

Study shows emotions often defeat sense in health care priority setting

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Emotions tend to get the upper hand in health care decisions. This is shown in a study at Linköping University, Sweden, where participants were faced with tough choices between different treatments. The results may explain why effective use of health care resources is so slow in the making, according to the researchers.



"Emotions make it more difficult for us to see the value of alternative ways of using resources. We get more of a tunnel vision," says Gustav Tinghög, professor in the Department of Management and Engineering at Linköping University.

The study, published in the journal *Judgment and Decision Making*, featured two groups, one consisting of just over 1,200 members of the public, and the other of 183 health care experts.

First, the groups had to evaluate a number of pairs of medical treatments, where the only difference between the treatments in each pair was that one of the options carried a somewhat higher risk of serious side effects or death. The cost of the more risky treatment was given. The participants were tasked with pricing the risk-free option high enough to make both options equal.

"You could put an infinite price, but people don't, they have a decent ability to set a price on what they think patient security is worth," says Gustav Tinghög.

What participants did not know was that in the next step they would be forced to choose between the treatments in the pairs. As they had themselves set a price that made the options equal, you might think that the choice would not matter. In that case, the outcome would be 50/50.

But in reality, we are not that consistent.

In a scenario involving two <u>cancer drugs</u>, one of which had a 1% risk of causing death, 90% of the general public group chose the risk-free, but more expensive, option. In another scenario, involving two treatments for spinal disk herniation, one with a 2% risk of causing paralysis, 94% chose the more expensive, risk-free option.



The conclusion drawn by the researchers is that when we are faced with a choice, there are values that almost always win. Patient safety is such a value. The reason for this is that when making a decision we have to justify it to ourselves, and we also risk being held accountable. This is where emotions take over. We take the decisions we find easiest to justify.

What the researchers were surprised to find was that the effect was almost as strong in the expert group. In the cancer drug scenario, 81% chose the more expensive, risk-free option. And in the spinal disk herniation case, a staggering 86% chose the safe option.

The consequence of this is that resources may not be used in an optimal way. Money spent on minimizing all imaginable risk could have been used elsewhere. Patient safety always takes precedence, even though it might have been possible to provide more welfare or utility by prioritizing something else.

According to Gustav Tinghög, our tendency to let emotions rule is noticeable in the health care debate. Throwing in arguments such as <u>patient safety</u> is an effective way to end discussion.

He stresses that emotions are not bad by definition when we make decisions. What decides if you are a good policy maker is whether you can combine your emotions with rational thinking.

"It's not about putting a price on a life, it's about how we can get the most possible health for the <u>limited resources</u> we have," says Gustav Tinghög.

More information: Emil Persson et al, The prominence effect in health-care priority setting, *Judgment and Decision Making* (2023). <u>DOI:</u> 10.1017/S1930297500009463



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