

**The Co-Production of Deliberative Outputs in a Public Deliberation on
Cancer Drug Funding: an Analysis of the Discourse**

by

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ABSTRACT

THE CO-PRODUCTION OF DELIBERATIVE OUTPUTS IN A PUBLIC DELIBERATION ON CANCER DRUG FUNDING: AN ANALYSIS OF THE DISCOURSE

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The present study was designed to investigate the social processes that influenced the creation of the recommendation statements produced during a public deliberation event on funding for cancer drugs in Canada. Twenty-four ordinary citizens were recruited to participate in this deliberative mini-public through a process of random sampling that maximized diversity. Discourse analysis was used to analyze transcripts from the two-day event. The analysis indicates that participants who made direct wording suggestions may have had greater influence than those who did not when building collective recommendation statements. This analysis also illustrates some of the processes through which facilitators and principal investigators are co-producers of the outputs of the deliberation, and how deliberative voting can effectively work as a communication tool. Following the presentation of these results, several considerations that may be helpful for those who are designing and facilitating future deliberation events are discussed.

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The Co-production of Deliberative Outputs in a Public Deliberation on Cancer Drug Funding: an Analysis of the Discourse

The Canadian Cancer Society (2018) estimates that one-half of all Canadians will be diagnosed with cancer in their lifetime and that one in four Canadians will die from cancer. As the population of Canada continues to grow and age, so too does the burden of cancer. In recent years, oncology has seen a more dramatic increase in drug expenditures than any other healthcare area (Bach, 2009; Cressman et al., 2015). With promising and expensive new drugs continuously being brought to market, Canada's provincial and territorial governments must determine how to allocate funding in a way that is both fair and sustainable (Bentley et al., 2017). Bentley and colleagues (2018) have argued that previous Canadian studies on priority setting in cancer control have neglected to consider the values and opinions of publics (for examples see Berry et al., 2007; Martin, Pater, & Singer, 2001). To address this gap in the literature, Bentley and colleagues (2018) conducted a deliberative public engagement event in 2014 in Vancouver, BC. This event aimed to engage a group of citizens in discussions about priority setting for cancer drug funding. At the event, participants created a list of recommendations that would be beneficial to policymakers.

The success of the 2014 deliberation prompted the researchers involved to organize a series of similar deliberation events across several Canadian provinces in 2016. This project was titled: Making Fair and Sustainable Decisions about Funding for Cancer Drugs in Canada. The study reported on in this thesis was designed to investigate one of the deliberative events from

this project that took place in Halifax, Nova Scotia in May 2016. During the two-day event, participants worked toward collectively building recommendation statements based on their discussions with the help of a facilitator. Once written, these statements underwent a process of ‘deliberative voting’ (Moore & O’Doherty, 2014), that gave participants an opportunity to document whether or not they agreed with the recommendation. Those who voted against the statement, or abstained from voting, were asked to provide their reasons for doing so. The recommendations and associated votes formed the outputs of the deliberation. These outputs were then disseminated to the relevant decision makers.

O’Doherty (2013) has argued that the recommendation statements that come out of a public deliberation event are a result of the way the issues are framed, the facilitation of the conversation, and the values and opinions of the individuals participating in the deliberation. Currently, it is unknown how social processes influence the formulation of the recommendation statements, and the outputs of the deliberation. This thesis uses a discursive psychological approach to examine transcripts from the Nova Scotia deliberation. Understanding the processes that lead to the outputs of a public deliberation is important because it can help us to evaluate the methods used and make suggestions for improving this meaningful and important practice.

The thesis begins with an introduction to deliberative democracy. I will outline two popular models of deliberative democracy (Dryzek, 2010; Gutmann & Thompson, 2004) and explain how they influence the practices of public engagement. The next section provides an overview of public deliberation, where I discuss the goals and theoretical foundations of the practice. Following this, I will explain how ordinary citizens are recruited to participate in public deliberation events. In the section that follows, I explain the roles and responsibilities of the

event's facilitators. In the fifth section of the literature review, I will discuss the framing of deliberative events, that is, how information is designed and presented for deliberation. I will then explain what is meant by 'deliberative outputs' and how the process of 'deliberative voting' works. Following this, I will introduce some theorists' critical responses to the theory and practice of deliberative democracy. In the final section of the review, I will outline some of the ways that social psychology has contributed to the study of public deliberation.

Following this review of the literature, I will explain my study and state my research questions. I will then outline the topic of the deliberation event that is the focus of my research, and introduce some issues around how cancer drugs are currently funded in Canada. This section provides background for some of the issues that were discussed at the deliberation itself. Following this, I will discuss the deliberation event: Making Fair and Sustainable Decisions about Funding for Cancer Drugs in Canada.

In the methodology section, I will present the method of participant recruitment that was used for this event and explain the event procedure. I will then discuss the discursive methodologies used in this study: discursive psychology and positioning theory. Following the introduction of these methods, I will present previous research that has applied discursive approaches to the study of public deliberation.

Following the methodology section, I will present my analysis and research findings. The analysis is divided into two sections. In the first section, I track the co-production of a single recommendation statement. In the second section, I examine how participants use the process of deliberative voting to signal disagreement.

In the discussion of the results of my study, I examine how some participants were more influential than others during the building of the recommendation statement, and identify how principal investigators and the facilitators were involved in this process. I also identify how participants used the process of deliberative voting to document several kinds of disagreements.

This study is designed to expand on the small, but growing, research in social psychology on public deliberation. It also builds on empirical work in deliberative democracy, a field that has primarily focused on theory and practice. I aim to investigate the processes that influence the co-production of deliberative outputs and make suggestions for improving the practice of public deliberation.

It is important to note that throughout this thesis I frequently use the term 'citizen'. Citizen is the conventional term used in the deliberative democracy and public deliberation literature to denote individuals from the general public. I use this term to refer to individuals and groups who are residents or inhabitants of a particular place, regardless of their official legal status. It is difficult to circumvent this normative language and replace it with more inclusive terms. Thus, throughout the thesis I continue to use this conventional term 'citizen' but do not mean it in a legal or exclusionary sense, but rather as a noun denoting a person who inhabits a particular locale.

Deliberative Democracy

The origins of deliberative democracy can be traced back to Aristotle, who in fifth-century Athens, argued that when ordinary citizens engage in debate and collective decision making their recommendations may be better than those made by experts (Barnes, 1984;

Gutmann & Thompson, 2004). Despite its early origins, it took many centuries for our current articulations of deliberation, democracy, and deliberative democracy to take shape. Jürgen Habermas is often considered to be responsible for bringing this practice into the modern era (Gutmann & Thompson, 2004; Steiner, 2012). This form of democracy is concerned with how to incorporate ordinary citizens into mechanisms for collective decision making. Although, just as democracy is not one theory, but many theories, so too is deliberative democracy (Fishkin, 2014).

Gutmann and Thompson (2004) outline a comprehensive model of deliberative democracy in their book *Why Deliberative Democracy?* The authors define deliberative democracy as:

a form of government in which free and equal citizens (and their representatives), justify decisions in a process in which they give one another reasons that are mutually acceptable and generally accessible, with the aim of reaching conclusions that are binding in the present on all citizens but open to challenge in the future (p.7).

This definition is centered around four main elements; it is a process that is based on i) reasoning, that is ii) accessible, iii) binding, and iv) dynamic. According to these theorists, when these four elements are combined with mutual respect and a search for common ground, the result is deliberative democracy. I will explain each of these elements in turn.

First, the definition holds that governments should not treat persons as passive "objects of legislation" (p.3) but rather as free and equal autonomous agents. Governments should provide reasons to justify the laws and rules that they impose, and they should be open to responding to the arguments put forth by citizens. There should be a mutual exchange of reasons, and the

reasons that are provided by either side "should appeal to principles that individuals who are trying to find fair terms of cooperation cannot reasonably reject" (p.3). Second, these reasons should be accessible, meaning that they should be both publicly available and comprehensible to ordinary people. This is not to say that citizens are expected to understand the technical or scientific aspects of a given problem, but trusted experts should provide citizens with conclusions that can be easily understood. Third, deliberative democratic processes should be binding, meaning that they should produce decisions that are then acted upon for a given amount of time. This does not mean that deliberation should not be ongoing, rather, observable results should follow the deliberative exchange. Decisions also ought to be dynamic, and this is Gutmann and Thompson's (2004) final tenet. Once a decision has been implemented "it keeps open the possibility of continuing dialogue, one in which citizens can criticize previous decisions and move ahead on the basis of that criticism" (p.6).

Dryzek (2010) finds that the types of deliberative systems that are outlined by political theorists (such as Mansbridge, 1999; Hendriks, 2006; Parkinson 2006; and Goodin, 2006) are too often "tied to the institutional details of developed liberal democracies" (p.10). He argues that the essential qualities that comprise a deliberative system do not necessarily have to occur within established democracies, institutions, or even states. Dryzek (2010) outlines a more general, foundational, system of deliberative tenets that can be applied to governance networks more informally, and more broadly. The deliberative system put forth by Dryzek contains three interrelated systems.

First, he lays out two distinct spheres in which deliberation occurs. *Public spaces* that host uncensored contributions that are welcomed from both ordinary citizens and those who are

engaged in political decision making; and *empowered spaces*, which are more closed institutions (formal and informal) that have the power to produce tangible outcomes. The second aspect of the system outlines how the two spheres may communicate with one another. Dryzek dubs the two directions of communication as *transmission* and *accountability*. Transmission denotes mechanisms through which deliberations in public spaces reach, and influence, the empowered spaces (those who have the power and means to institute institutional changes). Accountability operates in the opposite direction, denoting mechanisms "whereby empowered space answers to public space" (p.11). Individuals in the empowered spaces who are responsible for making decisions should provide publics with accounts that are justified by articulated reasons. The final aspects of Dryzek's deliberative system are self-reflective practices that strive to improve the practice of deliberative democracy continuously. These include *meta-deliberation* whereby deliberations take place to determine how deliberative systems should be organized, and *decisiveness* which he describes as the extent to which all of these pieces fit together to "determine the content of collective decisions" (p.12). These last two elements are both a means of self-examination, and a means for the practice to work toward continuous improvement.

Engaging in this form of deliberative governance, and involving ordinary publics in decision-making mechanisms, can improve citizens' trust and lead to improved policy outcomes. Steiner (2012) argues that citizens may generally distrust politicians' motivations and that the media may support this suspicion. Involving citizens in decision making may help to improve transparency and trustworthiness, making decisions more acceptable to the public. It is also thought that ordinary citizens may bring new and fresh perspectives into the discussion, which could lead to improved and more sustainable policy outcomes (Steiner, 2012). Gutmann and

Thompson (2004) agree that policymakers often have to make difficult choices, for example about how scarce resources should be allocated, and that deliberative mechanisms may make their decisions more acceptable to those who are impacted.

There are many diverse systems of deliberative democracy, and many arguments to be made for how to implement these principles into practice effectively. A study by Smith (2005) identified fifty-seven different democratic innovations for decision making from across the globe. One popular method for engaging citizens in democratic processes is by convening deliberative mini-publics, where a diverse group of ordinary citizens is gathered together for thoughtful, reasoned, and informed deliberation (Goodin, 2006). According to Fung (2003), the term ‘mini-public’ can be used to describe many diverse ways of engaging citizens in democratic processes. It is a term that encompasses a wide range of participatory methods (Ryan & Smith, 2014). Depending on the goals of the particular democratic project, different designs for building and engaging mini-publics are available. For example, a mini-public may include anywhere from 12-24 participants as seen in citizens’ juries, to 5,000 participants as seen in 21st Century Town Meetings (Dryzek, 2010; Ryan & Smith, 2014). Practitioners select methods for building and engaging mini-publics based on the democratic qualities that they aim to achieve. Dryzek (2010) finds that mini-publics may have an easier time reaching authentic deliberation than partisan political actors. Mini-publics “show what public opinion might look like if ordinary people had the chance for extensive and informed deliberation” (Dryzek, 2010, p.176).

This project focuses specifically on a method of engaging mini-publics called public deliberation, whereby a diverse group of ordinary people is brought together to engage in

deliberative dialogue. The following sections will provide an overview of the goals of public deliberation and how they are achieved in practice.

Public Deliberation

Deliberation is a particular method of interaction, a special kind of conversation where the primary task of the speakers is to justify their views (Mansbridge et al., 2006). In these interactions, individuals "sincerely weigh the merits of competing arguments" (Fishkin, 2014, p.31). More specifically, Burkhalter, Gastil, and Kelshaw (2002) define face-to-face deliberation as an egalitarian process that involves reasoned consideration of presented information and opinions. As it is egalitarian, participants engage with one another as equals and show mutual respect for one another and their views (Mansbridge et al., 2016). Each speaker should receive adequate opportunities to speak, be heard, and actively listen to others. Deliberative dialogue bridges participants' differences and diverse ways of speaking and knowing are considered and valued (Burkhalter et al., 2002). According to Chambers (2003), the goal of deliberation is to produce well-informed and well-reasoned opinions. During deliberation, "participants are willing to revise their preferences in light of the discussion, new information, and claims made by fellow participants" (Chambers, 2003, p.309). Hendriks, Dryzek, and Hunold (2007) find that compared to partisan political actors, regular people may be more likely to shift their opinions when engaged in deliberative conversation; this, they argue, may make them more effective deliberators!

Public deliberation events aim to produce useful recommendations by increasing the knowledge of participants, providing an opportunity for views to be exchanged, and encouraging

collective decision making (O'Doherty, 2013). Choosing to organize and facilitate a public deliberation event to understand the public's opinions and values about a specific issue requires trust in the general public's ability to engage meaningfully with scientific, economic, or policy issues. To engage meaningfully in deliberation participants are expected to be willing and able to acquire knowledge on the topic; mobilize and integrate that knowledge into reasoned deliberative conversation; integrate and evaluate alternative positions and diverse perspectives; and ultimately make recommendations to address the given problem (MacLean & Burgess, 2010; Einsiedel, 2002; Kerr et al., 1998).

During the deliberation event, participants are presented with relevant information, from a diverse range of perspectives, and are encouraged to reflect on and openly discuss a wide range of viewpoints (Blacksher et al., 2012). The provision of information enables participants to engage in informed, legitimate deliberation on the issue regardless of their educational background or professional skillset (O'Doherty & Burgess, 2013). Participants are encouraged to identify personal values, interests, and opinions, highlight potential trade-offs, and test competing moral claims (Blacksher et al., 2012). Facilitators help participants find common ground between disparate values and opinions (Blacksher, 2012; Mansbridge et al., 2006).

Ultimately, deliberants are asked to work toward building recommendations that may help to inform policymakers' decisions on the issue (Burgess et al., 2008). The facilitator's most challenging task may be working with participants to find common ground while ensuring pluralism of different perspectives and arguments (Landwehr, 2014). Thus, rather than seeking consensus, a more realistic outcome of deliberation may be compromise (Landwehr, 2014;

Mansbridge et al., 2006). To achieve compromise, facilitators often focus on aggregating well-reasoned positions and noting areas of tension or dissent (Mansbridge et al., 2006).

In recent years, academic and practical interest in engaging publics in deliberation appears to be growing in popularity (O’Doherty, 2013; O’Doherty & Stroud, forthcoming). A scoping review by Degeling, Carter, and Rychetnik (2015) located 62 empirical articles related to distinct deliberation events that were published in English between 1996-2013. Over the past several years there have been many events aimed toward increasing public engagement in diverse and complex issues related to science, technology, and healthcare governance. Topics include: Human tissue biobanking (Burgess, Longstaff, O’Doherty, 2016; Chalmers, Burgess, Edwards et al., 2015), salmon genomics (Burgess & Longstaff, 2014; Nep & O’Doherty, 2013), explosives, the environment, and microbial genetics (O’Doherty, MacKenzie, Badulescu, Burgess, 2013), priority setting for cancer drug funding (Bentley, Costa, Burgess, et al., 2018); and health technology assessment (Abelson, Bombard, Gauvin, & Simeonov, 2013) to name a few. The use of public deliberation as a tool for engaging citizens in discussions around complex issues is well established in the theoretical and empirical literature.

The following section outlines some of the considerations that practitioners make when recruiting ordinary citizens to participate in public deliberation events.

Recruiting for Deliberation

Those invited to participate in deliberation events are typically people from the general public who are not active stakeholders in the issue being deliberated (O’Doherty & Burgess, 2013). When brought together, the participants represent a diverse ‘mini-public’ (Fung, 2003),

convened for thoughtful and reasoned deliberation (Goodin, 2006). The construction of mini-publics and their use for engaging participants in the creation of policy input has strong theoretical justification in the deliberative democracy literature (Goodin & Dryzek, 2006; Grönlund et al., 2014). For the of public deliberation design discussed, a process of random sampling that maximizes the diversity of participants is considered an effective method of constructing a deliberative mini-public (Longstaff & Burgess, 2010; O'Doherty & Burgess, 2013). Random selection of participants “attracts sections of the community that are typically under-represented in consultative processes based entirely on self-selection, for example, those lacking the necessary resources, information, time and finances to participate” (Hendriks, 2011, p.48). Additionally, Burgess and Longstaff (2010) argue that excluding experts, stakeholders, and those with extreme views from the deliberative mini-public works to improve heterogeneity, as participants are not committed to particular agendas or dominant positions.

Burgess and Longstaff (2010) outline four recruitment objectives that they describe as “non-negotiable” (p.216). The first is that participants must be willing to understand different views. Rather than only having strongly represented interests at the table, the authors aim to create mini-publics that “listen and consider all points of view” (p.216). The second non-negotiable objective is respectful engagement; the aim is to avoid positions that are reactive or strategic and encourage more egalitarian forms of dialogue. Third, the authors value deliberation that is well informed, with information derived from a diverse set of sources and perspectives. Finally, they argue that deliberation should include “diverse discursive styles and experiences” (p.216). That is, all participants should have an opportunity to engage in the discursive style that they find most comfortable. The authors report that by following these four recruitment

objectives and a process of random sampling, they have been able to successfully achieve the construction of diverse mini-publics.

An explanation of the participant recruitment strategy used for the specific deliberation event presented in this thesis is provided in the Methodology section. While the mode of recruitment differs slightly from the process used by Burgess and Longstaff (2010), the underlying values and objectives remain the same.

The following two sections discuss some of the social psychological issues that deliberation practitioners consider when designing and executing deliberative events. In the section on facilitating deliberation, I discuss the role of facilitators and outline some of the challenges that are involved in this task. The discussion on facilitation is followed by an introduction to some of the elements that are involved in framing the information that is presented at deliberative public engagement events.

Facilitating Deliberation

According to Landwehr (2014), successfully realizing deliberative interaction is a demanding task. "Deliberation is both discursive and aimed at coordination; and is both about truth and about reaching meaningful compromises" (Landwehr, 2014, p.87). Those facilitating deliberation events have a central role in the proceedings of the conversation. In addition to creating an environment that is hospitable, respectful, and productive, facilitators are responsible for setting goals and ground rules for the group of deliberants (Mansbridge et al., 2006). Despite the important role facilitators have in conducting public deliberation, several authors have noted that little attention has been paid in either the theoretical or empirical literature to the influence

facilitators have on shaping the proceedings and providing a balanced and inclusive environment (Landwehr, 2014; Smith, 2009; Chilvers, 2008; Gerber, 2011; O'Doherty & Hawkins, 2010).

Mansbridge, Hartz-Karp, Amengual, and Gastil (2006) conducted an inductive study of the role and power facilitators have over deliberation proceedings and outcomes. In this study, professional facilitators were asked to observe videotapes of small group deliberations and provide an analysis of the norms of contemporary deliberative practice and facilitation; "the methods were designed to probe the normative structure of the facilitators, not to measure the interactions in the deliberations themselves" (Mansbridge et al., 2006, p.12). Having professional facilitators code the videotapes allowed researchers to collect data on both the proceedings under examination and the facilitator's self-reflection on their personal practice. The facilitators involved in coding highlighted the importance of maintaining a productive and positive atmosphere that allowed for the 'free flow' of conversation, which is understood to have both intrinsic and instrumental value. Elements that were identified as contributing to a positive atmosphere include laughter, lightness, and admissions of fallibility on the part of the facilitator (Mansbridge et al., 2006).

Although the facilitator is the leader of the participants' deliberative conversation, they follow the discursive direction set out by the group: "The facilitator is both part of the structure within which deliberation is supposed to emerge, and self-evidently a participant in the actual discourse itself" (Moore, 2012, p.147). The facilitator may be viewed as a participant in the deliberation, but the role they hold places them in a position of privilege to other participants (Moore, 2012). The facilitator helps to establish an environment which supports the ideal speech situation (Habermas, 1962), an environment that allows for equal and un-coerced participation,

which respects a plurality of opinions (Landwehr, 2014). Although inequality is inevitable, as the facilitator holds a position of privilege above other participants. Moore (2012) argues, “[o]rganized deliberative practice seems to require the presence of actors who intervene to make the discourse happen, yet deliberative theory treats ideal deliberation in terms of the absence of coercion, repression and inequality” (p.149).

While coercion must be absent for genuine deliberation to occur (Dryzek, 1990), without a skilled facilitator to assertively lead the conversation, participants may be disengaged and unmotivated to participate (Mansbridge et al., 2006). According to Mansbridge and colleagues (2006), self-facilitation occurs when participants take ownership of the process by steering the conversation, rather than continually seeking guidance and validation from the facilitator. The authors note that although self-facilitation is ideal in the deliberation context, it may be difficult to achieve in practice.

Facilitators mitigate these tensions by treading a careful line between providing a guiding expert voice, while also allowing the voices and opinions of the participants to take center stage, always ‘following from the front’ (Moore, 2012, p.147). Facilitators keep the participants’ conversation on topic, while also supporting them to explore the issues pertinent to their interest. What has yet to be investigated is how facilitators position themselves when they are negotiating tensions between leading the conversation, and following where participants’ want to go.

The next section will present some of the issues and considerations that are involved in determining the structure and framing of deliberation events.

Framing Deliberation

The way a deliberation is framed by those who design and facilitate the event will impact both the process and outcomes. Those organizing the event have the “communicative power to structure the context of a given deliberation” (Barisione, 2012, p.1). Calvert and Warren (2014) describe frames as “the cognitive structures through which people can understand issues, form preferences and share a common set of references for discussing them with others” (p.203). The frames selected by those organizing the event establish the legitimacy of various viewpoints, they draw attention to certain aspects of the issue and emphasize certain elements of the topic over others (Barisione, 2012). Calvert and Warren (2014) argue that frames are pre-discursive, they are “forms of talk-based influence that operate prior to the deliberative influence generated by giving and responding to reasons” (p.205)

In an investigation of how deliberative practitioners frame the issues presented in public deliberation events, Blue and Dale (2016) explore the influence of framing in two western Canadian deliberations on climate change. These authors conceptualize power by how it is situated in social meaning; from this perspective, power may operate through how the issues are framed for deliberation (Blue & Dale, 2016; Dryzek, 2013; Hendricks, 2009). Information presented at deliberative events cannot be viewed as value-free, as arguments and facts are influenced by the values and power relations inherent in society (Blue & Dale, 2016). Blue and Dale (2016) argue that the organizers of these events privileged frames that encourage instrumental and technical reasoning over alternative methods of approaching the issue. They find that a higher value is placed on instrumental outcomes than normative or substantive recommendations. Blue and Dale (2016) call for practitioners of deliberation to continue

reflexive investigations of their framing of issues to prevent the unintentional reproduction of "social hierarchies of power" (p.17).

Kerr and colleagues (2007) analyzed researchers' reflexivity, event framing, and the positions taken up by participants, to explore how the dynamics of expertise influenced public dialogue between experts and lay participants at three public engagement events concerning genetic science and technology. Although the public engagement events discussed in this analysis follow a slightly different structure than the current project (experts were more integrated into the deliberative conversation) results were similar to those reported by O'Doherty and Davidson (2010); participants implicitly privileged technical knowledge and claims framed from an expert position were more readily taken up by other participants. Participants utilized appeals to technical evidence and expert positions both when they agreed with experts and when looking to build support around disagreement with expert positions (Kerr et al., 2007).

It has been argued that given a conducive environment, participants can be encouraged to draw on their positions as community members, without appeals to technical expert knowledge, to challenge the scientific paradigm; citizenship alone should be enough of a qualification to be taken seriously (Jasanoff, 2003; Kerr et al., 2007). Participants who are uncomfortable using technical language, or speaking from an expert position, may make valuable contributions to the deliberation. It cannot be assumed that technical jargon and expert positions are equally accessible to all those in attendance.

MacLean and Burgess (2010) investigate how the framing of issues in a British Columbia deliberation on biobanking governance was influenced by the stakeholders and experts who gave presentations at the event. The researchers conclude that it is possible to find a balance between

being constrained by the provided frames while limiting “spontaneously generated deliberation that is of limited usefulness because it is unfocused and uninformed” (p.493). Though this analysis provides empirical evidence for how participants take up the frames and opinions of stakeholders and experts, it addresses neither how facilitators influenced the framing or discussion of issues, nor how facilitators used their influence to navigate the course between constraint and spontaneity.

How the issues are framed by those organizing the deliberation will influence the policy maker's ability to take up recommendations made during the event (O'Doherty, 2013). Although appropriate framing may address the issue from a policy perspective, it is important for deliberative practitioners and policy experts to recognize their understanding of the issue, and nature of the problem may differ from the perspective of participants (O'Doherty & Hawkins, 2010). O'Doherty and Hawkins (2010) warn an especially dangerous potential misuse of public deliberation events would be conducting them to justify specific policy decisions without allowing the public the opportunity to debate and reframe the issues. Another common concern is if issues are framed too conservatively then the public may be unable to propose substantive or ‘radical’ changes to the status quo (Blaug, 2002; Moore, 2012). A final concern is that the format of a public engagement event may “implicitly privilege consensus and optimism, and marginalize criticisms that radically challenge the purpose of the event” (Kerr et al., 2007, p. 407). Participants who wish to challenge the framing of the issues, or vocalize alternative, unpopular perspectives may have their views marginalized by other participants, and or the facilitator.

The next section of this review provides an overview of how some deliberation events produce deliberative outputs, aimed to inform policymakers about the conclusions reached by participants during the deliberative event. Additionally, this section introduces one particular method of constructing deliberative outputs through a process of deliberative voting.

Deliberative Outputs and Deliberative Voting

One goal of deliberation is for participants to cultivate a mutually shared position on the issue at hand (O’Doherty, 2013). There are many ways of identifying such a position, depending on the design, facilitation, and framing of the event. Setälä, Grönlund, and Herne (2010) conducted an experiment to determine the influence of two different methods of decision-making in deliberation. Although this project was primarily designed as a scientific experiment, the authors state that they followed methods similar to those often used in deliberative mini-publics. The researcher recruited 135 diverse participants, had them engage in information sessions, and then divided them into twelve small groups. In the small groups, participants were given three hours to engage in deliberation (with the help of a moderator) and were instructed to come to a decision about how to address the issue at hand: whether Finland should build a sixth nuclear power plant. The twelve groups were divided into two treatments: six groups were asked to formulate a joint written statement, and six engaged in a secret vote following their discussions.

The authors found that those groups who formed a written statement were more informed about the topic following the deliberation compared to individuals in the groups that completed a secret ballot. Setälä, Grönlund, and Herne (2010) found that “[c]ompared to surveys and ballots, one benefit of written statements is that they provide a summary of arguments relevant to the

topic and thus they are more informative about the substance of deliberation” (p.711). This research indicates that the process of formulating a common deliberative statement may have a more significant impact on participants' information about the topic, than merely completing a secret ballot.

In a related article, analyzing the same deliberation event, Grönlund, Setälä, and Herne (2010) found that participants in the common deliberative statement condition reported a greater increase in trust in politicians and institutions, and more satisfaction with democracy in general than the secret ballot groups. The authors argue that the procedure of writing the collective statement may have increased participants' awareness of the “necessity of compromise in politics, and thus understanding of the institutions and actors of representative democracy” (p. 114).

In the public deliberation event that is the focus of this thesis, the participants engaged in the process of collectively developing recommendation statements and then voting on them. This method is a particular innovation of the deliberation process developed by Burgess and O'Doherty (see Burgess, O'Doherty, & Secko, 2008; O'Doherty & Burgess, 2009), and is quite different from the methods described in the event above (Grönlund, Setälä, & Herne, 2010; Setälä, Grönlund & Herne, 2010). In the deliberation event that is presented in this thesis, the participants collectively developed recommendation statements in a large-group setting. Once the statements were written they were then voted on. During the voting process, participants chose whether to support the recommendation, reject the recommendation, or abstain. Moore and O'Doherty (2014) explain that this voting process is iterative, the discussion may move back and

forth between deliberation and voting, the decision to move to a vote occurs *in situ*. Thus, they use the term ‘deliberative voting’ to signal that this practice of voting is “embedded *within* a deliberative process” (p.312). Additionally, once the vote had been taken, participants who had voted against the statement, or abstained, were asked to provide their reasons for doing so. These recommendations and the associated votes and reasons make up the official results of this public deliberation event. These are referred to as the “deliberative outputs” (O’Doherty, 2013). A deliberative output is defined as “an explicit collective statement of deliberants about a position or policy preference” (O’Doherty, 2013, p.7; O’Doherty & Burgess, 2009).

O’Doherty (2013) explains that the process of deliberative voting serves multiple purposes. First, the vote works as a facilitation tool. The vote allows the facilitator to gain a clear indication of which participants agree and disagree with the recommendation statement. Rather than simply assuming that participants have reached consensus, the vote gives the facilitator an opportunity to see where there are agreements and disagreements and allows them to ensure that those with marginal views are heard by the group (Moore & O’Doherty, 2014). Deliberative voting also signifies the closure of the discussion of a particular issue, allowing for a clear transition onto the next topic. In this sense, the vote provides the facilitator with the opportunity to “obtain clear documentation of divergent views and the reasoning of both majority and minority perspectives” (O’Doherty, 2013, p.11). The function of the voting process is that it helps to “identify and preserve discursive diversity, even within a deliberative process that itself involves the creation of common ground and the reduction of discursive diversity to a single proposition that can be endorsed by the group”(Moore & O’Doherty, 2014, p.317). The process

of voting and the associated practice of having dissenters and abstainers explain their reasons for doing so allows those who disagree with the majority position to have their views heard by the group and officially documented in the deliberative outputs.

The following section gives an overview of some of the critiques that have been raised in opposition to models of citizen engagement and deliberation events.

Critiquing Deliberation

Some theorists of deliberative democracy have argued that good deliberation ought to be calmly rational and enacted through dispassionate turn-taking (Dryzek, 2000; Walzer, 1999). Feminist critics of deliberation have argued that privileging this type of verbal expression may exclude and marginalize those voices who do not follow the traditionally masculine, privileged conventions of communication (Young, 2000, 2002; Sanders, 1997). There is the concern that this form of conversation “maintains the power of those who are already dominant because they are the ones who have perfected the art of appearing calmly rational” (Hall, 2007, p.83).

Young (2000) theorizes that practices of engaging lay participants in deliberation may be structured and or facilitated in such a way that some forms of speech are inadvertently afforded greater privilege than others. Young posits that this privilege is associated with a culturally situated norm of speaking that she calls “articulateness” (p.38). People who produce articulate speech are often highly educated and socially privileged; while those who do not, risk having their claims or arguments dismissed. Sanders (1997) argues that these claims are not devalued because they lack coherent logic or reason, rather this is a result of social expectations and communicative differences. Young (2000) believes this situation leads to injustice, as “none of

us should be excluded or marginalized in situations of political discussion because we fail to express ourselves according to culturally specific norms of tone, grammar, and diction” (p.39).

Both Young and Sanders argue for deliberation to be more inclusive of alternative forms of communication, such as storytelling and the expression of passion. Young (2000) considers the idea of privileging dispassionate rationality in deliberation to be a fictitious construction perpetuated by the hegemonic forces of whiteness and masculinity. While both Sanders and Young perceive passion and reason to be diametrically opposed, Hall (2007) responds with the assertion that passion is already an integral component of deliberation; “passion not only motivates citizens to do the hard work of deliberating, it helps them do the work itself” (p.92). Similarly, Mansbridge (1996) articulates a potential reason why emotion and expressions of passion have gone unrecognized in deliberation may be that emotion is regarded as feminine and thus inherently less valuable than calm disconnected rationality.

Feminist critiques of deliberation have been criticized for reinforcing the dichotomy between passion and reason. Hall (2007) argues that this dichotomy further perpetuates “hierarchies of gender, race, and class” (p.92). Hall continues, “the best strategy for making deliberative theory more democratic is to demonstrate how deliberation already involves passion” (ibid). However, it is unclear how precisely this might be accomplished or integrated into contemporary models of deliberation, and methods of constructing deliberative outputs within deliberation.

In the final section of this review, I discuss the small area of social psychology research that has focused on deliberation. The majority of this research focuses on social processes that

may be observed in small group discussions. Very little research in social psychology has focused on deliberation itself, or deliberative models of citizen engagement, specifically.

Current Social Psychology Research on Deliberation

O'Doherty and Stroud (forthcoming) state that psychology, as a discipline, has not made very substantial contributions to the study of public deliberation. In a review of the empirical literature on public deliberation, discursive participation, and citizen engagement, Delli Carpini, Cook, and Jacobs (2004) give an overview of social psychology research on small group deliberation. In their discussion of the psychological research on collective decision making, the authors present two competing hypotheses: social comparison and effective argumentation. They explain that either of these hypotheses can be used to explain why when participants are placed in small groups, their collective opinion tends to reflect the majority perspective.

According to Mendleberg (2002), the social comparison hypothesis states that in small group discussions, participants strive to be perceived by others in a favorable light. To accomplish this, they may either: sincerely change their opinion to reflect the average or majority stance on the issue at hand; or publicly support the views of the majority while privately holding a dissenting perspective on the issue (for a thorough review see Delli Carpini, Cook & Jacobs, 2004; Mendleberg, 2002). Mendleberg (2002) warns that this hypothesis has “pessimistic implications for deliberative theory” (p.159). As the opinion of the group is not persuaded by the force of the better arguments, but rather the normative influence of the majority opinion. This, of course, contradicts deliberative expectations that collective decisions should be founded on a process of exchanging and evaluating various reasons and warrants (Dryzek, 2010).

The second hypothesis that has been employed to explain groups' tendencies to move collective opinion toward the views of the majority is effective argumentation (Delli Carpini, Cook, & Jacobs, 2004; Mendleberg, 2002). According to this hypothesis, group opinion tends to support perspectives that appear to be the most novel and have the most persuasive arguments to support them (Mendleberg, 2002). Thus, groups may display polarization because the majority perspective has the greatest number of people to provide novel and convincing arguments to support it (Delli Carpini, Cook, & Jacobs, 2004). Mendleberg (2002) argues that this second hypothesis is much more compatible with deliberative theory.

It is important to note that the research discussed by Mendleberg and Delli Carpini and colleagues is on small group discussion, and group decision making. It does not explicitly focus on the kind of thoughtfully designed public deliberation events discussed in this thesis (Cobb, 2012; O'Doherty & Stroud, forthcoming). Thus, it is unclear how these hypotheses may hold up when applied to the moderated model of deliberation that is presented in this thesis.

In their deliberative experiment Setälä, Grönlund and Herne (2010) question whether Prezeworski's (1998) social psychological mechanisms of deference and conformity can be applied to the deliberation event that they design. They explain that, according to this theory, deference refers to situations in which individuals discount their own views in favour of the majority position. They warn that this may impact those with lower education or socio-economic standing more than those who are wealthy and educated. Conformity describes situations where individuals choose to follow the suggestions of others due to a fear of disapproval. The authors used pre- and post-deliberation surveys to assess whether participants experienced social

pressures during the deliberation. Additionally, they tested whether group polarization occurred, where individuals conform to the groups' dominant view and may even take up a more extreme position than that supported initially by the group (Isenberg, 1986; Sunstein, 2005).

In this deliberative experiment, participants were separated into two conditions: half of the small groups wrote a common recommendation statement and half engaged in a secret vote. The researchers found no evidence of a difference in social pressure experienced by participants in the two conditions. Participants in each condition were equally likely to report feeling as though they had the ability to participate in the discussion, and that they had the potential to influence the deliberation in their small group. They also found an absence of group polarization. This research suggests that the opinion changes that occurred in the deliberation were likely caused by participants genuinely changing their views, in line with the effective argumentation hypothesis. As suggested by Mendleberg (2002) in the passage above, effective argumentation is more in line with deliberative theory.

It has been argued that in public deliberation “[e]mpirical research has lagged behind theory and practice” (Delli Carpini, Cook, & Jacobs, 2004, p.315). The project presented in this thesis aims to help to address that gap by focusing scholarship on the process of developing deliberative outputs, that is building recommendation statements and deliberatively voting on them. By qualitatively analyzing the discourse produced by participants during a deliberation event, this empirical project builds upon the current shortage of social psychological literature on public deliberation. Additionally, this project aims to make practical suggestions for improving the practice of deliberation. This research will give researchers, deliberation practitioners, and

facilitators alike a more nuanced understanding of the processes that lead to the outputs of deliberation.

Study Explanation and Aims

This study has three primary purposes: 1) to better understand how deliberative outputs are created during a public deliberation event, 2) to examine who exerts influence over the process of building recommendations, and 3) to understand how participants use deliberative voting to signal disagreement.

My goal is to demonstrate the process through which the deliberative outputs are built during the deliberation. By focusing on the discursive co-production of a recommendation statement, and the associated process of deliberative voting, I aim to improve understanding of the roles that social processes play in the construction of deliberative outputs.

As described earlier, the deliberation event upon which this analysis is based was on the topic of making decisions about funding for cancer drugs in Canada. I will first explain the rationale for the implementation of this project, why cancer drug funding decisions are a priority in Canada. I will then introduce the deliberation project, and give background information on the event itself.

Funding for Cancer Drugs in Canada

Making decisions about how to allocate funds for cancer drugs in Canada is challenging for policymakers. Cancer is the leading cause of death in Canada (Statistics Canada, 2015). The Canadian Cancer Society (2018) estimates that in Canada there were 206,200 new cancer diagnoses in 2017 and that 80,800 people died from cancer. Canada's population is both growing

and aging, and because of this, cancer rates continue to increase. In addition to a rise in incidence, the cost of new cancer drugs also continues to inflate. In some provinces, such as Ontario, the amount spent on cancer drugs has tripled over the past decade from \$112 million in 2005 to \$332 million in 2015 (Wilson et al., 2016; Cancer Care Ontario, 2016).

The high price of some cancer drugs may not be proportional to the actual health benefits that are experienced by patients, and many cancer drugs have been criticized for failing to meet conventional standards of cost-effectiveness (Prasad & Mailankody, 2015). For example, some of the drugs that are used to treat pancreatic cancer may cost up to 400 000 dollars per patient for every additional year lived (Abboud, Berman, Cohen, et al., 2013). Additionally, some of these expensive new treatments may only target specific types of cancer experienced by a small percentage of patients. These treatments may improve the quality and or quantity of life for a few select patients, but other less expensive but potentially less effective treatment options may be available. Limited budgets constrain policymakers, and they must take all of these factors into consideration when deciding whether to provide funding for these highly expensive new drugs.

Although the country has a common formulary for cancer drugs, there is no national government-funded drug plan, so each province decides independently which drugs and therapies to cover the cost of for its residents. This situation creates a disparity for residents living in different areas of the country, as the cancer drugs that receive government-funding in one province may not be funded in another. The following illustrative example is taken from the deliberation's Citizen Brief that was compiled by the McMaster Health Forum and the Canadian Center for Applied Research in Cancer Control:

[I]f an individual patient were to undergo a one-year course of treatment with an oral cancer medication that costs \$6,000 per month, and her net income was \$85,000 per year and she had no private insurance, she could be facing an out-of-pocket cost ranging from \$1,006 in Quebec and \$3,400 in Ontario to as high as \$23,000 in Nova Scotia (Can-Certainty, 2016; Wilson et al., 2016, p.14).

The decisions that policymakers are responsible for include deciding how to allocate limited financial resources in such a way that the least amount of harm is caused to individuals living with cancer. Bentley and colleagues (2017) explain that each province has to work within a limited budget, and policymakers are required to make difficult "decisions that involve making trade-offs between the benefits, harms, and cost of drugs, which result in large investments of public resources in health systems" (p. 8). The project's principal investigators argue that these policy decisions ought to "reflect citizens' values, and inspire social acceptance" (Bentley et al., 2017, p.8). Thus, this public deliberation project sought to engage publics from across the country to understand their values and opinions about how they would like to see cancer drugs funded in their province, and in Canada as a whole.

Making Fair and Sustainable Decisions About Funding for Cancer Drugs in Canada

The deliberation event presented in this thesis is part of a more extensive series of deliberations on funding for cancer drugs in Canada that took place between April-October 2016. As part of this project, five deliberation events occurred across four provinces: Ontario, Quebec (one in English and one in French), Nova Scotia, and Saskatchewan. In October 2016, a pan-Canadian deliberation brought together randomly selected participants from each of the

provincial events. This project was organized by researchers from the McMaster Health Forum, University of British Columbia, Simon Fraser University, and Canadian Centre for Applied Research in Cancer Control (ARCC). The Canadian Partnership Against Cancer provided funding.

I was not involved in the planning or organization of any of these events. I was, however, invited to attend three of these deliberations as a member of the research team. I worked as a note taker at the event in Nova Scotia (the role of note taker is described in detail in the methodology section below) and as a small-group facilitator (also described below) at the deliberation in Saskatchewan and the pan-Canadian deliberation in Ontario. I received an honorarium for each of the events I assisted with, and my travel costs were remunerated. For this analysis, I have chosen to focus specifically on the deliberation event that took place in Halifax, Nova Scotia. This event was selected for analysis because I experienced the event as an observer. While I was present at the event, as a note taker I was removed from the actual process of the deliberation. When I was not taking notes for the transcriptionist, I had an opportunity to take personal ethnographic-style notes. These notes were mainly focused around the social processes that I noticed were taking place during the small and large-group discussions. I was particularly interested in the role of the facilitator. I noted the techniques that she employed to manage the diverse interaction styles of participants, and how she was able to sustain the participants' engagement in thoughtful and reasoned deliberation. These notes were primarily influenced by the article by O'Doherty and Davidson (2010) on positioning in deliberation. These ethnographic-style notes are not integrated into the analysis presented in this thesis; instead, they were used as a jumping-off point and inspired the direction of my initial research questions.

METHODOLOGY

Participant Recruitment

The data examined in the current study comes from a more extensive project relating to cancer drug funding in Canada. Bentley and colleagues' (2017) Final Report of this project provides a detailed explanation of the recruitment methodology and event procedure. This recruitment process aimed to "identify a group of citizens who reflected a diversity of life experiences and social perspectives based on the demographics of the province in which the panel was held" (Bentley et al., 2017). Participants were recruited using an online market research company called AskingCanadiansTM. The company randomly selected potential participants from their database of panel members and sent them an invitation and an eligibility questionnaire. The questionnaire categorized potential participants based on demographics and personal experience. The collected information included: age, income, education, ethnocultural background, chronic disease experience, and geographical location within the province of Nova Scotia.

The eligibility questionnaire also screened for individuals who were deemed to be stakeholders, such as people employed by pharmaceutical companies. These individuals were ineligible to take part as participants in the deliberation, as unlike most ordinary citizens, stakeholders may have strong positions or vested interests in the results of the deliberation. These vested interests may be an obstacle for them to shift out of the mindset of having to represent those interests, instead of working together with the other participants to come to conclusions that are collectively acceptable. Longstaff and Burgess (2010) explain that excluding

stakeholders who may hold vested interests aids in the production of a sample that is heterogeneous. Bentley and colleagues (2017) explain that potential candidates were deemed ineligible to participate if they were:

employees of healthcare organizations or healthcare professionals; employees or those with a direct financial relationship with a tobacco or pharmaceutical company; health policy makers; individuals who had lobbied for health advocacy groups; elected officials; people who had worked for market research; advertising, public media, or public media or public relations firms; or individuals who had previously participated in a citizen panel convened by the McMaster Health Forum (p.9).

Twenty-four Nova Scotia residents participated in the two-day deliberation. A summary of the participants' demographic characteristics can be found in Table 1. Each participant received an honorarium of \$125 per day (to a maximum of \$250) for their participation. Additionally, all expenses including travel, accommodation, and meals were remunerated.

This deliberation event received ethics approval from BC Cancer Agency Research Ethics Board, University of British Columbia and Simon Fraser University Research Ethics Boards. Ethics approval for the study presented in this thesis was granted by the Research Ethics Boards at the University of Guelph and University of British Columbia. A data sharing agreement was set up between the two universities that granted me access to the deliberation transcripts through a secure online research portal.

All participants consented to participating in the deliberation event, see the participant information package and consent form located in Appendix C. Following ethics protocol, all of the information and extracts presented in the Analysis have been anonymized to protect the

confidentiality of the participants. All participants and principal investigators have been assigned pseudonyms. The facilitator of the event is simply referred to as “the facilitator”.

Event Procedure

The deliberation event took place over a two-day weekend in May 2016. Prior to the event, each participant was sent a Citizen Brief (Wilson et al., 2016) and a link to a video titled “Cancer Dialogues” (Canadian Center for Applied Research in Cancer Control, 2016). The Citizen Brief is a thirty-page plain-language document that outlines key information and perspectives relevant to the deliberation topic. The brief introduces the three central questions that are the focus of the deliberation. These questions are as follows: 1) What should guide policy decisions about whether to fund new cancer drugs, or change the funding provided for existing cancer drugs? 2) What would make cancer drug funding decisions trustworthy? 3) How can we improve existing approaches to decision making about cancer drug funding? The brief also includes information on the current model for funding cancer drugs in Nova Scotia, a summary of the cancer drug approval process, a detailed explanation of the factors that make drug funding decisions challenging to make, and a glossary of key terms (For a sample of the brief see Wilson et al., 2016).

The “Cancer Dialogues” video (Canadian Center for Applied Research in Cancer Control, 2016) that was sent to participants was also shown on the first day of the event. This video was created specifically for this series of deliberation events. In this 22-minute long video, participants are introduced to four professional perspectives to consider during the deliberation. These perspectives include a health economist, the CEO of the Canadian Cancer Society for

British Columbia and Yukon, a surgical oncologist, and a medical oncologist. In addition to the video, two local presenters attended the event to speak with participants about the context and issues specific to Nova Scotia. The presenters were a local surgeon and medical director who spoke about his experiences providing care and working to shape health systems policy, and a cancer survivor who shared his experiences of living with cancer, navigating the health care system, and receiving treatment. After each presentation, participants engaged in a question and answer period with the presenters.

Throughout the event, participants moved between small-group discussions and large-group deliberations. A facilitator moderated each discussion. There were three small-group facilitators and one large-group facilitator. The large-group facilitator was a professional moderator who “worked closely with the research team throughout the project and has led numerous public engagement events in Canada and the US” (Bentley et al., 2017, p.11). Before the event, the large-group facilitator lead a training session for all of the small-group facilitators. Small-group facilitators were provided with a facilitator's guide to help them lead each of the discussions. Small-group facilitators were instructed to encourage open dialogue, and avoid having the participants draw conclusions (Bentley et al., 2018). Over the course of the weekend participants broke out into small-groups three times, and each small-group session lasted approximately one hour. The organizers randomly selected the groups prior to the event, and each contained eight participants. Bentley and colleagues (2018) explain that the purpose of the small-group discussions was to:

- i) provide a smaller forum to encourage less vocal speakers to participate; ii) model and establish deliberative norms, such as listening with respect, being open to others’

viewpoints, and seeking and providing clarity on positions; and iii) generate a broad range of perspectives on the topic of discussion (p. 3).

Unlike in the small-groups where participants were discouraged from drawing conclusions, the large-group sessions were focused on building collective recommendations for policymakers. The large group also provided a space for participants to share the perspectives that were discussed in the small groups. Finally, the large-group sessions were where all of the presentations took place, and where all practical and logistical information was given by the organizers (Bentley et al., 2018).

The event was audio recorded. Note takers were present during all of the small and large-group sessions to record the order of speakers to assist with the transcription process. A professional transcription company was hired to transcribe all of the audio recordings. Participants were instructed to begin each statement by stating their name. This practice was intended to assist with the note-taking and transcription processes. Note takers did not participate in the deliberation and were asked to remain silent while the deliberation was taking place.

Observers were also present at the event. The observers were instructed to remain silent and not participate in the discussion. During the large-group deliberations, observers sat around the periphery of the room, away from the participants. During the small-group sessions, they sat at the back of the breakout rooms and quietly observed the proceedings. Principal investigators also observed the deliberation from the periphery of the room. During the deliberation, they were sometimes called upon by the facilitator to relay information or assist with the formulation of recommendation statements.

Developing Recommendation Statements & Deliberative Voting

In the large-group deliberations, participants worked to collectively build recommendation statements for policymakers based on the discussions they had had in the small and large-groups. Bentley and colleagues (2017) explain that recommendation statements were developed in two different ways: either the facilitator helped participants propose questions or the principal investigators suggested statements to the group that they thought the relevant policymakers would find valuable. In both of these situations, participants had an opportunity to negotiate the wording of the recommendations. Bentley and colleagues (2017) note that the recommendation statements that were suggested by the principal investigators may have received less deliberation and input from participants than the participant lead recommendations.

Participants deliberatively voted on each of the recommendation statements. The deliberative voting took place using iClickers, a small electronic device that was given to each participant during the event. The iClicker technology automatically tallied each of the votes and displayed the results at the front of the room onto a projected screen. As mentioned in the Introduction, this voting process is both deliberative and iterative, it is embedded within the discussion (Moore & O'Doherty, 2014). Thus, this method of voting is not anonymous, and once the vote had taken place the facilitator asked those who disagreed with the statement to identify themselves and explain their reasons for doing so. In this way, the voting is a public action that allows participants to explicitly express their agreement or disagreement to the group. The results of the vote and the reasons given by those who voted against or abstained from voting were officially documented in the deliberative outputs.

Analytical Framework

During the deliberation, participants are responsible for weighing the validity of the arguments that are presented by their fellow deliberants (Moore & O'Doherty, 2014). The strength and validity of these arguments is situated in the social and historical context of the event itself (O'Doherty, 2017). O'Doherty (2017) explains that social processes, contemporary political debates, dominant discourses, and the popular values (such as religious or cultural values) of the time influence the outputs of deliberation. Thus, the arguments and opinions expressed during the event are understood to be historical objects, reflective of a particular place and time. Correspondingly, the purpose of this analysis is not to evaluate the quality of the various reasons and warrants that are made during the deliberation (Moore & O'Doherty, 2014). In my analysis of the deliberation transcripts, I do not consider whether a participant's argument is valid, or invalid, or whether the presented information substantiates their warrants. Instead, the focus of the analysis is to improve understanding of the features of the discourse that lead to the outputs of the deliberation. This decision was influenced by O'Doherty's (2017) argument that understanding the epistemic foundation of the outputs of deliberation, is an important aspect of analyzing deliberative data: "deliberative data must take into account the features of deliberative discourse that led to the production of collective statements by members of the deliberating group" (p. 13). To accomplish this, I utilize discourse analysis, from a discursive psychological orientation, and positioning theory to conduct my analysis of the deliberation transcripts.

The two sections that follow provide an outline of the theoretical and epistemological approaches that informed the current research project.

Discursive Psychology

Discursive psychology stands in opposition to cognitive psychological approaches to studying language use, which take internal psychological phenomena as their objects of study (Hepburn & Wiggins, 2005). Instead of examining individual and internal phenomena, discursive approaches analyze how language is used on the level of interaction, as a social phenomenon. Potter (1996) argues that when we conceptualize language use as internal, we negate the actions that are being accomplished through its use *in situ*, in the contexts and interactions where meaning and representations are produced. In the 1996 publication *Representing Reality: Discourse, Rhetoric and Social Construction*, Jonathan Potter develops an approach to analyzing descriptive and factual discourse that focuses on the epistemological orientation and action orientation of descriptions. He explains:

On the one hand, a description will be oriented to action. That is, it will be used to accomplish an action, and it can be analyzed to see how it is constructed to accomplish that action. On the other, a description will build its status as a factual version. For the most part, the concern is to produce descriptions which will be treated as *mere* descriptions, reports which *tell it how it is* (p.108).

Discursive psychology is not concerned with whether speech acts reflect the reality of internal cognitive processes or external events (Wetherell & Potter, 1992). The ‘truth’ or ‘reality’ of representations is understood to be produced through discursive description (Edwards, 1991; Potter, 1996; Potter & Wetherell 1987; Wetherell & Potter, 1992). According to Potter and Wetherell (1987), discourse analysis is concerned with how language is used by individuals to construct particular versions of the world. They write: “In a profound sense, accounts ‘construct’

reality” (p.34). These theorists utilize the verb ‘construct’ as it accounts for the active nature of language use. When an individual posits a description of an event, they must draw upon the reservoir of pre-existing resources of a particular language, such as words, phrases, and grammar (Potter & Wetherell, 1987). The selection of which resources to include, and exclude, requires the individual to make linguistic choices. Descriptions actively work to build up meanings and representations that construct the world in a particular way; therefore, representations are often referred to as being ‘worked up’ in discourse (Potter, 1992).

Discursive analysis recognizes that all interactions and speech acts are embedded within a historical context (Wetherell, 1998). The lexicon of terms that are used at a given time has been provided to speakers by history (Edley, 2001). According to Edley (2001), speakers are forced to make choices from the lexicon of their given culture and language about how to represent or construct objects and events. While these choices are active, they are also constrained by historical, linguistic, and cultural factors. The words, metaphors, or concepts that an individual may draw upon to describe or represent a given object will be influenced by the social and political context in which they live (Potter & Wetherell, 1987).

Potter and Wetherell (1987) argue that speech acts “do not just *describe* things; they *do* things. And being active they have social and political implications” (p.6). Discursive analysis seeks to reveal the actions that are accomplished through speech acts, such as accusing, defending, or persuading (Potter, 1996; Wetherell & Edley, 1997). Different descriptions of objects or events may influence individuals’ perspective on an issue, as well as the laws and regulations that govern a society. For example, Bradimore and Bauder (2011) find that news media representations of the seventy-six Tamil Refugees who arrived in British Columbia by

boat from Sri Lanka in 2009 provided the discursive background for the Refugee Reform Bill (Bill- C11) that was adopted by the Canadian government soon after the event. The authors argue that the discourse of risk-management perpetuated in the media may have influenced the political and policy responses that followed.

Discursive analysis has been criticized for lacking concrete practical and political applications, for operating on too much of a theoretical level, and failing to engage with the world outside of text and language (Cromby & Nightingale, 1999). Speers (2005), counters such criticism by arguing that "In order to improve practice 'in the world out there,' we need to begin by studying in detail that which we *already* do" (p.162). By studying how language is used in interaction, researchers can gain a deeper understanding of the way in which speech acts, such as refusals (see Kitzinger & Firth, 1999), are accomplished.

A study by Wilkinson and Kitzinger (2000) on how women living with breast cancer use the phrase 'thinking positive' highlights the practical importance of studying interaction from a discursive perspective. The researchers found that when patients talk about 'thinking positive' they are not simply reporting on a stable and internal cognitive process, as suggested by the psycho-oncology literature on coping. Instead, talk of positive thinking is produced in relation to cultural norms that support positivity as a morally desirable reaction to illness. In their analysis, the authors find that patients use the phrase 'thinking positive' as a conversational strategy to perform several different interactional actions, no single identifiable cognitive process explains its use. They argue that "[w]hen social scientists make the leap from decontextualized data snippets to diagnoses of "mental adjustments" or "coping strategies," they obscure the *social* function of talk and overlook its interactional role" (p.809). Taking a discursive approach to

understanding the actions that are accomplished through patients' talk may help those providing therapy and counseling to this population to better understand how talk of positive thinking is socially and normatively constructed within interactional contexts. Studying what we *already* do can help practitioners to improve their interactions with patients "in the world out there" (Speers, 2005, p.162).

This thesis draws on transcripts from a 2016 deliberation on priority setting for cancer drug funding and employs a discursive psychological framework to examine the production of deliberative outputs during several large group deliberation sessions. Throughout the analysis, discourse analysis is utilized to investigate the social processes occurring within the interactional context of the deliberation event. The analysis considers the role of subject positions, to gain a deeper understanding of why the descriptions and actions of some participants are more, or less, influential than others.

Positioning Theory

The concept of subject position emerged in contrast to the concept of 'roles' (Harré & Davies, 1990). While roles are understood as static, subject positions are fluid; speakers may change their positions, sometimes rapidly, throughout a conversation. Positioning theory provides a theory of social action where actors do more than cognitively respond to social stimuli but work actively to construct and engage with local moral beliefs, practices, and duties (Harré et al., 2009). Edley (2001) defines subject positions as locations within a conversation. They are understood to evolve throughout an interaction and exist in a situated relationship between the speaker and the audience (Törrönen, 2001). According to Harré and Van Langenhove (1999), it

is through the taking of different positions that a speaker's arguments and intentions are made intelligible.

In positioning theory, identities are conceptualized as constructs of discursive speech acts, and each identity is understood to bear specific set of rights and duties (Andreouli, 2010; Slocum-Bradley, 2010). Once an individual takes up a position, they perceive and experience the social and physical world from the perspective of that position. Positions may hold salient storylines, metaphors, or imagery that become relevant within a particular context (Davies & Harré, 1999).

Positioning theory has three central tenets: 1) Subjects hold moral positions that direct their rights and responsibilities to say and do certain things. These are based upon social, cultural, and historical factors. For example, holding the position of 'doctor' endows a person with rights/ authority (such as diagnosis), and responsibilities (i.e., non-maleficence). 2) The analysis of a speech-event must include an understanding of the conversational history, and a linear story-line sequence of interlocutions must be accounted for. 3) Speech-acts have the power to shape aspects of the social and physical world (Harré & Van Langenhove, 1999).

Positions and roles may be taken up intentionally or conferred onto another involuntarily, as in the case of public deliberation where actors find themselves prepositioned in the roles of 'principal investigator', 'facilitator', and 'participant'. Based upon the conditions of this prepositioning, those who are participants have certain subject positions available for use, as well as certain moral rights and duties conferred upon them. Participants may use their command of language as a tool to resist or negotiate the positions and identities ascribed to them by others, or by the context in which they find themselves prepositioned (Burr, 2002).

Lemen and Duveen (1999) have examined how some identities are endowed with more legitimacy than others based upon existing social hierarchies and culturally and socially embedded power dynamics, such as gender. The power differential between different positions has been noted by a few theorists, such as Törrönen (2001), who draws on Foucauldian conceptions of power to describe how positions are produced. Individuals and groups with greater social power or capital may be given greater entitlement to speak and more validation than those belonging to groups with less social power (Tan & Moghaddam, 1999).

In the following section, I will outline the small area of previous research that has used discursive and or positioning frameworks to study the social processes occurring within public deliberation.

Discursive Approaches to Deliberation

Few previous projects have employed this hermeneutical framework to investigate how participants position themselves within the discourse of public deliberation (O'Doherty & Davidson, 2010; Kerr et al., 2007; Sprain & Hughes, 2015). O'Doherty and Davidson (2010) use positioning theory to investigate the claims made by participants during a public deliberation event on biobanking governance. Most of the speech acts analyzed by the authors are interlocutions spoken by participants, though one example, used to illustrate conversational power dynamics, includes both participants and facilitators. In this example, the facilitator (Jack) interjects into a conversation being held in one of the small group sessions and uses his position to challenge one of the claims made by a participant (Faye). O'Doherty and Davidson (2010) explain that Jack's position

allows him to take charge of the conversation and direct it in ways it would not otherwise have followed by interjecting and challenging Faye. As a subject position, “facilitator” is not available to the other participants, and Jack’s use of that position to exert power over the development of the deliberation leads Faye to weaken her claim and re-negotiate the position from which that claim is made (p.235-236).

There is an inherent power differential between those who are part of the research team (principal investigators and facilitators) and participants; this institutional power allowed Jack to not only interject into the conversation but “puts his challenge in a very different context compared to challenges from any of the other participants towards each other” (O’Doherty & Davidson, 2010, p.236).

Sprain and Hughes (2015) examine how participants use personal life narratives to position themselves in various roles during a deliberative conversation. They note how participants use storytelling to employ expert positions to substantiate their arguments. The expert positions that are made available by sharing experiential knowledge are different from expert positions based on professional or scientific knowledge. Sharing personal narratives allows participants to position themselves as experts in their histories and life experiences (Sprain & Hughes, 2015).

Previous research has utilized positioning theory to analyze some of the social processes occurring within deliberation (O’Doherty & Davidson, 2010; Kerr et al., 2007; Sprain & Hughes, 2015), although, it is unknown how these social processes, and subject positions, influence the co-production of recommendation statements and the process of deliberative voting. The following analysis aims to address this gap in the literature.

ANALYSIS

The analysis is separated into two sections. In section one, I investigate the process of building recommendation statements. This is accomplished by tracing the development of one statement and analyzing deliberative pivot points (Walmsley, 2011) in the conversation. Walmsley (2011) describes deliberative ‘pivot points’ as pivotal moments in the conversation that “altered the balance of opinion in the room, allowing deliberation to move forward in a different way” (Walmsley, 2011, p.211). These pivot points give participants an opportunity “to either give up on a persistently argued point without losing face or seize the opportunity to reassert their core arguments with new force” (p. 215). In the analysis, I identify pivotal moments in the deliberation where participants successfully influenced the wording of the recommendation and instances in which participants were not successful in influencing the wording. Doing this allows me to identify and analyze how suggestions from individual participants influence, or not, the wording of the final recommendation. The first section closes with a discussion of how the participants voted on this recommendation.

In section two of the analysis, I identify how participants use deliberative voting as a communicative action to signal disagreement with various aspects of the recommendation statements. To do this, I analyze extracts from the post-vote reason giving exercises that accompanied each of the sixteen recommendations. Three different kinds of disagreements are presented using the categories of disagreement suggested by Moore and O'Doherty (2014). These types include actual disagreements, nuanced disagreements, and marginal disagreements. Extracts from the transcript are analyzed using a discursive orientation that focuses on the communicative action that is achieved by the vote.

Building a Recommendation

It is important to consider the context in which this large group session took place. This discussion occurred directly after an hour-long small group session that was focused on deliberation question one: *What should guide policy decisions about whether to fund new cancer drugs or change the funding provided for existing cancer drugs?* Small group facilitators were asked to present the following instructions to participants:

Imagine you are decision-makers, responsible for the cancer budget. The decision you make will affect the people in your province only. A fixed budget has been set aside to fund one treatment. The budget is not large enough to fund both of the treatments. The budget will only fund healthcare and cannot be used for research that may improve a patient's condition in the future. The total cost of the treatment includes all costs that are relevant to the decision.

In the first scenario, participants were asked to consider the trade-offs between costs and additional duration of life. In the second scenario, they were asked to consider the trade-offs between costs and additional quality of life. Each participant was given a quality of life scale as a reference guide. Finally, in the third scenario, participants were asked to consider the trade-offs regarding the appropriateness of continuing to fund a drug when the drug is not as effective as initially thought and a new drug is almost as good but less expensive. This final scenario introduces the issue of when decision-makers should decide to remove a drug from the formulary so that the money can be reinvested into the healthcare system.

Participants moved directly from these small group discussions to the large group deliberation that is being investigated in the first section of this analysis. These decision

scenarios, the information and values that they represent, and the trade-offs that they asked participants to make, provided a foundation for participants to develop collective recommendations in the subsequent large group deliberation.

The analysis examines six extracts in the order in which they appear in the transcript. This analysis traces how the recommendation is co-constructed by the participants, the principal investigators, and the facilitator using the presented extracts. The first extract (1.1) begins with the facilitator suggesting preliminary wording for the recommendation based on the conversation up until this point. The preliminary wording is as follows: “baseline criteria for funding any cancer drug should include quality of life, which should stay the same or be better; duration of life should be significantly better; and it should consider cost”. The final iteration of the recommendation can be seen in the last extract (1.5) and is as follows: “Baseline criteria for funding any cancer drug should include moderate improvements to at least one of quality of life, length of life, cost effectiveness”. A full transcript of this conversation can be found in Appendix A.

Extract 1.1

- 1 FACILITATOR : Okay. So baseline criteria for funding any – let's say cancer drug to be
 2 specific – any cancer drug should include quality of life, which should stay the same or be
 3 better; duration of life should be significantly better; and it should consider cost effectiveness.
 4 Yeah?
 5 ARJUN: So I'm just a little uncomfortable saying that like duration of life should be
 6 significantly better because of a drug really improves the quality of life, but it's -- you know,
 7 they both last five years. I think that a way to re-word this a little bit might be, baseline criteria
 8 for funding any cancer drug should include improvements to -- should include significant
 9 improvements to any of the following, and then list a few things.
 10 FACILITATOR : What do you think?
 11 MIRANDA : Are we being a little optim when we say "significantly"?
 12 MALE: Average or better.
 13 FACILITATOR : So what --
 14 MALE: Put "improvements" there.

15 FACILITATOR : Improvement.
 16 MIRANDA : To be realistic, I would say "moderate" as opposed to "significant".
 17 FACILITATOR : Moderate. Based on criteria for funding any cancer drug should include
 18 moderate improvements to at least -- to some of the following? To at least? To what?
 19 MIRANDA : To both. Am I correct?
 20 FACILITATOR : Well, we might have a longer list than just two.
 21 MIRANDA : Sure, okay.
 22 FACILITATOR : To some of the -- Oscar ?
 23 ARJUN: At least one.
 24 Based on criteria for funding any cancer drug should include
 25 moderate improvements to at least one out of the following: quality of life, length of life. And
 26 when we say "quality of life" we should put in brackets, "should stay the same or be better".

Two significant deliberative pivot points occur in this excerpt where the wording of the recommendation statement is moved forward in a new way. First, the strength of the recommendation statement is reduced from “significantly improved” to “moderately improved”. Second, the recommendation is reformatted into a list where improvements should be seen in “at least one of the following,” rather than requiring improvements be apparent in all listed areas.

The facilitator introduces the term “significantly” at the beginning of the excerpt as a qualifying criterion that should be used to help make decisions about whether a particular cancer drug should receive funding. Arjun disagrees with the facilitator’s criteria that duration of life be significantly improved, as this wording may privilege quantity of life above quality of life. Arjun argues that if a new drug has a significant positive impact on quality of life, but both the old and new drugs have the same effect on life expectancy than it would be worth funding that new drug. Arjun hedges this rewording suggestion with the phrase: “I think that a way to re-word this a little bit might be...” (line 7). By hedging his suggestion in this way, Arjun minimizes the impact that this "little" change in wording has on the overall meaning of the recommendation. This rewording would allow for funding to be allocated based on improvements to “any of the

following” criteria. The three criteria listed are now represented more equally in the recommendation; it is neither the case that improvements are necessary for all criteria nor that priority categorizes them.

Despite this hedging, Arjun directly suggests new wording for the recommendation based on his argument: “baseline criteria for funding any cancer drug should include improvements to - - should include significant improvements to any of the following, and then list a few things” (lines 8-9). Arjun’s suggestion for how the wording ought to be changed is clear and straightforward. Young (2000) argues that the norms of deliberation may privilege speech that is straightforward and literal, and that follows a clear path from premises to conclusion. In the first part of this speech act Arjun presents a challenge to the current wording of the statement, and then he follows this criticism with a direct recommendation for new wording. Straightforward assertions for how the wording should be changed may be more likely to be supported by the facilitator and influence the production of the recommendation. The phrasing suggested by Arjun in this passage is taken up and moved forward by the facilitator.

Miranda follows by challenging the facilitator and Arjun's use of the word “significantly”. Miranda's statement is phrased as a question: “Are we being a little optim when we say “significantly”?” (Line 11). The request to change the wording is made indirectly, through description, rather than explicitly. Potter (1996) explains that criticism is a sensitive action and is often done indirectly; this distances the speaker from being associated with negativity or criticism. By phrasing her request as a question and describing the wording as ‘optim,’ Miranda displaces attention from the criticism that is being made about the statement. After an unidentified male suggests “Average or better” (Line 12); and another male demands:

“put “improvement” there” (Line 14). Miranda suggests to change the wording from “significant” to “moderate” (Line 16). Unlike the two unidentified males who made direct proposals for the wording, Miranda begins her suggestion with the phrase “To be realistic” (Line 16). This description works to soften the directness of the request, by inferring that significant improvement is unrealistic.

The facilitator takes up Miranda's suggested word, “moderate” and integrates it into the recommendation (Line 18). When she asks what the moderate improvements ought to be toward, Miranda responds: “To both. Am I correct?” (Line 19). Again, Miranda poses her wording suggestion as a question, seeking approval or verification from the group. Asking the group whether the statement is correct, again distances Miranda from potential judgment or criticism. The act of framing wording suggestions as questions may also be indicative of the participant enacting the deliberative norms of consensus-seeking and respect for the views of other participants.

In this excerpt, Miranda is the only participant to orient her wording suggestions as questions. She is also the only female who participates in the discussion, aside from the facilitator. Mansbridge (1991) finds that in public meetings, female state legislators tend to “ask questions, while men state opinions and engage in confrontation” (cited in Young, 2000, p.39). Thus, gendered patterns of interaction may play a role in how participants phrase their suggestions to the group. Miranda and Arjun engage in different styles of communication, but both influence the wording of the recommendation.

The following extract occurs directly following Extract 1.1. In this second deliberative pivot point, Oscar's suggestion for how the wording of the statement should be changed is

unsuccessful. Following this rejection, the facilitator invites Oscar to vote against the recommendation.

Extract 1.2

- 1 FACILITATOR : At least one? At least one? Oscar ?
 2 OSCAR : So I would argue that -- and this is kind of what I posed in our group, that I'm not
 3 going to compromise on quality of life. Like that's not going down at all, whatsoever, period. I
 4 would argue the duration, it should improve, especially in the sense of cost effectiveness where
 5 these drugs are very expensive to research and bring to market and bring on-stream, and we
 6 want to make sure we're getting that value. There may be an opportunity cost associated with
 7 that, but we want to make sure that that opportunity cost is going to be justifiable.
 8 FACILITATOR : So is there other ways that we want to change this before we could actually
 9 vote on it? And we don't have to all agree to it. We can put some caveats in our votes and
 10 whatnot.

Extract 1.2 shows Oscar disagreeing with the wording suggested by the facilitator on line 1: “At least one”. He states: “I'm not going to compromise on quality of life” (Lines 2-3). Oscar adds emphasis to his position: “Like that's not going down at all, whatsoever, period” (Lines 3-4).

This description of Oscar’s unwillingness to compromise on the quality of life uses an extreme-case formulation (Pomerantz, 1986; Potter, 1996, p.187), which is a common descriptive practice in argumentation (Potter, 1996). Oscar's use of the extreme-case formulation “at all, whatsoever, period” works to persuasively strengthen his position that quality of life should not be compromised. The descriptive terms used here work to maximize the value of quality of life, making this criterion appear to be extremely important while simultaneously minimizing the importance of both duration of life and cost.

Hall (2007) warns that norms of deliberation may “privilege rational discussion over more emotional forms of communication” (p.83). If individuals who make statements using emotive language and extreme-case formulations are perceived as communicating in ways that

challenge the norms of deliberative conversation, calm and rational objectivity (Sanders, 1997; Young, 2000), then they may be less likely to influence the collective process of writing recommendations. Additionally, Oscar's description does not include a direct suggestion for how the wording of the recommendation should be changed to reflect his position, and in the end, Oscar's description does not impact the wording of the recommendation.

In response to this perspective, the facilitator says that the participants do not all have to agree with the statement: "We can put some caveats in our votes and whatnot" (Line 10-11). Suggesting that caveats can be put into the votes is an indirect way for the facilitator to reject the proposal of changing the statement, while still acknowledging the concern. This action works to extinguish a line of inquiry that only appears to be the concern of a single participant. She validates Oscar's dissatisfaction by inviting him to vote against the statement, and include a caveat documenting his reason for disagreeing. Thus, Oscar's extreme-case formulation and proceeding argument did not lead to further modification of the recommendation, but rather to the facilitator's invitation to a dissenting vote.

The third extract represents the third deliberative pivot point in the crafting of this recommendation. In this section of the transcript, Hua's suggestion does not successfully influence the recommendation. The facilitator orients to the principal investigator (PI), Barry, bringing his perspective into the conversation, and this leads to Hua yielding her argument. This section of text begins three lines after the end of extract 1.2.

Extract 1.3

- 1 HUA: I hate to point this out, but what we have a drug that can improve the quality of life
- 2 but not going to gave you any longer lifetime? Like that's kind of like if you have to choose
- 3 one, at least. So in that case, the quality of life would improve, but do we need to say that all

- 4 the other criterias cannot be worse or are we okay with less longer -- you know, like a shorter
 5 time but have better life?
 6 FACILITATOR : Well, what if I put that in there? What would you guys think if we said,
 7 baseline criteria for funding any cancer drugs should include moderate improvements to at
 8 least one of the following: quality of life should be at least the same or better; length of life;
 9 cost effectiveness. And we could say, and we understand that this means -- or we could word
 10 it in a nice way, but "with the understanding that quantity of life may be...." Oh, how can we
 11 word that PIs? Do we have one --
 12 BARRY (PI): I think we already have it there.
 13 FACILITATOR : Do you think we have it in there?
 14 BARRY (PI): I think that covers it.
 15 FACILITATOR : Do you think it covers it? Yeah.

Hua raises the concern that this new wording of the recommendation only requires that new drugs improve on one criterion, and may be worse on either or both of the other criteria. Hua presents a hypothetical situation in which a new drug has the potential to improve quality but not the duration of life. She raises the concern that the recommendation, as it is presently worded, may allow for a drug to be brought to the market that improves on one criterion but is worse on another. Hua poses a question to the group: "So in that case, the quality of life would improve, but do we need to say that all the other criterias cannot be worse or are we okay with less longer -- you know, like a shorter time but have better life?" (Lines 3-5).

None of the other participants respond to Hua's questions. The facilitator attempts to integrate this concern into the recommendation and explicitly orients to the principal investigators: "how can we word that PIs?" (Line 11). By bringing a PI into the conversation, the facilitator introduces a new element into the co-production of the recommendation. Barry's response, "I think we already have it there" (Line 12), works to invalidate the significance of Hua's statement. His response suggests that Hua's concern is already captured in the present wording of the recommendation, and thus that no further changes are required.

The facilitator positions herself as supporting Barry's assessment, by reiterating his exact words. The facilitator's response: "Do you think it covers it? Yeah" (Line 15), works to position her as neutral. By reiterating Barry's statement verbatim, the facilitator is not making a claim herself, but simply relaying it from the PI (Potter, 1996); she positions herself as supporting the statement without having to take responsibility for this action. This may be because the category entitlement associated with Barry's position as PI affords him the privilege to not be challenged on his statements (Potter, 1996). Those in the role of PI are positioned as 'experts', and the institutional power associated with Barry's position as a PI puts his assessments of the relevance of claims in a privileged position, above both facilitators and participants (See O'Doherty & Davidson, 2010). Barry ended Hua's line of inquiry without explaining how her concern was already captured in the wording. Unlike the participants, he was not asked to substantiate his claim with reasons. Simply stating: "I think that covers it" (Line 14), ended the facilitator's attempt to work this statement into the recommendation. The position of facilitator does not carry the same 'expert' status that the position of PI does, thus working up an account that challenges Barry on this issue may be difficult for the facilitator to accomplish. Following this encounter, the facilitator forgoes incorporating these wording changes, effectively accepting Barry's statement that Hua's statement is already represented in the recommendation. However, as will be discussed below, the voting process demonstrated that Hua did not share this interpretation.

Extract 1.4 begins shortly after the close of Extract 1.3. The participants continue negotiating the wording of the recommendation. In this fourth deliberative pivot point, several of

the participants successfully argue to remove the phrase “at least one of” from the recommendation.

Extract 1.4

- 1 ARJUN: I would personally vote against this, just because I think that saying quality of life
 2 should stay the same or better, that's the only reason I would personally vote against it. Just
 3 because I think that -- I mean, yeah, that's something we agree is important to us. However,
 4 we, on the first day, saw a video where someone chose a length of life over quality of life, and
 5 I think that --
- 6 FACILITATOR : But what if we -- but if we say at least one of, couldn't they pick this one
 7 instead of that one?
- 8 ARJUN: But putting in "should stay the same or be better" almost implies that it supersedes
 9 the "at least one of".
- 10 DANIEL : Because it could go from like a 70 down to a 68, and that would preclude this, and
 11 there's really no difference, right?
- 12 FACILITATOR : Okay.
- 13 DANIEL : So I think we got to -- we have to address that.
- 14 MATEO: When we say it stayed the same, it stayed the same and (inaudible) because the
 15 new drugs are suppose to improve, not stay the same. If something stay the same, it don't
 16 change. So why should I go to a new drug and stay the same, it's the same. The same is no
 17 good. It should be better.

Similar to the conversation presented above in extract 1.1, the participants continue to deliberate about the use and meaning of the term “improvement”. Arjun says that he would vote against the recommendation as it is currently written. He constructs his small group as being in general agreement that quality of life is the most important criterion. He also argues that the recommendation is not inclusive enough to be applied to the general population, and calls for alternative values to also be considered. He says: “that's something we agree is important to us. However, we, on the first day, saw a video where someone chose a length of life over quality of life” (Lines 3-5). Arjun's statement “we agree is important to us” constructs the group as having come to the consensus that quality of life is more important than quantity of life. Arjun brings up the example of the woman discussed in the “Cancer Dialogues” video on day one, who had

decided to continue pursuing aggressive cancer treatments with the hope of improving her quantity of life, even though it considerably decreased her quality of life. This statement works to challenge the value of the small group’s consensus on the importance of quality of life over other criteria.

Daniel and Mateo also disagree with the statement “should stay the same or better”. Daniel builds on Arjun’s argument, stating that “It [quality of life] could go down from like a 70 to a 68, and that would preclude this, and there's really no difference, right?” (Lines 10 & 11). By presenting a hypothetical situation in which there is minimal improvement in the quality of life, and asserting there is “really no difference,” small decreases in quality of life are constructed as inconsequential. This description works to minimize patient impact, and validate the position that improving quality of life may not always take precedence over quantity and cost.

Following this conversation, the facilitator removes the phrase “should stay the same or better” from the recommendation.

Extract 1.5 occurs very shortly after the previous extract ends. The facilitator has just removed the phrase “should stay the same or better” and is in the process of moving the participants toward the vote. In this fifth deliberative pivot point, Lillian's attempt to have cost-effectiveness removed from the recommendation statement is unsuccessful.

Extract 1.5

- 1 FACILITATOR : Let's take it out.
- 2 Based on criteria for funding any cancer drug should include
- 3 moderate improvements to at least one of quality of life, length of life, cost effectiveness. Can
- 4 we vote on that?
- 5 LILLIAN: No.
- 6 FACILITATOR : Why? Lillian, why?
- 7 LILLIAN: I don't like the idea of at least one of quality of life, length of life, cost
- 8 effectiveness, because I'm going to go as the pharmaceutical company cost effectiveness,

- 9 because I've got the option of one of three. I'm going to say -- I'm going to do the cheap one.
10 FACILITATOR : And you don't like that or you do like that?
11 LILLIAN: No, it's got to be -- we can't give them an out saying, "Well, you said I could have
12 cost effectiveness when it comes to the manufacturing part of it."
13 FACILITATOR : Okay.
14 LILLIAN: So, we can't go for everything, so we have to go for the two most important is
15 quality of life, length of life. Of those two most important, quality of life is the most, because
16 you can live a long time suffering or you could live a short time good.
17 FACILITATOR : Okay, I hear yeah.
18 LILLIAN: Yeah, we're opening ourselves up a can of worms, I think

The facilitator asks if the group is ready to vote on this recommendation, Lillian responds “No” (line 5). Lillian argues that the wording “at least one of” is not specific enough, but she does not make an explicit recommendation for how the wording should be changed. Instead, Lillian constructs a quote from a hypothetical pharmaceutical company to work up a representation of pharmaceutical companies as untrustworthy and economically motivated. She says: “I’m going to go as the pharmaceutical company cost-effectiveness, because I’ve got the option of one of three. I’m going to say – I’m going to do the cheap one” (Lines 8 & 9). Lillian’s portrayal of these companies as untrustworthy is done indirectly. By using the voice of a hypothetical employee Lillian presents these companies as more concerned with saving money than saving lives, she says “I’m going to do the cheap one” (lines 9-10). By using active voicing (Potter, 1996) as a rhetorical device, Lillian justifies the claim that the recommendation requires greater specificity. The argument that pharmaceutical companies are untrustworthy is not presented as a personal opinion, but rather as an objective assessment of the presented pharmaceutical representative’s statement. Using active voicing, allows Lillian to position herself as a neutral while portraying a critical image of pharmaceutical companies.

Lillian's statement "we can't go for everything, so we have to go for the two most important is quality of life, length of life" (Lines 15 & 16), implies that cost-effectiveness should be removed from the recommendation. However, this request is never explicitly stated. Unlike some of the other participants, Lillian does not make a direct suggestion for how the wording should be changed to address her concerns. Sanders (1997) and Young (2000) argue that deliberative speech that follows a more circuitous logic or takes the form of storytelling may be less influential than straightforward assertions. This is evident in the case of Lillian, as the indirect rhetorical strategies that are used here fail to influence the wording of the recommendation effectively.

O'Doherty (2013) argues that the participants, facilitators, and principal investigators all participate in the deliberative process. Thus, the outputs that result from the event are a reflection of the way the issues are framed, the facilitation of the conversation, and the values and opinions of each of the individuals who participate. Together, these factors produce the outputs of the deliberation. This excerpt illustrates how the facilitator is a co-producer of the recommendation statements. As noted earlier (see introduction): "[t]he facilitator is both part of the structure within which deliberation is supposed to emerge, and self-evidently a participant in the actual discourse itself" (Moore, 2012, p.147). Even though the facilitator is supposed to be neutral, and follow the discursive direction that is set out by the participants, they are in charge of how the recommendation is worded. Therefore, they are in a key position to accept or reject wording proposed by participants, and statements by participants need to be rhetorically organized not only to convince the other participants but also the facilitator.

The text in the following extract (1.6) follows very shortly after the conversation in the previous section. In this final deliberative pivot point, Georgia argues to invalidate Lillian's concern, and the group moves to vote on this statement.

Extract 1.6

1 GEORGIA: Georgia. But this is something for the policy makers to consider.
 2 FACILITATOR : Yes.
 3 GEORGIA: Does the pharmaceutical representative part of the policy maker?
 4 FACILITATOR : No, these are for the policy folks. Like Marvin? Yeah.
 5 GEORGIA: So therefore, you know --
 6 FACILITATOR : Maybe we don't have to --
 7 GEORGIA: As it stands, should be valid.
 8 FACILITATOR : Right. But I mean part of the -- if we did -- if some of us did want to vote
 9 no for it, just because of the issue that Lillian is speaking about, just to make it super clear,
 10 remember that our votes at the end of the day, it's not really the votes that matter. It's the
 11 recommendation that matters, right?
 12 So if that's a way of you getting some of the concerns of some
 13 people in there, then that's okay to do, right? Because we don't need everybody to vote the
 14 same. I don't know.
 15 Could we vote on this now? I think we've
 16 -- or Marvin, did you want to say something?
 17 MARVIN (PI): No.
 18 FACILITATOR : Could we vote on this one? Okay, let's vote on it and see what happens.
 19 I'm going to just read it again. So, baseline criteria for funding any cancer drug should include
 20 moderate improvements to at least one of quality of life, length of life, cost effectiveness.

Georgia challenges the foundation of Lillian's argument to show that these concerns are unwarranted in this context. The breakdown is as follows: If these recommendations are only going to policymakers, and pharmaceutical representatives are not policymakers, then these recommendations are not going to pharmaceutical representatives. This line of questioning works to position Lillian's concern as invalid. Georgia uses this conclusion to reject Lillian's concern that pharmaceutical representatives will use this recommendation to privilege economic factors over the quality and or quantity of life of patients. Georgia, speaking about the recommendation,

states: “As it stands, should be valid” (Line 7). Georgia's dismissal of Lillian's position works to validate the current formulation of the recommendation and move along the voting process.

The facilitator's call to vote is preceded by a description of the purpose of the voting process, in which she reminds participants that the process can help to document and clarify areas of persistent disagreement. This description works to soften the importance of the voting process; she says “it's not really the votes that matter” (Line 10). This helps to move the process along despite the apparent lack of consensus in the group.

Additionally, the facilitator checks in with Marvin, one of the principal investigators, to make sure that he has nothing to add to the conversation. She says: “Could we vote on this now? I think we've -- or Marvin, did you want to say something?” (Lines 15 & 16). Marvin replies: “No” (Line 17). This appeal to Marvin's position of authority, and his validation that nothing is missing from the recommendation, leads to the close of the conversation and the group finally votes on the recommendation: “baseline criteria for funding any cancer drug should include moderate improvements to at least one of quality of life, length of life, cost effectiveness” (Lines 19 & 20).

Through this first section of the analysis, I have shown how some participants may be more influential than others when building collective recommendations in public deliberations. In this context, participants who made direct wording suggestions and used rhetorical tools such as indirect criticism influenced the wording of the recommendation. Participants who used extreme case-formulations and active voicing did not have their contributions supported by the group and integrated into the final recommendation. These results support previous arguments that those who engage in speech acts that follow deliberative norms may dominate over those

who do not. These norms include displays of calm rationality, direct assertions, and ways of speaking that are associated with higher education and social privilege (Young, 2000; Sanders, 1997; Hall, 2007). This analysis indicates that these forms of communication were more likely to influence the wording of the recommendation statement.

Voting on the Recommendation

The results of this vote were as follows: twenty participants voted yes, two voted no, and two abstained. The two participants who voted no were Lillian and Oscar. The two who abstained were Hua and Thomas. Each of these participants was asked to provide a reason for voting the way that they did.

Lillian, Oscar, and Hua's reasoning for why they voted against the recommendation linked back to the arguments that they had made during the deliberation that had not led to a change in the wording of the recommendation. Each represented an area of disagreement with the recommendation. Lillian explains that her reason for voting against the recommendation was the same reason that she gave to prevent the vote from occurring in extract 1.4; she distrusts the motivations of pharmaceutical representatives. Lillian was concerned that the phrasing "at least one of" and then listing three criteria (quality of life, length of life, and cost-effectiveness) would give pharmaceutical companies a framework to privilege cost effectiveness over patient welfare.

When asked why she voted no, Lillian articulated "I want to see the cost effectiveness spelled out". Georgia's argument that these recommendations would not be going to pharmaceutical representatives did not work to change Lillian's position on the issue.

In the post-vote reporting, Oscar gave two main reasons for his ‘no’ vote: “I feel cost effectiveness should be a caveat” and “I feel that the language about having improvements to at least one of, it puts it out of bounds”. Similar to Lillian, Oscar was dissatisfied with the language “at least one of”. This was a view that Oscar had also articulated earlier in the deliberation when he said: “I’m not going to compromise on quality of life” (Extract 1.2, Lines 10-11). There is disagreement between Oscar's position that quality of life should be paramount and the wording of the final recommendation that lists the three criteria equally.

Hua's primary reason for abstaining was that the recommendation does not include a definite measure that could help policymakers make tradeoffs between quality of life, quantity of life, and cost-effectiveness. Hua says: “I think my concern would be like if we agree that we have improvement in one of those -- one of those criterias, like we should probably set another baseline, like how far we're willing to sacrifice the other two, if we're sacrificing those two. I feel like that's kind of lacking in this, so that's why I didn't agree with that”. This reasoning is in line with the argument that she made in the third extract presented (1.3). There was disagreement between Hua’s concern about setting baselines and Barry’s insistence that her concern had already been captured in the wording of the recommendation.

In addition to documenting the views of those who participated in the development of the recommendation, but did not have their contributions reflected in the final wording, voting allows participants who are not ready to commit to the statement the ability to have this position documented. Of the four participants who did not vote ‘yes,’ Thomas was the least vocal in the preceding conversation. When asked to explain why he abstained, Thomas describes himself as uncertain. He said: “I am having a difficulties wrapping my mind about even those three things:

quality of life, length of life and cost effectiveness”. He did not explicitly disagree with the recommendation, but reports “difficulty” weighing these three criteria together, and thus choose to abstain from voting on this recommendation. The ‘abstain’ vote allows Thomas to maintain, and document, his lack of certainty.

These findings provide empirical support for the argument made by Moore and O’Doherty (2014) about the importance of voting in public deliberations. The preceding analysis finds that deliberative voting ensures that dissenting views are documented, particularly those whose arguments did not influence the wording of the recommendation. Additionally, voting allows participants who are not prepared to commit to a particular statement the opportunity to have their positions documented.

The following section examines how participants use the process of deliberative voting to express disagreement with the recommendation statements, by examining the discourse in the post-vote reason giving exercises across the two days of the deliberation event.

Signaling Disagreement with Deliberative Voting

In this second analysis section, I investigate how participants use the process of deliberative voting as a communicative action to signal disagreement. Participants made a total of 16 recommendations during the deliberation. Of these, five received consensus votes. Two of the recommendations received a majority ‘no’ vote. In both of these instances, the facilitator did not ask those who had voted for or against the recommendation to explain their reasons for doing so, only those who abstained were asked to give their reasons. The full list of recommendation statements made at this event is located in Appendix B.

Moore and O'Doherty (2014) suggest that the process of deliberative voting provides participants with an opportunity to insert alternative articulations and nuanced details into the recommendation statements. Thus, it is not merely a process of capturing dichotomous 'yes' and 'no' responses. The authors outline three types of articulations that participants might offer when asked why they abstained from voting or voted against statements. In the first type of disagreement, dissenting votes reflect what the authors call "actual disagreement" (p.316). These actual disagreements are based on fundamental value differences that were not overcome, despite the participants and the facilitator's efforts to find common ground. The second type of disagreement occurs when participants suggest "a more nuanced expression of the statement" (p.316). For example, when participants seek clarification of particular details to increase the precision of the wording used in the statement. The authors posit that these nuanced articulations may easily be incorporated into a subsequent version of the statement that could then be voted on. Finally, the third category of dissent suggested by Moore and O'Doherty (2014), occurs when "the dissent takes the form of a qualification that cannot easily be incorporated into the statement, but also does not constitute actual disagreement with the proposed collective statement" (p. 316). The authors argue that in these instances the proposed qualification could be incorporated alongside the statement as an addendum. This final type of disagreement falls between the first and second categories; while it does not explicitly represent an actual disagreement, it is also not easily incorporated into the statement. Thus, for this analysis, this final type of disagreement will be called "marginal disagreement."

In the following analysis, I use the three categories outlined by Moore and O'Doherty (2014) as a framework to examine how participants in this deliberation use the process of

deliberative voting as a communicative action. I will first analyze how participants used ‘no’ votes and abstentions to signal actual disagreement with recommendation statements. Following this, I will investigate how participants used deliberative voting to signal disagreement with nuanced details of the statement. In these instances, the participants do not articulate actual disagreement with the statement itself, rather, they advocate for increased specificity. In the third and final section I will present extracts in which participants' expressions of dissent represent perspectives that are neither actual disagreement, nor can they easily be incorporated into the recommendation statement. Each extract is drawn from the discussion that occurred in the post-vote reason giving periods that accompanied each deliberative voting session across the two days of the event.

Actual Disagreement

When participants were asked to justify their reasons for voting against recommendation statements, most indicated actual disagreements with the content of the statement. In section one of the analysis, the participants Lillian and Oscar voted against the recommendation statement and in the post-vote reason giving period each re-articulated arguments that they had made earlier in the discussion that had not influenced the final wording. These participants reported substantive reasons for disagreeing with the content of the recommendation.

In the first extract, Lillian articulates her persistent disagreement with recommendation 10, which states: “Processes used to make drug funding decisions should be transparent, so the public understands how decisions are made and who is making them.” Lillian is asked to explain why she voted against the recommendation.

Excerpt 2.1

- 1 LILLIAN: Lillian. Myself as part of the public, I would not understand how the decision is
 2 made. I wouldn't understand.
 3 FACILITATOR: Okay.
 4 LILLIAN: It's just that I'm not qualified. That's why I have the hope that the committee
 5 themselves, who are qualified medical professional, whatever, makes up the whole committee,
 6 they're going to make the decision in my best interest.
 7 FACILITATOR: Okay. So, in other words, just to make sure I'm understanding what you're
 8 saying: Look, you can make this transparent, but I'm not necessarily going to be able to
 9 understand.
 10 LILLIAN: I'm just a layman, I don't understand what you're making, as long as whatever
 11 decision you're making is going to be in my best interest.
 12 FACILITATOR: Right.
 13 LILLIAN: I leave it up to you.

In Lillian's explanation of why she chose to vote against the recommendation, she describes herself as unqualified to understand how drug funding decisions are made. In the excerpt, Lillian describes herself as "part of the public" (line 1) and as a "layman" (line 10). These descriptions work to position Lillian as passive and unqualified; she says "I would not understand how the decision is made" (lines 1-2). Lillian contrasts her position of being an unqualified "layman" with a description of committee members as "qualified medical professional[s]" (line 5). Committee members are described as being responsible for making decisions for the public; she says: "I leave it up to you" (line 11).

In addition to positioning committee members as responsible for decision making, Lillian describes this group as responsible for working in the best interest of the public. Lillian repeats this phrase twice in her description: "in my best interest" (lines 6 & 11). Lillian's description works to characterize committee members as well-intentioned experts. This creates a sharp dichotomy between her positioning as a person who is passive and unqualified. Thus

understanding how drug funding decisions are made is constructed as the jurisdiction of experts, and not the general public.

In this extract, the facilitator works to clarify Lillian's argument by translating the argument into her own words and repeating it back to Lillian for verification. The facilitator says: "So, in other words, just to make sure I'm understanding what you're saying: Look, you can make this transparent, but I'm not necessarily going to be able to understand" (Lines 7-9). According to Landwehr (2014) the role of the facilitator is to ensure that a plurality of views are expressed and considered. When the facilitator helps the participants to articulate their justifications for their votes clearly, it works to ensure that the participants' dissenting views are accurately documented in the deliberative outputs.

Voting against this recommendation allowed Lillian have her reasons for disagreeing heard by the group of deliberants. Voting in this way also ensured that her position was officially documented alongside the recommendation statement in the deliberative outputs.

Arjun's vote against recommendation 14 also signals actual disagreement with the statement. This recommendation declares: "How cancer drugs are administered should not restrict whether funding is provided for them, whether that be in the hospital or in the community". When Arjun is asked why he voted against this statement he explains:

Extract 2.2

- 1 ARJUN: Yeah, I just think that if it is provided in a hospital, in some cases funding should be
- 2 restricted if funding is limited and there's an option to deliver in the community.
- 3 FACILITATOR: And preferential treatment should be given to the ones that could be
- 4 delivered in a community just so we can hit a wider --

5 ARJUN: Exactly. Because the ones that are delivered in the community could be delivered in
6 both community and the hospital. Yeah.

Arjun disagrees with the recommendation; he argues that "in some cases funding should be restricted if funding is limited and there's an option to deliver in the community" (lines 1-2). The potential restrictions that he describes would aim to limit funding for drugs that can only be delivered in the hospital, to prioritize funding for those drugs that could be administered in the community, with the goal of improving access. The facilitator furthers this description by adding: "preferential treatment should be given to the ones that could be delivered in a community" (lines 3-4), and Arjun agrees, "exactly" (line 5).

In this extract, Arjun's vote against the recommendation is based on a persistent disagreement about how funding decisions may be influenced by a drug's delivery method. He argues that in some circumstances funding should be restricted for drugs that can only be administered in hospitals. This works to present accessibility as more important than providing patients and healthcare providers with a choice about which drugs to use. Abstaining from voting on this recommendation allows Arjun to have his concerns about the scope of this statement heard by the group, and also represented in the deliberative outputs.

The third extract examines how Sam uses the reason giving period to articulate his disagreement with recommendation seven. Sam was the only participant to vote against this recommendation: "Evidence of effectiveness must be based on full disclosure to the regulator of clinical trial sample characteristics, full datasets, and it should be peer reviewed."

Extract 2.3

- 1 FACILITATOR: Okay, yeah. Why no?
 2 SAM: I wouldn't want this recommendation to stand in the way of a pharmaceutical company
 3 potentially bringing a promising drug to market.
 4 FACILITATOR: Okay. I think that's a really good -- that's a really important to put in here.
 5 That we understand that there's a tradeoff and that some of us are like no, I'm not going to
 6 make that tradeoff. Okay.

Sam states that his reason for voting 'no' is that he would not want this recommendation to “stand in the way of a pharmaceutical company potentially bringing a promising drug to market” (lines 2-3). Sam’s description of the potential for regulation and mandatory reporting to impede pharmaceutical companies bringing drugs to market portrays the process of full disclosure as an impediment to medical progress. This description works to construct a dichotomy between regulation and progress. Sam’s ‘no’ vote signals his preference for getting drugs to market over full disclosure to a regulator. This dissenting vote is based on a persistent disagreement between these two elements. The facilitator draws attention to this when she says “we understand that there's a tradeoff and that some of us are like no, I'm not going to make that tradeoff” (lines 5-6).

Similar to extract 2.1, the facilitator validates Sam’s dissenting view and supports the documentation of this perspective as an addendum to the recommendation statement. She says: “that's a really important to put in here” (line 4). The facilitator calls Sam’s articulation both “good” and “important”, and verifies that it will be “put in” to the outputs alongside the recommendation. These statements encourage participants to express views that may be counter to the majority perspective. This works to support a balanced and inclusive environment that allows for equal participation (Landwehr, 2014).

In the fourth extract, an unidentified male (his name was not able to be determined by the transcriptionist) explains the reason why he abstained from voting on recommendation six: "The most important criteria to consider when funding cancer drugs is...". This recommendation is different from the others in that instead of choosing between the options 'yes,' 'no,' and 'abstain' the participants are asked to choose between: "aid quality of life," "length of life," "cost-effectiveness," or "abstain." Four participants abstained from voting on this recommendation.

Extract 2.4

- 1 MALE: Because I think the criteria missing from this list including sort of what section of the
 2 population is affected, is -- you know, like is this going to solve a problem for a marginalized
 3 group or is this drug going to improve access for a marginalized or under-served community,
 4 or a remote community, or a northern community. So I think those things to me were also
 5 something that we're missing from the discussion, so.

This participant explains that his reason for abstaining from voting on this recommendation is because there are "criteria missing from this list" (line 1). The recommendation is criticized for not considering factors such as whether this drug "is going to solve a problem for a marginalized group" (lines 2-3) or whether the drug can "improve access" (line 3). The participant then lists three examples of communities where improving access is presented as a priority: "a marginalized or under-served community, or a remote community, or a northern community" (lines 3-4). Jefferson (1990) finds that in everyday speech, lists are often delivered in three parts. Potter (1996) explains that this structure might have a normative or conventional status, and three-part lists are "frequently used to summarize some general class of things" (p.196). Drawing attention to various kinds of marginalized communities works to present these communities as abundant, and as a priority, thereby supporting the view that these populations ought to be

considered in the recommendation. Together, these descriptions work to present the recommendation statement as negligent for ignoring issues related to improving accessibility for those who live in marginalized communities.

Many of the participants who voted against statements, or abstained from voting, expressed actual disagreements in the post-vote reason giving discussions. These discussions allowed participants an opportunity to articulate their disagreements with the rest of the deliberants. Additionally, expressing actual disagreements gave participants with minority views an opportunity to have these views represented in the deliberative outputs. This works to preserve the discursive diversity of the deliberation. It is also interesting to note how the facilitator influenced this process. The facilitator provided supportive statements that worked to validate the participants' dissenting views as valuable and worth including in the deliberative outputs.

Nuanced Disagreement

In this section, I will investigate how participants used deliberative voting to signal nuanced disagreement with particular details of the recommendation statements. As described above, these participants do not articulate actual disagreement with the statements; instead, they advocate for increased specificity of the wording and particular details to be included in the statements.

The following extract shows how Hua used the 'no' vote to signal disagreement about the scope of recommendation statement 15. Hua does not necessarily fundamentally disagree with the direction of the statement; rather, her vote indicates that the wording of the statement is too

narrow and should be broader to include a greater population. In the following extract, Hua explains why she voted against recommendation 15: "Priority should be given to cancer drugs that improve access to treatments where access is poor." This statement received eighteen 'yes' votes, and six 'no' votes.

Extract 2.5

- 1 HUA: I kinda, like, already stressed my point. Basically I think as long as it's improve -- well,
- 2 assuming the two drugs are -- all the other factors are the same, then I think as long as it is
- 3 improved the access to treatment for any patient, I think we should take priority for it, not just
- 4 only consider when the access is currently poor.

Hua explains that she voted against this recommendation because she disagreed with the phrase at the end of the statement: "where access is currently poor." She argues that if the drug "improved the access to treatment for any patient, I think we should take priority for it" (line 3). Hua's description works to construct the recommendation statement as too narrow, and she says that access should be improved broadly, "not just only consider when the access is currently poor" (line 4). Hua voted against the statement because the wording was too restrictive, the argument that she presents is that the recommendation should be broadened to include improvement for "any patient."

If one were only to look at the results of the vote, and not the reason-giving that follows, it would appear that Hua disagrees that access should be improved. However, when we look at the descriptions given by participants to explain their votes, we see precisely the contrary. Hua voted against the statement because the description of 'improved access' in the recommendation was too restrictive, she wanted access to improve for all patients, not just those for whom access

is currently poor. This 'no' does not indicate an actual disagreement with the statement; rather it works to add greater specificity to the recommendation, by indicating to whom specifically improved access to treatment should be targeted ("any patient").

In the next extract, Janet describes why she abstained from voting on recommendation 11: "Trustworthy drug funding decisions should not require patient members on their committees." This vote was split between nine 'yes,' 14 'no,' and one abstention. The facilitator did not ask those who had voted for or against the recommendation to explain their reasons, only the participant who abstained was asked to state her reason for doing so.

Extract 2.6

1 JANET: I abstained because I had the same problem in our group. I'm kind of on the fence of
 2 whether -- I think definitely survivors should be included but I don't know if a current patient is
 3 in the mental state to make the decisions. And I think that's where I'm coming from. I
 4 definitely think survivors should be included. But I don't know if a current patient would be in
 5 the right mental state to make that type of decision.

Janet describes herself as abstaining because she is "on the fence" (line 1) about whether or not she agrees with the recommendation. Although Janet thinks that cancer "survivors should be included" (line 2) on drug funding committees, she says she does not know if "a current patient would be in the right mental state to make that type of decision" (lines 4-5). Janet's reference to the "mental state" (used twice) of current patients is a description that is used to justify patients' inability to make decisions about funding for cancer drugs. This description works to minimize the decision-making capacity of people who are currently experiencing cancer. Her description avoids any direct reference to a particular kind of "mental state" that would warrant them unable to make important decisions. Simultaneously, Janet works up a representation of former patients

that maximizes their value and faculties. Former patients are referred to here as "survivors" who should "definitely" be included in decision making: "I definitely think survivors should be included" (used twice, lines 2 & 4).

Janet abstained from voting on this recommendation because the wording "patient members" did not provide enough detail regarding what stage in their cancer journey these members would be. She did not disagree with the notion that people who have personal experience with cancer should be included in decision-making processes. Instead, the abstention vote signaled a lack of specificity in the recommendation between people who are survivors of cancer and people who are current patients.

In the next extract, Graham explains why he abstained from voting on recommendation 12: "Trustworthy drug funding decisions should not require members of the general public as participants." This recommendation received 5 'yes' votes, 18 'no' votes, and a single abstention.

Extract 2.7

- 1 GRAHAM: I think it's more the wording of the question than anything else. I think drug
- 2 funding decisions shouldn't require members of the public, but I think that it does. It think it
- 3 makes the decision makers more accountable to have us there.
- 4 FACILITATOR: So you think that they should be a part?
- 5 GRAHAM: It's more the wording of the question. Like I feel like it shouldn't need people to
- 6 be there to hold them accountable to make the decisions more -- do you know what I mean?
- 7 FACILITATOR: Yeah.
- 8 GRAHAM: But I feel like it -- that we do need it.
- 9 FACILITATOR: So really we shouldn't need this in a perfect world but we do need it?
- 10 GRAHAM: Yeah.

Graham describes that the reason he abstained is due to the "wording of the question" (lines 1 & 5). He uses description to present a critical view of decision makers' accountability. Graham

does not directly say that decision makers are untrustworthy but builds a description where this is an inherent feature. In the statement “it makes the decision makers more accountable to have us there” (line 3) the distrust of the decision makers is worked up through a description of how having members of the public present would increase accountability. Additionally, note the repetition of the term “accountable” (used twice). The criticism of decision makers is made more salient by the normative descriptions put forth by both Graham and the facilitator. Articulations are made about what ‘should’ and ‘shouldn’t’ be the case; “funding decisions shouldn’t require members of the public, but I think that it does” (line 2). This description works to construct decision makers as failing to fulfill their obligations to members of the public, in instances where members of the public are not present to hold them accountable. Graham’s abstention allows him to articulate his criticism of the wording of the recommendation; although, as we see in the analysis, this disagreement is not simply about the wording. An inherent feature of this criticism is Graham’s evaluation of the trustworthiness of decision makers.

During the deliberation, participants used deliberative voting to indicate nuanced disagreements about the wording of recommendation statements. By voting against statements, or abstaining from voting, participants had an opportunity to officially document their concerns with the wording, scope, or specificity of the statements. These concerns were documented alongside the statements in the outputs of the deliberation.

Marginal Disagreement

Participants in this deliberation used deliberative voting to articulate what Moore and O’Doherty (2014) describe as “qualification[s] that cannot easily be incorporated into the

statement, but also [do] not constitute actual disagreement” (p.216). Several participants used the process of deliberative voting to signal marginal disagreement with the usefulness or necessity of recommendation statements. In each of these instances, the participants abstained because they regarded the recommendation as redundant. In the three extracts presented below, the participants' explanations for why they abstained from voting are not based on actual disagreements with the content of the statements themselves, but rather the participants take issue with the value, or necessity, of including these recommendations in the first place. These disagreements cannot be classified as ‘nuanced disagreements’ because they cannot be easily incorporated into the recommendation statement.

Extract 2.9 shows Oscar explaining his position as the only participant to not vote ‘yes’ on recommendation nine: “Life extension is valuable, provided there is reasonable quality of life.” He explains why he abstained:

Extract 2.8

- 1 OSCAR: All right, so I abstained because while I believe it's important to provide that context
- 2 that Marvin was mentioning, and I abstained from voting on the statement because I feel that
- 3 that was already a common understanding from a previous recommendation.

Oscar provides two reasons for his abstention: "it's important to provide that context that Marvin was mentioning" (line 1-2), and "there was already a common understanding from a previous recommendation" (line 3). Oscar refers to an additional context that was given about the topic by Marvin, one of the principal investigators, during the discussion that leads to the formation of this recommendation. Oscar argues that because this "important" (line 1) context did not make it into the final wording of the statement, he voted to abstain. Additionally, he indicates a

"common understanding" (line 3) from an unspecified previous statement. These descriptions work to construct this recommendation statement as redundant. Oscar criticizes the statement for not providing sufficient detail to convey the participants' position to policymakers adequately. Additionally, he presents the statement as unnecessary, given a common understanding from another statement.

Oscar's description that there "was already a common understanding from a previous recommendation" (lines 2-3) suggests that the recommendation statements are not free-standing entities, but rather hang together and perhaps build off of one another. He abstains from voting because this recommendation is described as redundant given a previous recommendation, which may already contain the relevant message conveyed in this recommendation. Although it is unclear which previous recommendation Oscar is referring to, it is worth noting that this recommendation occurs after the recommendation statement that was traced in the first section of the analysis: "Baseline criteria for funding any cancer drug should include moderate improvements to at least one of the following: quality of life, length of life, cost-effectiveness". Recall that Oscar was one of the participants who voted against this recommendation because he was "not going to compromise on quality of life" (extract 1.2, lines 2-3). There is the possibility that this is the common understanding from the previous recommendation that he is referring to here.

In the next extract, I examine the reasons that Emerson and Wyatt report for abstaining from recommendation two: "We should discontinue funding a cancer drug when there is another

drug available of comparable effectiveness and less cost.” When asked why they abstained the participants explained:

Extract 2.9

- 1 EMERSON: Basically the way it's phrased (inaudible) basically redundant.
 2 WYATT: My point exactly. If basically you're looking for your best bang for your buck and
 3 you do this in all areas, I would think that the government would already be doing this, I would
 4 assume.
 5 [Inaudible/overlapping speakers]
 6 WYATT: I was looking at like a way to save money, so I don't see how this isn't already
 7 being practiced in the system already. I think we're just saying something that's being done.
 8 FACILITATOR: Is this a helpful recommendation, Marvin, to our policy friends? Is this
 9 something that is so, of course they're doing this.
 10 MARVIN (PI): I'd like to say it was redundant, but it's not. This is a very helpful
 11 recommendation for the policy makers.
 12 FACILITATOR: Does that change your vote at all? It doesn't have to, it doesn't have to. Do
 13 we want to make one more about the "better than" one or are we still getting pooped out or --
 14 GEORGIA: We're tired.

Emerson describes the recommendation as “basically redundant” (line 1), and Wyatt agrees: “My point exactly” (line 2). Wyatt goes on to explain: "I would think that the government would already be doing this" (lines 3-4); and, "I think we're just saying something that's being done" (lines 7-8). The practice of discontinuing funding is described as an obvious procedure that the government would "already" (used three times) be doing to save money. The ‘obviousness’ of this procedure is worked up through the descriptions that Wyatt provides, such as "I would assume" (lines 3-4) and "you do this in all areas" (line 3). These phrases work to normalize the practice under question and present it as something that is obviously already being done by policymakers. Together, these descriptions work to present the recommendation as redundant.

Interestingly, when the facilitator asks the principal investigator, Marvin, if this is a useful recommendation he responds by telling the group that it is. He says: "I'd like to say it was

redundant, but it's not. This is a very helpful recommendation for the policymakers" (lines 10-11). Following this statement, the facilitator asks the participants if they would like to change their votes in light of this new information: "Does that change your vote at all? It doesn't have to, it doesn't have to" (line 12). This invitation for participants to change their votes works to encourage an open and uncoercive speech environment (Landwehr, 2014) and a positive atmosphere (Mansbridge et al., 2006), where participants are encouraged to change their positions in light of new information. Marvin's declaration that this recommendation is not redundant to policymakers provides a direct counter-argument to Emerson and Wyatt's reported reasons for abstaining. Despite this, neither of the participants change their votes in light of this new information.

Abstaining from voting on this recommendation opened up a conversation with the principal investigator, Marvin, about whether this statement would be helpful to policymakers. This action also gave participants an opportunity to have their concerns officially documented in the deliberative outputs.

In this final extract, Oscar abstains from voting on recommendation 13: "The public and public values should play a role in cancer drug funding decisions and this should happen in different ways and at different times. So maybe the public sitting on funding committees, or on citizen panels, for example." This recommendation received two 'no' votes, and one abstention.

Extract 2.10

1 OSCAR: I abstained because of a general skepticism in the public engagement process, like
 2 things like this citizen panel, they're good, they're great, love it. However, a lot of public
 3 engagement ends up being left on the cutting room floor. Like we don't end up having our
 4 voices truly heard at the table when we're kind of siloed off as our own little group

1

Oscar explains that his reason for abstaining from voting on this recommendation is due to a "general skepticism in the public engagement process" (line 1). He works up a positive description of the current event by saying "they're good, they're great, love it" (line 2), and then goes on to justify this vote by presenting a pessimistic view of what citizen engagement events more generally can accomplish. The description of these events as being "left on the cutting room floor" (line 3) and "siloes off as our own little group" (lines 3-4) work up a depiction of these events as useless. Oscar questions whether public engagement activities can achieve anything meaningful because they might potentially be ignored.

It is unclear whom he is referring to when he cites a "general skepticism" (line 1), but he distances himself from that skeptical perspective when he reports loving the current event, and uses the pronouns 'we' and 'our' when he says "we don't end up having our voices truly heard" (lines 3-4). From this description, it appears that Oscar's abstention vote is not being used to disagree with the recommendation itself, rather this vote is used to draw attention to a broader general skepticism that those at the decision-making table might have toward this event and others like it.

This examination of how participants use deliberative voting to signal disagreement provides empirical support for Moore and O'Doherty's (2014) three proposed types of disagreement. Through the presented extracts I have identified how participants in this deliberation on priority setting for cancer drug funding, used the process of deliberative voting to articulate actual disagreements, nuanced disagreements, and marginal disagreements with various recommendation statements.

Voting against a recommendation statement, or abstaining from voting, gave participants with minority views an opportunity to articulate their disagreements to the group and to have these positions officially documented in the deliberative outputs. The process of documenting minority views works to preserve the discursive diversity of the deliberation. It provides policymakers with more context and details than the statements and vote tallies would on their own. During the deliberation, participants used nuanced disagreements to articulate issues with the specific wording, scope, or specificity of the statements. Many of these participants suggested alternative wording. These alternative formulations and wording suggestions were also documented alongside the statements in the outputs of the deliberation. Further, it is interesting to note how the facilitator influenced this process. The facilitator provided supportive statements that worked to validate the participants' dissenting views as valuable and worth including for the policymakers to consider.

DISCUSSION

Recent years have seen a growing interest in methods aimed to engage ordinary citizens in deliberative decision making (Degeling, Carter, Rychetnik, 2015; O'Doherty & Stroud, forthcoming). The research on these methods has focused mainly on the theory and practice of deliberative democracy, with few engaged in the work of empirical investigation (Delli Carpini, Cook, & Jacobs, 2004, p.315). Additionally, this field of inquiry has mostly been ignored by social psychology (O'Doherty & Stroud, forthcoming). I have argued here that discursive psychology is an effective method for analyzing the social processes taking place during a public deliberation, and that the empirical analysis of deliberation transcripts is valuable for both the

theory and practice of deliberation. I aimed to demonstrate the processes through which the deliberative outputs are built during a deliberation, by focusing on the discursive co-production of a recommendation statement, and the associated process of deliberative voting. By analyzing transcripts from a deliberation event on the topic of funding for cancer drugs in Canada, I have demonstrated how the outputs of a deliberation event are influenced by both the participants and the research team, by way that issues are framed, by the facilitation of the deliberation, and by the values and opinions of the participants (as suggested by O'Doherty, 2013).

In the first section of this analysis, I traced the discursive co-production of a single recommendation statement and analyzed how participants voted on this statement. Through this section of the analysis, I showed how some participants might have had more influence than others in the process of building the recommendation. In particular, participants who made direct suggestions for how the recommendation should be worded, or used rhetorical tools such as indirect criticism, were more likely to have their suggestions taken up by the facilitator and integrated into the recommendation than participants who made indirect suggestions and used techniques such as extreme-case formulations and active voicing. These results support previous arguments that those who engage in speech acts that follow deliberative norms may dominate over those who do not. These norms include displays of calm rationality, direct assertions, and ways of speaking that are associated with higher education and social privilege (Young, 2000; Sanders, 1997; Hall, 2007). These findings also support arguments by Sanders (1997) and Young (2000) that speech that follows a more circuitous logic may be less influential than straightforward assertions in deliberation.

This analysis also finds that that gendered patterns of interaction may play a role in how participants phrase their suggestions to the group. In extract 1.1 we can see how two participants, Miranda and Arjun, use different techniques to suggest new wording for the recommendation. Miranda phrases her suggestions as questions, seeking validation from the group. In contrast, Arjun's suggestion for wording changes are made directly and assertively. Mansbridge (1991) finds that in public meetings it is common for women to ask questions and for men to engage in more confrontational styles of communication. In Extract 1.1 we also see that although these two participants engage in diverse styles of communication, both of their suggestions influenced the wording of the recommendation. Although women may be more likely to frame their speech as questions (as suggested by Mansbridge, 1991), this style of speaking did not make Miranda's suggestion any less influential than Arjun's in this scenario.

The first section of the analysis also illustrates some of the processes through which facilitators and principal investigators are co-producers of the outputs of the deliberation. O'Doherty (2013) argues that the participants, facilitators, and principal investigators all participate in the deliberative process. Thus, the outputs that result from the event are a reflection of the way the issues are framed, the facilitation of the conversation, and the values and opinions of each of the individuals who participate. Together, these factors work to produce the outputs of the deliberation. As noted earlier (see introduction): "[t]he facilitator is both part of the structure within which deliberation is supposed to emerge, and self-evidently a participant in the actual discourse itself" (Moore, 2012, p.147). Even though the facilitator is supposed to be neutral, and follow the discursive direction that is set out by the participants, they are in charge of how the recommendation is worded. Therefore, they are in a pivotal position to accept or reject wording

proposed by participants, and statements by participants need to be rhetorically organized not only to convince the other participants but also the facilitator.

Additionally, in processes that use deliberative voting, it is the facilitator who has the power to call the vote. She decides when the process of deliberative voting will begin, and when it ends. After the vote has been taken, the facilitator calls on those who voted 'no' and those who abstained to justify their reasons for doing so. In some of the recommendation statements made in this particular deliberative event, the facilitator did not ask each person who had voted in the minority for an explanation. For example, recommendation 12 received five 'yes' votes, 18 'no' votes, and one abstention. In this instance, only the participant who abstained was asked to provide their justification for doing so. One of the challenges faced by facilitators is that they are often under strict time constraints. Thus, they may simply not have enough time to ask each of the individuals who voted against a statement to give their reasons for doing so. One of the key skills that a deliberation facilitator develops is knowing when to continue digging into a particular topic, and recognizing when it is time to move the conversation on to the next issue. Thus, the facilitator has the power and the skill to decide both when the vote will be called, and who will be asked to provide their reasons in the post-vote discussion.

Principal investigators were also found to contribute to the co-production of recommendation statements and assist in the facilitator's decision to move to the vote. In extract 1.3 we see how Barry's category entitlement of principal investigator afforded him the privilege to not be challenged on his statements. This supports arguments by O'Doherty and Davidson (2010) that discuss how the institutional power associated with the position of principal investigator privileges their assessments of the relevance of claims above both

facilitators and participants. Additionally, in extract 1.6 the facilitator appeals to another principal investigator's authority in order to move along the process of calling the vote. When asked if there was anything else to add to the recommendation, Marvin's simple "No" response led to the close of the discussion and prompted the commencement of the vote.

The second section of the analysis focused on the process of deliberative voting. In this section, the reason-giving exercises that followed each of the votes were analyzed to better understand how participants use the process of voting to signal disagreement. The analysis finds that many of the participants who voted against recommendation statements articulated actual disagreements when they are asked to justify their reasons. For example, in extract 2.3 Sam indicates that his disagreement with the recommendation statement is based on a difference in priorities. Sam's description prioritized bringing promising new cancer drugs to market, while the statement prioritized regulation, the full disclosure of sample characteristics, and the process of peer-review. Participants who identified these kinds of persistent disagreements with the recommendation statements often voted explicitly against the recommendation statement.

Additionally, some participants who voted against a recommendation statement did not indicate disagreement with the statement as a whole; rather they identified specific words or phrases that they found to be unsatisfactory. For example, in extract 2.5 Hua votes against a recommendation about improving accessibility for drugs, not because she does not think that accessibility is important, but because she wanted the statement to be more inclusive. Hua advocated for broader accessibility than what was articulated in the wording of the statement. This finding highlights the importance of incorporating participants' reasons for voting against the statement into the deliberative outputs.

The unidentified male's disagreement about recommendation six in extract 2.4 brings up the interesting issue of framing. This recommendation had a unique format which had participants choose one criterion as the most important. This participant disagreed with how the question was framed, and he argued that accessibility should be added to the list of criteria. Framing the issues related to funding for cancer drugs around the quality of life, length of life, and cost-effectiveness was present in three of the sixteen recommendation statements. According to Basisone (2012) the frames that are selected by the organizers of the event work to draw attention to certain aspects of the issue, at the expense of others.

O'Doherty and Hawkins (2010) discuss how discussions and critiques of framing public engagement events "must be understood in the context of the challenge of attempting to translate results into policy" (p.200). They argue that those organizing the event are responsible for this translation, and tightening the framing of the event may increase the potential for the recommendations that are made by participants to be acted upon by policymakers. The authors note that it is possible to achieve both a structured framing of the event, while simultaneously providing participants with opportunities for challenging this framing.

This framing of the discussion that was investigated in section one of the analysis was set up by the research team in the decision scenarios that were presented in the small group session that occurred directly before this large group deliberation. Perhaps unsurprisingly, the framing that was set up by the organizers of the event impacted the recommendations that were produced. Although the unidentified participant was not successful at changing the framing of this recommendation statement, his reason for abstaining is officially documented in the deliberative outputs. Blue and Dale (2016) argue that deliberation practitioners should reflexively investigate

how the framing of their events influences the outcomes, in order to prevent the reproduction of views that privilege some issues, at the expense of others.

This analysis illustrates how deliberative voting can effectively work as a communication device in public deliberation, as suggested by O’Doherty (2017) and Moore and O’Doherty (2014). The process of deliberative voting can be used to ensure that those whose suggestions did not influence the final recommendation, have an “explicit opportunity to express themselves” (O’Doherty, 2017, p.11) and have their views officially documented. It gives participants with dissenting views an opportunity to have these perspectives heard by the rest of the group, and added to the statement as a caveat or addendum. The process of documenting minority views in the recommendation statements works to preserve the discursive diversity of the deliberation. This practice may provide policymakers with greater context and details about the recommendation than the vote tally would on its own. This process may also give those participants whose style of communication deviates from the norms of deliberation an explicit opportunity to have their minority positions represented in the deliberative outputs.

It is worth noting that there are several participants (such as Hua, Lillian, Oscar, and Arjun) who are discussed several times in the analysis, and there are several participants who are not mentioned once. The reason for this is twofold: first, I focused on the building of one recommendation statement, not all sixteen. Not all of the deliberants participated in building every one of the recommendations. Additionally, only thirteen of the twenty-four participants were ever asked to explain their reasons for voting. The eleven participants who did not engage in this process either voted with the majority on all sixteen of the statements or when they did

vote in the minority, the facilitator did not call on participants to provide justifications for their votes.

Researcher Reflexivity

Discursive psychologists recognize the importance of researcher reflexivity when conducting discourse analysis (Potter, 1996; Potter & Wetherell, 1987). This thesis is a text that aims to understand how deliberation participants use language to construct accounts in both the co-production of recommendation statements and in deliberative voting. This project is simultaneously, and unavoidably, a social text itself that constructed social interaction in a particular way. Potter and Wetherell (1987) note that "talk has the property of being both *about* actions, events, and situations, and at the same time *part* of those things" (p.182). Throughout the thesis, I have used rhetorical tools and particular linguistic forms to present an account of how participants and the research team used language in the deliberation. As a result, it is important for me as the researcher to investigate how my own assumptions and positioning may have influenced this project.

First, I acknowledge that at the time of writing this analysis I have had the privilege of being present at several other deliberation events that used similar methods for co-producing recommendation statements and utilizing deliberative voting. Both my participation as a research assistant at these events and my conversations with deliberation practitioners, have influenced me to consider this the 'standard' or 'correct' way of doing public deliberation. Thus when speaking about deliberation, I often begin to use normative language about how things *should* be done, when this is not necessarily the case for other models of deliberative public engagement.

In reality, there are many methods of engaging citizens in deliberation; the methods described here are one particular way, and by no means the standard.

Additionally, I acknowledge that my presence at this deliberation event may have influenced the way that I portrayed particular participants in this analysis. As was mentioned in the Methodology section, I observed this event as a note taker. I took notes for the three sessions for one of the small groups, and I also observed all of the large group sessions. Throughout the weekend, I took ethnographic-style notes and interacted with the participants and research team during meals and breaks. When I was later conducting the analysis I often found myself reflecting on the informal interactions that I had with some of the participants, be they pleasant, humorous, or mildly irritating. When doing this research, I strove to portray each of the participants in a neutral and unbiased way, basing all of my interpretations in their own words that are displayed in the presented extracts. However, there is a possibility that I unintentionally chose extracts from participants that elicited strong reactions or memories of the event, be they positive or negative.

Limitations, Future Directions, and Practical Implications

Limitations

One of the limitations of this study is that the analysis is limited to an examination of the transcripts that had been transcribed by a professional company. This rendered me unable to verify aspects of the text that I thought might have been mistyped, and unable to identify the voice of the ‘unidentified male’ that is discussed in extract 2.5. Had I had access to the audio recording from this event, I would have transcribed the excerpts based on the system developed

by Jefferson (Jefferson, 1985). This type of transcript would have allowed me to analyze how pauses, intonation, and volume factor into what Potter and Wetherell (1987) refer to as “dispreferred accounts” (p.84).

Additionally, much of face-to-face communication is non-verbal (physical positioning, body language, eye contact, and vocal volume and intonation) and this, unfortunately, was not accounted for in my examination of the social processes taking place in the deliberation. That being said, the ethnographic-style notes that I took while observing this event did help to inform the direction of my research. Although this may be a restriction in some senses, by focusing on the language that participants used to position themselves within vocalized statements I was able to analyze how these speech acts were taken up by others in the conversation.

The social processes and framing described in this analysis are context-specific and cannot be directly transposed onto other deliberating groups. Although the conclusions drawn here may not be directly generalizable to other deliberation events, they may provide helpful information for deliberative practitioners who co-produce recommendation statements with participants or utilize deliberative voting techniques. Additionally, the considerations that are presented below, in the practical implications section, may be useful for facilitators and principal investigators of future deliberative events.

Future Directions

Given the limitations listed above, one recommendation for future research would be to conduct a similar analysis using ethnographic notes, and or video recordings, in addition to the written transcripts. Mansbridge and colleagues (2007) effectively used this medium to explore

the interactions of facilitators with participants in deliberation events. The use of data collection methods that can capture the physicality of how recommendations are co-constructed in public deliberation would allow for a more thorough analysis of the social processes that influence this process.

Practical Implications

This study was designed to investigate the process of how deliberative outputs are created in a public deliberation event. Through the process of discursively analyzing the building of a recommendation, and examining the various ways that participants use deliberative voting to signal disagreement, I have identified several considerations that may be helpful for those who are designing and facilitating deliberation events. These considerations are primarily suggestions for encouraging reflexivity in deliberative practice. This appeal for improving reflexivity is in line with observations made by Blue and Dale (2016) in their project investigating framing and power in a public deliberation event on climate change.

Through consistent inquiry into how issues are framed and given meaning in particular institutional settings, deliberative practitioners are better positioned to ask neglected questions about how knowledge and power are wielded in practical settings and how existing power relations might be negotiated so that marginalized perspectives and values are given a fair hearing (p.16).

These suggestions are intended to support the project of continuing to improve the important work of practicing deliberation.

The following considerations for facilitators of deliberation events are based on findings presented in the analysis and discussion sections. Broadly, facilitators should be aware of how they are responsible for co-producing the outputs of the deliberation. Second, facilitators should consider the power and position of principal investigators when they call on them to participate in the conversation. Third, facilitators should acknowledge how they use their power and position to decide which views should be incorporated in the wording of the recommendation statements. Fourth, facilitators should also recognize that whom they call on in the reason-giving period will reflect which of the minority views get documented alongside the voting results. Fifth, facilitators should take notice of whose suggestions are being taken up by the other participants, and by themselves, and consider how the discursive style of the participant influences this. Finally, when participants provide an argument that does not include a direct suggestion for how the wording of the recommendation should be changed, facilitators may find it useful to ask the participant to make an explicit wording suggestion.

Additionally, based on the analysis and discussion I have identified three considerations for practitioners who are designing and implementing deliberation events. The first suggestion is for practitioners to be aware of how they are responsible for co-producing the outputs of the deliberation. Second, I suggest practitioners acknowledge how they use their power and position to influence which claims are deemed relevant, and whose contributions may be negatively impacted. Finally, I suggest that practitioners continue to reflexively consider how the framing of the issues influences the deliberative outputs that are produced.

Conclusions

This study was conducted to investigate the process of building deliberative outputs in a public deliberation event on funding for cancer drugs in Canada. To accomplish this, I analyzed transcripts of a deliberation event using discursive analysis to examine the process of building a recommendation statement and to identify how participants use the process of deliberative voting to signal disagreement. This analysis builds on a small, but growing, area of research in social psychology on public deliberation. Through the use of discourse analysis, I have provided empirical support for the arguments by O’Doherty (2013) that the outputs of a deliberation event are influenced by both the participants and the research team, by way that issues are framed, by the facilitation of the deliberation, and by the values and opinions of the participants. I found that participants who make direct wording suggestions were likely to influence the wording of the recommendation, as suggested by Young (2000) and Sanders (1997), and I identified specific points in the deliberation where the facilitator and principal investigators become co-producers in the formation of the recommendation statement.

Through conducting this study, I have also provided empirical evidence for Moore and O’Doherty’s (2014) three types of disagreements in deliberation, and have found that deliberative voting is an effective communication tool in deliberation. This communication tool is useful both within the deliberation itself, between participants, and as a means for participants to communicate the discursive diversity of their discussions with policymakers.

The considerations for facilitators and investigators that are presented here are aimed to help improve the practice of public deliberation so that we can continue to create and facilitate deliberative events that bring a diverse mini-public together with the aim of making collective decisions, that we can all live with.

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Tables

Table 1.

Participant characteristics.

Characteristic	%
Age	
25-35	25%
35-49	21%
50-64	25%
65 and over	29%
Gender	
Female	46%
Male	54%
Income	
Less than \$20,000	4%
\$20,000 - \$49,999	50%
\$50,000 - \$79,999	25%
\$80,000 or above	4%
No response	17%
Highest Level of Education Achieved	
High School	13%
College or Apprenticeship	17%
Some University	21%
University or above	50%
Ethnic Background	
Aboriginal	4%
Black	13%
Chinese	13%
Filipino	4%
Latin American	4%
South Asian	8%
White	50%
Other	4%
Experience with Chronic Disease	
Experience with chronic disease (personal or as a caregiver)	54%

Note: Total N = 24.

APPENDIX A: Transcript of Recommendation Four

FACILITATOR : All right. So if we go to our next one, baseline criteria for funding any drug should include -- oh.

JANET: I would think it should include an increase in quality of life and an increase in duration of life.

FACILITATOR : Kareem and then Oscar .

KAREEM: I don't think it should necessarily have an increase in quality of life, but it should have no decrease. So quality of life should stay substantially the same or better --

FACILITATOR : The same or better.

KAREEM: Yeah. As far as length of duration, it should be probably significantly better I would say. Maybe 25 to 50 percent. It's never going to go down, it's never going to be worse, but --

FACILITATOR : Well, you could have a lot better quality of life and not a lot more quantity of life.

KAREEM: Well, that was another discussion we had, yeah.

FACILITATOR : Oh, another discussion. What about -- what are some other things?

Miranda and then -- what else should be in there? I know you're just trying to drink your coffee -- sorry.

MIRANDA : That's all right. No, I wasn't listening. I don't know right now. I, of course, always agree with that the quality of life should stay the same or better, definitely.

FACILITATOR : Okay. Georgia?

GEORGIA: Georgia. I think what should be included there is the cost, you know, cost of effectiveness.

FACILITATOR : Cost effectiveness?

GOERGIA: Yeah, like I was one of the ones who said 24 months isn't even enough -- you know, I wouldn't even vote for 24 months if it's going to cost more, a hundred percent more.

FACILITATOR : Okay. So baseline criteria for funding any -- let's say cancer drug to be specific -- any cancer drug should include quality of life, which should stay the same or be better; duration of life should be significantly better; and it should consider cost effectiveness.

Yeah?

ARJUN: So I'm just a little uncomfortable saying that like duration of life should be significantly better because of a drug really improves the quality of life, but it's -- you know, they both last five years. I think that a way to re-word this a little bit might be, baseline criteria for funding any cancer drug should include improvements to -- should include significant improvements to any of the following, and then list a few things.

FACILITATOR : What do you think?

MIRANDA : Are we being a little optim when we say "significantly"?

MALE: Average or better.

FACILITATOR : So what --

MALE: Put "improvements" there.

FACILITATOR : Improvement.

MIRANDA : To be realistic, I would say "moderate" as opposed to "significant".

FACILITATOR : Moderate. Based on criteria for funding any cancer drug should include moderate improvements to at least -- to some of the following? To at least? To what?

MIRANDA : To both. Am I correct?

FACILITATOR : Well, we might have a longer list than just two.

MIRANDA : Sure, okay.

FACILITATOR : To some of the -- Oscar ?

ARJUN: At least one.

FACILITATOR: At least one? At least one? Oscar?

OSCAR: So I would argue that -- and this is kind of what I posed in our group, that I'm not going to compromise on quality of life. Like that's not going down at all, whatsoever, period. I would argue the duration, it should improve, especially in the sense of cost effectiveness where these drugs are very expensive to research and bring to market and bring on-stream, and we want to make sure we're getting that value. There may be an opportunity cost associated with that, but we want to make sure that that opportunity cost is going to be justifiable.

FACILITATOR: So is there other ways that we want to change this before we could actually vote on it? And we don't have to all agree to it. We can put some caveats in our votes and whatnot.

Based on criteria for funding any cancer drug should include moderate improvements to at least one out of the following: quality of life, length of life. And when we say "quality of life" we should put in brackets, "should stay the same or be better".

MIRANDA : Yes.

FACILITATOR : Yeah. Cost effectiveness. Other facts? Graham, what do you think -- oh, yeah.

HUA: I hate to point this out, but what we have a drug that can improve the quality of life but not going to gave you any longer lifetime? Like that's kind of like if you have to choose one, at least. So in that case, the quality of life would improve, but do we need to say that all the other criterias cannot be worse or are we okay with less longer -- you know, like a shorter time but have better life?

FACILITATOR : Well, what if I put that in there? What would you guys think if we said, baseline criteria for funding any cancer drugs should include moderate improvements to at least one of the following: quality of life should be at least the same or better; length of life; cost effectiveness. And we could say, and we understand that this means -- or we could word it in a nice way, but "with the understanding that quantity of life may be...." Oh, how can we word that PIs? Do we have one --

BARRY: I think we already have it there.

FACILITATOR : Do you think we have it in there?

BARRY: I think that covers it.

FACILITATOR : Do you think it covers it? Yeah.

JANET: I was just going to say that -- I mean, if you're looking at somebody who's been told they've got two years to live and if you take treatment, is there really a scenario where you're going to have a drug that's going to give you only 18 months instead of the two years without

treatment?

HUA: No, I didn't mean like between different treatment -- or I didn't mean with the treatment or without treatment. I mean between two treatment we could choose, you know, longer life or you could choose a better life.

JANET: Right.

HUA: You know, the additional life would be shorter.

FACILITATOR : Maybe that's captured in here already. And we do have the conversation around it. Yes?

ARJUN: I would personally vote against this, just because I think that saying quality of life should stay the same or better, that's the only reason I would personally vote against it. Just because I think that -- I mean, yeah, that's something we agree is important to us. However, we, on the first day, saw a video where someone chose a length of life over quality of life, and I think that --

FACILITATOR : But what if we -- but if we say at least one of, couldn't they pick this one instead of that one?

ARJUN: But putting in "should stay the same or be better" almost implies that it supersedes the "at least one of".

DANIEL: Because it could go from like a 70 down to a 68, and that would preclude this, and there's really no difference, right?

FACILITATOR: Okay.

DANIEL: So I think we got to -- we have to address that.

MATEO: When we say it stayed the same, it stayed the same and (inaudible) because the new drugs are suppose to improve, not stay the same. If something stay the same, it don't change. So why should I go to a new drug and stay the same, it's the same. The same is no good. It should be better.

FACILITATOR : Is the wording tripping us up? Should we just take the bracket stuff out?

VOICES: Yeah.

FACILITATOR : I heard like three people.

MALE: *Si*.

FACILITATOR : I don't care what language you say it in, but yes or no? Take the language out?

VOICES: Yes.

FACILITATOR : Let's take it out.

Based on criteria for funding any cancer drug should include moderate improvements to at least one of quality of life, length of life, cost effectiveness. Can we vote on that?

LILLIAN: No.

FACILITATOR: Why? Lillian, why?

LILLIAN: I don't like the idea of at least one of quality of life, length of life, cost effectiveness, because I'm going to go as the pharmaceutical company cost effectiveness, because I've got the option of one of three. I'm going to say -- I'm going to do the cheap one.

FACILITATOR : And you don't like that or you do like that?

LILLIAN: No, it's got to be -- we can't give them an out saying, "Well, you said I could have

cost effectiveness when it comes to the manufacturing part of it."

FACILITATOR: Okay.

LILLIAN: So, we can't go for everything, so we have to go for the two most important is quality of life, length of life. Of those two most important, quality of life is the most, because you can live a long time suffering or you could live a short time good.

FACILITATOR : Okay, I hear yeah.

LILLIAN: Yeah, we're opening ourselves up a can of worms, I think.

BRENDA: But isn't that assuming that all other things being equal? We're just looking at one of the three other criteria? Like --

FACILITATOR : I think so.

BRENDA: Taking what Lillian was saying.

FACILITATOR : I think so. I mean, it might be worth when we vote this out, for -- if you did want to say no to this one, to have that explanation in there, to maybe provide a little bit more context around. I don't know, what do you think?

GOERGIA: Georgia. But this is something for the policy makers to consider.

FACILITATOR : Yes.

GEORGIA: Does the pharmaceutical representative part of the policy maker?

FACILITATOR : No, these are for the policy folks. Like Marvin? Yeah.

GEORGIA: So therefore, you know --

FACILITATOR : Maybe we don't have to --

GEORGIA: As it stands, should be valid.

FACILITATOR : Right. But I mean part of the -- if we did -- if some of us did want to vote no for it, just because of the issue that Lillian is speaking about, just to make it super clear, remember that our votes at the end of the day, it's not really the votes that matter. It's the recommendation that matters, right?

So if that's a way of you getting some of the concerns of some people in there, then that's okay to do, right? Because we don't need everybody to vote the same. I don't know.

Could we vote on this now? I think we've

-- or Marvin, did you want to say something?

MARVIN: No.

FACILITATOR : Could we vote on this one? Okay, let's vote on it and see what happens.

I'm going to just read it again.

So, baseline criteria for funding any cancer drug should include moderate improvements to at least one of quality of life, length of life, cost effectiveness.

APPENDIX B: *Full List of Recommendation Statements*

<u>Recommendation Statement</u>	<u>Yes</u>	<u>No</u>	<u>Abstain</u>
1) When we are making recommendations, we take into account some factors. For example, we all agree that prevention is of the utmost importance.	24	0	0
2) We should discontinue funding a cancer drug when there is another drug available of comparable effectiveness and less cost.	21	1	2
3) There should be baseline criteria for funding any drug.	24	0	0
4) Baseline criteria for funding any cancer drug should include moderate improvements to at least one of the following: quality of life, length of life, cost-effectiveness.	20	2	2
5) Approved drugs should be re-reviewed based on post-approval data.	24	0	0
6) The most important criteria to consider when funding cancer drugs is... Aid quality of life: 19 Length of life: 1 Cost-effectiveness: 0	-	-	4
7) Evidence of effectiveness must be based on full disclosure to the regulator of clinical trial sample characteristics, full datasets, and it should be peer reviewed.	23	1	0
8) When considering new drugs, we need to consider the costs and benefits of existing drugs. And if needed, to delist the existing ones and with grandfathering allowed for those people who are still on it.	24	0	0

9) Life extension is valuable, provided there is reasonable quality of life.	23	0	1
10) Processes used to make drug funding decisions should be transparent, so the public understands how decisions are made and who is making them.	23	1	0
11) Trustworthy drug funding decisions should not require patient members on their committees.	9	14	1
12) Trustworthy drug funding decisions should not require members of the general public as participants.	5	18	1
13) The public and public values should play a role in cancer drug funding decisions and this should happen in different ways and at different times. So maybe the public sitting on funding committees, or on citizen panels, for example.	21	1	2
14) How cancer drugs are administered should not restrict whether funding is provided for them, whether that be in the hospital or in the community.	22	2	0
15) Priority should be given to cancer drugs that improve access to treatments where access is poor.	18	6	0
16) There should be a pan-Canadian approach to cancer drug funding decisions, not just funding recommendations.	24	0	0

APPENDIX C: *Participant Information Sheet and Consent Form*

Information sheet and consent form for panel participants

McMaster Health Forum's citizen panel about making fair and sustainable decisions about funding for cancer drugs in Canada

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The project is conducted through a partnership between the BC Cancer Agency, Canadian Centre for Applied Research in Cancer Control (ARCC), McMaster Health Forum, University of British Columbia and Simon Fraser University.

The project has also been submitted to the BC Cancer Agency Research Ethics Board, University of British Columbia and Simon Fraser University Research Ethics Boards.

You are being invited to participate in a citizen panel and the evaluation of this panel on the topic of making fair and sustainable decisions about funding for cancer drugs in Canada. The panel is sponsored by the Canadian Partnership Against Cancer. In order to decide whether you want to be a part of this initiative, you should understand what is involved and the potential risks and benefits. This information sheet provides information about the panel and the evaluation process, which will also be discussed with you before the panel meeting. Once you understand the purpose of this initiative, you will be asked to sign this form if you wish to participate. Please take your time in making your decision.

Purpose of the panel and evaluation

The purpose of the citizen panel is to will explore the major challenges related to making fair and sustainable decisions about funding for cancer drugs in Canada.

A citizen panel is a new and promising way to engage citizens. Therefore, you are also invited to take part in the evaluation of the panel to share your views and experiences about this initiative. Such evaluation is crucial to learn how to improve the panels, and how to achieve more effective and meaningful citizen engagement.

Your involvement

In signing this form, you agree to participate in the citizen panel and its evaluation. The panel will meet over a two-day weekend on Saturday May 7, 2016 and Sunday May 8, 2016. Refreshments will be provided on both days. The meeting will be held in Halifax (Nova Scotia). The panel will be composed of 25 citizens like you from Nova Scotia. One to two weeks before the meeting, we will send you a short document that will serve as a starting point for the discussions with the other participants. The panel will not aim for consensus, but will try to find common ground when possible and to identify the values underlying different positions.

Three methods will be used in the evaluation of the citizen panel. The research team will: 1) observe the meeting; 2) audio record the discussions; and 3) ask participants to complete three short questionnaires, one before the meeting, one right after the meeting, and one six months after the meeting. Each questionnaire should take approximately 10-15 minutes to complete. This data will be crucial to gather your views about and experiences with the citizen panel, and to explore various factors that may influence the effectiveness of the panel.

Confidentiality

All data collected will be kept confidential. Your confidentiality will be safeguarded by assigning a unique participant number to identify each person's questionnaire and data, and

ensuring that the list of panel participants, their contact information, and their corresponding participant numbers are stored in a different locked cabinet and security-protected computer from those where the data are stored. A summary of our findings will be presented in a way that an individual cannot be identified.

The citizen panel will also follow the Chatham House Rule: “When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.” This rule will encourage open and frank deliberations, and ensure that no comments will be attributed to specific participants. This should help maintain the confidentiality of participants who may share private or sensitive information during the deliberations. However, although strict confidentiality is encouraged, we are unable to control what participants do with the information discussed.

All data collected will be destroyed six years after the last publication of the evaluation findings.

Costs and benefits of taking part in this initiative

There are no physical risks involved in participating in this initiative. The main cost to you is the time you take to read the document, to attend the panel meeting and to complete the questionnaires. In asking you to provide your views and experiences concerning the panel, you may feel that you are revealing sensitive information that could negatively affect you. We have sought to minimize these risks by ensuring the complete confidentiality of your responses and by providing assurances that you may withdraw at any time from this initiative without prejudice.

Panel members will be provided \$125 for each day (\$250 total for both days) as a token of appreciation for participating to the citizen panel. The McMaster Health Forum will also cover all reasonable transportation and accessibility costs.

If you agree to take part in this initiative, there may or may not be any direct benefit to you, but we believe that policymakers and stakeholders will directly benefit in two ways. First, the views and experiences of panel members will improve their understanding of a priority health issue. Thus, it constitutes a unique opportunity to have your voice heard and to contribute to future decisions to address the issue. Second, the evaluation of the citizen panel will make a significant contribution to improving our understanding about effective and meaningful citizen engagement. We hope that the results will be of interest to you, and they will be of great value to partner organizations and the McMaster Health Forum.

Voluntarism

Your participation in the citizen panel and its evaluation are both voluntary. You may choose to participate in the panel and not complete the evaluation questionnaires. You are also free to withdraw at any time without prejudice from the citizen panel. If you withdraw during the initiative, we will cease the collection of data and you will be asked whether you would like to

have the data that you have provided retained for use in the evaluation or destroyed. If you decide to withdraw after the panel meeting, but before the final report is written, you may contact the McMaster Health Forum and specify which aspects of the data you have provided should be destroyed. If you unsubscribe from AskingCanadians™, we will consider that you wish that we cease all communication regarding this project, unless indicated otherwise.

Questions

If you have questions or require more information about the citizen panel initiative, please contact the McMaster Health Forum at 1280 Main St. West, Hamilton, Ontario, L8S 4L6 or at 905.525.9140 x 22121, or alternatively at: mhf@mcmaster.ca

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HIREB). The HIREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the REB Chair, HIREB at 905.521.2100 x 42013.

This study has also been reviewed by the University of British Columbia's BC Cancer Agency's REB. If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, you may also contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

CONSENT STATEMENT

McMaster Health Forum's citizen panel on making fair and sustainable decisions about funding for cancer drugs in Canada.

Participant:

I have read the preceding information thoroughly. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction. I agree to participate in this initiative. I understand that I will receive a signed copy of this form.

Name

Signature

Date

Person obtaining consent:

I have discussed this initiative in detail with the participant. I believe the participant understands what is involved in this initiative.

Name, role in citizen panel initiative	Signature	Date
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