

Letter to the Editor

It Is Time to Develop a Values Hierarchy in the Health System

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Dear Editor,

Rashidian and colleagues have published an interesting study entitled, "Which Social Values Are Considered in Iranian Health System?"¹

Although concept of social values was the heart of the study, lack of clear definition of value and of the criteria brought some challenges in understanding of the participants about social values regarding priority setting of the health system, in interpreting of the findings and even generalization of the results to real world policy making in the health system of Iran. According to the Table 1, there are some differences between value and criteria which must be taken to account in deriving social values regarding priority setting in the health system.²⁻⁴

Problem of unclear definitions of social values can be seen in each step of the methods section. In the literature review step, in the step of content analysis of document and interview with participants, and also in the Delphi step, ambiguous definition for value has been observed. The authors have underestimated side effects of unclear definition of values and finally could not control its consequences on the results. We will see different results of the most important social values considered in priority setting of the health system if participants understand a solid definition for social values. It is acknowledged by

authors that participants had different attitudes about meaning of social values.

As authors mentioned, there are different types of values. Terminal, instrumental, content and procedural values which have specific meaning in area of the axiology literature. The authors did not indicate whether the values with highest importance are terminal values or not. In addition, autonomy of providers, as a value, has a significant effect on priority setting in the health system of Iran. This feature can be seen also in other countries.⁵ However it has been neglected even in the first list of potential values.

Moreover, human dignity, as a potential value considered in priority setting in health systems, has been mentioned in the first table of the study but unfortunately has been missed in following steps of analysis.

Conflict of Interest Disclosures

None.

Ethical Statement

Not applicable.

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Table 1. Difference between Value and Criteria

Value	Criteria
Stable over time	Specific to the time
Trans-Situationality	Context-specific
Inherently desirable	Non-Inherently desirable
Abstract and implicit	Explicit and measurable
Guiding human behavior	Not having impact of behavior

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