

## Why does medicine need rhetoric? Introduction to the issue on “Argumentation and Medicine”

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Argumentation theory, or “new rhetoric”, focuses on our uses of language when a decision with an action in sight is at stake. In recent years, argumentation theory has proven particularly pertinent to the analysis of the role that language plays in clinical practice and more generally in biomedicine – areas that increasingly involve individual choices regarding health and the body.

The combination of rhetoric and medicine, however, is not a new one. The methodological affinities of the two disciplines constituted, in fact, a *topos* of ancient Greek thought, especially with regards to (1) the ability of the rhetor and the physician to take good decisions, (2) the inherent possibility of deviating from pre-established and fixed paths by elaborating new hypotheses (3) as well as the importance of the individual case in both practices.

The idea behind this special issue on “Argumentation and Medicine” arose from the work I have been carrying out over last years in the context of the research group of the Institute of Biomedical Technologies, National Research Council, in Rome. This research in progress is based on the belief that a rhetorical and argumentative perspective – integrated with an ethical stance – can productively retrace and question the reasons why citizens lost interest and confidence in science. Furthermore, this rhetorical perspective may allow us to analyse the debate about fake news, post-truth, and science dissemination. Moreover, this approach can contribute to the contemporary need for what is called “high-quality communication” in the healthcare domain with positive consequences for doctor-patient relationships.

In this sense, the main aim of this special issue is to explore the link between argumentation/rhetoric and medicine by putting ancient tradition and contemporary debates into dialogue as well as by gathering contributions from a variety of disciplines which can shed light on the pivotal elements of this relationship. The interconnections between argumentation and medicine need, indeed, to be investigated by different disciplines, methodological approaches and theoretical standpoints (evidence is given by some very interesting and varied examples collected in this issue).

In brief, the following volume will give firstly historical as well as theoretical reconstructions of the relationship between rhetoric and medicine that allow us to reflect on both their common concepts and epistemological traits. A historical perspective is, for instance, the one adopted in the book *Le parole della cura. Medicina e filosofia* by **Umberto Curi** (reviewed by **Stefano Martini**). The author proposes a reflection on four fundamental «words of care» by going back to the historical and conceptual origins of medicine in the classical culture.

I would suggest starting from reading **Mauro Serra's** contribution, which the author himself poignantly defines as an essay of «conceptual archaeology». The paper shows how the relationship between rhetoric, argumentation and medicine – which may perhaps appear surprising today – has been an object of reflection in the Greek culture at least from the V cent. b.c. calling upon several pre-platonic authors (Homer, Gorgia, Alcmeone, Hippocrates). The strong points of this reconstruction consist in highlighting (1) the methodological affinity between the rational processes used both in medicine and in rhetoric in order to construct an interpretation of the facts (especially when they escape the direct and empirical observation), (2) the necessary coexistence of strictly medical interventions and the doctors' use of speech.

A second fundamental aspect of the link between rhetoric and medicine deals with the ethics of the doctor-patient relationship. **Gianpaolo Ghilardi** focuses on the patients' dissatisfaction with doctors with reference to trust and distrust in the profession. Ghilardi's paper particularly addresses physician's credibility (the Aristotelian notion of *ethos*) which is a key element in constructing an effective relationship between doctor and patient. According to a rhetorical perspective that is at the same time ethical, a speaker/physician must show *phrónesis* (practical intelligence), *aretè* (a virtuous character), and *eunoia* (good will) in order to be trustworthy. Attention is to be given to the speaking "virtuously" in which the doctor "contaminates" the discourse with personal elements, thus reconciling the subjective dimension with the objective criteria of the Evidence Based Medicine.

From an ethical point of view, it is generally accepted that the virtuous character required by the physician should include, among other aspects, the moral quality of truthfulness or *veracity*. However, there are particular situations in which doctors may deliberately violate their duty of veracity toward patients. **Marco Annoni** deals with this crucial topic in his essay on the prescription of deceptive placebos. A growing number of empirical studies demonstrates that placebo interventions may produce significant therapeutic effects. However, these findings raise also ethical questions about the ethics of the doctor-patient communication, in particular with respect to the possible infringement of patients' autonomy and right to informed consent. The author explores four different ways in which it is possible for doctors to violate their duty of veracity (i.e., by lying, deceiving, keeping patients in the dark or telling half-truths).

We can place the contribution of **Sarah Bigi** – who is also the author of one of the books reviewed here by **Francesca Ervas** – in the framework of the medical encounter's investigation. In her essay, Sarah Bigi discusses the role of argumentation in advice-seeking and advice-giving practices with particular attention to the negotiation of the epistemic status of the parties involved. The medical consultation is considered as an advice-seeking activity type, in which the epistemic imbalance between the parties constitutes a key element: one party seeks the advice of an expert in relation to a specific health problem; the other party is supposed to know more than the other does and, therefore, entitled to give advice. This epistemic imbalance implies – especially in institutional settings, such as the medical one – the opportunity for advice-seekers to access knowledge they did not have before and, thus, to learn from the interaction. This learning process leading to the construction of new knowledge may be effective when the advice-giver uses argumentation as a means to support a conceptual change in the advice-seeker. Argumentation, indeed, has been shown to be a fundamental part of advice-giving activities because it constitutes the dialogical tool through which the parties' different competences can be called into play and merged. The institutional interactions grounded on this epistemic imbalance should be considered not merely as

occasions for prevarication and abuse, but rather as opportunities to integrate different knowledge domains in order to reach a better understanding of a problem.

The question of how individuals tend to represent themselves as knowledgeable and trustworthy with regard to certain domains, depending on the interlocutor they are talking to, represents a crucial issue in the studies on discursive practices in the medical field. This topic can be addressed by very different points of view: one is, for instance, the one proposed by Sarah Bigi. Now let us present a second example, which introduces another important feature of the studies on argumentation in medicine.

While most research on argumentation in medicine examines doctor-patient communication, **José Ángel Gascón**'s article focuses on argumentation among medical professionals. The author specifically concentrates on the debate among experts about the diagnosis of fibromyalgia, which has even been called the "fibromyalgia war". Should this disease be diagnosed because it is "real" or should it be treated as a social construction or a psycho-cultural disorder because "it's all in the head of the patient"? Examining a particular set of editorials (published in *The Journal of Rheumatology* in 2003 and 2004) from a rhetorical/argumentative perspective, the interesting analysis highlights the role of frames, shared values, stereotypes, and appeals to *pathos* and *ethos* in scientific argumentation. The author importantly underlines that, even in the evidence-based world of science, the role of trusts' relationships and *ethos* in the acquisition of knowledge is vital.

**Erin Taylor** concentrates on the causes of argument failure in decision-making contexts. Argument failure often results from what the author calls *paralysis* which takes place when interlocutors agree about foundational moral values and principles, but can not formulate satisfactory arguments for decisions. In other terms, interlocutors do not disagree about what decisions are right or wrong, but they have not settled fundamental procedural questions about how decisions should be made. Taylor's paper describes a biomedical case manifesting paralysis: the discussion among researcher and medical ethicists to construct arguments for the use of genetically modified mosquitoes to address the problem of malaria in Africa. The author sketches a framework for thinking about the phenomenon of paralysis that suggests the possibility of making rational progress to overcome it in real-word situations.

A further perspective on argumentative practices in healthcare is the one that emerges within the psychological area. In this context, **Domenico Sgobba** provides an overview and compares some contemporary philosophical approaches – i.e. the General Semantics founded by Korzybski, Bateson's studies and the Mental Research Institute researches – that are focused on the linguistic and communication habits that can negatively influence our human relationships and produce social or psychological problems.

From a different standpoint (mainly based on the approach developed by Foucault), **Théo Lepage-Richer** compares the current concept of mental illness with the way in which madness was understood by the Greeks. The medicalization of madness constitutes a contemporary invention, while in Greek culture and, more precisely, in Platonic philosophy madness was problematized in divine rather than medical terms. By situating madness outside the realm of medicine and the law, Lepage-Richer's paper reconstructs the relation of truth to divine madness.

Finally, the intervention of **Miguel Benasayag** (interviewed by **Clio Nicastro** and me) fulfils the function of drawing attention to those important studies that investigate the

paradigm of “biopower” and “biopolitics” by describing the mechanisms of administering bodies and life processes in contemporary societies.

All contributions provide a rich overview of current studies on argumentation and discursive interactions within the healthcare domain. Of course, it can not be considered as exhaustive; yet it is a first step to bring together scholars of different disciplines who are interested in studying the role that language assumes in contemporary medicine and the fundamental relationship between rhetoric and medicine. My great hope is to stimulate future discussions on this challenging subject.

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