Deliberative Processes...

and decision making in zones of chaos and complexity

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INTRODUCTION

- A deliberative process refers to a process during which information is exchanged about an issue and that issue is critically examined within a prescribed context.
 - A knowledge synthesis is first submitted to participants and this generally serves as a starting point for group deliberation.
 - Deliberations take the form of reasoned arguments.
 - The goal of deliberations is to arrive at a rationally motivated agreement.

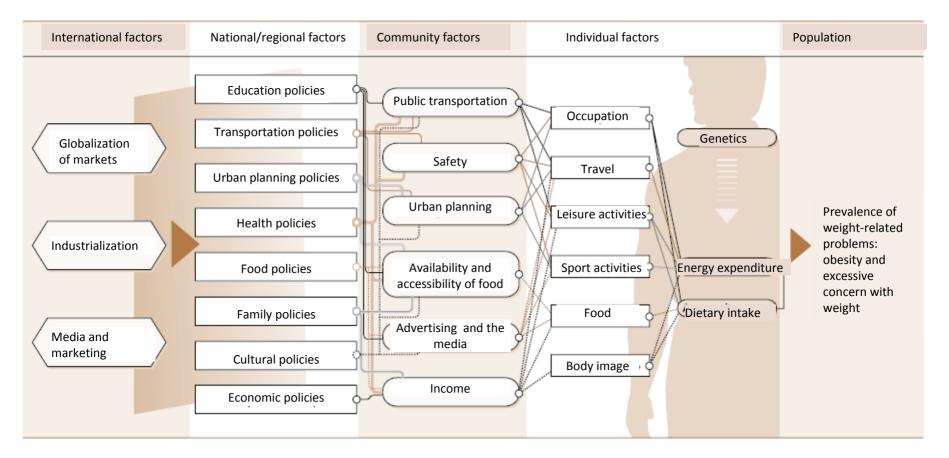
INTRODUCTION

- Since the 1980s, there has been growing interest in deliberative processes as a means of informing and supporting decision making (Callon, Lascoumes and Barthe, 2001; Hajer and Wagenaar, 2003).
 - More recently, they have been viewed as a means of facing numerous challenges in the health sector (Abelson et al., 2003; Lomas et al., 2005; Lavis, 2006).
- Three questions will be addressed...
 - Why deliberate?
 - What forms can the deliberative process take?
 - What do we know about the effectiveness of deliberative processes?



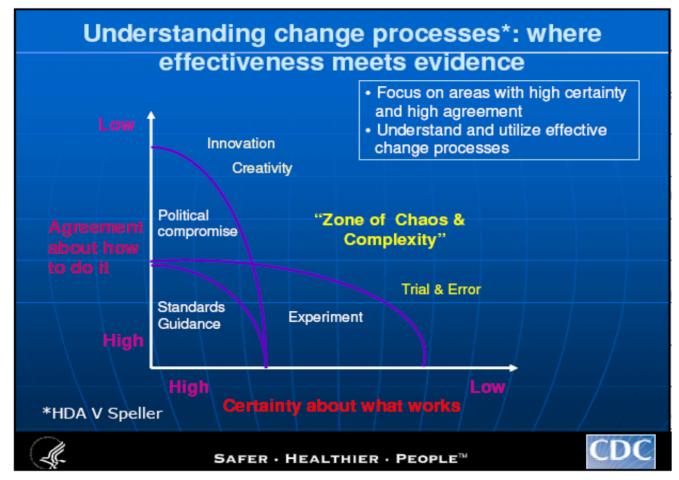
- The goal of an evidence-based approach is to ensure that decisions are informed by the most reliable scientific data.
 - However, the use of this approach in relation to public policy is limited by the methodologies promoted in this area and by what is generally considered as "evidence" (i.e. the hierarchy of evidence).
- Evidence must compete with numerous factors that influence decision making.
 - e.g: values, resources, political feasibility, administrative feasibility, etc.
 - Decision making is not a purely mechanical process that allows well-defined problems to be matched with well-defined solutions.

WHY? Example of the fight against obesity



Source: Groupe de travail provincial sur la problématique du poids (2004). Les problèmes reliés au poids au Québec: Appel à la mobilisation, ASPQ Éditions, p. 12.

WHY? Zones of chaos and complexity



Source: McQueen DV. (2006). *From Bangkok to Vancouver through Budapest.* IUHPE 7 European Conference on Health Promotion and Health Education. Budapest.

WHY?

- Deliberative processes are proposed as a way of determining a course of action in zones of chaos and complexity:
 - By reducing uncertainty about what works
 - Promoting knowledge transfer and exchange
 - Contextualizing and combining different forms of "evidence," i.e. informal data, scientific data focused on effectiveness and scientific data focused on context (Lomas et al., 2005)
 - Generating new knowledge through knowledge convergence
 - By trying to reach a consensus about what should be done
 - Ensuring democratic governance (i.e., participation of actors concerned, transparency and accountability)

WHAT FORMS?

- Deliberative processes can vary with respect to three characteristics:
 - At what point are they initiated?
 - e.g: definition of problems, definition of priorities, formulation of recommendations, choice of solutions, implementation of solutions, or assessment...
 - What degree of control do participants have over the decisional process?
 - e.g: participants are only being consulted, they are collaborating with decision makers, they are in partnership with decision makers, or they control the decision-making process
 - Who are the participants?
 - e.g: experts, citizens, decision makers, and/or other stakeholders

WHAT FORMS?

- Experts
 - Process focused on deliberation among experts
 - Scientific committees (e.g: International Obesity Taskforce), National Institutes of Health consensus conferences, etc.
- Citizens
 - Process focused on deliberation among citizens
 - Deliberative surveys, citizen juries, citizen panels (e.g: OHTAC); citizen assemblies (e.g: Ontario and BC), citizen dialogues (e.g: Romanow Commission and CPRN), consensus conferences (e.g: Danish Board of Technology), citizens' councils (e.g: NICE, Ontario, future INES?), etc.
- Hybrids
 - Process promoting deliberation among citizens, experts, decision makers and other stakeholders
 - Issue tables, scenario workshops (e.g: Danish Board of Technology), consultation forum of the *Commissaire à la santé et au bien-être*, etc.

EFFECTIVENESS What do we know?

• There are still very few rigorous assessments...

"Is there any scientific evidence that deliberative processes actually work? The short answer is 'not much'. A lot of the literature on deliberative processes in healthcare has been and continues to be advocacy rather than reports of the effectiveness of well-defined processes." (Culyer and Lomas, 2006)

- However, some efforts have been made in this direction.
 - Development of assessment frameworks (Rowe and Frewer, 2004)
 - Assessment of deliberative processes (e.g: NICE Citizens' Council and consultation forum of the *Commissaire à la santé et au bien-être*)

EFFECTIVENESS

Some conditions for success

- The literature on public participation and deliberative democracy points to certain conditions for success (Rowe and Frewer, 2004)
 - <u>Early implication</u>: participants must become involved in the process as early as possible
 - <u>Representativeness</u>: participants must be as representative as possible of the population affected by the decision
 - <u>Access to information</u>: participants must have access to all information required for their deliberation (i.e. clear and transparent information)
 - <u>Access to resources:</u> participants must have the resources necessary for them to deliberate (i.e. time, and material, financial, and logistical resources)
 - <u>Structured decision making process</u>: the process must be legitimate, official and transparent
 - Independence: the process must be fair and impartial
 - <u>Influence</u>: the participants must have a real impact on the decisionmaking process

EFFECTIVENESS

Some challenges to be met...

- While there have been some promising experiences, deliberation is not a panacea.
 - Deliberation takes time and resources
 - The active participation of the public and of marginalized groups must be supported
 - Deliberation is the theatre of complex group dynamics
 - Power relationships between participants
 - Problems associated with the sometimes inter-disciplinary, inter-sectoral, and interjurisdictional nature of these processes
 - Risk of false or fleeting consensus
 - Deliberation can raise certain fears
 - Deliberation can blur the border between "the learned and the political," which is why some experts fear becoming involved in such processes
 - Some experts fear that public deliberation will compromise the quality and the credibility of the process, which is why they point out the need to distinguish between procedural transparency and decisional transparency (Bal et al., 2004)

CONCLUSION

- Deliberative processes seem promising for...
 - Combining different forms of "evidence" and thus informing decision making about what works and in which context
 - Allowing a consensus to be reached about what should be done and thus ensuring democratic governance
- However, we are not yet in a position to determine which deliberative processes are effective, and in which context(s)
 - While there has been some progress, the assessment of deliberative processes is still an immature field of knowledge...
 - Assessment "laboratories" are needed to shed light on theory and practice
 - Experts, decision makers and other stakeholders must be brought together to exchange ideas about deliberative processes, their success criteria and assessment frameworks

BIBLIOGRAPHY

- Abelson J. et al. (2003). *Deliberations about deliberative methods: issues in the design and evaluation of public participation processes*. Social Science and Medicine, 57(2): 239-251.
- Bal R., Bijker WE., and Hendriks R. (2004). Democratisation of scientific advice. BMJ, 329: 1339-1341.
- Callon M., Lascoumes P., and Barthe Y. (2001). *Agir dans un monde incertain: Essai sur la démocratie technique*. Paris: Le Seuil, 357 pp.
- Culyer AJ. and Lomas J. (2006). *Deliberative processes and evidence-informed decision making in healthcare: Do they work and how we might know?*. Evidence and Policy, 2(3): 357-371.
- Groupe de travail provincial sur la problématique du poids (2004). Les problèmes reliés au poids au Québec: Appel à la mobilisation, ASPQ Éditions, 30 pp.
- Hajer MA. and Magenaar H. (2003). *Deliberative policy analysis: Understanding governance in the network society.* Cambridge University Press.
- Lavis JN. (2006). *Moving forward on both systematic reviews and deliberative processes*. Healthcare Policy, 1(2):59-63.
- Lomas J. et al. (2005). *Conceptualizing and Combining Evidence for Health System Guidance*. Ottawa: CHSRF.
- McQueen DV. (2006). From Bangkok to Vancouver through Budapest. IUHPE 7th European Conference on Health Promotion and Health Education. Budapest: October 18, 2006.
- Rowe G. and Frewer LJ. (2004). *Evaluating public participation exercises: A research agenda*. Science, Technology, and Human Values, 29(4): 512-556.

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