RESPONSE TO POULLIER

Poullier’s response to our paper represents both a misunderstanding of its general purpose and a misunderstanding of the few issues on which he comments. Let us briefly explain some of the problems with his response:

(a) Despite his condescending final remarks and his title, we never argue in our paper for inaction while our methodological issues are addressed. Individual countries should of course engage in policy changes designed to meet specific identified problems. The only conclusion to be drawn from our paper is that such policy changes should not be based upon international comparisons which may be very misleading. Thus, if the Norwegians have improved their waiting list problem, and they have but to a lesser degree than Poullier suggests, the merits (in terms of improved access) and the demerits (in terms of greater cost) of those changes can be debated and decided independent of any international comparison;

(b) Despite Poullier’s claims, we never express a preference for societies (like the U.S.) in which there is freer access to high technologies but limited access to simpler medical interventions over societies with waiting lists for the former but better access to the later. In fact, we specifically assert that we don’t even know what is the significance of waiting list problems. Our own explicit conclusion is that “each system has its own set of access problems”. Poullier needs to avoid attributing views to people who have explicitly said the opposite;

(c) Poullier still misses our point about exchange rates. The issue is not whether Norwegians should purchase more expensive Norwegian-produced food or less expensive U.S.-produced food. The issue is that when Norwegians and other Europeans are

Baruch A. Brody, PhD, Director, Center For Ethics Medicine, and Public Issues, Baylor College of Medicine, One Baylor Plata, Houston, TX 77030, USA.
Reider K. Lie, M.D. PhD., Director, Center For Medical Ethics, University of Oslo, Ganstadeallen 21, N-0371, Oslo 3, Norway

forced by governmental policies to purchase expensive European-produced food, it makes health care costs cheaper by comparison. Then, when PPP exchange rates rather than actual exchange rates are used in international comparisons, this results in European health care costs looking lower than U.S. health care costs. In fact, as we show in our article, 25–50% of the difference between U.S. and European costs are due to the exchange rate chosen. Interestingly enough, as we also show in our article, this problem does not arise for Canada, where food prices are not kept artificially high;

(d) Poullier gives no justification for his claim that we are wrong about the standard underrepresenting of Norwegian costs. Our figure comes from the government white paper cited in our article. Given its official nature, and given its careful calculation of its components, we think it stands until Poullier can show otherwise;

(e) Poullier introduces in his paper potential life years lost as an improvement over life expectancy. We do not see that this meets any of the issues we raised against the latter as a measure of quality. To begin with, it also cannot distinguish between problems in health care systems and problems due to other social issues. Moreover, it doesn’t begin to speak to the issue of quality of life. Much more interesting is his suggestion that we look at disability free life-years, but he admits that his early 1980s data for this is tenuous.

In the end, the fundamental issue remains. Shall we use global measures of the sort used by Poullier and his colleagues? They are easier to collect, but even Poullier admits (when challenged; not necessarily otherwise) that they are flawed. Or shall we collect, as we suggest, representative specific figures which cannot be aggregated but which can be used for policy improvements? In our paper, we argue for the latter choice. Poullier misses that issue in his response, and we are therefore unconvinced by what he has to say.

Finally, philosophers have sometimes been guilty of engaging in endless nonproductive debates. However, social scientists have also been guilty of engaging in collecting the wrong data. If would be better if they engaged in fruitful cross-disciplinary dialogue rather than in the type of rhetorical responses Poullier employs.