Editorial

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Putting a Dollar Value on Human Life

A sure way to exasperate some of my physician colleagues is to tell them that a certain medical procedure or medication is simply too expensive for general use even though its efficacy has been well established. They will predictably assert that life is a priceless commodity, and that no dollar amount can ethically be placed on a human life. But I come right back at them and tell them that, on the contrary, it is indeed appropriate and even necessary to take a quantitative monetary approach to the costs of proposed life-saving interventions.

Let's stipulate, for the sake of argument, that a given therapy is indeed effective, such that those who receive this unnamed intervention really do live longer than those who aren't fortunate enough to get it. Let's also stipulate that the therapy itself has no significant risks or complications, so that there is no real consideration of medical risk/benefit to take into account.

For some of my colleagues this would already be the end of the discussion. In their minds it would be unethical and a shocking violation of their Hippocratic Oath to even think about withholding such a therapy for a patient whose medical condition qualifies him or her for the intervention. After all, isn't that what doctors and other health care providers are supposed to do, to fight off the grim reaper with whatever tools or weapons we have handy? Aren't we in the business of using all of our scientific and technologic skills to prolong the lives of those who entrust their care to us?

ASSESSING A QALY

Actually, I think it's quite a bit more complicated than that. Above, I mentioned a medical intervention that was effective at prolonging life in patients who had certain qualifying medications, and the toxicity of the intervention itself was minimal. But the more astute among you probably noticed that I didn't specify how much longer the patient would live, or what the intervention would cost. Let's say now that our intervention costs $50,000 (it's pretty high tech!), but it only allows patients to live 1 more week. I think even my extreme colleagues would acknowledge that this may not be a very good trade-off.

Now let's say that we spend the $50,000 and this time the patient lives 1 more month because of the intervention. Most folks would probably still say it's not worth it, although some die-hard fight-at-all-costs types might be willing to write that big check. But now let's say that the $50,000 intervention prolongs life for 6 months. There may now be a fair number of takers. If the patient is a loved one, I might even jump on the bandwagon at this point myself and advocate for the intervention. And if we say that the $50,000 intervention prolongs life for a full year, most providers will instinctively advocate for its use.

It turns out that the generally accepted number in the medical literature to give the patient 1 quality-adjusted life year (QALY) is $50,000. If an intervention comes in under that price tag, most health care analysts would support it—while the enthusiasm for interventions in excess of that $50,000 figure fades in proportion to their distance from that benchmark number.

This number derives from the rough cost that was assigned to long-term hemodialysis in terms of prolonging a life of reasonable quality for 1 year. Interestingly, there has been no inflationary adjustment in the $50,000 amount since this number was first generated more than a decade ago, but that's another story.

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OPPORTUNITY COST

The obvious point is that it's absolutely necessary to assign a dollar cost to human life, whether we accept the $50,000/QALY or lobby for a higher figure. Health care resources are not infinite, and there is an opportunity cost to society for every dollar we plow into health care. Each dollar spent on health is a dollar that cannot be spent to build a school, to finance an aircraft carrier, or to construct an automobile factory. It may seem cruel to think of health care in these terms, but the fact is that every society needs

to determine what fraction of its total resources it wants to put into health care as opposed to pursuing other opportunities with those same dollars.

If you're still not convinced, let me remind you of a trade-off between life and other opportunities that we make every day, each time we climb into our automobiles. Roughly 40,000 individuals are killed on America's highways each year. We could significantly reduce this figure overnight by a very simple maneuver. All we would have to do is mandate a national speed limit, say, 35 miles an hour, and presto, overnight the number of fatalities would plummet. This is an indisputable fact, even factoring in the road rage that might claim a few lives. Why don't we just go ahead and lower that limit then? The answer is obvious. We would do serious damage to our economy with a lower speed limit. And so we all reluctantly accept a certain number of highway deaths as, literally, the cost of doing business. There is nothing wrong or immoral about this unspoken social contract. Human life is precious, but so is our economic way of life, which requires that people and goods be able to move around with reasonable efficiency at a reasonable speed. That may seem cruel and heartless, but it is simply a realistic acknowledgment that we must balance competing social needs.

So it's more than appropriate to take a calculating and cold-hearted look at each proposed medical intervention to see if we're really getting the best value for our dollar. If we spend incautiously and irresponsibly on just a handful of patients, we leave fewer dollars available for the medical care of our other patients and for other pressing social needs. ●

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