

I have advanced prostate cancer and I am a Committee Member of the Australian Advanced Prostate Cancer Support Group.

## **Executive Summary**

In relation to the draft PBAC Guidelines, I submit that:

### **1. A societal approach**

the Draft PBAC Guidelines should assess medicines from the perspective of the whole Australian community (a societal approach), rather than a more limited health care system perspective and should take account of indirect health costs as is done in some other jurisdictions.

### **2. The work of volunteers**

In an economic assessment of productivity changes, the Draft PBAC Guidelines should take into account to the value of unpaid work by volunteers, as well as the value of paid work in an employer-employee context.

## **Detailed submission**

### **A societal approach**

Appendix 1 of the Current PBAC Guidelines indicates that the Guidelines Review Working Group has identified particular topics identified for attention in reviews of the guidelines including, amongst other things:

- *reviewing the primary perspective to be adopted (societal or health care system) and any differential weighting of inputs in an economic evaluation with consequential implications for -the valuation and incorporation of production changes in an economic evaluation -broader impacts beyond the health of the individual receiving the medicine (eg including carers)*

I submit that the current base case evaluation of the benefits of a new medicine contained in the Draft Guidelines is too narrow and does not include the broader patient perspective or the economic view of the benefits of a healthy and productive population.

Only direct health care costs can be included as the base case for the majority of submissions. That is, no account can be made of 'indirect costs', including loss of productivity, impact of time/wages lost by carers, increase in welfare / disability payments, etc.

I suggest that the approach of other jurisdictions, such as the Nordic countries in Europe, which do account for indirect costs, should be adopted in the PBAC Guidelines

I submit that it is important to consider broader impacts beyond the health of the individual receiving the medicine (eg including carers).



### **The work of volunteers**


In addition to my submissions about the general approach which should be taken in assessments being made by the PBAC, I wish to make specific comments in relation to Appendix 8 of the Draft Guidelines.

Appendix 8 of the Draft Guidelines provides that productivity changes should be assessed by taking into account the value of paid work in an employer-employee context.

In my submission this approach is discriminatory; it discriminates against older patients who have retired.

Prostate cancer is more common in older men, with 85% of cases diagnosed in men over 65 years of age. Many men with advanced prostate cancer have retired from paid work but this does not mean that they no longer make a valuable contribution to society and to their local communities. Many of them are active volunteers.

The contribution of the volunteer workforce was estimated in the Australian Bureau of Statistics Non-profit Institutions Satellite Account to provide over \$14.6 billion of unpaid labour to not-for-profit organisations in 2006-07. The ABS has not yet been released a revised national figure for the economic contribution of volunteers.

A 2010 estimate by  estimated the dollar value of the contributions made by Australian volunteers to the Australian economy at \$19.4 billion. The social value of volunteering is also important. Research indicates that volunteers were much more likely to be involved in other aspects of community life than non-volunteers.