Abstract
This thesis deals with ethical issues connected to priorities and financial responsibilities in Swedish eye care services, but many of the issues discussed also have implications for publicly funded healthcare services in general. Publicly funded healthcare systems today face major challenges of providing an acceptable balance between economic efficiency, social justice and comprehensive care. The limits of publicly funded healthcare and the issue of how these limits should be set have long been debated. These limit-setting enterprises involve elements of priority setting, commissioning of new drugs and other costly treatment options, as well as rationing and decommissioning of options not meeting the standards set by the principles for priority setting. Eye care services are fields of healthcare known for its diversity of funding, even in countries with a high share of publicly funded healthcare. In this thesis cases from eye care services will be presented and discussions will highlight some of the circumstances under which it has been considered reasonable to provide individuals with publicly funded healthcare services and under which circumstances this has not been the case. A topic of special interest is the issue of mixed funding and its ethical consequences. Co-payment as a phenomenon will be described and ethically scrutinized, especially those forms of co-payment that involves options that are more expensive, but valued by individuals, and where individuals are offered to pay for the additional costs (top-up-options). The approach of the investigations in the thesis is theoretical, with focus on conceptual clarification and normative reasoning. Arguments presented in policy documents and decisions made by various relevant institutions will provide an empirical foundation for this work.