

Discussion of Session 4 – Regulatory impact assessments

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Three COI studies

Real life studies for a purpose – producing practical information for policy makers + testing an approach

Based on and using the information available

Methodology

- EDCs – application of an expert panel, Delphi – causality not shown but agreed
- Diabetes and Cadmium – traditional calculation of costs - causality assumed/claimed

EDCs in EU

Delphi method:

- To recover/agree on certain numerical values, such that COI can be calculated - no e.g. pain and suffering
- Could be used to explain the variation between the expert opinions – why opinions differ
- Transparency - how the expert panels were put designed and experts chosen

- Q: was the male infertility thought to occur in the adulthood – what about the infertility due to exposure in a development stage – latency – discounting

Diabetes and Cadmium in Sweden

Diabetes:

- Correlation discussed and causality implied
- Diabetes due to certain chemicals (claim) – cardiovascular diseases due to diabetes (if both)
- No cost of informal care, no pain & suffering (QALY)?

Cadmium:

- Causality claimed to be solid
- Costs – do they account for production losses
- Q: Why the cost estimates produce much smaller ranges for men?

Costs: ...per capita

- Costs of the EDCs appear very large ...but actually per capita costs somewhat close
- $157\text{B}/500\text{M} = 314$
- $500\text{M}/10\text{M} = 50$
- $400\text{M}/10\text{M} = 40$