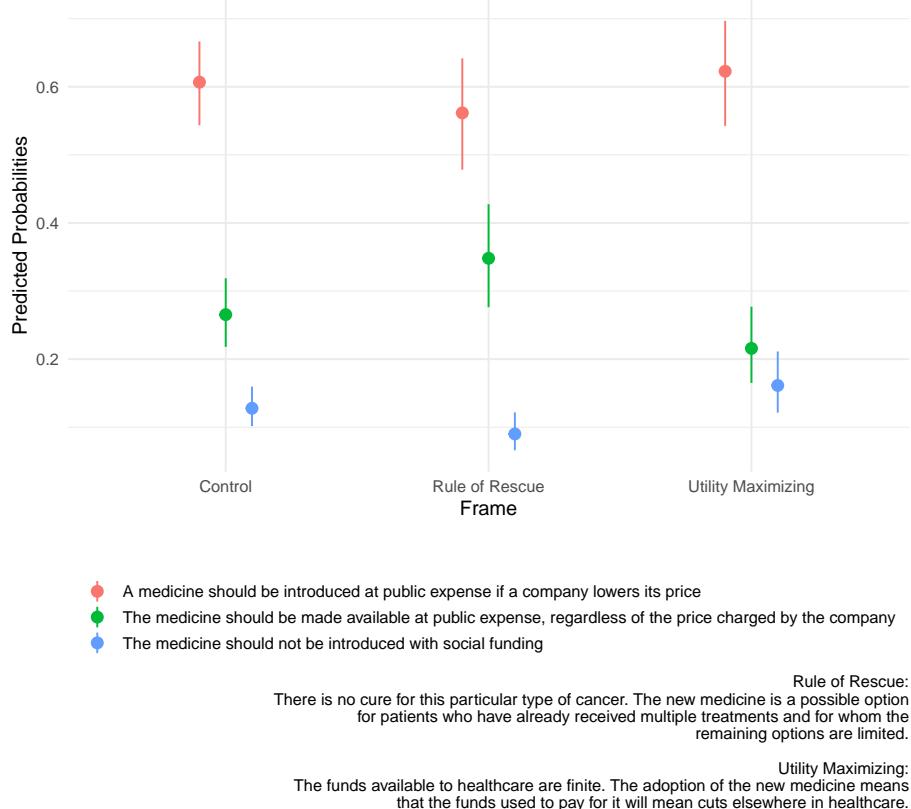


```
## Loading required package: pacman
```

The new treatment is for a specific type of incurable cancer.
In Finland, there are 10–20 patients each year for
whom a new drug can be used.



```
##          z_score p_value significant
## 90% CI    1.786  0.0742        1
## 95% CI    1.786  0.0742        0

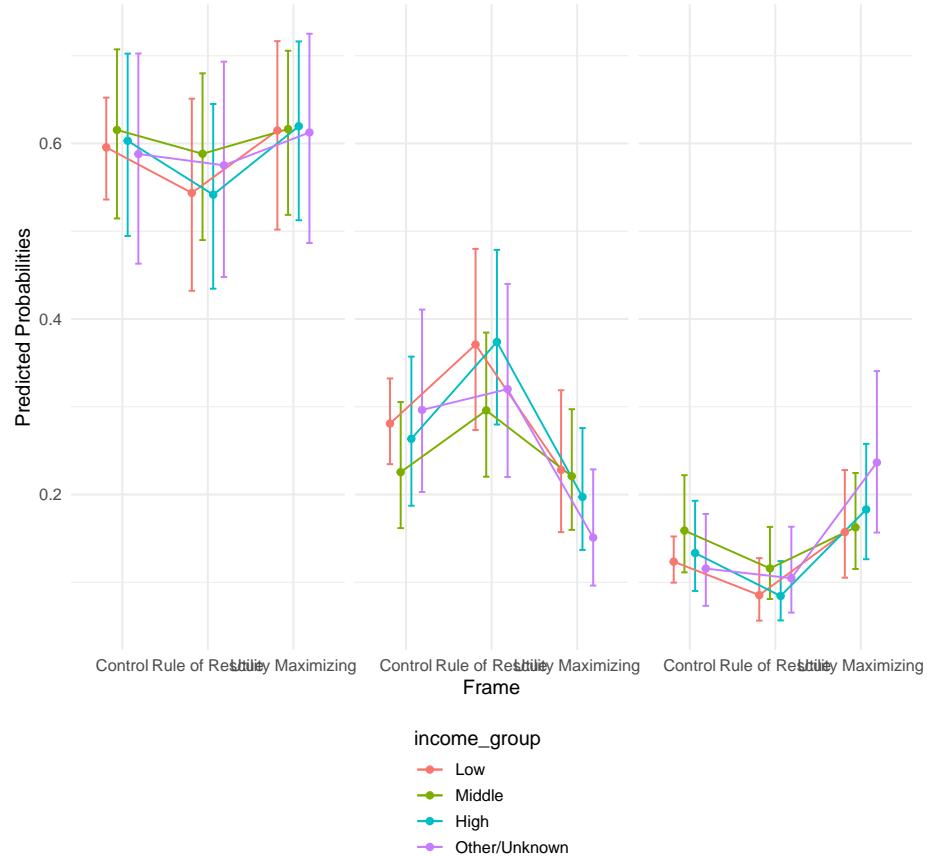
## Fitting m.1: outcome ~ Frame + M1_1 + M1_2_1 + income_group + M1_9
## Fitting m.2: outcome ~ Frame + M1_1 + M1_2_1 + income_group + M1_9
##                  + M2_5
## Fitting m.3: outcome ~ Frame + M1_1 + M1_2_1 + income_group + M1_9
##                  + M2_5 + M2_11
## Fitting m.4: outcome ~ Frame + M1_1 + M1_2_1 + income_group + M1_9
##                  + M2_5 + M2_11 + M2_6_0
## Fitting m.5: outcome ~ Frame + M1_1 + M1_2_1 + income_group + M1_9
##                  + M2_5 + M2_11 + M2_6_0 + M1_3
```

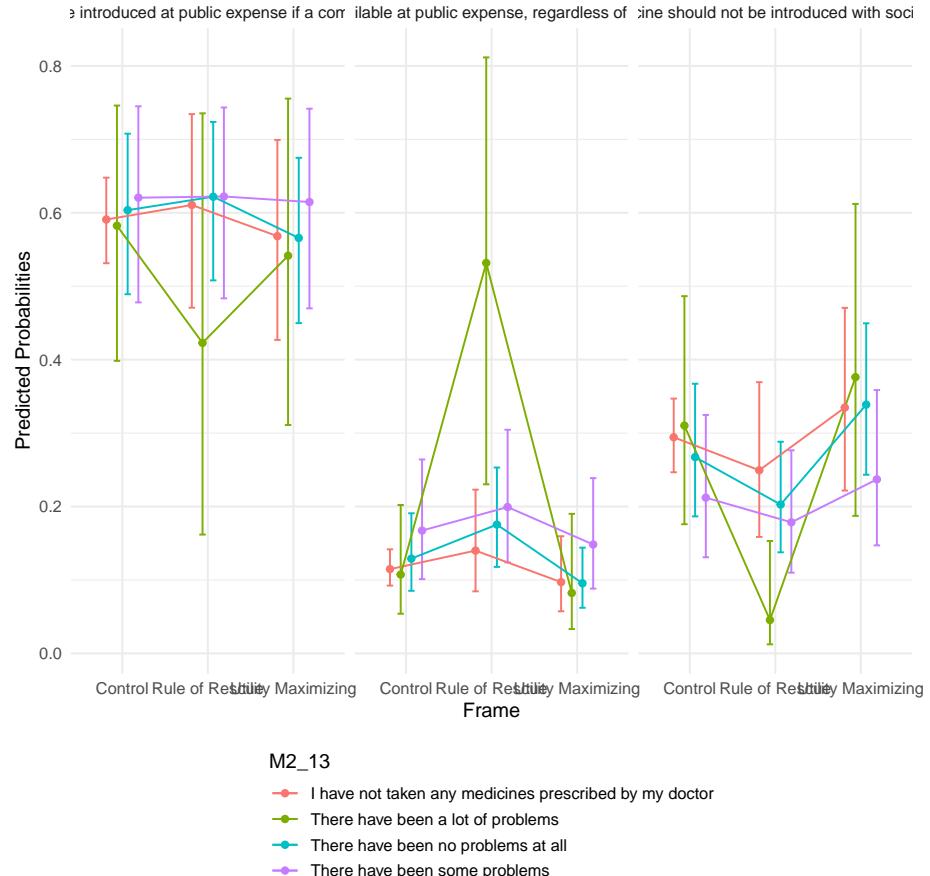
```

## Fitting m.6: outcome ~ Frame + M1_1 + M1_2_1 + income_group + M1_9
+ M2_5 + M2_11 + M2_6_0 + M1_3 + M2_2
## Fitting m.7: outcome ~ Frame + M1_1 + M1_2_1 + income_group + M1_9
+ M2_5 + M2_11 + M2_6_0 + M1_3 + M2_2 + M1_5

```

↳ introduced at public expense if a considerable at public expense, regardless of fine should not be introduced with soci





```
p_load(texreg)

# Combine base model and sequential models
all_models <- c(list(model), models)

# Generate the table
texreg(models,
      #omit.coef = "_2_",
      scalebox = 0.3)
```

graphicx

	m.0	m.1	m.2	m.3	m.4	m.5	m.6	m.7	m_final
FrameRule of Rescue									
FrameUtility Maximizing									
M1_1Male	0.37*** (0.10)	0.40*** (0.10)	0.40*** (0.10)	0.39*** (0.10)	0.39*** (0.10)	0.39*** (0.10)	0.39*** (0.10)	0.40*** (0.10)	0.40*** (0.10)
M1_1Mles	-0.29*** (0.10)								
M1_1Other	-0.10 (0.08)								
M1_2.1	0.02** (0.03)	0.01** (0.03)	0.01** (0.03)						
income_groupMiddle	-0.20 (0.10)	-0.17 (0.10)	-0.17 (0.10)	-0.16 (0.10)	-0.16 (0.10)	-0.16 (0.10)	-0.16 (0.10)	-0.16 (0.10)	-0.16 (0.10)
income_groupHigh	-0.06 (0.12)								
income_groupOther/Unknown	-0.16 (0.16)								
The medicine should not be introduced with social funding—A medicine should be introduced at public expense if a company lowers its price									
A medicine should be introduced at public expense if a company lowers its price—The medicine should be made available at public expense, regardless of the price charged by the company									
M1_2Central Ostrobothnia	1.82*** (0.16)								
M1_2Etelä-Savo	-0.44 (0.35)								
M1_2Kannu	0.28 (0.28)								
M1_2Kanta-Häme	1.92*** (0.12)								
M1_2Kymenlaakso	0.12 (0.31)								
M1_2Lapland	-0.13 (0.29)								
M1_2North Kaudia	-0.23 (0.28)								
M1_2North Ostrobothnia	-0.37 (0.28)								
M1_2North Savo	-0.32 (0.23)								
M1_2Ostrobothnia	-0.32 (0.24)								
M1_2Päijät-Häme	-0.20 (0.26)								
M1_2Pirkanmaa	-0.30 (0.26)								
M1_2Satakunta	0.10 (0.29)								
M1_2South Karelia	0.57 (0.22)								
M1_2South Ostrobothnia	-0.02 (0.22)								
M1_2Southwest Finland	-0.02 (0.21)								
M1_2Uusimaa	0.14 (0.18)								
M2_2Yes	0.02 (0.09)								
M2_21300-59 €									
M2_21600 € or more	0.07 (0.17)								
M2_21All 100 €	0.12 (0.21)								
M2_21I do not take medicines prescribed by my doctor									
M2_21I don't know									
M2_21Yes									
M2_2Separated or divorced									
M1_2Unmarried									
M1_2Wskow									
M2_2Yes									
M2_2I am on maternity or paternity leave, parental leave or childcare leave									
M2_2I am partly working, partly retired									
M2_2I am retired									
M2_2I am unemployed or laid off									
M2_2I study									
M1_2I work full-time									
M1_2I work part-time									
M1_2Something else									
AMC	4568.06	4562.76	4564.65	4558.21	4560.16	4552.26	4551.79	4515.31	4515.31
BL	4562.76	4564.65	4558.21	4560.16	4552.26	4551.79	4515.31	4515.31	4515.31
Log Likelihood	-2273.03	-2253.38	-2253.32	-2251.11	-2245.08	-2222.13	-2201.89	-2190.65	-2190.65
Deviance	4546.06	4506.76	4506.65	4490.21	4490.16	4476.26	4473.79	4421.31	4421.31
Num. obs.	2460	2460	2460	2460	2460	2460	2460	2460	2460

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

Table 1: Statistical models

0.1 Frames

Rule of Rescue Frame:

- Emphasizes the patients' dire situation: last-resort treatment, few options left.
- This is a loss frame: respondents may become risk-seeking and more willing to support the policy.
- Prospect Theory predicts increased support under this framing.

Utility Maximizing Frame:

- This is closer to a gain or neutral frame — focusing on rational management rather than saving someone from certain death.
- Invokes more risk-averse behavior.

These results are inelastic to the combined effects (interaction term) of the frame presented and the subject's income nor to whether it is difficult to get medicines.

0.2 Roadmap

1. Political Psychology - Framing Effects - Public Policy - Prospect Theory
2. Framing a public policy is relevant to gather support in favor of a certain political stance or public policy. They have huge practical consequences.
3. Does the public prefer to maximize utilities or minimize losses? This question is fundamental to practitioners and government agencies in presenting and gathering public support for certain policies. With huge practical consequences not only on the said policy but also on budgetary issues and legitimizacy.
4. Traditional approaches predict that "utility-maximizing" approaches should gather more support (efficiency). However, we find that the public rather prefers minimizing losses (than maximizing utilities).

0.3 Sections of the Paper

1. Intro-Motivation: (para) Politics is about who gets what, where and when. Rethorics has been a fundamental aspect of politics (Aristotle). Since resources are scarce and needs are limitless, (**think carefully what the question is**) 'What's an effective way to frame a public policy in welfare state societies'? Other questions: "How do individuals cognitively evaluate public policy trade-offs when exposed to competing rhetorical frames?", "Does the public react more strongly to frames emphasizing

losses or those emphasizing efficiency in the context of public policy?", "What shapes citizens' policy preferences when trade-offs are framed in terms of rescue vs. efficiency?" How do ordinary citizens reason about trade-offs in health policy when exposed to competing frames grounded in loss avoidance versus utility maximization? This question speaks to foundational theories in political psychology and behavioral decision-making.

2. Literature on framing and public policy (Mikko/Katri section).
3. Our contribution is to introduce prospect theory from a political psychology perspective to the literature on framing effects and public policy.
4. Methods; experimental design.