A recent BBC television programme calculated (18) that if a health authority had £200,000 to spend it would get 10 QALYs from dialysis of kidney patients, 266 QALYs from hip-replacement operations or 1197 QALYs from anti-smoking propaganda. While this information is undoubtedly useful and while advice to stop smoking is an important part of health care, we should be wary of a formula which seems to dictate that such a health authority would use its resources most efficiently if it abandoned hip replacements and dialysis in favour of advice to stop smoking.

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As so often, I must thank my colleague Dr Mary Lobjoit for her generous medical advice. The fact that, like certain patients, I am apt to misunderstand this advice is of course my own fault. Thank are also due to Don Evans, Alan Williams and the editors of the *Journal of Medical Ethics* for helpful comments.

References and notes

(1) See the excellent discussion of the recent history of this line of thought in the Office of Health Economics publication *The measurement of health* London, 1985.
(2) Williams A. Economics of coronary artery bypass grafting. *British medical journal* 1985; 291; and his contribution to the article, Centre eight – in search of efficiency. *Health and social service journal* 1985. These are by no means the first such attempts. See reference (1).
(3) Williams A. The value of QALYs. *Health and social service journal* 1985.
(4) I mention this in case anyone should think that it is only medical scientists who do medical research.
(5) See reference (3): 3.
(6) See reference (1): 16.
(7) See reference (3): 5, and reference (3).
(8) I'll assume this can be described as 'true' for the sake of argument.
(9) I am indebted to Dr S G Potts for pointing out to me some of these statistics and for other helpful comments.
(10) For examples see reference (1) and reference (2).
(11) See Parfit D. Innumerate ethics. *Philosophy and public affairs* 1978; 7, 4. Parfit's arguments provide a detailed defence of the principle that each is to count for one.
(12) I consider these problems in more detail in my: eQALYty. In: Byrne P, ed. *King's College studies*. London: King's Fund Press, 1987/8. Forthcoming.
(13) Dworkin R. *Taking rights seriously*. London: Duckworth, 1977: 227.
(14) I do not of course mean to imply that there are such things as rights, merely that our use of the language of rights captures the special importance we attach to certain freedoms and protections. The term 'civil rights' is used here as a 'term of art' referring to those freedoms and protections that are customarily classed as 'civil rights'.
(15) For an interesting attempt to fill this gap see Dworkin R. What is equality? *Philosophy and public affairs* 1981; 4 and 5.
(16) And of course the international budget; see my *The value of life*. London: Routledge & Kegan Paul 1985: chapter 3.
(17) See Townsend P, Davidson N, eds. *Inequalities in health: the Black Report*. Harmondsworth, Penguin: 1982.
(18) BBC 1. *The heart of the matter* 1986, Oct.

Response: QALYfying the value of life

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The essence of Harris's position can be encapsulated in the following three propositions:

1) Health care priorities should not be influenced by any other consideration than keeping people alive;
2) Everyone has an equal right to be kept alive if that is what they wish, irrespective of how poor their prognosis is, and no matter what sacrifices others have to bear as a consequence;
3) When allocating health care resources, we must not discriminate between people, not even according to their differential capacity to benefit from treatment.

My position, which he attacks, can be encapsulated in the following three propositions:

1) Health care priorities should be influenced by our capacity both to increase life expectation and to improve people's quality of life.
2) A particular improvement in health should be regarded as of equal value, no matter who gets it, and should be provided unless it prevents a greater improvement being offered to someone else.
3) It is the responsibility of everyone to discriminate wherever necessary to ensure that our limited resources go where they will do the most good.

At the end of the day we simply have to stand up and be counted as to which set of principles we wish to have underpin the way the health care system works.

The rest of Harris's points are really detail and I will deal with them on a subsequent occasion when I have had a chance to study his promised way forward, for that may help to dispel the very serious doubts I hold at present as to whether he realises the grave implications of the position he has adopted.

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Key words

QALY; equality; civil rights; efficiency; scarce resources.