

Arguing Antibiotics: A Pragma-Dialectical Approach to Medical Decision-Making

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Abstract

Over the past decade, the ideal model of shared decision-making has been increasingly promoted as the preferred standard of doctor-patient communication. The model stipulates that doctor and patient should be considered coequal discussion partners that negotiate their preferences to arrive at a shared treatment decision (Edwards and Elwyn 2009). Thereby, the model notably gives rise to the usage of argumentation in medical consultation. Physicians are expected to advance argumentation in support of their advice and can no longer rely merely on their medical authority. Whereas automated clinical decision-support systems may aid doctors establishing their preferred treatment methods, selecting the arguments to support these preferences may be more challenging. In this contribution, it is suggested that argumentation theories may offer the tools to do so. More specifically, the pragma-dialectical theory of argumentation (van Eemeren and Grootendorst 1992; 2004) is proposed as a solid instrument for analyzing and evaluating argumentation in consultation, as it not only provides a set of reasonableness criteria for argumentative conduct but also can account for arguers' need to effectively tailor argumentative messages to their recipients. The instrumental value of pragma-dialectics in the field of automated argument selection will be elucidated by means of a case study concerning antibiotics. In doing so, this contribution is closely connected to the paper by Rubinelli, Wierda, Labrie, and O'Keefe (AAAI Spring Symposium 2011) and provides an exploratory investigation of the advantages of a pragma-dialectical approach to the conceptual design of automated health communication systems and autonomous health promotion.

References

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