

Ethical Considerations in Pharmaceutical Disinvestment: A Literature Review Study

Jessica Pace

PhD Candidate, Sydney Health Ethics, The University of Sydney; Clinical Pharmacist, Central Coast Local Health District

BACKGROUND AND AIMS

- Growing interest in pharmaceutical disinvestment
 - Achieve greatest benefit from limited resources
 - Conditional reimbursement pathways prefaced on ability to disinvestment if less safe, effective or cost-effective than first appears
- Ethical analysis ensures morally acceptable, politically legitimate decisions
- Aim: identify ethical principles/concepts relevant to pharmaceutical disinvestment

METHODS

- Systematic search November 2018
 - Google Scholar, PubMed, MEDLINE/EMBASE, Cochrane library
 - Terms related to ethics, disinvestment, analogous situations (e.g. withdrawing end of life care, closing down clinical trial)
 - English, no date limits
- 1 reviewer appraised publications/extracted data, results refined by discussion
- Publications analysed thematically until no further principles/concepts identified

RESULTS

- Reason for disinvestment → most relevant **substantive** ethical principles
- **Cost**
 - Promote **distributive justice** (i.e. fairness in distribution of goods in society)—efficient use of resources
 - Undermine **equity**—not all patients can afford without subsidy
 - Reduce treatment options= reduced **autonomy**
- **Effectiveness**
 - Can both promote and threaten **beneficence** (duty to act in patient's best interest)
 - Reduce treatment options= reduced **autonomy**
- **Safety**
 - Promote **non-maleficence** (not causing harm to others)
- Always need to consider **procedural fairness**
 - **Transparency** about reasons, supporting evidence
 - Based on **reasons** stakeholders understand/agree are relevant
 - Decision-makers **free of bias/conflicts of interest**
 - Ongoing **evaluation**—meets aims, no unexpected/unreasonable consequences



DISCUSSION AND CONCLUSIONS

- Ethical principles
 - guide design of policy/pharmaceutical services related to disinvestment
 - can't guarantee socially/politically feasible solution to unsafe, ineffective or low-value care