Unhealthy influence? The effect of radical right parties on mainstream party health policy

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BSc Thesis

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Table of content

1: Introduction

"The winds of change are here! Congratulations to Geert Wilders on winning the Dutch elections!" were the words of Hungarian prime minister Viktor Orban after Wilders, the Dutch radical right leader, and his Party for Freedom achieved a landslide victory in the 2023 Dutch general elections (Kirby & Holligan, 2023; van Campenhout, Meijer, Payne, Lipinski, & Irish, 2023). Far-right peers of Orban and Wilders soon also congratulated Wilders, including Marine le Pen, Tom van Grieken, Santiago Abascal, and Matteo Salvini (van Campenhout et al., 2023). Yet, this celebratory sentiment was not shared by many other parts of Dutch society. Shortly after the election many expressed worry about the results, including Habib El Kaddouri, head of a Dutch organisation representing Dutch Moroccans who said that "The distress and fear are enormous" (2023).

Electoral success of radical right political leaders Wilders is not exclusive to the Netherlands. Only in 2022, Marine Le Pen was one of two final presidential candidates in France, Georgia Meloni was elected prime minister of Italy, and the Sweden Democrats became the second largest party in Sweden (Crouch, 2022; Kirby, 2022a, 2022b). These electoral victories point to a radical right wave washing across Europe. In fact, the radical right is the only new party family to garner success in both parts of Europe (Mudde, 2007, p. 1). With electoral success comes political power, with political power comes policy, and with policy comes a direct impact on people's daily lives.

The arrival of radical right contenders will provoke a response from its mainstream counterparts. Such responses can include political or legal isolation, demonisation of the radical right party, or reinforcement of one's own policy (Heinze, 2018, pp. 288–290). However, the response can also be collaboration or adoption of radical right positions, otherwise known as *droitisation* (Falkenbach & Greer, 2021, pp. 10–11; Heinze, 2018, pp. 288–290). The latter could entail the adoption of nativist or anti-immigrant stances, populist rhetoric, or stricter law and order (Abou-Chadi, 2016, p. 420; Krause, Cohen & Abou-Chadi, 2023, p. 1; Meguid, 2005, p. 347; Mudde, 2007, pp. 16–20, 22–23).

But what about those issues on which radical right parties usually do not have issue ownership? The societal implications of radical right electoral successes may not only be limited to immigration, rhetoric, or law and order. For example, what would the effect of radical right parties be on the health preferences of its competitors? As radical right parties

have experienced increasing electoral success, and there is enormous distress and fear in certain groups, these questions merit answers.

After the introductory chapter, the rest of the thesis starts by conducting a literature review, highlighting the academic relevance, i.e., research gap. Subsequently, the theoretical framework conceptualises key variables and outline three theoretical expectations. The fourth chapter describes the methodology, including the research design, case selection, data collection and operationalisation in the form of a coding frame. The findings are presented in the fifth chapter and analysed in the sixth. Finally, the thesis concludes by answering the research question, and a discussion on the strengths, limitations, and suggestions for further research.

2: Literature review

The literature review combines two general groups of literature, namely on political determinants of health and radical right parties. An overlapping research gap is identified and formulated as a research question.

2.1: Literature on Social Determinants of Health

The social determinants of health are argued to be heavily influenced by underlying political determinants of health (Bambra, Fox, & Scott-Samuel, 2005, p. 188). Thus, it makes sense to use the research on social determinants of health as a starting point for this part of the literature review. Two general clusters are seen in the literature on social determinants of health, concerning the impact of social determinants on health outcomes, and calling for increased focus on their interconnectedness in academia and policy.

Some scholars in the field of social determinants of health have studied the relationship between determinants and broad health outcomes. Ahnquist et al. (2012) focused on the effects of social and economic capital on health outcomes. The authors (2012, pp. 930–932, 935–936) found that a lack of economic- and social capital is independently associated with worse health outcomes that are amplified when combined. In contrast, other scholars have focused on more narrow health issues, like Amezcua et al. (2021, p. 1515) whose review of literature focused on research related to multiple sclerosis. Amezcua et al. (2021, pp. 1520, 1522) suggest that social determinants like literacy rates disproportionately affect black and hispanic populations in the United States, and are linked to health disparities and health care inequalities for multiple sclerosis patients.

Moving on to the second cluster, Goijaerts et al. (2023, pp. 828–830, 840–841) argues for increased inclusion of health outcomes in research on social policy, and an integrated approach to understanding welfare policy with health as an outcome measure. Building on similar findings, Figueroa et al. (2020, p. 1554) called for the development of a polysocial risk score tailored to individual health problems, arguing that such a score can improve treatment programs by making them more population-specific. The articles illustrate the second cluster concerning calls for increased focus on the interconnectedness of social determinants and health outcomes in policy and academia. Policy and broader health programs are often initiated by political actors and are formulated in political institutions. This is where political determinants of health present itself as a pertinent topic for further study.

2.2: Literature on Political Determinants of Health

Similarly to the literature on social determinants, the literature concerning political determinants of health can be divided into two main subgroups. The first subgroup is mainly concerned with conceptualising political determinants, and the second on the effects of political determinants on health outcomes in various contexts. However, how one determinant might affect another remains relatively open to investigation. The first subgroup will be discussed, but more focus will be dedicated to the second subgroup.

A common trait for the first subgroup of literature on political determinants of health is explaining the concept. Kickbush (2015, pp. 1–2) calls for increased attention to the topic, and similarly to Dawes et al. (as cited in Dawes, Amador & Dunlap, 2022, p. 9) presents political determinants of health as a lens for studying and understanding health outcomes. Other scholars have sought to explain political determinants through various pillars, usually presented in trios. For example, the explanation by Dawes et al. (2022, pp. 13–17) consists of voting, government and policy. Dee et al. (2023, pp. 1158-1161) use slightly different terms, opting for interests of political actors, formal and informal institutions that "structure political behaviour", and ideas, knowledge, opinions and values present in the system. Bambra et al. (2005, p. 187) illustrates instead that health is political, highlighting that health is tied to power, ideology and political parties due to the necessity of political intervention to address adverse health outcomes caused by social determinants of health.

The second subgroup delves deeper into political determinants of health by looking at the specific determinants themselves and how they affect health outcomes, i.e., how politics determine health. Literature in this subgroup focuses on both broad and stable determinants,

like levels of democracy and economic system, and more specific and volatile determinants, like government ideology or international political events. A positive association between levels of democracy and health outcomes was found by Franco et al. (2004, pp. 1421–1422). Further, the commodification of health in neo-liberal economic policy is normatively argued by Viens (2019, pp. 148–149) to lead to worse health outcomes. Like Figueroa et al. (2020, p. 1554) argued with social determinants of health, Viens (2019, p. 151) similarly argues that increased recognition of political determinants will lead to better health outcomes. Both examples focus on broader system-level determinants, or what Dee et al. (2023, p. 1158) refers to as institutional determinants.

Narrower determinants are studied by, among other, Navarro et al. (2006, pp. 1033, 1036) who investigated ideology and health and found that redistributive policies are more often pursued by political parties with more egalitarian ideologies. The strongest relationship was found to be between cumulative years of government and health outcomes (2006, p. 1035). Mackenbach and McKee (2013, pp. 392–393, 400–401, 403) add nuance and suggest that cumulative years of having a social democratic government is positively associated with preventive health policy and negatively associated with specific health issues such as male smoking and AIDS incidence. Lastly, Hervey et al. (2021, pp. 177–178) described how political externalities, specifically Brexit, potentially affect health outcomes, i.e., how political events in one place affect health in another. Potentially adverse effects described include medical supply shortages in the EU, weaker monitoring of communicable diseases, and delays for ambulances at the border between Ireland and Northern Ireland (2021, pp. 191–192, 195–197).

Other literature has focused on the effects of these determinants on more specific crises, populations or health issues. Dawes (2020, p. 80) argue that political determinants exacerbated health inequities disproportionately affecting less privileged populations during the COVID-19 pandemic, a specific health crisis. For specific health issues, Dee et al. (2023, p. 1161) found that political determinants affected all parts of cancer care, such as diagnosis, treatment and survival. Finally, Dawes et al. (2022, pp. 1–2) investigated political determinants in relation to the elderly population of the US. What these article have in common is their focus on political determinants in more specific contexts, either crises, populations or specific health issues.

The second subgroup of literature on political determinants of health have in common that they are focused on the determinants themselves and the effects they have on health

outcomes. The determinants and the health outcomes have both been studied with varying degrees of specificity. Both subgroups focus on the political determinants, either alone or in relation to various health indicators. This is where a gap presents itself. Namely, the effect of one determinant on another. For example how one governmental actor might affect the health policies of another other governmental actor, if using terminology from Dawes et al. (2022, pp. 15, 16). Such actors could be political parties. For example, how might a radical right party affect the health policies of other competing parties?

2.3: Literature on Radical Right Parties

The literature on radical right parties will also be divided into two subgroups. The first subgroup concerns work on radical right parties and their politics, while the second concerns radical right parties *in* politics. Furthermore, the literature is extended to include literature on niche parties where radical right parties are included as a niche party type (see Abou-Chadi, 2016; Adams, Clark, Ezrow & Glasgow, 2006; Immerzeel, Lubbers & Coffé, 2016; Meguid, 2005). The first subgroup has some overlap with the conceptualisation presented in chapter 3.1.1. Thus, most attention is given to the second subgroup.

The first subgroup is centred around literature concerning radical right parties and radical right politics. One of the most exhaustive works on European radical right parties was authored by Mudde (2007, pp. 6–7), who focused on classification and conceptualisation of European radical right parties, their electoral results, and their ideological stance on various topics. Immerzeel et al. (2016, pp. 823–824) investigated the distance between European radical right parties and other parties on ideological dimensions associated with the radical right. The distance between the radical right and other party families was greatest on immigration and nationalist policy domains, with socialists, greens and social democrats being furthest away (2016, pp. 828–829, 832). A book by Falkenbach and Greer (2021) investigates radical right policy preferences on a non-radical right issue. Specifically, the health policies radical right parties pursue. A similar group of literature on niche parties also exists, with a core focus on classification and conceptualisation of niche parties (see Bischof, 2017; Meyer & Miller, 2015; Wagner, 2012). The first subgroup of literature on radical right parties can thus be said to focus on explaining them.

The second subgroup is more concerned with the behaviour of radical right parties and their competitors. A common focus is radical right parties in political competition. De Vries and Hobolt (2012, p. 248) focused on issue entrepreneurship, the strategy used by challenger

parties such as the radical right. The findings suggest that issue entrepreneurship, or taking positions diverging from mainstream parties on previously neglected issues can attract new voters. Adams et al. (2006, p. 525) investigated the extent to which radical right- and niche parties shift or moderate policy positions and determined that they are less responsive to shifts in public opinion than their mainstream competitors. This was elaborated upon by Fagerholm, who argued that these parties are more receptive to their own voters. Nevertheless, Bergman and Flatt (2020, pp. 711, 725) found that by broadening their profile, radical right parties can better challenge their mainstream competitors.

Shifting focus to their competitors, Downs (2001, pp. 26–28) studied strategic responses of mainstream parties to radical right competitors and outlined two main strategies: engagement and disengagement. Meguid (2005, pp. 346, 349–350) reach similar conclusions with her "modified spatial theory". Mainstream party strategies can be either dismissive, accommodative, or adversarial, and significantly influence niche party electoral success. This is elaborated upon by Abou-Chadi (2016, pp. 418–420, 431, 433) who studied the effects of niche party presence on mainstream party agenda and found that mainstream parties tend to adopt stronger stances on typical radical right issues. The shifting of mainstream party agenda towards the radical right, known as *droitisation* is supported by other literature on mainstream party strategy towards the radical right (Falkenbach & Greer, 2021, p. 10). As both Meguid (2005, p. 357) and Abou-Chadi (2016, pp. 421, 423) focus on issues usually associated with the radical right, a gap presents itself concerning the effects of radical right parties on mainstream party policy on non-radical right issues not.

2.4: Research gap

Between the two groups of literature, there is significant overlap. The first group concerning political determinants of health has primarily focused on how politics affect health outcomes, with varying degrees of specificity for both health and health outcomes. This leaves a gap on how one determinant might affect another, such as how one political party might affect health policies of a different party. The focus in the literature on radical right- and niche parties has been limited to the characteristics and strategies of both radical right parties and their competitors on issues usually associated with the radical right. Thus, in the literature on radical right parties, there is a gap concerning whether, and how radical right parties might influence mainstream party policy on issues not typically associated with the radical right.

The two groups of literature combine to form an interesting research gap. Generally, looking into how radical right parties, mainstream parties, and party politics in welfare states affect each other. But more specifically how radical right parties affect the health policies of mainstream parties. Thus, the following research question is posed: *What is the effect of radical right party presence on mainstream party health policy?* Subquestion: *How might ideological proximity or government involvement add to these effects?*

3: Theoretical framework

Based on the research question posed in the literature review, the theoretical framework seeks to conceptualise the key variables, which are radical right parties and their presence, and health policies of mainstream political parties. *Droitisation* is also conceptualised, as it is crucial to the subsequent theoretical expectations. The theoretical framework will then move on to the theory upon which the theoretical expectations are based.

3.1: Conceptualisation

3.1.1 Radical right parties and radical right party presence

Radical right parties are often referred to by other virtually interchangeable terms. Similar terms like right-wing populist parties (see Heinze, 2018), radical right parties (see Abou-Chadi, 2016; Han, 2015; Krause, Cohen, & Abou-Chadi, 2023; Meguid, 2005), populist radical right parties (see Falkenbach & Greer, 2021; Mudde, 2007), extreme nationalist parties (see Adams et al., 2006), and far right parties (Bale, 2003; De Vries & Hobolt, 2012) all refer to the same party family. Despite differing terms, there is a high degree of consensus on the characteristics of radical right parties. The ideological core of radical right parties is characterised by nativism, a xenophobic form of nationalism, authoritarianism and populism (Mudde, 2007, pp. 16–20, 22–23). Furthermore, many consider radical right parties to be a type of niche party, which are parties emphasizing previously neglected non-economic issues (Bischof, 2017, p. 231; Meguid, 2005, pp. 347–348; Meyer & Miller, 2015, p. 261). The non-economic issues radical right parties emphasize reflect their ideological core and include issues such as immigration, and law and order (Abou-Chadi, 2016, p. 420; Krause et al., 2023, p. 1; Meguid, 2005, p. 347). Thus, radical right parties in this framework are conceptualised as political parties characterised by nativism, populism and authoritarianism, that emphasize issues such as immigration, and law and order.

Radical right party presence is not dichotomous. The conceptualisation in this thesis will encompass varying degrees of proximity to government. The degree of proximity can range from having only minor parliamentary representation to being the sole party in the system. However, these two extremes are not useful to the question posed in this thesis, as the latter would imply an authoritarian regime. Thus, the degree of proximity is determined to range from having parliamentary representation to being part of a coalition government.

3.1.2 Mainstream party health policy

The dependent variable is mainstream party health policy. There are two parts to this variable, and mainstream parties will be conceptualised first. Heinze (2018, pp. 292–293) present a broad implicit understanding of mainstream parties as those parties potentially involved in government formation, which includes multiple party families. Bale et al. (2010, p. 415) similarly implicitly acknowledge the presence of multiple mainstream parties in both left and right ideological blocs. Meguid's (2005, p. 352) understanding of mainstream parties differ slightly, explaining mainstream parties as typical governmental actors with electoral control of either the left or right ideological bloc. This conceptualisation is narrower due to the consideration of electoral control, the implication being the presence of a single mainstream party in either ideological bloc. Abou-Chadi (2016, p. 418) add that mainstream parties have significant influence on whether radical right issues make it to the political agenda. Mainstream parties are thus conceptualised as being the typical established government actors with electoral control of the left or right ideological bloc, with potentially significant influence on political agenda-setting.

Mainstream party health policy is then the health policies pursued by mainstream parties. Adapting a conceptualisation of policy design from Dryzek (1983, p. 346), policy is a specified course of action aimed at the achievement of a specific goal or the betterment of some particular issue. May (1991, p. 188) expands on Dryzek's conceptualisation and highlights that policy contents is influenced or constrained by political context or environment.

Finally, mainstream party health policy is conceptualised in this thesis as being the preferred courses of action aimed at achieving a specified goal or the betterment of a particular issue related to health, by a typical established government actors with electoral control of the left or right ideological bloc.

3.2 Theoretical expectations

The second part of the theoretical framework concerns the theoretical expectations of the thesis. Three main theoretical expectations are presented in response to the main research question and the two sub questions. The first theoretical expectation concerns the general effect radical right party presence might have on mainstream party health policy, while the subsequent theoretical expectations concern how ideological proximity and proximity to government might strengthen or weaken this effect.

3.2.1 Droitisation

Droitisation entails the shifting of mainstream party agenda towards the radical right (Falkenbach & Greer, 2021, p. 10). In other words, it is the phenomenon of mainstream parties adopting either radical right issues or radical right rhetoric. Norris (2005, p. 253) referred to this as the "contagion of the right". It can be an intentional strategy to engage with- and co-opting the policies that proved electorally beneficial for the radical right party (Downs, 2001, pp. 26–27). This strategy was termed accommodative by Meguid (2005, pp. 349–350). Such a strategy may be chosen for multiple reasons. First, if a mainstream party lose votes to a radical right party, the mainstream party is more likely to engage with them (Heinze, 2018, p. 304). Second, if the radical right party is considered an electoral threat by a mainstream party, accommodative strategies are likely chosen by both mainstream parties in a system as an accommodative strategy is predicted to lead to a loss of votes for the radical right party (Meguid, 2005, p. 350). Accommodative strategies in health policy could for example materialise in the form of increased welfare exclusiveness, e.g., decreasing the access to health services for foreigners (Falkenbach & Greer, 2021, p. 12). Thus, *the effect of radical right presence on mainstream party health policy is expected to follow the phenomenon of droitisation, i.e., the adoption of similar stances to those of radical right parties on health policy*.

3.2.2 Ideological proximity

The second theoretical expectation builds on the first. First, mainstream left parties are expected to adopt some stances similar to the radical right, if those positions are perceived to be electorally beneficial (Williams, 2015, p. 1334). This follows the logic presented by Meguid (2005, p. 350), namely that strategic accommodation of radical right issues can decrease the distinctiveness of radical right party positions, and thus undermine their relevance. Nonetheless, radical right parties are ideologically closer to mainstream right

parties and thus a greater electoral threat, which in turn makes mainstream right parties likely to adopt stances closer to those of the radical right (Immerzeel et al., 2016, p. 832; Meguid, 2005, p. 350; Spoon, Hobolt & de Vries, 2014, p. 366). *The effect of radical right presence on mainstream party health policy is thus expected to be greater when the radical right party is ideologically closer to the mainstream party*.

3.2.3 Government proximity

The third theoretical expectation concerns the proximity of the radical right party to government. To govern, radical right parties often depend on being part of a coalition government, and subsequently their preferred policy is dependent on the other members of the coalition they find themselves part of (Falkenbach & Greer, 2021, p. 10). Bolleyer (2007, p. 142) argues that the presence of smaller coalition partners, i.e., radical right parties, are likely to further strengthen the positions of the already dominant coalition partner. In other words, the positions of the dominant partner might have more effect on the radical right than the other way around. Nevertheless, all parts of a coalition compromise when forming the coalition agreement, and all parts are thus constrained to some extent by the preferences of their partners (Moury, 2011, p. 400). For example, radical right parties are likely to moderate their policies if they join a coalition, a moderation that is amplified if the coalition is a minority government (Capaul & Ewert, 2021, pp. 794–795). Capaul and Ewert (2021, p. 795) argue that this moderation is the cost of governing for radical right parties. But it is also a cost that applies to mainstream parties. Furthermore, parties in coalition government prefer ministries with a competence area that is particularly salient to the party (Bäck, Debus & Dumont, 2011, p. 466). As discussed earlier, such competence areas could be immigration or law and order. As a result, the effects of radical right presence are most likely to present itself in policy areas for which the radical right party has issue ownership. If an intersection exists between non-radical right policy areas and radical right policy areas, the effect of radical right parties is also likely to present itself. For example, in health policy for immigrants. When the radical right party is not willing to pay the cost of moderation to join government, they might become either supporting partners of the government or be part of the opposition. If the radical right party becomes part of the opposition, the effect on mainstream party policy is what the mainstream party considers to be strategically beneficial, i.e., mainstream left parties might adopt radical right policies if it is considered electorally beneficial (Williams, 2015, p. 1334). *The effect of radical right presence on mainstream party health policy is then expected to be greater the more involved the radical right party is in government*.

4: Methodology

This chapter presents the methodology which will be used to test them. It includes the research design, case selection, data selection, method of analysis, and the operationalisation.

4.1 Research design

The thesis is theory-testing and analyse the effect of radical right presence on mainstream party health policy in multi-party systems. Following Falkenbach and Greer's (2021, pp. 199–201) recommendations the research will be on political parties and their policies. And following Wacker and Kieslich's (2021, p. 51) example, qualitative methods will be used to reveal more subtle effects of radical right presence on mainstream health policy.

The relationship under investigation is between radical right party presence (independent variable) and mainstream party health policy (dependent variable). It will be tested using a most similar systems design, comparing observations before and after an election. In a most similar systems design most of the characteristics of the cases are similar, except for one relevant independent variable (Gerring, 2009, p. 668). Such as design allows the researcher to clearly identify whether a variation in the independent variable leads to a variation in the dependent variable, by treating other characteristics of the cases as controls (2009, pp. 668-669).

The method of analysis will be qualitative content analysis. Comparison are made between party manifestos before, coalition agreements shortly after, and parliamentary debates after the an election. Qualitative content analysis allows the researcher to reduce large amounts of data into specific observations (Schreier, 2013, p. 170). To establish a standard for radical right health policy preferences, both radical right parties and mainstream parties party manifestos will be used for the coding frame. Party manifestos give a clear overview of a party's policy preferences. To investigate the effect of radical right party presence, coalition agreements parliamentary debates after the relevant elections are used. In the coalition platforms, the initial effects are expected to be seen on mainstream party health policy. finally, in parliamentary debates, individual members of parliament debate on behalf of their party, i.e., effects on mainstream party policy are more likely to present themselves in parliamentary debates. Thus, a most similar systems design for which a qualitative content analysis of party manifestos and parliamentary debates allows for investigations of the theoretical expectations.

4.2 Case selection

The case selection is made to cover three specific scenarios, each representing a different degree of both involvement in government and ideological proximity. In the first, the radical right party is part of a coalition government, thus having a high proximity to government and high ideological proximity. In the second scenario, the radical right party is not part of a coalition government led by a mainstream right party, thus still having high ideological proximity, but with a lower proximity to government. In the final scenario radical right party is in opposition to a government led by a mainstream left party, thus having low proximity ideologically and involvement in the government.

The case for the first scenario is Norway and the 2013 national elections, after which the Norwegian Progress Party joined a right-wing coalition government led by the Conservative Party ('Norway Election: Conservative Erna Solberg Triumphs', 2013). The case for the second scenario is Sweden and the 2022 national elections, after which the Sweden Democrats was not part of the coalition government led by the Moderates (Cursino, 2022). The case for the third condition is Denmark and the 2011 national election, after which the centre-left Social Democrats formed a coalition government (Eriksen & Harding, 2011).

A "perfect" most similar system design would in this case be the same country. However, this is not feasible if all three scenarios are to be covered. Therefore, these three cases were selected for numerous reasons. Firstly, all three countries are classified as social democratic welfare regimes, sharing significant similarities both in universal provision of health care and a solidarity approach where all pay for all (Esping-Andersen, 1990, pp. 112–113). Secondly, the three countries score relatively close on relevant indicators like functioning government index (8.9-10.0/10.0), democracy index (9.1-10.0/10.0) and health expenditure as percentage of GDP (8.78-11.38%) (Our World in Data, n.d.-a, n.d.-b; The World Bank, n.d.). While the scores are not identical, their relative closeness is enough for them to serve as controls (Gerring, 2009, pp. 669–670). And finally, the three countries are often compared in research on both health policy and radical right parties (see Heinze, 2018; Romøren, Torjesen, & Landmark, 2011). And finally, the case of Denmark cover the condition of the radical right party being in opposition, which is equally important to study (Falkenbach & Greer, 2021, p. 17).

4.3 Data selection

Mainstream party health policy before radical right party presence will be found in the party manifestos of the relevant mainstream party for each case and corresponding year. For Norway the party manifestos of Fremskrittspartiet (radical right) and Høyre (mainstream) from 2013 are used. For Sweden, manifestos of Sverigedemokraterna (radical right) and Moderaterna (mainstream) from 2022 are used. And finally, for Denmark, the party manifestos of Dansk Folkeparti (radical right) and Socialdemokratiet (mainstream) from 2011 are used. Only sections of the manifestos are used for the analysis, specifically those concerning health. Sections concerning tobacco and alcohol are also included, as such policy is often considered public health policy. The same rules apply to the coalition agreements.

The selection strategy for parliamentary debates is as follows. The debates are taken from the first parliamentary year following the specified election. To find debates on health policy, a specific procedure is used. The case of Norway is used here to illustrate the strategy. In the case archive website of the Norwegian parliament, search filters are used so that only debates in the 2013-2014 parliamentary session are shown. Further, a thematic filter is applied so that only debates on health-care related policy proposals are shown (see 'Finn Saken', n.d.). All debates corresponding to a specific parliamentary year are checked. Only debates on policy proposals and where a member of parliament from the relevant mainstream party speaks are kept. Moreover, in this thesis debates are determined to belong to specific policies or proposals. Thus, there can be multiple debates in one plenary session in a parliament. Finally, debates are selected based on when a policy was proposed, not debated. Thus, a policy proposed in 2014 in Norway might be included even if it was debated in 2015.

4.4 Coding frame

The foundation of the coding frame is concept driven, drawing on existing literature, theory, everyday knowledge and logic for the categories (Schreier, 2013, p. 178). The recording unit will be paragraphs, defined here as both single and multiple sentences. However, each recorded unit is limited to one speech in parliament.

The coding frame follows the conceptualisation of radical right parties and captures the three key characteristics of radical right parties, i.e., nativism, populism and authoritarianism. The first category is nativism, a combination of xenophobia and nationalism, which are added as subcategories (Mudde, 2007, p. 22). The nationalist subcategory concerns the notion that states and its services should be limited to the native population (2007, p. 22). Nationalism

thus concerns welfare exclusiveness, or who has access to health services in a country (Falkenbach & Greer, 2021, p. 12). The xenophobic subcategory concerns the notion that nonnative people and ideas might threaten the nation-state and its institutions (Mudde, 2007, p. 19).

The second category is populism, in this context concerning health services and "the people" (Falkenbach & Greer, 2021, p. 4; Mudde, 2007, p. 23). Such populism manifests as support of, or praising the people as pure, and criticism of elites, be it bureaucrats or politicians (Falkenbach & Greer, 2021, pp. 13–14; Mudde, 2007, p. 23). Health populism presents itself in different ways, the first being through in praise of the people, suggesting that the people or groups have been neglected by the system, or that the people knows best (Lasco & Curato, 2019, pp. 2-3). The second way is through constructing performative narratives of health crises, while the third is or through simplifications, sometimes anti-scientific, of complex problems or solutions (Falkenbach & Greer, 2021, pp. 14–15; Lasco & Curato, 2019, pp. 2–3). The subcategories for the populism category are thus pro-people, anti-elite, crisis performance, simplification, and anti-science.

The final category is authoritarianism. Authoritarianism as a characteristic of radical right parties concerns respect for authority, law and order, and punishing breaches of laws (Mudde, 2007, pp. 22–23). Furthermore, authoritarianism emphasise upholding traditional values, either social or religious (Tillman, 2021, pp. 118–119). Thus, subcategories for authoritarianism include respect for law and authority, legal rhetoric, and traditional values.

Finally, a subsumption strategy is used to further improve the coding frame. The subsumption strategy involves reading source materials and adding relevant concepts as subcategories if they are not already covered by existing subcategories (Schreier, 2013, p. 178). The descriptions of all subcategories were elaborated upon through this process. Furthermore, under populism, the subcategory "unrealistic" was added. Residual subcategories are included for each category The full coding frame can be found in Appendix A, including coding rules. The recorded units are found in Appendix B

5: Findings

The findings presented below are organised per category. Furthermore, shades of grey are used to illustrate the temporal ordering of the findings, i.e., party manifestos before, coalition agreements shortly after, and parliamentary debates in the subsequent year after the election. The findings are subsequently analysed in the following chapter.

Table 1: Coding results, Norway

Source (*time relative to election)	Findings/recorded units (recorded units)
	Nativism
Mainstream party manifesto (*1)	Only other nativism (#1, 2)
Coalition agreement (*2)	Only other nativism (#54)
Debates (*3)	Open to restricting access to care for foreign patients (#72)
	Populism
Mainstream party manifesto (*1)	Critique of bureaucracy (#3), people failed by the system (#55, 58, 59), individual freedom (#6, 7, 9), crisis performance for biotechnology (#10-12), simplification as vagueness (#14-17)
Coalition agreement (*2)	No anti-elite, people failed by the system (#55, 58, 59), individual freedom (#60), appeal to specific groups (#56, 57), no crisis performance, simplification as vagueness and simplified solutions (#61-65)
Debates (*3)	Critique of opposition and faulty system (#73-86), praise of groups (#87-93, 96), people failed by the system (#94, 102, 105), patient influence (#98, 106, 109). There are also instances of crisis performance (#135-137) and simplification of issues and vagueness (#138-143).
	Authoritarianism
Mainstream party manifesto (*1)	Making some decision-making political and continued ban on drugs (#19-20)
Coalition agreement (*2)	Keep current legal status of drugs and abortion, legal requirements for staff, and timeframe for cancer diagnoses (#67-70)

Debates (*3)	Tighter regulation (#150-151), centralisation of authority (#163-164), emphasis on respect for authority and the law (#152, 154, 156-159), possibility of reservations for doctors regarding abortion (#168-172).

Note: There might be additional suitable examples in Appendix C

*1=Before election, 2=Shortly after election, 3=Subsequent year

Table 2: Coding results, Sweden

Source (*time relative to election)	Findings/recorded units (recorded units)
	Nativism
Mainstream party manifesto (*1)	Two RU concerning language requirements for workers in health (#174, 175)
Coalition agreement (*2)	Removing special financing of dental care for asylum seekers and foreigners without residence permit, language requirements for staff in elderly care (#224, 225)
Debates (*3)	Restrictions on foreign dentists (#233), language requirements in elderly care (#234), Sweden should be better than all countries (#235)
	Populism
Mainstream party manifesto (*1)	No anti-elite, general and specific appeals to people (#176, 178-181), people failed by system (#177), vagueness of policy (#182, 183)
Coalition agreement (*2)	No anti-elite, no pro-people, vagueness of policy (#226, 227, 229, 230)
Debates (*3)	Anti-system (#236, 237, 239, 246), anti-elite/opposition (#238, 240-245), appeals to/praise of groups (#250-259, 261-263, 265-272), individual freedom (#264), crisis performance on communicable diseases (#273), vagueness of policy (#274, 276-278, 283, 284, 287-290), simplification of issues (#275, 279-282, 285, 286, 290)
	Authoritarianism
Mainstream party manifesto (*1)	Legal guarantees of care (#185, 186)

Coalition agreement (*2)	One recorded unit concerning centralisation of authority (#232)
Debates (*3)	Stricter supervision/regulation (#298, 307, 309, 310), centralisation of authority (#297, 299-304, 306, 311-313, 315) emphasis on authority (#305, 315), continued ban on drugs (#308).

Note: There might be additional suitable examples in Appendix C

*1=Before election, 2=Shortly after election, 3=Subsequent year

Table 3: Coding results, Denmark

Source (*time relative to election)	Findings/recorded units (recorded units)
	Nativism
Mainstream party manifesto (*1)	No recorded units
Coalition agreement (*2)	No recorded units
Debates (*3)	One recorded unit mentioning "Nigerian pushers" (#338)
	Populism
Mainstream party manifesto (*1)	Mention of unnecessary rules (#317), importance of care (#318), vague policy (#319-322).
Coalition agreement (*2)	No anti-elite, appeals to people (#329, 331, 332), people failed by system (#330), vague policy (#333-335)
Debates (*3)	Three anti-elite (#339-341), appeals to/praise of people (#342-347, 349, 350, 352, 353, 355), patients failed by system (#348), representing "true" will/interests of people (#351, 354, 356), crisis performance for birth rates and fake medication (#357, 358), simplification of issue and opposition policy preferences (#359-361, 363, 364), vagueness in policy (#363, 365)

Authoritarianism	
Mainstream party manifesto (*1)	No recorded units
Coalition agreement (*2)	Guarantee of care for psychiatric patients (#337)
Debates (*3)	Expanded and continued ban on drugs (#368, 369, 373), stricter regulation on smoking (#374-376)

Note: There might be additional suitable examples in Appendix C

*1=Before election, 2=Shortly after election, 3=Subsequent year

6: Analysis

The categories are analysed in separate sections, discussing all cases in each section. A verdict is made at the end of each section on the first theoretical expectation concerning *droitisation*, as the first theoretical expectation is the effect expected to be present in all cases. The second and third theoretical expectations are reviewed in a separate section.

6.1: Nativism

A general nativist influence on health policy was not found in any of the cases. In Norway, the only nationalist policy preference was an openness to the possibility of restricting access to care for foreign patients if such care is to the detriment of care given to native patients (#72). Second, for Sweden, language requirements were discussed in the party manifestos of both Moderaterna (#174) and Sverigedemokraterna (#187) and is thus less likely indicative of a nativist influence from the radical right. Furthermore, the removal of special financing of dental care for refugees and non-residents was only introduced in the coalition agreement (#224), but not discussed in parliament. Third, for Denmark there was only one recorded unit for nativism, a xenophobic remark made about Nigerians and drugs (#338). Even though there are some recorded units in the nativism category, they do not appear to reveal a consistent pattern throughout the coded documents. Thus, for the nativist characteristic of radical right parties, there is little support for the theoretical expectation that the effect of radical right presence on mainstream party health policy is expected to follow the phenomenon of *droitisation*.

The absence of this effect for the nativist characteristic may in part be explained by the case selection (see section 4.2). As explained in section 3.2.3, the effects of radical right parties are

most likely to present themselves on issue areas for which the radical right party has ownership. One such issue areas is, among others, immigration (Abou-Chadi, 2016, p. 420). Consequently, one might expect to see a greater effect on health policy for immigrants or other non-natives. However, none of the coded sources resulting from the selection strategy used in this thesis are primarily focused on the combination of health and immigration, i.e., health care for immigrants (see Appendix B). This might explain the absence of support for the first theoretical expectation in the context of nativism.

6.2: Populism

The health policies of the mainstream parties in Norway, Sweden and Denmark appear to become more populist after the relevant elections when compared to before. In the party manifestos of both Høyre (Norway) and Moderaterna (Sweden) there are multiple statements appealing to specific groups or the general public, claims that the people was failed by the system, and vagueness in policy. Yet, there is no significant anti-elite sentiment in either. For this reason, neither Høyre nor Moderaterna appear particularly populist before their respective elections. In their respective coalition agreements, there is still no anti-elite sentiment, and in Sweden the pro-people sentiment is gone entirely while only some vagueness in policy remained. However, in the analysed parliamentary debates, both parties exhibited clear anti-elite and anti-system sentiment, along with the pro-people sentiment that was present in their party manifestos, and vagueness of policy. Furthermore, there are instances of crisis performance and simplification of issues that are not present in the party manifestos or the coalition agreements of either parties. Finally, there is some emphasis on patient influence in Norway that is not found in the case of Sweden.

Similar patterns emerge in the case of Denmark. First, vagueness in policy is present in all three document types. Second, in terms of populism, the party manifesto of Socialdemokratiet is similar to those of Høyre and Moderaterna, albeit with notably fewer pro-people statements. In the coalition agreement, such pro-people statements introduce themselves as both appeals to- and a claim that the people were failed by the system. The coalition agreement does not introduce anti-elite or anti-system sentiment. Furthermore, crisis performance and simplification of issues emerge in the debates, while being absent in both the party manifesto and the coalition agreement. However, in the debates, Socialdemokratiet does not show the same level of anti-elite and anti-system sentiments that Høyre in Norway and Moderaterna in Sweden exhibit in their respective parliaments. Despite this, there appears to be noticeable patterns emerging in all three cases suggesting that Høyre, Moderaterna, and

Socialdemokratiet became more populist after their respective elections. Thus, for the populist characteristic of radical right parties, the theoretical expectation that the effect of radical right presence on mainstream party health policy will follow the phenomenon of *droitisation* is supported.

6.3: Authoritarianism

Finally, support is also found for the authoritarian effect of radical right parties on mainstream party health policy. For the party manifestos of both Høyre and Moderaterna there are some coded entries under authoritarianism concerning decision-making and continued a ban on drugs (Høyre), and legal guarantees of care (Moderaterna). The level of authoritarianism remains relatively stable in the coalition agreements, although Moderaterna introduce a preference for centralisation of authority in health care. There is, however, a noticeable difference between the debates and the party manifestos/coalition agreements. In Sweden, preferences are made in favour of stricter supervision and regulation, as well as centralisation of- and an emphasis on authority. Similar preferences are present in Norway, with the addition of an emphasis on traditional values in the context of abortion (#168-172). Thus, it appears both parties express more authoritarian health policy preferences after their respective elections.

These patterns are not found in Denmark. Instead, the authoritarian development of Socialdemokratiet is centred around an expanded ban on drugs and stricter regulation on cigarettes and smoking. Neither were found in the party manifesto or the coalition agreement. Although there was an observed increase of authoritarianism in the Danish case, it is distinctly different to what was seen in Norway and Sweden. The emphasis on respect for and centralisation of authority found in Norway and Sweden comprise larger parts of both the population and the health care system. Yet, for the authoritarian characteristic of radical right parties, the theoretical expectation that the effect of radical right presence on mainstream party health policy will follow the phenomenon of *droitisation* is supported.

6.4: Ideological proximity and involvement in government

The second theoretical expectation that the effect of radical right presence on mainstream is amplified by ideological proximity is supported. For all three characteristics of radical right politics, the effect was observed to be stronger in Norway and Sweden compared to Denmark. Høyre and Moderaterna are both right-wing parties, while Socialdemokratiet is left-wing. Although there is little evidence to support patterns of increased nativism in any of the cases,

there is a higher number of recorded units under nativism in Norway and Sweden. A similar observation is made for populism, where Socialdemokratiet is noticeably less anti-elite than Høyre or Moderaterna. Finally, the authoritarian preferences expressed by Høyre and Moderaterna comprise greater parts of both the population and the health care system compared to Socialdemokratiet. Thus, the effect of radical right party presence on mainstream party health policy is greater when the two parties are ideologically close.

The third theoretical expectation, i.e., that the effect is greater the more involved the radical right party is in government, is also supported. The support stems from observations made of differences between Høyre and Moderaterna. First, one could assume that if involvement in government had no effect, there would be no difference between Høyre and Moderaterna as they are comparably close ideologically to Fremskrittspartiet and Sverigedemokraterna respectively. However, certain differences are observed. First, there is a stronger populist focus on patient influence in Norway, and second, traditional values are emphasized in Norway. These two observations are not made for Sweden. Thus, there appears to be a slightly stronger effect in Norway. Consequently, the third theoretical expectation is supported.

7: Conclusion

The question guiding this thesis was: *what is the effect of radical right party presence on mainstream party health policy*? The answer is *droitisation* in two out of the three core characteristics of radical right parties. Specifically, support was found for populism and authoritarianism, where the mainstream parties of Norway, Sweden and Denmark were observed to adopt stances on health policy similar to what is commonly observed for the radical right. This supports the conclusions made by Falkenbach and Greer (2021, pp. 200–201), Furthermore, the *droitisation*-effect is amplified by ideological proximity, elaborating on similar findings from Immerzeel et al. (2016, p. 832), and Han (2015, p. 571). Finally, involvement in government further strengthen the effect. The findings also show that different political determinants of health affect each other.

There are some limitations to this thesis. First, it is worth noting that this thesis only investigates the previously described effects after one election in each case. As a consequence, long-term trends cannot be identified. Although patterns emerge in the recorded units, those patterns are limited by a lack of a longer temporal perspective. Second, the case selection led to the documents from Sweden being approximately a decade more recent than the two other cases. This might influence the findings due to the different political contexts and external

factors For instance, the COVID-19 pandemic might have served as a focusing event in Sweden, which is where crises lead to increased attention to an issue (Greer et al., 2022, p. 25). Nevertheless, the documents cover a wide range of topics, which should mitigate this limitation. Third, the expected effects were not found for the nativist characteristic of radical right parties. As discussed, the nativist *droitisation* of mainstream party health policy would be expected in debates concerning immigration and health. Yet, this issue combination was not the topic of any of the documents analysed.

Nevertheless, a strength of this thesis is the characteristic-based investigation. As pointed out by Falkenback and Greer (2021, p. 201), identifying radical right elements within larger more established parties is hard. Yet, by using each core characteristic of the radical right as categories in the coding frame, a nuanced analysis is made possible.

To address the limitations of this thesis in future research, one might first want to introduce a longitudinal aspect to the analysis. A longitudinal element would allow the researcher to investigate long-term effects. It would also address the second limitation by enabling the researched to account for political contexts or external events, such as COVID-19. Finally, further research on the effects of on mainstream party policy concerning immigration and health could corroborate on the findings for the nativist characteristic.

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Appendix A: Coding frame

Coding rules

The recording unit is paragraphs. In this thesis, a paragraph is understood to be single or multiple sentences. Each paragraph is limited to an individual speech in parliament or parts of party manifestos and coalition agreements separated by spacing or headlines. For replicability, the coding adhere to some specific rules. The heading/chapter under which the recorded unit was found is included. "(…)" indicates that some text is present between the headline and the recorded unit in the source material, or simply before or after the recorded unit. Other pieces of text might be included to provide the context in which the recorded unit was stated. The recorded units are numbered, and the document of origin is stated.

In cases where several subcategories might apply to one recorded unit, it is placed under the residual category

Table 4: Coding frame

Category	Description	Sub-category	Description and indicators
Nativism	This category concerns the nativist characteristic of radical right parties described in the conceptualisation. The category applies when mentions, sentences and statements concerning the access to welfare- and health services are made. Can be with explicit or implicit reference to specific population groups unified by shared characteristics. The category also applies to statements which can be considered xenophobic.	Nationalism	Mentions, sentences, statements concerning restricting access to health services. Can be with reference to payment of care, as well as general right to care. Can also be with reference to specific groups, e.g., immigrants, refugees, foreign workers etc. May also apply to workers in health care, e.g., language requirements.
		Xenophobia	Mentions, sentences and statements concerning population groups which can be considered xenophobic or discriminatory.
		Other	Other mentions, sentences, statements related to the nativist characteristic of radical right parties, which do not necessarily fit in the aforementioned categories.
Populism	This category concerns the populist characteristic of radical right parties. Mentions, sentences and statements concerning the notion of the people vs the elite are included.	Anti-elite	Mentions, sentences, or statements criticising the political or bureaucratic elite on behalf of the people. May also include criticism of the opposing party which is not directed at policy, but rather the integrity, morals, or any similar characteristics of the opposing party.

	Furthermore, this category concerns other aspects of populism described in chapter 4.4, such as crisis performance, simplification, and anti-science. The category can be applied to statements concerning policy, but also general statements, if they are part of a larger health-related context.	Pro-people	Favourable mentions, sentences, statements with reference to the people. Can be with reference to specific population groups sharing some common characteristic, e.g., elderly people, mothers, etc. Can also be statements indicating that the party is representing the "true will" of the people. Statements suggesting that the people knows best and that people have been failed by the system are also included.
		Crisis performance	Mentions, sentences, statements framing a specific issue as a crisis. Does not include mentions of issues where there is general consensus about its status as a crisis, e.g., COVID-19.
		Simplification	Mentions, sentences, statements simplifying complex issues. Can also include references to issues without presenting specific solutions, e.g., waiting times, cheaper care etc.
		Anti-science	Mentions, sentences, statements questioning, dismissing or denying established scientific knowledge. Can be with reference to specific issues, such as illnesses, as well as solutions, such as vaccines.
		Unrealistic	Mentions, sentences, statements concerning seemingly unrealistic policy or issues. Can be with reference to, e.g., technology that currently do not exist, unrealistic consequences of policy etc.
		Other	Other mentions, sentences, statements related to the populist characteristic of radical right parties, which do not necessarily fit in the aforementioned categories.
Authoritarianism	This category concerns the authoritarian characteristic of radical right parties. The category includes mentions, sentences and statements concerning for example respect for authority, punishment of outgroup populations in cases of infringements of authority, and explicit references to law or legal status.	Law and authority	Mentions, sentences, statements with explicit or implicit reference to respect for the law or authority, or lack thereof. May also include explicit or implicit preference for centralised authority.
		Legal rhetoric	Mentions, sentences, statements with reference to the law, e.g., the legal status of a group or individuals. This subcategory is only applicable when legal terms are used as rhetorical devices.
		Traditional values	Mentions, sentences, statements with reference to traditional, moral or religious values. May be on issues such as abortion, marriage etc.
		Other	Other mentions, sentences, statements related to the authoritarian characteristic of radical right parties, which do not necessarily fit in the aforementioned categories.

Appendix B: Data sources and overview

Table 5: Source overview

Country	Date	Item number	Topic/Document	Category	Assigned identifier
Norway	2013	-	Høyre party manifesto	-	NOR-MP
Norway	2013	-	Fremskrittspartiet party manifesto	-	NOR-RRP
Norway	2013	-	Coalition agreement	-	NOR-CA
Norway	27.02.2014	1	Doctors' right of reservation when referring to abortion, birth control, or assisted fertilization	Group (Women/ mothers) Group (Medical doctors)	NOR1
Norway	10.04.2014	2	Non-profit private care for substance addicts	Group (Substance addicts)	NOR2
Norway	12.06.2014	3	One hour physical activity every day in schools	Group (School children)	NOR3
Norway	17.06.2014	4	Decision-making authority in health policy	General	NOR4
Norway	17.06.2014	8	Prevention of unwanted pregnancies	Group (Women/ Mothers)	NOR5
Norway	02.12.2014	6	Skin cancer	General	NOR6
Norway	02.12.2014	7	Conflicts of interest in health care	General	NOR7
Norway	02.12.2014	8	The Norwegian Wine Monopoly	General	NOR8
Norway	08.12.2014	10 & 11	Hospital capacity, waiting times and budget for health care.	General	NOR9
Norway	16.12.2014	16	Patient rights across borders in the EEA	General	NOR10
Norway	16.12.2014	17	Health and welfare services available to students	Group (Students)	NOR11
Norway	17.02.2015	3	Women's health	Group (Women)	NOR12
Norway	17.02.2015	4	Drug-assisted rehabilitation	Group (Substance addicts)	NOR13
Denmark	2011	-	Socialdemokratiet party manifesto	-	DEN-MP
Denmark	2011	-	Dansk Folkeparti party manifesto	-	DEN-RRP
Denmark	2011	-	Coalition agreement	-	DEN-CA
Denmark	01.12.2011	L 37	Out-of-pocket payments for artificial insemination, sterilisation, and interpreting assistance	Group (Women/ Mothers) Group (Immigrants)	DEN1
Denmark	08.12.2011	L 43	Euphoric substances	General	DEN2
Denmark	08.12.2011	L 48	Financial framework for specialized outpatient treatment at the Øfeldt Center	Group (Disabled people)	DEN3
Denmark	10.01.2012	L 51	Dental treatment for people with congenital rare diseases	Group (Rare congenital diseases)	DEN4

Denmark	29.03.2012	L 110	Pharmaceuticals and organisation of medical services	General	DEN5
Denmark	19.04.2012	L 138	Artificial insemination, sperm- and egg donation, adoption	General	DEN6
*Denmark	19.04.2012	L 139	Planning, collaboration, IT, quality and financing of healthcare.	General	DEN7
Denmark	03.05.2012	L 161	Monitoring of pharmaceuticals	General	DEN8
Denmark	03.05.2012	L 177	Personal data in medical research	General	DEN9
Denmark	11.05.2012	L 181	Relocation of research- and counselling centre for genetics, visual impairment and intellectual disability.	Group (Visually impaired) Group (Intellectually disabled)	DEN10
Denmark	15.05.2012	L 185	Drug consumption rooms	Group (Substance addicts)	DEN11
Denmark	15.05.2012	L 186	Smoking	General	DEN12
Sweden	2022	-	Moderaterna party manifesto	-	SWE-MP
Sweden	2022	-	Sweden coalition agreement	-	SWE-RRP
Sweden	2022	-		-	SWE-CA
Sweden	23.11.2022	-	General debate on health and health care	General	SWE1
Sweden	15.12.2022	-	Health expenditure	General	SWE2
Sweden	25.01.2023	-	New biobank law	General	SWE3
Sweden	25.01.2023	-	Increased control in health care	General	SWE4
Sweden	16.03.2023	-	Elderly care	Group (Older population)	SWE5
Sweden	23.03.2023	-	Alcohol, narcotics, doping, tobacco, and gambling	General	SWE6
Sweden	12.04.2023	-	Provision of health and medical services	General	SWE7
Sweden	13.04.2023	-	Public health	General	SWE8
Sweden	04.05.2023	-	The organisation of health care	General	SWE9
Sweden	23.05.2023	-	Priorities in health care	General	SWE10
Sweden	20.06.2023	-	Medicines and dental care	General	SWE11

*Debate excluded as there were no statements made by the social democratic party.

Norway

Party manifestos

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Coalition agreement

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Sweden

Party manifestos

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Sverigedemokraterna. (2022). *Sverigedemokraternas valplattform 2022*. Retrieved from https://manifesto-project.wzb.eu/down/originals/2024-1/11710_2022.pdf

Coalition agreement

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Denmark

Party manifestos

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Appendix C: Applied coding frame

The tables use colour codes to indicate three main things. Yellow specifies the specific part of the text that is considered to fall under the specific subcategory. Purple indicates that the translation has been corrected, so that it more accurately portrays the meaning. Red indicates that no content was found for the specific subcategory. For the tables including multiple debates, it is specified if nothing was found for a specific debate in a specific category

The ChatGPT 3.5 artifical intelligence application from OpenAI was used to translate the recorded units to English. The following prompt was used: Translate to English: "Recorded unit".

All translations were checked and approved by the author before being included. If changes were made, they are highlighted purple.

Norway

Table 6: Recorded units, Høyre party manifesto (mainstream party)

#	Doc.	Content	Translated content	Remarks
Category: Nativism, Subcategory: **Nationalism**				
		No recorded units from NOR-MP		
Category: Nativism, Subcategory: **Xenophobia**				
		No recorded units from NOR-MP		
Category: Nativism, Subcategory: **Other nativism**				
1	NOR-MP	3.3. SYKEHUS: (…) HØYRES LØSNINGER: (…) sørge for sikker og stabil tilgang på blod for å ivareta tryggheten og kvaliteten i helsevesenet, ved å la godkjente givere få gi blod uavhengig av seksuell legning forutsatt at det harmonerer med helsefaglige krav.	"3.3. HOSPITALS: (...) HØYRE'S SOLUTIONS: (...) ensure safe and stable access to blood to maintain safety and quality in the healthcare system, by allowing approved donors to donate blood regardless of sexual	

			orientation provided it meets healthcare requirements." *HØYRE changed from "RIGHT-WING"
2	NOR-MP	3.10 GEN- OG BIOTEKNOLOGI: (…) HØYRES LØSNINGER: (…) ikke å innføre et offentlig tilbud om tidlig ultralyd til alle gravide i tillegg til dagens tilbud, så lenge det ikke er dokumentert positiv helsegevinst for barnet eller moren (…)	"3.10 GENETICS AND BIOTECHNOLOGY: (...) HØYRE'S SOLUTIONS: (...) not to introduce a public offering of early ultrasound to all pregnant women in addition to the current offering, as long as there is no documented positive health benefit for the child or the mother (...)" *HØYRE changed from "RIGHT-WING"
Category: Populism, Subcategory: **Anti-elite**			
3	NOR-MP	3.3. SYKEHUS: Det er store variasjoner i kvaliteten på tilbudet ved ulike sykehus. Høyre vil stille krav om kvalitetssertifisering av norske sykehus og sikre åpenhet om kvaliteten på det tilbudet som gis. Det må innføres nasjonale minimumsstandarder for hva ulike typer sykehus skal inneholde av tilbud og kompetanse. Byråkrati og rapportering må reduseres (…)	"3.3. HOSPITALS: There are significant variations in the quality of services offered by different hospitals. Høyre will impose requirements for quality certification of Norwegian hospitals and ensure transparency regarding the quality of the services provided. National minimum standards must be introduced for what various types of hospitals should contain in terms of services and expertise. Bureaucracy and reporting must be reduced (...)" *HØYRE changed from "The right-wing party"
Category: Populism, Subcategory: **Pro-people**			
4	NOR-MP	3.1. PASIENTENES HELSEVESEN: Norge har et godt helsevesen der de fleste får hjelp uavhengig av status og inntekt. Trygghet for hjelp når en har behov for behandling og omsorg, er en bærebjelke i den norske velferdsmodellen. Samtidig er det slik at mange av dem som har størst behov for hjelp, ikke får det de har krav på (…)	"3.1. PATIENT HEALTHCARE: Norway has a good healthcare system where most people receive assistance regardless of their status and income. Assurance of aid when one needs treatment and care is a cornerstone of the Norwegian welfare model. At the same time, it is the case that many of those with the greatest need for assistance do not receive what they are entitled to (...)"
5	NOR-MP	3.1. PASIENTENES HELSEVESEN: (…)	"3.1. PATIENT HEALTHCARE: (…) The healthcare system saves many

		Helsevesenet redder mange liv, men svikter ofte når det er behov for habilitering og rehabilitering som gjør det mulig å leve et aktivt og godt liv (…)	lives, but often fails when there is a need for habilitation and rehabilitation that enables one to live an active and good life (…)"
6	NOR-MP	3.4. RASKERE HELSEHJELP: (…) HØYRES LØSNINGER: (…) etablere én journal per innbygger for å sikre bedre samhandling. Pasienten skal ha råderett over egne helseopplysninger og sikres et godt personvern (…)	"3.4. FASTER HEALTHCARE: (...) HØYRE'S SOLUTIONS: (...) establish one medical record per citizen to ensure better collaboration. Patients should have control over their own health information and be ensured good privacy protection (...)" *HØYRE changed from "RIGHT-WING"
7	NOR-MP	3.8 FOLKEHELSE: (…) Samtidig må tiltak for bedre folkehelse til enhver tid veies opp mot enkeltmenneskers valgfrihet. Ethvert samfunn må tillate at innbyggerne foretar valg for seg selv som andre mener er dårlige. (…)	"3.8 PUBLIC HEALTH: (...) At the same time, measures to improve public health must always be balanced against individual freedom of choice. Every society must allow its citizens to make choices for themselves that others may consider poor. (...)"
8	NOR-MP	3.9 OMSORG: (…) HØYRES LØSNINGER: (…) gi tilbud om fasthjelpsordning til dem som trenger hjelp, slik at de slipper å forholde seg til stadig nye mennesker (…)	"3.9 CARE: (...) HØYRE'S SOLUTIONS: (...) provide a permanent assistance program to those who need help, so they don't have to deal with constantly changing individuals (...)" *HØYRE changed from "RIGHT-WING"
9	NOR-MP	3.9 OMSORG: (…) HØYRES LØSNINGER: (…) legge til rette for at alle skal kunne bo hjemme så lenge de ønsker, og kunne være selvhjulpne i hverdagen (…)	"3.9 CARE: (...) HØYRE'S SOLUTIONS: (...) facilitate that everyone can live at home for as long as they wish, and be self-sufficient in their daily lives (...)" *HØYRE changed from "RIGHT-WING"
Category: Populism, Subcategory: **Crisis performance**			
10	NOR-MP	3.10 GEN- OG BIOTEKNOLOGI: (…) Gen- og bioteknologien kan gi store muligheter for behandling og forebygging av sykdom, samtidig som den stiller oss overfor nye etiske dilemmaer. Høyre vil styrke de etiske grensene og føre-var-prinsippet i bioteknologiloven. (…)	"3.10 GENETICS AND BIOTECHNOLOGY: (…) Genetics and biotechnology can provide significant opportunities for the treatment and prevention of diseases, while also presenting us with new ethical dilemmas. The Right-wing party will strengthen the

			ethical boundaries and the precautionary principle in the biotechnology law. (…)"
11	NOR-MP	3.10 GEN- OG BIOTEKNOLOGI: (…) HØYRES LØSNINGER: (…) forhindre at menneskelig liv sorteres ut fra egenskaper (…)	"3.10 GENETICS AND BIOTECHNOLOGY: (…) HØYRE'S SOLUTIONS: (...) prevent human life from being sorted based on characteristics (...)" *HØYRE changed from "RIGHT-WING"
12	NOR-MP	3.10 GEN- OG BIOTEKNOLOGI: (…) HØYRES LØSNINGER: (…) unngå at mennesker blir redusert til et middel for andre (…)	"3.10 GENETICS AND BIOTECHNOLOGY: (…) HØYRE'S SOLUTIONS: (...) avoid reducing people to a means for others (...)" *HØYRE changed from "RIGHT-WING"
13		3.3. SYKEHUS: (…) HØYRES LØSNINGER: (…) opprette en «havarikommisjon» for helsesektoren og styrke pasienters og pårørendes rettigheter (…)	"3.3. HOSPITALS: (...) HØYRE'S SOLUTIONS: (...) establish a 'safety investigation authority' for the healthcare sector and strengthen the rights of patients and their relatives (...)" *HØYRE changed from "RIGHT-WING" 'Safety investigation authority changed from "incident commission"
Category: Populism, Subcategory: **Simplification**			
14	NOR-MP	3.1. PASIENTENES HELSEVESEN: (…) Mange venter lenge på enkle inngrep, selv om det er ledig kapasitet hos private (…)	"3.1. PATIENT HEALTHCARE: (...) Many wait long for simple procedures, even though there is available capacity in private facilities (...)" PATIENT HEALTHCARE changed from "THE PATIENTS' HEALTHCARE SYSTEM"
15	NOR-MP	3.2. LOKALT HELSETILBUD: (…) HØYRE'S LØSNINGER: (…) bedre tilgjengeligheten til fastlegene gjennom bedre kapasitet og innføring av moderne kommunikasjonsteknologi, og innføre refusjonsordninger som gjør det enklere å gi et helhetlig tilbud i samarbeid med psykologer, sykepleiere og andre helseprofesjoner (…)	"3.2. LOCAL HEALTHCARE SERVICES: (...) HØYRE'S SOLUTIONS: (...) improve access to general practitioners through increased capacity and the introduction of modern communication technology, and implement reimbursement schemes to facilitate comprehensive care in collaboration with psychologists, nurses, and

			other healthcare professions (...)"
16	NOR-MP	3.4. RASKERE HELSEHJELP: (…) HØYRES LØSNINGER: (…) raskere ta i bruk nye legemidler og nye behandlingsmetoder i Norge (…)	*HØYRE changed from "RIGHT-WING" "3.4. QUICKER HEALTHCARE: (...) HØYRE'S SOLUTIONS: (...) expedite the adoption of new medications and new treatment methods in Norway (...)"
17	NOR-MP	3.9 OMSORG: (…) HØYRES LØSNINGER: (…) øke bruken av velferdsteknologi (…)	*HØYRE changed from "RIGHT-WING" "3.9 CARE: (...) HØYRE'S SOLUTIONS: (...) increase the use of welfare technology (...)"
Category: Populism, Subcategory: **Anti-science**			
		No recorded units from NOR-MP	
Category: Populism, Subcategory: **Unrealistic**			
		No recorded units from NOR-MP	
Category: Populism, Subcategory: **Other populism**			
		No recorded units from NOR-MP	
Category: Authoritarianism, Subcategory: **Law and authority**			
18	NOR-MP	3.3 SYKEHUS: (…) HØYRES LØSNINGER: (…) endre straffelovens bestemmelser når det gjelder smitteoverføring, slik at de blir i samsvar med FNs anbefalinger (…)	"3.3 HOSPITALS: (...) HØYRE'S SOLUTIONS: (...) amend the provisions of the Penal Code regarding transmission of infections, to align them with the recommendations of the United Nations (...)"
19	NOR-MP	3.1. PASIENTENES HELSEVESEN: (…) Det er også behov for å gjøre en større del av prioriteringsbeslutningene i helsevesenet til politiske beslutninger og å skape arenaer der politikk og fag møtes til diskusjon (…)	*HØYRE changed from "RIGHT-WING" "3.1. THE PATIENTS' HEALTHCARE SYSTEM: (...) There is also a need to make a larger portion of the prioritization decisions in the healthcare system political decisions and to create arenas where politics and expertise meet for discussion (...)"
20	NOR-MP	3.7 RUS: (…) HØYRES LØSNINGER: (…) ha fortsatt forbud mot besittelse og bruk av narkotika (…)	"3.7 SUBSTANCE ABUSE: (...) HØYRE'S SOLUTIONS: (...) maintain the prohibition on possession and use of drugs (...)"

			*HØYRE changed from "RIGHT-WING"	
Category: Authoritarianism, Subcategory: **Legal rhetoric**				
		No recorded units from NOR-MP		
Category: Authoritarianism, Subcategory: **Traditional values**				
		No recorded units from NOR-MP		
Category: Authoritarianism, Subcategory: **Other authoritarianism**				
		No recorded units from NOR-MP		

Table 7: Recorded units, Fremskrittspartiet party manifesto (RRP)

#	Debate	Content	Translated content	Remarks
Category: Nativism, Subcategory: **Nationalism**				
21	NOR-RRP	ELDREOMSORG: (…) De sykeste eldre må sikres sykehjemsplass. Vi ser at det er behov for å bygge ut sykehjemskapasiteten i Norge og gi eldre pleietrengende en lovbestemt rett til sykehjemsplass når de har behov for det.	ELDERLY CARE: (...) The sickest elderly must be guaranteed nursing home placement. We see the need to expand nursing home capacity in Norway and provide older people in need of care with a legally mandated right to nursing home placement when they need it.	
22	NOR-RRP	ELDREOMSORG: (…) Det er behov for gjennomgang av forskriften om egenandel for opphold i institusjon, og denne må endres slik at pasienter på sykehjem, som bor på dobbeltrom mot sin vilje, bare betaler 50 % av egenandelen (…)	ELDERLY CARE: (...) There is a need for a review of the regulation concerning the self-payment for stays in institutions, and this must be changed so that patients in nursing homes, who live in double rooms against their will, only pay 50% of the self-payment (...)	
23	NOR-RRP	ELDREOMSORG: (…) For å gi gode tilbud over hele Norge for den hjelp man har behov for, ønsker vi å gi de eldre pleietrengende juridiske rettigheter til pleietjenester.	ELDERLY CARE: (...) To provide good services across Norway for the assistance needed, we want to give the elderly in need of care legal rights to care services.	
24	NOR-RRP	VELFERDSTEKNOLOGI: (…) FrP ønsker å innføre skattefradrag for alderstilpasning av egen bolig (…)	WELFARE TECHNOLOGY: (...) The Progress Party (FrP) wishes to introduce tax deductions for age adaptation of one's own home (...)	
Category: Nativism, Subcategory: **Xenophobia**				
		No recorded units from NOR-RRP		
Category: Nativism, Subcategory: **Other nativism**				
25	NOR-RRP	GEN- OG BIOTEKNOLOGI: (…) Det bør være mulig å benytte	GENETICS AND BIOTECHNOLOGY: (…) It	

		preimplantasjonsdiagnostikk og fosterdiagnostikk, og ultralyd skal kunne brukes også før 12 svangerskapsuke der dette er ønsket og faglig forsvarlig.	should be possible to use preimplantation diagnostics and fetal diagnostics, and ultrasound should be able to be used before the 12th week of pregnancy where this is desired and professionally justifiable.
Category: Populism, Subcategory: **Anti-elite**			
26	NOR-RRP	HELSE OG OMSORG: (…) slik at det uverdige spillet hvor staten og kommunene forsøker å velte utgifter over på hverandre, opphører. (…)	HEALTHCARE AND CARE: (...) so that the undignified game where the state and municipalities try to shift expenses onto each other ceases. (...)
27	NOR-RRP	LEGEMIDDELPOLITIKK: (…) Dagens ordning som i praksis betyr at det er politikere og ikke fagmiljøer som godkjenner om ny medisin bør tas i bruk, må endres. (…)	DRUG POLICY: (…) The current system, which in practice means that it is politicians and not professional communities who approve whether new medicine should be used, must be changed. (...)
28	NOR-RRP	ALKOHOL OG TOBAKK: (…) Vi vil likevel motsette oss byråkratiske tiltak som tar sikte på å hindre at voksne mennesker kan nyte lovlige produkter. (…)	ALCOHOL AND TOBACCO: (…) However, we will oppose bureaucratic measures aimed at preventing adult individuals from enjoying legal products. (...)
Category: Populism, Subcategory: **Pro-people**			
29	NOR-RRP	HELSE OG OMSORG: (…) Derfor bør det gjennomføres en velferdsreform med et klart organisatorisk skille mellom bestiller- og betalingsfunksjonen på den ene side, og tjenesteproduksjonen på den annen. Prinsippet må være at staten betaler for tjenesten på vegne av den personen som er tildelt en tjeneste, slik at brukeren selv velger tjenesteprodusent.(…)	HEALTH AND CARE: (…) Therefore, there should be a welfare reform with a clear organizational distinction between the ordering and payment function on one hand, and the service production on the other. The principle must be that the state pays for the service on behalf of the person who is allocated a service, so that the user chooses the service provider themselves. (...)
30	NOR-RRP	HELSE OG OMSORG: (…) Det betyr at både ventetid, resultatoppnåelse, infeksjonsfare, antall utførelser med mere kan legges til grunn for pasientens valg (…)	HEALTH AND CARE: (…) This means that both waiting time, achievement of results, risk of infection, number of procedures, and more can be taken into account for the patient's choice (...)
32	NOR-RRP	HELSE OG OMSORG: (…) Det bør også utvikles et system hvor pasientene kan gi tilbakemelding om sine erfaringer, slik at dette kan legges til grunn for læring i helsetjenesten og for andre pasienters vurdering. (…)	HEALTH AND CARE: (…) There should also be developed a system where patients can provide feedback about their experiences, so that this can be used as a basis for learning in the healthcare

			service and for the assessment of other patients. (...)
33	NOR-RRP	ELDREOMSORG: (…) Eldre pleietrengende må få muligheten til å bo hjemme så lenge de ønsker, så lenge det er forsvarlig (…)	ELDERLY CARE: (…) Elderly individuals in need of care must have the opportunity to live at home for as long as they wish, as long as it is safe (...)
34	NOR-RRP	ELDREOMSORG: (…) En del eldre mennesker er ensomme og føler seg utrygge ved å bo hjemme selv om de har daglig tilsyn fra hjemmetjenestene (…)	ELDERLY CARE: (…) Some elderly people are lonely and feel unsafe living at home even though they have daily supervision from home care services (...)
35	NOR-RRP	ELDREOMSORG: (…) Eldre pleietrengende har rett til en meningsfylt hverdag og må selv få bestemme når de skal stå opp, legge seg, hva de skal spise, og så langt det er mulig leve livet slik de selv ønsker det. Dette skal også gjelde personer som bor på sykehjem (…)	ELDERLY CARE: (…) Elderly individuals in need of care have the right to a meaningful daily life and must be able to decide for themselves when to get up, go to bed, what to eat, and as far as possible, live life as they wish. This should also apply to individuals residing in nursing homes (...)
36	NOR-RRP	SYKEHUSENE: (…) Vi mener at sykehusene må få betalt en statlig stykkpris som gir økonomiske incentiver for pasientbehandling, slik at den enkelte pasient settes i sentrum, og de uverdige helsekøene kan fjernes. (…)	HOSPITALS: (...) We believe that hospitals should receive a state-paid per-case payment that provides financial incentives for patient care, so that each patient is placed at the center, and the undignified healthcare queues can be removed. (...)
Category: Populism, Subcategory: **Crisis performance**			
37	NOR-RRP	SYKEHUSENE: (…) FREMSKRITTSPARTIET VIL: (…) innføre en "havarikommisjon" etter modell fra samferdsel, for å kunne gå gjennom uønskede hendelser ved norske sykehus (…)	HOSPITALS: (…) THE PROGRESS PARTY WILL: (...) introduce a safety investigation authority' following the model from transportation, to be able to review undesirable events at Norwegian hospitals (...) *Safety investigation authority changed from "safety investigation authority"
Category: Populism, Subcategory: **Simplification**			
38	NOR-RRP	HELSE OG OMSORG: (…) Produksjon av velferdstjenester skiller seg lite fra andre tjenester (…)	HEALTH AND CARE: (…) The production of welfare services differs little from other services (...)
39	NOR-RRP	ELDREOMSORG: (…) Vi vil legge til rette for moderne aldershjemstilbud, Omsorg+, for dem som er for friske for en sykehjemsplass, men som føler seg	ELDERLY CARE: (…) We will facilitate modern nursing home offerings, Care+, for those who are too healthy for a nursing home placement but

		ensomme og utrygge ved å bo hjemme (…)	feel lonely and unsafe living at home (...)	
40	NOR-RRP	PRIMÆRHELSETJENESTEN: (…) FREMSKRITTSPARTIET VIL: (…) ha en god skolehelsetjeneste og et godt helsetilbud til mor/barn (…)	PRIMARY HEALTHCARE: (…) THE PROGRESS PARTY WILL: (…) have a good school health service and a good health service for mother/child (...)	No reference to this earlier in the chapter. Categorised as populist due to the mention being seemingly out of context.
41	NOR-RRP	REHABILITERING: (…) FREMSKRITTSPARTIET VIL: øke rehabiliteringskapasiteten (…)	REHABILITATION: (…) THE PROGRESS PARTY WILL: increase rehabilitation capacity (...)	
Category: Populism, Subcategory: **Anti-science**				
42	NOR-RRP	HELSE OG OMSORG: (…) FrP ønsker et mangfoldig helsetilbud der pasientenes trygghet og valgfrihet ivaretas. Vi er også åpne for medisiner og behandlingsformer utenfor tradisjonell skolemedisin. (…)	HEALTH AND CARE: (…) The Progress Party (FrP) wants a diverse healthcare system where patients' safety and freedom of choice are safeguarded. We are also open to medicines and treatment methods outside of traditional mainstream medicine. (...)	
Category: Populism, Subcategory: **Unrealistic**				
43	NOR-RRP	XENOTRANSPLANTASJON: Fremskrittspartiet innser at behovet for materiale til transplantasjoner av organer vil øke og er derfor positive til at det forskes for å kartlegge, og eventuelt forbedre, mulighetene til bruk av materiale fra dyr til transplantasjoner på mennesker i de tilfellene der dette blir mulig. (…)	XENOTRANSPLANTATION: The Progress Party acknowledges that the need for material for organ transplants will increase and is therefore positive about research aimed at mapping, and potentially improving, the possibilities of using material from animals for transplants in humans in cases where this becomes feasible. (...)	
Category: Populism, Subcategory: **Other populism**				
		No recorded units from NOR-RRP		
Category: Authoritarianism, Subcategory: **Law and authority**				
44	NOR-RRP	HELSE OG OMSORG: (…) Alle velferdsordninger som folk har rett til i ulike livs-, arbeids- og helsesituasjoner, henger nært sammen og griper til dels inn i hverandre. For å sikre en god samhandling og tilby løsninger som både er de beste og de økonomisk mest fornuftige, må alle utgifter samles i samme budsjett og på samme forvaltningsnivå. Fremskrittspartiet vil derfor samle alle velferdsutgifter hos staten (…)	HEALTH AND CARE: (...) All welfare benefits that people are entitled to in various life, work, and health situations are closely interconnected and partly overlap. To ensure good collaboration and offer solutions that are both the best and the most economically sensible, all expenses must be consolidated in the same budget and at the same administrative level. Therefore, the Progress Party	

			will consolidate all welfare expenses at the state level (...)
45	NOR-RRP	ELDREOMSORG: (…) En god eldreomsorg skal ikke være avhengig av god eller dårlig kommuneøkonomi. Vi vil derfor at staten skal ha finansieringsansvaret for eldreomsorgen, og at både offentlige og private aktører skal ha mulighet til å konkurrere på like vilkår om tjenestetilbud. (…)	ELDERLY CARE: (…) Good elderly care should not depend on whether a municipality has a good or bad economy. Therefore, we want the state to have the financial responsibility for elderly care, and that both public and private actors should have the opportunity to compete on equal terms for service provision. (...)
46	NOR-RRP	PRIMÆRHELSETJENESTEN: (…) Det er viktig å få etablert helhetlige behandlingskjeder. En viktig forutsetning for å lykkes med dette er at finansieringen kommer fra staten gjennom hele behandlingsforløpet uansett om tilbudet gis av det offentlige eller private, og om det skjer i primærhelsetjenesten eller i spesialisthelsetjenesten (…)	PRIMARY HEALTHCARE: (…) It is important to establish comprehensive treatment pathways. An important precondition for succeeding with this is that the financing comes from the state throughout the entire treatment process, regardless of whether the service is provided by the public or private sector, and whether it occurs in primary healthcare or specialist healthcare (...)
47	NOR-RRP	REHABILITERING: (…) Det økonomiske ansvaret for rehabiliteringstjenestene skal ligge hos staten (…)	REHABILITATION: (…) The financial responsibility for rehabilitation services shall lie with the state (...)
48	NOR-RRP	RUSOMSORG: (…) Vi vil ta i bruk all offentlig og privat kapasitet for å redusere de lange ventelistene innenfor norsk rusomsorg. Det er derfor nødvendig at staten overtar finansieringsansvaret for rusomsorgen slik at rusmisbrukerne ikke blir kasteballer i hjelpeapparatet (…)	SUBSTANCE ABUSE CARE: (…) We will utilize all public and private capacity to reduce the long waiting lists within the Norwegian substance abuse care. It is therefore necessary for the state to take over the financial responsibility for substance abuse care so that substance abusers do not become ping-pongs in the support system (...)
49	NOR-RRP	RUSOMSORG: (…) Den beste løsningen for å få folk ut av rusmiddelmisbruket er gjennom frivillig avrusning og rehabilitering. I enkelte tilfeller er likevel bruk av tvang nødvendig for å få rusmisbrukerne inn i behandlingsopplegget (…)	SUBSTANCE ABUSE CARE: (…) The best solution to get people out of substance abuse is through voluntary detoxification and rehabilitation. However, in some cases, the use of coercion is necessary to get substance abusers into the treatment program (...)
50	NOR-RRP	SYKEHUSENE: Fremskrittspartiet vil endre organiseringen av sykehustjenestene ved å avskaffe de regionale helseforetakene, og	HOSPITALS: The Progress Party will change the organization of hospital services by abolishing the regional health trusts and

		fordele oppgavene mellom Helsedepartementet og de enkelte sykehusene (…)	distributing the tasks between the Ministry of Health and the individual hospitals (...)
51	NOR-RRP	SYKEHUSENE: (…) De lokale helseforetakene skal være selvstendige driftsenheter som legger opp sin virksomhet i tråd med etterspørselen og styringssignalene fra Helsedepartementet. (…)	HOSPITALS: (…) The local health trusts shall be independent operational units that plan their activities in accordance with demand and the management signals from the Ministry of Health. (...)
Category: Authoritarianism, Subcategory: **Legal rhetoric**			
52	NOR-RRP	ALKOHOL OG TOBAKK: Dagens høye avgifter og omfattende reguleringer på salg av alkohol fører til smugling og ulovlig produksjon (…)	ALCOHOL AND TOBACCO: The current high taxes and extensive regulations on the sale of alcohol lead to smuggling and illegal production (...)
Category: Authoritarianism, Subcategory: **Traditional values**			
53	NOR-RRP	GEN- OG BIOTEKNOLOGI: (…) Det må være en lovmessig forutsetning for assistert befruktning at det biologiske opphavet klart kan defineres som én biologisk mor og én biologisk far. Det vil således være en forutsetning for eggtransplantasjon og sæddonasjon at donor er kjent (…)	GENETICS AND BIOTECHNOLOGY: (...) It must be a legal prerequisite for assisted fertilization that the biological origin can be clearly defined as one biological mother and one biological father. Thus, it will be a requirement for egg transplantation and sperm donation that the donor is known (...)
Category: Authoritarianism, Subcategory: **Other authoritarianism**			
		No recorded units from NOR-RRP	

Table 8: Recorded units, coalition agreement, Norway

#	DOC.	Content	Translated content	Remarks
Category: Nativism, Subcategory: **Nationalism**				
		No recorded units from NOR-CA		
Category: Nativism, Subcategory: **Xenophobia**				
		No recorded units from NOR-CA		
Category: Nativism, Subcategory: **Other nativism**				
54		GEN- OG BIOTEKNOLOGI: (…) REGJERINGEN VIL: (…) Ikke innføre et offentlig tilbud om tidlig ultralyd eller et tilbud om NIPD-blodprøve for alle gravide (…)	GENETICS AND BIOTECHNOLOGY: (…) THE GOVERNMENT WILL: (…) Not introduce a public offering of early ultrasound or a offering of NIPD-blood test for all pregnant women (...)	
Category: Populism, Subcategory: **Anti-elite**				
		No recorded units from NOR-CA		

Category: Populism, Subcategory: **Pro-people**			
55	NOR-CA	PASIENTENS HELSETJENESTE: (…) Det er en utfordring at enkelte som har stort behov for hjelp, ikke får den hjelpen de har krav på (…)	THE PATIENT'S HEALTHCARE SERVICE: (...) It is a challenge that some individuals with significant needs for assistance do not receive the help they are entitled to (...)
56		OMSORG FOR ELDRE OG PLEIETRENGENDE: (…) Pårørende som tar vare på sine nærmeste gjør en avgjørende innsats og fortjener å bli møtt med et offentlig hjelpeapparat som jobber sammen med dem og avlaster dem (…)	CARE FOR THE ELDERLY AND THOSE IN NEED OF CARE: (...) Relatives who take care of their loved ones make a crucial contribution and deserve to be met with a public support system that collaborates with them and provides them with relief (...)
57		OMSORG FOR ELDRE OG PLEIETRENGENDE: (…) REGJERINGEN VIL: (…) Styrke satsingen på tilbudet til personer med demens (…)	CARE FOR THE ELDERLY AND THOSE IN NEED OF CARE: (...) THE GOVERNMENT WILL: (…) Strengthen the focus on services for people with dementia (...)
58		OMSORG FOR ELDRE OG PLEIETRENGENDE: (…) REGJERINGEN VIL: (…) Innføre redusert egenfinansiering for personer som på langtidsopphold blir lagt på dobbeltrom mot sin vilje. (…)	CARE FOR THE ELDERLY AND THOSE IN NEED OF CARE: (…) THE GOVERNMENT WILL: (…) Introduce reduced self-financing for individuals who, for long-term stays, are placed in double rooms against their will. (...)
59		RUS OG RUSBEHANDLING: (…) Ruspasienter som er motivert og har behov for behandling opplever i dag for lang ventetid. (…)	SUBSTANCE ABUSE AND TREATMENT: (...) Substance abuse patients who are motivated and in need of treatment experience too long waiting times today. (...)
60		FOLKEHELSE: (…) Samtidig må tiltak for bedre folkehelse veies opp mot enkeltmenneskets valgfrihet (…)	PUBLIC HEALTH: (…) At the same time, measures to improve public health must be balanced against individual freedom of choice (...)
Category: Populism, Subcategory: **Crisis performance**			
		No recorded units from NOR-CA	
Category: Populism, Subcategory: **Simplification**			
61		SYKEHUS: (…) Det er en utfordring at mange pasienter venter unødvendig lenge på nødvendig behandling, også på helsetjenester der det er ledig kapasitet hos private aktører. (…)	HOSPITALS: (…) It's a challenge that many patients unnecessarily wait a long time for necessary treatment, even for healthcare services where there is available capacity from private providers. (...)
62		PSYKISK HELSE: (…) REGJERINGEN VIL: (…) Bekjempe tabuer og sørge for et	MENTAL HEALTH: (...) THE GOVERNMENT WILL: (...) Combat taboos and ensure

	bedre forebyggende arbeid mot selvskading og selvmord (…)	better preventive work against self-harm and suicide (...)	
63	FOLKEHELSE: (…) REGJERINGEN VIL: Styrke det forebyggende helsearbeidet (…)	PUBLIC HEALTH: (…) THE GOVERNMENT WILL: Strengthen preventive healthcare efforts (...)	
64	FOLKEHELSE: (…) REGJERINGEN VIL: (…) Legge til rette for økt fysisk aktivitet i skolen og stimulere til et sunnere kosthold (…)	PUBLIC HEALTH: (...) THE GOVERNMENT WILL: (...) Facilitate increased physical activity in schools and promote healthier eating habits (...)	
65	LEGEMIDLER: (…) Regjeringen vil sikre pasientene rask tilgang til nye og effektive legemidler. Legemiddelpolitikken skal bidra til økt pasientsikkerhet, god behandling, lave kostnader for det offentlige og innovasjon. Regjeringen vil legge til rette for en sterk utvikling i norsk legemiddelindustri med sikte på et bedre tilbud til pasientene, økt verdiskaping og flere trygge arbeidsplasser (…)	MEDICINES: (...) The government will ensure patients rapid access to new and effective medications. The drug policy shall contribute to increased patient safety, good treatment, low costs for the public sector, and innovation. The government will facilitate a strong development in the Norwegian pharmaceutical industry aimed at providing better options for patients, increased value creation, and more secure job opportunities (...)	
Category: Populism, Subcategory: **Anti-science**			
	No recorded units from NOR-CA		
Category: Populism, Subcategory: **Unrealistic**			
	No recorded units from NOR-CA		
Category: Populism, Subcategory: **Other populism**			
66	SYKEHUS: (…) REGJERINGEN VIL: (…) Etablere en permanent uavhengig undersøkelseskommisjon for uønskede hendelser. (…)	HOSPITALS: (...) THE GOVERNMENT WILL: (...) Establish a permanent independent investigation commission for adverse events. (...)	Toned down significantly compared to party manifestos
Category: Authoritarianism, Subcategory: **Law and authority**			
67	KOMMUNEHELSETJENESTE: (…) REGJERINGEN VIL: Innføre kompetansekrav i lov om kommunale helse- og omsorgstjenester. (…)	MUNICIPAL HEALTH SERVICES: (...) THE GOVERNMENT WILL: Introduce competency requirements in the Act on Municipal Health and Care Services. (...)	
68	SYKEHUS: (…) REGJERINGEN VIL: (…) Styrke kreftbehandlingen ved å innføre en regel om oppstart av diagnostisering i løpet av 48 timer, innføre pakkeforløp og gjøre forløpstider juridisk bindende i pasientrettighetsloven (…)	HOSPITALS: (...) THE GOVERNMENT WILL: (...) Strengthen cancer treatment by introducing a rule for commencing diagnosis within 48 hours, implementing care pathways, and making pathway times legally binding in the Patient Rights Act (...)	

69	RUS OG RUSBEHANDLING: (…) REGJERINGEN VIL: (…) Opprettholde forbudet mot besittelse og bruk av narkotika. (…)	SUBSTANCE ABUSE AND TREATMENT: (...) THE GOVERNMENT WILL: (...) Maintain the ban on possession and use of narcotics. (...)	
70	GEN- OG BIOTEKNOLOGI: (…) REGJERINGEN VIL: (…) Beholde dagens abortlovgivning (…)	GENETICS AND BIOTECHNOLOGY: (...) THE GOVERNMENT WILL: (...) Retain current abortion legislation (...)	
Category: Authoritarianism, Subcategory: **Legal rhetoric**			
	No recorded units from NOR-CA		
Category: Authoritarianism, Subcategory: **Traditional values**			
71	GEN- OG BIOTEKNOLOGI: (…) REGJERINGEN VIL: (…) Gi reservasjonsmuligheter for fastleger etter dialog med Den norske legeforening (…)	GENETICS AND BIOTECHNOLOGY: (...) THE GOVERNMENT WILL: (...) Provide options for reservations for general practitioners after dialogue with the Norwegian Medical Association (...)	Abort
Category: Authoritarianism, Subcategory: **Other authoritarianism**			
	No recorded units from NOR-CA		

Table 9: Recorded units, debates, Norway

#	Debate	Content	Translated content	Remarks
Category: Nativism, Subcategory: **Nationalism**				
72	NOR10	(…) I høringsnotatet med forslag til forskriftsendringer som ble sendt ut i juni i år, ble det ikke foreslått å stille krav om forhåndsgodkjenning. Det er imidlertid presisert at departementet vil følge denne utviklingen over tid. Og dersom det på enkelte områder skulle oppstå at større pasientstrømmer skaper problemer med å opprettholde et kvalitativt godt helsetilbud i Norge, eller det bidrar til en dårlig utnyttelse av ressursene, vil departementet vurdere om det skal stilles krav til forhåndsgodkjenning på de aktuelle områdene (…)	(...) In the consultation paper with proposals for regulatory changes that was sent out in June this year, it was not proposed to require prior approval. However, it was specified that the department will monitor this development over time. And if in certain areas larger patient flows create problems with maintaining a qualitatively good healthcare service in Norway, or contribute to poor resource utilization, the department will consider whether prior approval requirements should be imposed in the relevant areas (...)	Right to care for foreign patients dependent on whether or not it affects care for the native population.
Category: Nativism, Subcategory: **Xenophobia**				
	No recorded units from NOR1			

No recorded units from NOR2
No recorded units from NOR3
No recorded units from NOR4
No recorded units from NOR5
No recorded units from NOR6
No recorded units from NOR7
No recorded units from NOR8
No recorded units from NOR9
No recorded units from NOR10
No recorded units from NOR11
No recorded units from NOR12
No recorded units from NOR13

Category: Nativism, Subcategory: **Other nativism**

Category: Populism, Subcategory: **Anti-elite**

73	NOR1	(…) I denne saken har den politiske venstresiden vist at deres toleranse for andre begrenser seg til dem som mener og tror det samme som dem selv Det er ikke overraskende. Kanskje har flertallets tyranni alltid vært venstresidens kjennetegn. Men demokratiets fremste kjennetegn er måten vi behandler mindretallet på. (…)	(...) In this matter, the political left has shown that their tolerance for others is limited to those who think and believe the same as themselves. This is not surprising. Perhaps the tyranny of the majority has always been a hallmark of the left. But the foremost characteristic of democracy is how we treat the minority. (...)	Non-policy criticism of opposition
74	NOR1	(…) Situasjonen er jo at i 2011 sendte den tidligere regjeringen ut et rundskriv om at det ikke var anledning for fastleger til å reservere seg, og så ble ingenting gjort for å rydde opp i den praksisen som er ute i kommunene. (…)	(...) The situation is that in 2011 the previous government issued a circular stating that general practitioners did not have the opportunity to make reservations, and then nothing was done to address the practices in the municipalities. (...)	Critique of previous government
75	NOR1	(…) Dette er et standpunkt som også Fremskrittspartiet delte, og nå viser det seg at når Senterpartiet har kommet ut av den rød-grønne regjeringens tvangstrøye, har også Senterpartiet mulighet til å mene dette– i alle fall store deler av Senterpartiet (…)	(...) This is a position that the Progress Party also shared, and now it turns out that when the Centre Party has emerged from the straitjacket of the red-green government, the Centre Party also has the opportunity to hold this view—at least large parts of the Centre Party (...)	Non-policy criticism of opposition
76	NOR1	(…) Jeg mener faktisk at det er litt trist og litt respektløst at man ikke lytter til oss når vi forklarer hva som er den store forskjellen på en reservasjonsrett og en reservasjonsmulighet. (…)	(...) I actually think it is a bit sad and a bit disrespectful that they do not listen to us when we explain what the big difference is between a right to reservation and an option to reserve. (...)	Non-policy criticism of opposition
77	NOR2	(…) Jeg merket meg på høringen i komiteen at en av dem som var der, sa veldig tydelig at man ønsket seg en regjering som ikke fortsetter å bidra til institusjonsdød. (…)	(...) I noted at the committee hearing that one of the attendees stated very clearly that they wanted a government that does not continue to contribute to the death of institutions. (...)	Non-policy criticism of opposition

78	NOR4	(…) Senterpartiets forslag vil detaljstyre utviklingen i Helse-Norge fra Stortinget. Det er en besnærende tanke å bestemme ulike tilbud på de ulike sykehusene fra dette huset. Hvilken kompetanse har egentlig Stortinget til å be stemme detaljering og utvikling av lokalsykehus? (…)	(...) The Centre Party's proposal will micromanage the development of Health Norway from the Storting. It is a tempting idea to decide on the different services at the various hospitals from this house. What competence does the Storting really have to vote on the detailing and development of local hospitals? (...)	Critique of opposition
79	NOR4	(…) Detaljstyring, slik Senterpartiet ønsker, vil frarøve styrer og ledelser i Helse-Norge mulighet til omstilling og derfor også utvikling. Omstilling er ment å gi pasientene et kvalitativt bedre tilbud. Det er ment å gi bedre pasientsikkerhet. (…)	"(...) Micromanagement, as the Centre Party desires, will deprive boards and management in Health Norway of the ability to adapt and therefore also to develop. Adaptation is meant to provide patients with a qualitatively better service. It is meant to improve patient safety. (...)"	Non-policy criticism of opposition
80	NOR4	(…) Opposisjonen prøver å skape et bilde av at valget er vunnet ved en bløff, villedning, eller at befolkningen har blitt rundlurt. Det er slik at det er opposisjonens privilegium å snakke regjeringen ned, og i dette tilfellet helseministeren. Det synes jeg er trist. (…)	"(...) The opposition is trying to create an image that the election was won through deceit, misdirection, or that the public has been duped. It is the opposition's privilege to criticize the government, and in this case, the health minister. I find that sad. (...)"	Non-policy criticism of opposition
81	NOR9	(…) I motsetning til den forrige regjeringen setter vi pasienten og mennesket foran systemet og lar det prege alt arbeid med utvikling og endring av helsetjenesten (…)	"(...) Unlike the previous government, we prioritize the patient and the individual ahead of the system and let it influence all work on the development and change of the healthcare system. (...)"	Non-policy of opposition
82	NOR9	(…) Det har ikke manglet på tilsyn, rapporter eller meldinger de siste årene om tilstanden i norsk eldreomsorg. Det som har manglet, er politisk vilje til å sette seg mål som er realistiske å nå (…)	"(...) There has been no shortage of inspections, reports, or messages in recent years about the state of Norwegian elderly care. What has been lacking is the political will to set goals that are realistically achievable. (...)"	Criticism of political elite
83	NOR9	(…) Vi mener at det finnes andre metoder enn moralske pekefingre som påvirker befolkningens helsevalg. Hva er det som får Senterpartiet til å tro at mer rød-grønn politikk, som åpenbart har begrenset effekt, virker? Kan det tenkes at endrede holdninger er viktigere enn enda flere statlige pålegg? (…)	"(...) We believe that there are other methods than moral finger-pointing that influence the population's health choices. What makes the Centre Party believe that more red-green policies, which obviously have limited effect, work? Could it be that changing attitudes are more important than even more state regulations? (...)"	Criticism of elites

84	NOR9	(…) Dagens Medisin avholdt nettopp en kåring om helse makt. Der var ikke pasientmakt engang et tema. Pasientene må tas mer på alvor. Litt for ofte opplever pasienter å bli kasteballer i systemet. Det er ofte systemet som svikter når det går galt i helsevesenet. Systemsvikt gir flest feil, dårlig kommunikasjon gir mest frustrasjon (…)	"(...) Dagens Medisin recently held a ranking of healthcare power. Patient power wasn't even a topic. Patients need to be taken more seriously. Too often, patients feel like they're being bounced around in the system. It's often the system that fails when things go wrong in healthcare. System failures result in the most errors, while poor communication leads to the most frustration. (...)"	Anti-system
85	NOR9	(…) Jeg får inntrykk av i dag at Arbeiderpartiet har en mer ideologisk tilnærming til helsevesenet, og ikke til pasientene som personer (…)	"(...) Today, I get the impression that the Labour Party has a more ideological approach to the healthcare system, and not to patients as individuals (...)"	Claiming opposition prefer control and the system
86	NOR10	(…) Jeg mener at denne saken viser en klar forskjell mellom Høyre, Fremskrittspartiet og Venstre– og Arbeiderpartiet. Vi ønsker å sette pasienten i fokus, det er pasientens behov dette gjelder. Jeg opplever her at Arbeiderpartiet er mer opptatt av systemet og kontroll (…)	"(...) I believe that this issue demonstrates a clear difference between the Conservatives, the Progress Party, and the Liberals, and the Labour Party. We want to prioritize the patient, it is the patient's needs that matter. Here, I feel that the Labour Party is more concerned with the system and control (...)"	Claiming opposition prefer control and the system
		No recorded units from NOR3 No recorded units from NOR5 No recorded units from NOR6 No recorded units from NOR7 No recorded units from NOR8 No recorded units from NOR11 No recorded units from NOR12 No recorded units from NOR13		
Category: Populism, Subcategory: **Pro-people**				
87	NOR1	(…) Etter dagens lovverk og retningslinjer kan ingen fastleger i Norge motsette seg noen av disse tre forholdene. Men dessverre har mediebildet, henvendelser til oss og historier fra kvinner vist at det foregår en helt annen praksis (…)	"(…) According to current legislation and guidelines, no general practitioners in Norway can oppose any of these three conditions. But unfortunately, the media coverage, inquiries to us, and stories from women have shown that a completely different practice is taking place (...)"	Group
88	NOR1	(…) I 2012 ble det foretatt 15 216 aborter i Norge. Det var 127 færre enn året før. Det er positivt at det er en betydelig nedgang i antall aborter blant kvinner under 20 år. Faktisk er tallene for 2012 lavere enn noen gang tidlige re siden registreringen startet i 1979. Det	"(…) In 2012, there were 15,216 abortions in Norway, which was 127 fewer than the previous year. It is positive that there is a significant decrease in the number of abortions among women under 20. In fact, the figures for 2012	Groups

		skyldes et stadig bedre forebyggende arbeid, sånn at uønskede graviditeter kan unngås. Her er det mange som gjør en viktig innsats: skolen gjennom seksualinformasjon, helsesøstrene gjennom å være en veilednings- og samtalepartner for ungdom, og vi har andre dyktige bidragsytere i sentre som Sex og samfunn og andre som driver viktig informasjons- og veiledningsarbeid. (…)	are lower than ever since registration began in 1979. This is due to increasingly better preventive work, aimed at avoiding unwanted pregnancies. Many contribute significantly to this effort: schools provide sexual education, public health nurses serve as guides and conversation partners for youth, and we have other skilled contributors in centers like Sex and Society and others engaged in important informational and counseling work. (…)"	
89	NOR1	(…) Vi er alle opptatt av gode tiltak som kan bidra til at unge jenter unngår å komme i en så sårbar situasjon som en uønsket graviditet er, særlig når prevensjon er mer tilgjengelig i dag enn tidligere. (…)	"(…) We are all concerned about effective measures that can help young girls avoid finding themselves in such a vulnerable situation as an unwanted pregnancy, especially when contraception is more accessible today than ever before. (…)"	Group
91	NOR1	(…) Og vi er opptatt av at kvinner skal ha full åpenhet rundt hvilke leger som ønsker reservasjon. (…)	"(…) And we are concerned that women should have full transparency about which doctors wish to exercise conscientious objection. (…)"	Group
92	NOR1	(…) Vi skal respektere legene som synes det er etisk vanskelig å henvise til abort. (…)	"(…) We will respect the doctors who find it ethically challenging to refer for abortion. (…)"	Group
93	NOR1	(…) Avslutningsvis har jeg lyst til å takke alle som har bidratt med viktige og respektfulle refleksjoner fra begge sider– hovedsakelig dessverre utenfor denne salen: leger, jordmødre, sykepleiere og engasjerte borgere i kronikker, i debatter og på mailer (…)	"(…) Finally, I would like to thank everyone who has contributed with important and respectful reflections from both sides—mainly unfortunately outside this chamber: doctors, midwives, nurses, and engaged citizens in articles, debates, and emails. (…)"	Praise of group
94	NOR2	(…) Det er ikke vanskelig å forstå at det er stor sannsynlighet for at motivasjonen blir borte dersom man må vente lenge på å få plass på den institusjonen man ønsker seg til. (…)	"(…) It's not hard to understand that there's a high likelihood motivation fades if one has to wait a long time to get a spot in the institution they desire.(…) "	Group failed by system
95	NOR2	(…) Ved utgangen av 2. tertial i 2013 ventet omtrent 2 500 rusavhengige på behandling. Det står med andre ord altfor mange syke og rusavhengige mennesker i kø for å få trygg rusomsorg (…)	"(…) At the end of the second quarter of 2013, approximately 2,500 drug-dependent individuals were waiting for treatment. In other words, far too many sick and drug-dependent people are waiting in line for safe addiction care. (…)"	Group failed by system

96	NOR2	(…) Regjeringen har fra dag én vært klar på at den vil styrke tilbudet til rusavhengige, noe som allerede vises i årets statsbudsjett (…)	"(…) The government has been clear from day one that it wants to strengthen the services for drug addicts, something that is already evident in this year's budget. (…)"	Appeal to group
97	NOR2	(…) Det er mulig at det er bred enighet i denne sal om å prioritere rus og psykisk helsevern, men det er dagens regjering som faktisk gjør noe konkret med det. (…)	"(…) It's possible that there is broad agreement in this chamber on prioritizing substance abuse and mental health care, but it's the current government that is actually taking concrete action on it. (…)"	Representing the true interests of group
98	NOR4	(…) Arbeidet med planen har startet opp, og vi skal ha en åpen planprosess med dialog med alle landets helseregioner, brukere, ledere og ansatte i sektoren– og ikke minst skal pasientene sitte ved bordet når framtidens sykehustjenester utvikles (…)	"(…) The work on the plan has commenced, and we will have an open planning process with dialogue involving all the country's health regions, users, leaders, and sector employees – and most importantly, patients will have a seat at the table when developing the future hospital services. (…)"	Patient influence
99	NOR5	(…) Vi mener seksuell helse bare er ett av flere viktige om råder som virker inn på ungdoms helsesituasjon. Frafall i skolen, psykiske helseutfordringer, selvskading og selv mord, inaktivitet og overvekt og et bedre tilbud til ungdom med kronisk og langvarig sykdom og/eller funksjonshem minger er elementer som vi ønsker å se i en helhet. Særlig unge funksjonshemmede har vært tydelige på behovet for en helhetlig strategi for ungdomshelse. De etterlyser mer helhet i tjenestene– på tvers av sektorer, på tvers av tjenestenivåer og på tvers av innsatsområder. Vi mener det er viktig å lytte til de unges kamp gjennom mange år for å få dette belyst nærmere i en helhetlig strateg (…)	"(…) We believe sexual health is just one of several important factors that affect youth health. School dropout rates, mental health challenges, self-harm and suicide, inactivity and obesity, and better services for youth with chronic and long-term illnesses and/or disabilities are elements that we want to see in a comprehensive strategy. Particularly, young people with disabilities have been clear about the need for a comprehensive youth health strategy. They call for more cohesion in services – across sectors, across service levels, and across focus areas. We believe it is important to listen to the youth's struggle over the years to have this highlighted more in a comprehensive strategy. (…)"	Appeal to group
100	NOR5	(…) Men vi må også sørge for å gjøre skolehelsetjenesten og studenthelsetilbudet mer tilgjengelig og relevant også for gutter, for i dag er det for få gutter som oppsøker helsesøster eller helsestasjon. Også gutter trenger å snakke med en fagperson innimellom, og da må vi sørge for	"(…) But we must also ensure that the school health service and student health services are more accessible and relevant for boys as well because today, too few boys seek out the school nurse or health station. Boys also need to talk to a professional from time to time, and we must ensure that the	Appeal to group

		at helsesøsters dør virker like åpen for gutter som for jenter (…)	school nurse's door is equally open to boys as it is to girls. (…)"	
101	NOR7	(…) Det er viktig at vi fokuserer på habilitet, ikke minst for å unngå mistenkeliggjøring av dem som påtar seg ekstra arbeid utenom arbeidstiden (…)	"(…) It is important that we focus on impartiality, not least to avoid suspicion of those who take on extra work outside of working hours. (…)"	Defending true interests
102	NOR7	(…) Mange pasienter venter unødvendig lenge på helsehjelp. Regjeringen ønsker å utnytte kapasiteten på en bedre måte. (…)	"(…) Many patients wait unnecessarily long for healthcare. The government aims to utilize capacity more efficiently."	Patients failed by system
103	NOR8	(…) For regjeringspartiene Høyre og Fremskrittspartiet er det ikke aktuelt å foreta endringer i inneværende periode, ei heller å bryte eksisterende kontrakt. Å si opp kontrakten for taxfree-salg på norske flyplasser vil kunne gå ut over distriktene og gjøre det dyrere å reise (…)	"(…) For the government parties Høyre and Fremskrittspartiet, it is not currently feasible to make changes in the current period, nor to terminate existing contracts. Terminating the contract for duty-free sales at Norwegian airports could affect the districts and make travel more expensive (…)."	Interest of the people
104	NOR9	(…) I dag er det mange som venter på tverrfaglig spesialisert rusbehandling. Det er personer som har livet på vent. I Norge er det faktisk over 10 000 somsetter opiatinjeksjoner. I Buskerud fylke, i Røyken, er det en institusjon, stiftelsen Manifest senteret, med 74 kompetente ansatte. Inntaksansvarlig der er ganske bekymret, for det er pasienter som har stått i kø i over ett år (…)	"(…) Today, many people are waiting for interdisciplinary specialized substance abuse treatment. There are individuals whose lives are on hold. In Norway, there are actually over 10,000 people who inject opioids. In Buskerud county, in Røyken, there is an institution, the Manifest Center Foundation, with 74 competent employees. The intake manager there is quite concerned because there are patients who have been in line for over a year. (…)"	Praise of group
105	NOR9	(…) Vi vet at pasienter gjennom år har ventet unødvendig lenge på nødvendig behandling i sykehusene (…)	"(…) We know that patients have unnecessarily waited for necessary treatment in hospitals for years."	Patients failed by system
106	NOR9	(…) Det andre viktige grepet er at vi starter innføringen av fritt behandlingsvalg, som øker valgfriheten for pasientene– helt i tråd med den overordnede ambisjonen om å skape pasientens helsetjeneste. Fritt behandlingsvalg innebærer også at vi fjerner aktivitetstakene i offentlige syke hus og åpner for mer kjøp fra private gjennom anbud. Vi lovet velgerne våre å gi pasienten mer makt, mobilisere kapasitet blant private og stimulere offentlige syke hus til å bli mer effektive. Vi leverer	"(…) The second important step is to start the introduction of free choice of treatment, which increases patient choice - in line with the overarching ambition to create the patient's healthcare system. Free choice of treatment also means that we remove activity ceilings in public hospitals and open up for more purchases from private providers through tenders. We promised our voters to give patients more power, mobilize capacity	Patient ifluence

		og starter med de pasientgruppene som har ventet lengst– de med psykiske helseutfordringer og rusavhengighet (…)	among private providers, and stimulate public hospitals to become more efficient. We deliver and start with the patient groups that have waited the longest - those with mental health challenges and addiction issues. (…)"	
107	NOR9	(…) Gjennom åtte rød-grønne regjeringsår ble de som sliter med psykiske helseutfordringer og rusavhengighet, skjøvet lenger og lenger ned ved det helsepolitiske bordet. Ventetidene økte, samtidig som flere og flere behandlings institusjoner ble nedlagt (…)	"(…) Throughout eight years of red-green government, those struggling with mental health challenges and addiction issues were pushed further and further down at the health policy table. Waiting times increased, while more and more treatment facilities were shut down. (…)"	Support for group
108	NOR9	(…) Men det er ikke bare kommunene som gjør en viktig innsats. Det foregår et fantastisk arbeid i frivillig sektor i Norge, også på dette området. Mange likemenn bidrar til å skape livsglede og aktivitet i hverdagen (…)	"(…) But it's not just the municipalities making an important effort. There's fantastic work happening in the voluntary sector in Norway, including in this area. Many peers contribute to creating joy and activity in everyday life. (…)"	Praise of mental health workers
109	NOR9	(…) Vi skaper pasientens helsetjeneste ved å flytte makt fra systemet til pasienten (…)	"(…) We create the patient's healthcare service by shifting power from the system to the patient (…)."	Patient influence
110	NOR9	(…) Noen små pasientgrupper i Norge opplever at deres tilbud ikke er godt nok. Det er kanskje bare ett fagmiljø i Norge, og de vil kunne dra veldig stor nytte av muligheten til å benytte utenlandske fag miljøer for å bli friske. Dette handler om viktige pasient rettigheter for noen få, sårbare pasientgrupper, som har rett til behandling, og som vil få den til samme kostnad i utlandet som her hjemme (…)	"Some small patient groups in Norway experience that their treatment options are not adequate. There may be only one professional community in Norway, and they could benefit greatly from the opportunity to utilize foreign professional communities to recover. This concerns important patient rights for a few vulnerable patient groups, who are entitled to treatment and will receive it at the same cost abroad as at home."	Support of group
111	NOR9	(…) Regjeringens visjon er å skape pasientens helsetjeneste. Vi vil flytte makt– fra systemet til pasientene. (…)	"(…) The government's vision is to create the patient's healthcare service. We want to shift power—from the system to the patients. (…)"	Patient influence
112	NOR9	(…) Fortsatt venter for mange unødvendig lenge på helt nødvendig behandling. Mange eldre og omsorgstrengende får ikke gode nok tjenester, og fortsatt er det behov for et løft for personer med rusproblemer og psykiske utfordringer (…)	"(…) Still, too many people are waiting unnecessarily long for essential treatment. Many elderly and those in need of care do not receive adequate services, and there is still a need for improvement for individuals with substance	Patients failed by system

			abuse problems and mental health challenges. (…)"	
113	NOR9	(…) Det er å lytte til hva pasientene forteller oss.– Som rusavhengige som forteller om lange ventetider når motivasjonen for behandling er der, og plassene som først er ledige når motivasjonen er borte. Det er å sette pasienten i sentrum i det vi gjør. Vi flytter makt– fra systemet til pasienten (…)	"(…) It's about listening to what patients tell us. Like those struggling with substance abuse who talk about long waiting times when they're motivated for treatment, only to find available spots when their motivation wanes. It's about putting the patient at the center of what we do. We're shifting power—from the system to the patient. (…)"	Patient influence
114	NOR9	(…) De siste ukers mediedekning har minnet oss på hva vi lenge har visst, og som en altfor lenge ikke har gjort nok med. For mange mennesker er forholdene i omsorgstjenestene ikke verdige nok. Ingen kan unngå å bli berørt av fortellinger om ansatte som gråter når de går av vakt, og eldre som ikke får de tjenestene de har behov for (…)	"(…) The recent media coverage has reminded us of what we have long known but have not done enough about for too long. For many people, the conditions in care services are not dignified enough. No one can avoid being touched by stories of employees crying when they finish their shifts, and elderly individuals not receiving the services they need. (…)"	People failed by system
115	NOR9	(…) Det har vært viktig for å motivere kommunene til å ha færre dobbeltrom, men vi synes også at hvis man blir plassert på dobbeltrom mot sin vilje– og det vet vi jo at en del eldre blir– er det helt urimelig at man må betale en så stor andel av pensjonen sin, og like mye som dem som får et enkeltrom. Hensikten her er både å gjøre det mindre økonomisk attraktivt for kommunene å bruke dobbeltrom, det har vi oppnådd, og samtidig gi en liten kompensasjon til dem som mot sin vilje havner på dobbeltrom. Det mener jeg rett og slett handler om rettferdighet (…)	"(…) It has been important to motivate municipalities to have fewer double rooms, but we also believe that if someone is placed in a double room against their will – and we know that some elderly individuals are – it is completely unreasonable that they have to pay such a large portion of their pension, and as much as those who get a single room. The purpose here is both to make it less economically attractive for municipalities to use double rooms, which we have achieved, and at the same time provide a small compensation to those who end up in double rooms against their will. I simply believe that this is about fairness. (…)"	Protection of group
116	NOR9	(…) Den medisinske utviklingen og utviklingen av nye operasjons metoder skjer med raskt tempo. Dette er mulig takket være dem som jobber i helsevesenet, som jeg synes har kommet litt for lite fram her i dag (…)	"(…) The medical advancements and the development of new surgical methods are progressing rapidly. This is possible thanks to those who work in the healthcare sector, which I feel has been somewhat overlooked here today (…)."	Praise of group

117	NOR9	(…) Vi må ha et større fokus på pasientens verdier, pasientens behov og pasientens preferanser. Det heter å sette pasienten i sentrum, ikke systemene. Det er ikke pompøst, det er faktisk helt nødvendig (…)	"(…) We need to have a greater focus on the patient's values, needs, and preferences. It's called putting the patient at the center, not the systems. It's not pompous; it's actually essential. (…)"	Patient influence
118	NOR9	(…) Vi vil skape pasientens helsetjeneste for å gi rask behandling og trygge tjenester fremover. Vi vil flytte makt fra systemet til pasienten og vil derfor samarbeide med alle gode krefter for å gi gode helsetjenester. Slik setter vi pasienten i sentrum og lar det prege alt arbeid med utvikling og endring av helsetjenesten. (…)	"(…) We want to create the patient's healthcare service to provide prompt treatment and secure services in the future. We will shift power from the system to the patient and will therefore collaborate with all good forces to provide good healthcare services. This is how we put the patient at the center and let it influence all work with the development and change of the healthcare system. (…)	Patient influence
119	NOR9	(…) For mange pasienter opplever det Per Fugelli har kalt «engangslegene», og føler seg usikre på hva som er neste steg i behandlingen (…)	(…) Many patients experience what Per Fugelli called 'one-time doctors' and feel uncertain about what the next step in treatment will be. (…)	Appeal to group
120	NOR9	(…) Høyre har tillit til alle deler av norsk helsevesen. Vi sto ler på helsepersonellet i Norge, og vi vet at våre innbyggere kan og vil ta forskjellige valg (…)	(…) Høyre trusts all parts of the Norwegian healthcare system. We rely on healthcare personnel in Norway, and we know that our citizens can and will make different choices. (…)	Praise of personnel
121	NOR9	(…) Hva betyr det å sette pasienten i sentrum og utvikle en helsetjeneste rundt pasienten? Det betyr at de store systemene som vi har i dag, må dreies slik at det er pasienten som faktisk får kontroll over sin egen hverdag, sin egen helse og ikke minst når det gjelder behandling. Kreftpakkene er en del av det, de skal både gi trygghet og ikke minst en ramme rundt behandlingene. (…)	"(…) What does it mean to put the patient at the center and develop a healthcare service around the patient? It means that the large systems we have today must be shifted so that the patient actually gains control over their own daily life, their own health, and especially when it comes to treatment. The cancer care packages are part of that; they are intended to provide both security and a framework for treatments (…)	Patient influence
122	NOR10	(…) Denne regjeringen setter pasienten i sentrum. Vi har derfor vurdert behovet for forhåndsgodkjenning på ny. I den forbindelse har vi veid helsetjenestens behov for planlegging og kontroll opp mot pasientenes behov for og ønske om valgfrihet, korte ventetider og enkel saksbehandling (…)	(…) This government puts the patient at the center. Therefore, we have reevaluated the need for prior approval. In this context, we have weighed the healthcare system's need for planning and control against patients' need for and desire for choice, short waiting times, and simple processing (…)	Patient influence

123	NOR10	(…) Jeg tror at pasienten heller vil sette pris på vår modell: å ha muligheten til å få prøvd sin sak, og har en rett til å få dekket kostnaden, vil en få dekket kostnaden (…)	(…) I believe that patients would rather appreciate our model: having the opportunity to have their case tried, and having the right to have the cost covered, they will have the cost covered (…)	Representing the "true" will of the people
124	NOR11	(…) Det er egentlig lite som skiller partiene i denne saken. Vi er alle, selvfølgelig, enige om at vi ønsker å ivareta studenters helse best mulig (…)	(…) There's actually little that differentiates the parties in this matter. We all, of course, agree that we want to take care of students' health as best as possible (…)	Appeal to group
125	NOR11	(…) Vi er imponert over det arbeidet som gjøres i studentforeninger og samskipnader, og ser at det skaper følelse av tilhørighet og viktig samhold for mange (…)	(…) We are impressed by the work being done in student associations and student welfare organizations, and we see that it creates a sense of belonging and important camaraderie for many (…)	Praise of groups
126	NOR12	(…) Regjeringens mål er å skape pasientens helsetjeneste, der pasientens behov skal stå i sentrum. Kjønn er en av mange variabler som kan på virke pasientens behov for tjenester (…)	"(…) The government's goal is to create patient-centered healthcare, where the patient's needs are at the forefront. Gender is one of many variables that can influence the patient's need for services (…)	Patient influence
127	NOR12	(…) Det er opprettet en nasjonal kompetansetjeneste for kvinnehelse generelt og en nasjonal kompetanseenhet for minoritetshelse som skal bidra til mer likeverdige helsetjenester for pasienter med innvandrerbakgrunn (…)	(…) A national competence service for women's health in general and a national competence unit for minority health have been established to contribute to more equitable health services for patients with immigrant backgrounds (…)	Immigration and health
128	NOR12	(…) Det har altså skjedd mye positivt på kvinnehelseområdet de senere årene. Men vi trenger en mer systematisk oversikt over faktorer som påvirker kvinner og menns helse– særlig gjelder det pasienter med innvandrerbakgrunn. Her i Norge har vi gode betingelser for å gjøre slike helseanalyser fordi vi har kommet langt i å utvikle sentrale helseregistre (…)	(…) There have been many positive developments in women's health in recent years. However, we need a more systematic overview of factors affecting women's and men's health—especially concerning patients with immigrant backgrounds. Here in Norway, we have good conditions for conducting such health analyses because we have made significant progress in developing central health registries (…)	Immigration and health
129	NOR12	(…) Regjeringen er på god vei med å skape pasientens helsetjeneste. I løpet av året legger vi fram tre stortings meldinger: én om folkehelse, én om primærhelsetjenesten og en nasjonal helse- og sykehusplan (…)	(…) The government is well on its way to creating patient-centered healthcare. During the year, we will present three parliamentary reports: one on public health, one on primary healthcare, and a national health and hospital plan. (…)	Patient influence

130	NOR12	(…) Å skape pasientens helsetjeneste betyr å involvere pasientene i alt vi gjør, både i møtet mellom den enkelte pasient og helsepersonell og i planlegging og utvikling av helsetjenester. Jeg stiller et grunnleggende spørsmål i alt mitt arbeid som helse- og omsorgsminister: Hvis pasienten fikk bestemme– hvordan ville vi da ha styrt og organisert arbeidet? Det er ved å lytte til pasientene, brukerne og de pårørende– enten de er kvinner eller menn, unge eller gamle– at vi kan målrette helse- og omsorgstjenestene bedre. (…)	(…) Creating patient-centered healthcare means involving patients in everything we do, both in the interaction between individual patients and healthcare personnel and in the planning and development of healthcare services. I ask a fundamental question in all my work as Minister of Health and Care Services: If the patient were to decide—how would we then govern and organize the work? It is by listening to patients, users, and relatives—whether they are women or men, young or old—that we can better target health and care services. (…)	Patient influence
131	NOR12	(…) Regjeringens visjon er å skape pasientens helsetjeneste, og Helse og omsorgsdepartementet har som et av sine mål å inkludere kjønnsperspektivet i all relevant virksomhet. Jeg mener at fokus nå må være på det å følge opp NOU-en fra 1999, Kvinners helse i Norge, og det er flere områder som gjenstår (…)	(…) The government's vision is to create patient-centered healthcare, and the Ministry of Health and Care Services has as one of its goals to include a gender perspective in all relevant activities. I believe the focus now must be on following up on the 1999 report, Women's Health in Norway, and there are several areas that remain. (…)	Patient influence
132	NOR13	(…) Vi er enig i at det trengs mer kunnskap og forskning om LAR. Bare 34 pst. Av LAR-pasientene har, som nevnt, individuell plan. Det er noe som er med på å vise at rusmisbrukere ikke har vært prioritert de siste årene (…)	"(…) We agree that more knowledge and research on LAR (Legemiddelassistert rehabilitering - Medication-assisted treatment) is needed. Only 34% of LAR patients have an individual treatment plan, as mentioned, which helps illustrate that substance abusers have not been prioritized in recent years (…)	Patients failed by the system
133	NOR13	(…) Innføringen av fritt behandlingsvalg vil gjøre døgnbehandling lette re tilgjengelig for rusavhengige, inkludert LAR-pasientene. Mange venter for lenge for å få hjelp. Reduserte ventetider vil medføre raskere behandlingsoppstart. Kortere ventetider reduserer også faren for overdoser (…)	(…) The introduction of free choice of treatment will make inpatient treatment more accessible for substance abusers, including LAR patients. Many wait too long to get help. Reduced waiting times will lead to quicker treatment initiation. Shorter waiting times also reduce the risk of overdoses. (…)	Support of group
		No recorded units from NOR3 No recorded units from NOR6		
Category: Populism, Subcategory: **Crisis performance**				
134	NOR2	(…) Mindretallets forslag i dag er å pålegge helseforetakene å prioritere	"(…) The minority proposal today is to instruct the health	Limited time

		de ideelle aktørene framfor andre aktører, og at tidsavgrensede kontrakter skal erstattes av langsiktige samarbeidsavtaler. Det tillater altså ikke EU-direktivet etter 2016, og det vil være umulig å gjennomføre. Flertallet i dag, Fremskrittspartiet, Venstre, Høyre og Kristelig Folkeparti, har bedt regjeringen bruke handlingsrommet fram til 2016 (…)	trusts to prioritize non-profit actors over other actors, and that time-limited contracts should be replaced by long-term cooperation agreements. This is not permitted by the EU directive after 2016, and it will be impossible to implement. The majority today, consisting of the Progress Party, the Liberals, the Conservative Party, and the Christian Democratic Party, has asked the government to use the leeway until 2016. (…)	
135	NOR3	(…) Vi har hatt teknologiske framskritt over de senere årene, som har vært med på å endre samfunnet ganske betydelig. De har absolutt vært et gode og har vært med på å utvikle Norge og andre vestlige land ganske så betydelig når det kommer til medisinske framskritt, som har hatt stor betydning for helse, men de har også bidratt til at vi løser oppgaver og utfordringer i samfunnet i dag på helt andre måter. Selv har jeg latt meg friste av å se på en robotgressklipper, for det er jo så kjekt– og det finnes andre roboter som løser huslige sysler for oss alle sammen. Vi tar buss når vi skal komme oss imellom, for busstilbudet er blitt bedre. Det er heller ikke uvanlig at vi kjører ungene på trening. Det er ingen tvil om at denne velferdsutviklingen som vi alle sammen har sett på som et gode i samfunnet, også har bydd på noen utfordringer når vi samtidig vet at all forskning sier at minimum 60 minutter fysisk aktivitet er et gode for å sikre en god folkehelse. Det kan by på utfordringer å være i god aktivitet i 60 minutter, med passe høy puls, i dagens samfunn på grunn av alle disse hjelpemidlene. (…)	"(…) We have had technological advances over the past years, which have significantly changed society. They have certainly been a good thing and have contributed significantly to the development of Norway and other Western countries, especially in terms of medical advances, which have had a significant impact on health. However, they have also contributed to solving tasks and challenges in society today in completely different ways. Personally, I have been tempted to look at a robotic lawnmower because it's so convenient– and there are other robots that handle household chores for all of us. We take the bus when we need to get around, as the bus service has improved. It is also not uncommon for us to drive our children to training. There is no doubt that this welfare development, which we all see as a good thing in society, has also presented some challenges when we know that all research says that a minimum of 60 minutes of physical activity is beneficial for ensuring good public health. It can be challenging to be physically active for 60 minutes, with a moderate heart rate, in today's society because of all these aids. (…)	Technology as cause of ill health and lack of activity
136	NOR3	(…) Psykiske plager er og kan være en utløsende faktor for utviklingen av fysiske helseplager, og omvendt. Forskning viser at det er en klar	"(…) Mental health problems can be a triggering factor for the development of physical health problems, and vice	Linking finishing school to avoiding drug abuse

		sammenheng mellom manglende videregående skolegang og helseproblemer, ruslidelser og dårligere levevilkår senere i livet. Ungdom uten videregående opplæring har dårligere helse, bruker mer rusmidler og har flere psykiske lidelser enn de som fullfører tolvårig skolegang. Å få flere til å fullføre videregående opplæring kan derfor også være et viktig folkehelsetiltak, men god helse er også viktig for å kunne fullføre (…)	versa. Research shows a clear link between lack of high school education and health problems, substance abuse disorders, and poorer living conditions later in life. Youth without high school education have poorer health, use more drugs, and have more mental disorders than those who complete twelve years of schooling. Encouraging more people to complete high school education can therefore also be an important public health measure, but good health is also important to be able to complete it. (…)"	
137	NOR3	(…) Aktivitets nivået blant barn og unge er også urovekkende. Det er en betydelig nedgang fra 9- til 15-årsalderen. Kun halvparten av 15-åringene er tilstrekkelig fysisk aktive. For lite fysisk aktivitet gir også økt sykdomsrisiko både i oppveksten og senere i livet. Norge har sluttet seg til WHOs mål om 25 pst. reduksjon i tidlig død innen 2025. Økt fysisk aktivitet er et viktig virkemiddel for å få det til Fra helsemyndighetene side er det anbefalt at alle barn og unge har minimum 60 minutter med fysisk aktivitet daglig. Forskningen viser at ungdom som er for stillesittende, får problemer med overvekt og livsstilssykdommer. Det er et økende problem blant barn og unge (…)	"(…) The level of physical activity among children and young people is also worrying. There is a significant decline from the age of 9 to 15. Only half of 15-year-olds are sufficiently physically active. Insufficient physical activity also increases the risk of illness both during childhood and later in life. Norway has endorsed WHO's goal of a 25% reduction in premature deaths by 2025. Increased physical activity is an important tool to achieve this. From the health authorities' perspective, it is recommended that all children and young people have a minimum of 60 minutes of physical activity daily. Research shows that youth who are too sedentary have problems with overweight and lifestyle diseases. It is a growing problem among children and young people. (…)	Linking sedentary lifestyle with premature mortality
		No recorded units from NOR1 No recorded units from NOR4 No recorded units from NOR5 No recorded units from NOR6 No recorded units from NOR7 No recorded units from NOR8 No recorded units from NOR9 No recorded units from NOR10 No recorded units from NOR11 No recorded units from NOR12 No recorded units from NOR13		

Category: Populism, Subcategory: **Simplification**

138	NOR2	(…) Det er jo nettopp et godt samspill mellom offentlige tilbud og private tilbud med alle typer eierskap som skaper det viktige mangfoldet som disse pasientene trenger, og det er å ta alle krefter i bruk som kan redusere ventetiden for denne pasientgruppen– en ventetid som kan være livsfarlig. (…)	"(…) It is precisely a good interaction between public and private offerings with all types of ownership that creates the important diversity that these patients need, and it is harnessing all forces that can reduce the waiting time for this patient group– a waiting time that can be life-threatening. (…)"	Simplification of solution
139	NOR2	(…) For det første bidrar private og ideelle med nye måter å gjøre ting på. Det gir økt innovasjon. For det andre bidrar de til et større mangfold, som gir større valgfrihet og tilbud til flere. Et mangfold av brukere krever et mangfold av tilbud. Mangfold er å respektere at mennesker er ulike. For det tredje bidrar Offentlig Privat Samarbeid til stør re kapasitet. Det gir kortere ventetider og mindre kø. Sist, men ikke minst, bidrar særlig frivillige til å knytte bånd mellom mennesker på andre måter enn det det offentlige er i stand til. (…)	"(…) First, private and non-profit entities contribute with new ways of doing things. This leads to increased innovation. Second, they contribute to greater diversity, which provides greater choice and services to more people. A diversity of users requires a diversity of offerings. Diversity is respecting that people are different. Third, Public-Private Partnerships contribute to greater capacity. It leads to shorter waiting times and fewer queues. Last but not least, volunteers especially contribute to building bonds between people in ways that the public sector cannot." (…)	Simplification of solutions
140	NOR4	(…) I helsesektoren er penger ikke egentlig noe annet enn kompetanse og pasientbehandling (…)	"(…) In the healthcare sector, money is essentially nothing more than competence and patient care." (…)	Simplification of issue
141	NOR4	(…) Skal vi sette pasienten i sentrum, kan vi ikke si nei til endring. Det betyr ikke at vi skal endre alt, men ingen kan gripe nye muligheter når man tviholder på gamle løsninger (…)	"(…) If we are to put the patient at the center, we cannot say no to change. This does not mean that we should change everything, but no one can seize new opportunities when clinging to old solutions. (…)	Vague
142	NOR6	(…) Men når det gjelder både soling og solarium, er det noen som overdriver. Det viktigste tiltaket mot overdreven soling og solariebruk er god informasjon og sunn fornuft (…)	"(…) But when it comes to both sunbathing and tanning beds, some people tend to exaggerate. The most important measure against excessive sunbathing and tanning bed use is good information and common sense. (…)	Simplification of solutions
143	NOR11	(…) Vi vet også at 7–15 pst. av studentene strever mye i studiesituasjonen, og det har undersøkelser som er blitt referert til i debatten, også vist. Dette	"(…) We also know that 7–15% of students struggle a lot in their study situation, as has been shown in studies referenced in the debate. This	Simplification of issue

		skyldes bl.a. forhold som lav studiemestring, liten gjennomføringsevne– at en opplever at mål en har satt seg, ikke blir nådd– og det gir av og til redusert livskvalitet, ensomhet og i noen tilfeller psykiske helseutfordringer (…)	is due to factors such as low study mastery, low completion rates– experiencing that goals set are not achieved– and it sometimes leads to reduced quality of life, loneliness, and in some cases, mental health challenges." (…)	
		No recorded units from NOR1 No recorded units from NOR3 No recorded units from NOR5 No recorded units from NOR7 No recorded units from NOR8 No recorded units from NOR9 No recorded units from NOR10 No recorded units from NOR12 No recorded units from NOR13		
Category: Populism, Subcategory: **Anti-science**				
		No recorded units from NOR1 No recorded units from NOR2 No recorded units from NOR3 No recorded units from NOR4 No recorded units from NOR5 No recorded units from NOR6 No recorded units from NOR7 No recorded units from NOR8 No recorded units from NOR9 No recorded units from NOR10 No recorded units from NOR11 No recorded units from NOR12 No recorded units from NOR13		
Category: Populism, Subcategory: **Unrealistic**				
144	NOR6	(…) 40 pst. av befolkningen bruker solarium én eller flere ganger i løpet av året. Risikoen for uvettig soling vil kunne øke med et betjeningskrav, siden man må forvente en økning i kjøp av solsenger til privat bruk. Det blir fort alternativet når det lokale solariet må stenge . Dette handler ikke om næringspolitikk– dette handler om livets harde realiteter. Hvis det ikke er et solarium der du bor, fordi det har stengt pga. et betjeningskrav, er løsningen gjerne å kjøpe sitt eget. (…)	"(…) 40% of the population use tanning beds once or more during the year. The risk of reckless tanning may increase with a service requirement, since one would expect an increase in the purchase of tanning beds for private use. It quickly becomes the alternative when the local tanning salon has to close. This is not about business policy– this is about the harsh realities of life. If there is no tanning salon where you live, because it has closed due to a service requirement, the solution is often to buy your own."	Staff requirement in tanning salons leading to increased demand for tanning beds
		No recorded units from NOR1 No recorded units from NOR2 No recorded units from NOR3 No recorded units from NOR4 No recorded units from NOR5 No recorded units from NOR7		

No recorded units from NOR8
No recorded units from NOR9
No recorded units from NOR10
No recorded units from NOR11
No recorded units from NOR12
No recorded units from NOR13

Category: Populism, Subcategory: **Other populism**				
145	NOR1	(…) Fastlegene har i snart 40 år praktisert en egendefinert rett til reservasjon uten at det har vært åpenhet rundt dette. Det er en praksis vår regjering ønsker å rydde opp i. (…)	"(…) General practitioners have, for almost 40 years, practiced a self-defined right to reservation without transparency around this. This is a practice our government wants to address."	Lack of transparency for group
146	NOR5	(…) Kristelig Folkepartis forslag har mest fokus på unge kvinners seksuelle helse. Det er også naturlig når over skriften er å redusere uønskede svangerskap og aborter. Men vi ønsker også å ansvarliggjøre gutter når det gjelder prevensjon, og vi ønsker å synliggjøre behovet for prevensjonsmetoder som også kan redusere smitten av seksuelt overførbare sykdommer (…)	"(…) The proposal from the Christian Democratic Party focuses mostly on young women's sexual health. This is also natural given the headline is to reduce unwanted pregnancies and abortions. However, we also want to hold boys accountable when it comes to contraception, and we want to highlight the need for contraceptive methods that can also reduce the transmission of sexually transmitted diseases. (…)"	Calls for increased responsibility of group
147	NOR7	(…) Det er uakseptabelt dersom leger i det offentlige misbruker sin stilling eller påvirker pasientstrømmer for å berike seg selv eller andres private virksomhet (…)	"(…) It is unacceptable if doctors in the public sector abuse their position or influence patient flows to enrich themselves or others' private businesses (…)"	Criticism of group
148	NOR8	(…) Forslaget om at Vinmonopolet skal overta taxfree-salget, og det ser nå ut til å bli et flertallsvedtak for en utredning av ordningen, vil utvilsomt bidra til fremtidig usikkerhet rundt videre drift av småflyplassene ute i vårt langstrakte land. Vi snakker da om flyplasser som i dag finansieres av overskuddet fra nettopp taxfree handelen. Vi kan ikke underslå at en mulig finansierings endring vil skape store utfordringer knyttet til småflyplassene. Det er heller ikke til å unngå at debatten rundt hvor mange småflyplasser vi skal ha i fremtiden, vil komme opp igjen med denne typen forslag. (…)	"(…) The proposal for Vinmonopolet to take over duty-free sales, which now seems to be heading towards a majority decision for an investigation into the scheme, will undoubtedly contribute to future uncertainty surrounding the continued operation of small airports across our vast country. We are talking about airports that are currently funded by the profits from duty-free sales. We cannot ignore that a possible change in funding will create significant challenges related to small airports. It is also inevitable that the debate over how many small airports we should have in the future will resurface with this type of proposal. (…)"	Appeal to regions

149	NOR11	(…) Et annet spørsmål handler om bruken av andre typer prevensjonsmidler, f.eks. kondom. Jeg blir bekymret hvis vi stadig vekk legger opp til en politikk som innebærer at det alltid er damenes og jentenes ansvar å sørge for prevensjon, for da taper vi også kampen mot f.eks. kjønnssykdommer (…)	"(…) Another question concerns the use of other types of contraceptives, such as condoms. I become concerned if we consistently advocate for a policy that implies it is always the responsibility of women and girls to ensure contraception, as we also lose the battle against, for example, sexually transmitted diseases. (…)"	Protection of group
		No recorded units from NOR2 No recorded units from NOR3 No recorded units from NOR4 No recorded units from NOR6 No recorded units from NOR9 No recorded units from NOR10 No recorded units from NOR11 No recorded units from NOR12 No recorded units from NOR13		
Category: Authoritarianism, Subcategory: **Law and authority**				
150	NOR1	(…) Det må heves over enhver tvil at regjeringens forslag om fastlegers reservasjonsadgang i spørsmålet om liv og død overhodet ikke rokker ved retten til sjølbestemt abort eller innebærer noen form for endring av abortloven. Tvert imot synliggjør det og strammer inn en praksis som har eksistert i strid med regelverket i mange år (…)	"(…) It must be made absolutely clear that the government's proposal regarding general practitioners' right to reservation in matters of life and death in no way undermines the right to elective abortion nor involves any change to the abortion law. On the contrary, it highlights and tightens up a practice that has existed in violation of the regulations for many years (…)	Tightening of law
151	NOR1	(…) Debatten som har gått, viser at dagens generelle hen visningsplikt skjuler at leger reserverer seg mot å henvise til abort. Dette er lovstridig, og det burde vært ryddet opp i for lenge siden. (…)	(…) The ongoing debate reveals that today's general referral obligation conceals that doctors are reserving themselves from referring for abortions. This is illegal, and it should have been addressed a long time ago. (…)	Emphasis on law
152	NOR4	(…) Det viktige er at Stortinget vedtar politikken, mens styrene ved sykehusene har ansvaret for hvordan tjenesten skal organiseres og drives innen de an svarsområdene som de har– og disse rollene må ikke blandes (…)	(…) The important thing is that the Parliament decides on policy, while the boards of the hospitals are responsible for how the service is organized and operated within their areas of responsibility—and these roles must not be mixed (…)	Division of authority
153	NOR4	(…) Jeg vil ikke legge opp til at Stortinget skal ta stilling til det faktiske tilbudet ved hvert enkelt sykehus. Det vil være ansvaret til styret og ledelsen innen de rammene som Stortinget trekker	(…) I will not propose that the Parliament should decide on the actual services at each individual hospital. That will be the responsibility of the board and management within	Division of authority

		opp gjennom nasjonal helse- og sykehusplan. Det er regjeringens ansvar å sikre at helseforetakenes beslutninger er innenfor Stortingets rammer. En del av beslutningene vil også ende opp som store utbyggings prosjekter som selvfølgelig vil bli lagt fram for Stortinget gjennom statsbudsjettene (…)	the frameworks set by the Parliament through the national health and hospital plan. It is the government's responsibility to ensure that the health enterprises' decisions are within the Parliament's frameworks. Some of the decisions will also result in large construction projects that will naturally be presented to the Parliament through the state budgets (…)	
154	NOR4	(…) Så er dette et arbeid med en utviklingsplan som startet opp under den forrige regjeringen. Den ble fullført under denne regjeringen. Jeg mener at de endringene som ble vedtatt ved Sykehus Telemark, er så vesentlige, spesielt med tanke på det som står i regjeringsplattformen, at det var en beslutning som måtte tas av meg i foretaksmøte, når det gjelder akuttilbudet på Rjukan og i Kragerø. Derfor er det min beslutning, og det er en beslutning som jeg tar ansvar for– sånn er også ansvarsdelingen mellom stor ting og regjering– som det er trukket opp bl.a. i § 30 i helseforetaksloven. (…)	(…) This is a developmental plan that started under the previous government. It was completed under this government. I believe that the changes adopted at Sykehus Telemark are so significant, especially regarding what is stated in the government's platform, that it was a decision that had to be made by me at the enterprise meeting, concerning the emergency services in Rjukan and Kragerø. Therefore, it is my decision, and it is a decision for which I take responsibility—this is also the division of responsibilities between the Parliament and the government—as outlined, among other things, in § 30 of the Health Enterprises Act. (…)	Emphasis on authority
155	NOR4	(…) Den typen plan som Senterpartiet og SV tar til orde for nå, vil undergrave hele styringssystemet og ansvarsdelingen mellom storting og regjering (…)	"(…) The type of plan that the Centre Party and the Socialist Left Party are advocating for now will undermine the entire governance system and the division of responsibilities between the Parliament and the government (…)	
156	NOR6	(…) Det er i høringsutkastet foreslått bl.a. kompetansekrav som vil ha betydning her. Så er det slik at både kommunene og Statens stråle vern fører tilsyn og kontroll med solarievirksomheten, og det tilsynet, som representanten selv trakk fram i sitt spørsmål, viser at det også gjennomføres av andre. Så det vil være det viktigste virkemidlet her (…)	(…) The consultation draft proposes, among other things, competence requirements that will be relevant here. Additionally, both the municipalities and the Norwegian Radiation and Nuclear Safety Authority conduct supervision and control of solarium businesses, and that supervision, as the representative mentioned in their question, is also carried out by others. So, this will be	Emphasis on supervision and authority

			the most important tool here (…)	
157	NOR7	(…) Bierverv og mulige habilitetskonflikter er ivaretatt gjennom foretakenes retningslinjer og systemer, og vi for venter at foretakene følger opp (…)	(…) Secondary employment and potential conflicts of interest are addressed through the enterprises' guidelines and systems, and we expect the enterprises to follow up on them (…)	Emphasis on respecting rules
158	NOR7	(…) De regionale helseforetakene er også pålagt å gi god og forståelig informasjon om fritt sykehusvalg gjennom oppdragsdokumentene (…)	(…) The regional health authorities are also required to provide good and understandable information about free hospital choice through the assignment documents (…)	Responsibility of health authorities
159	NOR7	(…) Enhver arbeidsgiver, også sykehusene, må forvente lojalitet fra medarbeiderne. Det er, som representantene er kjent med, etablert retningslinjer og rapporteringsrutiner for medarbeidere og ledere i spesialisthelsetjenesten. Jeg forutsetter selvfølgelig at disse blir respektert og etterlevd (…)	(…) Any employer, including hospitals, must expect loyalty from their employees. As the representatives are aware, guidelines and reporting routines have been established for employees and leaders in the specialist health service. I, of course, assume that these will be respected and adhered to (…)	Emphasis on respecting and being loyal to authority
160	NOR7	(…) Det har vært rapportert om enkelthendelser hvor private aktører, spesielt innen radiologi, opptrer på en måte som ikke er forenlig med inngåtte avtaler (…)	(…) There have been reports of individual incidents where private actors, especially in radiology, act in a manner that is not consistent with the agreements made (…)	Breach of agreements
161	NOR8	(…) Jeg vil understreke at det også er viktig at taxfree-butikkene, både ved utformingen av butikkene og i sin løpende virksomhet, sørger for at forbudet mot alkoholreklame og de andre kravene i alkoholloven som også gjelder for taxfree-utsalgene, etterleves. (…)	(…) I want to emphasize that it is also important that the duty-free shops, both in the design of the stores and in their ongoing operations, ensure that the ban on alcohol advertising and the other requirements of the Alcohol Act, which also apply to duty-free outlets, are complied with (…)	Emphasis on respect for rules
162	NOR8	(…) Alkoholpolitikken i Norge vedtas i Stortinget– det er ikke Vinmonopolet som utformer alkoholpolitikken. (…)	(…) Alcohol policy in Norway is decided by the Parliament—it is not Vinmonopolet that shapes alcohol policy. (…)	Emphasis on authority
163	NOR9	(…) Derfor har regjeringen slått fast at vi ikke kan overlate til kommunene alene å løse utfordringene, ikke fordi det bare finnes triste historier i Kommune-Norge–mange er fornøyd med tilbudet de mottar– men det er for stor variasjon, og vi har for lite oversikt over kvalitet og kapasitet på nasjonalt nivå (…)	"(…) Therefore, the government has established that we cannot leave it solely to the municipalities to solve the challenges, not because there are only sad stories in Municipal Norway—many are satisfied with the services they receive—but there is too much variation, and we have too little oversight of quality and	Too little oversight

			capacity at the national level (…)	
164	NOR9	(…) Regjeringen vil også utrede et forsøk med statlig finansiering i omsorgen (…)	(…) The government will also investigate a trial with state financing in care services (…)	Centralisation of authority
165	NOR11	(…) Den enkelte kommune skal, i henhold til helse- og om sorgstjenesteloven § 3-1, sørge for at personer som oppholder seg i kommunen, tilbys nødvendige helse- og omsorgstjenester, og for å oppfylle dette ansvaret skal kommunen bl.a. tilby en fastlegeordning, legevakt og medisinsk nødmeldetjeneste. Det betyr at kommunen også skal sørge for at studenter, eller andre med fastlege i en annen kommune enn oppholdskommunen, har tilgang til nødvendig helsehjelp. Kommuner med mange pendlere og studenter mv. skal i planleggingen av legetjenesten sørge for at fast legene samlet sett har kapasitet til også å ta imot disse (…)	(…) According to the Health and Care Services Act § 3-1, each municipality shall ensure that individuals residing in the municipality are offered necessary health and care services. To fulfill this responsibility, the municipality must, among other things, provide a regular general practitioner scheme, emergency services, and medical emergency notification services. This means that the municipality must also ensure that students or others with a regular general practitioner in another municipality have access to necessary healthcare. Municipalities with many commuters and students, etc., must ensure in their planning of medical services that the general practitioners collectively have the capacity to also accommodate these individuals (…)	Referring to law
166	NOR11	(…) Så jeg er veldig glad for den positive innstillingen som også komiteen har i innstillingen, til studentsamskipnadens helsetilbud, men det er viktig at vi gjennom det ikke fratar kommunene det lovpålagte ansvaret de har for å gi også studentbefolkningen sin et godt helsetilbud (…)	(…) So, I am very pleased with the positive attitude the committee has shown in the report towards the student welfare organization's health services, but it is important that we do not relieve the municipalities of their statutory responsibility to provide a good healthcare service to their student population (…)"	Responsibility of municipalities
		No recorded units from NOR2 No recorded units from NOR3 No recorded units from NOR5 No recorded units from NOR10 No recorded units from NOR12 No recorded units from NOR13		
Category: Authoritarianism, Subcategory: **Legal rhetoric**				
167	NOR7	(…) Jeg er av den oppfatning at det ikke er mulig gjennom lov å nekte ansatte å jobbe i en privat virksomhet i fritiden, så lenge dette ikke går ut over arbeidsforholdet i sykehuset, eller er i strid med lojalitetsplikten eller	(…) I am of the opinion that it is not possible through law to prohibit employees from working in a private business in their free time, as long as this does not affect their employment at the hospital or	Emphasis on authority, but no need to change law

		forvaltningslovens habilitetsregler. Jeg ser heller ikke at det er behov for en lovendring på området	violate the duty of loyalty or the administrative law's conflict of interest rules. I also do not see the need for a legal change in this area (…)	
		No recorded units from NOR1 No recorded units from NOR2 No recorded units from NOR3 No recorded units from NOR4 No recorded units from NOR5 No recorded units from NOR6 No recorded units from NOR8 No recorded units from NOR9 No recorded units from NOR10 No recorded units from NOR11 No recorded units from NOR12 No recorded units from NOR13		
Category: Authoritarianism, Subcategory: **Traditional values**				
168	NOR1	(…) Det sentrale spørsmålet i denne veldig opphetede debatten er: Er tiden nå moden for å gi noen få fastleger den samme rett til å følge sin samvittighet som leger og helse personell på sykehus har hatt i snart 40 år? Jeg mener ja og er glad for at regjeringen har lagt fram et forslag om en slik reservasjonsmulighet (…)	"(…) The central question in this very heated debate is: Is the time now ripe to grant a few general practitioners the same right to follow their conscience that doctors and healthcare personnel in hospitals have had for almost 40 years? I believe the answer is yes and I am pleased that the government has presented a proposal for such a reservation option (…)	Conscience and personal values
169	NOR1	(…) Når regjeringen har utarbeidet et forslag til løsning som fullt ut ivaretar kvinners rettigheter og legers tankefrihet, samvittighetsfrihet og religionsfrihet, er vi som samfunn forpliktet av menneskerettighetene til å bidra til dette. Det er nettopp det som er toleranse. (…)	"(…) When the government has prepared a solution that fully safeguards women's rights and doctors' freedom of thought, conscience, and religion, we as a society are obligated by human rights to contribute to this. This is precisely what tolerance is (…)"	Doctors' values and tolerance
170	NOR1	(…) Jeg tror kvinner vet hva det handler om. Det jeg er opptatt av, er at vi skal forene to, eller tre, veldig viktige hensyn, nemlig å ivareta kvinners rett fullt ut, at vi skaper åpenhet om den praksisen som det ikke er åpenhet om i dag, og at vi kan gi leger frihet i dette viktige samvittighetsspørsmålet– de få legene som det handler om. Dette er de tre hensynene som det er viktig for oss å ivareta i denne saken (…)	"(…) I believe women understand what this is about. What I am concerned with is that we should unite two, or three, very important considerations, namely fully protecting women's rights, creating transparency about the practice that currently lacks openness, and granting doctors freedom in this important matter of conscience— the few doctors it concerns. These are the three considerations that are	Doctors' personal values

			important for us to safeguard in this case (…)"	
171	NOR1	(…) Jeg vil takke representanten for at han leste opp de ordene, for det viser med veldig stor tydelighet at for Høyre har dette alltid handlet om balansen mellom to viktige hensyn. På den ene siden det som er viktigst, kvinnens rett og mulighet til å få utført selvbestemt abort, men på den andre siden legers mulighet til å ivareta sin samvittighet så lenge det ikke går ut over kvinnen. (…)	"(…) I would like to thank the representative for reading those words, because it clearly shows that for the Conservative Party this has always been about balancing two important considerations. On the one hand, what is most important, the woman's right and ability to have an abortion, but on the other hand, the doctors' ability to maintain their conscience as long as it does not affect the woman (…)"	Doctors' personal values
172	NOR1	(…) Denne debatten er alvorlig. Den handler ikke om kvinnens rett til abort, men den handler om hvorvidt vi skal tillate noen få leger å reservere seg mot henvisning til abort av samvittighetsgrunner. Samvittighet er knyttet til verdier og moral, og samvittighet handler om enkeltmenneskets verdier (…)	"(…) This debate is serious. It is not about the woman's right to an abortion, but whether we should allow a few doctors to opt out of referring for abortions on grounds of conscience. Conscience is linked to values and morality, and conscience concerns the values of the individual (…)"	Doctors' personal values
		No recorded units from NOR2 No recorded units from NOR3 No recorded units from NOR4 No recorded units from NOR5 No recorded units from NOR6 No recorded units from NOR7 No recorded units from NOR8 No recorded units from NOR9 No recorded units from NOR10 No recorded units from NOR11 No recorded units from NOR12 No recorded units from NOR13		
Category: Authoritarianism, Subcategory: **Other authoritarianism**				
173	NOR7	(…) Medarbeidere må sørge for å unngå å komme i situasjoner hvor habiliteten svekkes, eller hvor sykehusets omdømme skades (…)	(…) Employees must ensure to avoid situations where their impartiality is compromised, or where the hospital's reputation is damaged (…)	
		No recorded units from NOR1 No recorded units from NOR2 No recorded units from NOR3 No recorded units from NOR4 No recorded units from NOR5 No recorded units from NOR6 No recorded units from NOR8 No recorded units from NOR9 No recorded units from NOR10 No recorded units from NOR11 No recorded units from NOR12 No recorded units from NOR13		

Sweden

Table 10: Recorded units, Moderaterna party manifesto (mainstream party)

#	Debate	Content	Translated content	Remarks
Category: Nativism, Subcategory: **Nationalism**				
174	SWE-MP	Vi ska förbättra äldreomsorgen (…)Moderaterna kommer att: (…) Införa språkkrav för personal inom vård och äldreomsorg (…)	"We will improve elderly care (…) The Moderates will: (…) Introduce language requirements for staff in healthcare and elderly care (…)	Language requirements for staff
Category: Nativism, Subcategory: **Xenophobia**				
		No recorded units from SWE-MP		
Category: Nativism, Subcategory: **Other nativism**				
175	SWE-MP	Vi ska förbättra äldreomsorgen (…) Anhöriga ska veta att mamma eller pappa tas väl om hand – äter bra för att maten är god och näringsrik, får regel bunden vård och omsorg av personal de känner igen och som pratar svenska. (…)	(…) We will improve elderly care (…) Relatives should know that mom or dad is well taken care of – eats well because the food is good and nutritious, receives regular care and attention from staff they recognize and who speak Swedish. (…)"	Language in care
Category: Populism, Subcategory: **Anti-elite**				
		No recorded units from SWE-MP		
Category: Populism, Subcategory: **Pro-people**				
176	SWE-MP	Så får vi ordning på vården och äldreomsorgen: (…) Du som betalar in skatt ska också få valuta för dina inbetalade skattepengar. Du ska kunna känna dig trygg med att välfärden fungerar oavsett var i landet du bor. Alla har rätt till likvärdig vård – som kan ges i rätt tid och håller hög kvalitet (…)	(…) This is how we will get healthcare and elderly care in order: (…) You who pay taxes should also get value for your tax money. You should be able to feel secure that welfare works no matter where in the country you live. Everyone has the right to equivalent care – which can be provided in a timely manner and maintains high quality (…)	Appeal to taxpayer
177	SWE-MP	Vi ska korta vårdköerna (…) Fyra av tio patienter har i år väntat längre än lagstadgad tid på sin operation eller annan behandling. Vi tycker att du ska kunna förvänta dig mer av ett välfärdsland som Sverige. (…)	We will shorten healthcare queues (…) Four out of ten patients this year have waited longer than the legally mandated time for their operation or other treatment. We believe that you should be able to expect more from a welfare country like Sweden. (…)	People failed by system
178	SWE-MP	Vi ska prioritera kvinnors sjukdomar och hälsa (…) Kvinnor ska inte behöva ge uttryck för mer smärta och lidande för att få	"We will prioritize women's diseases and health (…) Women should not have to express more pain and	Appeal to group

		samma behandling som män. Men så är det idag. (…)	suffering to receive the same treatment as men. But that is the situation today. (…)"	
179	SWE-MP	Vi ska stärka förlossningsvården (…) Att bli förälder är något fantastiskt, som ska vara förenat med förväntan, spänning och lycka. Men många hamnar idag i stället i en situation där förlossningen leder till stress, oro och funderingar kring hur det ska gå (…)	We will strengthen maternity care (…) Becoming a parent is something wonderful, which should be associated with anticipation, excitement, and happiness. But today many instead find themselves in a situation where childbirth leads to stress, worry, and concerns about how it will go (…)"	Appeal to parents
180	SWE-MP	Vi ska förebygga psykisk ohälsa bland barn och unga (…) Få saker är viktigare att prioritera än barns psykiska mående (…)	"We will prevent mental illness among children and young people (…) Few things are more important to prioritize than children's mental well-being (…)"	Appeal to people
181	SWE-MP	Vi ska förbättra äldreomsorgen (…) Den som behöver omsorg på ålderns höst ska känna sig trygg med det (…)	"We will improve elderly care (…) Those who need care in their old age should feel secure in that (…)"	Appeal to group
Category: Populism, Subcategory: **Crisis performance**				
		No recorded units from SWE-MP		
Category: Populism, Subcategory: **Simplification**				
182	SWE-MP	Vi ska korta vårdköerna (…) Moderaterna kommer att: (…) Utöka kömiljarden genom att rikta särskilda prestationsbaserade resurser till köerna inom cancervården respektive barn- och ungdomspsykiatrin (BUP) (…)	We will shorten healthcare queues (…) The Moderates will: (…) Expand the 'queue billion' by directing special performance-based resources to the queues in cancer care and child and adolescent psychiatry (BUP) (…)"	Simplification of solution
183	SWE-MP	Vi ska förebygga psykisk ohälsa bland barn och unga (…) Moderaterna kommer att (…) Stärka barn- och ungdomspsykiatrin så att barn och unga som mår dåligt får hjälp snabbt (…)	"We will prevent mental illness among children and young people (…) The Moderates will (…) Strengthen child and adolescent psychiatry so that children and young people who are struggling can get help quickly (…)"	Vague policy
Category: Populism, Subcategory: **Anti-science**				
		No recorded units from SWE-MP		
Category: Populism, Subcategory: **Unrealistic**				
		No recorded units from SWE-MP		
Category: Populism, Subcategory: **Other populism**				
184	SWE-MP	Vi ska förbättra cancervården (…) Det är tydligt att tillgängligheten och effektiviteten i cancervården idag är för låg. Det finns också	We will improve cancer care (…) It is clear that the accessibility and efficiency of cancer care today are too low.	

		stora regionala skillnader i kvalitet och väntetider (…)	There are also significant regional differences in quality and waiting times (…)"	
Category: Authoritarianism, Subcategory: **Law and authority**				
185	SWE-MP	Vi ska förbättra cancervården (…) Moderaterna kommer att: (…) Införa en förstärkt vårdgaranti för cancer patienter – om inte vården kan ges inom angivna tidsgränser ska patienten ha rätt att vända sig till annan vårdgivare och bli ersatt för de merkostnader detta innebär (…)	"We will improve cancer care (…) The Moderates will: (…) Introduce an enhanced care guarantee for cancer patients – if care cannot be provided within the specified time limits, the patient will have the right to turn to another care provider and be reimbursed for the additional costs this entails (…)"	Care guarantee
186	SWE-MP	Vi ska förebygga psykisk ohälsa bland barn och unga (…) Moderaterna vill lagstifta om att barn som mår psykiskt dåligt och behöver hjälp och stöd ska få det inom maximalt 30 dagar. Och inom ytterligare maximalt 30 dagar få den behandling som behövs. (…)	"We will prevent mental illness among children and young people (…) The Moderates want to legislate that children who are mentally unwell and need help and support should receive it within a maximum of 30 days. And within an additional maximum of 30 days receive the treatment they need. (…)"	Care guarantee
Category: Authoritarianism, Subcategory: **Legal rhetoric**				
		No recorded units from SWE-MP		
Category: Authoritarianism, Subcategory: **Traditional values**				
		No recorded units from SWE-MP		
Category: Authoritarianism, Subcategory: **Other authoritarianism**				
		No recorded units from SWE-MP		

Table 11: Recorded units, Sverigedemokraterna party manifesto (RRP)

#	Debate	Content	Translated content	Remarks
Category: Nativism, Subcategory: **Nationalism**				
187	SWE-RRP	ÄLDREFRÅGOR (…) Sverigedemokraterna vill: (…) Införa språkkrav för personal inom hemtjänsten och äldreomsorgen. (…)	(…) ELDERLY ISSUES (…) The Sweden Democrats want to: (…) Introduce language requirements for staff in home care and elderly care. (…)	Language requirements for elderly care staff
Category: Nativism, Subcategory: **Xenophobia**				
		No recorded units from SWE-RRP		
Category: Nativism, Subcategory: **Other nativism**				
188	SWE-RRP	ÄLDREFRÅGOR (…) Om flytt till äldreboende blir aktuellt möts man inte helt ofta av	"ELDERLY ISSUES (…) When moving to a care home becomes necessary, one is	Emphasis on language of care staff

		stressad och utmattad personal, som i vissa fall inte ens kan språket. (…)	often met by stressed and exhausted staff, who in some cases don't even know the language. (…)"	
Category: Populism, Subcategory: **Anti-elite**				
189	SWE-RRP	ÄLDREFRÅGOR (…) Samhällsförändringarna har i kombination med en obefintlig äldrepolitik från de styrande regeringspartierna resulterat i en allt annat än trygg, värdig och omhändertagande tillvaro för pensionärer. Sverige måste ställa om och skapa ett samhälle där alla kan åldras i trygghet och värdighet (…)	ELDERLY ISSUES (…) Societal changes combined with a nonexistent elder policy from the ruling government parties have resulted in anything but a safe, dignified, and caring existence for pensioners. Sweden must transform and create a society where everyone can age in security and dignity (…)	Critique of government
190	SWE-RRP	Sjukförsäkring (…) Problemet har varit ett regelverk som har varit alltför stelbent och inte anpassat efter dagens förutsättningar, samtidigt som utredningsarbetet i många fall varit mycket bristfälligt. Detta tillsammans med en styrning från regeringen som fokuserat på att spara på kostnader genom få ner antalet med sjukpenning har lett ohållbara utförsäkringar (…)	"Health Insurance (…) The problem has been a set of rules that are too rigid and not adapted to current conditions, while the investigative work in many cases has been very inadequate. This, along with the government's focus on saving costs by reducing the number of people on sick leave, has led to unsustainable denials of benefits (…)"	Anti-government
191	SWE-RRP	Sjukförsäkring (…) Långa handläggningstider på försäkringskassan har också drabbat många hårt särskilt för dem som berörts av att regeringen gjorde om vårdbidrag och handikappersättning till omvårdnadsbidrag och merkostnadsersättning och därmed hamnat mellan två system (…)	"Health Insurance (…) Long processing times at the Social Insurance Agency have also severely affected many, especially those impacted by the government's change from care allowance and disability allowance to care support and additional cost allowance, thereby falling between two systems (…)"	Anti-system
192	SWE-RRP	Sjukvård (…) Den pågående pandemin har ytterligare accentuerat de strukturella bristerna i sjukvårdens organisation. Samordningen mellan olika regioner brister och tillgången till vård varierar över landet. Huvudproblemet handlar i betydande utsträckning om att styrningen via 21 olika regioner skapar otydlighet, målkonflikter, successivt ökande administration och brister i kompetensförsörjningen (…)	Healthcare (…) The ongoing pandemic has further highlighted the structural deficiencies in the healthcare organization. Coordination between different regions is lacking and access to care varies across the country. The main problem is largely due to the fact that management through 21 different regions creates ambiguity, conflicts of interest, gradually increasing administration, and deficiencies in the supply of competence (…)	Anti-system

Category: Populism, Subcategory: **Pro-people**				
193	SWE-RRP	ÄLDREFRÅGOR (…) Den ekonomiska utvecklingen pekar på att en del har det bra, men utvecklingen för de som har det sämre går tyvärr fortsatt utför. För många är tillvaron så dålig att man tvingas samla burkar och en del lever på absoluta existensminimum. Allt fler äldre tvingas leva sina sista år i hemlöshet och det är inte värdigt ett (…)	"ELDERLY ISSUES (…) The economic development shows that some are doing well, but the situation for those who are worse off continues to decline. For many, the situation is so dire that they are forced to collect cans and some live at the absolute subsistence level. Increasingly, more elderly people are forced to spend their final years homeless, and this is not dignified for a (…)	People failed by system
194	SWE-RRP	ÄLDREFRÅGOR (…) Den psykiska ohälsan har på grund av isolering och ensamhet också blivit allt mer utbredd bland landets pensionärer. En skral pension innebär begränsande möjligheter till ett aktivt och hälsosamt liv med resor och möten som sätter guldkant på vardagen. (…)	ELDERLY ISSUES (…) Due to isolation and loneliness, mental health problems have become increasingly prevalent among the country's pensioners. A meager pension limits opportunities for an active and healthy life with travel and social interactions that add joy to everyday life. (…)	Group failed by system
195	SWE-RRP	ÄLDREFRÅGOR (…) En ny äldreomsorgslag måste stärka lagstödet för goda levnadsvillkor då den nuvarande benämningen med skäliga levnadsvillkor inte duger (…)	ELDERLY ISSUES (…) A new elderly care law must strengthen legal support for good living conditions since the current designation of reasonable living conditions is inadequate (…)	Appeal to group
196	SWE-RRP	ÄLDREFRÅGOR (…) Dagens pensionärer har byggt Sverige och bidragit till att skapa ett fantastiskt land för oss att leva i. Samhället har därför en skyldighet att sörja för pensionärerna. Därför har samhället en skyldighet att inte heller kompromissa när det kommer till ekonomisk trygghet, omhändertagande och rätten till en värdig livskvalité. (…)	ELDERLY ISSUES (…) Today's pensioners have built Sweden and contributed to creating a fantastic country for us to live in. Therefore, society has a duty to care for pensioners. Hence, society also has a duty not to compromise when it comes to financial security, care, and the right to a dignified quality of life. (…)	Praise of group
197	SWE-RRP	Sjukförsäkring (…) Den som drabbas av sjukdom ska kunna lägga sitt fokus på återhämtning istället för att hamna i ekonomisk kris och tampas mot myndigheter. Regelverket måste därför bli mer flexibelt och anpassas efter individens behov och möjligheter både inom sjukpenning samt sjuk och aktivitetsersättningen. (…)	HEALTH INSURANCE (…) Those affected by illness should be able to focus on recovery instead of facing financial crisis and struggling against authorities. Therefore, the regulations must become more flexible and adapted to the individual's needs and capabilities both in sickness benefits and sickness and activity compensation. (…)	Appeal to people
198	SWE-RRP	Sjukvård (…) Sverigedemokraterna anser att medborgare i ett högskatteland har	MEDICAL CARE (…) The Sweden Democrats believe that citizens in a high-	Appeal to people/regions

		rätt att förvänta sig en god och tillgänglig sjukvård, även utanför storstäderna (…)	tax country have the right to expect good and accessible healthcare, even outside major cities (…)	
199	SWE-RRP	Psykisk ohälsa (…) Ungas psykiska ohälsa är en särskilt oroväckande trend. Ett tuffare samhällsklimat, en osäker arbetsmarknad och utbredd bostadsbrist skulle i kombination med ökad konkurrens och högre press i det sociala livet kunna vara bidragande faktorer till utvecklingen (…)	MENTAL HEALTH (…) The mental health of young people is a particularly worrying trend. A tough social climate, an uncertain job market, widespread housing shortages, combined with increased competition and higher social pressure, could be contributing factors to this development (…)	Appeal to group
Category: Populism, Subcategory: **Crisis performance**				
200	SWE-RRP	ÄLDREFRÅGOR (…) Allt fler äldre råkar ut för stölder, rån och överfall i sina egna hem. För att säkerställa äldre människors trygghet bör staten möjliggöra för kommuner att snarast installera någon form av nyckelfria lås (…)	ELDERLY ISSUES (…) More and more elderly people are becoming victims of theft, robbery, and assault in their own homes. To ensure the safety of older people, the state should enable municipalities to promptly install some form of keyless locks (…)	Crisisi performance for elderly people
201	SWE-RRP	Sjukförsäkring (…) Det finns ett stort och utbrett missnöje med hur sjukförsäkringen fungerar idag. Svårt sjuka har utförsäkrats och hänvisats till arbete, människor har sett sina sjukdagar försvinna i väntan på vård och en del fastnar i utanförskap trots önskan att arbeta eller studera. I somliga fall har avslag lett till att människor valt att avsluta sina liv (…)	HEALTH INSURANCE (…) There is widespread dissatisfaction with how health insurance functions today. Seriously ill individuals have been removed from insurance coverage and pushed back into work, people have seen their sick days disappear while waiting for care, and some are stuck in exclusion despite their desire to work or study. In some cases, rejections have led people to choose to end their lives (…)	Access to care linked to suicide
202	SWE-RRP	Sjukförsäkring (…) Samtidigt har välfärdssystemet långsamt dränerats av fusk och organiserad brottslighet som går ut över dem som verkligen behöver samhällets stöd (…)	HEALTH INSURANCE (…) At the same time, the welfare system has slowly been drained by fraud and organized crime, which adversely affects those who truly need society's support (…)	Organised crime draining welfare system of resources
203	SWE-RRP	Sjukförsäkring (…) Det behövs också verktyg för att ta krafttag mot välfärdsbrottsligheten inom socialförsäkringen. (…)	HEALTH INSURANCE (…) Tools are also needed to combat welfare crime within social insurance. (…)	Crime in welfare
204	SWE-RRP	Sjukförsäkring (…) Sverigedemokraterna vill: (…) Stoppa välfärdsbrottsligheten inom socialförsäkringen (…)	HEALTH INSURANCE (…) The Sweden Democrats want: (…) To stop welfare crime within social insurance (…)	Vague crisis performance
205	SWE-RRP	Sjukvård (…) Redan innan pandemin hade vårdköerna vuxit sig så långa att	MEDICAL CARE (…) Even before the pandemic, waiting times for medical care	People dying while waiting for help

		cancerpatienter dog i väntan på vård. Bristerna leder till att patienter ofta får vård i ett senare och ofta förvärrat sjukdomsstadium än vad som hade varit möjligt med en mer tillgänglig vård. (…)	had grown so long that cancer patients were dying while waiting for treatment. These deficiencies lead to patients often receiving care at a later and often more advanced stage of illness than would have been possible with more accessible care. (…)	
206	SWE-RRP	Sjukvård (…) Ett ökande problem för akutvården är patienter med skador av skjut- och knivvåld, vilka ofta utlöser en kedja av resurskrävande insatser, ibland på bekostnad av planerad vård (…)	MEDICAL CARE (…) An increasing problem for emergency care is patients with gunshot and stab wounds, which often trigger a chain of resource-intensive interventions, sometimes at the expense of planned care (…)	Tying violent crime to health care problems
207	SWE-RRP	Sjukvård (…) En ytterligare konsekvens av den nya samhällsbilden är oroligheter på akutmottagningar och ökade inslag av hot och våld mot vårdpersonal (…)	MEDICAL CARE (…) Another consequence of the new societal landscape is disturbances in emergency departments and an increased incidence of threats and violence against healthcare personnel (…)	Staff threatened
208	SWE-RRP	Psykisk ohälsa (…) Idag skrivs exempelvis patienter, som har gjort ett självmordsförsök, ut snabbt, utan några seriösa behandlingsåtgärder (…)	MENTAL HEALTH (…) Today, for example, patients who have attempted suicide are discharged quickly, without any serious treatment measures (…)	
Category: Populism, Subcategory: **Simplification**				
209	SWE-RRP	Sjukförsäkring (…) Sverigedemokraterna vill också verka för kortare handläggningstider, mer rättssäkra beslut och kvalitetssäkring i utredningsarbetet. (…)	HEALTH INSURANCE (…) The Sweden Democrats also want to work towards shorter processing times, more legally secure decisions, and quality assurance in investigative work. (…)	Vague policy
210	SWE-RRP	Sjukvård (…) Sverigedemokraterna vill: (…) Avskaffa vårdköerna och införa en riktig vårdgaranti (…)	MEDICAL CARE (…) The Sweden Democrats want: (…) Abolish waiting lists and introduce a proper care guarantee (…)	Simplification of policy
211	SWE-RRP	Sjukvård (…) Sverigedemokraterna vill: (…) Se över sjukvårdens organisation (…)	MEDICAL CARE (…) The Sweden Democrats want: (…) Review the organization of healthcare (…)	Vague policy
212	SWE-RRP	Sjukvård (…) Sverigedemokraterna vill: (…) Satsa på primärvården (…)	MEDICAL CARE (…) The Sweden Democrats want: (…) Invest in primary care (…)	Vague policy
213	SWE-RRP	Sjukvård (…) Sverigedemokraterna vill: (…) Öka antalet vårdplatser (…)	MEDICAL CARE (…) The Sweden Democrats want: (…) Increase the number of hospital beds (…)	Vague policy

214	SWE-RRP	Psykisk ohälsa (…) Sverigedemokraterna vill: (…) Stärka resurserna till psykiatrin (…)	MENTAL HEALTH (…) The Sweden Democrats want: (…) Strengthen resources for psychiatry (…)	Vague policy
215	SWE-RRP	Psykisk ohälsa (…) Sverigedemokraterna vill: (…) Tidigt upptäcka och behandla psykisk ohälsa (…)	MENTAL HEALTH (…) The Sweden Democrats want: (…) Early detection and treatment of mental illness (…)	Vague policy
Category: Populism, Subcategory: **Anti-science**				
No recorded units from SWE-RRP				
Category: Populism, Subcategory: **Unrealistic**				
No recorded units from SWE-RRP				
Category: Populism, Subcategory: **Other populism**				
No recorded units from SWE-RRP				
Category: Authoritarianism, Subcategory: **Law and authority**				
216	SWE-RRP	Sjukförsäkring (…) Sjukförsäkringen ska utformas på ett rättssäkert sätt med villkor som säkerställer att den som behöver lägga sitt egna fokus på att återhämta sig från sjukdom inte samtidigt tvingas till en personlig och privatekonomisk kris (…)	HEALTH INSURANCE (…) Health insurance should be designed in a legally secure manner with conditions that ensure that those who need to focus on recovering from illness do not simultaneously face a personal and financial crisis (…)	Emphasis on law
217	SWE-RRP	Sjukförsäkring (…) Sverigedemokraterna vill: (…) Verka för en trygg och rättssäker sjukförsäkring (…)	HEALTH INSURANCE (…) The Sweden Democrats want: (…) Work for a secure and legally sound health insurance (…)	Emphasis on law
218	SWE-RRP	Sjukvård (…) En riktig vårdgaranti bör införas som en rättighetslagstiftning för medborgarna (…)	MEDICAL CARE (…) A proper care guarantee should be introduced as legislation ensuring the rights of citizens (…)	Care guarantee
219	SWE-RRP	Sjukvård (…) Det ska inrättas ett vårdgarantikansli för vårdköer under Socialstyrelsens regi (…)	MEDICAL CARE (…) An office for care guarantees for waiting lists should be established under the auspices of the National Board of Health and Welfare (…)	Care guarantee
220	SWE-RRP	Sjukförsäkring (…) Sverigedemokraterna vill också se över hur staten i större utsträckning kan ta över huvudansvaret för sjukvården, med utgångspunkt i framgångsrika exempel i Norge och Danmark (…)	HEALTH INSURANCE (…) The Sweden Democrats also want to review how the state can take over primary responsibility for healthcare to a greater extent, based on successful examples in Norway and Denmark (…)	State authority of care
221	SWE-RRP	Psykisk ohälsa (…) Det behöver skapas nya strukturer för ett förbättrat samarbete mellan departement, myndigheter och andra relevanta aktörer (…)	MENTAL HEALTH (…) New structures need to be created for improved collaboration between departments, agencies, and other relevant actors (…)	Government structures

222	SWE-RRP	Psykisk ohälsa (…) Sverigedemokraterna förespråkar därför en tydlig nationell pådrivande styrning där Folkhälsomyndighetens roll förstärks och förtydligas (…)	MENTAL HEALTH (…) Therefore, the Sweden Democrats advocate for clear national driving governance where the role of the Public Health Agency is strengthened and clarified (…)	State authority of care
Category: Authoritarianism, Subcategory: **Legal rhetoric**				
		No recorded units from SWE-RRP		
Category: Authoritarianism, Subcategory: **Traditional values**				
223	SWE-RRP	ÄLDREFRÅGOR (…) Det måste genomföras en förändring av hur man ser på individualismen och de sociala nätverkens betydelse. Synen på familjens starka roll och gemenskap i sammanhanget ska inte förringas (…)	"ELDERLY ISSUES (…) There must be a change in how we perceive individualism and the importance of social networks. The view of the strong role of the family and community in this context should not be underestimated (…)"	Important role of family
Category: Authoritarianism, Subcategory: **Other authoritarianism**				
		No recorded units from SWE-RRP		

Table 12: Recorded units, coalition agreement, Sweden

#	Debate	Content	Translated content	Remarks
Category: Nativism, Subcategory: **Nationalism**				
224	SWE-CA	3. Reformer som ska genomföras i projektet (…) Tandvårdsreform (…) Utan att det påverkar rätten till tandvård som inte kan anstå ska de ekonomiska särregler som finns för tandvård för asylsökande och vissa personer utan uppehållstillstånd ses över med syfte att tas bort (…)	3. Reforms to be implemented in the project (...) Dental care reform (...) Without affecting the right to dental care that cannot be delayed, the economic special rules for dental care for asylum seekers and certain individuals without residence permits shall be reviewed with the aim of being removed (...)	Removing special financing rules in dental care that applies to asylum seekers and foreigners without a residence permit.
225	SWE-CA	3. Reformer som ska genomföras i projektet (…) Språkkrav ska utredas för personal i äldreomsorgen. Socialdepartementet ges i uppdrag att utreda och ta fram förslag på hur ett språkkrav för personal i äldreomsorgen skulle kunna genomföras, vilka insatser som kan hjälpa äldreomsorgspersonal att snabbare nå språkkravet, samt förslag på eventuella lagändringar. Utredningen ska också beakta ett sådant kravs effekter för kommuners kompetensförsörjning	3. Reforms to be implemented in the project (...) Language requirements shall be investigated for personnel in elderly care. The Ministry of Social Affairs is tasked with investigating and proposing how a language requirement for personnel in elderly care could be implemented, what measures could help elderly care personnel to reach the language requirement more quickly, as well as proposals for any legal changes. The investigation shall also	Language requirements for those employed in elder care.

		för omsorg i såväl offentlig som privat regi (…)	consider the effects of such a requirement on municipalities' competence supply for care in both public and private sectors (...)	
Category: Nativism, Subcategory: **Xenophobia**				
		No recorded units from SWE-CA		
Category: Nativism, Subcategory: **Other nativism**				
		No recorded units from SWE-CA		
Category: Populism, Subcategory: **Anti-elite**				
		No recorded units from SWE-CA		
Category: Populism, Subcategory: **Pro-people**				
		No recorded units from SWE-CA		
Category: Populism, Subcategory: **Crisis performance**				
		No recorded units from SWE-CA		
Category: Populism, Subcategory: **Simplification**				
226	SWE-CA	3. Reformer som ska genomföras i projektet (…) Inrätta en nationell vårdförm edling i statlig regi för att kapa köer inom hälso- och sjukvården (…)	3. Reforms to be implemented in the project (...) Establish a national care allowance in state management to reduce queues in healthcare (...)	Vague reform proposal containing little detail.
227	SWE-CA	3. Reformer som ska genomföras i projektet (…) Nationell förlossningsplan Planen ska syfta till att stärka förlossningsvården öka tillgängligheten och minska regionala skillnader. Så många födande kvinnor som möjligt ska ha tillgång till ett barnmorsketeam före, under och efter förlossningen. (…)	3. Reforms to be implemented in the project (...) National childbirth plan The plan aims to strengthen maternity care, increase accessibility, and reduce regional disparities. As many giving birth women as possible should have access to a midwifery team before, during, and after childbirth (...)	Vague reform aimed at maternity care.
228	SWE-CA	3. Reformer som ska genomföras i projektet (…) Utbyggd primärvård. Under den närmaste tioårsperioden ska en omfattande utbyggnad av primärvård ske så att en större andel av hälso- och sjukvården utgörs av primärvård. Det uppnås genom fler allmänspecialister, distriktssköterskor, arbetsterapeuter, fysioterapeuter och att primärvården har ett lokalområdesuppdrag som också innefattar hälsofrämjande arbete. (…)	3. Reforms to be implemented in the project (...) Expanded primary care. During the next ten-year period, there shall be a comprehensive expansion of primary care so that a larger proportion of healthcare consists of primary care. This is achieved through more general practitioners, district nurses, occupational therapists, physiotherapists, and ensuring that primary care has a local area mission that also includes health promotion work (...)	Increase in numbers of specified care personnel without reference to how.
229	SWE-CA	3. Reformer som ska genomföras i projektet (…)	3. Reforms to be implemented in the project (...)	Vague policy priorities

		Cancervården och barncancervården ska ytterligare utvecklas och förbättras. Särskilda satsningar på cancer- och barncancervården inklusive eftervård och rehabilitering. (…)	Cancer care and pediatric cancer care shall be further developed and improved. Special efforts for cancer and pediatric cancer care including aftercare and rehabilitation (...)	mentioned without specificity.
230	SWE-CA	3. Reformer som ska genomföras i projektet (…) Gör sjukvården mer flexibel efter patientens behov och önskemål (…)	3. Reforms to be implemented in the project (...) Make healthcare more flexible according to the patient's needs and preferences (...)	Vague statement concerning flexibility of care.
Category: Populism, Subcategory: **Anti-science**				
		No recorded units from SWE-CA		
Category: Populism, Subcategory: **Unrealistic**				
		No recorded units from SWE-CA		
Category: Populism, Subcategory: **Other populism**				
231	SWE-CA	3. Reformer som ska genomföras i projektet (…) Tandvårdsreform En utredning tillsätts för att stärka tandvårdens högkostnadsskydd för att mer efterlikna det som finns i övrig vård. Äldre personer med sämst munhälsa ska prioriteras. (…)	"3. Reforms to be implemented in the project (...) Dental care reform An investigation is appointed to strengthen the dental care's high-cost protection to more closely resemble that of other healthcare. Elderly individuals with the poorest oral health shall be prioritized. (...)	Vague policy concerning dental care receiving equal status to other types of care, giving special priority to older patients.
Category: Authoritarianism, Subcategory: **Law and authority**				
232	SWE-CA	3. Reformer som ska genomföras i projektet (…) En utredning tillsätts med uppdrag att analysera och belysa för och nackdelar samt lämna förslag på möjligheterna att långsiktigt införa ett delvis eller helt statligt huvudmannaskap (…)	3. Reforms to be implemented in the project (...) An investigation is appointed with the task of analyzing and highlighting the pros and cons, as well as providing proposals for the possibilities of introducing partially or fully state ownership (...)	Centralisation of authority.
Category: Authoritarianism, Subcategory: **Legal rhetoric**				
		No recorded units from SWE-CA		
Category: Authoritarianism, Subcategory: **Traditional values**				
		No recorded units from SWE-CA		
Category: Authoritarianism, Subcategory: **Other authoritarianism**				
		No recorded units from SWE-CA		

Table 13: Recorded units, debates, Sweden

#	Debate	Content	Translated content	Remarks
Category: Nativism, Subcategory: **Nationalism**				
233	SWE11	(…) Vi kommer också att behöva jobba mer med att validera tandläkare från andra länder och se till att de genomgår kunskapsprov när de kommer till Sverige med sin examen så att vi vet att de håller en hög kvalitet (…)	"(…) We will also need to work more on validating dentists from other countries and ensure that they undergo knowledge tests when they come to Sweden with their degree so that we know they maintain a high quality (...)	Restrictions for foreign dentists seeking work in Sweden
234	SWE2	(…) Ska man trygga välfärden och klara äldreomsorgen genom arbetskraftsinvandring? Är det inte med språkkrav som man ska trygga kompetensen och kvaliteten i äldreomsorgen? (…)	(…) Should we secure welfare and manage elderly care through labor immigration? Isn't it with language requirements that we should secure competence and quality in elderly care? (...)	Language requirements for workers in elderly care
		No recorded units from SWE1 No recorded units from SWE3 No recorded units from SWE4 No recorded units from SWE5 No recorded units from SWE6 No recorded units from SWE7 No recorded units from SWE8 No recorded units from SWE9 No recorded units from SWE10		
Category: Nativism, Subcategory: **Xenophobia**				
		No recorded units from SWE1 No recorded units from SWE2 No recorded units from SWE3 No recorded units from SWE4 No recorded units from SWE5 No recorded units from SWE6 No recorded units from SWE7 No recorded units from SWE8 No recorded units from SWE9 No recorded units from SWE10 No recorded units from SWE11		
Category: Nativism, Subcategory: **Other nativism**				
235	SWE4	(…) På tal om konkurrens: Det nämns ibland att moderater vill ha det som i USA. Jag vill inte ha det som i USA. Jag vill att Sverige ska vara världens bästa land att leva i, och jag vill kunna säga att jag var med och byggde det landet. Då måste vi vara bättre än USA och bättre än alla andra. Det är det som är utgångspunkten, inte att jämföra sig med andra länder för att efterlikna dem. Vi ska hitta den bästa vägen framåt (…)	(…) Speaking of competition: It is sometimes mentioned that moderates want it like in the USA. I do not want it like in the USA. I want Sweden to be the best country in the world to live in, and I want to be able to say that I helped build that country. Then we must be better than the USA and better than everyone else. That is the starting point, not comparing oneself to other countries to emulate them.	Wanting Sweden to be better that all other countries, thus not seeing the point in comparing Sweden to, or mimicking others.

			We must find the best way forward (...)	
		No recorded units from SWE1 No recorded units from SWE2 No recorded units from SWE3 No recorded units from SWE5 No recorded units from SWE6 No recorded units from SWE7 No recorded units from SWE8 No recorded units from SWE9 No recorded units from SWE10 No recorded units from SWE11		
Category: Populism, Subcategory: **Anti-elite**				
236	SWE1	(…) Men, fru talman, svensk hälso- och sjukvård har också långa vårdköer, för få vårdplatser och oacceptabelt stora regionala skillnader. Och detta är problem som inte uppkom under pandemin. Nej, detta är problem som närmast är att beskriva som kroniska (…)	(…) But, Madam Speaker, Swedish healthcare also has long queues, too few beds, and unacceptably large regional disparities. And these are problems that did not arise during the pandemic. No, these are problems that are best described as chronic (...)	Anti-system statement.
237	SWE1	(…) Vi är övertygade om att det med rätt ledarskap och med reformer som tar itu med de problem och utmaningar som svensk hälso- och sjukvård har går att bota de sjukdomar som det svenska hälso- och sjukvårdssystemet drabbats av (…)	(…) We are convinced that with the right leadership and with reforms that address the problems and challenges that Swedish healthcare faces, it is possible to cure the diseases that the Swedish healthcare system has been afflicted with (...)	Stating that the entire system is sick.
238	SWE1	(…) Fru talman! De två skrivelserna från den förra regeringen är tyvärr ingen särskilt upplyftande läsning. I skrivelserna gapar det tomt på idéer, reformer och konkret handling. I dag finns dock all anledning att känna hopp och tillförsikt. Vi har ju fått en ny regering. (…)	(…) Madam Speaker! The two reports from the previous government are unfortunately not a particularly uplifting read. In the reports, there is a lack of ideas, reforms, and concrete action. However, today there is every reason to feel hope and confidence. After all, we have a new government (...)	Claims that the opposition had no ideas, reforms or concrete action.
239	SWE1	(…) Nu har det gått en månad sedan den nya regeringen tillträdde, och det låter på ledamoten Rågsjö som att vårdens utmaningar och problem borde vara borta vid det här laget. Jag är lite mer ödmjuk än så och konstaterar att problemen är, som jag beskrev i mitt anförande, närmast kroniska. (…)	(…) It has now been a month since the new government took office, and it sounds from Member Rågsjö as if the challenges and problems of healthcare should be gone by now. I am a bit more humble than that and note that the problems are, as I described in my speech, best described as chronic (...)	Repeating “chronic” to describe problems in health care.
240	SWE1	(…) Hur Socialdemokraterna vill utveckla svensk hälso- och sjukvård är fortfarande en gåta. (…)	(…) How the Social Democrats want to develop Swedish healthcare is still a mystery (...)	Non-policy criticism of opposition.

241	SWE2	(…) Herr talman! Jag förstår om ledamoten Rågsjö, som är vänsterpartist, kanske inte tittar så mycket på kommersiell tv, men i en av de kommersiella kanalerna finns ett program som heter Lyxfällan. Vänsterpartiet skulle egentligen kunna vara föremål för det programmets uppmärksamhet i en hel säsong, för den politik som Vänsterpartiet för påminner precis om det beteende som deltagarna i programmet har. Man lever över sina tillgångar, konsumerar på kredit och har en politik som är lite som att kissa i byxan - det blir varmt först, men det kommer kallt efteråt. (…)	(…) Mr. Speaker! I understand if Member Rågsjö, who is from the Left Party, perhaps does not watch much commercial TV, but on one of the commercial channels, there is a program called Lyxfällan (The Luxury Trap). The Left Party could actually be the subject of attention in that program for a whole season because the policy that the Left Party pursues is exactly like the behavior of the participants in the program. Living beyond one's means, consuming on credit, and having a policy that is a bit like wetting one's pants - it feels warm at first, but it gets cold afterwards (...)	Non-policy criticism of opposing party
242	SWE2	(…) Den regering som Vänsterpartiet indirekt stöttade i åtta år drev ju fram det som Vänsterpartiet är så kritiskt till, nämligen förekomsten av privata sjukförsäkringar. De har vuxit till på grund av att den tidigare regeringen så flagrant har misslyckats att leverera en tillgänglig hälso- och sjukvård (…)	(…) The government indirectly supported by the Left Party for eight years drove forward what the Left Party is so critical of, namely the existence of private health insurance. They have grown due to the previous government's blatant failure to deliver accessible healthcare (...)	Unsubstantiated claims that the opposition failed to deliver accessible health care.
243	SWE2	(…) Efter åtta år av rödgrön vanskötsel är regeringens uppgifter krävande. Det är en krävande uppgift att knäcka kriminaliteten och åter skapa trygghet i hela landet. Det är en krävande uppgift att återuppbygga vårt elsystem, som en gång var kanske världens bästa men som nu är mycket skört och sårbart efter att de rödgröna med sin politik har stängt ned sex av tolv svenska kärnkraftsreaktorer. Också inom det område vi nu debatterar, det vill säga hälso- och sjukvård och social omsorg, är problemen många och utmaningarna stora (…)	(…) After eight years of mismanagement by the red-green coalition, the government's tasks are demanding. It is a demanding task to crack down on crime and restore security throughout the country. It is a demanding task to rebuild our electricity system, which once was perhaps the best in the world but is now very fragile and vulnerable after the red-green coalition closed six out of twelve Swedish nuclear reactors. Also within the area we are currently debating, namely healthcare and social care, the problems are many and the challenges are significant (…)	Blaming problems such in health care, crime, electrical grid on the opposition’s “mismanagement”.
244	SWE4	(…) Den förra regeringen menade att privata sjukvårdsförsäkringar är farligare än gängskjutningar och lade därför stor möda på att hitta vägar att	(…) The previous government argued that private healthcare insurance is more dangerous than gang	Claiming that opposition is more afraid of private

		försvåra för regioner som har avtal med privata vårdgivare, där de försäkrade får vård (…)	shootings and therefore made great efforts to find ways to make it difficult for regions that have agreements with private healthcare providers, where the insured receive care (…)	care providers than gang shootings.
245	SWE6	(…) Jag beklagar verkligen den saktfärdighet som den förra regeringen visade när man inte kom med en reglering, fru talman, för jag tycker att det är jätteviktigt att vi har en reglering av alla tobaks- och nikotinprodukter (…) Jag tycker dock att det är viktigt att vi har en reglering som gör skillnad på olika produkters farlighet och skadlighet. Det är motiverat att ha betydligt hårdare krav för traditionell röktobak eftersom det är den som skördar liv. Det är inte rimligt att, som den förra regeringen föreslog, förbjuda självplock av snus i diskar eller införa ett generellt smakförbud. Den typen av klåfingrig reglering vänder jag och Moderaterna oss emot (…)	(…) I truly regret the tardiness shown by the previous government in not coming up with regulations, Madam Speaker, because I think it is very important that we have regulations for all tobacco and nicotine products (...). However, I believe it is important that we have regulations that differentiate between the harmfulness and danger of different products. It is justified to have much stricter requirements for traditional smoked tobacco because it is the one that claims lives. It is not reasonable, as the previous government proposed, to prohibit self-service of snus in jars or introduce a general flavor ban. That type of meddling regulation is something I and the Moderates oppose (...)	Harsh wording toward opposition
246	SWE6	(…) Jag återkommer till narkotikapolitiken i mitt andra inlägg, men jag kan helt ärligt säga att Moderaterna liksom alla andra partier i kammaren har anledning att vara självkritiska när det gäller narkotikapolitiken. Vi har gravt misslyckats i Sverige, och därför behövs det stora reformer på detta område (…)	(…) I'll return to drug policy in my next post, but I can honestly say that the Moderates, like all other parties in the chamber, have reason to be self-critical when it comes to drug policy. We have failed greatly in Sweden, and therefore significant reforms are needed in this area (...)	Stating that the system has failed in illicit drug policy.
247	SWE8	(…) Sedan var det detta med pengar. Jag kommer från hälso- och sjukvården. Det är en paradgren inom svensk hälso- och sjukvård att aldrig hålla en budget. Jag har inte varit med om att man gjort det på 35 år. Faktum är att jag anser att det finns pengar, men vi använder dem inte på ett smart sätt. Det är många gånger som man ser att pengar läggs på helt onödig administration och annat i stället för på kärnverksamheten, och där är det ingen skillnad mellan skola och hälso- och sjukvård (…)	(…) Then there's the matter of money. I come from healthcare. It's a hallmark of Swedish healthcare to never stick to a budget. I haven't seen it happen in 35 years. In fact, I believe there is money, but we're not using it smartly. Many times, you see money being spent on completely unnecessary administration and other things instead of core operations, and there's no difference between	Critique of health care and budgets in health care.

			schools and healthcare in that regard (...)	
248	SWE9	(…) Fru talman! Det är lätt att tro att organisationsförändringar alltid är lösningen på alla problem, men att det i dag finns otydligheter inom ansvarsområdena leder till att vi får en ojämlik vård, beroende på var man bor och att skillnaderna är stora över landet (…)	(…) Madam Speaker! It's easy to think that organizational changes are always the solution to all problems, but the ambiguities in responsibilities today lead to unequal care, depending on where you live, and the differences are significant across the country (...)	Organisational problems causing inequalites in care.
249	SWE10	(…) Utvecklingen inom genterapi och precisionsläkemedel lyfter nu behandlingsmöjligheterna till helt nya nivåer, vilket gör att vi måste fortsätta satsningen på den svenska cancersjukvården. Tyvärr spiller tillgänglighetsproblematiken över även på detta område, och det är givetvis inte acceptabelt (…)	(…) Advances in gene therapy and precision medicine are now elevating treatment possibilities to entirely new levels, which means we must continue to invest in Swedish cancer care. Unfortunately, the accessibility issues spill over into this area as well, and that is obviously unacceptable (...)	Claims of accessibility issues in cancer care
		No recorded units from SWE3 No recorded units from SWE5 No recorded units from SWE7 No recorded units from SWE11		
Category: Populism, Subcategory: **Pro-people**				
250	SWE1	(…) Svensk hälso- och sjukvård bärs upp av tiotusentals engagerade och kompetenta medarbetare som varje dag gör sitt yttersta för att ge den allra bästa vården, behandlingen och omsorgen (…)	(…) Swedish healthcare is upheld by tens of thousands of committed and competent employees who do their utmost every day to provide the very best care, treatment, and support (...)	Praising workers in health.
251	SWE1	(…) Inrättandet av en nationell vårdförmedling är viktigt både för att korta vårdköerna och för att stärka den enskilda patientens ställning. (…)	(…) Establishing a national healthcare mediation service is important both to reduce queues and to strengthen the individual patient's position (...)	Appealing to the patient.
252	SWE1	(…) Fru talman! Vi kommer om några veckor att få möjlighet att återkomma till dessa budgetsatsningar när vi har budgetdebatt om hela utgiftsområde 9. Men nämnda satsningar är exempel på hur regeringen redan nu, i sin blott första av förhoppningsvis många budgetpropositioner, gör stora och strategiskt viktiga satsningar för att utveckla vården. Det handlar om att korta köerna, förbättra jämlikheten över landet samt förbättra arbetssituationen för dem som, som jag nämnde i min inledning, bär upp	(…) Madam Speaker! In a few weeks, we will have the opportunity to revisit these budget allocations when we debate the entire expenditure area 9. But these mentioned investments are examples of how the government is already making significant and strategically important investments to develop healthcare in its very first budget proposition, hopefully one of many. It's about reducing queues, improving equality across the country, and improving the working	Appeals to health workers.

		den svenska hälso- och sjukvården, nämligen medarbetarna. (…)	conditions for those who, as I mentioned in my introduction, uphold Swedish healthcare, namely the employees (...)	
253	SWE1	(…) Vi kan också, som jag vet att vi är överens om, stärka patientens ställning (…)	(…) We can also, as I know we agree on, strengthen the patient's position (...)	Appeal to the patient.
254	SWE2	(…) Jag är stolt över att få stödja en regering som nu på allvar tar tag i Sveriges stora utmaningar, som tar ansvar för att stötta utsatta hushåll i svåra tider, som gör det billigare att tanka bilen och ta sig till jobbet, som ger stöd för att kunna betala elräkningen, som nu, på det här området, tar itu med den bristande tillgängligheten och som satsar på fler vårdplatser (…)	(…) I am proud to support a government that is now seriously addressing Sweden's major challenges, taking responsibility to support vulnerable households in difficult times, making it cheaper to fill up the car and get to work, providing support to pay the electricity bill, and now, in this area, addressing the lack of accessibility and investing in more hospital beds (...)	Appeal to exposed households.
255	SWE2	(…) Det vi vill skapa, herr talman, är en stark ställning för patienten. Vi vill med den nationella vårdförmedlingen säkerställa att den enskilda patienten kan få stöttning med att hitta var i landet det eventuellt är kortare köer där man snabbare kan få sin operation eller behandling. Det är vad vi vill åstadkomma med den nationella vårdförmedlingen (…)	(…) What we want to create, Mr. Speaker, is a strong position for the patient. With the national healthcare mediation service, we want to ensure that individual patients can get support in finding where in the country there might be shorter queues for their surgery or treatment. That's what we want to achieve with the national healthcare mediation service (...)	Appeal to individual patients.
256	SWE2	(…) Jag kan dock lugna ledamoten Bergenblock med att vi moderater alltid kommer att gå i främsta ledet när det gäller att stärka patientens ställning. Det har vi gjort i alla tider, om jag får använda det uttrycket. Vi har varit pådrivande för att stärka patienträttigheter, och vi kommer att fortsätta att vara det nu i regeringsställning (…)	(…) However, I can reassure Member Bergenblock that we Moderates will always be at the forefront when it comes to strengthening the patient's position. We have done so throughout history, if I may use that expression. We have been driving forces in strengthening patient rights, and we will continue to do so now in government (...)	Appeal to individual patients
257	SWE2	(…) Vi kommer att jobba vidare med att stärka patientens ställning. Vi kommer att jobba vidare för att korta köerna (…)	(…) We will continue to work on strengthening the patient's position. We will continue to work on reducing queues (...)	Appeal to individual patients and reference to waiting times
258		(…) Herr talman! Som jag sa i mitt anförande påbörjar vi nu arbetet med att korta köerna, att stärka patientens ställning och att genomföra en lång rad reformer för att stärka tillgängligheten och se till att vi alla	(…) Mr. Speaker! As I mentioned in my speech, we are now starting the work of reducing queues, strengthening the patient's position, and implementing a series of reforms to improve	Appeal to individual patients with reference to waiting times, queues, and accessibility.

		kan få den vård som vi har rätt till och att vi kan få den i tid	accessibility and ensure that we all can receive the care we are entitled to and that we can receive it in a timely manner (...)	
259	SWE2	(…) Låt oss ändå konstatera att det är väldigt grundläggande att man som äldre ska kunna känna sig trygg med att man kan kommunicera med den omsorgspersonal man möter, ofta i en ganska utsatt situation om man är beroende av hemtjänst eller hemsjukvård eller bor på särskilt boende för äldre (…)	(…) Let us nevertheless acknowledge that it is very fundamental that as older adults, one should feel confident that they can communicate with the care staff they encounter, often in a rather vulnerable situation if they depend on home care or home healthcare or live in assisted living facilities for the elderly (...)	Appeal to older population group
260	SWE4	(…) Låt mig därför nämna att det förslag som den förra regeringen lade fram om att försvåra för dem med privata sjukvårdsförsäkringar inte är någon liten sak (…)	(…) Therefore, let me mention that the proposal put forward by the previous government to make it difficult for those with private healthcare insurance is not a trivial matter (...)	Reference to the other side wanting to make it “more difficult” for those with private insurance.
261	SWE5	(…) Fru talman! Äldre ska kunna leva ett aktivt liv och ha inflytande i samhället och över sin vardag. Äldre ska kunna åldras i trygghet med bibehållet oberoende. Äldre ska bemötas med respekt och ha tillgång till god vård och omsorg samt erbjudas jämställd och jämlik vård och omsorg (…)	(…) Madam Speaker! Older adults should be able to live an active life and have influence in society and over their daily lives. Older adults should be able to age safely with maintained independence. Older adults should be treated with respect and have access to good care and support, and be offered equal and equitable care and support (...)	Appeal to older population group
262	SWE5	(…) Fru talman! När man är pigg och rask funderar man kanske inte så mycket på det stöd och den hjälp som man kan behöva när hälsan försämras. Det är viktigt att få ha inflytande över sin vardag och få veta om vad som händer och när det händer. Man vill kunna påverka när hemtjänsten kommer på dagen eller vilka dagar man vill ha hjälp med exempelvis duschning eller handling. Dagens äldre har under hela livet kunnat styra och ställa över sina liv, och det vill de kunna fortsätta att göra. Det är också viktigt att äldre känner sig trygga i hemmet och med den personal som kommer hem till dem (…)	(…) Madam Speaker! When one is fit and healthy, perhaps they don't think much about the support and help they may need as their health deteriorates. It is important to have control over one's daily life and to know what is happening and when. One wants to be able to influence when the home care arrives during the day or which days they want help with, for example, showering or shopping. Today's older adults have been able to control their lives throughout their lives, and they want to continue to do so. It is also important for older adults to feel safe at home and with	Appeal to older population group.

			the staff who come to their homes (...)	
263	SWE6	(…) Vi ska skydda dem som är utsatta och dem som lider av beroendesjukdom. Vi ska inte minst göra vad vi kan för att skydda våra barn och unga. (…)	(…) We should protect those who are vulnerable and those suffering from addiction. We should, not least, do what we can to protect our children and young people (...)	Reference to protecting those with addictions, particularly children.
264	SWE6	(…) Vi ska dock inte införa onödigt långtgående begränsningar av näringsfriheten eller av människors frihet (…)	(…) However, we should not introduce unnecessarily far-reaching restrictions on freedom of trade or people's freedom (...)	Appeal to individual freedom
265	SWE7	(…) Nu är tid att få ordning på sjukvården, både för patienternas och för medarbetarnas skull (…)	(…) Now is the time to get healthcare in order, both for the sake of the patients and the employees (...)	Appeal to patients and health workers
266	SWE7	(…) Arbetet för att säkerställa tillgängliga läkemedel och vård till människor som behöver bot och lindring fortsätter med oförminskad kraft, både vad gäller fredstid och vad gäller tider av höjd beredskap, som vi talar om i dag (…)	(…) The work to ensure accessible medication and care for those in need of cure and relief continues with undiminished force, both in peacetime and in times of heightened preparedness, as we are discussing today (...)	Securing treatment for patient in times of both peace and conflict.
267	SWE8	(…) Det är ingen slump att äldre i Sverige drabbades väldigt hårt av pandemin. Vi valde att inte lägga in lika många som man gjorde i övriga Europa, till exempel, och det var en orsak till att många avled. De fick inte rätt hjälp (…)	(…) It's no coincidence that the elderly in Sweden were hit very hard by the pandemic. We chose not to admit as many as they did in the rest of Europe, for example, and that was one reason why many died. They didn't get the right help (...)	Appeal to older population.
268	SWE10	(…) Herr talman! Ett område som tyvärr är eftersatt är rehabiliteringen och eftervården för de patienter som drabbats av cancer, och det är något som Tidöpartierna har tagit fasta på och kommit överens om att göra satsningar på (…)	(…) Mr. Speaker! One area that unfortunately is neglected is the rehabilitation and aftercare for patients affected by cancer, and this is something that the Tide Parties have focused on and agreed to invest in (...)	Appeal to cancer patients
269	SWE10	(…) Den svenska förlossningssjukvården har under många år omgärdats av kompetensförsörjningsproblem, tillgänglighetsproblematik och mammor som vittnat om förlossningsvård som på vissa ställen under vissa tider inte varit speciellt rolig att vistas i (…)	(…) Swedish maternity care has been surrounded by staffing problems, accessibility issues, and mothers testifying to maternity care that in some places and at certain times hasn't been particularly pleasant to be in (...)	Concerning maternal care
270	SWE10	(…) Jag har många dåliga sidor, men en god sida jag har är att jag faktiskt alltid har varit patientens försvarare. Jag tycker själv att jag står upp för den enskilde på ett bra sätt, och vi är ett parti som tror på den enskilde (…)	(…) I have many faults, but one good side I have is that I have always been a defender of the patient. I myself think that I stand up for the individual in a good way, and we are a party that believes in the individual (...)	Claims of standing up for the people

271	SWE11	(…) Nu är tid att få ordning på sjukvården - för både patienternas och medarbetarnas skull (…)	(…) Now is the time to get healthcare in order - for the sake of both patients and employees (...)	Appeal to patients and workers
272	SWE11	(…) Vi kan se runt om i landet att på de platser där man gör kliniska prövningar är det ofta personberoende, det vill säga att det finns enskilda eldsjälar som får igång sådana här projekt (…)	(…) We can see around the country that in places where clinical trials are conducted, it's often person-dependent, meaning that there are individual enthusiasts who kick-start these projects (...)	Praise of clinical researchers
		No recorded units from SWE3 No recorded units from SWE9		
Category: Populism, Subcategory: **Crisis performance**				
273	SWE8	(…) Jag tror att vi ska vårda de vaccinationsprogram som vi har och se till att de är manifesta i samhället. Men vi behöver titta vidare på frågan. Min uppfattning är nämligen - det är ingen teori bakom detta - att virus riskerar att vara det som dödar mänskligheten. Vi står oss ganska slätt när de sätter in. Vi fick en försmak av det under pandemin (…)	(…) I believe we should maintain the vaccination programs we have and ensure they are entrenched in society. But we need to look further into the issue. My opinion is, there's no theory behind this, that viruses risk being what kills humanity. We're pretty helpless when they strike. We got a taste of that during the pandemic (...)	Claiming it is a virus that will be the end of human life and that the COVID-19 pandemic was a preview.
		No recorded units from SWE1 No recorded units from SWE2 No recorded units from SWE3 No recorded units from SWE4 No recorded units from SWE5 No recorded units from SWE6 No recorded units from SWE7 No recorded units from SWE9 No recorded units from SWE10 No recorded units from SWE11		
Category: Populism, Subcategory: **Simplification**				
274	SWE1	(…) För arbetet med att skapa utvecklings och karriärmöjligheter avsätts dessutom 500 miljoner nästa år. (…)	(…) Additionally, 500 million is allocated for the work of creating development and career opportunities next year (...)	Vague mention of “career opportunities”.
275	SWE1	(…) Det är bristande tillgänglighet, brist på vårdplatser och en otillräcklig kompetensförsörjning tre problem som i mångt och mycket är ett och samma problem. De hänger verkligen ihop (…)	(…) It's inadequate accessibility, a lack of hospital beds, and insufficient staffing, three problems that are largely one and the same problem. They are indeed interconnected (...)	Simplification of health care system’s challenges.
276	SWE2	(…) Vi gör riktade satsningar, och vi stärker också de generella statsbidragen och påbörjar ett mödosamt arbete med att se till att alla svenskar ska få vård och omsorg i tid och av en god kvalitet. (…)	(…) We are making targeted investments, and we are also strengthening the general state grants and embarking on a laborious task of ensuring that all Swedes receive timely and high-quality care and support (...)	Vague reference to priorities.

278	SWE2	(…) Herr talman! En orsak till psykisk ohälsa och rent av självmord är ensamhet. Det är ett problem som regeringen vill adressera genom att för första gången göra en rejäl satsning på ett stärkt och utvecklat arbete för att bryta ofrivillig ensamhet och isolering, ett arbete som jag ser framför mig behöver göras i mycket nära samarbete med civilsamhället (…)	(…) Mr. Speaker! One cause of mental ill-health and even suicide is loneliness. It's a problem that the government wants to address by, for the first time, making a substantial investment in strengthened and enhanced efforts to break involuntary loneliness and isolation, work that I foresee needs to be done in very close collaboration with civil society (...)	Vague reference to increased efforts to combat loneliness. Contextualized by mentioning mental illness and suicide.
279	SWE2	(…) Jag tror att det är oerhört viktigt också med de många andra reformer som vi påbörjar, till exempel att skapa en bättre it-infrastruktur. När man gör undersökningar bland personalen inom hälso- och sjukvården lyfts det ofta fram att dåliga it-system är en större anledning till att sluta sin anställning än den låga lönen (…)	(…) I believe it's extremely important also with the many other reforms we're starting, for example, to create a better IT infrastructure. When surveys are conducted among healthcare personnel, it's often highlighted that poor IT systems are a greater reason for leaving their job than low pay (...)	Linking poor IT systems to staff shortages in health care.
280	SWE2	(…) Det kom nyligen en rankning över vilka vårdgivare som är mest uppskattade av sjuksköterskor. Jag kan konstatera att det var flera privata vårdgivare som låg högst och var de populäraste. Detta är något som jag tycker att de offentliga aktörerna måste fundera på: Hur kommer det sig att de privata aktörerna uppskattas mer av vårdens medarbetare? Hur kan man ta efter dem? Kan man kanske kapa byråkrati och på andra sätt göra att man blir en mer attraktiv arbetsgivare (…)	(…) There was recently a ranking of the most appreciated healthcare providers by nurses. I can note that several private healthcare providers ranked highest and were the most popular. This is something that I think the public actors must consider: Why are private actors more appreciated by healthcare employees? How can one emulate them? Perhaps by cutting bureaucracy and finding other ways to become a more attractive employer (...)	Linking bureaucratic cuts to nurses' preference of private employers as opposed to public.
281	SWE5	(…) Det är dessutom en utmaning att behålla personalen inom vård och omsorg, då andra arbeten där man inte behöver jobba på helger, kvällar och nätter kan locka (…)	(…) Furthermore, retaining personnel in healthcare and support is a challenge, as other jobs where one doesn't have to work weekends, evenings, and nights can be enticing (...)	Work schedule as reason for challenges with staff retention in elder care
282	SWE5	(…) Kompetensförsörjningen är, precis som jag sa, en utmaning för alla branscher. Det är lika svårt att få tag i förskollärare och lärare som det är att få tag i undersköterskor och vårdbiträden. Vi har i dag 1,3 miljoner människor som inte kan försörja sig själva och som borde kunna komma in på arbetsplatser (…)	(…) Workforce supply is, as I mentioned, a challenge for all sectors. It's just as difficult to find preschool teachers and teachers as it is to find nursing assistants and caregivers. Today, we have 1.3 million people who cannot support themselves	Simplification of problem with staff shortage

			and who should be able to enter the workforce (...)	
283	SWE6	(…) Det handlar om reformer för att stärka det förebyggande arbetet så att färre fastnar i missbruk och utvecklar beroendesjukdom. Vidare är det reformer för att utveckla vård och behandling så att kvaliteten i vården blir bättre och så att sjuka människor inte faller mellan stolarna inom socialtjänsten och vården. Sedan är det reformer för att förbättra beroendevårdens tillgänglighet så att människor inte nekas hjälp utan snabbt får adekvat vård och behandling. Slutligen handlar det om reformer för att stärka det skadereducerande arbetet så att dödliga överdoser och allvarlig narkotikarelaterad sjukdom och ohälsa kan undvikas (…)	(…) It's about reforms to strengthen preventive work so that fewer people get stuck in addiction and develop substance use disorders. Furthermore, it's about reforms to develop care and treatment so that the quality of care improves and so that sick people don't fall between the cracks in social services and healthcare. Then, it's about reforms to improve the accessibility of addiction care so that people are not denied help but quickly receive adequate care and treatment. Finally, it's about reforms to strengthen harm reduction efforts so that fatal overdoses and serious drug-related diseases and ill-health can be avoided (...)	Mentions of only “reforms” and their goals. Vagueness
284	SWE6	(…) För att rädda liv behövs såväl en stärkt tillgång till vård, inklusive LARO, alltså läkemedelsassisterad rehabilitering av opiatberoende, som rena skattereducerande insatser i form av inte minst förbättrad tillgång till läkemedlet Naloxon. Det är ett läkemedel som kan vara direkt livräddande vid en överdos med opioider (…)	(…) To save lives, there is a need for both strengthened access to care, including opioid agonist treatment (OAT), and clean harm reduction efforts, including improved access to the drug Naloxone. It's a drug that can be directly life-saving in cases of opioid overdose (...)	Vague reference to increasing access to Naloxone
285	SWE6	(…) Därför har Moderaterna landat i slutsatsen att det är viktigt att införa gårdsförsäljning eftersom det är någonting som skulle betyda otroligt mycket för berörda aktörer. Jag skulle vilja säga att dessa aktörer, fru talman, är med och bidrar till att utveckla svensk alkoholkultur Vi har historiskt haft en kultur i Sverige som har varit allt annat än sund. Det har förekommit ett väldigt omfattande berusningsdrickande. De nya aktörer som har kommit fram i Sverige bidrar till att vi går från berusningsdrickande till ett ökat fokus på upplevelser, kvalitet, hantverk och så vidare. Jag tycker att det är sunt (…)	(…) Therefore, the Moderates have concluded that it's important to introduce farm sales because it would mean a lot to the stakeholders involved. I would like to say that these stakeholders, Madam Speaker, contribute to developing Swedish drinking culture. Historically, we have had a culture in Sweden that has been anything but healthy. There has been extensive binge drinking. The new players emerging in Sweden contribute to a shift from binge drinking to an increased focus on experiences, quality, craftsmanship, and so on. I think that's healthy (...)	Liberalising alcohol policy. Coded as populist due to the last sentence.
286	SWE8	(…) Fru talman! Den psykiska folkhälsan har försämrats det senaste decenniet, och vi kan konstatera att	(…) Madam Speaker! Mental public health has deteriorated over the past decade, and we	Mental illness attributed to work and education.

		det finns många människor i vårt land som inte mår bra. Vi ser i dag en stadigt växande kö till barn- och ungdomspsykiatrin, samtidigt som sjukskrivningstalen när det gäller depression och utmattningssyndrom är höga. Jag tror inte att det finns någon enkel lösning på denna problematik, men vi kan konstatera att väldigt grundläggande saker som utbildning och arbete har en avgörande roll (…)	can observe that there are many people in our country who are not doing well. Today, we see a steadily growing queue for child and adolescent psychiatry, while sick leave rates for depression and burnout syndrome are high. I don't think there's a simple solution to this issue, but we can note that very basic things like education and employment play a crucial role (...)	
287	SWE8	(…) Ett annat område som har stor påverkan på folkhälsan är arbetet kring ANDTS. Bruket av alkohol, narkotika, dopning, tobak och spel påverkar givetvis människan både psykiskt och fysiskt, och därför är det förebyggande arbetet inom detta område av största vikt (…)	(…) Another area that has a significant impact on public health is work related to substance use and addiction. The use of alcohol, drugs, doping, tobacco, and gambling naturally affects individuals both mentally and physically, which is why preventive work in this area is of paramount importance (...)	Vague reference to preventive work
288	SWE9	(…) Fru talman! Vi ser i dag en ganska stor psykisk ohälsa hos våra medborgare, och i Tidöavtalet gör man satsningar inom området. Dels ser man behovet av en nationell strategi inom området, dels är behovet av en nationell samordningsfunktion av yttersta vikt (…)	(…) Madam Speaker! Today, we see a fairly high level of mental ill-health among our citizens, and in the Tidö Agreement, efforts are being made in this area. Firstly, there is a need for a national strategy in this area, and secondly, the need for a national coordination function is of utmost importance (...)	Vague mentions of mental health policy
289	SWE10	(…) Vi har varit duktiga på att premiera administrativt arbete, och vi har skapat väldigt mycket administrativt arbete. Vi har personal. Det gäller att stimulera de personerna att vilja jobba i vården. Det gör man inte genom att höja lönen för att du ska sluta att jobba inom vården. Jag kan ibland bli lite trött på att höra att det är så dåligt och att det inte finns personal - jo, det finns personal. Jag känner rätt många som jobbar inom hälso- och sjukvården, och de älskar sitt jobb (…)	(…) We have been good at rewarding administrative work, and we have created a lot of administrative work. We have personnel. It's about stimulating those individuals to want to work in healthcare. You don't do that by raising the salary so you quit working in healthcare. I sometimes get a little tired of hearing that it's so bad and that there's no staff - yes, there is staff. I know quite a few people who work in healthcare, and they love their job (...)	Vague statement concerning “stimulating” workers to remain in health care
290	SWE11	(…) Jag vill med detta ändå säga att det är angeläget att vi får fler läkemedel och behandlingsterapier godkända i Sverige. Precis som	(…) With this, I still want to emphasize that it's important that we get more drugs and treatment therapies approved	No reference to policy

		ledamoten nämner behöver fler få tillgång till läkemedel som räddar, förlänger och förbättrar liv. (…)	in Sweden. Just as the member mentioned, more people need access to drugs that save, prolong, and improve lives (...)	
		No recorded units from SWE3 No recorded units from SWE4 No recorded units from SWE7		
Category: Populism, Subcategory: **Anti-science**				
		No recorded units from SWE1 No recorded units from SWE2 No recorded units from SWE3 No recorded units from SWE4 No recorded units from SWE5 No recorded units from SWE6 No recorded units from SWE7 No recorded units from SWE8 No recorded units from SWE9 No recorded units from SWE10		
Category: Populism, Subcategory: **Unrealistic**				
		No recorded units from SWE1 No recorded units from SWE2 No recorded units from SWE3 No recorded units from SWE4 No recorded units from SWE5 No recorded units from SWE6 No recorded units from SWE7 No recorded units from SWE8 No recorded units from SWE9 No recorded units from SWE10 No recorded units from SWE11		
Category: Populism, Subcategory: **Other populism**				
291	SWE4	(…) Om man ska komma till rätta med vårdköerna behövs alla goda krafter som bidrar till tillgängligare vård, och vi tror att regionerna behöver fler partner och verktyg för att kapa köerna (…)	(…) To address the healthcare queues, we need all the good forces contributing to more accessible healthcare, and we believe that the regions need more partners and tools to reduce the queues (...)	
292	SWE5	(…) Det blir nästan ett glapp i äldreomsorgen. Ledamoten nämnde att 410 000 personer behövs till 2031, och samtidigt är många äldre. Ny teknik och annat kan kanske ta bort en del av behovet av ny personal, men inte hela (…)	(…) There is almost a gap in elderly care. The member mentioned that 410,000 people are needed by 2031, and at the same time, many are elderly. New technology and other factors may perhaps reduce some of the need for new personnel, but not all (...)	Technology as a remedy for staff shortage
293	SWE6	(…) Sverige har en mycket hög narkotikarelaterad dödlighet, kanske rent av Europas allra högsta. Det har fått mig och mitt parti att dra slutsatsen att det behövs rejäla reformer (…)	(…) Sweden has a very high drug-related mortality rate, perhaps even the highest in Europe. This has led me and my party to conclude that substantial reforms are needed (...)	

294	SWE6	(…) En viktig utgångspunkt för den nya regeringen är att stärka det förebyggande arbetet. Vi vill göra allt vi kan för att se till att barn och unga aldrig börjar att använda den typ av produkter som innehåller tobak eller nikotin (…)	(…) An important starting point for the new government is to strengthen preventive work. We want to do everything we can to ensure that children and young people never start using products containing tobacco or nicotine (...)	Reference to children without policy attached.
295	SWE6	(…) Min och Moderaternas utgångspunkt är alltid att vi ska rädda liv och minska skadorna. Då är det, tycker jag och Moderaterna, oseriöst att behandla alla produkter lika. Det är inte seriöst att skicka en signal om att det skulle vara lika skadligt att snusa som att röka (…)	(…) My and the Moderate Party's starting point is always that we should save lives and reduce harm. Therefore, I and the Moderates find it unserious to treat all products equally. It's not serious to send a signal that using snus is as harmful as smoking (...)	
296	SWE7	(…) Fru talman! Det är viktigt att patienter får tillgång till den vård och de läkemedel som behövs för att lindra och bota, både i fredstid, i kris och vid höjd beredskap (…)	(…) Madam Speaker! It's important that patients have access to the care and medications needed to alleviate and cure, both in peacetime, in crisis, and in times of heightened preparedness (...)	Not crisis performance as there is only a reference to times of crisis.
		No recorded units from SWE1 No recorded units from SWE2 No recorded units from SWE3 No recorded units from SWE8 No recorded units from SWE9 No recorded units from SWE10 No recorded units from SWE11		
Category: Authoritarianism, Subcategory: **Law and authority**				
297	SWE1	(…) Med det sagt tror jag ändå att det när staten skjuter till ytterligare medel till i det här fallet regionerna, som vi nu debatterar, är viktigt att man också ställer krav på prestation att de ska leverera resultat. (…)	(…) With that said, I still believe that when the state provides additional funds, in this case to the regions we are currently debating, it is important to also demand performance and results from them (...)	Reference to state authority in health.
298	SWE1	(…) Det är för tidigt att döma ut ett system som vi ännu inte fått på plats. Jag instämmer i att det är viktigt att vi gör precis det som ledamoten Jonsson lyfter fram. Det handlar om att vi ser över hur vi kan skärpa tillsynen. (…)	(…) It is too early to dismiss a system that we have not yet put in place. I agree that it is important that we do exactly what Member Jonsson emphasizes. It's about reviewing how we can tighten supervision (...)	Reference to stricter supervision of regional health authorities.
299	SWE1	(…) Det är oerhört viktigt för att vi ska kunna ställa ökade krav på regionerna att leverera goda resultat (…)	(…) It is extremely important for us to be able to impose increased demands on the regions to deliver good results (...)	Calls for increasing demands towards the regions.
300	SWE2	(…) Genom att inrätta en nationell statlig vårdförmedling vill vi stärka patienternas ställning och nyttja all	(…) By establishing a national state healthcare referral system, we want to	Centralisation of authority in health care.

		den kapacitet som sammantaget finns runt om i vårt land (…)	strengthen the position of patients and utilize all the capacity available throughout our country (...)	
301	SWE2	(…) Vi i de fyra samarbetspartierna är övertygade om att det krävs ett ökat nationellt ledarskap och ansvarstagande. Särskilt gäller detta strategiska och övergripande uppgifter såsom kompetensförsörjning. (…)	(…) We in the four collaborating parties are convinced that increased national leadership and responsibility are required. This particularly applies to strategic and overarching tasks such as competence supply (...)	Centralisation of authority in health care.
302	SWE2	(…) När det gäller den nationella vårdförmedlingen ska vi naturligtvis dra nytta av befintliga strukturer. Vi ska inte bygga upp någon byråkratisk koloss, utan vi ska ta vara på de system som finns och bygga vidare på dem. Vi får återkomma till de exakta detaljerna om hur den nationella vårdförmedlingen ska utformas (…)	(…) Regarding the national healthcare referral system, we will of course make use of existing structures. We should not build up any bureaucratic colossus, but rather capitalize on the systems that exist and build upon them. We will return to the exact details of how the national healthcare referral system will be designed (...)	Reference to centralisation of authority without detail concerning how.
303	SWE2	(…) Danmark har mer av statlig styrning av hälso- och sjukvården. Man har mer av nationellt ledarskap, alltså precis det som den här nytillträdda regeringen kommer att driva (…)	(…) Denmark has more state control over healthcare. They have more national leadership, precisely what this newly appointed government will pursue (...)	Centralisation of authority
304	SWE4	(…) Fru talman! I dag debatterar vi socialutskottets betänkande nummer 5 om ökad kontroll i hälso- och sjukvården. Det innehåller en rad olika förslag. Det är angeläget att vi har den här debatten eftersom det finns flera tydliga och stora problem som behöver lösas inom svensk hälso- och sjukvård. Det handlar om att korta köerna, skapa förutsättningar för fler vårdplatser och säkra kompetensförsörjningen (…)	(…) Madam Speaker! Today we are debating the Committee on Social Affairs' report number 5 on increased control in healthcare. It contains various proposals. It is important that we have this debate because there are several clear and significant problems that need to be solved within Swedish healthcare. It's about reducing queues, creating conditions for more hospital beds, and ensuring competence supply (...)	Suggesting increased control in health care as a solution to multiple issues in health care
305	SWE4	(…) Det är välkommet med förändringar i till exempel patientsäkerhetslagen, för de skulle öka trycket på vårdgivare att anmäla sig till vårdgivarregistret. Vi kan inte vara nöjda med att bara 70 procent av vårdgivarna finns med i registret. Sverige kan bättre! Vi moderater har tidigare, tillsammans med våra samarbetspartier, föreslagit att sådana beslut följs upp efter det att de fattats, för att säkerställa efterlevnaden (…)	(…) It is welcome to see changes in, for example, the Patient Safety Act, as they would increase pressure on healthcare providers to register in the provider registry. We cannot be satisfied with only 70 percent of healthcare providers being registered. Sweden can do better! We Moderates have previously, together with our collaborating parties,	Reference to importance of complying with authorities in health

			proposed that such decisions be followed up after they are made to ensure compliance (...)	
306	SWE4	(…) Fru talman! Sammanfattningsvis är vi moderater besjälade av att öka tillgängligheten, värna mångfalden och kapa köerna. Vi ser gärna ökad kontroll i hälso- och sjukvården om den kommer till nytta för patienter och vårdgivare (…)	(…) Madam Speaker! In summary, we Moderates are driven by increasing accessibility, safeguarding diversity, and reducing queues. We welcome increased control in healthcare if it benefits patients and healthcare providers (...)	Increase control to cut queues, increase accessibility and protect diversity.
307	SWE6	(…) Det som är viktigt framöver är att vi har en fungerande tillsyn. Ett annat förslag som Moderaterna har drivit är att förbjuda langning av tobaksprodukter. (…)	(…) What is important going forward is that we have effective supervision. Another proposal that the Moderates have advocated for is to ban the sale of tobacco products to minors (...)	Increased supervision of tobacco industry
308	SWE6	(…) Att denna regering liksom den förra är djupt skeptisk till en avkriminalisering är inget att hymla om. Så är det (…)	(…) That this government, like the previous one, is deeply skeptical of decriminalization is nothing to hide. That's how it is (...)	Maintaining legal status of drugs.
309	SWE6	(…) Men givetvis är det en fördel om polisen kan ta urinprov för att upptäcka om en person är narkotikapåverkad i syfte, och det ska verkligen vara i syfte, att ge denna person tidiga insatser (…)	(…) But of course, it is advantageous if the police can take urine samples to detect if a person is under the influence of drugs for the purpose, and it should really be for the purpose, of providing early interventions to this person (...)	Giving police authority to collect urine sample for suspected drug use.
310	SWE7	(…) Fru talman! I betänkandet föreslås också en rad förändringar på apoteksmarknaden för att säkerställa tillgång till både läkemedel och information. Det handlar om att införa en lagerhållningsskyldighet för öppenvårdsapotek, en leveransskyldighet för partihandlare mot sjukhusapotek och en möjlighet att ta ut sanktionsavgift från företag som inte informerar Läkemedelsverket om att försäljningen av ett läkemedel upphör tillfälligt eller permanent (…)	(…) Madam Speaker! The report also proposes a number of changes in the pharmacy market to ensure access to both medication and information. It involves introducing a stocking obligation for community pharmacies, a delivery obligation for wholesalers to hospital pharmacies, and the ability to impose sanction fees on companies that do not inform the Medical Products Agency when the sale of a medication is temporarily or permanently discontinued (...)	Tighter regulation of pharmacies
311	SWE9	(…) Behovet av att tydliggöra gränssnittet mellan statens, regionernas och kommunernas ansvarsområden är viktigt, då vi i dag ser tendenser till att patienter faller mellan stolarna (…)	(…) The need to clarify the interface between the state's, regions', and municipalities' areas of responsibility is important, as we are currently seeing tendencies	Arguing for clearer division of authority between levels of government.

			where patients are falling through the cracks (...)	
312	SWE9	(…) Här tror jag att statens ansvar behöver öka när det gäller att specificera den högspecialiserade vården och skapa strategier och mål för den vård som ska bedrivas. Man behöver också ta ett större ansvar för måluppfyllelsen och för att bestämda strategier följs (…)	(…) Here, I believe that the state's responsibility needs to increase when it comes to specifying highly specialized care and creating strategies and goals for the care to be provided. It is also necessary to take greater responsibility for goal achievement and for ensuring that specific strategies are followed (...)	Increased state authority.
313	SWE10	(…) Herr talman! Socialstyrelsen har tagit fram nationella behandlingsriktlinjer som stöd för huvudmännen när de prioriterar behandlingsformer. Riktlinjerna innefattar rekommendationer, indikatorer, målnivåer och utvärdering. Man har också tagit fram rekommendationer om nationella screeningprogram. Det är sedan upp till huvudmännen att besluta om dem och när ett sådant program ska införas. Detta är givetvis ett problem, och här finns ett tydligt exempel på när den statliga styrningen måste bli bättre. (…)	(…) Mr. Speaker! The National Board of Health and Welfare has developed national treatment guidelines to support the principal authorities in prioritizing treatment methods. The guidelines include recommendations, indicators, target levels, and evaluation. They have also developed recommendations for national screening programs. It is then up to the principal authorities to decide on them and when such a program should be introduced. This is, of course, a problem, and here is a clear example of when state governance needs to improve (...)	State authority.
314	SWE10	(…) Jag tror på den fria människan. Jag tror att människor ska ha ett självbestämmande och kunna leva sitt liv precis som de vill - givetvis inom lagens råmärken, som jag sa (…)	(…) I believe in the free individual. I believe that people should have self-determination and be able to live their lives just as they wish - within the framework of the law, as I said (...)	Emphasizing the need for people to respect the law.
315	SWE11	(…) En av de lärdomar som jag tog med mig efter coronapandemin när jag var regionråd på Gotland var att fler saker bör lyftas upp till ett statligt ansvar. Staten behöver ta ett ökat ansvar för styrningen av vården (…)	(…) One of the lessons I learned after the COVID-19 pandemic when I was a regional councilor in Gotland was that more things should be elevated to state responsibility. The state needs to take increased responsibility for the governance of healthcare (...)	Increased central authority
		No recorded units from SWE3 No recorded units from SWE5 No recorded units from SWE8		

Category: Authoritarianism, Subcategory: **Legal rhetoric**

		No recorded units from SWE1 No recorded units from SWE2 No recorded units from SWE3 No recorded units from SWE4		

		No recorded units from SWE5 No recorded units from SWE6 No recorded units from SWE7 No recorded units from SWE8 No recorded units from SWE9 No recorded units from SWE10 No recorded units from SWE11		
Category: Authoritarianism, Subcategory: **Traditional values**				
		No recorded units from SWE1 No recorded units from SWE2 No recorded units from SWE3 No recorded units from SWE4 No recorded units from SWE5 No recorded units from SWE6 No recorded units from SWE7 No recorded units from SWE8 No recorded units from SWE9 No recorded units from SWE10 No recorded units from SWE11		
Category: Authoritarianism, Subcategory: **Other authoritarianism**				
316	SWE9	(…) Däremot är nog inte lösningen på svensk sjukvårds problematik ytterligare administration eller centralstyrning (…)	(…) However, I don't think the solution to the problems in Swedish healthcare is more administration or centralization (...)	Statement seemingly contradicting other mentions calling for increased central authority.
		No recorded units from SWE1 No recorded units from SWE2 No recorded units from SWE3 No recorded units from SWE4 No recorded units from SWE5 No recorded units from SWE6 No recorded units from SWE7 No recorded units from SWE8 No recorded units from SWE10 No recorded units from SWE11		

Denmark

Table 14: Recorded units, Socialdemokratiet party manifesto (mainstream party)

#	Debate	Content	Translated content	Remarks
Category: Nativism, Subcategory: **Nationalism**				
		No recorded units from DEN-MP		
Category: Nativism, Subcategory: **Xenophobia**				
		No recorded units from DEN-MP		
Category: Nativism, Subcategory: **Other nativism**				
		No recorded units from DEN-MP		
Category: Populism, Subcategory: **Anti-elite**				
317	DEN-MP	(…) For det tredje skal den offentlige sektor være mere effektiv. Vi skal rydde op i bureaukratiet og afskaffe unødvendige regler (…)	(…) Thirdly, the public sector should be more efficient. We need to tidy up bureaucracy and abolish unnecessary regulations (…)	Critique of bureaucracy and unnecessary rules.
Category: Populism, Subcategory: **Pro-people**				
318	DEN-MP	(…) Sundhed er vores vigtigste velfærdsområde, der ikke må svigtes, når det gælder (…)	(…) Health is our most important welfare area, which must not be neglected (…)	Importance of care, and alluding to previous failures of care
Category: Populism, Subcategory: **Crisis performance**				
		No recorded units from DEN-MP		
Category: Populism, Subcategory: **Simplification**				
319	DEN-MP	(…) Der skal prioriteres benhårdt, så det usunde bliver dyrere for at sikre penge til bedre hospitaler. (…)	(…) Prioritization is crucial, so unhealthy habits become more expensive to ensure funds for better hospitals. (…)	Vagueness
320	DEN-MP	(…) Vi vil sætte ind over for rygning blandt børn og unge. Tobaksforbruget blandt børn og unge skal reduceres markant. (…)	(…) We will combat smoking among children and adolescents. Tobacco use among children and adolescents must be significantly reduced. (…)	Vague mention of problem without policy.
321	DEN-MP	(…) Vi vil sikre sundhedstjek til dem, der normalt ikke opsøger egen læge. (…)	(…) We will ensure health check-ups for those who normally do not visit their own doctor. (…)	Vague policy without target group
322	DEN-MP	(…) Vi hæver prisen på cigaretter og usunde føde varer, før vi kan investere flere penge end den tidligere regering i kræftbehandling, sygehuse og forebyggelse (…)	(…) We increase the price of cigarettes and unhealthy food items before we can invest more money than the previous government in cancer treatment, hospitals, and prevention (…)	Vague policy
Category: Populism, Subcategory: **Anti-science**				
		No recorded units from DEN-MP		
Category: Populism, Subcategory: **Unrealistic**				
		No recorded units from DEN-MP		

Category: Populism, Subcategory: **Other populism**				
323	DEN-MP	(…) Dansk Folkeparti har haft dominerende indflydelse i ti år. Uden en ny regering vil det fortsat være sådan (…)	(…) The Danish People's Party has had dominant influence for ten years. Without a new government, it will continue to be so (…)	
324	DEN-MP	(…) Vi hæver behandlingsgarantien fra 1 til 2 måneder for mindre alvorlige lidelser som nærsynethed og hængende øjenlåg, for at vi kan ska e ressourcer nok til at give alle kræftpatienter den bedst tilgængelige behandling omgående (…)	(…) We increase the treatment guarantee from 1 to 2 months for less severe conditions like nearsightedness and drooping eyelids, so we can allocate enough resources to provide all cancer patients with the best available treatment immediately (…)	Raising guarantee of care timeframe for minor ailments
Category: Authoritarianism, Subcategory: **Law and authority**				
		No recorded units from DEN-MP		
Category: Authoritarianism, Subcategory: **Legal rhetoric**				
		No recorded units from DEN-MP		
Category: Authoritarianism, Subcategory: **Traditional values**				
		No recorded units from DEN-MP		
Category: Authoritarianism, Subcategory: **Other authoritarianism**				
		No recorded units from DEN-MP		

Table 15: Recorded units, Dansk Folkeparti party manifesto (RRP)

#	Debate	Content	Translated content	Remarks
Category: Nativism, Subcategory: **Nationalism**				
		No recorded units from DEN-RRP		
Category: Nativism, Subcategory: **Xenophobia**				
		No recorded units from DEN-RRP		
Category: Nativism, Subcategory: **Other nativism**				
		No recorded units from DEN-RRP		
Category: Populism, Subcategory: **Anti-elite**				
		No recorded units from DEN-RRP		
Category: Populism, Subcategory: **Pro-people**				
325	DEN-RRP	Vi har alt at takke de ældre for (…) Hvert år bliver der flere ældre i Danmark – og heldigvis for det! For ældre er ikke en byrde for vort land, men en stor glæde. Og vi ved, at vi har alt at takke de ældre for (…)	We owe everything to the elderly (…) Every year, there are more elderly people in Denmark – and thankfully for that! Because the elderly are not a burden to our country, but a great joy. And we know that we owe everything to the elderly (…)	Praise of elderly
326	DEN-RRP	Vi har alt at takke de ældre for (…) Og for den sidste gruppe af borgere	We owe everything to the elderly (…) And for the last	Praise of health workers

		vil vi sikre, at der altid skal være en medarbejder hos kommunen, i ældreplejen eller i sundheds systemet, som har den opga ve at assistere de ældre bor gere, som ikke er IT-stærke (…)	group of citizens, we will ensure that there is always an employee at the municipality, in elderly care, or in the healthcare system, whose task is to assist the elderly citizens who are not proficient in IT (…)	
Category: Populism, Subcategory: **Crisis performance**				
		No recorded units from DEN-RRP		
Category: Populism, Subcategory: **Simplification**				
327	DEN-RRP	Hjælp til selvhjælp (…) Behandling af psykisk syge behøver ikke nødvendigvis at foregå på en psykiatrisk afdeling. Det fik Pia Kjærsgaard bekræftet, da hun i fjor besøgte det beskyttede værksted og pottemagerværksted Rødeled i Præstø. Her havde en gruppe psykisk syge fået deres hverdag forbedret betydeligt, i forbindelse med den øgede livsglæde jobbet på værkstedet havde givet dem (…)	Help for self-help (…) Treatment of mentally ill individuals does not necessarily have to take place in a psychiatric department. Pia Kjærsgaard confirmed this last year when she visited the protected workshop and pottery workshop Rødeled in Præstø. Here, a group of mentally ill individuals had significantly improved their daily lives, thanks to the increased joy of life provided by the work at the workshop (…)	Pottery classes to tackle psychiatric problems
328	DEN-RRP	Flere psykiatriske skadestuer (…) Dansk Folkeparti arbejder for, at der til stadighed skal ske en udvikling i den psykiatriske behandling af både ældre demente, psykisk syge børn, unge og voksne. Vi forlanger, at behandlingen i højere grad kan foregå lokalt, og at de psykiatriske skadestuers funktion udbygges (…)	More psychiatric emergency rooms (…) The Danish People's Party is working towards a continuous development in psychiatric treatment for both elderly dementia patients, mentally ill children, adolescents, and adults. We demand that treatment can occur more locally and that the functions of psychiatric emergency rooms are expanded (…)	Vague policy to expand psychiatric care.
Category: Populism, Subcategory: **Anti-science**				
		No recorded units from DEN-RRP		
Category: Populism, Subcategory: **Unrealistic**				
		No recorded units from DEN-RRP		
Category: Populism, Subcategory: **Other populism**				
		No recorded units from DEN-RRP		
Category: Authoritarianism, Subcategory: **Law and authority**				
		No recorded units from DEN-RRP		
Category: Authoritarianism, Subcategory: **Legal rhetoric**				
		No recorded units from DEN-RRP		
Category: Authoritarianism, Subcategory: **Traditional values**				

		No recorded units from DEN-RRP		
Category: Authoritarianism, Subcategory: **Other authoritarianism**				
		No recorded units from DEN-RRP		

Table 16: Recorded units, coalition agreement, Denmark

#	Debate	Content	Translated content	Remarks
Category: Nativism, Subcategory: **Nationalism**				
		No recorded units from DEN-CA		
Category: Nativism, Subcategory: **Xenophobia**				
		No recorded units from DEN-CA		
Category: Nativism, Subcategory: **Other nativism**				
		No recorded units from DEN-CA		
Category: Populism, Subcategory: **Anti-elite**				
		No recorded units from DEN-CA		
Category: Populism, Subcategory: **Pro-people**				
329	DEN-CA	BEHANDLING TIL TIDEN (…) Danskernes skal kunne føle sig trygge ved og have tillid til sundhedsvæsenet. Akutte og livstruende sygdomme skal behandles med det same (…)	TREATMENT ON TIME (…) Danes should feel safe and have trust in the healthcare system. Acute and life-threatening illnesses should be treated immediately (…)	Appeal to the people
330	DEN-CA	BEHANDLING TIL TIDEN (…) Derfor vil regeringen indføre en differentieret behandlingsgaranti, der sætter det største fokus på de alvorligt syge, og samtidig fastholde akutbehandlingen af livstruende sygdomme som kræft. Hvert år får mere end 35.000 danskere konstateret kræft. Chancen for at overleve kræft i Danmark er dårligere end i de øvrige nordiske lande (…)	TREATMENT ON TIME (…) Therefore, the government will introduce a differentiated treatment guarantee, focusing primarily on the severely ill, while maintaining acute treatment for life-threatening diseases such as cancer. Every year, more than 35,000 Danes are diagnosed with cancer. The chance of surviving cancer in Denmark is lower than in the other Nordic countries (…)	Cancer patients let down by the system, compared to other Nordic countries
331	DEN-CA	PSYKIATRI (…) Regeringen vil som det første prioritere hurtigere hjælp til de børn og unge, der rammes af psykiske lidelser, og mindske ventelisterne for dem, så de ikke mister kontakten til familie, skole, venner (…)	PSYCHIATRY (…) As a first step, the government will prioritize faster assistance for children and adolescents affected by mental disorders and reduce waiting lists for them, so they do not lose contact with family, school, friends (…)	Appeal to children/parents.
332	DEN-CA	STOP FOR FRADRAG FOR SUNDHEDSFORSIKRINGER (…) I dag kan patienter med en privat sundhedsforsikring komme foran i køen. Regeringen ønsker, at der igen skal være fri og lige	STOP FOR DEDUCTIONS FOR HEALTH INSURANCE (…) Today, patients with private health insurance can jump the queue. The government wants there to be	Appeal to people without private insurance

		adgang til sundhed. Regeringen vil derfor afskaffe skattefradraget for sundhedsforsikringer (…)	free and equal access to healthcare again. Therefore, the government will abolish the tax deduction for health insurance (…)	
Category: Populism, Subcategory: **Crisis performance**				
		No recorded units from DEN-CA		
Category: Populism, Subcategory: **Simplification**				
333	DEN-CA	FOREBYGGELSE (…) Vi vil afsætte midler til en ny strategi for bekæmpelse af rygning hos unge, igangsætte målrettede sundhedsindsatser for udsatte og arbejde for konkrete mål for forebyggelsesindsatsen i kommunerne (…)	PREVENTION (…) We will allocate funds for a new strategy to combat smoking among youth, initiate targeted health interventions for vulnerable groups, and work towards specific goals for prevention efforts in municipalities (…)	Vague
334	DEN-CA	TRYG OG EFFEKTIV BEHANDLING AF MEDICINSKE PATIENTER (…) Regeringen vil styrke det medicinske område. Der skal sættes fokus på rettidig udredning, behandling, rehabilitering og pleje (…)	SAFE AND EFFECTIVE TREATMENT OF MEDICAL PATIENTS (…) The government will strengthen the medical sector. There should be a focus on timely diagnosis, treatment, rehabilitation, and care (…)	Vague
335	DEN-CA	PSYKIATRI (…) Samtidig vil regeringen udbygge indsatsen i den nære psykiatri og styrke tilbuddene til mennesker med psykiske sygdomme som angst og depression. (…)	PSYCHIATRY (…) At the same time, the government will expand efforts in community psychiatry and strengthen services for people with mental illnesses such as anxiety and depression. (…)	Vague
Category: Populism, Subcategory: **Anti-science**				
		No recorded units from DEN-CA		
Category: Populism, Subcategory: **Unrealistic**				
		No recorded units from DEN-CA		
Category: Populism, Subcategory: **Other populism**				
336	DEN-CA	BEHANDLING TIL TIDEN (…) De mest alvorlige lidelser skal behandles hurtigere end andre lidelser. Regeringen vil opretholde den nuværende ventetidsgaranti på en måned for de mest alvorlige sygdomme. Men det er ikke hensigtsmæssigt, at vi har samme ventetidsgaranti for alle planlagte behandlinger. For mindre belastende lidelser, f.eks. et hængende øjenlåg, er det rimeligt at øge fleksibiliteten. Målet er, at sygehusene prioriterer de patienter, der har størst behov (…)	TREATMENT ON TIME (…) The most severe conditions should be treated faster than others. The government will maintain the current waiting time guarantee of one month for the most severe illnesses. However, it is not appropriate to have the same waiting time guarantee for all scheduled treatments. For less burdensome conditions, such as a drooping eyelid, it is reasonable to increase flexibility. The goal is for hospitals to prioritize patients with the greatest need (…)	Raising guarantee of care timeframe for minor ailments

Category: Authoritarianism, Subcategory: **Law and authority**				
337	DEN-CA	PSYKIATRI (…) Regeringen vil derfor indføre en udrednings- og behandlingsgaranti for psykiatriske sygdomme (…)	PSYCHIATRY (…) Therefore, the government will introduce a diagnosis and treatment guarantee for psychiatric illnesses (…)	Guarantee of care for psychiatric patients
Category: Authoritarianism, Subcategory: **Legal rhetoric**				
		No recorded units from DEN-CA		
Category: Authoritarianism, Subcategory: **Traditional values**				
		No recorded units from DEN-CA		
Category: Authoritarianism, Subcategory: **Other authoritarianism**				
		No recorded units from DEN-CA		

Table 17: Recorded units, debates, Denmark

#	Debate	Content	Translated content	Remarks
Category: Nativism, Subcategory: **Nationalism**				
		No recorded units from DEN1 No recorded units from DEN2 No recorded units from DEN3 No recorded units from DEN4 No recorded units from DEN5 No recorded units from DEN6 No recorded units from DEN8 No recorded units from DEN9 No recorded units from DEN10 No recorded units from DEN11 No recorded units from DEN12		
Category: Nativism, Subcategory: **Xenophobia**				
338	DEN11	(…) Det er ikke lovligt at gå rundt og sælge stoffer og være pusher. Det skal der fortsat slås hårdt ned på. I dag er det sådan, at politiet allerede i høj grad ved, hvem pusherne er, og selvfølgelig forsøger at efterforske og opbygge sager imod nigerianske pushere og andre bagmænd (…)	(…) It is not legal to walk around selling drugs and being a pusher. There must continue to be a strong crackdown on this. Today, the police already largely know who the pushers are and naturally try to investigate and build cases against Nigerian pushers and other masterminds (…)	Specific mention of "Nigerian pushers"
		No recorded units from DEN1 No recorded units from DEN2 No recorded units from DEN3 No recorded units from DEN4 No recorded units from DEN5 No recorded units from DEN6 No recorded units from DEN8 No recorded units from DEN9 No recorded units from DEN10 No recorded units from DEN11		

		No recorded units from DEN12		
Category: Nativism, Subcategory: **Other nativism**				
		No recorded units from DEN1 No recorded units from DEN2 No recorded units from DEN3 No recorded units from DEN4 No recorded units from DEN5 No recorded units from DEN6 No recorded units from DEN8 No recorded units from DEN9 No recorded units from DEN10 No recorded units from DEN11 No recorded units from DEN12		
Category: Populism, Subcategory: **Anti-elite**				
339	DEN1	(…) Man må jo også fra Dansk Folkepartis side anerkende, at det, man selv har været med til at gøre, nemlig indføre den her brugerbetaling, har haft en konsekvens. Jeg beder bare ordføreren om at bekræfte, at den beslutning, Dansk Folkeparti var med til at træffe, nemlig at indføre en brugerbetaling, har haft en direkte konsekvens for rigtig mange par, som brændende ønsker sig børn, og som nu ikke længere får den her fertilitetsbehandling. Det skal jeg bare have ordføreren til at erkende, for det er jo et politisk valg (…)	(…) From the Danish People's Party's side, one must also acknowledge that what one has contributed to, namely introducing this user fee, has had a consequence. I simply ask the spokesperson to confirm that the decision the Danish People's Party was involved in making, namely to introduce a user fee, has had a direct consequence for many couples who fervently desire children and who now no longer receive fertility treatment. I just need the spokesperson to acknowledge this because it is a political choice (…)	Criticism of opposition
340	DEN3	(…) Desværre er der kommuner, som har forhindret nogle af de mennesker, som ellers med lægehenvisning er blevet henvist til Øfeldt Centrene, i at komme frem til træningen (…)	(…) Unfortunately, there are municipalities that have prevented some of the people who have been referred to the Øfeldt Centers with a medical referral from accessing the training (…)	Critique of municipalities/ system
341	DEN11	(…) Udviklingen viser, at den danske narkotikapolitik på lange strækninger har slået fejl. Det er ikke tilfredsstillende, at så mange mennesker dør af det, og at stofmisbruget er stigende (…)	(…) The development shows that Danish drug policy has failed in many respects. It is not satisfactory that so many people die from it and that drug abuse is increasing (…)	Stating that the system has failed in drug policy.
		No recorded units from DEN2 No recorded units from DEN4 No recorded units from DEN5 No recorded units from DEN6 No recorded units from DEN8 No recorded units from DEN9 No recorded units from DEN10 No recorded units from DEN12		

Category: Populism, Subcategory: **Pro-people**				
342	DEN1	(…) Det forslag, som vi behandler i dag, er jo netop så godt, fordi vi går ind og annullerer den brugerbetaling, der blev indført. Vi siger helt klart og tydeligt, at der ikke er nogen patientgrupper, der skal have deres dankort med på et dansk sygehus (…)	(…) The proposal we are discussing today is precisely good because we are canceling the user fee that was introduced. We state clearly and unequivocally that there are no patient groups that should bring their debit card to a Danish hospital (…)	Appeal to people
343	DEN1	(…) Det er den socialdemokratisk ledede regerings mål, at alle skal sikres en sundhedsbehandling af høj kvalitet, og at uligheden i sundhed skal mindskes. Derfor vil regeringen føre en sundhedspolitik, hvor alle sikres fri og lige adgang til sundhed, og hvor der bliver foretaget de nødvendige prioriteringer, så vi får mest mulig sundhed for de penge, vi bruger, bl.a. igennem en stærkere forebyggelse (…)	(…) The goal of the Social Democratic-led government is to ensure high-quality healthcare for all and to reduce health inequality. Therefore, the government will pursue a health policy where everyone is guaranteed free and equal access to healthcare, and where the necessary priorities are made to get the most health for the money we spend, including through stronger prevention (…)	Appeal to people.
344	DEN1	(…) Til sidst vil jeg sige om gebyret for tolkebistand, at regeringen jo prioriterer et sundhedsvæsen med fri og lige adgang for alle borgere, og vi ønsker ikke, at der etableres ordninger i sundhedsvæsenet, der kan medføre, at nogle borgere undlader at søge lægehjælp i tide. Udlændinge skal fortsat have et betydeligt incitament til at lære dansk, men det er ikke et gebyr på tolkebistand i sundhedsvæsenet, der skal drive den enkeltes motivation for at tilegne sig det danske sprog (…)	(…) Finally, regarding the fee for interpreter assistance, the government prioritizes a healthcare system with free and equal access for all citizens, and we do not want arrangements in the healthcare system that may cause some citizens to delay seeking medical help. Foreigners must continue to have a significant incentive to learn Danish, but it is not a fee for interpreter assistance in the healthcare system that should drive individuals' motivation to learn the Danish language (…)	Appeal to immigrants, right to interpreter
345	DEN1	(…) Det er defineret i sundhedsloven, at vi skal afhjælpe sygdom, men også følger og funktionsbegrænsninger af sygdom. Nogle skal så stå for skud. Nogle skal fravælge børn, ikke fordi behandlingen ikke findes, ikke fordi den ikke er effektiv, men kun fordi de ikke har råd. Det er ikke rimeligt (…)	(…) It is defined in the Health Act that we should alleviate disease, as well as the consequences and functional limitations of disease. Some will then be targeted. Some will have to forgo children, not because the treatment does not exist, not because it is not effective, but only because they cannot afford it. That is not fair (…)	Appeal to group
346	DEN3	(…) I Socialdemokratiet går vi ind for, at man uanset baggrund og handicap skal kunne leve et sundt og aktivt liv (…)	(…) In the Social Democratic Party, we advocate for everyone, regardless of background and disability, to be able to live a healthy and active life (…)	Appeal to group

347	DEN3	(…) Hvert år invalideres mennesker i ulykker eller ved sygdom, og for nogle er det sådan, at den intense træning, som gives på Øfeldt Centrene, giver dem mulighed for igen at leve et liv, hvor de har mindre brug for støtte, end de måske havde, efter ulykken eller sygdommen var indtruffet (…)	(…) Every year, people become disabled due to accidents or illness, and for some, the intensive training provided at the Øfeldt Centers enables them to live a life where they require less support than they may have needed after the accident or illness occurred (…)	Praise of workers in rehabilitation
348	DEN4	(…) Jeg er alligevel lidt overrasket over, at ordføreren i dag står og siger, at der findes så mange tilskudsordninger for mennesker, der har så store tandlægeregninger og de her sjældne sygdomme, for faktum er jo, at så sent som i september – tror jeg, at det var – var der en højesteretssag, hvor der netop blev afsagt dom om, at en kvinde med en sjælden tandsygdom selv skulle betale hele regningen (…)	(…) Nevertheless, I am somewhat surprised that today the spokesperson is saying that there are so many subsidy schemes for people with such large dental bills and these rare diseases, because the fact is that as recently as September – I believe it was – there was a Supreme Court case where it was ruled that a woman with a rare dental condition should pay the entire bill herself (…)	Patient failed by system
349	DEN5	(…) Sidst, men ikke mindst, så foreslår vi, at man nedlægger Det Nationale Forebyggelsesråd. Det Nationale Forebyggelsesråd blev nedsat i 2008. Der er 13 medlemmer, der sidder for 4 år ad gangen, og indtil videre har de holdt en konference, nogle af medlemmerne har skrevet nogle kronikker, hvori de har henvist til, at det var medlemmer af rådet, og så har der været et enkelt oplæg. Og på den baggrund synes jeg ikke man kan sige, at det lige præcis er Det Nationale Forebyggelsesråd, der har været med til at sætte debatten i Danmark om, hvordan vi sikrer, at danskerne får mere sundhedsfremme, at vi sikrer, at danskerne lever længere med flere gode leveår. Det er tværtimod nok mere en lang række aktører af både patientforeninger, fonde, debattører, Forebyggelseskommissionen osv., som har været med til at sætte den debat på dagsordenen. (…)	(…) Lastly, but not least, we propose the dissolution of the National Prevention Council. The National Prevention Council was established in 2008. There are 13 members who serve for 4 years at a time, and so far, they have held a conference, some members have written some opinion pieces referring to themselves as members of the council, and there has been a single presentation. And based on that, I don't think it can be said that it is precisely the National Prevention Council that has contributed to setting the debate in Denmark on how we ensure that Danes receive more health promotion, that we ensure Danes live longer with more good years. On the contrary, it is probably more a wide range of actors including patient associations, foundations, debaters, the Prevention Commission, etc., who have contributed to putting that debate on the agenda (…)	Praise of people
350	DEN6	(…) Venter I barn? Sker der snart noget? Det biologiske ur tikker, det ved du vel godt? Sådanne kommentarer og spørgsmål har mange ufrivilligt barnløse prøvet at få, og for mange er det smertefuldt	(…) Are you expecting a baby? Is something happening soon? The biological clock is ticking, you know? Many involuntarily childless people have experienced such	Appeal to group

		at skulle finde på en undskyldning, hver gang emnet dukker op, hvis man altså ikke lige tænker, at man skal dele hele sit privatliv med en fremmed, en svigermor eller andre i sin omgangskreds (…)	comments and questions, and for many, it is painful to have to come up with an excuse every time the topic arises, if they do not think that they should share their entire private life with a stranger, a mother-in-law, or others in their circle of acquaintances (…)	
351	DEN8	(…) I Socialdemokratiet er vi meget optagede af at sikre patienters sikkerhed i mødet med sundhedsvæsenet. Vi skal hele tiden arbejde for at nedbringe skader, der f.eks. skyldes forbytning af medicin, forkert kirurgi og manglende hygiejne, eller at der f.eks. ikke er styr på lægemidlerne (…)	(…) In the Social Democratic Party, we are very concerned about ensuring patients' safety in their encounters with the healthcare system. We must constantly work to reduce injuries caused by, for example, medication mix-ups, incorrect surgery, and lack of hygiene, or for example, if medications are not properly managed (…)	Emphasis on patient security and representing the interests of the people
352	DEN10	(…) Det er jo rigtigt, at vi skal forebygge de sårbarheder, der er, når vi netop har med små patientgrupper at gøre (…)	(…) It is true that we must prevent the vulnerabilities that arise when we are dealing with small patient groups (…)	Appeal to groups
353	DEN10	(…) I forlængelse af selve talen her kan jeg oplyse, at jeg i går faktisk fik en henvendelse fra et barn i min egen kommune, og det er det eneste barn i verden, der har en særlig kromosomfejl på kromosom 12. Derfor er det jo nogle patientgrupper, som bare er så utrolig små, når der kun er fundet et barn i verden med den fejl og der ikke er fundet andre børn. Derfor er det jo meget vigtigt, at vi organisatorisk har nogle enheder her i Danmark, som kan fange sådan nogle behandlingsforhold og nogle familier op, så de kan få den rigtige vejledning (…)	(…) In continuation of the speech itself, I can inform you that yesterday I actually received an inquiry from a child in my own municipality, and it is the only child in the world with a specific chromosomal defect on chromosome 12. Therefore, these are patient groups that are incredibly small, when only one child in the world has been found with the defect and no other children have been found. Therefore, it is very important that we have organizational units here in Denmark that can address such treatment conditions and families so they can receive the right guidance (…)	Appeal to groups
354	DEN11	(…) Så havde jeg måske omvendt troet, at man så havde lyttet til de 77 pct. af københavnerne, der uanset partitilhørsforhold synes, at det er en rigtig god idé at oprette fixerum, stofindtagelsesrum, ja, kært barn har efterhånden rigtig mange navne. Så kunne Venstres ordfører ikke fortælle lidt om, når nu det har været diskuteret mange gange i Venstres gruppe, hvad der er baggrunden for, at man er endt med at komme med en så hård	(…) Then perhaps I would have thought that they had listened to the 77% of Copenhageners, regardless of party affiliation, who think it is a very good idea to establish injection rooms, drug consumption rooms, well, dear child has many names by now. So could the spokesperson for the Venstre party tell a little about, given that it has been discussed many times in the	Representing the "true will" of the people

		afvisning af noget, som ellers er så ønsket blandt en stor gruppe danskere, og som tidligere har været til intern debat i Venstres gruppe? (…)	Venstre party group, what is the reason for such a strong rejection of something that is otherwise so desired among a large group of Danes and has previously been the subject of internal debate in the Venstre party group? (…)	
355	DEN11	(…) Rambøll Management har tidligere dokumenteret, at 51 pct. af børnefamilierne på Vesterbro er utrygge ved at lade deres børn færdes frit, fordi de er bange for, at de skal falde over kanyleaffald (…)	(…) Rambøll Management has previously documented that 51% of families with children in Vesterbro feel unsafe letting their children roam freely because they are afraid they might stumble upon needle waste (…)	Appeal to people
356	DEN11	(…) Det, jeg taler om, er at skabe en værdighed, og det er at sikre en overlevelse. Ordføreren har totalt misforstået mig, hvis han tror, at jeg brokker mig som beboer over, at der ligger kanyler i min opgang. Det gør jeg ikke. Jeg brokker mig, fordi jeg synes, at det er uværdigt, at der er nogle mennesker, der ligger i min opgang og måske dør, fordi der ikke er nogen overvågning af, at de indtager de her stoffer. De ved ikke, hvad der er i de her stoffer, og det er det, jeg er bekymret for. (…)	(…) What I am talking about is creating dignity and ensuring survival. The spokesperson has completely misunderstood me if he thinks I'm complaining as a resident because there are needles in my stairwell. I am not. I am complaining because I think it is undignified that there are people lying in my stairwell and maybe dying because there is no monitoring of their drug intake. They don't know what is in these drugs, and that's what concerns me (…)	Claiming to represent the interests of group
		No recorded units from DEN2 No recorded units from DEN9 No recorded units from DEN12		
Category: Populism, Subcategory: **Crisis performance**				
357	DEN1	(…) Konsekvenserne af det lovforslag, som vi behandlede sidste år, og den brugerbetaling, der har været indført, har medført, at der samtidig har været et fald i antallet af behandlinger. I dag er det 8-10 pct. af de ca. 60.000 børn, der årligt fødes i Danmark, der kommer til verden ved hjælp af fertilitetsbehandling og kunstig befrugtning, og et fald i antallet af fertilitetsbehandlinger vil derfor også have mærkbare konsekvenser for det danske fødselstal. Helt konkret har det været sådan, at på de offentlige fertilitetsklinikker er antallet af behandlinger faldet med ca. 25 pct. i de første tre kvartaler af 2011 set i forhold til 2010. (…)	(…) The consequences of the bill we discussed last year and the user fees that have been introduced have led to a decrease in the number of treatments. Today, it's 8-10% of the approximately 60,000 children born annually in Denmark who come into the world through fertility treatment and artificial insemination, and a decrease in the number of fertility treatments will therefore also have noticeable consequences for the Danish birth rate. Specifically, it has been the case that the number of treatments at public fertility clinics has decreased by approximately 25% in the first three quarters of 2011 compared to 2010 (…)	Consequences of user payment for fertility treatment will me noticeable for birth rates in Denmark.

358	DEN8	(…) I de senere år med en globaliseret verden kan vi se større og større risici for, at lægemidler forfalskes, og vi ser også, at mennesker tager chancer og køber lægemidler på nettet, som viser sig slet ikke at være det, de troede det var. Vi ser også, at der sker forfalskninger af lægemidler i lande, hvor vi ellers skulle tro, at det ikke kunne finde sted (…)	(…) In recent years, with a globalized world, we can see greater and greater risks of medication counterfeiting, and we also see that people take chances and buy medications online, which turn out not to be what they thought they were. We also see medication counterfeiting in countries where we would otherwise think it could not happen (…)	Risk of getting fake medication
		No recorded units from DEN2 No recorded units from DEN3 No recorded units from DEN4 No recorded units from DEN5 No recorded units from DEN6 No recorded units from DEN9 No recorded units from DEN10 No recorded units from DEN11 No recorded units from DEN12		
Category: Populism, Subcategory: **Simplification**				
359	DEN1	(…) Det, der ligger til grund for folks henvendelse, er en sygdom, som gør, at de ikke kan få børn. Men vi når ikke rigtig hinanden her, for jeg synes faktisk, det er uetisk – altså, hvis vi på kræftområdet opdagede, at der var en ny behandling, der kunne hjælpe 70 pct. af alle dem, der henvendte sig med den sygdom, ville vi så i Danmark stå og sige: Nej, den behandling vil vi ikke indføre? Men det er lige præcis det, man gør i forhold til nogle andre grupper af patienter i det danske sundhedsvæsen, som har det tilfælles, at deres sygdom medfører, at de ikke kan få børn (…)	(…) The basis of people's inquiries is a disease that prevents them from having children. But we're not really connecting here, because I actually think it's unethical – I mean, if in the area of cancer we discovered that there was a new treatment that could help 70% of all those who came with that disease, would we in Denmark stand and say: No, we will not introduce that treatment? But that is precisely what we do in relation to some other groups of patients in the Danish healthcare system who have in common that their disease prevents them from having children (…)	Simplification of issue
360	DEN1	(…) Nu nævnte ordføreren selv, at ordføreren er imod, at man sætter afgifterne op på smøger, vin, øl osv. og bruger nogle af pengene på at fjerne brugerbetaling på kunstig befrugtning. Skal jeg forstå det således, at det, ordføreren giver udtryk for, er, at en stemme på Dansk Folkeparti er en stemme på billigere smøger og billigere øl, men færre børn i Danmark? (…)	(…) Now, the spokesperson mentioned themselves that they are against raising taxes on cigarettes, wine, beer, etc., and using some of the money to remove user fees on artificial insemination. Should I understand from this that what the spokesperson is expressing is that a vote for the Danish People's Party is a vote for cheaper cigarettes and cheaper beer, but fewer children in Denmark? (…)	Simplification of opposition policy preference
361	DEN2	(…) Kan vi begrænse, at unge i den mest udsatte aldersgruppe mellem 16 og 24 år begynder at	(…) If we can limit young people in the most vulnerable age group between 16 and 24	Simplification of problem

		eksperimentere med narkotika, kan vi mindske tilgangen til og markedet for illegale stoffer. (…)	from experimenting with drugs, we can reduce access to and the market for illegal substances (…)	
362	DEN2	(…) Udbredelsen af de illegale stoffer ligger nogenlunde stabilt, men særlig er der et stigende antal unge, der har et aktuelt kokainmisbrug, og det vidner om, at vi skal lave en større forebyggende indsats i de kommende år, og at vi også skal nytænke denne indsats (…)	(…) The spread of illegal drugs is roughly stable, but there is a particularly increasing number of young people with current cocaine abuse, which indicates that we need a larger preventive effort in the coming years and that we also need to rethink this effort (…)	Vagueness in policy
363	DEN4	(…) Venstre siger, at hvis man ikke kan hjælpe alle, så skal man hjælpe ingen; så er det helt o.k., at fordi en har en medført sjælden sygdom, skal vedkommende stå tilbage med en tandlægeregning på 200.000 kr. ligesom Susanne Petersen, der i Højesteret den 17. oktober – det har jeg fundet frem til at det var – fik at vide, at det var noget, hun stod med helt, helt alene, til trods for at det jo er en medfødt sygdom, som hun er fuldstændig uden skyld i at have (…)	(…) Venstre says that if you can't help everyone, then you should help no one; it's completely okay that because one person has an inherited rare disease, that person should be left with a dental bill of 200,000 kr. just like Susanne Petersen, who in the Supreme Court on October 17th – I have found out it was – was told that it was something she was completely, completely alone with, despite the fact that it is a congenital disease for which she is completely blameless (…)	Simplification of opposition policy preferences
364	DEN4	(…) Der må jeg jo bare konstatere, at det er den holdning, Venstre har, altså at hvis ikke man kan hjælpe alle med store tandlægeregninger i det her land, så vil man hjælpe ingen – og det til trods for, at det her lovforslag jo netop helt præcist på tandområdet definerer nogle mennesker, som er helt uforskyldt i forhold til det her meget store behandlingsbehov (…)	(…) There I must simply note that this is the position Venstre has, that if you can't help everyone with large dental bills in this country, then you won't help anyone – despite the fact that this bill specifically defines some people in the dental area who are completely blameless in relation to this very great need for treatment (…)	Simplification of opposition policy preferences
365	DEN12	(…) Andre områder, som vi også kigger på, er, at der skal gives en ekstra hjælpende hånd til de op imod 70 pct. af alle rygere, som rent faktisk gerne vil holde op med at ryge (…)	(…) Other areas we are also looking at involve providing an extra helping hand to the approximately 70% of all smokers who actually want to quit smoking (…)	Vague policy
		No recorded units from DEN3 No recorded units from DEN5 No recorded units from DEN6 No recorded units from DEN8 No recorded units from DEN9 No recorded units from DEN10 No recorded units from DEN11		

Category: Populism, Subcategory: **Anti-science**				
		No recorded units from DEN1 No recorded units from DEN2 No recorded units from DEN3 No recorded units from DEN4 No recorded units from DEN5 No recorded units from DEN6 No recorded units from DEN8 No recorded units from DEN9 No recorded units from DEN10 No recorded units from DEN11		
Category: Populism, Subcategory: **Unrealistic**				
		No recorded units from DEN1 No recorded units from DEN2 No recorded units from DEN3 No recorded units from DEN4 No recorded units from DEN5 No recorded units from DEN6 No recorded units from DEN8 No recorded units from DEN9 No recorded units from DEN10 No recorded units from DEN11		
Category: Populism, Subcategory: **Other populism**				
366	DEN1	(…) Alt i alt er det sådan, at vi arbejder for at sikre fri og lige adgang til det danske sundhedsvæsen, og det er nogle meget væsentlige skridt, vi tager i den retning med det her lovforslag i dag (…)	(…) All in all, we are working to ensure free and equal access to the Danish healthcare system, and these are very significant steps we are taking in that direction with this bill today (…)	Emphasizing free and equal access to treatment
367	DEN11	(…) Nu vil jeg egentlig godt lave et sceneskift, og det sceneskift er til min egen opgang på Vesterbro i går, hvor jeg var nede og hente posten. Jeg tog nogle billeder af, hvordan der ser ud, når opgangen fungerer som fixerum, og hvor uværdigt det er, når der er blod over det hele og der ligger brugte kanyler. Der har siddet mennesker i en beskidt opgang, måske alene, måske sammen med en anden, der skulle passe på dem, og indtaget deres stoffer i håbet om, at det var det rigtige stof, og at det ikke var noget, de pludselig ville få en overdosis af, for så ville der ikke være nogen hjælp at hente i min opgang langt væk fra det hele (…)	(…) Now, I actually want to shift the scene, and that shift is to my own stairwell in Vesterbro yesterday, where I went down to get the mail. I took some pictures of what it looks like when the stairwell functions as a shooting gallery, and how undignified it is when there is blood everywhere and used needles lying around. There have been people in a dirty stairwell, maybe alone, maybe with someone else watching over them, ingesting their drugs in the hope that it was the right substance and that it wasn't something they would suddenly overdose on, because then there would be no help to be found in my stairwell, far away from it all (…)	Personal anecdote to argue for injection rooms
		No recorded units from DEN2 No recorded units from DEN3 No recorded units from DEN4 No recorded units from DEN5 No recorded units from DEN6		

No recorded units from DEN8
No recorded units from DEN9
No recorded units from DEN10
No recorded units from DEN12

Category: Authoritarianism, Subcategory: **Law and authority**				
368	DEN2	(…) Dette lovforslag gør det som sagt muligt at nedlægge forbud mod hele grupper af ensartede stoffer, så man også kan forbyde andre stoffer i samme gruppe, der formodes at have en euforiserende virkning (…)	(…) This bill makes it possible to prohibit entire groups of uniform substances, so that other substances in the same group, presumed to have a euphoric effect, can also be banned (…)	Ban of euphoric drugs in similar groups
369	DEN2	(…) Jeg synes, det er et vigtigt tiltag, fordi det gør, at vi kan springe hurtigere til og sende klare signaler til de unge om, at de her stoffer både er farlige og illegal (…)	(…) I think it's an important measure because it allows us to act more quickly and send clear signals to young people that these drugs are both dangerous and illegal (…)	Emphasis on illegality of drugs
370	DEN5	(…) En af de ting, som jeg godt kunne tænke mig at vi på længere sigt arbejdede med, er, at flere kommuner skal tilslutte sig den danske kvalitetsmodel. Det er jo i dag obligatorisk for alle regioner og dermed alle hospitaler at være akkrediteret efter et kvalitetssystem, hvor man hele tiden går ind og arbejder målrettet med kvalitet og kvalitetssikring. I dag er det stadig væk frivilligt for kommunerne. Det er ikke noget, vi har på tapetet lige nu og her, men jeg mener, at vi på længere sigt skal ud og diskutere med kommunerne, om det ikke også kunne være en god idé, at de ude på de enkelte institutioner lod sig akkreditere efter nogle kvaliteter, der gjorde, at vi sikrede os, at der var nogle ordentlige ting sat i værk, således at der hele tiden blev arbejdet med kvaliteten (…)	(…) One of the things I would like us to work on in the longer term is for more municipalities to join the Danish quality model. Today, it is mandatory for all regions and thus all hospitals to be accredited under a quality system where continuous work is done on quality and quality assurance. Today, it is still voluntary for municipalities. It's not something we have on the agenda right now, but I believe that in the longer term, we should discuss with the municipalities whether it could also be a good idea for them at the individual institutions to seek accreditation based on qualities that ensure that proper measures are implemented, ensuring continuous work on quality (…)	Possible mandate for municipalities to join national accreditation system.
371	DEN9	(…) Hvis man har givet samtykke til, at man vil indgå i et forsøg på sundhedsområdet, skal man selvfølgelig have mulighed for at trække sig ud af det igen, hvis man oplever bivirkninger eller manglende effekt af den behandling, man bliver udsat for. Det skal man selvfølgelig have lov til, men lovforslaget præciserer – som det også blev sagt af den tidligere ordfører – den hidtidige praksis, idet vi nu får præciseret, at man kan forlade forsøget, men at de data, der er blevet indhentet om en, stadig væk kan bruges i forbindelse	(…) If someone has consented to participate in a health trial, they should of course have the opportunity to withdraw if they experience side effects or lack of effectiveness of the treatment they are subjected to. They should naturally be allowed to do so, but the bill clarifies – as was also mentioned by the previous spokesperson – the current practice, stating that one can leave the trial, but the data collected about them can still be used in connection with	Legal clarification concerning data for patients who decide to leave a clinical trials

		med at gøre den videnskabelige del af forsøget færdig og publicere det (…)	completing the scientific part of the trial and publishing it (…)	
372	DEN11	(…) Jeg vil sige til hr. Tom Behnke, at vi ikke accepterer ulovlige stoffer. Illegale stoffer er stadig væk illegale, også efter at et fixerum, stofindtagelsesrum, er blevet vedtaget (…)	(…) I want to say to Mr. Tom Behnke that we do not accept illegal substances. Illegal substances are still illegal, even after a shooting gallery, consumption room, has been approved (…)	Maintain ban on drugs
373	DEN12	(…) Væsentlige punkter, som vi kigger på, og som indgår i lovændringen, er, at ligesom det i dag er lov, at man skal være 18 år for at kunne købe tobak, så bliver det fremover også sådan, at man skal være 18 for at kunne ryge i en skolegård eller på en anden uddannelsesinstitution, og det gælder både ude og inde (…)	(…) Key points we are looking at and that are included in the legislative amendment are that, just as it is currently legal to be 18 years old to buy tobacco, it will also be the case in the future that you must be 18 to smoke in a schoolyard or on another educational institution's premises, both indoors and outdoors (…)	Imposing minimum age for smoking on school premises
374	DEN12	(…) Vi skærper kontrollen og sanktionerne, og det er helt nødvendigt. Vi hæver bøderne til det dobbelte, så de kommer til at ligge på 5.000, 10.000 og 20.000 kr. for henholdsvis første, anden og tredje gang, der finder overtrædelse sted. Vi evaluerer loven igen i 2014 og finder områder for yderligere forbedringer (…)	(…) We are tightening controls and sanctions, and it is absolutely necessary. We are doubling the fines, so they will be set at 5,000, 10,000, and 20,000 kr. respectively for the first, second, and third time an offense occurs. We will evaluate the law again in 2014 and identify areas for further improvement (…)	Increased control and fines for smoking in offices
375	DEN12	(…) Vi kræver også, at der skal forevises legitimation, når unge handler i butikkerne fremover, for at vise, at de reelt er 18 år (…)	(…) We also require that identification be shown when young people make purchases in stores in the future to demonstrate that they are actually 18 years old (…)	Mandatory ID checks when buying tobacco
376	DEN12	(…) Vi tager jo i hvert fald et helt klart initiativ, og det bliver lov fra medio august, at der ikke må ryges på uddannelsesinstitutioner, hvis de elever, der går der, er under 18 år. (…)	(…) Well, we are certainly taking a clear initiative, and from mid-August, it will be illegal to smoke on educational institution premises if the students attending are under 18 years old (…)	Ban on smoking in educational institutions for people under 18
		No recorded units from DEN1 No recorded units from DEN3 No recorded units from DEN4 No recorded units from DEN6 No recorded units from DEN8 No recorded units from DEN10		

Category: Authoritarianism, Subcategory: **Legal rhetoric**

No recorded units from DEN1
No recorded units from DEN2
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Category: Authoritarianism, Subcategory: **Traditional values**

No recorded units from DEN1
No recorded units from DEN2
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Category: Authoritarianism, Subcategory: **Other authoritarianism**

No recorded units from DEN1
No recorded units from DEN2
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