

## **Thesis propositions**

## Propositions supplement to the dissertation

### Choice Modelling in Health: Methodological Challenges and Opportunities

1. The use of discrete choice experiments in health economics continues to grow, but inadequate reporting of methodological details inhibits quality assessment (this dissertation)
2. Not conducting the corresponding analysis, although using the right econometric model when predicting choices with discrete choice experiments, impacts decision-making (this dissertation)
3. Mixing positive and negative attributes in case 2 best-worst scaling will lead to attribute dominance and therefore model estimation problems (this dissertation)
4. Framing attributes either all positive or negative in case 2 best-worst scaling is necessary when mixing positive and negative attributes (this dissertation)
5. Including explicit reference points in case 2 best-worst scaling tasks improves outcomes (this dissertation)
6. The essence of choice modelling in health can be captured by “choice defines value”
7. Key barriers for using choice modelling outcomes for actual health decision-making include concerns about robustness, validity and quality of applied studies
8. “The health care market is too plagued by moral hazard and consumers' lack of information to be viewed as free” (Kenneth Arrow, 1963)
9. “People’s choices are subjective and so there is not always “right” and “wrong” in health. There are, however, consequences to choices” (Inspired by Saifedean Ammous, 2018)
10. Ef liba no e lon, watra sa tingi
11. “No idea is original, there's nothing new under the sun, it's never what you do, but how it's done” (Nasir “Nas” Jones)