be accepted that they produce different disability weightings. Four subjects felt that they were led "to some extent" to answer in a particular way, and two subjects felt they were led "to a great extent."

In spite of their reported view that the two questions ask about different things, participants at the workshop eventually accepted the requirement of consistency. Some explained that they felt they were participating in a game of little practical consequence. Others reported that rather than making person trade-off judgments, they picked disability weightings that "looked reasonable" and then selected corresponding person trade-off numbers. Perhaps some also accepted the authority of the facilitators and assumed that they were right in what they were demanding, or tried to avoid unpleasantness.

Confusing value of life with health?

The line of thought from the first question to the application in cost effectiveness analyses seems to be that the healthier the person, the more valuable their life is to themselves and to society and the greater their claim on restricted healthcare resources to have their life extended. This makes sense only if the value of life is not seen as a dimension distinct from health, but rather as a direct positive function of health. In valuing life as a function of health status, the DALY approach is not alone: QALYs have been criticised on the same grounds,¹⁵⁻¹⁸ and often in history people have been classified and dealt with according to their functional capacity.

A valuation of human beings according to their functional capacity is in sharp contrast to the humanistic values laid down in the Declaration of Human Rights: "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation."¹⁹ The WHO department responsible for the global burden of disease project aims at "strengthening the scientific and ethical foundations of health policies.... The aim of the work is to promote equity, quality, and efficiency."²⁰ The current DALY protocol does not seem to accord with this.

Conclusion

The DALY approach currently in use presupposes that life years of disabled people are worth less than life years of people without disabilities. Through the imposition of consistency between substantially different questions, people participating in evaluation panels are forced to adopt discriminatory positions on the value of life of disabled people. In as much as the disability weightings do not correspond to a clear preference but are the results of forced compromise, they must be seen basically as artefacts. Revision of the DALY protocol should deal with these problems appropriately. In particular, the use of disability weightings in the valuation of gained life years should be abandoned.

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What's really important

Parental review

"Have you seen this?" my husband asked casually as he passed his Indian father in law the latest copy of the *BMJ*, tapping the section on general practice. It contained my first proper research paper, published while I was on maternity leave. My father stared at it, nodding, "Yes, I've been meaning to ask you if the *BMJ* is worth subscribing to, it's supposed to be a good journal." "But have you seen who the author is?" continued my husband, jabbing his finger at my name on the paper. "Yes, yes, leave it with me, and I'll read it," replied my father in his placatory tone of voice. Exasperated, my husband passed it to my mother, who blinked at it and then returned to cooing at her grandson, who gave her his best radiant smile. Later our ears pricked up as we heard my mother on the telephone to one of her friends. Assuming the penny had finally dropped, we listened with bated breath. "Yes, I'm so proud of my daughter you know, I never thought she would really go ahead like she has and become a

mother after all." As a general practitioner I am well aware of the need for good communication. Yet this incident reminded me that nothing can be meaningful without context. What seems crucially important to us as doctors is often rated by a lay person as being of no importance at all.

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We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the author.