THE ETHICS OF ASSESSING HEALTH TECHNOLOGIES

ABSTRACT. Health technology assessment (HTA) consists of the systematic study of the consequences of the introduction or continued use of the technology in a particular context, with the explicit objective to arrive at a judgment of the value or merit of the technology. Ideally, it is aimed at assessing all aspects of a given technology or group of technologies, including non-technical, e.g. socio-ethical, aspects. However, methods for assessing socio-ethical implications of health technology are relatively undeveloped and few mechanisms exist to take action based on the results of such evaluations. Still, the examples of cochlear implants (CI) and other cases illustrate that HTA is not a matter of merely collecting the facts about a technology. The facts must be plausible and relevant from a particular framework, which is not always shared by different groups. It is here that socio-ethical aspects are encountered. If health technology assessment aims to enhance the accountability of the decision making process regarding funding and use of health technology, it is a major challenge to assessors of health technologies to deal adequately with existing value pluralism. In this respect interactive evaluation may have something to offer.

KEY WORDS: cochlear implantation, ethics, health technology assessment, interactive evaluation

INTRODUCTION

The assessment of a health technology consists of the systematic study of the consequences of the introduction or continued use of the technology in a particular context, with the explicit objective to arrive at a judgment of the value or merit of the technology. Ideally, it is aimed at assessing all aspects of a given technology or group of technologies, including non-technical, often socio-ethical, aspects. Technical and socio-ethical factors are completely intertwined in questions concerning the place of technology in health care. At the same time, the methods for assessing socio-ethical implications of health technology are relatively undeveloped and few mechanisms exist to take action based on the results of such evaluations. The socio-ethical implications of a new or existing health technology can be the most challenging and difficult aspect of evaluation, because any decision to develop or use a health technology inevitably rests on value judgments. Health technology assessment firstly requires that we
define what we mean by valued outcomes, either positively (benefits) or negatively (burdens). For instance, preventing the onset of deafness by effectively controlling a meningitis through antibiotics is an undisputed positive outcome. A fistula resulting from endometrial ablation in the treatment of menorrhagia, on the other hand, is an equally undisputed negative outcome. Sometimes, as in these cases, the possible outcomes of using a technology can be classified into positively valued (or desirable) and negatively valued (or undesirable) outcomes in a way which is broadly endorsed. In some cases, however, such a broad consensus is lacking.

Cochlear implants for deaf children is one among many examples of technologies where broad consensus regarding valued and disvalued outcomes is lacking. Other examples are in vitro fertilization and electroconvulsive therapy. This poses a considerable challenge to evaluators: how should they deal with such value pluralism? The purpose of this paper is to explore this issue by analyzing the public debate about cochlear implants for deaf children in terms of what are considered desirable and undesirable outcomes by the various stakeholders.

This article will proceed as follows: a brief description of the technology is presented, followed by a summary of outcomes of evaluations that have been carried out thus far. We will then summarize the responses of deaf communities to the technology and its assessment. From this overview we will conclude that deaf communities have not succeeded in translating their concerns into research questions, incorporated into the assessments. As such, the assessments that have been carried out so far are unduly biased towards one particular, mainly technological, perspective, and tend, perhaps inadvertently, to reinforce existing inequalities in access to the decision-making process. The case will serve to support the following more general claims: (1) any assessment of a health technology requires some sort of value framework, defining outcomes that are likely to affect our judgment of the value or merit of the technology, and (2) it is important to be aware of this, and to try to make this value framework explicit, since it may not always be shared by all parties involved. The paper will conclude by discussing a way of identifying value frameworks underlying health technology assessments and of assessing their validity.

COCHLEAR IMPLANTS

A cochlear implant is a device that has been developed for individuals with an (almost) complete lack of hearing. The lack of hearing can be congenital or acquired, for instance through meningitis. In individuals whose acoustic nerve is still intact, the functioning of the outer ear and the cochlea