

1. Introduction

The value-ladenness of the HTA process has been widely recognized in the HTA literature, and this for different reasons:

- i) the ultimate goal of the process is to improve health care (1,2,3),
- ii) all decisional steps in the HTA process are grounded on value judgments (3,4,5,6a,7),
- iii) value judgments in ethical analysis are known to be useful for decision makers and promote transparency of their decisions (8,9).

According to some authors, value-ladenness can only be found in the appraisal of a technology, not its assessment which rests solely on facts, whereas its appraisal is rather intertwined with values (10,11).

The elicitation of implicit value judgments in HTA has been suggested by some authors as a way to clarify the role of ethics in HTA (1,3,6b,12).

2. Methodology

In the Speech-Act approach proposed in the field of Philosophy of Language, value judgments are considered as evaluations, not assertions. As evaluations they ascribe a quality to a given object or to its impacts. The ascription of a such quality is based on the application of specific criteria (Poster ID#63 - PP113).

An analysis of the quotes referring to value-judgments, extracted from our systematic review on the obstacles to ethical integration into HTA (21), were categorized in the **chart (opposite) presenting: a) the different stages of decision-making** in HTA, **b) the description of their inherent implicit value-judgments (evaluation) made explicit, c) the criteria involved, and d) references to the quotes** found in HTA literature. The chart was modified and validated by the entire research team including local HTA evaluators.

3. Results

The **chart (opposite)** shows 18 decision-making steps in the HTA process where 23 implicit value-judgments are presented. The range covers the whole process, from the original mandate of the agency determining the nature of the expected results to the review and dissemination of the final report. The quotes for each category regroups the different expectations about the elicitation of implicit value-judgments.

4. Discussion

Each stage of decision-making during the HTA process involves implicit value judgments (i.e. evaluations).

Eliciting value judgments implied is a necessary condition for the transparency of the HTA process.

To which extent must implicit value judgments (evaluation) be elicited remains an open question since INAHTA addressed this problem to the Ethics Working Group in 2005, and guidelines are needed.

Considering that the entire HTA process and its validity is guided by the Scoping step, all the value judgments implied should be clearly elicited in final HTA reports.

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ACKNOWLEDGMENTS

This study is currently being funded by the Canadian Institutes of Health Research (CIHR grant #142187)



Stages of Decision-Making in HTA	Value Judgments Made Explicit (Evaluation)	Criteria	References
1. Agency's Official Mandate (scientific expectations, ethical analysis, assessment & appraisal)	Relevance of deliverables for decision making.	Health care. Health expenditures.	13abc, 14a.
2. Analysis of HTA request	Possible conflict of interest.	Interest from initiator of the report.	13d, 15a.
3. Evaluation of HTA Request	Relevance of the request.	Relevance of research questions addressing the impacts of the technology. Overall costs of HTA.	13cd, 14b, 15a, 16a.
4. Priority Setting for requests	Importance of the request.	Urgency	14b, 17, 18.
5. Scoping a) Strategic Analysis (choice of parties involved in the scoping process) b) Preliminary Analysis	Relevance of selected parties. Relevance of selected issues. Quality of information gathered for the scoping. Relevance of the choice of comparator (PICOS). Weight of the information/results to frame the research questions.	Contribution to the process. Relevance addressing the impacts of the technology Idem Idem Idem	13ce, 14b, 15b, 18, 19.
6. Framing the Policy Question	Importance of the action to be considered by the decision makers.	Impact of such action.	15c.
7. Framing the Research Questions	Importance of outcomes to be/not to be considered.	Relevance to agency's mandate (1.) Relevance to policy question (6.) Relevance of technology's impact analysis.	13fg, 14b, 15ade, 16a, 18.
8. Data Collection Strategy	Importance of criteria and measure procedures for each of the research question's outcome . Relevance of selected data bank.	Relevant information. Idem	13h, 14c, 16a.
9. Data Gathering	Relevance of inclusion/exclusion criteria.	Relevant information.	14c.
10. Results and Evaluation of Evidence	Quality of the evidence.	Validity of the information.	16a, 17.
11. Evidence Synthesis and Results Presentation	Importance of some data / non-importance of other.	Relevance to agency's mandate (1.) Relevance to policy question (6.) Relevance to research question (7.)	13efi, 14c, 15af, 18.
12. Discussion of Results	Relevance of the results discussed.	Relevance to agency's mandate (1.) Relevance to policy question (6.) Relevance to research question (7.)	17.
13. Discussion of the Limits of the Report	Validity of the information retrieved.	Forces and limits of the studies examined	16a.
14. Conclusion	Importance of the elements selected from the report answering the research- and policy-questions.	Relevance to research question (7.) Relevance to policy question (6.)	17.
15. Recommendations	Importance of the considerations justifying the recommendation.	Weighting of diverging evaluations.	14d, 15g, 16ab, 20.
16. Choice of External Reviewers	Quality of the reviewers' contribution to the final report.	Expertise	14d.
17. Integration of Reviewers' Comments in the Report	Importance of the comments to the final report.	Relevance of such comments.	14d.
18. Dissemination	Importance of targeted audiences.	Relevance of target audience to decision making.	14d.