

## Public use of reason and argumentation: analysis of discussions about the More Doctors Program

Juliano de Carvalho Lima<sup>(a)</sup>

(a) Fundação Oswaldo Cruz. Avenida Brasil, 4365. Manguinhos. Rio de Janeiro, RJ, Brasil. 21040-900. juliano.lima@fiocruz.br

The objective of this study was to identify the main arguments used during public discussions of the More Doctors Program and analyze the structure of the arguments and their compliance with the rules for critical discussions. Discussions broadcast on television and the Internet involving public and civil society actors were examined. The analysis was based on the pragmatodialectical approach and critical discussion model developed by van Eemeren and Grootendorst. In all the discussions, fallacies in the arguments can be detected, which hinders resolving differences of opinion. These impediments to dialogue also make it difficult to solve concrete problems that could help move the More Doctors Program forward and improve the access of the population to health care.

*Keywords:* Distribution of physicians. Health policy. More Doctors Program. Argumentation Theory. Pragma-dialectics.

### Introduction

In 2013, the federal government launched the More Doctors Program, which sparked intense reactions by medical associations that were opposed to the program in the format proposed by the government. At the same time, other groups came to the defense of the program, including mayors' associations, civil society organizations and organizations from the public health field.

Due to this controversy, discussion forums proliferated in various media. In recent years, this has been a theme in the area of health that has generated a great deal of discussion, particularly in civil society.

What stood out in this mobilization was the importance of the public sphere and argumentative discussion in the health policy formulation and implementation process. In the public sphere, individuals interact, debate the decisions made by public authorities, discuss the moral content of the various relationships existing in society, and submit demands to the state. The public use of reason restores the argumentative dimension within the state–society relationship, which is where the opinions of individuals develop in a process of critical, rational discussion. In all fields, arguments are used when controversies arise, in order to reach agreements on values and their application.

This study explored the discussions in the public sphere related to the More Doctors Program. Discussions broadcast on television and the Internet involving members of civil society and public agents were examined. The objectives of this study were to identify the main arguments used during public discussions of the More Doctors Program and analyze the structure of the arguments and their compliance with the rules for critical discussions.

### **The public sphere and the practice of argumentation**

Habermas developed a model of deliberative democracy based on the circulation of power, where the communicative dimension of politics is restored<sup>1</sup>. In this theory, there is a dual dynamic in the deliberative process: an informal process of will formation in the public sphere and political deliberation, which is regulated by democratic procedures. The model is the synthesis of two classical approaches from democratic theory, republican and liberal<sup>2</sup>, and represents a valuable theoretical and analytical contribution to the criticism of democratic assumptions that tend to restrict political action to certain institutional actors and structures, presumed to be the only options in light of social plurality and complexity<sup>3</sup>.

The public sphere arose out of a historical process that led to the rise of the bourgeoisie, tied to the expansion of the capitalist economy and the modern state, where a new type of relationship with power was established. Individuals, meeting in forums for face-to-face interaction, separate from the state, started demanding moral justifications for their acts from their rulers<sup>1</sup>. The public sphere fulfills a function of social integration, providing a forum for inter-subjective relationships of mutual recognition, in addition to having a political function<sup>4</sup>: “The practices of moral justification and political legitimation [...] start adopting as the criterion for 'truth' those reasons that can win public approval and universal support from all individuals”<sup>4</sup> (p. 150).

The public sphere has taken on an active role in formal processes mediated institutionally, moving forward in politics, which start with the formation of opinions and will in informal public spheres and flow into procedural channels during formal times of deliberation and decision-making<sup>2</sup>. This is an open and permeable communication flow, especially bearing in mind advances in communication technologies, which have created unprecedented modes of interaction and broadened the forums and scope of politically relevant conversations<sup>5</sup>.

The public use of reason establishes a relationship between participation and public argumentation, since the rational acceptability of policies is generated through an argumentative process aimed at mutual understanding<sup>4,6</sup>.

Habermas attempted to define normative content for the practice of argumentation, through pragmatic assumptions that must be upheld by participants engaging in argumentation when they decide to participate in a cooperative effort to obtain understanding. The most important assumptions are inclusiveness, symmetric distribution of communicative freedoms, conditions of frankness, and the absence of external and internal constraints on the structure of the argumentation<sup>7</sup>.

Habermas provided a theoretical anchor for the analysis of argumentation processes that unfold in the public sphere. However, concrete aspects of argumentation practices are not clarified. “Key questions such as ‘What is an argument?’ ‘What are the standards for reasonableness?’ and ‘What moves in

deliberation distort communication?’ are not answered in his work in a manner that has a clear methodological bearing”<sup>8</sup> (p. 8). Argumentation Theory can help in this regard. “In a way, Argumentation Theory is a development of Habermas’ model by providing a specific set of heuristic tools for analyzing communicative exchanges in a systematic, disciplined yet theoretically faithful manner”<sup>8</sup> (p. 8).

Pragma–dialectics is an offshoot of argumentation theory that has gained substantial prominence<sup>9</sup>. It adopts a critical–rationalist philosophy and seeks to combine descriptive and normative aspects of argumentation analysis, using elements from linguistics, speech–act theory and new dialectics<sup>10–12</sup>.

The dialectical perspective seeks to explain how various argumentation dynamics help solve differences of opinion.

“Improvements in argumentation practices are achieved by nurturing attitudes geared toward discussion, and promoting, through an increased awareness of the obstacles, an understanding of the necessary procedural prerequisites for resolving conflicts”<sup>10</sup> (p. 28).

Argumentation is a complex act of speech to help overcome differences of opinion or disputes. An argument, therefore, is a series of statements presented to defend a standpoint.

The ideal model for the stages of a critical discussion serves as a tool to identify where an argument–based discussion is wrong. It facilitates the detection of implicit elements and analyzes them to clarify their role in the resolution process of a discussion<sup>13</sup>.

The first stage is confrontation, where the participants realize there is a difference of opinion. Analytically, the most important task is to identify the relevant opposing points of view and how they are related to each other. The disagreements need to be identified, and the arguments through which they are expressed.

The next step is the opening stage, where it is decided to resolve the difference of opinion. At this point, the roles of the protagonist, who proposes and defends a point of view, and the antagonist, who questions the point of view

presented, are defined. Other participants, whether explicit or implicit, are also identified in this stage as real or hypothetical audiences, arbiters or judges.

In the argumentation stage, the protagonist presents their arguments, aimed at systematically overcoming the doubts or refuting the criticisms of the antagonist. The reasonableness of the arguments presented needs to be assessed during this stage. They are reasonable if they are accepted by the debaters as valid and create possibilities of resolving the difference of opinion.

In the concluding stage, the parties assess to what extent the difference of opinion was resolved. In this case, either the standpoint or the doubt about and criticism of the standpoint must be withdrawn. A standpoint can be attenuated or partially altered. The antagonist may even adopt a point of view opposite to the original one.

In all the stages, rules that are conducive to resolving the dispute must be observed.

“The pragma–dialectical rules, which provide a definition of the general principles of constructive argumentative discourse, are designed to prevent such obstacles, traditionally known as fallacies, from arising – and to enable the analyst to point them out”<sup>14</sup> (p. 294).

There are ten pragma–dialectical rules:

1. Parties must not prevent each other from advancing standpoints or from casting doubt on standpoints.
2. A party that advances a standpoint is obliged to defend it if asked to do so by the other.
3. A party’s attack on a standpoint must relate to the standpoint that has indeed been advanced by the other party.
4. A party may defend a standpoint only by advancing argumentation relating to that standpoint.
5. A party may not deny a premise that they have left implicit nor falsely present something as a premise that has been left unexpressed by the other party.

6. A party may not falsely present a premise as an accepted starting point nor deny a premise representing an accepted starting point.
7. A party may not regard a standpoint as conclusively defended if the defense does not take place by means of an appropriate argumentation scheme that is correctly applied.
8. A party may only use arguments in its argumentation that are logically valid or capable of being made logically valid by making explicit one or more unexpressed premises.
9. A failed defense of a standpoint must result in the party that put forward the standpoint retracting it; a conclusive defense of the standpoint must result in the other party retracting its doubt about the standpoint.
10. A party must not use formulations that are insufficiently clear or confusingly ambiguous; a party must interpret the other party's formulations as carefully and accurately as possible.

Any violation of the rules of this ideal model for critical discussion may have consequences for resolving the dispute. Arguments or standpoints that violate the rules are called fallacies and can thwart efforts to overcome differences of opinion<sup>15</sup>.

### **Methodology**

This is a descriptive study with a qualitative approach, conducted on the basis of videos available on the Internet about the More Doctors Program. The videos selected for analysis consisted of discussions between divergent parties, i.e., there was at least one participant in favor of More Doctors and one against. Videos with interviews, news stories, personal opinions or lectures were excluded. This is because when an analysis deals with argumentation, it must be based on a situation of confrontation with regard to an issue.

"Argumentation analysis must focus on situations of interaction where there is clearly opposition between positions . . . the study of

argumentation is an analysis of the way disagreement is thematized by different rounds of discourse on the issue in question"<sup>16</sup> (p.117).

Discussions that arose in the period immediately following the launch of the program, between July and December 2013, were selected. Eleven videos were analyzed, corresponding to approximately six hours of recordings. The table below presents information about the material examined.

**Table 1.** Discussions about the More Doctors Program that were analyzed

| Program                   | Channel                    | Date       | Available at  |
|---------------------------|----------------------------|------------|---|
| Programa da Gente         | Rede TV RN                 | 9/5/2014   | <a href="https://www.youtube.com/watch?v=cwHZ97om4Kw">https://www.youtube.com/watch?v=cwHZ97om4Kw</a>   |
| Entre Aspas               | Globo News                 | 8/22/2013  | <a href="https://www.youtube.com/watch?v=7n0V3otn_Po">https://www.youtube.com/watch?v=7n0V3otn_Po</a>   |
| Melhor e Mais Justo       | Rede TVT                   | 7/22/2013  | <a href="https://www.youtube.com/watch?v=RWMdPw4PQtA">https://www.youtube.com/watch?v=RWMdPw4PQtA</a>   |
| Reporter Brasil           | TV Brasil                  | 7/16/2013  | <a href="https://www.youtube.com/watch?v=cW1pm6ultYY">https://www.youtube.com/watch?v=cW1pm6ultYY</a>   |
| Programa 3 a 1            | TV Brasil                  | 8/23/2013  | <a href="https://www.youtube.com/watch?v=WU1bB0_1GG4">https://www.youtube.com/watch?v=WU1bB0_1GG4</a>   |
| Seminários Folha          | Discussion on the Internet | 7/16/2013  | <a href="https://www.youtube.com/watch?v=byUrZrGFTK0">https://www.youtube.com/watch?v=byUrZrGFTK0</a>   |
| Programa Alexandre Garcia | Globo News                 | 8/9/2013   | <a href="https://www.youtube.com/watch?v=b6eZWSV0ujM">https://www.youtube.com/watch?v=b6eZWSV0ujM</a>   |
| Sala Debate               | Canal Futura               | 6/4/2013   | <a href="https://www.youtube.com/watch?v=7IUpB9ufArA">https://www.youtube.com/watch?v=7IUpB9ufArA</a> e <a href="https://www.youtube.com/watch?v=HUPtDyVG2IE">https://www.youtube.com/watch?v=HUPtDyVG2IE</a> |
| Correio Braziliense       | Discussion on the Internet | 8/27/2013  | <a href="https://www.youtube.com/watch?v=_F-MEk0tXxw">https://www.youtube.com/watch?v=_F-MEk0tXxw</a>   |
| Debate Brasil             | REDE TV HD BRASIL          | 10/1/2013  | <a href="https://www.youtube.com/watch?v=Wc53DeRvDfg">https://www.youtube.com/watch?v=Wc53DeRvDfg</a>   |
| Conexão Sul               | Discussion on the Internet | 10/19/2013 | <a href="https://www.youtube.com/watch?v=I7OUy5bKS8Y">https://www.youtube.com/watch?v=I7OUy5bKS8Y</a>   |

The entire videos were transcribed. The analysis was based on the ideal model for critical discussion<sup>10,17</sup>. According to this model, there are four

fundamental analytical operations for achieving an overview of those aspects of argumentative discourse that are essential for resolving differences of opinion or that can hinder it: determining which standpoints are under discussion; recognizing the positions the parties adopt; identifying the explicit and implicit premises of the arguments; and analyzing the argumentation structure, identifying the main argumentative schemes.

An important part of the analysis is identifying speech acts that play an important part in resolving differences of opinion and developing implicit speech acts that are relevant for a critical evaluation.

To summarize, a pragma-dialectical reconstruction seeks to obtain an analytical overview that provides a description of: the difference of opinion lying at the core of a discussion; the starting point chosen by the parties to address this difference; the main arguments presented to solve it; the structure of the argumentation schemes used; and the main facilitators of and hindrances to reaching an understanding.

Although the videos are in the public domain, it was decided not to reveal the speakers. The discourses were edited to make them more concise.

Since material on the Internet, and not raw material, was used, any alterations resulting from editing were not accessible. This clarification is important because the discussions were sponsored by different companies, some of whom were against the government, such as Globo News, while others were from organizations belonging to the state, such as TV Brasil. Therefore, it is possible that the discourses that were available had been ideologically filtered.

## **Results**

The discussions were characterized as multiple, mixed disputes: multiple because the point of view was challenged and various propositions were questioned; mixed because they not only cast doubt on a positive point of view of More Doctors, but also presented a negative point of view. In these situations, the onus of proof fell



on both parties. Actors in favor the program and those against it were obliged to defend their points of view. Therefore, both parties in a dispute were characterized as protagonists, in that as the discussions unfolded the participants were sometimes protagonists and at other times as antagonists in relation to specific points of view.

The main points of view in opposition to each other can be expressed as follows:

1. Positive point of view: The More Doctors Program is a step forward and beneficial for health.
2. Negative point of view: The More Doctors Program is not beneficial for health.
3. Neutral point of view (neither positive nor negative): I don't know if the More Doctors Program is good or bad for health.

Among those with a positive viewpoint were members of government, particularly the Ministry of Health, representatives from mayors' associations, lawmakers from the government coalition, managers of health services and academics. Those who had a negative viewpoint included representatives from medical associations, medical students and lawmakers from opposition parties. Among those with a neutral point of view were normal citizens and academics linked to universities.

The first set of arguments identified to support points of view about the program was related to whether there is a shortage of physicians in Brazil. The actors with a positive standpoint argued that there is a shortage of physicians. Those with a negative standpoint not only questioned this argument, but asserted the contrary.

### **Discussion 7: Programa Alexandre Garcia – Globo News, 8/9/2013**

1: ... There are 400,000 physicians for 200 million inhabitants. It seems that the imbalance is related to distribution.

2: No, there is a shortage of physicians in Brazil.

1: Is there really a shortage?

2: If you compare Brazil with other countries, we are below the average number of physicians.

I won't even compare with Europe, but Argentina has 3.2 physicians per 1,000 inhabitants, Uruguay has 3.7, and Brazil has 1.8. We need to train more physicians and create more places for medical residency... We have 0.8 places per 1,000 inhabitants, whereas Portugal and Spain have three times that amount.

In the discussion above, the opposing point of view was defended by means of a question challenging the claim that there is a shortage of physicians in Brazil.

The rebuttal is presented in the form of an analogical argument, where the speaker tries to convince the interlocutor that one thing is or should be similar to another. The acceptability of the premise is transferred to the conclusion that there is an analogical relationship between what was asserted in the argument and what was stated in the point of view. The implicit premise in the argument is that Brazil should train more physicians, since in more developed or similar countries the proportion of these professionals is higher. Comparative citations and references to international data that there are insufficient physicians in Brazil – the most important argument in favor of the More Doctors Program – are recurrent. It is routinely argued that other countries have implemented similar programs.

The following excerpt illustrates a mixed dispute, since the participant not only questioned the argument that physicians are lacking, but asserted the contrary.

### **Discussion 8: Sala Debate – Canal Futura, 6/4/2013**

1: There are enough physicians, provided they are properly distributed. Incentives are needed... working conditions, civil service careers... decent wages.

2: The population notices there is a shortage of physicians when they go to a health unit and can't find one. Mayors open up recruitment processes and offer 24 positions and only four candidates apply... There are cities that offer BRL 35,000 for a pediatrician and can't find one.

1: That's not the way it is... employment relationships are precarious. There have been times when, as a medical association, we've had to use our own money to rescue physicians in these places who hadn't been paid.

2: It's not the majority. I governed a city 50 km from São Paulo and it was very difficult to hire physicians, even when good salaries and conditions were offered. We are short 6,600 physicians for the current installed capacity. In other words, there are places in health units where they can serve.

1: Physicians can't endure working under poor conditions... even in dire situations, a diagnosis of appendicitis, how do I transfer the person, how do I get an ambulance?

It is argued that there are enough physicians but they are concentrated in specific regions due to better working conditions or lack of adequate incentives, such as civil service positions, decent salaries and public recruitment processes. This last point is strongly emphasized in all the discussion by those with a negative standpoint.

The argumentative scheme is causal in nature. Physicians are concentrated in specific regions because there are not appropriate incentives or adequate working conditions. The implicit premise is: If there were adequate incentives and working conditions inside the country, physicians would go to these places and there would be no shortage of physicians.

A common approach in the arguments presented by those against the program was the use of non-argumentative means of persuasion, normally highlighting situations with a dramatic touch, such as the situation reported of a case of acute appendicitis. This kind of approach tends to manipulate the emotions of the audience, violating Rule 4 of critical discussion.

Counterarguments serve up explanations from another angle, where the argument focuses on characteristics of the labor market.

## **Discussion 6: Seminários Folha – A Saúde no Brasil (Health in Brazil),**

**7/16/2013**

1: Medicine was one of the biggest indicators of growth in average income, social security coverage, working hours and number of openings. The health sector, for the economically active population, increased from 1.5% to 5.1%. It's possible to get any young person who has recently graduated and pay them 7,000 dollars. My nephew is earning 10,000 at PROVAB and 6,500 in an emergency care unit. That's only because he wants to devote himself to his studies, because if he wanted to work more, he could!

## **Discussion 8: Sala Debate – Canal Futura, 6/4/2013**

1: If you use one physician properly in one job, you will double the number of physicians. You have physicians working two jobs because they are underemployed.

2: No, it's the opposite... You're right when you say 'if I pay him well he won't need two jobs, he'll just work at one,' but this other service will be left in the lurch ... Mayors try to increase salaries, create careers in the city to attract them. But attract them from where? From among those working in other cities, because there aren't any others to choose from; We can't create physicians from one year to the next... These physicians don't exist, they aren't unemployed.

There is a strong tendency to use statistics related to the medical market to justify increasing the number of places in medical schools and residency programs and bringing in foreign physicians. Stories about the difficulties encountered in supplying these professionals for existing services are used to support the standpoint that there is a shortage of physicians.

Discussion 8 exposes the contradiction in the argument that criticizes the hypothesis of an abundant labor market. The argument violates Rule 8, constituting a fallacy in the use of logical forms of argumentation. If all physicians are employed,

and most are working at more than one job, unless there are physicians in unnecessary jobs, it is impossible that there will be physicians available to move to locations where these professionals are lacking. This contradiction is quickly perceived by the opponent, who takes apart the logic of the argument, showing that the premise is false. This allows him to conclude, ironically, that "We can't create physicians," "They aren't unemployed."

In some cases, arguments presented by those who are against the program find receptive ground in those who defend it. This was particularly pointed out regarding formal employment relationships and career plans for professional physicians.

### **Discussion 2: Entre Aspas, Globo News, 8/22/2013**

1: What would physicians like to receive go to those places where no one wants to go?

2: Medical civil service careers... public recruitment processes, with good wages, stability and a career, where one starts off in a distant location and then moves closer to locations with better infrastructure, such as judge's careers.

3: We need to see the best way to go about it because, for example, the federal government or state or municipal governments, on their own, can't hire physicians for careers just like that. Why? Because of the Fiscal Responsibility Law...

The main foundation of another set of arguments is the relationship between More Doctors and "real" problems in public health. The main thrust of the arguments is that "the problem with public health is not a shortage of physicians, but other factors."

### **Discussion 6: Seminários Folha – A Saúde no Brasil (Health in Brazil),**

**7/16/2013**

1: Hospitals are in a deteriorated state. In Alagoas, a professor from the School of Medicine went to give a class and entered an emergency department. There was a man sitting on the floor on a blanket and the nurse said, "Doctor, this is our situation. We tell people to bring a blanket, not to cover themselves, but to cover the floor." Can More Doctors solve this problem?

2: More Doctors is people taking care of people, combined with other investments... We had a major investment program and authorized the construction of more than 1,040 health units, remodeling and expanding 17,000 units, to coordinate these investments in human resources.

### **Discussion 9: Debate Brasil – Rede TV HD Brasil, 10/1/2013**

1: This is not the best solution... We have cases in my state where people with kidney disease have to travel more than 400 kilometers every two days for dialysis... 13,000 beds were eliminated in Brazil... the Santa Casas are all bankrupt.

2: We have problems with infrastructure and funding, but we have very important things... the problems that exist need to be confronted in various ways, which includes bringing in professionals to care for the population.

### **Discussion 3: Melhor e Mais Justo, Rede TVT, 7/22/2013**

1: Sending physicians to poor regions without the means to exercise their profession will not solve the problem.

2: The government did not say it was going to solve the health problem through this program... More Doctors is not going to hinder health, it will help... If tomorrow, by waving a wand, we could have all the infrastructure of our dreams, physicians would still be lacking.

The arguments presented by antagonists of the program frequently refer to issues other than the original standpoint, which in this case is whether there is a shortage of physicians in Brazil and whether the government program is relevant. This contravenes Rule 3 for a critical discussion, which says that “a party’s attack on a standpoint must relate to the standpoint that has indeed been advanced by the other party.” In this case, none of the defenders of the program, who argued in favor of the standpoint that there is a shortage of physicians in Brazil, claimed that hospitals are working at full capacity or that there are sufficient or adequate physicians available for services as such hemodialysis.

The three assertions that refer to problems other than those that More Doctors seeks to tackle share the characteristic of attributing to the program the pretense that it is the solution for all the country's health problems. This premise is implicit when the interlocutor in Discussion 6 asks if More Doctors solves the calamitous situation faced by emergency departments.

This argument also breaks another rule for a critical discussion. By highlighting the dire situation in emergency departments, the interlocutor uses a non-argumentative form of persuasion by appealing to the emotions of the audience. This breaks Rule 4 for a critical discussion and gets in the way of finding a common understanding.

In rare situations where a consensus is reached regarding the need to increase the number of physicians, the dispute continues from another angle, which criticizes the way More Doctors was instituted.

#### **Discussion 6: Folha Seminars – A Saúde no Brasil (Health in Brazil),**

**7/16/2013**

1: I'm not against this idea ... I think the creation of the program in Brazil is inconsistent... Look how Canada does it. They accept physicians from abroad. If people come from a well-ranked university, they are approved without a qualification exam. They go to a small city, where they have the support of a nurse and pharmacist, they're connected to a network that

links them to a nearby university, so they can upgrade their knowledge, their wives get jobs, the children have free school and the physician's wages are increased every three years.

2: More Doctors involves the implementation of multiprofessional teams. Physicians work with nurses, nursing technicians and teams of health agents... We provide tablets and Wi-Fi in the physicians' homes... with access to telehealth; they are doing specializations with universities from Una-SUS (Open University of the SUS) have an evidence-based health portal... the physicians aren't abandoned... people don't know this, because the reality is very different from what people think. You have to go and check out this reality.

Using an analogy-based argumentative scheme, the proponent compares the Brazilian and Canadian programs, in an effort to demonstrate the inadequacy of the Brazilian program. The implicit premise is that More Doctors does not have professionals coming from good universities, who have the support of multiprofessional teams, technical support and training, family support and possibilities of progressive wage increases.

The counterargument refutes these premises. By explaining, for example, that physicians work with nurses, nursing technicians and health agents, the opponent is denying that physicians do not have multidisciplinary teams. Technical support and training are also cited, although there is no mention of the other points of comparison, such as family support and the possibility of wage increases over time.

By saying that "the reality is very different from what people think," the interlocutor is making an ad hominin argument, casting doubt on the adversary's knowledge of the country's reality.

Another aspect discussed was Revalida, an exam for validating undergraduate diplomas obtained abroad, which was one of the most controversial issues in the discussions, and was passionately defended by physicians.



### **Discussion 9: Debate Brasil – Rede TV HD Brasil, 10/1/2013**

1: Some see it as an effort to block foreigners and preserve jobs for Brazilians.

2: Would you buy a Cuban car? Without any warranty? If you're going to buy something, you want to know if it's good quality...

3: I think this viewpoint is wrong... Physicians who are accredited through Revalida can work anywhere in Brazil... It's only natural for them to look for regions where there is already a concentration of physicians. If it were done differently, it would kill the spirit of the program

Above, the interviewer makes an argument that calls into question the intentions of medical associations that require recognition of diplomas. The respondent used a false analogy, infringing on Rule 7 for a critical discussion. The comparison made with a Cuban car does not fulfill the requirements for a proper comparison. Medicine cannot be compared to cars. Furthermore, Cuba is internationally recognized for the quality of its medicine and public health system. Through this ploy, the debater implicitly generates suspicion regarding the competence of physicians coming from Cuba.

This approach is found in all the dialogues examined. Those against the program invariably argue for the need to check out the quality of the medical care that is provided. Oddly, the focus of the issue is always Cuban physicians.

### **Discussion 2: Entre Aspas, Globo News, 8/22/2013**

1: The training of these physicians is quite basic.

2: How many years?

1: Six years. They can only work in primary care... To receive authorization to practice medicine, they have to do another three years, after which they are called general practitioners; medical residency to become a specialist is only after this process... The training of Brazilian physicians is much more extensive...

3: They are extremely well-prepared... They are experienced, some of them have 15 years of training, they've participated in similar programs in Africa and Latin America... Many have doctorates and master's degrees... They won't be doing surgeries, neurology... They'll work in primary care... Cuba has one of the most advanced health systems in the world; we can't have ideological prejudices. Infant mortality, maternal mortality, infectious disease rates – in all of these areas, the situation in Cuba is better... This program is mediated by the PAHO [Pan American Health Organization]...

1: But what we are questioning is that the criteria agreed on by the Ministry of Health and the Ministry of Education for authorizing professional practice are not being applied.

By pointing out that the training of Cuban physicians "is quite basic" and that "the training of Brazilian physicians is much more extensive," the speaker presents an implicit premise that the quality of Brazilian medical education is superior to that of Cuba. The counterargument is based on a symptomatic argumentative scheme, where the acceptability of the premises is transferred to the conclusion, leading one to understand that there is a concomitant relationship between what is asserted in the argument and what is stated in the standpoint. By expressing the point of view that Cuban physicians are "extremely well-prepared," the interlocutor provides some examples of this capability: experience, years of training, participation in similar programs in other countries and education of these professionals, many of whom have master's degrees and doctorates. He also refers to the results of the public health system in Cuba as a way of attesting to the quality of these physicians. By using such arguments, the opponent contravenes Rule 5 for a critical discussion, since the speaker denies in his second argument the previous implicit premise that medical education in Brazil is better than in Cuba. The actor then claims that the issue is another, i.e., "that the criteria agreed on by the Ministry of Health and the Ministry of Education for authorizing professional practice are not being applied."

Last, another frequent point in the discussions is related to the real intentions of the program. Three main arguments were observed in the comments of

the adversaries of More Doctors, who contended that the purpose of the program was: to win votes; to repatriate Brazilians who had studied in Cuba; and to finance the Cuban government.

All these arguments can be considered variations of ad hominem arguments, since they raised doubts about the motives of the opposite party, representing a breach of Rule 1 for a critical discussion.

### **Discussion 9: Debate Brasil – Rede TV HD Brasil, 10/1/2013**

1: Why was it started when there were only eight months before an election campaign?

2: We've been trying to address this problem since 2003... the medical associations had a strong weight... on the National Council of Education... and on the National Council of Medical Residency. It was only possible to start breaking this influence during the Dilma government... It's an extremely powerful professional association that has created a protectionist type of market.

### **Discussion 2: Entre Aspas, Globo News, 8/22/2013**

1: There's another agenda, the repatriation of Brazilians who went to study in Cuba.

2: Accreditation of their diplomas gives them the right to work wherever they want; as far as this emergency recruitment, when foreign physicians arrive, they will be limited to work in that specific area.

### **Discussion 2: Entre Aspas, Globo News, 8/22/2013**

1: Cuba is a major educator of physicians and this has become a source of income for the country...

2: Brazil does not decide how Cuba spends this money.

1: There is a commercial interest here.

2: This is absolutely unfounded.

It is implicit in all the arguments that the government's intention is not to solve the problem of a shortage of physicians.

Regarding the electoral issue, the counterargument implicitly suggests that the medical associations sought to prevent competition in the job market by blocking the expansion of medical schools. In relation to repatriation, the counterargument is based on the emergency nature of the program and the need to circumscribe the physicians to specific areas and functions. In the last dialogue, it can be seen that the orator accuses the opponent of using an "unfounded argument," negating the duty of the antagonist to demonstrate that the point of view of the opponent is incorrect. With this attitude, the antagonist shifts the weight of proof and breaks Rule 2 for a critical discussion.

### **Final considerations**

In all the discussions, fallacies in the arguments can be detected. This hinders moving forward to resolve differences of opinion. These difficulties in discussions make it more difficult to solve concrete problems that could help the More Doctors Program to progress. The tenacious defense of Revalida by the medical associations, for example, does not contribute to a deeper discussion of possible appraisal mechanisms and quality assurance for foreign physicians. Similarly, the insistence of government actors on avoiding discussions regarding more stable mechanisms to retain physicians, such as career plans, may undermine the mid-term sustainability of the program. These fallacies mostly stem from the primary intention to persuade the audience rather than to reach an understanding. This is reflected in a pattern of argumentation where, in the case of those opposed to More Doctors, the program needs to be attacked at whatever the cost and, for those in favor, it needs to be defended as a whole.

The present study has some limitations. It was not possible to correlate the analysis with the specific context of the proposal working its way through Congress, one of the central forums of the dispute. Even though only a few months had passed since the time of the discussions that were examined, the political context was changing all the time, and this most likely would have had some bearing on the way the actors presented their arguments. It was also not possible to compare the data with other studies on this topic in the area of health. Therefore, there is a need for further studies to compare the material that was analyzed with other studies by authors in the field of health.

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Translated by Grant Borowik