

Book Review

Argumentation and Health

**Sara Rubinelli and A. Francisca Snoeck
Henkemans (Eds.)**

vi, pp. 1-142. Special issue of the journal *Argumentation in Context*: Vol. 1, No. 1 (2012). Amsterdam: John Benjamins.
Available ISBN 9789027242525, € 80.00, US\$ 120.00

Review by JANE E. MCARTHUR

*Department of Sociology, Anthropology & Criminology
University of Windsor
Windsor, ON
Canada*

“Already in the fourth century BC Plato emphasized the need for doctors to be skillful in argumentation. Yet until 15 years ago, argumentation would have not been perceived as an important speech act in this context” (p. 64). While this observation is not provided until about half way in, it represents an important contextualizing statement for this collection of essays.

The opening assertion made in *Argumentation and Health* is that there has been in recent years a growing interest in the role of argumentation in the area of health care. Theorists in this field have attended to the role of argumentation in the health care setting where communications are of interest, and in particular, to improving communication while paying attention to the rhetorical aspects. Through situating this problematic in the institutional context, these essays aims to give an overview of the significant latest developments in the study of argumentation in medical and consumer, or public health, communication. The book unfolds in ten chapters, which are organized by five themes:

1. Institutional characteristics of argumentation in healthcare
2. Argumentation in the medical consultation
3. Argumentation in Direct-To-Consumer drug advertising
4. Argumentation in health brochures
5. Argumentation in health risk communication

Through these themes, the goal of enhancing communication in the healthcare context by extending the potential for argumentation theory and the application of its analytical and normative tools is presented.

While each chapter offers something to the field of argumentation theory, not all will be dealt with in this review. In what follows, I describe some of the key elements of a number of the chapters and the contributions they make to the area of argumentation in health.

Chapter One, “Argumentation and informed consent in the doctor-patient relationship,” examines communication in the doctor patient relationship through the example of the legal case of *Reibl v. Hughes*, in which both modern consent law as well as the obligations required of both participants are brought to the fore. The latter include the doctor’s obligation to communicate medical information and the patient’s obligation to communicate her or his values and goals. In light of what studies reveal in terms of patients’ poor comprehension of medical information, the author of this chapter, Jerome Bickenbach, argues that this strengthens the case for bringing the tools of argumentation theory to this context, on the basis that he believes it rebalances the asymmetry in the doctor-patient relationship, through what he calls ‘info-suasive’ dialogue and the preservation of patient autonomy.

In Chapter Two “Institutional constraints on strategic manoeuvring in shared medical decision-making,” the authors, Francisca Snoeck Henkemans and Dima Mohammed, assert that their analysis illuminates the ways in which the institution influences how physicians communicate treatment options to patients. On the basis that the patient must make a decision based on the available treatment options as communicated by the doctor, the legal and institutional requirements are highlighted as important influences. These were recognized also to be influential in the tendency of doctors to try to persuade patients as to the choices they recommend. Nonetheless, the authors report that the physicians’ manoeuvring in the direction of their own treatment preferences would sometimes go off track and become fallacious. The result is to endanger the critical testing procedure and hinder shared decision-making. Thus, institutional constraints have an important if not unproblematic effect on decision-making.

Starting from the perspective that in medical consultations patients see physicians as having authority with regard to health problems, the role of argumentation which utilizes that authoritative position is investigated in Chapter Four by Sarah Bigi. The “pragma-dialectical analysis of the specific soundness con-

ditions” is offered in answer to the question “under what conditions is it sound for a doctor to present an argument by authority in medical consultation?” An essential contextual consideration applies here of course, in the sense that the nature of communication between doctor and patient differs from a casual conversation by that same doctor or patient. Arising from this is the notion that soundness conditions are essential when evaluating argumentation in practice.

The sixth chapter, “Teaching argumentation theory to doctors: Why and what,” by Renske Wierda, Sara Rubinelli and Claudia Zanini, directly confronts the perceived utility and purpose of the area of argumentation theory for health professionals. Moving on the assumption that good argumentation will assist the communication process between patients and doctors, the authors assert that translation of the studies by argumentation scholars is necessary. In the framework of doctors providing information to patients to aid in decision making, the authors claim that this communication takes the form of an argument and therefore provides the basis on which patients can come to understand and eventually agree with the doctor’s recommendations. They ultimately assert that “if doctors apply argumentation skills in the consultation, the consultation will be patient-centred almost by default” (p. 77). While there are problems still to be resolved in this vein, the communication strategy of argumentation is viewed as having the potential to enhance the dialogue and decision making process between patient and doctor.

In what is a particularly relevant and timely issue to be discussed, Renske Wierda and Jacky Visser in Chapter Six “Direct-to-consumer advertisements (DTCA) for prescription drugs as an argumentative activity type,” discuss the promotional activities inherent in DTCA including promotion and consultation. An important distinction is made within this essay about these activities: this is information directly targeting consumers as opposed to medical information to be communicated to and by doctors for patients. In this way DTCA is seen as its own *argumentative activity* type. Legal considerations, rhetorical devices, as well the recognition of the role of advertiser as a “complex antagonist” reveal that this is an area of study which has complicated and significant implications. Through their description of the intricacies of the DCTA type, the authors conclude that the advertisers have an obligation to consumers to inform the patient-consumer, similar to the idea of informed consent, while also promoting their product. Therefore, the argumentation must maneuver between the “dialectical obligation of reasonableness and the rhetorical aim of effectiveness, but moreover he has to take into account the extrinsic constraints of the institutional

context” (p. 94). This is an area for further examination and development, to be sure.

In Chapter Seven, Hilde van Poppel examines health brochures using the pragma-dialectical theory, identifies four variants of pragmatic argumentation, and argues that each variant operates as a strategic maneuver with potential countermoves dealt with. With the knowledge that the general public uses these brochures to make decisions, and that brochure writers are making particular arguments, the study points out that that this action represents a discussion between the reader and the writer. To conduct an analysis of the type of argumentation used here, one requires a theoretical foundation; and the author contends that such a foundation is lacking. She argues that a pragma-dialectical analysis offers such a foundation.

As evidenced by the few chapters I have sketched, the collection of essays in *Argumentation and Health* offers important considerations and applicability of the field of argumentation in the realm of medical and health communications. Though this is deeply academic work, specific to the field of argumentation, what becomes clear is that there are significant implications for patients/consumers, as well as for medical professionals resulting from the ways in which medical advice is being communicated. The scholarship in this area will no doubt offer a great deal to improve such communications, though it may, as asserted in the text, require some translation on the part of argumentation theorists to health professionals. The studies included in this collection illustrate current thinking and suggest future directions in this area, and they undoubtedly advance the field in important and beneficial ways.