> **Hearing on Priority Setting on 13 December 2004**

List of questions

Against the background of considerable financial problems in the German health system, the Study Commission on the Ethics and Law of Modern Medicine is examining issues relating to the allocation of resources in health care. At the hearing, the Study Commission would like to deal with questions about how (scarce) resources can be distributed appropriately in health care.

Priority setting is of interest as a potential strategy for solving these issues. However, initial moves towards explicit priority setting, such as a paper produced in 2000 by the Central Ethics Commission of the German Medical Association entitled "Priorities in medical care in the statutory health insurance system: need we and can we decide?", have not yet had any impact on German health policy.

The Study Commission would like to draw on the experiences of other countries in its deliberations. It is thus interested in considerations about priority setting and its specific practical consequences on health care in other countries, with their various systems and conditions.

The political debate

1. What problems caused your country to begin a debate on explicit priority setting in health care, and what kind of health system structure existed at that time? When did this debate take place and who was involved?

    If there has been / is no debate in your country about priority setting in the health system: why has there not yet been such a debate, and what alternative issues relating to financing and resource allocation in the health system have been / are being debated?

The stage of analysis of priority setting

2. In your country, which health services or medical and care services or service areas are to be provided as a priority? What can / will be given low priority? Are there groups of people, diseases and / or indications or indication areas which are to be given high or low priority? Which health aims or aims relating to the services provided are considered a high priority, and which low?

3. On the basis of which ethical values and criteria should priorities be set in your country? What hierarchies of values exist? What factors are not criteria in priority setting, or are deliberately ruled out as criteria?

4. In your country, which institutions and groups are / were to deal with prioritisation and to set priorities? How are these actors legitimised? What role does public involvement play in priority setting in your country?

5. In what ways is / was priority setting to be introduced and implemented?

Turning theory into practice: (stage of decision making and initial implementation)

6. What values and criteria are applied in prioritisation decisions? How does this happen? How are the values and criteria operationalised?

7. Who implements, or which institutions implement, prioritisation decisions in your health system? At what levels does this take place, and how binding is it? What are / were the consequences (including structural consequences) of explicit priority setting on health care in your country?

8. Which mechanisms are best suited to identifying and achieving priorities? Which mechanisms have in practice proven to be unsuitable? In your country, how signifi-

cant in this process are the concepts and methods of evidence-based medicine, demands from the area of alternative or complementary medicine and of care, the political interests of the various actors, and cultural factors (concept of health / illness)? What conflicts have come to light?

9. How is priority setting evaluated and, if necessary, adjusted?

Maintaining explicit priority setting in the long term

10. Has the priority-setting procedure developed in your country been able to take root?

11. Which approaches have proven to be helpful, and which have had to be discarded?

12. What long-term efforts exist to deal with the challenge of allocating resources in health care fairly?

Recommendation

13. What recommendations can you give Germany as regards explicit priority setting in health care?