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LETTERS

NICE'S END OF LIFE DECISION MAKING SCHEME

Analysis of the impact of extending end of life treatments should be treated with caution

Paul Catchpole *director*

Association of the British Pharmaceutical Industry, London SW1E 6QT, UK

Collins and Latimer recently estimated the effect on the NHS of the supplementary advice on life extending end of life treatments introduced by the National Institute for Health and Care (formerly Clinical) Excellence (NICE) in 2009.[1 2] Their study shows how NICE's cost effectiveness threshold should work in principle and is useful as a piece of illustrative analysis. However, the authors' estimates rely on several highly simplistic assumptions and should be treated with caution. We highlight one such assumption below.

Collins and Latimer describe two studies recently conducted in the UK as providing evidence against end of life weighting.[3 4] However, in Linley and Hughes's study, over a third of respondents expressed a preference for treating the patient group with a remaining life expectancy of 18 months over those with a remaining life expectancy of 60 months—nearly double the proportion with the opposite preference. Even when the gains from treating the second group were set to be twice as large as those from treating the first group, nearly a quarter of respondents still wished to prioritise the treatment of the end of life group. So, although the evidence for preference for end of life weighting might be inconsistent, to say that society does not wish to give priority to end of life patients may be overstating the facts somewhat.

Competing interests: PC is director of the Association of the British Pharmaceutical Industry.

Full response at www.bmj.com/content/346/bmj.f1363/rr/643559.

1 Collins M, Latimer N. NICE's end of life decision making scheme: impact on population health. *BMJ* 2013;346:f1363. (21 March.)
2 National Institute for Health and Clinical Excellence. Appraising life-extending, end of life treatments. 2009. www.nice.org.uk/media/88A/F2/SupplementaryAdviceTACEoL.pdf.
3 Shah K, Tsuchiya A, Risa Hole A, Wailoo A. Valuing health at the end of life: a stated preference discrete choice experiment. Decision Support Unit Report, 2012. www.nicedsu.org.uk/DSU%20End%20of%20Life%20full%20report%20-%20version%203%20_Dec%202012_.pdf.
4 Linley WG, Hughes DA. Societal views on NICE, cancer drugs fund and value based pricing criteria for prioritising medicines: a cross-sectional survey of 4118 adults in Great Britain. *Health Econ* 2012; published online 7 Sep.

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pressoffice@abpi.org.uk