

## **Abstract**

### **Quality of life and patient benefit: The view of NICE – and a NICEr one?**

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Quality-adjusted life years (QALYs) assign a weight to each state of health and then multiply that value by how long the state lasts. So, one QALY is equivalent to one year of life in full health. Some health care systems are now using QALYs to help determine priorities e.g. the National Institute for Health and Clinical Excellence (NICE) in the UK. One of the key challenges is how to calculate the “quality adjustment” part of the QALY. NICE currently has a new draft set of guidelines out for consultation where they are even more prescriptive than they were before, recommending the EQ-5D for the description of health, the time trade-off (TTO) method for valuation and public preferences as the source of values.

In this talk, I will discuss the health state values that are generated from this kind of approach. I will also raise some serious concerns about the suitability of preference-based methods in calculating health state values. The focus of my critique is that all responses to preference-based methods, like the TTO, reflect whatever the respondent focuses on at the time of the assessment, which may not be what they will focus on while experiencing that health state. To more accurately reflect the effect of different health states on people’s well-being, I propose we should shift our attention from the measurement of preferences towards the direct assessment of real experiences.