300,000 per quality-adjusted life year produced. By most standards of value or cost-effectiveness, this does not represent good value. I first review several of the causes of this value failure, including monopoly patents, prohibitions on Medicare's negotiating on drug prices, health insurance protecting patients from costs, and financial incentives of physicians to use these drugs. Besides value or cost-effectiveness, the other principal aim in health care resource allocation should be equity among the population served. I examine several equity considerations—priority to the worse off, aggregation and special priority to life extension, and the rule of rescue— and argue that none justifies greater priority for cancer treatment on the grounds of equity. Finally, I conclude by noting two recent policy changes that are in the wrong direction for achieving value in cancer care, and suggesting some small steps that could take us in the right direction.
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