



Thank you for downloading this Decide kit!

Every kit contains all the necessary elements for a group of up to 8 people playing Decide. If you have more participants, provide each group with a kit.

The kit can be printed on A4 paper or cardboard. For best results, use 160g/m<sup>2</sup> paper.

The first 9 pages have borders of different colours, indicating the colour of the paper on which they should be printed. There are 3 or 4 green, 3 or 4 blue, 1 yellow and 2 orange sheets.

The other pages should be printed on white paper or cardboard.

The last 4 pages contain the placemat and the instructions for each participant.

***It is important that each participant has a placemat in A3 format.***

The instruction card should be printed preferably in colour, although it will work also in black and white.

Make sure that there are as many placemats and instructions cards as there are participants.

Enjoy Decide!

For any question or information, please email: [info@playdecide.org](mailto:info@playdecide.org)



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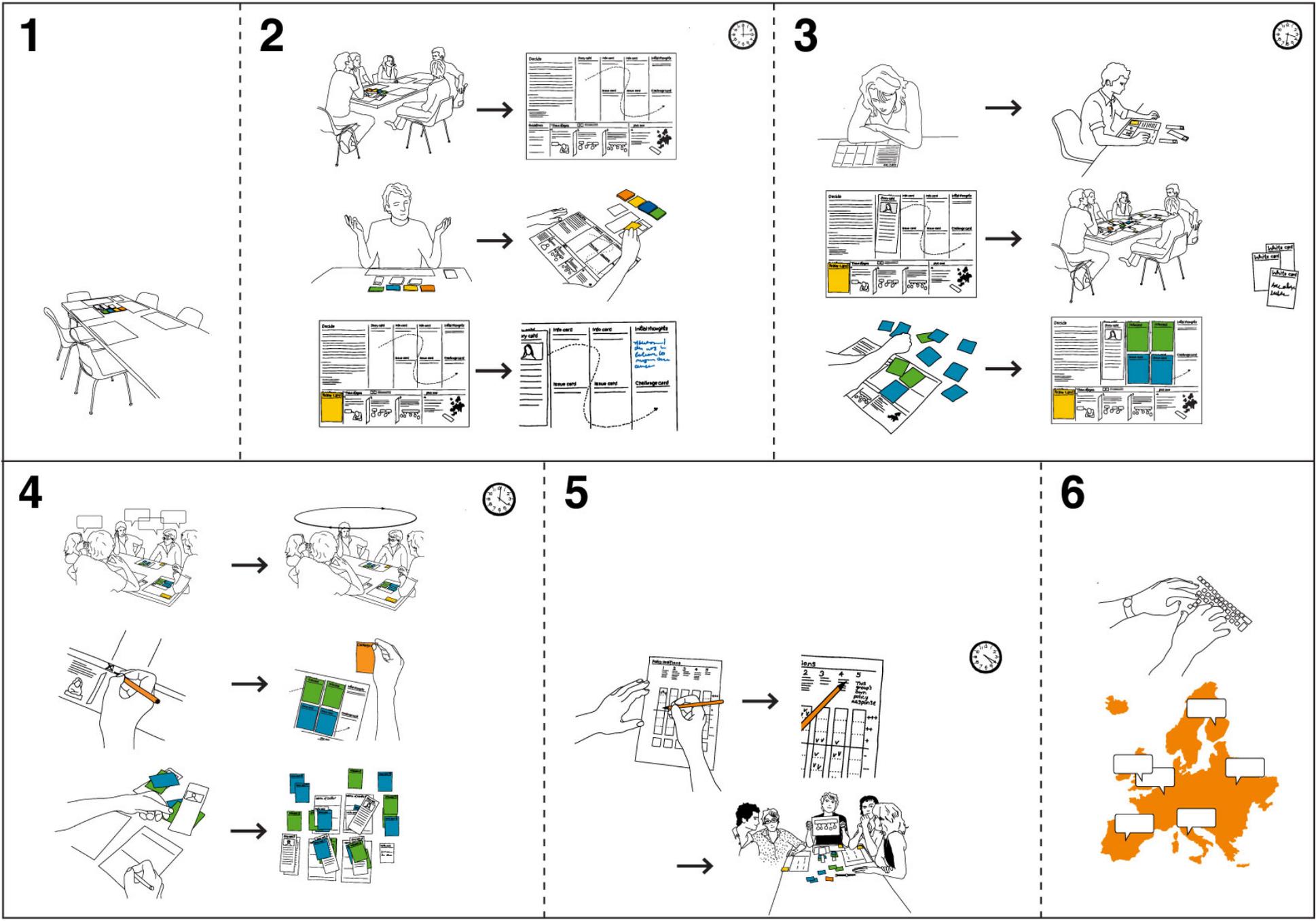
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# Instructions

## 1.

### Preparation.

Print out the PDF's on coloured paper or light cardboard according to the files' names.  
You need the following A4 sheets: yellow (1), orange (2), green (3 or 4), blue (3 or 4) and white (7).

Cut out the cards.

Print or copy as many placemats and instructions as there are players. Decide works best when played by 4 up to 8 people.

## 2.

### Getting started.

From start to finish, decide will take 80 minutes to play.

All players have a 'placemat' in front of them. There are different types of cards that will gradually fill up the placemats.

The facilitator talks the players through the flow of decide using the visual instructions. He or she points out the aims of the game.

During the first part of decide, information is gathered and shared. Then the discussion phase follows.

In the third part the players try to formulate a shared group response. Decide ends when the results are uploaded to [www.playdecide.eu](http://www.playdecide.eu)

Before the first phase starts, the facilitator reminds all players about the conversation guidelines (bottom left) and hands out the yellow cards.

Anyone can raise a yellow card to pause the discussion in case they feel someone is not respecting the guidelines. When the issue is solved, the discussion resumes.  
On the top right there is a space for notes and 'initial thoughts'.

## 3.

### Phase 1. Information

This part of the game will take approximately 30 minutes. All players read the introduction (top-left).

All players read a few storycards, choose one, which is significant for them and put it on the placemat. Each player briefly summarizes their storycard.

All players exchange and read infocards, choose two, which are significant for them and put them on the placemat. Each player briefly summarizes their infocards.

All players read issuecards, choose two, which are significant for them and put them on the placemat. Each player briefly summarizes their issuecards.

Players can use the white cards at any time to add information and issues if needed.  
(not all steps are shown, the same procedure is repeated for for story-, info- and issuecards. At the end of this phase all types of cards are ont the placemats as shown in in the last image)

## 4.

## **Phase 2. Discussion**

This part of the game takes approximately another 30 minutes

There are different ways to discuss. You can choose one that fits the character of the group.

There is the 'Free form'. No restrictions, the discussion flows among the players. Everyone tries to respect the guidelines (if not the yellow cards can be used).

A more structured way to discuss is to 'talk in rounds'.

If the discussion is difficult or it slows down, 'challengecards' might loosen things up. The facilitator hands them out 'face down'. Players read them and take action.

During this phase, players use the cards to sustain their arguments.

They put on the table the cards that back up their contributions, group them and record the discussion by making clusters around the themes that reflect the group's vision.

All types of cards can be used to make a cluster. At the end of this phase there should be at least one cluster.

## **5.**

### **Phase 3. A shared group response**

This last part of decide will take approximately 20 minutes. Everybody reads the 4 policy positions.

Based on the conclusions of the cluster(s), all players vote individually in turn on all 4 policies.

Try to look for common ground. Is there a policy position you can all live with? If not, try as a group to formulate your own 'fifth policy'.

## **6.**

### **Upload results**

The facilitator transfers the results on the voting form using the 'Share your results' function on this website [www.playdecide.eu](http://www.playdecide.eu)

Your results will be added to the results of all other decide-sessions played in Europe.

## Info Card 1

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### Current EU Incentives for orphan drugs

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- market exclusivity for 10 years from authorisation time (no competitor product can be authorised during these 10 years, unless proven superior),
- financial incentives (fees reduction, free advice on development)
- Priority to EU research programmes
- national incentives in Member States (tax reductions).

## Info Card 2

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### Orphan drugs in Europe

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During 2000 - 2009, the Committee for Orphan Medical Products received 873 orphan drug designation applications. 598 gained positive opinion. 60 received market authorisation (official approval for use). There are 7000 rare diseases, most do not benefit from a specific medicine.

## Info Card 3

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### Reimbursement of orphan drugs

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The main factor that determines access to an orphan drug is the reimbursement by national health insurance systems. The annual cost of these treatments (€ 6000 to € 300 000) is beyond the budget of average households.

## Info Card 4

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### Economic advantages

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The Orphan Drug Regulation (since 1999) has resulted not only in more jobs in the EU but also in increase in Research & Development.

## Info Card 5

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### Benefits for small enterprises

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The incentives under the current regulation - market exclusivity, protocol assistance etc - have made it possible for small enterprises to develop new drugs. 1/3 of companies creating orphan drugs are "startups".

## Info Card 6

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### After authorisation and before the market

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National or regional governments will decide on the assessment of the therapeutic value of the drug, whether to add it to the reimbursement list, its price, its availability in hospitals.

## Info Card 7

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### Drawbacks of orphan drugs

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Orphan drugs are often expensive to produce and, by definition, will benefit only small numbers, therefore their price is often really high in order to compensate company's costs.

## Info Card 8

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### National authorities – the UK example

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The National Institute of Health and Clinical Excellence has suggested that the health care system pays premium prices for orphan drugs based on: severity of the disease, evidence of health gain, whether the disease is life threatening. These criteria vary across Europe.

## Info Card 9

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### Cost of a patient without orphan drug

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A survey of haemophilia patients (a rare disease) in the Netherlands showed that treated patients were working 17 years more in 2001 than in 1972. Cost of hospitalisation where treatment is denied can reach €100,000 per year.

## Info Card 10

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### Constrains on access to drugs

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Some companies do not provide their marketing approved products in all Member States due to the constraints of pricing (e.g. different taxation laws), reimbursement (delays in some countries) and small return on investments for the company

## Info Card 11

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### Cost of orphan drugs in overall budget

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The cost of orphan drugs is not a major concern today for the member states (they make up one percent or less of most nations' pharmaceutical budgets)...

## Info Card 12

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### Development costs of an orphan drug for a company

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Development costs for orphan drugs are substantial, although a little lower than overall costs of mainstream pharmaceuticals (clinical development programmes involve smaller patient numbers).

## Info Card 13

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### Characteristics of rare diseases

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2/3 of the rare diseases are serious, chronic, and often life- threatening. Characteristics include early appearance; chronic pain; motor or intellectual deficiency, and early death in many cases. Creating therapies for all these is a real unmet need.

## Info Card 14

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### Approval of orphan drugs in the UK

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In the UK for every £30,000 spent prescribing an orphan drug, the benefit for patients must add up to the equivalent of one patient living a year of good-quality life. Other countries also reimburse based on this method, but have different thresholds.

## Info Card 15

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### No second chance

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In many orphan cases there is no "second chance" to conduct an additional clinical study if the available data prove inadequate because there are not enough patients

## Info Card 16

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### Orphan drugs in the market

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In some countries a proportion of licensed orphan drugs never reach the patients because they are too expensive

## Info Card 17

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### High cost per patient

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the cost per patient associated with some orphan drugs, can be as high as €500,000 per year and involve treatment for a lifetime

## Info Card 18

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### Costs for a family with rare disease

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In a family where a child has a rare disease, often one of the parents either stops or significantly reduces work. As a consequence, while expenses increase; income is reduced.

## Info Card 19

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### Lack of harmonisation across Europe

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Current EU regulation leaves to Member States the practical implementations on orphan drugs resulting in a lack of harmonisation even across the countries themselves. Some EU citizens may have access to a given drug, whilst others don't, depending on where they live.

## Info Card 20

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### Availability of Orphan drugs

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Once the marketing authorisation is granted, the legal delay for placing medicinal products on the EU market is 180 days. However, the average delay is 189 days at the moment, and in some Member states is up to 700 days.

## Info Card 21

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### Development process for pharmaceutical companies

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The process from the discovery of a new molecule to the orphan drug marketing for a company is long (average 10 years), expensive (tens of millions of euros) and very uncertain (among ten molecules tested, only one may have a therapeutic effect).

## Info Card 22

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### Benefits from rare diseases

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Research on rare diseases has been fundamental to the identification of most human genes identified so far and to a quarter of the innovative medicinal products that received market approval in the EU

## Info Card 23

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### Marketing authorisation procedures in Europe

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As experts on rare diseases are also rare, the authorisation of orphan drugs is almost always made at the European level to benefit from the greatest amount of expertise available.  
The procedure for marketing authorisation must be less than 210 days

## Info Card 24

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### Orphan drugs resulting into cure for common diseases

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Some orphan drugs are eventually found to be beneficial for common disorders, (epoetin-alpha, originally approved to treat anaemia is now used in patients undergoing cancer chemotherapy)

## Info Card 25

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### Market authorisation

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The decision to authorise a product is based on balancing its efficacy, its risks, and its quality. If it is highly efficient but potentially dangerous, marketing may be refused. The marketing authorisation, is not based on economic grounds.

## Info Card 26

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### Reimbursement decision

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The decision to reimburse is the response to the following question: can society afford to pay for this treatment? Is it worth it? The reimbursement decision is based on economic grounds.

## Issue Card 1

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### Challenges from orphan drugs market

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How can you keep costs low and make drugs available for patients while giving incentives for companies to stimulate research and make more and better orphan drugs?

## Issue Card 2

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### Economic evaluation versus ethical issues

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Isn't there an opposition between collective choices and individual preferences? Is it right to spend many resources for few people? Is there a moral obligation of society not to abandon individuals?

## Issue Card 3

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### Who accepts the financial risk in research?

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The health care system alone? Is responsibility shared with the patient? Or it is to be shared with the marketing authorisation holder in case the product is not as effective as initially thought?

## Issue Card 4

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### Do we all have equal rights on treatment?

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Should patients suffering from rare conditions be entitled to the same quality of treatment as other patients?

## Issue Card 5

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### Special measures for allocating resources

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Special measures are in place to support research and development of orphan drugs at EU level. Should a similar status be dedicated in decisions about allocating resources for reimbursement at a national level?

## Issue Card 6

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### Maximising health outcomes

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EU states that all patients should have equal access to quality of care. If we aim to maximise health outcomes, shouldn't the cost effectiveness of orphan drugs be the same as for other technologies?

## Issue Card 7

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### The rule of rescue

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It is the attempt to help someone in danger, no matter the costs. Shall we apply this rule when it comes to rescue the life of someone with a rare and life threatening disease?

## Issue Card 8

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### Benefits for the state from orphan medicines

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When a rare diseases receives an orphan drug, think about the money the state saves in terms of less days of hospital care, no cost of disabilities, less days of work lost by the patient, and tax returns on the industry's profits

## Issue Card 9

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### Forecasts for new orphan drugs

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Few additional drugs are predicted to enter the market over the next 10 years. 85 to 105 additional drugs are predicted, depending on the rate of drug discovery, time taken to develop them, and success in marketing authorisation.

## Issue Card 10

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### the solidarity principle

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In Europe, most health care systems are based on the solidarity principle: the wealthier sharing the burden of diseases by paying more to health insurance. Couldn't this apply to the use of treatments for life-threatening orphan drugs?

## Issue Card 11

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### Orphan drugs and public resources

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To be reimbursed by a healthcare system a drug needs to be safe, effective, and a cost effective use of public resources. Should drugs for rare diseases be expected to generate sufficient sales to recoup these or should they be subsidised centrally?

## Issue Card 12

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### Constrains due decisions in local level

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Large differences exist between Member States. Hospital orphan drugs are funded at a local hospitals level in some countries with no guarantee for the drugs to reach the patients

## Issue Card 13

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### Social value

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If a drug is not cost-effective, can funding of it be justified if the public is willing to give up some of the overall health gain produced by the health care system?

## Issue Card 14

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### The utilitarian approach

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In making decisions regarding ethical dilemmas this approach tries to bring the greatest good to the greatest number of people'. Does investing vast resources for rare conditions, go against this principle?

## Issue Card 15

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### Right to health care

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Article 2 of the European Convention of human rights protects the right of every person to their life

## Issue Card 16

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### Clinical evidence on ultra orphan drugs

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Clinical evidence on ultra-orphan drugs is often based on short-term outcomes rather than long-term effectiveness, and the relationship between the two may not be proven. In this case, how can the utility of these drugs be proved?

## Issue Card 17

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### Evaluation of orphan drugs

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Central mechanisms designed to evaluate drugs will encourage bringing medicines that benefit the patients, give early access, allow choice and efficient healthcare.

## Issue Card 18

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### Availability for treatments

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Even when drugs exist they may still not be available to patients. Successful access to these drugs often only comes following political pressure, legal challenges and persistent advocacy. What happens to patients who cannot fight because they are too sick?

## Issue Card 19

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### Opportunity cost

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In a society such as ours in which finite resources cannot meet all needs, doesn't money spent on one service mean money can't be spent on another?

## Issue Card 20

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### Supportive care over orphan drugs?

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For some patients the amount spent on home-help services could have bigger impact on their quality of life than spending it on orphan drugs. Shall we make this a bigger priority?

## Issue Card 21

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### Orphan drugs over supportive care?

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Disease-modifying therapies, unlike best supportive care, offer the option of future knowledge, which may in turn, lead to a cure or at least prevent the disease from worsening

## Issue Card 22

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### Rare diseases and insurance

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Most rare diseases do not have specific approved treatments. Many are treated "off-label", using products for other diseases. Health insurance often refuses to cover off-label uses since they are being used in a way that is not approved

## Issue Card 23

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### Downfalls of market exclusivity

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Think about how market exclusivity may have excluded potential treatments and companies with competitive prices from coming into the market...

## Issue Card 24

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### The 'salami slice'...

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Drug companies can "salami slice" a disease any way they choose to obtain orphan drug designation for drugs with large market

## Issue Card 25

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### Pricing policy

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In the spirit of solidarity among Member states, the cost of a drug should be decided according to the wealth of each country. Higher price in wealthier countries would allow more affordable prices in less wealthy countries, as it is done for AIDS drugs

### **Guidelines Yellow Card!**

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Use the yellow card to help the group stick to the guidelines. Wave it if you feel a guideline is being broken or if you do not understand what is going on.

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### **Challenge Card**

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**Tell the group who you think pays (in terms of resources, or consequences), and in what ways.**

### **Challenge Card**

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**Explain briefly to your fellow players what you think could be the effect on future generations.**

### **Challenge Card**

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**What do you think the media would make of all this?**

### **Challenge Card**

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**Are there any risks involved here? Think of a risk, tell the group, and ask two other players if they can think of another one.**

### **Challenge Card**

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**Imagine what your grandparents would say about this topic! Share it with the group.**

### **Challenge Card**

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**Is the group 'being polite' and not talking about a 'taboo' issue in relation to this subject? If so, say 'We're not talking about ...' and start the conversation.**

### **Challenge Card**

---

**Does this have an impact on nature? Let the group know what you think.**

### **Challenge Card**

---

**Express any feelings on the subject that you have not yet expressed to the group.**

### **Challenge Card**

---

**Pick a story card. As the character on your story card, present to the group your views on this topic.**

### Challenge Card

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Can we justify spending money on this research given the inequalities in health care between Europe and developing countries?

### Challenge Card

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Do you think that human needs are more important than the needs of those without a voice- nature, animals, embryos?

### Challenge Card

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“We should maximise human life and pursue all avenues of research to help people who are ill.”  
Do you agree with this statement?

### Challenge Card

---

Pick a Story Card and select one that is different from your own viewpoint. Tell the group how you think your own views are similar and different to the character.

### Challenge Card

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Find out what the person on your right hand side feels on this subject. Find an argument to support their opinion.

### Challenge Card

---

Find out what the person on your left hand side feels on this subject. Play devil’s advocate (disagree with) their viewpoint.

### Challenge Card

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Pick a Story Card character that is distant from your own viewpoint. As that character, briefly tell the group your opinion on what you are discussing.

## Story Card 1

**Audrey Adjias**



I am Audrey, I work as a nurse. Some time ago I happened to hear doctors talking about orphan drugs. I was listening about the money spent on them and I remember feeling this is not really fair. Two years ago my son was born. He suffers from a rare disease. It doesn't exist yet a drug on his disease. I would do anything to help him. There is no value in human life if you ask me, until the problem comes close to you, you feel different but when it touches you then you realise how important is not to deny hope to anyone

## Story Card 2

**Mary Thomas**



I am the director of a pharmaceutical company in England. In this difficult financially year, my company increased its value by 40%. We have been successful by following an alternative business model to the pharma giants who are competing on frequently used drugs for common conditions and require vast marketing budget to market drugs to doctors. We have been developing orphan drugs. Due to the well defined market we do not spend much money on marketing, so everything goes to research. 12 years ago we had 5 employees, now we have 450 so we are contributing significantly to Britain's economy.

## Story Card 3

**Alexandru Dumitrescu**



I suffer from a rare disorder. I always hoped for a treatment to appear and a few years ago our doctor told us that a drug was coming in the market. A few months ago I saw on the internet that the medicine is one of the newly designated orphan drugs. I thought this would mean I could have it. This is not true. The pharmaceutical company obtained marketing authorisation in Europe as it is effective and relatively safe. But in Romania the decision was not to reimburse it. It is confusing and incredible to know that a treatment exists but you cannot get it..

**White Card**

**White Card**

**White Card**

## Story Card 4

Fiona Javara



When I became 27 I learned that I suffer from multiple sclerosis. Even since then I have managed to live an active life controlling my condition with drugs. Nevertheless, I live with the possibility that these drugs may one day stop being effective. I heard that the national health system denied a new treatment for my disease, finding it not cost effective (not “worth it” for society). At the same time it is paying for the treatment of one girl with a rare condition that costs €100,000 year while treatment for my more common disease (affecting between 1 and 1000 people) would only cost €15000 a year. I feel really concerned about this

White Card

## Story Card 5

Leila Suleiman



My name is Leila, I am a doctor working with patients with a rare disease. There are discussions in my country on whether a new drug for this disease will be approved. I hear a lot about great costs, but I am not sure this is true. The drug will cost € 400 000 per year per person. When 100 patients are treated, this means a cost of € 40 000 000 Compared with a common anti-hypertensive drug that costs € 144 per year per patient, For treatment of 8 .000.000 patients this means a cost of 1.52 billion €. The drug expenditure for a common disease is much more costly.

White Card

## Story Card 6

Professor Jack Brown



I work at the Institute of Health in London. I feel that the case of orphan drugs contains many loopholes. Take the XYZ disease drug which affects around 10,000 people world-wide. Treating a patient may cost €200,000 to €600,000 annually. The drug was first developed at the US National Institutes of Health and was manufactured by a pharmaceutical company. The company first justified the high price because it was produced with difficulty. Recently the use of genetically modified cells made production much cheaper. The price of the drug though all these years hasn't been lowered. I find it unconscionable that someone can still charge that much.

White Card

## Story Card 7

### Marta's story



My daughter is 12 and suffers from hyperammonaemia, a rare disease that leads to a toxic build-up of ammonia in the body. Sodium phenylbutyrate is used for treatment. A drug company now holds the marketing licence for the drug and charges €900 per 300g. This means we pay €3 per gram, compared with 30 cents we paid when it was prepared by the local pharmacist and sold as a chemical for laboratory work, not a drug for patient use. Treatment is extremely expensive now – they say it is of better quality too - but I am afraid that I will not get the money needed from the state to reimburse me

## Story Card 8

### Francois's story



I work as a senior vice-president at a pharmaceutical company which developed a successful orphan drug. Personally I believe that six-figure costs per patient on orphan drugs are justified by the development cost and the fact that they keep patients out of hospitals. Products that are brought to market successfully can cost €100 million overall. These drugs are very expensive to develop and very high-risk — fewer than one in 100 makes it to market. This needs to be taken into account when fixing the price. These drugs can save healthcare systems the cost of a lifetime of chronic disease hospital care.

### White Card

### White Card

### White Card

**Name of cluster:**

**Which conclusions does this cluster lead you to?**

**Cards in this cluster:**

Info Card	Issue Card	Story Card	White Card

**Name of cluster:**

**Which conclusions does this cluster lead you to?**

**Cards in this cluster:**

Info Card	Issue Card	Story Card	White Card

**Name of cluster:**

**Which conclusions does this cluster lead you to?**

**Cards in this cluster:**

Info Card	Issue Card	Story Card	White Card

# Policy positions for Is there an upper limit on what should be spent on a single patient? – The case of orphan drugs

## Positions

**1**

Since resources are limited, there should be a limit and only cost effective drugs that benefit the greater number of patients should be reimbursed. If a drug purchaser has to choose between treating 10 patients with drug A or 1 with drug B for a rare disease, then the choice should always be to treat 10 with drug A.

**2**

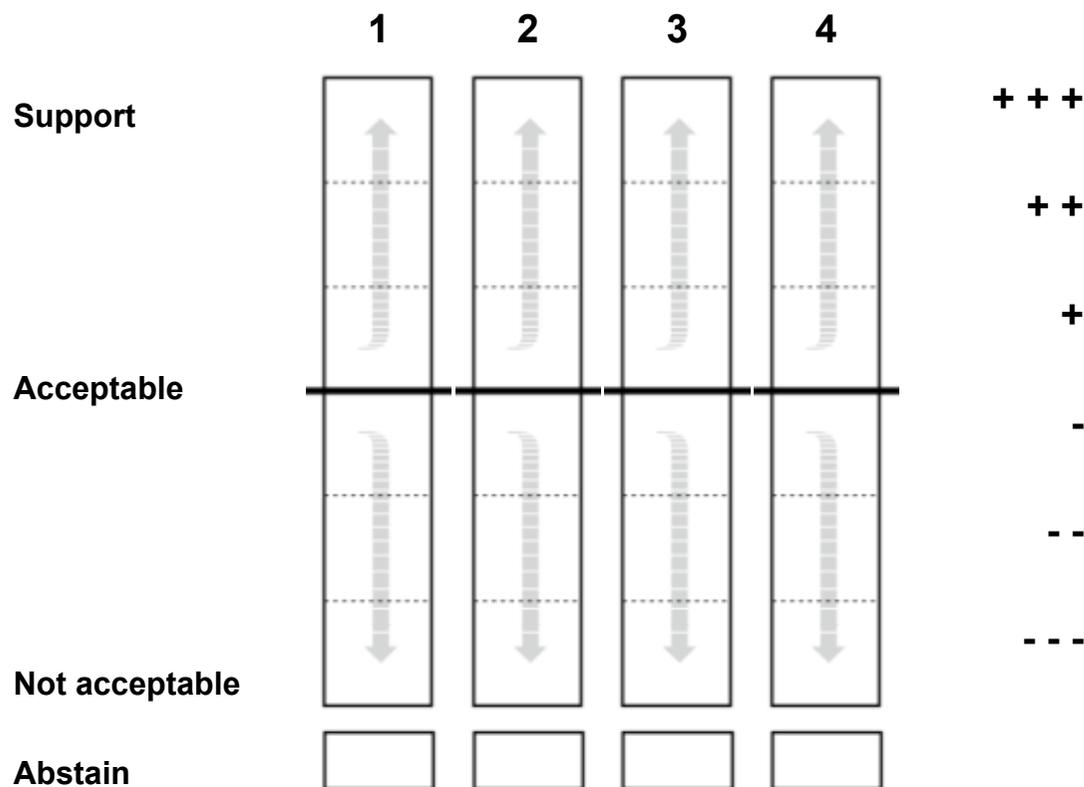
Only cost effective drugs should be reimbursed, but the approach for orphan drugs should be different than for common diseases. If there is any doubt about the cost effectiveness of an orphan drug, it should be exceptionally reimbursed in certain cases.

**3**

Like position 2, but if there is any doubt about the cost effectiveness of an orphan drug, the benefit of doubt should be given to the patient and the drug should be reimbursed systematically.

**4**

Health is a priority for European citizens. Just as efforts to rescue people after an accident are not restricted, efforts to rescue a patient with a rare disease should not be limited. Cost effectiveness should not be the parameter on which to base reimbursement decisions.



# Policy positions for Is there an upper limit on what should be spent on a single patient? – The case of orphan drugs

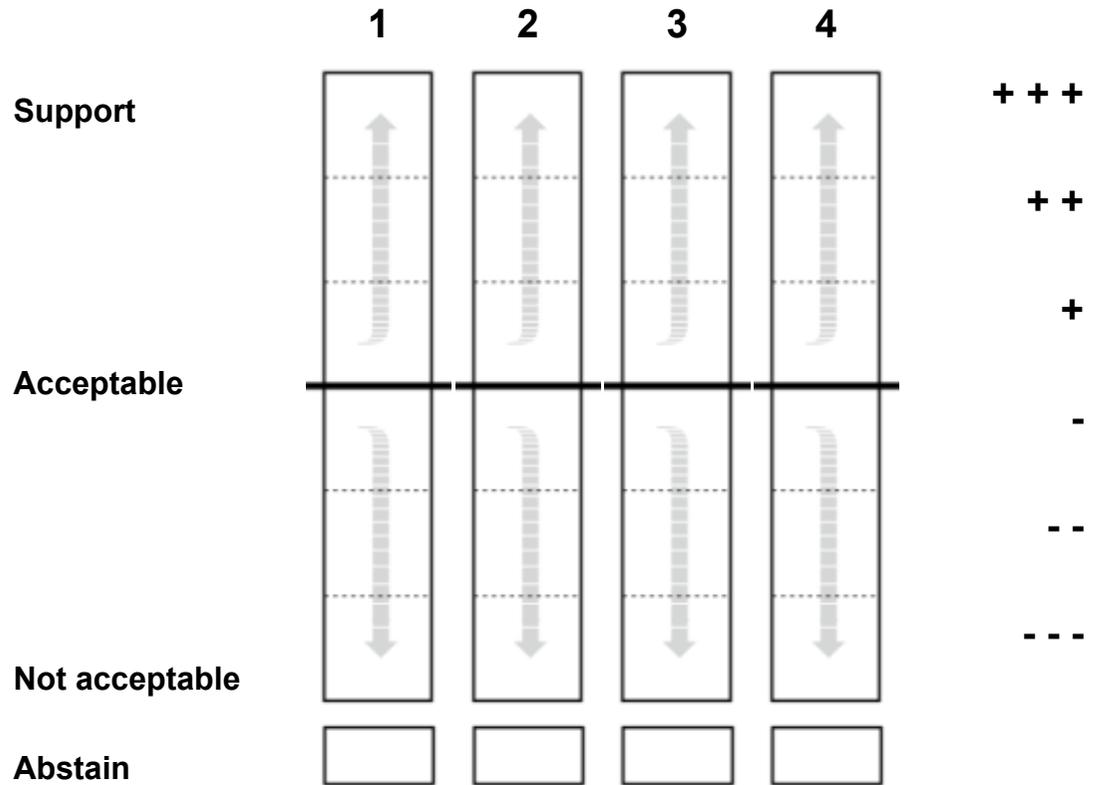
## Positions

**1**  
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**2**  
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**3**  
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**4**  
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# Is there an upper limit on what should be spent on a single patient? – The case of orphan drugs



In the European Union, around 30 million people suffer from rare diseases. The EU defines a rare disease as a disease which affects less than one person in every 2,000 people. Because expected sales for drugs to treat rare diseases are small, there is little incentive for drug companies to develop new therapies to diagnose and treat such disorders. In 1999 the EU unanimously passed the Orphan Medicinal Products Regulation, to encourage industry to develop therapies for rare conditions by giving financial incentives. Orphan drugs are drugs developed for diagnosing and treating rare diseases. In the current system, drug candidates are designated as "orphan" and market authorised through a centralised European procedure. Availability and reimbursement remain a national responsibility. Although orphan drugs can improve health for millions of people, their high development costs, a small market and marketing exclusivity mean that tend to be very expensive for the patients and health care systems.

The case of orphan drugs raises important issues such as

- How can you put price limits on human life?
- How can treatments for such rare diseases be properly evaluated?
- Is it fair that individuals with a rare disease have more money spent on them per unit of health gain than patients with similar health problems arising from more common diseases?
- Should companies producing orphan drugs keep all their current benefits?

## Positions

1. Since resources are limited, there should be a limit and only cost effective drugs that benefit the greater number of patients should be reimbursed. If a drug purchaser has to choose between treating 10 patients with drug A or 1 with drug B for a rare disease, then the choice should always be to treat 10 with drug A.
2. Only cost effective drugs should be reimbursed, but the approach for orphan drugs should be different than for common diseases. If there is any doubt about the cost effectiveness of an orphan drug, it should be exceptionally reimbursed in certain cases.
3. Like position 2, but if there is any doubt about the cost effectiveness of an orphan drug, the benefit of doubt should be given to the patient and the drug should be reimbursed systematically.
4. Health is a priority for European citizens. Just as efforts to rescue people after an accident are not restricted, efforts to rescue a patient with a rare disease should not be limited. Cost effectiveness should not be the parameter on which to base reimbursement decisions.

## Aims of the game

- Clarify what your opinions are
- Work towards a shared group vision
- Let your voice be heard in Europe
- Enjoy discussing!

## Story Card

## Info Card

## Info Card

## Initial Thoughts

Write down your initial thoughts, use White cards to add issues

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## Issue Card

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## Challenge Card

## Guidelines

**You have a right to a voice: speak your truth.**  
But not the whole truth: don't go on and on.

**Value your life learning.**

**Respect other people.**  
Allow them to finish before you speak.

**Delight in diversity.**  
Welcome surprise or confusion as a sign that you've let in new thoughts or feelings.

**Look for common ground.**  
'But' emphasises difference; 'and' emphasises similarity.

## Three stages

**1. Information**  
Clarify your personal view on the subject, reading and selecting the cards which you feel are most important for you. Place your cards on the placemat and then read them aloud to the other players.

± 30 MIN.

**2. Discussion**  
Together with the other players, start discussing and identify one or more larger themes that you all feel relevant. Everyone gets a chance to speak. Put your cards on the table to provide your arguments for each theme.

± 30 MIN.

**3. Shared group response**  
Reflect on the theme(s) that the group has identified and the cards that sustain the arguments. As a group, can you reach a positive consensus on a policy position that reflects the group's view?  
You can formulate a new common policy, if you wish.

± 20 MIN.

## . . . plus one

**4. Action**  
Go to [www.playdecide.eu](http://www.playdecide.eu) to:  
- Submit the results of your group to the Decide database;  
- See how other European countries think about this issue;  
- Read more about this subject;  
- Download a game kit to play with your friends or colleagues;  
- Learn how you can make a difference after playing Decide.