

Theresa Marteau (KCL)

*On the importance of distinguishing a nudge from a shove*

When asked to reflect, most of us value our health, yet we often behave in ways that undermine it. While we perceive that much of our behaviour follows a deliberated choice, in reality it is often habitual, automatic and driven by our environments (*the fundamental attribution bias*). Policies designed to nudge (making it easier for individuals to act in accordance with their own values) are readily perceived as a shove (making it easier for individuals to act in accordance with the values of others). Robust evaluations of policies designed to nudge are needed to distinguish them from those that shove and perhaps more importantly, to safeguard paternalistic interventions designed to achieve liberty from the rhetoric that deems a nudge a shove.

Paul Dolan (Imperial)

*Where's your head at? Behaviour change and the art of SNAP decisionmaking*

When thinking about behaviour, and how best to change it, psychologists have traditionally focused on 'the person' (who you are) whilst economists have focused on 'the incentives' (what costs and prices you face). It turns out that 'the situation' (where you are in a very general sense) has much more effect on behaviour than most people expect. We consider the various elements of these situational factors.

Ben Seymour (ELSE, UCL):

*The trouble with choice*

Policies that increase individual choice are central to public empowerment and individual freedom. In health, there is good reason to think that such policies increase well-being, stimulate innovation, and drive efficiency in market environments. But does this liberty carry a cost? Contemporary models of decision-making, drawing on insights from neuroscience and behavioural economics, predict specific and fundamental deficits in the decisions people make regarding their health and their ability to make judgements about the quality of healthcare. Understanding them is critical to designing policies that mitigate them.