



A Doctor's Argument by Authority: An Analytical and Empirical Study of Strategic Manoeuvring in Medical Consultation

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Summary

The general objective of this study is to establish the conditions under which a doctor's argument by authority may constitute a reasonable and effective strategic manoeuvre in medical consultation. In such a consultation, it is the doctor's task to diagnose the patient's health problem, to provide the patient with a prognosis of this problem and/or to advise him about which treatment to undergo.

Despite having requested the consultation with the doctor, in some cases the patient might not immediately or fully agree with the doctor's medical judgments and/or advice. In other cases, the doctor may simply assume that the patient is hesitant to accept his judgements and/or advice (for example, because the patient does not react as expected). To remove (assumed) hesitance, doubt or opposition, the doctor can advance argumentation in support of his judgments. From the perspective of the pragma-dialectical argumentation theory, which is used as the theoretical basis for this study, the doctor and patient can then be said to conduct an argumentative discussion.

One of the argumentative means that is available to the doctor in an argumentative discussion in medical consultation is to argue by authority. The patient ascribes knowledge and expertise to the doctor about his health problem, so the doctor could refer to this knowledge or expertise as a sign of the acceptability of his diagnosis, prognosis and/or advice. In other words, the doctor could argue that his medical judgment is acceptable, because, as a doctor, he is of the opinion that this judgment is acceptable.

Even though a doctor's argument by authority could be quite convincing precisely because the patient already ascribes medical authority to the doctor, the doctor can also be perceived as overly paternalistic by advancing such an argument; he could be seen as using the argument by authority as a means of shutting down the discussion. Since medical consultation has moved from the paternalistic model of the past to a more inclusive, patient-centred approach, it is important to establish the conditions under which a doctor's argument by authority may constitute a reasonable and effective strategic manoeuvre in a present day medical consultation. From an argumentation theoretical point of view, establishing these conditions clarifies the relationship between the reasonableness of a particular strategic manoeuvre and the effectiveness of this manoeuvre in a particular institutionalised context.

To establish the conditions under which a doctor's argument by authority may constitute a reasonable and effective strategic manoeuvre in medical consultation, this study is divided into an analytical part (chapter 2-5) and an empirical part (chapter 6-8). In the analytical part, the conditions under which a doctor's argument by authority can be regarded as reasonable are established. In the empirical part, the conditions under which a doctor's argument by authority can be perceived as effective are established.

Before the reasonableness conditions could be examined in the analytical part, however, first, two preliminary questions had to be answered: (1) Which characteristics of medical consultation affect the strategic manoeuvring in the consultation? (2) In which ways can a doctor manoeuvre strategically with an argument by authority in medical consultation? The answers to these questions provide the starting points for this study: they clarify how the

context of a medical consultation can affect argumentative discussions and what a doctor's argument by authority exactly amounts to in such discussions.

To analyse the characteristics of medical consultation that affect the strategic manoeuvring in the consultation (the first preliminary question), in chapter 2, medical consultation is characterised as a communicative activity type in which argumentation can play an important role. The confrontational trigger, starting points, argumentative means and possible outcomes of the communicative activity type of medical consultation are examined to gain insight into the opportunities and constraints for strategic manoeuvring in the consultation.

Based on the characterisation of medical consultation as a communicative activity type, an analysis of a doctor's argument by authority as a strategic manoeuvre in medical consultation is provided in chapter 4. Before this analysis could be conducted, however, the argument by authority is defined in chapter 3. In chapter 3, a four-fold analytical distinction is proposed between authority variants that affect the discussion outcome, of which the argument by authority is one. The other variants are: a discussion party's *existing ethos*, his *acquired ethos* and the *argument from authority*. Authority variants are likely to interact, but, since each of them has particular strategic advantages, it is useful to distinguish them analytically.

The argument by authority that is advanced by a doctor in medical consultation is further analysed in chapter 4 to establish in which ways a doctor can manoeuvre strategically with an argument by authority in medical consultation (the second preliminary question). According to the extended pragma-dialectical theory, in argumentative discourse, discussion parties aim to resolve their difference of opinion on the merits (their dialectical goal). The parties simultaneously strive to get their point of view accepted (their rhetorical goal). Balancing these goals leads to strategic manoeuvring.

In medical consultation, advancing an argument by authority can be a useful means for a doctor to balance these goals. The argument by authority is a potentially advantageous selection from the *topical potential* consisting of all other (variants of) argument schemes. A doctor can take into account the expectations, preferences and wishes of the patient by advancing this argument, thereby adapting to *audience demand*. At the same time, doctor's argument by authority can be regarded as a *presentational device* to present argumentation in a communicative and interactionally functional way.

Despite the fact that a doctor's argument by authority can be analysed as a strategic manoeuvre, it does not always constitute a reasonable discussion contribution. In chapter 5, the last chapter of the analytical part of this study, it is established under which conditions a doctor's argument by authority constitutes a reasonable discussion contribution in medical consultation. From a pragma-dialectical perspective, an argument is reasonable if it fulfils the specific soundness conditions that apply to it. For a doctor's argument by authority, the following specific soundness conditions can be said to apply: the *burden of proof condition*, the *relevance condition*, the *credibility condition* and the *appropriateness condition*.

By establishing the specific soundness conditions for a doctor's argument by authority, the main objective of this study is already partly fulfilled: it is determined under which conditions a doctor's argument by authority constitutes a reasonable strategic manoeuvre in medical consultation. Under which conditions ordinary language users may perceive a doctor's argument by authority as an effective strategic manoeuvre is investigated in the empirical part of the study (chapter 6-8).

To examine the conditions under which a doctor's argument by authority is effective in getting a diagnosis, prognosis and/or medical advice accepted, it is first empirically investigated whether ordinary language users perceive a doctor's sound arguments by

authority to be reasonable. The reason for first empirically investigating this issue is that it enables establishing whether there is a positive correlation between ordinary language users' appraisal of the effectiveness of a doctor's argument by authority and the argument's soundness from a pragma-dialectical point of view.

By means of three independent empirical studies, presented in chapter 6, ordinary language users' perception of the reasonableness of a doctor's (pragma-dialectically sound) argument by authority is examined in various consultative situations. These studies show that language users did not perceive a doctor's sound argument by authority as equally reasonable as his sound use of other argument schemes, or as equally unreasonable as his fallacious discussion contributions. In fact, they neither perceived this argument as reasonable, nor as unreasonable in an absolute sense. This result was quite unexpected: viewed from a pragma-dialectical perspective, there is no reason to evaluate a doctor's sound argument by authority as less reasonable than other sound arguments, and results of earlier empirical research did not suggest a deviation in evaluation either.

To explain this unexpected result, a replication of the studies was conducted in which respondents were not only asked about the extent to which they perceived the doctor's argument by authority to be reasonable, but also why they perceived the argument's reasonableness in this way. The outcomes of this replication study are presented in chapter 7. These outcomes clearly show that ordinary language users perceived sound instances of a doctor's argument by authority as "neither reasonable, nor unreasonable" *because of institutional considerations influencing their evaluation*.

Based on this insight, the perceived effectiveness of a doctor's argument by authority is investigated. To what extent does ordinary language users' perception of the effectiveness of the argument by authority correspond with their perception of the reasonableness of this argument? The empirical effectiveness study, presented in chapter 8, indicates that there is a strong positive correlation between perceived effectiveness of a doctor's argument by authority and its perceived reasonableness. Surprisingly, the obtained results also show that although the respondents' effectiveness appraisals of a doctor's argument by authority follow their reasonableness perceptions, the effectiveness scores that respondents provided were more negative in an absolute sense. These results suggest that the effectiveness of a doctor's argument by authority does not only depend on the perception of its reasonableness, but also *on the communicative activity type of medical consultation*.