




Some final thoughts




THANK YOU

The 'faculty' have really enjoyed interacting and working with you



You can do valuable research on complex interventions without doing it 'all'



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- For example - sorting out which aspects of a complex intervention might be most likely to work, or helping us understand what people are likely to choose to help their illness, could be great contributions on their own





RESEARCH TEAMS AND MULTIDISCIPLINARITY



RESEARCH TEAMS AND MULTIDISCIPLINARITY

- Research funding is mostly going to large multi-disciplinary teams
- To do good work on complex interventions, even if you are only picking off one 'bit' from the framework, you will generally need input from social scientists and economists as well as having trials expertise



Ethics and Economics

I am no ethicist and no economist



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BUT

I cannot resist a few comments



ETHICS

- How ethical is it to continue to use interventions that have not been shown to be effective?
- Is 'fully informed consent' ever a reality?
- What happens to consent in cluster trials?
- Should individual patient autonomy have primacy in ethical considerations?
- Why don't older people get into trials?



ECONOMICS



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- We need to distinguish COST from VALUE



ECONOMICS

- We need to distinguish COST from VALUE
- The direct and indirect costs of an intervention are important
- The value that is attached to its effect is much more important



Valuing Health States

- 'Utilities measures' – e.g. EQ5D (Euroqol)



Valuing Health States

- 'Utilities measures' – e.g. EQ5D (Euroqol)
- Assess health status
- 'Value' those health states in the population by using techniques like 'trade-offs' or discrete choice experiments



But what aspects of our health and lives need to be valued in this way?

- What is 'quality of life'?



mood disorders

But what aspects of our health and lives need to be valued in this way?

- What is 'quality of life'?
- The 'ICEPOP' programme – exploring what matters to older people and what values they give to various domains (Coast and Flynn)




mood disorders

The Dimensions

1. Attachment (friendships)
2. Security (safety)
3. Role (participation)
4. Enjoyment
5. Control (independence)



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What are we trying to do?

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This is NOT the end!

- We plan to build on this for the 'EXETER CONFERENCE'
- We plan to develop a publication on the idea based on what you have told us here
- We hope to see you again

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Thank you Dave Richards

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