# Stakeholder Dialogue as Deliberation for Decision Making in Health Policy and Systems

## *The Approach from Argumentation Theory*

*Sara Rubinelli, PhD, and Per Maximilian von Groote, MA*

**Objective:** The literature on knowledge translation and dissemination in health care highlights the value of the stakeholder dialogue, namely, a structured process where stakeholders interact to identify the best solution to a given problem. By analyzing the stakeholder dialogue as a form of deliberative argumentation, this article identifies those factors that may hinder or facilitate reaching agreement among stakeholders on options to target problems.

**Design:** Conceptual analysis based on the descriptive and evaluation methods of argumentation theory.

**Results:** When stakeholders have a difference of opinion, confrontation alone does not lead to agreement. A normative model of critical discussion is needed to facilitate stakeholders in reaching this agreement and to prevent barriers to it that can result from personal factors (e.g., attitude and beliefs) or communication moves. This type of dialogue requires a training of stakeholders about the preconditions of argumentation and its different stages. The figure of the moderator is crucial in ensuring that the dialogue fulfills standards of reasonableness.

**Conclusion:** This article offers a reading of the stakeholder dialogue rooted in the tradition of critical thinking. It instructs on how to promote a collaborative exchange among stakeholders as a way to go beyond any expression of views.

**Key Words:** Knowledge Translation, Translation, Implementation Research, Stakeholder Dialogue, Deliberation, Argumentation Theory

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The role of research findings in policy decision making is recognized worldwide. This applies especially to the field of health policy and systems.[1,2] There is, indeed, much value in supporting innovations and changes through scientific evidence in formats that include "informed choice" and "evidence-based policy."[3,4] The field of knowledge translation (or knowledge transfer) focuses exactly on how to synthesize and integrate scientific evidence, while the field of implementation works on how to integrate evidence-based recommendation in a specific setting.[5]

Bridging between research and policy and practice is, however, not a linear process. As Walt and Gilson[6] emphasized, it is not just the scientific content to be translated in policies that matters. The assumption that researchers amass the right evidence and policymakers receive it and implement it is short cited. Researchers analyze and make recommendations about the evidence and prepare it for translation. The actual translation of evidence is, however, highly impacted by the actors involved (the stakeholders), what they think and believe, and by their attitudes, the processes of implementation, and the contexts at the macrogovernment and microinstitutional level. Moreover, the production and dissemination of large amounts of scientific health care information make it difficult to adequately identify and retrieve what evidence matters for a specific context.[7]

This context testifies to the importance of the so-called "learning health system", where the research agenda is collaboratively developed and it is responsive to the need for a coherent, "seamless" and dynamic flow of information across the health system.[8] A learning health system can enhance a culture of shared responsibility creating a learning environment that links all "actors" in the health system—patients, health care providers, insurers, researchers, and policy makers—in the common cause to improve the nature and practical applicability of high-quality health evidence.

Lavis et al.[9] developed a set of tools for evidence-informed policymaking in health that addresses the need both to identify evidence that matters and to account for the "human factor" involved in the actual decision making over the evidence. They conceptualized a process for finding and evaluating evidence in systematic reviews,[10] for assessing the applicability in a specific context,[11] and to deliberate over these findings by means of a policy dialogue that involves all the relevant stakeholders, the "stakeholder dialogue."[12]

This article focuses on the communication process behind the stakeholder dialogue as structured interaction where stakeholders work collaboratively toward a common understanding and toward reaching an agreement over a solution to a proposed problem. On the day of the dialogue, stakeholders are guided by a moderator in reaching agreement on the best solution (in regard to ethics, efficacy, and efficiency) to solve the issue at stake.

From the Department of Health Sciences and Health Policy, University of Lucerne and Swiss Paraplegic Research, Lucerne; and Swiss Paraplegic Research, Nottwil, Switzerland.

All correspondence and requests for reprints should be addressed to: Sara Rubinelli, PhD, Swiss Paraplegic Research, Guido Zäch Institute, Guido Zäch-Strasse 4, CH-6207 Nottwil, Switzerland.

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Thus, for instance, a stakeholder dialogue could be on the following topic:

> Projections from the World Health Organization show that health care systems need to prepare for the increasing numbers of patients experiencing noninfectious chronic health conditions. A main strategy for Switzerland involves the creation of comprehensive information and care programs run by teams of nonphysician experts in disease self-management, disease prevention, and health promotion to assist people and families with chronic diseases. The main questions for decision making include: Who should be part of these teams and with what responsibilities? What training would these teams need and which institution should provide it? What would the implementation steps be for setting up these teams nationally?
>
> The identification of this topic would lead to the creation of a policy brief collecting evidence from the literature on whether and how this issue has been addressed in Switzerland or in other countries. On the basis of the evidence collected, the policy brief would suggest a maximum of 3 solutions to the issue and an analysis of barriers and facilitators to the implementation of each solution in the Swiss context.
>
> On the day of the dialogues, stakeholders (including physicians, nurses, social workers, health educators, and representatives of patients and their families) would be invited to decide on the best options with the aim of reaching agreement.

The stakeholder dialogue implements deliberation as its form of communication, that is, "a collaborative type of dialogue in which parties collectively steer actions toward a collective goal by agreeing on a proposal that can solve a problem affecting all of the parties concerned, taking all their interests into account."[13,14]

Deliberation as a form of communication was a main topic in classic Greece for its crucial value for democracy. Indeed, from a sociohumanistic perspective, deliberation has two main characteristics that fulfill the requirement of democratic decision making. First, it is essentially a participatory process in which the views of all stakeholders can be expressed and taken into consideration.[15] Moreover, it is a reason-giving process[16]; participants are asked not to simply present their views but to give a reason pro or contra for what they intend to support or refute. Indeed, deliberation is not just dialogue as participants focus on the pros and cons of various options in order to agree on the best (or most valuable) one.

Deliberation entails argumentation, defined as "the communicative process of advancing, supporting, criticizing, and modifying claims so that appropriate decision makers, defined by relevant spheres, may grant or deny adherence."[17] People involved in a deliberation exchange reasons. Moreover, deliberations entail argumentation aimed at reaching agreement among people. This aspect reveals two main characteristics of deliberation highlighted by Walton et al.[18]: (1) deliberation is not a one-to-one dialogue in which one speaker tries to persuade another speaker; it aims at collective agreement; (2) deliberation differs from negotiation as it is not the personal interest of a specific participant that matters but the identification of the "action-option that is optimal for the group."

Argumentation as the core of deliberation is the field of study of argumentation theory, a branch of knowledge that has been developed within the philosophical-humanistic and linguistic traditions.[19] Over the years, argumentation theory has developed a set of analytic and evaluative tools to examine argumentation. Moreover, it has identified the challenges that speakers encounter when trying to reach agreement over something.

In light of this and by focusing on the stakeholder dialogue, the objective of this article is to identify those factors that may hinder or facilitate reaching agreement among stakeholders on options to target problems. More specifically, this article will shift from theoretical to practice implications. The focus of the theoretical parts will be on the complexity of reaching agreement through argumentation, the preconditions for this argumentation, and the rules resulting from an ideal model of critical discussion. The practice-implication parts will provide advice on the preparation and conduct of a stakeholder dialogue.

Overall, this article is expected to bring to stakeholder dialogue studies a currently unexplored perspective from communication sciences, linked to its deliberative-argumentative nature. This will complement the achievements of Lavis et al.[12] in the field.

## PRECONDITIONS OF ARGUMENTATION

Argumentation is a natural process of communication as people support and refute claims on an almost daily basis on a variety of different issues that involve different opinions. As van Eemeren et al.[20] remark, "It is unusual […] for two people to simply accept the fact that their opinion differ and just leave it at that." Yet, exchanging reasons does not per se lead to reaching agreement and resolving the difference. When people engage in argumentation, they make "an explicit or implicit appeal to reasonableness,"[21] but often ordinary argumentation does not end in agreement because speakers might not want to reconcile different views; they might argue for the sake of arguing and have vested interests that hinder the resolution of the difference of opinion.

As highlighted by van Eemeren et al.,[22] reaching agreement requires certain preconditions, among which are the following:

(1) Interlocutors must share their knowledge of the issue at stake to avoid lack of understanding because of fragmentary or different knowledge;
(2) Interlocutors must have the opportunity to cast doubt on a certain point of view, and the other party must respond to them; and
(3) Interlocutors should be disinterested in the outcome of a discussion and be willing to relinquish their standpoints if those of the other party can be better defended.

In the context of a stakeholder dialogue, the first requirement can be fulfilled by preparing what Lavis et al.[23] call a policy brief and by requesting stakeholders to read it carefully before taking part in the dialogue. A policy brief is a document that (*a*) describes the problem at stake by explaining all the relevant contextual factors; (*b*) presents a number of evidence-based


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solutions to the problem and for each possible solution explains relevant aspects, including the expected benefits, eventual arms, and the costs; and (*c*) identifies barriers and facilitators to the implementation of each solution.[23]

An example of a policy brief can be found in Lavis et al.[23] for the problem "low coverage rates for artemisinin-based combination therapies (ACTs) to treat uncomplicated falciparum malaria in sub-Saharan Africa." The following three solutions are presented to stakeholders[23]:

(1) "Enlarge the scope of practice for community health workers to include the diagnosis of malaria and prescription of ACT (governance arrangements), introduce target payments for achieving a defined coverage rate for ACT treatment (financial arrangements), and provide them with training and supervision for the use of both rapid diagnostic tests and prescribing (delivery arrangements)."
(2) "Introduce partial subsidies for both rapid diagnostic tests and ACT within the private sector where much care is provided in urban areas (financial arrangements)."
(3) "Restrict the types of antimalaria drugs that can be imported and introduce penalties for those found dispensing counterfeit or substandard drugs (governance arrangements) and make changes to the national malaria control policy and drug formulary to ensure that ACT is the recommended first-line treatment."

A policy brief starts by clearly identifying a priority issue and has the main advantage of being context specific. The framing of the issue, the options to address it, and the options for implementation are to be supported by research evidence (within the Lavis and colleagues' approach, this is mainly by systematic reviews).

As for the second precondition of argumentation, stakeholders have to be clearly informed (ideally in a predialogue section) of the argumentative nature of the dialogue. During its conduct, the moderator has to ensure that all stakeholders have the opportunity to present any point of view they might have. In case they doubt or reject a point of view, the moderator will require that any objection is supported by a justification.

The third precondition has an ethical flavor, as speakers are invited to free their argumentation from biases, vested interest, and conflict of interest. Although this precondition can hardly be verified during the argumentative exchange, it would be important to at least ask speakers at the beginning of the dialogue to adhere to some principles of collaboration. A principle that could work for this purpose is that by the linguist Griece as the maxim of quality, stating that speakers should be truthful, "They should not say what they believe to be false or what lacks adequate evidence."[24]

## STAGES OF ARGUMENTATION

As explained by van Eemeren and Grootendorst,[25] reaching agreement over a certain issue is a process that requires different stages. In their theory of argumentation, known as pragma-dialectics, they identified four stages:

(1) The confrontation stage: where speakers establish that they have a difference of opinions. Thus, going back to the example presented previously, each stakeholder declares whether he/she favors solution 1, 2, or 3 (or an eventual fourth solution, or a combination of them, when it is possible).
(2) The opening stage: here speakers determine whether there are common starting points to engage toward the resolution of the difference. Stakeholders state if, for instance, they share similar view points in relation to some aspects of the issue at stake.
(3) The argumentation stage: this stage involves the actual argumentation. The different parties advance their reasons in support of their standpoints and discuss what is not acceptable or those aspects where there are doubts. Any time a party has doubts, that party has to support the reason for the doubts, and the other party will engage in further argumentation. Individual stakeholders or groups of stakeholders (if they share the same opinion on the best solution) present their reasons to favor a certain solution and their reasons against the other possible solutions. The presentation of arguments pro/contra continues until the different parties have doubts or do not accept the reasons against their own standpoints or in support of the other standpoints.
(4) The concluding stage: the difference of opinion is considered resolved if all parties agree on one point of view. The different views have to be retracted. If such a stage is not reached, the discussion has failed to reach a resolution. In an ideal stakeholder dialogue, stakeholders agree on one solution as the best option. This agreement will be the starting point for implementing that solution, as often the identification of the best option goes together with an evaluation of the modalities of its implementation.

When operationalized in the context of a stakeholder dialogue, these stages can inform its performance. The policy brief highlights a set of options and implementation characteristics to a given issue to be resolved. Thus, in the first part of the dialogue, stakeholders should be invited to express what option each supports. This stage leads to the identification of the actual difference of opinions among the stakeholders and its nature. Once it is clear which stakeholder supports which options, those who hold similar views should be grouped together and invited to act as one party. As promoted by the opening stage, the different parties should agree on a set of shared starting points to base the actual argumentation.

In the argumentation stage, each stakeholder or a group of stakeholders who hold similar positions is asked to provide evidence for their points of view on the best options. If the other stakeholders or a group of stakeholders is not convinced or has doubts about this evidence, the dialogue continues with further argumentation. When there is general agreement on the point of view of one stakeholder or group of stakeholders, the dialogue has reached a successful conclusion; it has identified how to solve a certain issue and how to implement the solution. Yet, in practice, agreement may not be reached, in which case there are at least two possible ways to continue an interaction among stakeholders toward a resolution that will then come in a second stage. More specifically, agreement might not be reached

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- because there is not enough evidence to support an option that convinces all stakeholders. Further research would be needed to fill this gap and to eventually inform another stakeholder dialogue;
- because the disagreement depends on different perspectives that, given the context of decision making in health care, might involve institutional constraints. Here a possibility of resolution would be for stakeholders to engage in negotiation and to reach a compromise.

## PRINCIPLES OF CRITICAL DISCUSSION

In addition to the stages of an argumentative exchange, the theory of pragma-dialectics focuses on another main aspect of argumentation that is important to consider when examining the features of a stakeholder dialogue.

This type of dialogue is designed to make people collaborate on the identification of a solution to a given problem. In practice, however, the different parties, although instructed on the need to discuss by supporting their points of view with reasons, may act to serve their "rhetorical interests" toward their advantage and success. Van Eemeren[26] speaks of this tension between reasonableness and rhetoric as strategic maneuvering as "the continual efforts made in all moves that are carried out in argumentative discourse to keep the balance between reasonableness and effectiveness." Basically, a stakeholder dialogue, to be a tool for policy making, should underline stakeholders' efforts to have a genuine intellectual exchange, based on evidence and not on having a point of view accepted for reasons other than its value in solving the problem at stake. Because of this potential tension, it is important to moderate a stakeholder dialogue so as to preserve its dialogical standards.

Van Eemeren and Grootendorst,[25] reflecting on these standards, created a set of ten rules of critical discussions, which, when violated, could threaten the resolution of a difference of opinion and thus threaten reaching an agreement. For the purpose of being usable within a stakeholder dialogue and with an audience that might not be trained in argumentation theory, it is important that stakeholders consider the characteristics of the dialogue according to four dimensions:

(1) Freedom of expression. The dialogue has to run in a collaborative atmosphere where all stakeholders feel free to present their standpoints and doubts about those of others.
(2) Types of evidence accepted. When a standpoint is presented and supported, it has to be based on evidence that the group of stakeholders recognize as such. In the framework of Lavis et al.,[10] evidence is often and mainly linked to systematic reviews, but there are other sources of evidence, including individual studies that apply to the context at stake (e.g., quantitative and qualitative studies that apply to a specific country or a specific institution) and institutional features of a specific country or context (e.g., existing regulations, laws, and policies). For this purpose, it is very important to define with stakeholders at the beginning of a dialogue what evidence the group will accept.
(3) Quality of argumentation. It is important to avoid those arguments known in argumentation theory as fallacies. They are faulty arguments that, as such, violate the rules of critical discussion and are used to win over the interlocutors at all costs. Thus, for instance, argumentation during the dialogue should refer to the merits of the points of views expressed and not to the speakers. Typical fallacies to avoid are the abuse of authority—when a person falsely claims to have expertise on a topic—and the argument ad hominem, which is based on implicitly or explicitly attempting to undermine the credibility of a person through personal attacks.

There are many different classifications of fallacies, and speakers cannot be trained on how to avoid them all. However, it would be valuable to give speakers a list of the main fallacies that should not be used in the dialogue and to control their quality of argumentation accordingly.
(4) Intellectual honesty. Each stakeholder should be willing to acknowledge publicly when his/her own point of view is weak, wrong, or generally suboptimal versus when the point of view of someone else is good and valid. This acknowledgment is instrumental for the dialogue to conclude with agreement. Indeed, unless all stakeholders agree on the best solution from the start, there will be points of views to reject and others to support.

## ON THE DAY OF THE DIALOGUE

This article examined the process known in policy making as stakeholder dialogue and attempted to show at least three main aspects.

First, a stakeholder dialogue, to be a tool for reaching agreement, cannot simply be conducted as a confrontation of points of view. Second, the application of a normative model of critical discussion is required to facilitate stakeholders in reaching this agreement and to prevent barriers to it that can result from personal factors (e.g., attitude, beliefs, and knowledge) or communication moves. Third, this type of dialogue is demanding for stakeholders as it requires ethical, conceptual, and procedural collaboration, regardless of their professional and institutional roles and positions.

The focus on the preconditions, the stages of argumentation, and the principles of critical discussion show that a stakeholder dialogue, to result in agreement, has three main requirements: following a clear structure, training of stakeholders, and a strong moderation.

The dialogue can be structured according to the stages of argumentation, thus starting with a presentation of the problem at stake, the possible solutions, and the points of view of the stakeholders on the best solution. The argumentation has to be conducted by discussing each point of view, that is, by providing evidence and objections to them, until all stakeholders agree on accepting or rejecting them. Subsequently, all evidence collected should be summarized, and those views considered to be suboptimal discharged. The conclusion should highlight whether agreement has been reached or whether additional research or negotiation has to be conducted beyond the dialogue.

Stakeholders should not engage in the dialogue without training as there are main ethical and communication principles to accept and apply in order to conduct a dialogue within the standards of critical discussion; this training can be done at the beginning of the dialogue. It is also important to


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distribute together with the policy brief an overall framework that explains all preconditions and processes of the dialogue, including what speakers are asked to do and to what standards and rules of discussion they are asked to comply.

Overall, it appears that the role of the moderator is fundamental to ensure that the dialogue is conducted with respect to those standards needed to promote collaboration and to reach agreement among stakeholders. The tasks of the moderator include the following:

- conducting the dialogue from the preparation stage to the conclusion stage;
- soliciting the expression of points of view of all stakeholders by clearly highlighting the difference in opinions among stakeholders and why, what the areas of agreement are, and what the gray zones are;
- ensuring that reasons are provided when supporting or objecting to a point of view;
- ensuring the quality of the argumentative exchange by highlighting eventual fallacies and ensuring that reasons are grounded in relevant evidence;
- when agreement is not reached, underlying why it has been so difficult to decide, what stakeholders are willing to accept or not accept to solve the problem, and what steps can be taken after the dialogue.

The moderator will be trained in deliberative dialogue and will be assisted by note takers who record all points of views and their argumentation. In order to facilitate stakeholders in their discussions, it is ideal to show on a board their discussion results, including their stage of argumentation and the points of agreement and disagreement. Figure 1 summarizes the overall process of a stakeholder dialogue.

It has to be noticed that the approach proposed for the stakeholder dialogue might have practical limitations. First, a stakeholder dialogue might become a very technical form of interaction, according to the complexity of the issue at stake and the difficulties in identifying a solution that can be implemented. Second, stakeholders might find it unnatural to interact in such a structured process, and the short training before the dialogue might not be sufficient to empower them in following the normative standards of the dialogue. The involvement of all stakeholders might become particularly challenging when different groups of people, with different knowledge and expertise, are involved. Thus, for instance, in confronting the views of patients with those of health professionals and representatives of pharmaceutical companies, it is important that eventual differences in technical knowledge do not discourage patients from presenting their standpoints. Third, stakeholders might have hidden goals and agendas and might not be willing to declare them or to give them up for the sake of collaboration. Fourth, it might be very difficult to moderate argumentation toward reaching of agreement when stakeholders have sharp differences of opinion, and these opinions are inconsistent among themselves. Fifth, in the above paragraphs, it was implicitly assumed that any issue might be resolved by using appropriate scientific evidence. This assumption is, however, an empirical claim that has to be verified; it might be the case that the resolution of certain issues will not be in line with the available scientific evidence.

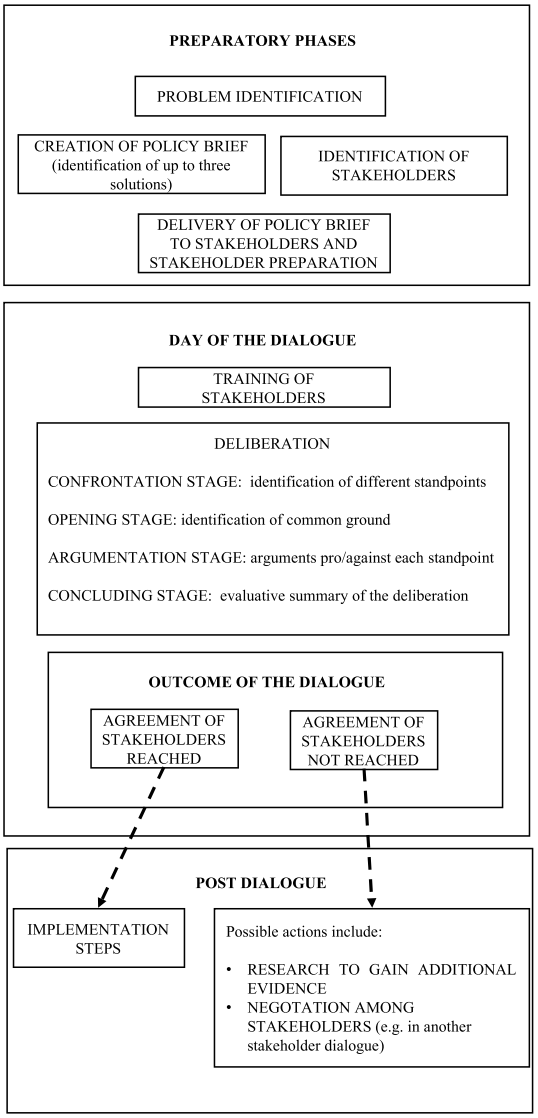


**FIGURE 1.** The process of the stakeholder dialogue.

## CONCLUSIONS

As Barbara Charline Jordane (1936–1996) once said, "it is reason, and not passion, which must guide our deliberation, guide our debate, and guide our decision." By supporting the role of the stakeholder dialogue as a tool for policy making, this article has emphasized its essential rational nature. As a form of deliberation, based on argumentation, a dialogue can be valuable for reaching consensus over a best decision, but to serve this purpose, it has to be conducted under parameters of critical discussion. Stakeholders can express any point of view, and these have to be supported by evidence that the group recognizes as such. There is freedom of thought and expression, as this is essential to enable creativity and to stimulate solutions, but not every thought is likely to be accepted, and stakeholders have to be willing to accept an evaluation

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of optimal–suboptimal, applicable–not applicable, and, ultimately, right or wrong.

A stakeholder dialogue is a communication process that is inherently linked to the tradition of critical thinking founded in ancient Greek society. Socrates (460/470–399 BC) initiated the conceptualization of critical thinking by inviting people to distinguish beliefs that are reasonable and logical versus those that lack adequate evidence. Indeed, in stakeholder dialogues, participants are invited to evaluate what counts as a good argument and what conclusions follow from the different types of supporting evidence.

Although designed to facilitate participants' expression of points of view, a stakeholder dialogue requires a kind of top-down moderation. The moderator has to implement and ensure that stakeholders hold to standards of discussion that relate to the various phases of the dialogue. This feature shows that, from an epistemological point of view, stakeholder dialogue is a process designed to go beyond any expression of views. Decision making presupposes a decision to be made. A dialogue will be successful when this decision is the best one for the context at stake and everybody agrees on this.

## REFERENCES


1. Almeida C, Báscolo E: Use of research results in policy decision-making, formulation, and implementation: a review of the literature. *Cad Saude Publica* 2006;22(suppl):S7–19, discussion S20–33
2. Lavis JN, Ross SE, Hurley JE, et al: Examining the role of health services research in public policymaking. *Milbank Q* 2002;80:125–54
3. Kralewski JE, Greene BR: Health services research and the evolving health systems, in Levey S, McCarthy T (eds): *Health Management for Tomorrow.* Philadelphia, PA, J. B. Lippincott, 1980, pp. 293–307
4. Hanney SR, Gonzalez-Block MA, Buxton MJ, et al: The utilisation of health research in policy-making: concepts, examples and methods of assessment. *Health Res Policy Syst* 2003;1:2
5. von Groote PM, Giustini A, Bickenbach JE: Analysis and implementation of a World Health Organization health report: methodological concepts and strategies. *Am J Phys Med Rehabil* 2014;93(Suppl):S12–26
6. Walt G, Gilson L: Reforming the health sector in developing countries: the central role of policy analysis. *Health Policy Plan* 1994;9:353–70
7. Klerings I, Weinhandl AS, Thaler KJ: Information overload in healthcare: too much of a good thing? *Z Evid Fortbild Qual Gesundhwes* 2015;109:285–90
8. Institute of Medicine (IOM): *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*. Washington, DC, The National Academies Press, 2013
9. Lavis JN, Oxman AD, Lewin S, et al: SUPPORT tools for evidence-informed health Policymaking (STP). *Health Res Policy Syst* 2009;7(suppl):I1
10. Lavis JN, Oxman AD, Grimshaw J, et al: SUPPORT tools for evidence-informed health Policymaking (STP) 7: finding systematic reviews. *Health Res Policy Syst* 2009;7(suppl):S7
11. Lavis JN, Oxman AD, Souza NM, et al: SUPPORT tools for evidence-informed health Policymaking (STP) 9: assessing the applicability of the findings of a systematic review. *Health Res Policy Syst* 2009;7(suppl):S9
12. Lavis JN, Boyko JA, Oxman AD, et al: SUPPORT tools for evidence-informed health Policymaking (STP) 14: organising and using policy dialogues to support evidence-informed policymaking. *Health Res Policy Syst* 2009;7(suppl):S14
13. Walton D: *Burden of Proof, Presumption and Argumentation*, Cambridge, Cambridge University Press, 2014, pp. 36
14. McBurney P, Hitchcock D, Parsons S: The eightfold way of deliberation dialogue. *Inter J Intell Syst* 2007;22:95–132
15. Coleman S, Przybylska A, Sintomer Y (eds): *Deliberation and Democracy. Innovative Processes and Institutions*. Frankfurt am Main, Peter Lang; 2015
16. Gutmann A, Thompson D: *Why Deliberative Democracy?* Princeton, NJ, Princeton University Press, 2004
17. Rieke RD, Sillars MO, Peterson TR: *Argumentation and Critical Decision Making*, 6th ed. Boston, MA, Pearson, 2004, pp. 4
18. Walton D, Atkinson K, Bench-Copon TJM, et al: Argumentation in the framework of deliberation dialogue, in Bjola C, Korprobst M (eds): *Arguing Global Governance*. London, Routledge, pp. 210–30
19. van Eemeren FH, Garssen B, Krabbe ECW, et al: *Handbook of Argumentation Theory*, Dordrecht, Springer, 2014
20. van Eemeren F, Grootendorst R, Snoeck Henkemans F: *Argumentation. Analysis, Evaluation, Presentation*, Mahwah, NJ, Lawrence Erlbaum Associates, 2012, pp. 3
21. van Eemeren F, Grootendorst R, Snoeck Henkemans F: *Argumentation. Analysis, Evaluation, Presentation*, Mahwah, NJ, Lawrence Erlbaum Associates, 2012, pp. 4
22. van Eemeren FH, Grootendorst R, Jackson S, et al: *Reconstructing Argumentative Discourse*, Tuscaloosa, AL, University of Alabama Press, 1993
23. Lavis JN, Permanand G, Oxman AD, et al: SUPPORT Tools for evidence-informed health policymaking (STP) 13: preparing and using policy briefs to support evidence-informed policymaking. *Health Res Policy Syst* 2009;7(suppl):S13
24. Grice P: Logic and conversation, in Cole P, Morgan J (eds): *Syntax and Semantics. 3: Speech Acts*. New York, Academic Press, 1975, pp. 46
25. van Eemeren FH, Grootendorst R: *A Systematic Theory of Argumentation. The Pragma-Dialectical Approach*, Cambridge, Cambridge University Press, 2004
26. van Eemeren FH: *Strategic Maneuvering in Argumentative Discourse*, Philadelphia, PA, John Benjamins Publishing Company, 2010, pp. 40



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