

# Health Experiences, Well-Being and Preferences in Health Priority Settings



EE542

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In December 2021, at the beginning of the COVID-19 Omicron wave, after almost two years of planed treatments and surgeries postponed to allow the treatment of COVID-19 patients, we asked a representative sample of Swedish adult population about their well-being and their preferences for priorities in allocating health care resources to prevent deaths due to suicide, pancreatic cancer, breast cancer and acute myocardial infarction.

- · Respondents without any experience of health problems have a higher level of life satisfaction than those with experiences.
- Except prevention of suicide, respondents with high value of life satisfaction and no experiences of any of the four health conditions chose, to allocate a given limited healthcare budget for relatively young people.

# A discrete choice experiment

Prioritize and choose only one alternative of new treatment methods

We now want to know how you, if you were a decision maker, would prioritize between different new treatment methods that reduce the risk of death from pancreatic cancer, breast cancer, suicide, and death from acute myocardial infarction.

Assume that all treatments have the same total cost.

We will describe different treatments that reduce the number of deaths for a given age group and a given cause of death. Due to a limited budget, only one option can be selected.

	Alternative		
	A	В	
Number of lives saved	2	4	
Cause of death	Breast cancer	Suicide	
Age-group	35-60	15-30	

16 hypothetical scenarios

with 2 treatment methods (A and B)made up of

### 3 attributes

- sickness (4 levels),
- age (3 levels)
- lives saved (3 levels)

1000 respondents were asked to choose A or B,

implicitly revealing their value for attribute levels.

	V	N.	Don't want to	D = 14 1
	Yes	No	answer	Don't knov
Pancreas cancer				
Acute myocardial infarction				
Mental disorder				
Breast cancer				
5. Has someone in your	family/relatives	or close friend	been affected of	
5. Has someone in your			Don't want to	D 11 1
5. Has someone in your	family/relatives Yes	or close friend No		Don't knov
5. Has someone in your  Pancreas cancer			Don't want to	Don't knov
			Don't want to	Don't knov
Pancreas cancer Acute myocardial			Don't want to	Don't knov

Suffering due to a mental disorder has the strongest negative impact on the individual's life satisfaction and it is the only health experience that has a statistically significant negative impact on the probability of prioritizing suicide prevention over treating pancreatic cancer, breast cancer and acute myocardial infarction.

# Don't know Density

Life satisfaction by the degree of agreement (0-10) of prioritizing youth to save as many life years as possible

# Probability of prioritizing suicide prevention over pancreatic cancer, breast cancer and acute myocardial infarction

	(1)	(2)	(3)	(4)	(5)				
Life satisfaction (0-10)	$-0.037^{**}$	$-0.035^{*}$	-0.032	-0.019	$-0.047^{*}$				
Alternative's health condition (compared to suicide)									
Acute heart attack	$0.751^{***}$	$1.581^{***}$	$1.369^{**}$	1.027	1.357				
Pancreas cancer	$0.277^{**}$	$1.185^{**}$	0.966	0.627	0.948				
Breast cancer	-0.344***	$1.388^{***}$	$1.171^*$	0.828	1.279				
Alternative's level compared to suicide									
Saved lives +		$0.943^{***}$	$0.938^{***}$	$0.943^{***}$	$0.912^{***}$				
Age-group +		-0.920***	-0.926***	-0.918***	$-1.176^{***}$				
Respondent's characteristics									
Demographic		YES	YES	YES	YES				
Socioeconomic			YES	YES	YES				
No health experience				YES	YES				
Attitudes					YES				
lnsig2u	-0.420***	-0.058	-0.103	-0.143	-0.635***				
	(0.13)	(0.13)	(0.13)	(0.13)	(0.20)				
$\overline{N}$	2994	2994	2994	2994	1996				

