

Book Review

Nudge: Improving Decisions about Health, Wealth, and Happiness

Richard H. Thaler and Cass R. Sunstein

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The field of behavioral economics has emerged in recent years as a framework for understanding the choices we make in “actual economic life.”¹ This book examines some of the principles used in behavioral economics to understand and influence behaviors. As the title implies, Nudge is about getting people to act in their own best interests. Depending on one’s view about who decides what is in someone else’s best interest, you may or may not agree with this book. I found it a welcome [and painless] introduction to some of the current thinking around the use of incentives – what the authors call “nudges” – to encourage behaviors aimed at making us healthier, happier, and perhaps even wealthier. There are so many ways in which incentives are currently being tested for use in promoting health and wellbeing² that this book should be of high interest to anyone interested in behavioral change at an individual, community, or population level. The authors use humor throughout the book to address their key points; to show that everyday life provides the best examples of how ‘nudging’ works; and to keep the reader engaged. And it works!

Richard Thaler is Professor of Behavioral Science and Economics and Director of the Center for Decision Research at the University of Chicago, and Cass Sunstein is Professor of Law at Harvard Law School. Together they [playfully] take the reader through examples of how some decisions can be made easier – and, ostensibly, better – by structuring choices. They pose thought-provoking options to improve the current status of areas such as Social Security, organ donation, malpractice insurance, education, and marriage. You don’t need to know a thing about economics or behavioral economics to understand this humorous, but

serious book.

The premise of the book – and this is so relevant to those of us working in public health – is that there is evidence that structuring choices can be done in ways that: 1) allow or preserve an individual’s right to choose and 2) can also lead to positive outcomes. They cite many interesting and (some) famous experiments in psychology and the behavioral sciences to illustrate their points. Their lead-off example of ‘nudging’ is to rearrange a school cafeteria so that healthier foods are seen first by students, or are easier to reach than less healthy foods. [Nudging, as they quote a William Safire column in the *New York Times* (October 8, 2000) is “to push mildly or poke gently in the ribs, especially with the elbow; to alert, remind, or mildly warn another.” They contrast it with ‘noodge’ which Safire notes is “a Yiddishism; a noun meaning pest, annoying nag, persistent complainer.” They want to nudge without noodging, though it seems to me that nudging towards change is somewhat more intentionally directed than a gentle poke.]

Three terms that are used through the book are “choice architect,” “Libertarian paternalism” and “default options.” A “choice architect” is someone who has “the responsibility for organizing the context in which people make decisions.” (p.3) Many of us in healthcare, public health, health policy are “choice architects” who design opportunities and test structural changes to promote access to care, improve informed decision making, decrease likelihood of poor treatment choices, etc. Thaler and Sunstein coin the term “Libertarian paternalism” which combines a respect for choice with a desire to influence peoples’ behaviors “in order to make their lives

longer, healthier, and better.” (p.5) The term ‘soft paternalism’,³ used in ethics, shares many of those characteristics; where clinicians endeavor to steer patients towards decisions they think are in their best interest while engaging them in an informed decisionmaking process. The “default option” is what people do in a more or less automatic mode; identifying opportunities to move people from a status quo or “moving the default option” is the strategy used in the nudge to move toward a desired outcome. For example, to improve healthier eating, moving the candy from the check-out line in the supermarket to a back aisle might decrease the “mindless” purchasing of sweets that takes place while waiting for grocery purchases to be rung up.

The main chapters are “Money,” “Health,” and “Freedom.” Other chapters discuss “mininudges” and “bonus nudges” where they describe a number of creative suggestions and projects that use ‘nudging.’ There is even a website, <http://www.nudges.org>, for those interested in submitting their own nudges. The applications to public health and health policy will be apparent to the interested reader. This is a book that provides an accessible introduction to behavioral economics, and their application of concepts borrowed from psychology, marketing, communication, and other disciplines, to better understand how we make decisions and how we might make better ones. ■

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REFERENCES

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2. See for example, Loewenstein G, Brennan T, Volpp KG. Asymmetric paternalism to improve health behaviors. *JAMA*. 2007; 298(20):2415-7.
3. Davis JK. The concept of precedent autonomy. *Bioethics*. 2002;16:114-33.