PRACTICING THE THEORY OF PUBLIC DELIBERATION: CASE STUDIES FROM THE HEALTH SECTOR IN ONTARIO AND QUEBEC[1]

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Abstract: Health policymakers have been turning to "deliberative public participation" with great enthusiasm recently to help them develop policies that respond to morally complex and fiscally challenging issues such as large-scale health reform, resource allocation decisions, pandemic planning, health technology assessment, and controversies in bioethics. In this paper, we examine the experiences to date with public deliberation in the Canadian health sector and assess this public deliberation 'practice' against the theoretical goals of public deliberation.

Like other policy sectors, the health sector has been bitten by the deliberative democracy 'bug'. Respondng to calls for new governance models and more direct, meaningful ways for the public to contribute to policy (Inglehart, 1995; Inglehart, Nevitte, & Basanez, 1996; Graham & Phillips, 1998), these new models resonate with health policy makers looking for more evidence-informed and less confrontational methods for consulting with citizens and health system users about some of society's most morally and fiscally challenging, and politically divisive issues (Lenaghan, New and Mitchell, 1996; Lenaghan, 1999; Pratchett, 1999; Simrell King, 1998; Donovan and Coast, 1996). Much of the early experimentation with these methods occurred through the 1990s in the U.K.'s National Health Service (NHS) where a variety of methods such as deliberative polling, citizens panels and citizens juries were used by local health authorities to consult with citizens and health system users to inform health care priority setting decisions (Bowling, Jacobson and Southgate, 1993; Bowie, Richardson and Sykes, 1995; Lenaghan, New and Mitchell, 1996; Lenaghan, 1999; Coote and Lenaghan, 1997; Cookson and Dolan, 1999; Dolan, Cookson and Ferguson, 1999). More limited experimentation has taken place in Canada and other jurisdictions around the world through ad-hoc national and local deliberative public involvement initiatives initiated mostly by researchers on a range of health

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planning, resource allocation and health care ethics topics (Abelson, Lomas, Eyles, Birch, & Veenstra, 1995; Smith and Wales, 1999; Bostwick, 1999; Stronks et al. 1997; Einsiedel, 2002; Forest et al. 2004; Abelson et al. 2003; Murphy, 2005; Abelson et al. 2007; Menon and Stafinski, 2008; Secko et al. 2009).

Over the last decade, the 'deliberative turn' has been introduced to several high-profile health policy areas. Democratic deliberation principles inspired the design of the twelve *Citizen Dialogues* held across Canada in 2002 as part of the work of the Commission on the Future of Health Care in Canada. The purpose of the dialogues was to elicit, using deliberative dialogue methods, citizens' values toward four options for health care transformation, which would inform the Commission's final recommendations (Maxwell, Rosell and Forest, 2003).

Experimentation with public deliberation began at approximately the same time in the high stakes, expert-dominated arena of health technology assessment and policy, where decisions are made about the funding and adoption of health technologies. In 2002, the newly established National Institute for Health and Clinical Excellence (NICE), charged with advising the U.K.'s National Health Service about the effectiveness and cost effectiveness of health care technologies, formed a *Citizens Council* to inform their recommendations about which new technologies should be covered by the NHS (BMJ, 2001). The 30-member council meets twice a year over several days and uses deliberative methods to address the range of topics it is assigned and produces a report based on a synthesis of their deliberations (NICE, 2010).

The Governments of Ontario and Quebec have recently established their own forms of public deliberation bodies in the health care arena. In 2006, section 1.5 of the Ontario Drug Benefit Act outlined the formation of a citizens council "whose duty shall be to ensure the involvement of patients in the development of pharmaceutical and health policy". The Citizens Council evolved out of the government's plan to reform the drug system and its commitment to meaningfully engage the public on an on-going basis in health care policy making. The Council provides a mechanism for citizens to provide input into drug policies and priorities (Statutes of Ontario, 2006, Ch.14). In 2008, Ontario's Medical Advisory Secretariat, which conducts evidence-based analyses to inform policy and funding decisions about health technologies in Ontario, established, through a funded research study, a pilot *Citizens Reference Panel on Health Technologies*, to elicit ethical and social values that can be used to guide Ontario's HTA evidentiary review and appraisal process (Ontario Ministry of Health, 2010).

In the Province of Quebec, legislation was passed in 2005 to create the office of the Commissioner of Health and Welfare to advise government on the performance of the Quebec health system. Article 28 of the legislation includes provisions for the establishment of a 27-member citizen-expert deliberative panel with a mandate "to provide the Commissioner with its point of view on the matters or issues the Commissioner submits to it as part of a consultation" (Government of Quebec, 2005).

While all of this increased activity may be good news for deliberative democracy enthusiasts, we are at a very early stage of understanding the specific design features of these deliberative bodies and how they have been implemented within their various institutional settings. In order to determine whether these new methods are, in fact, examples of more meaningful or accountable participation, we need to better understand what their architects have set out to achieve and how they've fared in meeting these objectives. Thus, the central objective of this paper is to review two recent experiences with the establishment of public deliberation in the Canadian health sector with an emphasis on unpacking the rationales for their use and the institutional arrangements in which deliberation is being practiced. Through these two case studies, we expect to produce a more meaningful assessment of how the theoretical goals of deliberative public participation have been put into practice.

To undertake this analysis, we begin by summarizing some of the main arguments for deliberative participatory models and outline the core features of deliberative practice. We then use this framework to examine two case studies of public participation that we are actively researching in Ontario and Quebec where efforts have been made to incorporate deliberative ideals into the design and execution. As we reflect on some of our early findings from these two case studies, we are influenced by the work of Davies et al.

(2006) who conducted one of the comprehensive evaluations of deliberative participation – an ethnographic study of the NICE Citizens Council established in 2002. Through their path-breaking work in this area, Davies et al. (2006) have encouraged empirical deliberation scholars to move beyond traditional assessments of deliberation against its theorized goals and to reflect much more broadly on the *context* within which deliberation takes place, taking into account the notion of deliberation as a complex social process (Davies et al. 2006). Our reflections are also influenced by Archon Fung's comprehensive review of the institutional design features of public deliberation forums and related discussion of how these features contribute to the variety, quality and success of public deliberation (Fung, 2003).

■ THE DELIBERATIVE IDEAL: A GOALS-CONDITIONS TYPOLOGY

The essence of the deliberative ideal is rooted in democratic deliberative theory (Manin, 1987; Cohen, 1989; Fishkin, 1991; Gutmann and Thompson, 1996, Dryzek, 2000) and refers to 'a particular sort of discussion – one that involves the careful and serious weighing of reasons for and against some proposition' (Fearon, 1998). Tracing these roots back even further, deliberation theorists frequently invoke one of two traditions. In the Rawlsian tradition, one is concerned with justice and the ability to engage in public reasoning for the purposes of reaching agreement among a group of participants with diverse individual interests. In the Habermas tradition, a theory of communicative action outlines the core elements of "ideal speech" which are commonly referred to as the foundational elements of public deliberation (Habermas, 1984). Stated succinctly, it is 'problem-solving' discussion ... [which]: "allows individuals with different backgrounds, interests and values to listen, understand, potentially persuade and ultimately come to more reasoned, informed and public-spirited decisions." (Abelson et al., 2003, p. 241)

In their recent book *Talking Together: Public Deliberation and Political Participation in America*, Jacobs and colleagues (2009) outline the main goals of public deliberation. First and foremost, deliberation is about *restoring the legitimacy of political systems* and improving their accountability. A core mechanism for achieving this is the emphasis on reasoning and the idea of explaining actions in ways that will foster greater public acceptability. A second goal is to *increase public understanding of policy issues*, which goes hand in hand with citizens' improving their competency and capacity to contribute to public and private decisions. A third and more instrumental goal of deliberation is to *inform and potentially improve the quality of policy making.*

The authors go on to outline 5 conditions under which deliberation would invigorate citizens, restore the legitimacy of political decisions and establish authentic democracy. The first condition - *universalism* - suggests that deliberation will be a broadly inclusive process that will provide equal opportunities for participation. The second related condition of *inclusivity* requires that a range and diversity of voices are captured. Under the third condition of *rationality*, there is an important role for evidence and claims grounded in logic and facts. A fourth condition - *agreement* - involves working through conflicts and competing ideas to identify common ground and practical solutions and relates to the core output of deliberation. It is important to note that this is not the same thing as consensus but a process of reasoning with the goal of identifying areas of agreement and minimizing differences. And lastly, the condition of *political efficacy* links deliberation to tangible outcomes that begin with building citizen confidence, encouraging learning and interest in politics that will ultimately have an effect on politics and government policy. The three goals and five conditions described in this section are used as a guiding typology to examine the degree to which they are present in our public deliberation case studies.

■ THE DELIBERATIVE IDEAL IN PRACTICE: DESCRIBING THE CASES

Case Study #1 - Using public deliberation to inform the evaluation of health technologies in Ontario: The Citizens Reference Panel on Health Technologies (CRPHT) (see Table 1)

In 2001, the Ministry of Health and Long-Term Care (MOHLTC) established the Medical Advisory Secretariat (MAS) to conduct evidence-based analyses to help stakeholders make policy and funding decisions about health technologies in Ontario. The MAS, which is comprised of health care specialists including physicians, clinical epidemiologists, policy analysts and health economists, is committed to ensuring that residents of Ontario have access to the best available health technologies that will improve patient outcomes (MOHLTC, 2010).

The MAS produces evidence-based analyses of health technologies that are then reviewed by the Ontario Health Technology Advisory Committee (OHTAC), an armslength expert committee established in 2003 that makes recommendations to the Ontario health care system and the Ontario Ministry of Health and Long-Term Care (MOHLTC) about the best health technologies for Ontario (MOHLTC, 2010).

MAS and OHTAC have had a long-standing interest in involving relevant stakeholders in their work, particularly in the area of incorporating ethical and societal perspectives into the health technology policy analysis process (Abelson et al. 2010). In 2007, OHTAC formed a public engagement sub-committee, which identified the need for 'added vehicles for communication and consultation' with three stakeholder groups: patients, families and caregivers; advocacy groups; and the general public and Ontario taxpayers. In December 2008, the Citizens Reference Panel on Health Technologies (CRPHT) was formed as part of collaborative research study between the Medical Advisory Secretariat and the lead author (JA). A 14-member panel was created through a 'civic lottery' process[2] where 3500 Ontario residents were randomly selected from a stratified sample, and mailed an invitation letter to become a member of the panel along with an information sheet describing the project and their involvement. One hundred and sixty three expressions of interest were received and the 14 panel members were selected blindly from a respondent pool, stratified by geographic region, age and gender (Table 1).

The panel met five times over an 18-month period between February 2009 and June 2010. Topics were selected in consultation with the research team, MAS and OHTAC representatives. Information about the topics under discussion at each meeting was precirculated in a meeting workbook which included background information about the topic, explanation of key concepts relevant to the topic and a list of discussion questions to be addressed which formed the basis of the input to be provided to the decision-maker organization. Meetings were facilitated by the research team and included a combination of large- and small-group interactions organized around a pre-circulated agenda, discussion topics and questions. The meetings were audio-recorded for the purposes of preparing summary reports for the sponsor (MAS and OHTAC) and for research purposes. Data collected include qualitative verbatim transcripts, quantitative surveys administered before and after the meeting and observation notes recorded by members of the research team (Table 1).

Case Study #2 Using public deliberation to inform Quebec's Health and Welfare Commissioner: The Consultation Forum of the Quebec Commissioner of Health and Well-Being (see Table 1)

In 2005, the Health and Welfare Commissioner of Quebec was established with the responsibility for: "…assessing the results achieved by the health and social services system …, and for providing the public

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2   For a description of the civic lottery method, see www.masslbp.com/download/sorted.pdf

with the necessary background for a general understanding of the actions undertaken by the Government to address the major issues in the health and social services arena." (Government of Quebec, 2005)

As part of the legislation governing the Commissioner's establishment, a *Consultation Forum* was formed with a mandate to "provide the Commissioner with *its point of view* on the matters or issues the Commissioner submits to it as part of a consultation" (2005, chapter 4, article 28). The Forum is a 27-member citizen-expert panel that includes 18 citizens selected from each of Quebec's administrative regions and 9 experts. It meets four times per year for two days. Two separate recruitment processes were used to form the panel. Citizens were recruited through advertisements in local media and regional 'simulation events'. Experts were recruited through consultation with various organizations and university departments. A total of 266 citizens and 51 experts proposed their candidacy. Candidates were evaluated and selected based on a series of predetermined criteria (Table 1).

The Commissioner and his staff select the topics to be discussed at each meeting. Information about the topics under discussion is developed by CSBE staff and precirculated to Forum members in advance of each meeting. An external facilitator runs the meetings in cooperation with the chairperson of the Forum. Discussions take place in plenary or small-group formats. The meetings are audio-recorded for the purposes of producing meeting reports. The research team collected data through interviews with CSBE staff and Consultation Forum members, surveys administered before and after selected meetings and observation notes recorded by members of the research team at each meeting (Table 1).

TABLE 1: COMPARISON OF KEY CHARACTERISTICS OF PUBLIC DELIBERATION BODIES IN ONTARIO AND QUEBEC

	ONTARIO (CITIZENS REFERENCE PANEL ON HEALTH TECHNOLOGIES)	QUEBEC (CONSULTATION FORUM OF THE HEALTH AND WELFARE COMMISSION)
Institutional setting of deliberative body	established as part of a pilot research project to provide input to Ontario's provincial health technology advisory committee and secretariat	established in legislation to inform the Commissioner of Health and Well-Being on a range of matters relating to the performance of the health system
Objectives	source of societal and ethical values to inform Ontario's health technology assessment processes	source of public consultation input on selected matters submitted by the Commissioner
Composition and size	14 members selected through civic lottery process 1 representative for each local health integration network balance of men and women and age ranges	27 members made up of 18 citizens and 9 experts balances geographic representation, men and women, age
Meeting structure & frequency	1-day meetings with standard agenda items research team members as facilitators combination of large and small group discussions	4 2-day meetings per year agenda changes at each meeting external facilitator large- and small-group discussions only
Topic identification	health technology topics identified by secretariat and advisory committee for discussion and provision of societal and ethical values input	topics identified by Commissioner and staff
Input produced	thematic summaries from qualitative discussion priority rankings of values pertaining to specific technologies	thematic summaries from qualitative discussion
How input is synthesized and reported	thematic review of topic-specific discussions (no particular structure) "highlights" report prepared by research team and presented to advisory committee	forum discussions are summarized by Commissioner staff and shared with forum members for approval not clear how summary reports are used in Commissioner's work
Links between public input and sponsor's work	no standard approach but elements may include: i.PI summary of themes to advisory committee ii. explicit incorporation of citizens panel input into advisory committee recommendations	the process for incorporating Consultation Forum input into the Commissioner's reports is not transparent Commissioner's reports are presented to the Quebec national assembly so the potential for accountable consultation is high

■ CROSS-CASE ANALYSIS

In this section we reflect on the experiences from each project using the 'goals conditions' typology outlined above.

The motivations for creating the public deliberation forums

Table 1 describes the stated objectives for each deliberative forum. In the case of the CRPHT, the explicit focus is to provide a mechanism for OHTAC to incorporate societal and ethical values into its own deliberative process, using a deliberative public engagement methodology. Hence, the dominant focus is the more instrumental goal of using the deliberative forum to *inform, and improve the quality of*, the health technology advisory process. In the case of the Quebec Consultation Forum, the motivations appear to be both instrumental (i.e., to obtain input from the public to inform the Commissioner's performance assessment activities) and aligned with the goal of *improving legitimacy and accountability* although the latter goal has never been explicitly stated. In neither case does the educative goal of improving public understanding and competency emerge as an explicit motivation for creating the public deliberation forums, though it is a critical design feature of both bodies given the highly technical nature of the topics addressed by each. Moreover, it can be assumed to be at least an implicit goal of the Consultation Forum given the Health and Welfare Commissioner's mandate to improve the general public's understanding of the actions undertaken by the government to address major issues in the health and social services arena.

Institutional design features

Table 1 outlines the design features of our two case studies, which have important implications for the implementation of deliberation in each site. In particular, the legislative context within which the Health and Welfare Commissioner in Quebec and its Consultation Forum is situated, fosters more politicized relationships between the Commissioner and the Government, the Commissioner and his staff, and between the Commissioner's staff and the Forum members. Knowing that the Forum is a legislatively mandated body and that members are providing input to reports that are presented to the Quebec National Assembly gives members a strong sense of role legitimacy but also makes them highly critical of perceived dilution or weakening of their role. Forum members have high expectations for the quality of deliberations including the transparency of the Commissioner's office in explaining how their input will be used.

While the citizens' panel members in Ontario also communicated high expectations about contributing in meaningful and transparent ways, their involvement in a time-limited pilot research project appears to have dampened some of these expectations and cultivated a different set of relationships between panel members, the research team and the expert advisory committee that it is advising. These fundamentally different institutional contexts appear to exert different shaping effects on the environment in which deliberation is implemented in each site that, in turn, may influence how the deliberation itself measures up to its theoretical goals.

How and to what extent are the conditions of deliberation being met?

We consider, in turn, each of the five conditions of deliberation summarized in Jacobs et al. (2009) in light of some early observations from our two case studies.

Universalism and inclusivity (conditions 1 & 2)

The notion that deliberative processes should be inclusive and provide for equal opportunities for participation is an iconic feature of theorized deliberation and also the easiest to dismiss through empirical observation. The reality of deliberation is that it involves social processes that are not easily managed even through the most careful design and expert facilitation. Davies et al. (2006) describe the problem as

'hegemonic discourse', which has the power to legitimate inequalities. Drawing on the work of Young (2000), they call for a more realistic theorizing of deliberation: "… [deliberation] that address[es] the resources that citizens bring to a deliberative arena, the way in which these are already colonized by hegemonic discourses and the circumstances under which oppositional positions may be successfully articulated." (p.49)

This situation was evident in our two case studies where, from the very first meeting, influential leaders emerged within each group. In the Ontario case, one panel member wielded considerable influence by requesting additional material to inform future discussions which served as a reference point for future discussions at subsequent meetings.

> I'm wondering, if [we] would be able to look at a template that we might use for all of the proposals that come through with some standardized questions around societal impact …. a broader framework at each stage of the process... I think that would help me a lot. (Panel member)

The same individual's ability to powerfully articulate her views toward access to screening technologies for colorectal cancer in Ontario shaped the course of ensuing discussion and the priority given to certain summary points that were reported back to the sponsoring advisory committee and subsequently incorporated into a revised screening recommendation document. This individual did not dominate in terms of 'talk time' but behaved as an informal leader and facilitator to the group, not unlike a member of the research team. Unlike other panel members whose participation, at times, prompted other members to take oppositional stances, this individual's positions were rarely, if ever, challenged.

> That choice piece is, of course, it's a bit of a fine line or a double-edged sword, so to speak… If it's population-based [screening]… Do we really have a choice to take that test? And if we do, who do we run into conflict with? Do we run into conflict with our doctor? Our pharmacist? The whole health network? So do we really have choices? So that's the ethical question, is: are we in potential conflict with that very person, or people or system, that we're dependent upon for our health? (Panel member)

In the Quebec case, some individuals were also observed to be more vocal than others but, more importantly, there appear to be different types of entry barriers to deliberation. For example, the presence of expert members on the Forum created a situation in which citizen members felt that expert members dominated discussions and left citizens feeling excluded or that citizen contributions needed to be ratified by the expert members before they were accepted.

> *Je trouve que les experts sont nécessaires, puis en même temps, ça pourrait presque fonctionner uniquement avec eux.* (Citizen member)

> *Je l'ai dit quelques fois, moi, durant les rencontres : je sentais vraiment que c'était pas de mes affaires. C'est pas compliqué, c'était pas à moi à dire ce que j'en pensais, c'était aux experts.* (Citizen member)

> *Certaines idées qui pouvaient être lancées par les membres-citoyens du forum avaient besoin d'être soit entérinées par les experts ou encore, on avait besoin que les experts nous apportent des précisions.* (Citizen member)

The most significant challenge to inclusivity observed, however, were the entry barriers experienced by aboriginal community members despite the provision of translation support.

> *Personnellement, je n'ai pas de problème à comprendre quand ils parlent en anglais, ça fait que moi, ça ne me dérange pas qu'eux s'expriment en anglais. Par contre, ce que je comprends, c'est que c'est probablement un obstacle pour leur participation. C'est qu'on ne facilite pas vraiment leur participation, finalement.* (Expert member)

> *J'ai trouvé ça un peu décourageant quand j'ai vu le soutien technique qui était apporté, le soutien de l'animatrice aussi qui fait vraiment tous les efforts pour aller chercher les personnes là, et qui leur permet de passer leurs messages, mais pas de participer à la dynamique du groupe.* (Expert member)

Rationality (condition #3)

A second core feature that sets deliberative methods apart from other public participation methods is the role played by evidence and claims grounded in logic and fact. The provision of information through pre-circulated material, expert presentations, and Q&A sessions is routinely described as a discrete component of the deliberative process. Scholars have long challenged the neutrality of this process given the power wielded

by those who select the expert witnesses or the information to be shared with participants or who provide the information directly (Davies et al. 2006; Scully, Banks and Shakespeare, 2006). The importance of the neutral facilitator in contributing to the achievement of these goals has also been widely cited (Abelson et al. 2003; DeVries et al. 2010). While our case study findings reinforce the challenges of trying to meet these goals, we offer a more comprehensive portrayal of what is involved and suggest that a more nuanced conceptualization of information, evidence and claims making grounded in logic is needed.

For example, citizen panel members were preoccupied with concerns about the type, amount and quality of material they had available to them to inform their discussions about the topics assigned.

> What I'm trying to say is at my own level, if I have to say "good", I need to know why I'm saying "good". If I want to say "not good", I at least need to convince myself that this is not good. Now what are the resources that I'm looking at? That's what my question is. Will we be given enough study material or whatever, you know, resources, before we say ok? (Panel member)

> So what I feel is, because when I was trying to find out about … I went on Google because that's the best place I can get information, there's like completely negative or completely positive. There is not something which actually says it is good. Some say it's absolutely bad, some say it's absolutely good. (Panel member)

A related issue concerned the appropriate time for facilitators to intervene during deliberations to reinforce or provide clarifying information. For some deliberation topics, the amount of technical information required to gain a basic understanding of the problem made the task of citizen-facilitated discussions challenging, leading study team members to intervene to provide clarifying information, which was welcomed by panel members.

> There was one session we had, and one of the guests was helping to facilitate our [small group] discussion and that was helpful…[it] helped us to zero in, because we were dropping balls, and we were very off track… (Panel member)

> I would definitely like somebody like her [small group facilitator], the way she actually challenged our questions. I would like somebody who is saying ok you are saying that but I would like to challenge that. No, it's actually a very good thing because it doesn't make what you are thinking right and it gives you a second view and that's a good thing. (Panel member)

Similar informational challenges have arisen in the Quebec case, where the Commissioner's staff strives to find the right mix of quantity, formatting and language to satisfy the different education levels, experiences and appetites of Forum members.

> *Je trouverais qu'on n'avait pas assez d'information préalable… Ca aurait aidé par exemple d'avoir: quelles sont les politiques actuelles? Qu'est-ce qu'elles ont livré? En quelle année elles sont été faites? Quelle a été l'évaluation? Qu'est-ce qui fait qu'on se pose cette question-là maintenant? Tu sais, tout le prérequis à faire notre délibération.* (Expert member)

> *Bien au départ, et je pense que ça s'est amélioré dans le sens où ils ont commencé à faire des petits résumés aussi. Ça c'était bien, parce que ceux qui n'avaient pas le temps de lire toutes les briques... Ils nous en envoyaient tellement. C'est ça, j'aimais bien qu'il y ait des résumés, mais ça demeurait, parfois de niveau trop..., pas littéraire, mais de niveau...C'est un niveau..., on peut dire académique... C'est un niveau de langage trop élevé, parfois* (Citizen member)

Although their presence was felt by some citizen members to be exclusive, expert members appear to play a constructive role in ensuring that discussions are based on a sound premise. As described by one citizen member, they are able to insert valuable additional information to clarify and advance discussions.

> *Mais, en même temps, c'est ça, les experts y prennent pas trop de place. Mais quand ils voient que, tu sais, y a une trajectoire qui se prend puis qui est pas la bonne là, bon bien ils ramènent les choses à l'ordre.* (Citizen member)

For the most part, both citizen and expert members have been satisfied with the quality of the information presented and believe that it is their responsibility to prepare adequately for meetings by carefully reviewing the pre-circulated material.

> *On arrive, nous, avec peu de préparation, si ce n'est celle qu'on nous fournit. Alors, plus le sujet est complexe… il ne faut pas avoir peur de nous fournir de l'information. À nous, maintenant, de prendre notre responsabilité, puis de la lire, de se documenter.* (Citizen member)

En général, le matériel d'information écrit ou visuel me semble très bien structuré, très informatif, puis en général, très pertinent au débat. Je n'ai pas de problème avec ce matériel-là. (Expert member)

However, some have questioned the neutrality of the information provided, particularly as it has been reduced to short documents that appear to point Forum members in very specific directions.

Mais je trouvais qu'on avait une documentation plus large. Puis ça nous amenait, tu sais, bon bien les questions d'éthique par rapport à ça, tu sais. Puis là je trouve que de plus en plus, les documents sont de plus en plus petits. Y a moins en moins d'informations puis c'est de plus en plus pointu, fait que c'est comme si le commissaire veut s'en aller là puis il nous donne l'information pour que, dans le fond, on dise « oui, on veut aller là. Je trouve que c'est plus dirigé. (Citizen member)

Agreement (condition #4)

The agreement condition of deliberation involves working through conflicts and competing ideas to identify common ground and practical solutions. Meeting the agreement condition in practice is fraught with challenges even when this is a clearly identifiable design feature. But as one of our case studies illustrates, it may also be that the process falls short in this particular area. More specifically, we argue that the citizens' panel in Ontario may not have been meeting this condition at all and, in fact, may never have been structured to do this. Rather, its focus on 'collecting' societal and ethical values to, in turn, inform the deliberations of the provincial health technology advisory committee may be more akin to traditional public consultation processes where the views of participants are solicited without systematically attempting to reconcile differences, reach common ground or find practical solutions. While efforts may still be made to gather the collective views of the group, it is the lack of a traceable, reproducible process for doing so that warrants scrutiny. For example, at the first meeting of the Ontario citizens' panel, time was set aside to seek agreement on a set of themes that captured the essence of the discussions. This component of the agenda was formally facilitated at the end of the meeting. Subsequent efforts to reconcile competing views for the purposes of finding common ground were much less formal and collective input typically came in the form of a thematic summary of the small-group discussions held at each meeting.

In the case of Quebec's Consultation Forum, attempts to seek agreement have been more explicit but also far more contentious. At each meeting, a summary of the deliberations from the previous meeting is shared with the members as part of a vetting or member checking process. This aspect of the Forum's activities has been supported by some members but also subjected to severe criticism by others, which has led to a major overhaul of the vetting process. The source of concern has been the lack of transparency in how the meeting discussions were summarized as well as the attribution of individual opinions, not shared by all members, to the Forum as a whole.

Effectivement, c'est pas toujours évident de sortir un compte-rendu de 20-25 personnes qui discutent durant deux jours, de faire une synthèse de ça. Je pense que la synthèse a à être la plus libre, la plus générale possible. En tout cas, à date là, je pense qu'il se fait un bon boulot dans la récupération de nos délibérations. Je me suis senti à l'aise, à date là, avec ce qui est ressorti de nos débats. (Citizen member)

Je trouve qu'on prend beaucoup beaucoup beaucoup de temps pour les procès verbaux. Remarquez qu'on a essayé de trouver toutes les façons de faire, avec Internet ou…D'une fois à l'autre, est-ce qu'on se rappelle de tout ce qui a vraiment été dit ou de ce qu'on voulait dire? Il faudrait voir s'il y a moyen de trouver une autre façon. Je trouve ça lourd. (Expert member)

A new process was implemented to capture only the collective views of Forum members. This new method is difficult to assess since the members do not participate in the synthesis of their deliberations but it appears to have widespread support based on early experience.

Je pense que oui ça s'est amélioré. On a travaillé la dernière fois à dire qu'il ne fallait pas nécessairement identifier des gens en particulier, ne pas présenter ça comme des points de vue de groupe, mais plutôt de dire certains gens ont exprimé, finalement, peut-être une tendance vers cette opinion, etc. Donc je pense qu'on a réajusté le tir. Moi j'ai confiance pour la suite là que ça va être davantage simplement une synthèse de tous les points de vue qui ont été émis. (Expert member)

Political efficacy (condition #5)

Effective deliberation, it is argued, will produce outcomes that will inform and influence policy. Along the way, and necessary to achieving the goal of informing policy, intermediate outcomes of increased public

confidence, knowledge about public issues and an interest in contributing to public-spirited discussions will also be achieved. In both of our case studies, the objectives of the deliberation forum were to realize some tangible output that would inform a related decision-making process. In the Ontario case, the instrumental goal of improving the quality of Ontario's health technology assessment process through the incorporation of public values was the driving force behind the project.

With respect to the achievement of this specific goal, *explicit use* of the panel's input was documented in three ways:

- panel input was incorporated into the final OHTAC recommendation for the use of colorectal cancer screening modalities and was explicitly referenced in language voicing public concerns about the potential loss of choice and patient autonomy through the introduction of a population-based screening program;
- panel input raised concerns related to the implementation of personalized medicine technologies which were considered in the development of draft recommendations for the use of the technology;
- panel input informed the deliberations of an expert panel charged with developing guidelines for the use of celiac disease testing in the Ontario population. (Abelson, 2010)

Citizen panel members held varying views regarding the impact of their contributions ranging from the general to the specific.

… I'll put it this way: If [CRPHT] did what we think it did, or should have done, then it was well worth doing, as long as [MAS and OHTAC] keep listening. (Panel member)

I don't really know how much we may have influenced OHTAC to this point … I would like to think that we made a contribution. Whether we have? I would say yes, we did – we did get some wording in a recommendation changed. (Panel member)

Other panel members felt that the panel had "little or no influence", but thought it should "continue to push for the role to become something more substantial than it currently is", to "increase awareness about the importance of incorporating public values" in these types of processes and "to create a transferable template of citizen involvement that could be improved upon in the future".

In the Quebec case, we were able to document explicit references to Consultation Forum input in three of the Commissioner's reports. These accounted for 5-13% of the reports' overall content and include excerpts from the official summaries of the Forum discussions. Consultation Forum members reflected on their contributions to the Commissioner's work recognizing their role as one source of input among many others but also calling for a separate section of the reports to ensure that the contributions of the Forum are explicitly noted.

Et c'est certain que, au fur et à mesure que cet exercice-là va être répété, ça va sûrement s'améliorer et ça va devenir encore plus transparent. Il faut être bien réaliste : on est un groupe de consultants parmi beaucoup d'autres que le commissaire consulte. On donne une opinion. (Citizen member)

On est là, mais on est une des composantes de ce..., de cet organisme de consultation-là. On est complémentaire d'un paquet d'autres opérations qui se fait là, tant en recherche de littérature, de rencontres avec d'autres spécialistes, des rencontres avec d'autres usagers du système de santé, etc., etc. là. C'est peut-être même un des défis de bien faire comprendre aux gens du forum de consultation quelle est leur place exacte dans toute cette opération-là. (Citizen member)

Mais moi, quand je lisais le rapport du commissaire, je trouvais ça vraiment ténu, le rôle du forum de consultations et c'est presque à se demander si le commissaire ne devrait pas publier son rapport avec, en annexe, un rapport du forum de consultations beaucoup moins volumineux, mais un rapport qui serait signé par le forum lui-même et qui dit les choses telles quelles. (Citizen member)

■ DISCUSSION

It may come as no surprise to those carrying out empirical studies of deliberation that its theorized goals fall short when put into practice. Davies et al. (2006) provocatively describes the gap as that between 'sanitized debates' vs. 'messy practice'. Based on our case studies of deliberation in the Ontario and Quebec health systems we are able to offer suggestions for additional theorizing that are required to provide a more robust framework to guide empirical work in this area. Our findings point to the following needed improvements.

First, with respect to the condition of *equal participation and inclusivity*, our findings indicate that a much more sophisticated understanding of citizen participants' roles is needed given that satisfying the equal participation condition may have little bearing on the extent to which individuals use their experience and "hegemonies of discourse" to wield influence either intentionally or unintentionally. More specifically, fuller exploration of the group dynamics operating within deliberative forums, how citizen participants become informal leaders within these groups and how these roles affect the principles of universalism and inclusivity is an important area for additional work. The contrasting compositions of the Ontario citizens' reference panel and the Quebec Consultation Forum also point to the need for more careful examination of the pros and cons of citizen-only vs. citizen-expert structures with respect to this condition. Similar tensions to those identified in our results have been documented by others (Daudelin et al. 2010) and point to the need for more careful design of these types of structures.

A second and equally important area for continued study is how and why citizens use, call for and independently retrieve different *forms of evidence* as sources for improved understanding and as the basis for reaching specific positions on an issue. Much of the emphasis to date has been placed on the importance of deliberation organizers carefully selecting information to provide to citizen participants; however, as citizen deliberators seek out additional information sources to augment the information provided, understanding how they identify, interpret and use these selected information sources in relation to other sources will be important. A different angle on the rationality condition, also worthy of attention, is the training facilitators require to ably contribute to informed and higher quality deliberations by injecting reinforcing or clarifying information into the discussion without leading, influencing or biasing the deliberative process. Also relevant to the *rationality* design feature, but linked to the *inclusivity* condition discussed above is the consideration, once again, of the pros and cons of hybrid citizen-expert structures that, on the one hand, reinforce asymmetries of expertise but can also create knowledge translation opportunities within structured deliberation. More rigorous examination of these types of structures are encouraged.

The *agreement* condition requires greater conceptualization to understand how this might operate adequately in practice. Fundamental to this is the question of when deliberation starts and stops, what its different forms are and how we know when it has taken place (Abelson, 2009). These are among the most perplexing questions to face deliberation practitioners. Davies et al. (2005) reflect on similar challenges in the early days of the NICE Citizens Council. Mid-course adjustments were required to ensure that 'minority' views were not being glossed over in an attempt to portray the council as having reached unanimity on the issues discussed (Davies et al. 2006). Our findings suggest that a *continuum of deliberation* might be a more sensible way to categorize and understand practice with respect to certain features.

To some deliberation scholars, *political efficacy* is the most important condition to be met and is, indeed, at the root of calls for public deliberation. The challenge in both of our cases, as it is more generally in the field, is to document these often-elusive links. How do we map the path from deliberation to political efficacy in the context of a citizens' panel that is informing an advisory panel on health technology assessment or between a consultation forum and the work of the health and welfare commissioner that it informs? In both cases, the links between public participation and policymaking are indirect, not easily perceptible, and likely to be observed, if at all, over a long time horizon which is usually far beyond that of the participatory process. Moreover, neither of the organizations studied is required to demonstrate how they have considered and incorporated the input of citizens into their documents, thinking or practice. Yet in both cases, organizational

commitment and recognition of the importance of paying attention to these links appear to be sincere. Without any firm accountability requirements in place, however, how far can we expect demonstrations of organizational sincerity to go?

In prior work in this area, we have attempted to document the links between public input and measurable outcomes and have found that the outcomes of interest are varied (Abelson et al. 2007). The conventional ways of thinking about influence are through participants themselves as they become more confident and politically interested and mobilized. However, for many of the health care organizations that are experimenting with deliberative participation models, the path of influence is likely to be through the organization and its inner workings rather than a direct link between citizens and policy.

For example, in the evaluation of the NICE Citizens Council in the U.K., NICE as an organization struggled for some time to determine how to incorporate the input of the Citizens Council into the workings of the organization (Davies et al. 2005). This led to much soul searching within the organization which now requires the Board of NICE to respond to each Council report with a clear statement of how it has considered the Council's input in its own deliberations (Davies et al. 2006). This form of 'accountable consultation' has been discussed elsewhere (Litva et al. 2002) and is received favourably by citizens who are looking for signs that their contributions have been considered in a measured way even if they haven't had a direct influence on a policy process. Before these types of recommendations for solving the public input-policy gap can be offered, however, a much more thorough understanding of why the gaps exists in the first place, and how links that do exist might be documented more comprehensively, is required.

Much of what has been discussed here pertains to the micro-level workings of deliberation which, independently, and taken together, are critical. But as discussed earlier, it is only through a much broader consideration of deliberation in its *political and institutional contexts* – that is in unpacking the underlying motivations for undertaking it and the institutional arrangements within which it must survive - that much progress will be made in truly understanding what shapes the design and implementation of deliberation and ultimately, its influence over the policy process it seeks to inform.

■ CONCLUSIONS

Through our case studies of deliberation practice in Ontario and Quebec, we have contributed to the on-going discussion about how public deliberation works in practice and to the additional theorizing required to create a more robust framework to guide empirical work in this area. Our preliminary findings suggest several areas for improvement. We look forward to the next wave of interactions between theorists and practitioners as the field of empirical deliberation research matures.

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