Ethics Expertise for HTA: A National Survey

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Funding
Institute of Health Economics
Canadian HTA Exchange
Background

- Ethical issue in HTA identified by potential consequences for conception of good and ability to pursue life projects
- National and international consensus on importance of identifying and addressing ethical issues
- Lack of consistent and rigorous analysis attributed to several challenges, one is a difficulty identifying and enlisting appropriate expertise
- HTA researchers argue that involving relevant expertise required to address discrepancy between professed importance of ethics and actual conduct
Objectives

1. To identify individuals with expertise in ethics analysis, located in Canada, who might contribute to ethics analysis in HTA

2. To gauge individuals’ familiarity with, and experience participating in, the production of HTA
Survey Development

Participants
Canadian Bioethics Society membership list, web-based searches of Canadian university faculty, bioethics centres, and provincial health agencies

Selection Criteria
- Faculty profile must indicate research interest or teaching in ethics
- Membership on ethics board or committee
Questionnaire

1. Demographics
   - province
   - employer(s)
2. Education and work experience
   - highest formal education and discipline
   - highest formal education in applied ethics
   - type and length of work experience in applied ethics
3. Involvement in HTA
   - in ethics analysis
   - in other HTA components
   - level of decision making
4. Ability to contribute to ethics analysis
Survey Delivery

- Survey Monkey® software
- December 5, 2011: Introductory email
- December 27, 2011: Second letter with email link to Survey Monkey survey
- Weekly reminder emails
- January 31, 2012: Survey closed
Demographics

**Participation rate:** 49% (363/735)

**Location:** Ontario (40.7%) followed by Quebec (17.9%), and Alberta (13.7%)

**Employer:** Academic institutions (50.4%) and hospitals (15.4%)

<8% in health authorities, government (federal or provincial), arm’s length/quasi-governmental organizations, or religious organizations, industry
Education

**Discipline of highest degree:** philosophy (26.4%), medicine (13.1%), nursing (9.2 %), sociology (8.4%), science and technology studies (5.0%), theology (4.5%), anthropology (2.1%)

Other (31.4%): administration (health or public), bioethics, biology, economics, epidemiology, international studies, health informatics, health policy, health sciences, health services research, law, molecular genetics, pharmacology, public health, religious studies, social sciences
Education and Work in Applied Ethics

Formal education, training or work experience in ethics: 83.1%

**Highest ethics-related education:** doctorate (34.5%), other (24.1%), master’s degree (19.0%), workshop (13.4%), certificate (7.4%), undergraduate degree (1.5%)

**Median years of experience:** 10 (interquartile range: 5 to 15)

**Nature of experience:** full-time ethicist, university teaching of or research in ethics, research ethics boards, case consultation, hospital ethics committee
Experience with HTA

Previous involvement in HTA:

Overall: 31.3%
Other than ethics analysis: 48.2%
Ethics analysis: 77.6%
Ethics analysis and other: 33.3%

61.6% of those who had not already participated in an ethics analysis could usefully contribute to such an analysis
Ethics Analysis in HTA

**Education:** Doctorate (49.5%), post-doctoral (30.5%), master’s degree (19.5%)

**Involvement:** Advisory committee or expert panel members (46.0%), consultant (44.8%), peer reviewers (33.3%), primary researchers (21.8%)

**Level of decision making:** Provincial (44.7%) or federal governments (36.5%) and almost equally for local institutions (28.2%), regional health authorities (23.5%), other levels (21.2%)
## Missed Capacity

<table>
<thead>
<tr>
<th>Ethics Analysis (n = 87)</th>
<th>Could Contribute (n = 165 )</th>
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<tbody>
<tr>
<td><strong>Education in Ethics</strong></td>
<td></td>
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<tr>
<td>Formal education in applied ethics 93.1%</td>
<td>Formal education in applied ethics 83.6%</td>
</tr>
<tr>
<td>PhD (53.8%), Master’s degree (21.3%)</td>
<td>PhD (38.1%), Master’s degree (23.7%), workshop (13.7%)</td>
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<tr>
<td><strong>Location</strong></td>
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<tr>
<td>Ontario (37.9%) followed by Quebec (20.7%), Alberta (17.2%), BC (9.2%), Nova Scotia (6.9%)</td>
<td>Ontario (40.6%) followed by Quebec (16.4%), Alberta (15.2%), BC (8.5%), Nova Scotia (8.5%)</td>
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<tr>
<td><strong>Employer</strong></td>
<td></td>
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<tr>
<td>Academic institutions (67.8%), hospitals (31.0%), self-employed (14.9%)</td>
<td>Academic institutions (72.7%) and hospitals (15.8%), regional health authority (10.9%), self-employed (9.1%)</td>
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Discussion

- Large number of ethics experts already familiar with HTA at some level
- Large number of potential experts who could contribute to ethics analysis in HTA
- Self-report: uncertain how well different forms of training translate into identifying and addressing ethical issues in HTA
- Contributions people might make and the value of the analysis judged through actual conduct and use of ethics analyses
- Uncertainty about how best to present ethics analysis and its results to policy analysts and decision makers
Strengths and Limitations

- Minimal assumptions about expertise ensured broad range of potential expertise, BUT need to identify those likely to have expertise
- Ease of replying to email may have increased response rate, BUT sheer volume of email received may reduce likelihood of response
- Survey Monkey (rather than Canadian product) may have reduced potential response rate
Conclusions

- Lack of identifiable experts is not a barrier for HTA producers to more regularly and rigorously identify and analyze ethical issues.
- Clarify nature of expertise required.
- Compare different methods of analysis and presentation.
- Continue to improve completeness, transparency, and rigor of HTA.
Collaborators

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Thank you!