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# ‘Values’ In Canadian Health Policy Analysis: What Are We Talking About?

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The authors retain sole responsibility for content of this paper and its conclusions

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## Key Implications for Decision Makers

- **Values are like atoms.** Values seem to be everywhere, like atoms – all-pervasive, extremely important, yet often invisible. We always think *with* them, but there are occasions when we must also think *about* them. This report offers “periodic tables” for locating specific types of values for policy analysis and understanding their relationship to each other. The frameworks challenge some popular views of values in health policy, and suggest in particular that:
  - *Values are not just preferences.*
  - *Values are not just individuals’ deep-rooted beliefs.*
  - *Individual and collective values are made of different, incommensurable substances.*
  - *Weighing values tells us little about what to do with them.*
- **And values are also like onions.** Studying policy values critically leads the policy analyst through layers of reasoning that is definitional (that is, what values are important, what values are like, where values are found) as well as instrumental (that is, what should we do with values and how).
- **Strive for the big picture and critique its parts.** Values can be found in many actors (individuals, communities, humanity, the human species) and may take many forms (ideas, words, actions). They also can play several roles in policy arguments (means, ends, embodiments, representations). Rigorous and meaningful policy analyses of values will: (1) seek multiple sources of information, (2) pay attention to imagery, and, (3) interpret each source of values information critically, in awareness of its characteristic limitations.
- **Reading between the lines is necessary and difficult.** Values rhetoric is artful and complicated. Analysts must critically interpret values statements – as well as silences – in context to discern their true meaning.
- **Evidence is not value-free.** This imperative to read between the lines extends to the interpretation of research evidence. Value-laden choices guide the training of researchers, posing research questions, selecting methods for answering research questions, providing the resources to pursue the answers, distilling the answers into facts to be reported, and creating an audience for research reports.
- **From platitudes to policies.** Stakeholders disagree over whether declared values have *real* meaning, provide *real* guidance, confer *real* responsibility and accountability. Values, unlike goals, do not necessarily entail specific policies. Our relationship with values involves developmental aspects (for example, creating, cultivating, changing values); philosophical aspects (for example, apprehending possible values, critically interpreting values), and discursive aspects (for example, conversing, deliberating, and persuading).

## Executive Summary

### Introduction

In health policy and politics, stakeholders talk a great deal about “values,” but do not always clarify what they mean. They consequently may talk about different things without even realizing it. This study addressed the following questions:

- What do Canadian health reform documents call “values”?
- How do Canadian health reform documents invoke values?
- How do scholars define values and where do they find them (in individuals, groups, societies)?
- What are some lessons for policy analysis?

### Values in Canadian health reform documents

We conducted a qualitative content analysis of 36 Canadian health reform documents published from 1990-1999, analyzing how their authors address and discuss values. We found from this that Canadian health reformers call a great variety of things “values” in their writings, including: the Canadian health system itself, health states, equity, access, economic viability, and relationships. Further, these values describe concepts that are quite different from each other, such as goodness, physical entities, principles, specific goals, or attitudes and feelings.

Few documents reflect on the meaning or **definition of values**. However, most do invoke values. For instance, almost all documents presented a list of a few “**tenets countable by hand**” with which to frame their reform proposals, such as “10 guiding principles,” “9 vision statements,” “7 major directions for change,” etc. Values also appear in **litanies** (e.g., “quality, access, efficiency, and accountability”). These lists provide convenient reference but in themselves have limited impact on the reader. Values are **balanced** with qualifiers such as “appropriate” or “reasonable” that themselves imply values; they are also often balanced against each other as tradeoffs. **Negative values** are seldom called “values,” and authors do not distinguish their relative positions in terms of being “for” a value that others are “against” (e.g., if some support equity, this does not mean that others promote inequity per se). Finally, **missing values** tell a mysterious tale: when an author fails to declare a particular value, it may mean either that the value is not prized or that it is so deeply held that it is taken for granted.

### Values in the scholarly literature

In parallel to the content analysis of Canadian health reform documents, we conducted a scholarly review and synthesis of values theories found in a wide variety of academic disciplines. From this review we developed two synthetic frameworks for policy analysis: one for finding values for empirical study, and one for finding values in policy reasoning.

*The importance and definition of values.* The idea of values appeals to us for various reasons that are, in themselves, values. Our urge to talk in terms of values may stem from the search for a technical (as opposed to moral) basis for policy norms, a respect for individuals or diverse cultures, a sense that empirical facts or economic calculations neglect what is important, or other reasons. There are many competing definitions of values in the social sciences and humanities. And, contrary to popular conceptions, all facts contain values. Values generate and mould facts, as well as affect their meaning and dissemination.

*Locating values for empirical study.* To study values empirically, we must start with some idea of where to look for (locate) values and how to recognize them. The literature in various disciplines proposes many places and actors where values may be found, including individuals, communities, humanity, or the human animal. Further, each of these actors may manifest values in various kinds of **expressions**, including their ideas (thoughts, philosophies), words, or actions. Together, these two dimensions generate several possible values locations, each of which in turn implies a distinctive method for study (experiment, interpretation, survey, philosophizing, etc.). Scholars offer a range of ideas about the nature of values and where to find them, as well as methods for studying them. Because of this complexity, a more comprehensive picture of current values may emerge from multiple, rather than single, methodological approaches.

*Locating values in policy reasoning.* In policy reasoning, values are often discussed not only in terms of who possesses them and how they are expressed, but also as “means versus ends”. Values as ends speak to decision making that involves identifying what is ultimately important and envisioning what is desirable in the long term, rather than to making concrete choices or taking action. Values as means, on the other hand, are used to implement the end values. They pertain to decision making that involves making choices or taking action; they are less concerned with what ultimately matters and more concerned with what must be done. They are viewed as less morally-based than ultimate values, more concrete, and more debatable. Policy makers address values as end on occasion (for example, in priority setting or strategic planning exercises), but values as means continually (for example, in their choice of instruments for carrying out their missions). Between these two value types lie values that either represent or embody the means and ends values. It is important to note that any given value (for example, health, justice, user charge prohibitions) does not occupy a natural place on this spectrum, but rather is placed there (and is held in its place) through careful argument.

## **Lessons**

*Values are like atoms.* Values seem to be everywhere, like atoms – all pervasive, extremely important, and hard to examine without special tools. We always think *with* them, but there are occasions when we must also think *about* them. Two frameworks in the report offer rough “periodic tables” for locating specific types of values for policy analysis and understanding their relationship to each other. This analysis challenges some popular views of values in health policy, and suggests that:

- *Values are not just preferences.*
- *Values are not just individuals’ deep-rooted beliefs.*

- ***Individual and collective values are made of different, incomparable substances.***
- ***Weighing values tells us little about what to do with them.***

***And values are like onions.*** Studying policy values critically leads the policy analyst through layers of reasoning that involves descriptive reasoning (that is, what values are important, what values are like, where values are found) as well as instrumental reasoning (that is, what should-be done with values and how).

***Strive for the big picture and critique its parts.*** Values can be found in many actors (individuals, communities, humanity, the human species) and may take many forms (ideas, words, actions). They also can play several roles in policy arguments (means, ends, embodiments, representations). Rigorous and meaningful analyses of values will: (1) use multiple sources of information and will understand the relative contribution of each source to the “bigger picture (2) pay attention to imagery and other techniques used by authors, and (3) interpret each source of information critically, being aware of its limitations.

***Reading between the lines is necessary and difficult.*** The rhetoric used when discussing values is artful and complicated. Analysts must critically interpret values statements — as well as silences — in context to discern their true meaning.

***Evidence is not value-free.*** This imperative to read between the lines also applies to the interpretation of research evidence. Values influence all of these researcher choices: researcher training, posing research questions, selecting or developing methods for answering research questions, providing the resources to pursue the answers, distilling the answers into facts to be reported, and creating an audience for research reports.

***From platitudes to policies.*** Stakeholders disagree over whether declared values have real meaning, provide real guidance, and confer real responsibility and accountability. Values, unlike goals, do not necessarily entail specific policies. Our relationship with values involves developmental aspects (for example, creating, cultivating, changing values); philosophical aspects (for example, apprehending possible values, critically interpreting values), and discursive aspects (for example, conversing, deliberating, and persuading).

*"In recommending a course for Canada's health system, we considered it essential that its foundations be consistent with the values of the majority of the public." (Canadian National Forum on Health, 1997, p. 10)*

*"Knowing more about Canadians' value and attitudes... can also help ensure the development of policy choices that are consistent with Canadians' values." (Conference Board of Canada, 2000, p. 7)*

*"The terms 'value' and 'valuation' and their cognates and compounds are used in a confused and confusing but widespread way in our contemporary culture, not only in economics and philosophy but also and especially in other social sciences and humanities... The uses of 'value' and 'valuation' are various and conflicting even among philosophers..." (William Frankena, 1972, Dictionary of Philosophy, p. 229)*

*"I got values, but I don't know how or why." (Pete Townsend, lyrics from "The Seeker," 1967)*

## Context

In health policy and politics, stakeholders talk a great deal about “values.” Recent Canadian health policy initiatives highlight the need to understand prevailing values and to relate them more clearly to policy options.<sup>1-5</sup> Most stakeholders would agree that values drive policy goals, decision making, and conduct—although they often disagree over which values matter the most. But even more fundamentally, stakeholders also often disagree over what values are. Often without recognizing it, stakeholders conflict over where to look for values, how to know or understand values, or how values might guide action. Hidden dissent about the essence of the topic – values – confuses policy deliberations.

This study investigates ideas about the nature, study, and use of values, both in the specialized world of Canadian health policy discourse and in the broader world of scholarly ideas. Based on both empirical and theoretical research, we offer a set of frameworks for organizing values-ideas for health policy analysis. We address the following questions:

- ◆ What do Canadian health reformers call “values”?
- ◆ How do Canadian health reformers raise values?
- ◆ How do scholars define and locate values?
- ◆ What are some lessons for policy analysis?

## Implications

In the past 5 years, major Canadian health reform analyses have noted both the importance of understanding “values,”<sup>1-4</sup> as well as the difficulty of defining what exactly these are.<sup>1, 3</sup> Policy analysts’ ideas about what values are will limit both the kinds of values they work with and how they work with them. To help clarify matters, this report serves the following purposes:

- ◆ To describe and begin to decipher the “Tower of Babel” that is contemporary health policy discourse on values. We demonstrate that Canadian health policy analysts refer to many different – and often incommensurate – things when they invoke the term “values.”
- ◆ To elucidate some paradoxes inherent to values talk. The key paradox is that our discourse about values is both very important and very ambiguous. Stakeholders may be tempted to react to this problem with either: (1) reductionism -- focusing on one particular definition of “values” to the neglect of other relevant types, or, (2) nihilism -- either rejecting all values analyses equally unreliable, or accepting all as equally credible. As an alternative to these responses, we offer some constructive guidance for exploring the values that guide policy.
- ◆ We offer frameworks for organizing values ideas for health policy analysis. These include a typology of values that classifies many relevant kinds of values, and, guidance for detecting, interpreting, and understanding expressions of these values in policy discourse.

## Approach

The project involved two parallel investigations: (1) An empirical, qualitative content analysis of 36 Canadian health reform documents published during the period 1990-1999, to analyze how their authors address and discuss values, and, (2) A review and synthesis of values theories found in a wide variety of academic disciplines. From the latter review, we developed two synthetic frameworks for policy analysis: one for locating values for empirical study, and one for locating values in policy reasoning. Appendix 1 details the methods used for each study.

## Results

### **What do Canadian health reformers call “values”?**

*Which values arise?* The most pointed question we can ask about the role of “values” in policy discourse is: what do policymakers refer to explicitly as “values”? Table 1 summarizes the range of such items, classified by topic as well as substance. A range of topics falls under the rubric of values in these documents. Interestingly, some refer to the Canadian health system itself as a “value.” One of the study documents was in fact titled, “Medicare: A Value Worth Keeping,”<sup>6</sup> and stated within that, “Canada’s health care system is one of this country’s foremost social accomplishments, a core value that helps define our national identity,”<sup>6,p.1</sup> this value was also emphasized by the National Forum on Health.<sup>7</sup> The Canada Health Act principles (universality, accessibility, portability, comprehensiveness, and public administration) are commonly cited values. Health states, such as health or wellbeing are sometimes labeled as values, e.g.: “One of the fundamental values that unites us as Manitobans and Canadians is a commitment to the health and well being of all of our citizens.”<sup>8,p.iv</sup> Equity arises frequently, often together with access, e.g.: “These values include social justice, equity, cost sharing of social programs through taxation and unimpeded access to high quality care for all residents.”<sup>9,p.1</sup> Values concerning economic viability include cost effectiveness, sustainability, and the like; e.g.: “The department has developed a set of principles which reflect these values and beliefs... [including, among others] Sustainability: The health and social services system will operate in a way that does not threaten its ability to meet basic health and social needs over the long term.”<sup>10,p.10</sup> Many values touched on issues of relationships among citizens, or between citizens and the health system’s governance or providers, e.g.: “The basic values of the medical profession are... compassion, beneficence, nonmaleficence, respect for persons, and justice.”<sup>11,p.5</sup> and, “To find otherwise would be to completely undermine the value of diversity which is at the foundation of the division of powers.” quoted in:<sup>12,p.55</sup> These relationship values in turn fall into several sub-themes: caring and service, inclusiveness, and individual responsibilities or rights.

**Table 1. Items referred to as “values” in Canadian health reform documents.**

(Key: our analytic categories appear in boldface; verbatim examples appear in italics)

|                                |  |  |
|--------------------------------|--|--|
| <b>The Topics of Values</b>    | <p><b>Health system, health services</b><br/> <i>e.g., Canada’s health system, medicare, health care, high quality health services, continuum of care programs, prevention-oriented system, Canada Health Act principles</i></p> <p><b>Health states</b><br/> <i>e.g., health, well being, good health, ability to function, quality of life, prevention</i></p> <p><b>Equity</b><br/> <i>e.g., equality, egalitarianism, equity, fairness, social justice, universality</i></p> <p>- <b>Access</b> (note: access always appears in conjunction with <b>equity</b> values)<br/> <i>e.g., universal accessibility, access to quality health care for all, access to quality health care, irrespective of the individual’s ability to pay, guaranteeing access to all to health care based on need, not on the ability to pay, unimpeded access to high quality care for all residents, equality of access</i></p> <p><b>Economic viability</b><br/> <i>e.g., cost-effectiveness, efficiency, sustainability, cost sharing of social programs through taxation</i></p> | <p><b>Concerning relationships:</b></p> <p>- <b>Caring &amp; service</b><br/> <i>e.g., compassion, mutual aid, people-oriented system, client-centered</i></p> <p>- <b>Inclusiveness</b><br/> <i>e.g., diversity, dialogue, participation, respectful listening, empowerment</i></p> <p>- <b>Individual responsibility or rights</b><br/> <i>e.g., individual responsibility, personal responsibility, responsible choices [by physicians &amp; patients], principles of consumer rights and responsibilities</i></p> <p><b>Pride, dignity, identity</b><br/> <i>e.g., pride, individual dignity, national identity</i></p> <p><b>Quality</b><br/> <i>e.g., performance, quality-driven, innovation, effectiveness</i></p> <p><b>Other</b><br/> <i>e.g., evidence-based decision making, basic needs</i></p> |
| <b>The Substance of Values</b> | <p><b>Goodness</b><br/> <i>e.g., quality, effectiveness, etc.</i></p> <p><b>Physical entities</b><br/> <i>e.g., Canada’s health system, services, programs, etc.</i></p> <p><b>Principles</b><br/> <i>e.g., Canada Health Act principles, equity, efficiency, rights, responsibilities, etc.</i></p>   | <p><b>Specific goals</b><br/> <i>e.g., prevention, access, various health states, etc.</i></p> <p><b>Attitudes &amp; feelings</b><br/> <i>e.g., compassion, respect, well-being, pride, dignity, etc.</i></p>  |

*What are these values made of?* The data in Table 1 can be viewed another way: what sorts of underlying “substances” do the various values (regardless of topic) represent? These are summarized in the second row of Table 1. Items such as quality and effectiveness refer to a kind of material goodness or efficacy. Some values are physical entities such as the Canadian health system, health services, or programs. Equity, efficiency, rights, responsibilities, and the Canada Health Act principles fall under the rubric of principles, or general ethical imperatives. Less abstract, more specific goals (e.g., prevention, access, health states) appear as values. Attitudes and feelings (e.g., compassion, respect, pride, dignity) appear as well. The disparity of items in

Table 1 suggests that health reformers do not share a precise or consistent understanding of what values are. Similarly diverse lists are found elsewhere in the health policy literature as guiding values for health care reform<sup>13, 14</sup> or medical care.<sup>15</sup> Values made of different substances will require different approaches to analysis (for instance, empirical evaluation might assess achievement of a goal, moral or legal reasoning the legitimacy of a principle, and so forth).

### **How do Canadian health reformers raise values?**

*Values rhetoric.* Of course, health reformers do not express values solely by declaring something or another to be “a value.” Values discourse takes many forms, and authors use many strategies both to express values and to maneuver values as drivers of policy making and action. The following findings reveal some of these rhetorical patterns. The analysis draws on a broad sample of values-relevant passages that may or may not actually contain the term “values,” but was judged by more than one investigator to express values by virtue of using synonymous concepts (e.g., “mission,” “principles,” “vision” etc.) or of making strong normative statements about how the health system ought to be. We identify a number of rhetorical styles the documents use to address values. These styles affect how the policy analyst might interpret their meaning.

*Why address values at all?* Health reformers have varying reasons for raising the topic of “values” in their documents. The question of why they invoke “values” as an area of concern differs from the question of which specific values they raise. Authors’ reasons for discussing values, however, are neither explained nor apparent in the vast majority of documents. Only the National Forum on Health<sup>1, 7</sup> explicitly discusses the nature of values, their definition, and their importance for health reform (i.e., defining values as “relatively stable cultural propositions about what is deemed to be good or bad by a society,”<sup>7</sup> p.4 and distinguishing values from ethics, beliefs, attitudes, or opinions).

*Tenets countable by hand.* Despite the remarkable lack of definitions or discussions of the value concept, the documents almost universally highlight clearly and promote specific values. Nearly every reform document featured a set of what we call “tenets countable by hand.” Authors frame recommendations with a small number of overarching tenets, for example: “10 guiding principles,”<sup>6</sup> “9 vision statements,”<sup>9</sup> “7 major directions for change,”<sup>16</sup> “4 essential points [that] must guide us,”<sup>17</sup> and so forth. These tenets’ role in the architecture of a health *reform proposal* varies from structural foundation to window dressing: some documents carefully argue the their

recommendations' relation to the values; others simply list or append the values without systematically engaging them.

*Litanies.* In less dramatic roles than “tenets countable by hand,” values often appear as a list of considerations or goals, e.g., “This will be a system with improved quality, access, efficiency, and accountability.”<sup>18</sup>

Other refrains familiar in Canada include the mantra of “equity, effectiveness, and efficiency” or the five principles of the Canada Health Act. Litanies can play a constructive role in policy thinking: they provide convenient reference, help decision makers keep values in mind, and offer orientation. However, litanies can also have a kind of “yadada, yadada, yadada...” quality – they may be recited dutifully, but their contents may lack meaning or force when values are simply named and not well elaborated, deliberated, or acted upon.

*Balancing acts.* Individual values (e.g., “access”) often appear to be in balance with other concerns, tempering values as relative considerations rather than absolute imperatives. These balancing acts use one of two techniques. The first is to attach to the value a qualifier such as “enhanced,” “appropriate,” “reasonable,” “quality,” “systematic,” “efficient,” “sustainable.” These qualifiers usually mean “good enough” and imply evaluation processes that are typically — and problematically — left unspecified. For example, the goal “...to ensure that Canadians have reasonable access to an appropriate and effective range of health benefits...”<sup>18</sup> seems to promote the value of “access,” but with conditions: unspecified values must determine what is reasonable, appropriate, and effective. The second kind of balancing act involves playing two substantial values directly against each other, e.g., “...we will be flexible in our approach, but not at the expense of stability.”<sup>19</sup> This portrayal of values in dynamic conflict echoes academic views (e.g., from economics, ethics) that consider values as goods that must be weighed against each other in a material world where we “can’t have it all.” Of course, weighing implies an overriding metavalue -- the metric of the scale) -- which none of these documents (and few philosophers<sup>20</sup>) identify.

*Tied goods.* In marketing, a “tied good” is a part of a package deal: if you want to buy it, you also have to buy some other things that you may or may not want. This practice has an analogy in values-talk. Consider for example the following passage: “Vision 5. A sustainable and affordable system in which a strong economy is a prerequisite to the health of the population, an adequate level of funding is available and equitably distributed, financial incentives stimulate greater efficiency in service delivery, and regulatory burdens do not absorb health resources.”<sup>9</sup> Which values does this passage really promote? Such statements generate layers of meaning that

make it difficult for an analyst to determine whether any particular value (say, “equity”) is being endorsed in its own right, and where exactly it stands vis a vis other values (say, “affordability”), if they should conflict. These tied goods create values systems, or gestalts, that somewhat defy analyses based on selecting, ranking, or weighting discrete values. The tendency to weave values together challenges health policy analysts to consider other ways of relating values to each other, as well as more inquiry into and understanding of values systems.

*The dark side of values.* Articulated values usually evoke the “good” explicitly, and the “bad” only by unspoken implication. Table 1 characterizes values in positive terms – things to be desired, achieved, followed. As an exercise to explore the possible role of “disvalues,” we have taken a sample of good things from Table 1 and identified their possible antonyms (listed in Table 2). This exercise reveals several features of values talk. First, despite the fact that the negative terms are every bit as normative and judgmental as their positive counterparts, the antonyms would not generally be referred to as “values.” They make good insults, but they would not appear in one’s own mission statement — only a few even appear as evils to be battled (e.g., inefficiency, illness). Negative values seldom festoon a banner to unite people behind a cause; positive values by contrast are very popular for this purpose. In health policy, for example, a familiar battle is not between those for “equity of access” and those for “inequity of access;” it is between those promote equity foremost and those who promote efficiency or prosperity or some other alternative value (whether these values are in principle or practice really opposed to each other is a good question beyond the scope of discussion here). Second, this exercise testifies against using declared values to identify coalitions organized around competing values or ideologies.<sup>e.g.,21</sup> Competition between values does not appear in black and white to the policy analyst. Dissenting stakeholders will more typically omit mention of a given value, or downplay its importance relative to others, than oppose it outright or champion its *antithesis* (*who’s all for illness and inequity?*). Negative values language carries a stiff price: it not only judges, but also has an accusatory tone that positive talk avoids. Interestingly, some positive values (e.g., prevention) have more than one possible “dark side,” (e.g., failure to prevent, or cure?), which makes diametric opposition difficult to define.

**Table 2. Disvalues: a creative exercise in the interpretation of values-talk.**

| Stated values ( from Table 1) | Potential antonyms    |
|-------------------------------|-----------------------|
| Health, ability to function   | Illness, dysfunction? |
| Equity, fairness              | Inequity, unfairness? |
| Access                        | Barriers?             |
| Compassion                    | Apathy?               |
| Participation                 | Exclusion?            |
| Pride                         | Shame?                |
| Diversity                     | Uniformity?           |
| Efficiency                    | Inefficiency?         |
| Prevention                    | Cure?                 |

*The case of the missing value.* When a particular value escapes mention, what does the omission mean—does the author not hold this value? This could be true, but paradoxically, just the opposite may be true. The author may consider the value so tacit or fundamental that it literally goes without saying.<sup>7</sup> If a document promotes the value of prevention, this does not mean it is anti-cure; if a provincial reform document does not present the Canada Health Act principles as one or all of its “tenets countable by hand,” this does not necessarily mean it rejects the Act or its spirit. And yet—it might. Interpreting a missing value requires a sophisticated understanding of the context and authors’ intentions.

### **How do scholars define and locate values?**

#### **Defining values**

*Why talk about “values?”* Certain reasons attract us to the discussion of values in policy, and these reasons are values positions in themselves: a kind of “meta-” values that overlies the subsequent belief in any particular value system.<sup>22-25</sup> In policy, the language of “values” is often contrasted to the language of “facts.” However, values contrasts too with alternative labels for normative guidance: in policy circles, “ethics” may seem too esoteric, “morals” too parochial, and “preferences,” “attitudes” or “opinions” too capricious. “Values” appear to offer a comparatively neutral, almost technical-sounding term for all the “oughts” that might offer guidance.<sup>23</sup> The term “values” is young. Edel (1988) argues that its popularity results from the individualism of industrialised, market-oriented societies. A recent editorial in the Harvard Business Review advises corporations to cultivate values because they improve profits (the evident “übervalue”).<sup>26</sup> Ironically, the idea of “values” has new currency in health policy in part because it evokes concerns besides with economic effectiveness, efficiency, or profit.<sup>27</sup> The language of values may serve moral relativism<sup>28</sup> or tolerance for diversity<sup>29, 30</sup> (i.e., if we *do not* share each other’s morals, one of us is wrong, but if we do not share each other’s values, then we

are merely different). Some see the language of values as serving a particularly calculating, evaluative attitude toward “the good,” in contrast to more emotional, spiritual, or moral attitudes.<sup>24</sup> In policy analysis, the explicit study of values has come and gone in fashion, partly in response to changing ideals of policy analysis as a source of objective, “hard” facts as opposed to normative, negotiable counsel or advice.<sup>31-33</sup>

**Table 3. Broad definitions of “values”: selected examples.**

|   |
|---|
| “The relative status of a thing, or the estimate in which it is held, according to its real or supposed worth, usefulness, or importance. In Philos. and Social Sciences, regarded esp. in relation to an individual or group; gen. in pl., the principles or standards of a person or society, their personal or societal judgment of what is valuable and important in life.” (Oxford English Dictionary, 1989, p. 416) |
| “[Values are] principles, or criteria, for selecting what is good (or better, or best) among objects, actions, ways of life, and social and political institutions and structures. Values operate at the level of individuals, of institutions, and of entire societies.” (Schwartz, 1993, p. 155)  |
| “ [Values are concepts which] valorize emotion, orient choice, and propel action.” (Barth, 1993, p. 36)   |
| “[Values are] relatively general and durable internal criteria for evaluation.” (Hechter, 1993, p. 3)   |
| “...values are not the same as ideals, norms, desired objects, or espoused beliefs about the ‘good,’ but are, instead, operating criteria for action...” (Hutcheon, 1972)   |
| “A value is an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence. A value system is an enduring organization of beliefs concerning preferable modes of conduct or end-states of existence along a continuum of relative importance.” (Rokeach, 1973, p. 5)                              |

*Defining values.* There are many possible definitions of “values.” Table 3 offers a sampling of the broadest definitions; the array of more specific and limited definitions is analyzed below.

*Values generate facts.* Traditionally, we think of values as prescribing the world as it ought to be, and facts as describing the world as it is.<sup>32</sup> In this view, I state a fact when I say, “The annual Canadian rate of new AIDS cases is now 644, rising again for the first time since 1993”<sup>34</sup> while I express a value when I say, “the rate of new AIDS cases is disturbing.” However, this fact-value distinction is false—facts and values enmesh through both processes of inquiry and processes of communication. Values in scientific, professional, and policy processes produce empirical knowledge.<sup>35-39</sup> Value-laden choices guide the training of researchers, posing research questions, selecting methods for answering research questions, providing the resources to pursue the answers, distilling the answers into facts to be reported, and creating an audience for research reports. These roles of values in science are not simply sources of bias; they are necessary and inevitable. The policy analyst must approach scientific findings expecting to confront values as well as facts, and bring the critical tools to appreciate the values represented—as well as repressed – by those facts.

*Language lends values to facts.* All facts are statements about the world. To stand, to be understood, and to be used, statements of fact must be expressed through language,<sup>36</sup> which imbues facts with values.<sup>40</sup> This occurs in at least three ways. The first is the use of terminology: evaluative words that judge or exhort explicitly (e.g., appropriate, ought), as well as denotative words with tacit positive or negative connotations (e.g., health, mortality). Most of our language falls into one of these categories. As an example, most people understand AIDS to be a bad thing, so when I note the two facts that, “the Canadian AIDS new case rate is 644,”<sup>34</sup> and, “clean needle programs reduce the incidence of AIDS,”<sup>41</sup> I imply an evaluation and a prescription without declaring that we “ought” to support clean needle programs (for an artful demonstration of this technique, see the monthly “Harper’s Index” feature of Harper’s Magazine). Importantly, the meanings of these words are neither fixed nor fully controllable. Context – including the speaker, audience, topic, occasion, tone, current events, local jargon, and (only last) the dictionary – substantially influence the meaning of any statement and with it, its value implications.

*Facts fashion values in return.* Jonsen<sup>20</sup> demonstrates that, in decision making, the relative “weight” we assign to ethical principles derives not only from their abstract moral importance, but also from the weightiness of the circumstances in which the principles operate. The facts of a case point decision makers to the values at stake, and help decision makers put those values in order when they seem to conflict.

## **A typology for locating values for empirical study**

*Finding values involves seeking values.* Anyone who would study values must start with some idea of where to look for them and how to recognize them. Who possesses values? Where are values manifest, and where are they available for observation? Can they be observed objectively, or must they be interpreted subjectively? For example, the Values Working Group of the National Forum on Health (“the Forum”) was interested in “values [as] features of society.”<sup>7,p.4,</sup> emphasis added As part of its investigation, the Forum commissioned a public poll of individuals in which respondents ranked selected values (efficiency, equality of access, performance of results, prevention, freedom of choice, compassion, and flexibility) by their importance. The validity of the analysis as an indicator of society’s values rests on certain assumptions about the nature of values: (1) that individuals’ values are well formed, in mind, and accessible at the moment the questions are asked, (2) that the labels are meaningful, both to the respondents and to anyone applying the results, (3) that these principles have a mutually exclusive and exhaustive quality

that supports ranking them against each other, and, (4) that aggregating randomly-sampled individual's value rankings yields not only "population" information, but evidence of social values. Recognizing some of the limitations of survey methodology, the Forum also commissioned qualitative focus group studies. These generated a different list of important values (without assigning relative importance): equality (or fairness), compassion, dignity and respect, efficiency/effectiveness, collective responsibility, personal responsibility, quality, and thriftiness-responsible stewardship-accountability.<sup>7,pp.6-8</sup> This method assumes different things about the nature of values: (1) that small groups provide a microcosm of "society" and their deliberations reveal something of social values (as distinct from individual values), (2) that discrete principles can be distilled from discussions of hypothetical cases, and, (3) that values are generated through study, reflection and deliberation. The National Forum's work highlights some divergent ideas about what values are and where they are manifest, e.g., in societies or individuals? In preferences or discourse? It also raises the analytic challenge of reconciling different types of values information.

Who's got values and where do they keep them? The multidisciplinary literature suggests an even broader array of possible assumptions about the basic nature and kinds of values. Table 4 synthesizes these theories of values into a typology with two dimensions salient to empirical policy research: who possesses the values (key types of actors, represented by four columns: individuals, communities, humanity, or the human animal) and where they manifest them (i.e., key expressions of values, represented by three rows: ideas, words, or actions). Within each cell are examples of methods that might measure or describe each particular genre of values. This typology maps the work of diverse theorists, many of whom restrict their study of values to one (or a few) of the cells, and some of whom reject the validity of values portrayed in the other cells. There is no consensus about the most important, valid, or useful location of values from among the alternatives in Table 4.<sup>25, 42</sup> Each perspective contributes unique insights.

**Table 4. Finding values: an overview of basic assumptions and methods.**

(Key: boldface refers to specific locations of values; plain text offers examples of methodologies for accessing values in this location)

|                    | <b>Actors</b>  |   |   |   |
|--------------------|--|---|---|---|
|                    | <b>Individuals</b><br>(A)  | <b>Communities</b><br>(B)   | <b>Humanity</b><br>(C)  | <b>Humans</b><br>(D)  |
| <b>Expressions</b> | <b>What individuals think, feel, believe</b><br><ul style="list-style-type: none"> <li>Psychometric tools</li> <li>Phenomenology</li> <li>Preference studies</li> </ul> (IA) | <b>Belief systems, doctrines, ideologies</b><br><ul style="list-style-type: none"> <li>Surveys, polls</li> <li>Discourse analysis</li> </ul> (IB) | <b>Universally available ideas</b><br><ul style="list-style-type: none"> <li>Reasoning</li> <li>Revelation</li> </ul> (IC)          | <b>The brain, the body, human nature</b><br><ul style="list-style-type: none"> <li>Neurological decision models</li> </ul> (ID) |
|                    | <b>What individuals say; personal meanings</b><br><ul style="list-style-type: none"> <li>n/a (only as <i>tools</i> for accessing IA)</li> </ul> (IIA)                        | <b>What collectives say; shared meanings</b><br><ul style="list-style-type: none"> <li>Discourse analysis</li> </ul> (IIB)                        | <b>What “all” collectives say; universal meanings</b><br><ul style="list-style-type: none"> <li>Discourse analysis</li> </ul> (IIC) | ?<br>(IID)  |
|                    | <b>What individuals do</b><br><ul style="list-style-type: none"> <li>n/a (only as <i>tools</i> for accessing IA)</li> </ul> (IIIA)   | <b>What collectives do</b><br><ul style="list-style-type: none"> <li>Ethnography &amp; related methods</li> </ul> (IIIB)                          | <b>What humanity does</b><br>?<br>(IIIC)  | <b>Human species behaviour</b><br><ul style="list-style-type: none"> <li>Sociobiology</li> </ul> (IIID)                         |

**Individual values.** Individuals each use their personal values to make decisions, to make sense of the world, and to give meaning to their lives. These personal values may be shaped in part – or even in whole—by our community culture, our humanity, or our biological nature (i.e., the other columns in Table 4). However, researchers who focus on individual values believe that, wherever these values come from, individual values are the values to be reckoned with. These scholars also consider values as residing somewhere in our heads: ideas, motives, feelings, reasoning processes and so forth that individuals each use to determine what is right and good for them. However, researchers lack direct access to individual psyches, and therefore use verbal expressions or behaviour as measurement tools to infer the values in the mind. Social scientists have investigated both behavioural and verbal expressions as indicators of “real” values, and find merit in both. Psychologists tend to give more credence to language, which is crucial to the empirical tools of cognitive psychology, psychometrics, etc.;<sup>43</sup> phenomenologists look to individual narratives.<sup>44</sup> Economists and some sociologists, on the other hand, tend to give more credence to behaviour – the “revealed preferences” of market behaviour, choices made in the “real” world (rather than hypothetically), and so forth.<sup>45, 46</sup> Psychologists from the “*cognitive*

dissonance” tradition demonstrate discrepancies as well as influences between the values people believe, espouse verbally, and demonstrate with their behaviour.<sup>47, 48</sup> At the collective level, international case studies demonstrate the fallacy of inferring the same values from the same behaviour or divergent values from different behaviours.<sup>49, 50</sup> Further, all instruments used to elicit values – whether an experiment, a survey, the market, an interpretive interview, or other—generate or promote certain values themselves. Researchers have been unable to escape this problem although they differ in the degree to which it worries them <sup>51</sup>. For example, when someone answers a question about their values, the analyst can never be quite sure to what degree the answer reflects values of the respondent versus the values embedded in the question or the context in which it is asked. Polling suggests that individuals’ opinions matter; market choices occur within an ethos of self-interest and competition; participants in cognitive experiments seek cues for behaviour appropriate to their “guinea pig” role as well as the task at hand, and so forth. Methodological rigour can only partially address these deep-rooted measurement problems. They pose significant problems the policy analyst, who must typically apply values information to new settings quite different from the ones that generated the information.

*Community values.* Community values are possessed by a community, and may or may not be found at the individual level. Scholars are divided on the existence and nature of community values in their own right, apart from the values of constituent individuals. On the one hand, some sociologists and anthropologists consider shared values as part of what transforms a “collective” of individuals into a “community” that has a life of its own, distinct from its individual members. Values are part of the cultural fabric that allows people to engage each other with language, develop their institutions, maintain the social order necessary for survival and prosperity, play social roles, and assume personal identities. <sup>52-55</sup> Culture also provides much of the basic material with which we develop our individual values, and thus constrains and moulds what those values can be. For these scholars, the community per se is an important unit of analysis for understanding values—the whole is greater than the sum of its parts.<sup>56</sup> These values are sought empirically through methods designed to understand culture, typically qualitative research such as ethnography, deliberation exercises, or discourse analysis (our own study of Canadian reform documents, described above, is an example of research in this tradition).<sup>57-60</sup> On the other hand, other social scientists consider a community’s values as equivalent to — and no more than — the aggregated individual values of its members. The values of the “population” equal the values of the “community;” population-based polls and surveys measure such values. <sup>7, 61, 62</sup> The task of

locating community values in a community's ideas, words, or behaviour raises some of the same problems in locating individual values. However, at the community level another possibility emerges: the possibility of locating values in language or actions per se. In this view, language and behaviour are not simply a means of insight into more values ideas; rather, they themselves are the essential constituents, holders, and conveyors of values.

*Humanity's values.* Another tradition in the study of values takes on the broadest possible unit of analysis: all of humanity. This level subsumes quite disparate approaches. Humanity itself is an abstraction (involving everyone, everywhere, who ever was and ever might be), and the analysis of "its" values invites particularly abstract, theoretical conjecture. At the level of ideas, the values of humanity are philosophies potentially available to all, transcending time and culture. They include philosophies, through principles of moral and other types of reasoning, and theologies, through revelations of various sorts. For values found in humanity's words (what "we" say as a whole) a significant enterprise has been the search for basic ethical tenets held naturally in common across religious doctrines and jurisdictions.<sup>63-65</sup> Bok for example proposes that all societies adhere implicitly or explicitly to three minimal, universal values:<sup>66, pp. 13-16</sup> (1) the positive injunctions of "mutual support, loyalty, and reciprocity," (2) the negative injunction to "refrain from harmful action," and, (3) "norms for at least rudimentary fairness and procedural justice in cases of conflict regarding both positive and negative injunctions." Such cross-cultural value systems of humanity tend to be minimalist and basic – a kind of scaffolding upon which more culture-specific and more policy-useful value systems are built. Articulating this basic frame into a more concrete policy framework invites debate and dissent.<sup>65,67</sup> Paradoxically, one very widely held western value -- "relativism" – entails respecting cultural diversity and rejecting attempts to standardize or homogenize values with roots in different cultures.<sup>68</sup> Macklin<sup>65</sup> emphasizes that analysts must distinguish between sources of knowledge, culture, and ethical principles when developing ethical frameworks that apply across jurisdictions. Although the first arguably depends on (are "relative" to) context, from an ethical standpoint the third need not and must not. Bauman, however, argues that logical reasoning reveals no ethical basis for the existence of morals, and thus renders morality as foundation-less and contingent as the rest of human culture.<sup>69</sup>

*Humans' values.* Finally, some scholars suggest that all people operate from fundamental, biologically "hard-wired" values that have evolved through adaptation. These fundamental values are determined not so much by personalities, cultures, reasoning, or collective consciousness, as by the animal nature of human beings. This perspective views humans as

organisms whose values reduce to their drive to survive and their potential to thrive, and the genetically-endowed biological capacities and constraints for pursuing these endeavors. Researchers seek the roots of these values either in human anatomy (e.g., neurological decision or motivation models) or evolutionary reasoning (e.g., psycho- or socio-biology). These researchers seek values data for instance in the brain’s stimulation centres for pleasure and pain,<sup>70</sup> hunger drives of chickens,<sup>71</sup> and various strategies to transmit genes and behaviours.<sup>72, 73</sup>

*Additional dimensions of values for policy analysis.* The values outlined in Table 5 are organized by their location in actors or expressions. Other qualities of values are relevant to policy analysis; a list of selected dimensions appears in Table 5. Although scholars also argue about whether “real” values possess these various qualities, in their broadest definition, “values” may embrace the entire range of features represented in Tables 4 and 5.

**Table 5. Some contrasting views on policy-relevant features of values concepts.**

|   |     |  |
|---|-----|--|
| <p><b>Evaluative, prescriptive</b></p> <ul style="list-style-type: none"> <li>• Values are used to evaluate what has been or might be, and to prescribe what should be.</li> </ul>  | vs. | <p><b>Descriptive</b></p> <ul style="list-style-type: none"> <li>• Values are also used to classify what <i>is</i>. Description (“facts”) and prescription (“values”) interplay in both policy and science.</li> </ul>   |
| <p><b>Enduring, deep</b></p> <ul style="list-style-type: none"> <li>• Values are stable and are not easily changed – they are thus reliable indicators of who we are, what we want, and what we might do.</li> </ul>  | vs. | <p><b>Transient, superficial</b></p> <ul style="list-style-type: none"> <li>• Most theories allow that values can and do change. It is not clear <i>how</i> stable or well-substantiated preferences, opinions, etc. need be to constitute values.</li> </ul>                        |
| <p><b>Abstract, generalized</b></p> <ul style="list-style-type: none"> <li>• Values are made of principles, algorithms, and the like, which provide guidance in novel situations.</li> </ul>  | vs. | <p><b>Context-specific</b></p> <ul style="list-style-type: none"> <li>• Abstract values are not truly formed or possessed until they are used or confronted in some way in “real” situations.</li> </ul>   |
| <p><b>Final (ends)</b></p> <ul style="list-style-type: none"> <li>• Values represent our ultimate aspirations and goals.</li> </ul>   | vs. | <p><b>Instrumental (means)</b></p> <ul style="list-style-type: none"> <li>• Values represent the means for achieving our ultimate aspirations and goals.</li> </ul>  |
| <p><b>Weights or valences</b></p> <ul style="list-style-type: none"> <li>• Values involve a dichotomous judgment of good vs. bad, together with a measure of how (relatively) good or bad. Decision making is a matter of weighing choices or values against each other on a common scale.</li> </ul> | vs. | <p><b>Qualities</b></p> <ul style="list-style-type: none"> <li>• Weighting scales require values in themselves. Some values are simply incommensurable; tensions between them are better reconciled through e.g., narrative or juridical forms of reasoning and judgment.</li> </ul> |

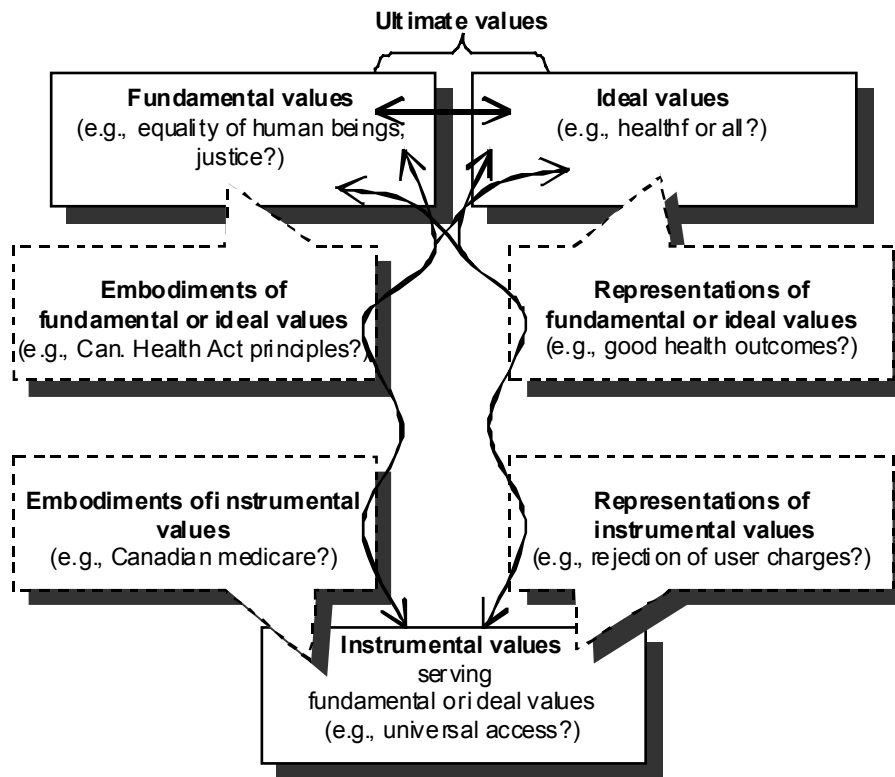
*Where’s the map?* Some scholars argue that values fundamentally reside in one dimension represented in Tables 4 or 5, while other scholars see the different types as concurring or complementing each other in some way. The various values might coexist as different types, as different perspectives on the same phenomenon, or as component parts of each other, depending on the theory to which one subscribes. From our multidisciplinary vantage, we view a clear

paradox: while each theory of values holds a kernel of truth, some theories also disagree fundamentally with each other. Theoretical and empirical research into the connections and distinctions of values across categories remains underdeveloped. From the foregoing review, it appears that values are “everywhere” rather than “somewhere.” For the policy analyst, Tables 4 and 5 do not provide a map with directions to the “true” values. They do, however, chart a great deal of territory with interest and significance in policy making. Most destinations are worth visiting; touring several on occasion (e.g., moments of national health reform planning) would enlighten policy discussions and decisions.

## **A typology for locating values in policy reasoning**

*Ends, means, and everything in between.* In addition to the two dimensions of values ideas portrayed by Table 4, another dimension merits special attention: values as means vs. values as ends. Policy scholars note inconsistency between the formal values policy makers espouse and the values they enact through decision making and intervention.<sup>74</sup> Philosophical reasoning in policy analysis mediates back and forth between principles to problems.<sup>75</sup> Many scholars distinguish between final and instrumental values.<sup>22, 76-78</sup> We elaborate on these dichotomies to develop the framework in Figure 1. The purpose of this model is to organize values according to the place they hold in policy argumentation as well as the policy analytic approaches they entail (this model is a prototype that we feel is promising for future investigation; it has not yet been fully elaborated, validated, or applied). Ultimate values are most typically characterized as either ideal values (e.g., “health for all by the year 2000”) or fundamental values (e.g., the equality of human beings). Although these “maximalist” and “minimalist” values differ in important ways,<sup>66</sup> they nevertheless share some policy-relevant characteristics: they are obviously moral and abstract in nature, they do not direct activities clearly, stakeholders across coalitions may agree on them “in principle”(although what disagreements exist are deep and intractable), their validity is difficult to challenge or support with evidence. Fundamental and ideal values may relate quite closely to each other in spirit – i.e., the former forming the foundation of a vision and the latter its pinnacle. They tend to be addressed on special, reflective occasions (e.g., in retreats, special commissions, inaugural events, etc.). Atypical in policy analysis, analysts may consult the humanities (philosophy, ethics, history, etc.) for insight.<sup>79</sup> Decision making involves identifying what is important and envisioning what is desirable, rather than making calculated choices or taking action.<sup>80</sup>

**Figure 1. A proposed model of values reasoning in policy analysis.**  
 (Key: boxes represent types of values; arrows represent flows of policy reasoning)



At the other end of the policy reasoning spectrum are instrumental values (e.g., universal access), which are values by virtue of serving as means either to build on fundamental values or to reach ideal values. Although instrumental values’ importance derives from their relationship to ultimate values, instrumental values often appear less quintessentially moral, and have more policy-directive, active implications. Stakeholder factions perhaps argue more about instrumental values (even while swearing common allegiance to the ultimate values they might serve) but the disagreements are less deep and divisive. Evidence may play a larger role in arguing the importance or viability of instrumental values (but instrumental values’ effectiveness at achieving ultimate values cannot easily be tested). Policy makers address instrumental values continually, at all levels of policy decision making. They pertain to decision making that involves making choices or taking action: less concerned with what matters and more concerned with what must be done. Finally, between instrumental and ultimate values lie the things that either embody or represent each (and thus derive their importance from them). Empirical representations — anything that “operationalizes” either ultimate or instrumental values (e.g., good health, user charge prohibitions) — can be values themselves. Embodiments of ultimate

values (e.g., Canada Health Act principles) or instrumental values (e.g., Canadian medicare) aim not simply to signify those values but to materialize them.

*Which values are which?* The examples we give in Figure 1 are contestable: some might elevate Canada health act principles to ultimate values; some might demote health to instrumental status. Classifying a particular value is a matter of argument more than a matter of fact. A popular debate in Canada concerns whether our health care system, or policies such as prohibitions on user charges, merely represent or actually embody the values from which they derive their moral force. Schwartz notes that, “whether activities will be purely instrumental or will possess some intrinsic value or connection to the ends they produce depends on how those activities are organized... [which is] not a matter of natural law, but of cultural contingency.”<sup>55,p.158</sup> As suggested by the arrows in Figure 1, policy arguments flow freely in both directions: justifying means through their ends, justifying ends through their means, and dizzily detouring through all the symbolic and material issues that mediate between means and ends.

## **Lessons**

### **Lesson #1: Values are like atoms and onions**

*Values are like atoms.* Values seem to be everywhere, like atoms – all-pervasive, extremely important, yet often invisible. When we look for them, values can be found in scientific facts as well as what we (individually or collectively) believe, prize, say, do, and are. As with atoms, policymakers perhaps more often think “with” values than “about” values, embedding them in the imagery, metaphors, and facts they use to reason and persuade.<sup>81-84</sup> Of course, there are times when it is important even for policy analysts to know whether they are dealing with combustible gases or mere “H<sub>2</sub>O.” So are there times when it is important to be cognizant of values assumptions and aspirations. The spectrum of values represents a number of essentially different elements. The frameworks in Tables 4 and 5 and Figure 1 offer prototype “periodic tables” to locate specific sorts of values with regard to both their qualities and their relationships to the other sorts. These overviews raise some specific challenges to trends in Canadian health policy analysis:

- ◆ *Values are not just preferences.* Contrary to conventions used in health economics and health services research, values do not reduce to preferences.<sup>42, 54, 85, 86</sup> Nor do preferences *for* values (i.e., forced choices among abstractions such as fairness, freedom, hypothetical scenarios, etc.) necessarily elicit meaningful values. Some community values proscribe

preference-based trade-offs in certain contexts.<sup>54, 87</sup> Decision makers may refuse to choose in situations where the choices seem contrived by political or economic interests.<sup>88</sup> Clarifying values involves not only determining “what’s number one” but “what’s *on*” – and what’s not on – for discussion and negotiation.

- ◆ ***Values are not just individuals’ deep-rooted beliefs.*** Some health reform analyses, drawing on Rokeach,<sup>89</sup> define values as deep-rooted individual beliefs. This definition places values in individuals, and “community” values in *populations* of individuals rather than communities, cultures, or societies. The definition thus obscures two policy-relevant features of values: that society’s values may differ in form and content from those of its members, and that these collective and individual values interact in formative ways.
- ◆ ***Individual and collective values are made of different, incommensurable substances.*** Individual and collective values may influence each other, but neither is entirely comprised of the other. Summing up individual values will not account for a collective’s values, and individuals within it may not hold a collective’s values.<sup>56</sup> Not only may individuals’ and communities’ interests conflict, but certain forms of values are unique to individuals (e.g., preferences, drives) or to collectives (e.g., cultures, philosophies). Research findings from different values locations and using different methods may seem inconsistent or incomparable, *even if each is empirically “true”* within its own frame of reference.
- ◆ ***Weighing values tells us little about what to do with them.*** Some researchers contend that the public (or stakeholders) can weigh and rank individual values by their relative importance; this process yields a “values system.”<sup>7, 43, 89</sup> It then falls to policy makers to accommodate the priority values over others, should values conflict. However, this “weighing” metaphor poorly describes the tension between values in policy dilemmas.<sup>20</sup> There is no single scale by which to order distinct values such as efficiency, equality, compassion, freedom, and so forth. Stakeholders often disagree over which values should be “on the list” in the first place, rather than their listed order.<sup>e.g., 15</sup> Further, specific facts and circumstances (rather than philosophical properties) lend values their weightiness in concrete decision making.<sup>20</sup> Jonsen suggests the alternative metaphor of “fitting” values within the context of a specific situation. Thus the question relevant to the decision maker becomes not which value is the most important, but how to accommodate and “size” all the important values into a bigger picture, framed by the circumstances. Composing this picture involves positioning values not in terms of their relative importance, but how they do or do not serve, embody, or represent each other, (as schematized in Figure 1). For example, compassion and

equality might be portrayed in the common service of solidarity, a broader concept not on the original list of “competing” values. Values portrayed as part of a picture may be more instructive than values portrayed as ranked lists.

***And values are also like onions.*** Studying policy values critically leads the policy analyst through layer after layer of definition as well as instrumental reasoning. When we value a programmatic goal (e.g., universal health insurance), it may be because we believe that it embodies certain principles, which reflect more fundamental principles; the whole enterprise also turns on the value we place on “principles” *per se* as a guide for policy making. For example, a Canadian Standing Senate Committee has suggested that one principle (a patient-centred focus on individual Canadians) essentially underlies the first four principles of the Canada Health Act.<sup>2</sup> On the other hand, the Conference Board of Canada characterizes all five principles as essentially “funding criteria” that inadequately represent values such as equality of access, compassion, and collective responsibility.<sup>3</sup> Meta-values — or the overriding reasons we care about whatever we call “values” — are the outside skin of the onion. Whatever we consider to be fundamental or universal values lie just under this surface; the principles we choose lie somewhere in the middle, and the policy actions they seem to entail lie at the centre. Policies are thus encapsulated by many layers of values. However in their values reasoning, policy analysts, unlike chefs, often find themselves starting their work somewhere in the centre of the onion. They must reason values-driven policies through to *both* the core and the skin: (1) starting with abstract goals and exploring what instrumental values they might entail, but also, (2) starting with the same abstract goals but asking what assumptions they require and what ultimate visions they serve.

***Strive for the big picture and critique its parts.*** Hechter<sup>25</sup> notes that, “values can take many forms, but all of these are unobservable,”<sup>p.3</sup> and “measurement problems abound.”<sup>p.10</sup> Policymakers, however, cannot demur for the perfect methodology and must make due with information that is feasible and available. To improve the rigour and meaningfulness of values information, our overview of empirical ideas suggests (1) considering multiple sources of values information if possible, and understanding the relative contribution of each source to the “bigger picture,” and, (2) considering critical analyses of the imagery (metaphors, causal reasoning, scientific facts, etc.) in which stakeholders often embed values arguments; and, (3) interpreting individual sources of values information with their basic limitations in mind (researchers who

advocate a given approach may give the impression that *their* empirical methods overcome problems of interpretation, but at a fundamental level this cannot be true).

## **Lesson #2: Reading between the lines**

***Reading between the lines is necessary and difficult.*** Values rhetoric is artful and complicated. Analysts must read between the lines critically to understand what is really being said. Declared values can be powerful imperatives or toothless platitudes, honestly guiding or strategically misleading. Undeclared values can be either crucial or irrelevant, and in either case, it matters to know. Context shapes this meaning. To get a better perspective on context, research designed to identify or measure values might consult multiple sources of evidence,<sup>58</sup> as was done by the National Forum on Health. Dialogue also offers hope for clarifying matters<sup>7, 68</sup>—but it is also in the nature of values to evolve and change through such conversations.

***Evidence is not value-free.*** The imperative to “read between the lines” extends to the interpretation of research evidence. The Canadian health system has cultivated an ethos of “evidence based decision making” that prizes scientific facts and their judicious use.<sup>90</sup> Several compelling frameworks of policy decision making treat values and facts as different types of decision inputs that play different roles in the policy analysis and policy making processes e.g.,<sup>21, 91, 92</sup> This fact-value distinction is helpful in that, in the abstract, values and facts invite different approaches to justification. However, in practice, the distinction between facts and values must be contrived and the boundaries of this distinction defended by stakeholders.<sup>32, 93</sup> Stakeholders cannot help but embed values in their facts, as well as perceive values in the facts that others present. Paradoxically, this is also true of evidence *about* values themselves. The critical policy analyst should challenge factual information with judgments traditionally reserved for values—i.e., by asking to what extent it is right (i.e., true to values commitments) as well as correct (i.e., true to empirical reality). While evidence-based advocates may despair of facts containing values “biases,” evidence is useful even if not value-free. Its judicious use requires understanding not only the methodological rigour behind facts, but also the values content and impact of evidence, as well how evidence accrues values through its policy uses.

## **Lesson #3: From platitudes to policies**

***Confronting the paradoxes.*** Stakeholders disagree over whether declared values such as the principles of the Canada Health Act (or the platitudes of organizational mission statements) have real meaning, provide real guidance, confer real responsibility and accountability. The

anthropologist Fredrick Barth has explored the disjunctures between the values people espouse, follow, and act upon, and instructs the analyst of values that,

We must not blind ourselves to the deep ambivalences embraced by people: wanting and yet not wanting, praising and yet not cherishing, valuing and yet not pursuing, and, most enigmatically, acting on and yet not conceptualizing... It is not that values cannot be found – its seems rather as if one finds a surfeit of them: too many, too discrepant, too often disconnected with any field of effective choice, or applied as ways of speaking rather than action, and sometimes...increasingly vacuous and irrelevant the wider their scope and the more fundamental their presentations. 49,pp.34,35

These observations have implications for policy analysis. The analyst who would identify specific values in order to deduce the policies they necessarily entail will not get far. Our relationship with “values” is not entirely analogous to our relationship with goals (i.e., a matter of setting course and pursuing). The relationship has other aspects: instrumental (operationalizing and pursuing, as with goals), developmental (creating, changing values), philosophical (apprehending possible values, interpreting values around us), and discursive (conversing, deliberating, persuading). As Stone has said of policy analysis in general: “Political reasoning... is primarily a reasoning of sameness and difference, of good and bad or right and wrong. The reasoning of more or less is only secondary.” 94,p.377 and Rein has said of values in particular, “Values... give us the questions to ask. Without values, we would have no questions.”32,p.89 Values are more like art media than mechanical components – we may shape them to our pleasure, but their substance determines what we are able to make of them (e.g., “equity” may mean many things, yet it cannot mean just anything). We need policy analytic frameworks for better understanding this substance, as well as for engaging with values in their many forms.

### **Study Limitations and Directions for Further Analysis**

***Who’s got which values? We can’t be sure.*** Our empirical analyses of health reform documents do not allow reliable assessments of either (1) which stakeholders subscribe (or not) to which specific values, or, (2) which specific values are considered relatively more important or more widely accepted in Canada than others. Such an analysis would not be credible, for the reasons given in our discussion of rhetorical strategies used by the documents.

***What don’t health reform documents tell us about values talk?*** The empirical part of our study has allowed us to describe values discourse in a specific area of health policy (i.e., passages

excerpted from Canadian health reform documents). Study of other sources (e.g., media, committee discussions, testimonials, etc.) or other data (e.g., reform documents as wholes, working drafts, interviews with reform document authors, etc.) may reveal more varied approaches to values-talk and additional insights for policy analysis.

***What don't declared values tell us about values reasoning?*** Values that have been spoken or written reveal only the tip of the iceberg of values formulation and articulation. We need more empirical and conceptual insight into the *structure* (not just the content) of “real-time” values reasoning and deliberations as they evolve in health policy and health organizations.

***Where is a coherent theory of values for policy analysis?*** Values scholarship is fragmented and has not progressed apace with the policy questions that are asked of it. In particular, more interdisciplinary conversation and collaboration on values is needed to bring coherence to the field. The few interdisciplinary conference proceedings and anthologies provide preliminary insights, but have also raised many questions.<sup>95-98</sup> The synthetic, policy-oriented conceptual frameworks we propose (Table 4 and Figure 1) are initial attempts to bring the field into focus for the task of health policy analysis. These frameworks require testing for their conceptual integrity, completeness, and usefulness for informing both empirical research and policy reasoning.

## **Additional Resources**

In the list of bibliographic references, we have highlighted readings and sources that might be of special interest to those interested in learning more about values in health policy.

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Note: boldface indicates sources that may provide particularly helpful resources for those interested in learning more about the issues discussed in this report.

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