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treatment options in such a way that the treatment preferred by the doctor seems to be the most reasonable option; 3.3 Presenting the recommendation in such a way that it looks as if the decision is completely up to the patient; 4. Conclusion; References

Reasonableness of a doctor's argument by authority1. Introduction; 2. Argumentation in medical consultation; 3. Authority argumentation; 4. Soundness of a doctor's argument by authority; General soundness conditions; Specific soundness conditions; 5. Conclusion; References; Evaluating argumentative moves in medical consultations; 1. The social context of the medical consultation in Italy; 1.1 The Rigotti and Rocci model for the description of the communication context; 1.2 The institutionalized dimension of the medical consultation in Italy

2. Evaluating argumentation in medical consultationsExtract #1; Extract #2; Extract #3; 3. Concluding remarks; References; Teaching argumentation theory to doctors; 1. Introduction; 2. The 2012 medical consultation; 2.1 Patient-centeredness as a philosophy; 2.2 Shared decision-making as a model; 2.3 Informed consent as a process; 3. What does not work, what works, what is needed; 4. Conclusion; References; Direct-to-consumer advertisements for prescription drugs as an argumentative activity type; 1. Introduction; 2. Intrinsic and extrinsic constraints on argumentative discourse

3. Direct-to-consumer prescription drug advertisements4. DTCA as an argumentative activity type; 5. Example: Nexium advertisement; 6. Conclusion; References; The strategic function of variants of pragmatic argumentation in health brochures; 1. Introduction; 2. A pragma-dialectical approach to pragmatic argumentation; 3. Dialectical options in the argumentation stage; 4. Choosing pragmatic argumentation to address doubt towards the standpoint; 4.1 Dialectical relevance of choosing pragmatic argumentation; 4.2 Rhetorical advantage of choosing pragmatic argumentation

5. Choosing pragmatic argumentation to address criticism

Sommario/riassunto

This chapter is concerned with the reasons why sometimes good arguments in health communication leaflets fail to convince the targeted audience. As an illustrative example it uses the age-dependent eligibility of women in the Netherlands to receive routine breast cancer screening examinations: according to Dutch regulations women under 50 are ineligible for them. The present qualitative study rests on and complements three experimental studies on the persuasiveness of mammography information leaflets; it uses interviews to elucidate reasons why the arguments in the health communication leaflet
