INTRODUCTION

Future perspectives in medical argumentation

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Started with pioneering contributions dating back to the mid 1980s' (e.g., Walton 1985; Walton and Donen 1986), the study of argumentation in the medical context has been steadily growing since the mid-2000s' (Labrie and Schulz 2014), as also testified by the publication of two special issues in the *Journal of Argumentation in Context*: "Argumentation and health" (2012) and "Argumentation and patient centered care" (2018). These special issues documented, respectively, the recognition of an autonomous subfield within argumentation studies and the specific relevance of argumentation in relation to the golden standard of patient centered care. The contributions in both issues clearly showed the complexity of the medical context, and the variety of situations in which argumentation is relevant. It is interesting to note that very recently a special section on "Argumentation in Healthcare" (2025) has been published in the journal *Patient Education and Counseling*, arguably one of the main outlets for interdisciplinary studies on communication in healthcare, with a rather heterogenous readership: this fact shows that also outside the area of argumentation theory scholars are willing to consider argumentation as a legitimate form of discourse, not only as an expression of manipulation (Rubinelli 2013).

Why, then, yet another Special Issue on this topic? As we all know, the COVID-19 pandemic has been an accelerator for many changes that have affected in particular the ways in which people interact with each other. Even more recently, the availability to the large public of AI enhanced tools in all sectors is dramatically changing everyday lives and professions. The changes are happening also in the healthcare domain and the time seems ripe for a closer look at how research on medical argumentation might need to evolve.

Until now, research on medical argumentation has privileged the observation of specific instances of argumentation in the particular communicative 'segment', or type of text, they appear in, without explicit emphasis on the complexity of the wider context within which such 'segments' are embedded. At the same time, in the field of argumentation studies, there has been a growing interest for the rela-

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tionship between instances of argumentative discourse and the wider context in which such instances appear.

This special issue collects contributions offering new insights on argumentation in healthcare and identifying a fundamental shift toward more participatory, dialogical, and community-centred approaches to healthcare. In particular, some relevant points emerge, which could guide new research on medical argumentation.

The first is that argumentation appears as a central practice in modern healthcare, which is an inherently argumentative practice, spanning large-scale public controversies, interpersonal clinical interactions, and shared decision-making processes. Understanding and improving these argumentative dynamics is essential for building trust and achieving better health outcomes.

The second important point regards the problem of distrust in institutions, something that emerged dramatically during the recent pandemic. Distrust may stem from a sense of exclusion from the epistemic and political processes that shape health systems. Effective responses require "participatory repair" — rebuilding trust through dialogical engagement, shared reasoning, and community co-creation, rather than simply correcting perceived knowledge gaps. In addition, effective interventions in complex health controversies involve designing robust "places" for dialogue that value dissensus and support the thorough exploration of disagreement. This marks a move away from simple persuasion toward creating structures that foster collaborative reasoning among all stakeholders.

A changing context needs appropriate analytical frameworks: the contributions in this collection point to the analysis of polylogue (understood as a combination of players, positions, and places) (Jackson), the pragma-dialectical model of critical discussion (Pilgram), and the concept of argumentative potential (Rossi and Mohammed) to analyze and navigate the complexity of healthcare communication.

Finally, the recent advancements in AI, with the introduction of Large Language Models (LLMs) are discussed (Paglieri), arguing that they present significant opportunities to augment human capabilities.

Overview of the contributions

In their article on "Toward a community-centred approach to healthcare: Argumentative tools to disentangle the intertwining of public and interpersonal communication", Maria Grazia Rossi and Dima Mohammed outline an integrated framework using argumentative tools to address medical skepticism and institutional distrust, particularly focusing on vaccine hesitancy. The central argument

posits that Community-Centred Approaches (CCA) must bridge the gap between public health controversies and individual clinical interactions, as trust is actively negotiated in both settings. By applying in particular the concept of argumentative potential, the research illustrates how patient doubt in a clinical dialogue can be interpreted along a spectrum — from ambivalence to outright denialism — which decisively shapes the interaction's trajectory and the possibility of participatory repair of trust.

In "Shared decision-making and argumentation: A pragma-dialectical perspective on medical consultations as discussion situations", Roosmaryn Pilgram examines shared decision-making (SDM) in medical consultations through the framework of pragma-dialectical argumentation theory. The central argument is that SDM, which requires patients and health professionals to deliberate on options, is fundamentally compatible with the pragma-dialectical ideal of a critical discussion aimed at reasonably resolving differences of opinion. The pragma-dialectical approach is utilized to systematically identify obstacles to SDM, treating them as violations of discussion rules or higher-order conditions, such as limited consultation time. Furthermore, the paper demonstrates the theory's utility in analyzing complex scenarios, particularly those involving patient companions, and addresses emerging challenges like medical misinformation and the use of Artificial Intelligence (AI) in decision-making.

Fabio Paglieri's article on "Large Language Models, argumentation, and healthcare: a socio-cognitive perspective" explores the relevance of Large Language Models (LLMs) in improving argumentation within the healthcare domain, benefiting both patients and medical professionals. Paglieri stresses the crucial need to use them for enhancing human communicative and epistemic performance, rather than replacing it. The discussion is supported by concrete use cases, demonstrating how LLMs can assist patients with information seeking and offer valuable, customizable training for healthcare workers to hone their argumentative and communicative skills. A central theme is the importance of learning key principles for the effective, cautious use of LLMs, especially regarding the need to double-check sources and avoid the pitfalls of the systems' overly cooperative nature.

Finally, Sally Jackson, in her article on "Health controversies: A challenge for argumentation theory", considers health controversies as complex and challenging forms of argumentative discourse, arguing that their study offers significant disciplinary advantages for argumentation theory. These controversies are characterized by committed oppositionality among participants with diverse interests, where disagreements span both practical issues and fundamental epistemological questions about what constitutes knowledge. To analyze these intricate disputes, the author advocates for the polylogue framework, which conceptual-

izes controversies in terms of interacting players, positions, and places, allowing for the incremental study of large, networked bodies of argument. Ultimately, the paper proposes that argumentation theory should develop an intervention strategy focused on valuing thorough exploration of disagreement by designing environments — or "places" — that reasonably manage sustained opposition, contrasting this approach with traditional persuasion-based message design.

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