

**'Shared benefit, shared risk, and shared costs in health care'**

Iain Chalmers  
Editor, *James Lind Library*  
[www.jameslindlibrary.org](http://www.jameslindlibrary.org)

Lancet 'Health of the Nation' Summit  
5 February 2009



**Dr Anna Donald** - a champion of equitable, effective, efficient, and caring health services. Died Sydney, 1/2/09

**As a patient and as a citizen, I am committed to the principles of:**

- (i) Equitable funding and access to effective health care
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- (iii) Shared risk in addressing uncertainties about the effects of healthcare interventions

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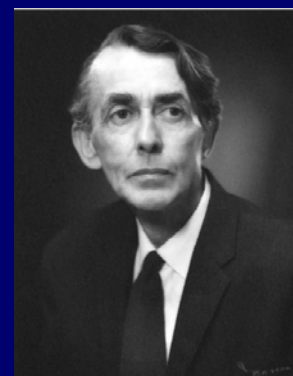
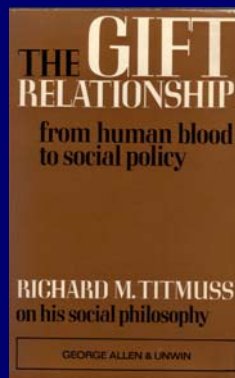
"Disease must be attacked in the poorest and the richest, in the same way as the fire brigade will give full assistance to the humble cottage as readily as the most important mansion. **Our policy is to create a National Health Service** to ensure that everybody, irrespective of means, age, sex or occupation, shall have equal opportunities to benefit from the best and most up-to-date medical and allied services available."

**A member of Parliament, 1946**

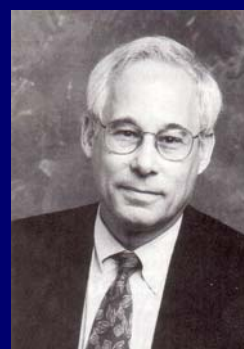


## An assessment of the NHS 25 years later

"The most unsordid act of British social policy in the twentieth century has allowed and encouraged sentiments of **altruism, reciprocity and social duty** to express themselves."



## An assessment of the NHS 60 years later



**Donald Berwick,**  
BMJ 2008; 337: 212-4.

## A continuing respect for equity and efficiency

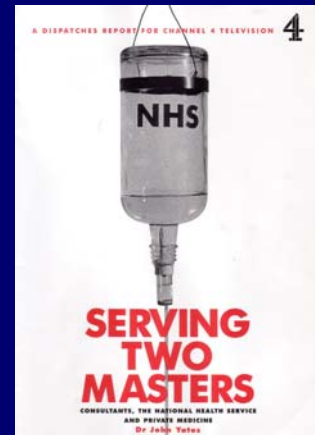
Professor Mike Richards' review, *Improving Access to Medicines for NHS Patients*, has rejected top-up fees on the grounds of equity and efficiency

The principle of equitable funding and access to effective health care requires constant defence from those with motives for undermining it, including governments.

## Private Eye, Heart & Hip

Surgical consultants, the National Health Service and private medicine

**John Yates** PhD MHSM DipHSM  
Honorary Research Fellow, University of Birmingham,  
Birmingham, UK



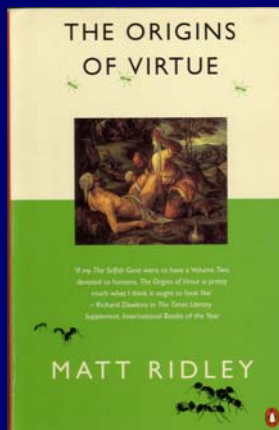
The proposed DH policy and guidance on NHS patients who wish to pay for additional private healthcare is:

**“contrary to the goals of the NHS and the principles of universality, equity, and service provision on the basis of need rather than ability to pay.”**

Centre for International Public Health Policy,  
27 January 2009.

“Economists, who founded their whole discipline on the question ‘What’s in it for the individual?’, have begun to back away. Much of the innovation in economics in recent years has been based on the alarming discovery by economists that people are motivated by something other than material self-interest.”

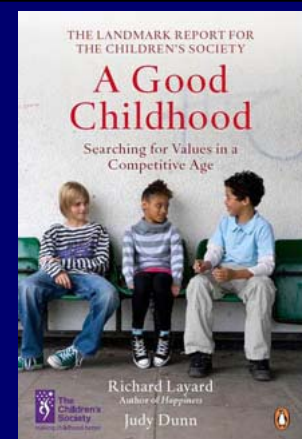
**“The virtuous are virtuous for no other reason than that it enables them to join forces with others who are virtuous, to mutual benefit.”**



### Selfish adults 'damage childhood'

“Individual freedom and self-determination bring many blessings, but in Britain... **the balance has tilted too far.**”

Lord Richard Layard,  
2 Feb 2009



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"We have lived so long under a **theocracy of markets, competition, and cost containment** that people may forget that these are driven by an ideology of no more validity than **the ideology behind common cause, collaboration, and social purpose** that it supplanted."

Grimley Evans, 1997

**Inefficient use of resources has resulted from the pro-market dogma of recent British governments**

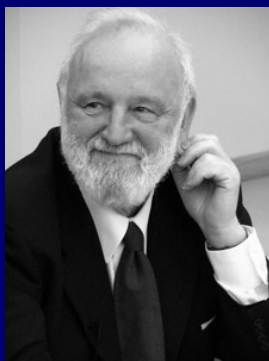
Profits from the Private Finance Initiative schemes are **"the unacceptable face of capitalism."**

Edward Lee MP, House of Commons Public Accounts Committee, 4 May 2006.

**Promoting shared benefit, shared risk, and shared costs in health care**



**National Institute for Health and Clinical Excellence**



**Frank Dobson**  
Secretary of State for Health, 1997-1999

The Times January 13, 2007

(Jack Hill)

Saturday Interview: Sir Michael Rawlins

**When caring clashes with costs - the nasty business of being NICE**

HELEN RUMBELOW AND ALICE MILES

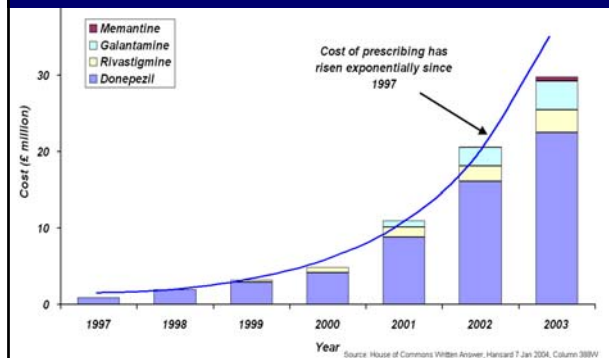
What is a year of perfectly healthy life worth? That is one of the many difficult questions that are facing the nation's health regulator

21 November 2006 09:17

## The Big Question: What is Nice's role, and why is it limiting access to Alzheimer's drugs?

By Jeremy Laurance, Health Editor

## Cost of General Practice prescription of dementia drugs (England) NB Costs of hospital prescribing not reported



## What are the alternative uses of money spent on Alzheimer's drugs of questionable value?

NICE estimates the costs of prescribing cholinesterase inhibitors as:

**£70 million per year**

which could pay for:

**700 extra old age physicians**  
or  
**3000 extra psychiatric nurses**



## Too close for comfort?

Drug companies have been told to publish their funding of patients' groups. **Andrew Jack** says that these groups should open their books too

## The Alzheimer's Society, drug firms, and public trust

PERSONAL VIEW Iain Chalmers

11th | 26 AUGUST 2007 | VOLUME 335

NICE is an independent body established to tackle the difficult—some would say near impossible—but essential task of trying to judge how the resources of the NHS can be used effectively and equitably in a service built on the principles of shared risk and social solidarity. This process is bound to result in “winners” and “losers,” but those like the Alzheimer's Society that now regard themselves as losers must make it clearer whether they support the principles upon which NICE was established.

**Arrogant, illogical and totally out of touch, NICE must be scrapped ... it's killing too many people**



by Jonathan Waxman

PROFESSOR OF ONCOLOGY, IMPERIAL COLLEGE LONDON

Daily Mail, 12 Aug 2008, p 15

# THE LANCET

Volume 377, Number 9629, Pages 601-688, August 22-29, 2008 www.thelancet.com

"Last week's welcome intervention by Michael Rawlins, NICE's chairman, in which he criticised industry's pricing strategy and profit motives, indicates that the Institute is no longer prepared to be the passive punch-bag of either government or pharmaceutical companies."

**We need better, less expensive drugs from an industry that needs to become more efficient**

dti

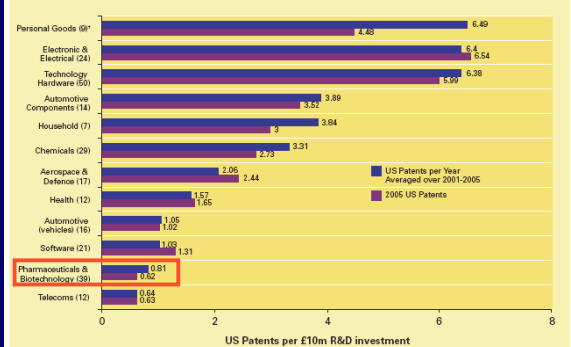
## THE R&D SCOREBOARD

2006  
The top 800 UK & 1250  
Global companies  
by R&D investment

COMMENTARY AND ANALYSIS

Volume 1 of 2

Figure ES7 The patents-to-R&D ratio for 12 sectors



1 number of companies used in the calculation

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**What do I want from health research and researchers when I am a patient?**

Iain Chalmers BRITISH MEDICAL JOURNAL, 20th May 1995, Vol. 310, Pages 1315-1318

**Wish No. 1:** "...systematic reviews of carefully controlled research will be required to produce the kind of evidence that I am likely to believe, and that I would wish those offering me care to take into account."

**Wish No. 2:** "When the relative merits of alternative forms of care are uncertain, **I want to be offered the opportunity to participate in properly controlled research.**"

**MEDICAL EMERGENCY CARD**  
 supplied by  
**VOLUNTARY EUTHANASIA SOCIETY**  
 1 Prince of Wales Terrace London W3 5PG 0171 937 7770

My Full name is  
**IRIN GEOFFREY CHALMERS**

If there is no reasonable prospect of recovery I do NOT wish to be resuscitated or my life to be artificially prolonged  
 My Advance Directive is lodged with  
**DR. ANDY CHIVERS  
 01865 - 558861**

1. Medical Information on blood group  
**Invite me to participate in all randomised controlled trials for which I am potentially eligible**

2. After my death my organs may be used for medical purposes **YES**

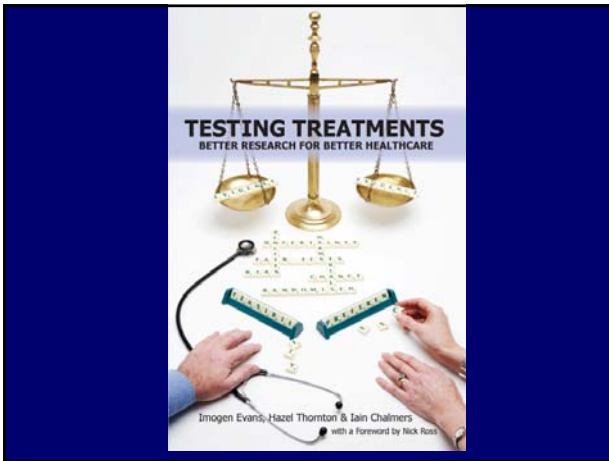
3. Next of Kin  
**JAN CHALMERS  
 01865 - 554949**

Signature Date  
**Iain Chalmers 7/12/98**

**Scientific research is a moral duty**

**John Harris**  
 .....  
 Biomedical research is so important that there is a positive moral obligation to pursue it and to participate in it

**RESEARCH ETHICS**  
 Should patients be allowed to veto their participation in clinical research?  
 H M Evans  
 .....  
J Med Ethics 2004;30:199-203. doi: 10.1136/jme.2003.002444



**Caveat donor!**

Agree to participate in a clinical trial only on condition (i) that the study protocol has been registered publicly on [www.controlled-trials.com](http://www.controlled-trials.com); (ii) that the protocol refers to the systematic reviews of existing evidence showing that the trial is justified; and (iii) that you receive a written assurance that the full study results will be published, and sent to all participants who indicate that they wish to receive them.

**What about NHS access to new treatments?**

Minimizing Harm and Maximizing Benefit During Innovation in Health Care:  
Controlled or Uncontrolled Experimentation?

Chalmers I. Birth 1986;13:155-164.

**NICE is able to recommend:**

- 1. Routine NHS use** of an intervention, either for all or specific licensed indications or patient subgroups
- 2. No NHS use** of an intervention, because of inadequate evidence of effectiveness or cost effectiveness
- 3. Use of an intervention in the NHS only in the context of appropriate research**



**NICE Citizens Council**

**"Only in research"**

25 - 27 January 2007

**To conclude and reiterate:**

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