

# What Is Good Public Deliberation?

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When assigned the task of describing and updating essential health benefits for qualified health plans in the Affordable Care Act, the Secretary of Health and Human Services turned to the Institute of Medicine for advice. An IOM committee recommended that “structured public deliberative processes be established to identify the values and priorities of those citizens eligible to purchase insurance through the exchanges, as well as members of the general public.”<sup>1</sup> The IOM argued that “the inevitability of limit-setting requires a nonpartisan, transparent process for eliciting the core values of key players, including taxpayers and health plan enrollees. Health care has always been steeped in tradeoffs . . . Incorporating an informed citizen perspective can make these tradeoffs more responsible, responsive, and acceptable to the public.” Even this brief excerpt mentions numerous ways—transparency, informativeness, acceptability—by which the success of public deliberations might be judged.

Theories of deliberative democracy do not prescribe a single method of doing deliberation, and uncertainty and debate remain about the best approach.<sup>2</sup> Theories do, however, provide guidance for empirical research about the quality of deliberation, evidence that is vitally needed to ensure that deliberative procedures do not produce more harm than good.

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Deliberation tends to change things—opinions, rationales, intensity, attitudes toward opposing views, and so on—and often aims to influence policy. If deliberation brings about these changes primarily via social power, say, or group conformity, then it could magnify social inequality and pervert its own goals. The quality of public deliberation depends on more than how and whether it changes anything: Many theorists hold that high-quality deliberation is intrinsically valuable as a direct indicator of justice. Putting these theories to the test can yield evidence about the quality of deliberative procedures and whether they bring about the presumed benefits. Such evidence can enable improvements based on lessons learned.<sup>3</sup>

Some universally relevant criteria can be used to judge deliberative events.<sup>4</sup> We divide these into three domains: structure, processes, and outcomes.<sup>5</sup>

## Structure

One of the two most common criteria of quality in the literature of public deliberation is representativeness.<sup>6</sup> If participants are not representative of the population affected by the policy issue under consideration, then the results of deliberation would be open to contention. Oregon’s groundbreaking Medicaid priority-setting discussions in 1989, for instance, were criticized for incorporating inadequate input from Medicaid enrollees,<sup>7</sup> the people who would be most affected by the prioritization decisions. Representativeness can be seen simply as a set of demographic characteristics, although in some cases other qualities (such as political ideology, religious beliefs, health conditions, and life experiences) could also be relevant. For example, policies regarding research with persons who have Alzheimer disease are more relevant for people who are older or who have a family history of the condition than for people who are at relatively low risk of contracting the disease.

Other important elements of structure are resources to inform participants about the policy issue and sufficient time for them to absorb and discuss it. Information should be credible, trustworthy, sufficient (including a range of policy options), accurate, accessible, and independent. Deliberators should have enough time to review the information, reflect on it, and discuss it. The volume of information and the time needed for reflection and discussion depend on the complexity of the topic. Participants’ perceptions of the quality of these factors can be measured in postdeliberation surveys.<sup>8</sup>

## Process

Many aspects of the deliberative process can contribute to its quality. Participants should be able to communicate freely by challenging one another and accepting or rejecting others’ positions. Their attempts at persuasion should be based on the quality of argument, reasons given, or appeal to particular values, rather than merely on rhetorical skill.

Other important aspects of fair procedures include transparency and sincerity, tolerance for others' points of view, and respectful dialogue. Reasoning should reflect relevant factual information, as well as a perspective on what is best for society, as opposed to what is best for individuals. Do participants listen to one another? How does the discussion proceed? Specifically, do participants ask clarifying questions? Do they challenge others with counterarguments? Do they modify their own views after listening to the reasoned views of others? How do they reconcile disagreements? These aspects of procedural quality can be examined using qualitative analysis of dialogue—for example, examining the discussion for language indicating acknowledgment of others' points of view, counterarguments, accuracy of factual claims, and statements about benefit to the community or vulnerable members of society.<sup>9</sup>

A postdeliberative survey of participants can measure their perceptions of the fairness of the procedures and the sincerity of others' comments, their own willingness to abide by the group's decision, respect for the opinions of others, and their knowledge of the issue at hand.<sup>10</sup> An assessment of the societal perspectives can include comparing decisions of groups of deliberators to those of individual deliberators.<sup>11</sup> One study compared attitudes toward a policy allowing surrogate consent for research in several scenarios before and after deliberation, and then compared the change in attitude in the deliberation group with that of two other groups: a group that received written information and a control group. In the deliberation group, support for surrogate consent was higher after deliberation than before it for all scenarios, with much of the increase sustained one month after the deliberation session. There was a transient increase in support for the policy in the education group, and no change in the control group, indicating that deliberation itself, and not merely information, changed participants' views of policy options.<sup>12</sup>

Equality, or reasonably balanced participation, constitutes an important aspect of procedural fairness. Do a few participants dominate the discussion, or do all or most participants contribute? Do the sessions encourage compromise positions, or does the majority overrule minority voices? One study of deliberation quality measured the number and length of comments. It found broad participation and other evidence of deliberation quality.<sup>13</sup>

## Outcomes

Besides representativeness, the other most common criterion for quality in the literature of public deliberation is impact. Reports of deliberations nearly always include the decisions or recommendations reached by deliberators. Merely reporting these decisions, however, does not reflect the *quality* of deliberations. Change in participants' informed policy opinions can be a key indicator of deliberative quality. Other important outcomes include changes in participants' views of others. They may develop greater respect or tolerance for other points of view or more trust for policy-makers, or they may consider decisions to be more legitimate and therefore feel more satisfied with them. Participants might also become more politically active, develop a stronger sense of political efficacy, or report changes in social trust or connectedness.

Evaluations of deliberation quality should also examine differences between subgroups. The perceptions of the adequacy of information or of respectful treatment may differ depending on a participant's socioeconomic status or other demographic characteristics. Some individuals with strong opinions or particular ideologies may hold less favorable views of deliberation's results or the credibility of information.

Perhaps the ultimate outcome criterion of a public deliberation event is its tangible impact or influence on policy decisions or processes. Measuring policy impact presents a formidable challenge. Outcomes may not be apparent until considerable time has elapsed, and the more time has passed, the harder it is to distinguish the impact of the deliberation on the policy outcome from the potential influence of other events or circumstances. If an assessment is planned, one option is to interview policy-makers or observe their discussions about the topic before and then after deliberation to see if they mention the deliberation results or if their views reflect or change in line with the decisions or recommendations reached during deliberations.

A deliberative event can be successful and of high quality, however, even without having any explicit effect on policy. Policy-makers can be more confident that they have enacted policies that have the informed input from their constituents, which is hardly of marginal value in a democracy. Those constituents, in turn, can be more confident in their support of policies enacted, and in the legitimacy of the policies

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themselves. There may also be downstream benefits, such as continued support for policies when fiscal or political conditions change, incentives for elected officials to be more accountable to those affected by their decisions, an improved sense of efficacy among citizens, and greater trust in government overall.

Deliberative democracy promises a unique and novel way to address thorny problems in health policy and bioethics. Given the variety and relative novelty of deliberative methods, it is especially important to develop ways to measure the quality of deliberative events. When probing the quality of deliberation, it is especially important to ask “compared to what?” In other words, we should ask whether deliberative procedures achieve their goals better than alternative methods. Organizing the assessment around the broad domains of structure, process, and outcomes is one way of approaching this complex task. In applying such a framework, it is essential to keep in mind that the actual “front lines” work in deliberation is messy and complex.<sup>14</sup> But imposing scientific rigor on research design—sampling, controls, measurement—helps meet the challenge of studying human communication, behavior, and thought in all their messiness and complexity.

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1. Institute of Medicine, *Essential Health Benefits: Balancing Coverage and Cost* (Washington, D.C.: National Academies Press, 2011), p. xii.

2. G. Rowe and L.J. Frewer, “A Typology of Public Engagement Mechanisms,” *Science, Technology, and Human Values* 30, no. 2 (2005): 251-90.

3. M.A. Neblo, “Thinking through Democracy: Between the Theory and Practice of Deliberative Politics,” *Acta Politica* 40, no. 2 (2005): 169-81.

4. R. de Vries et al. “A Framework for Assessing the Quality of Democratic Deliberation: Enhancing Deliberation as a Tool for Bioethics,” *Journal of Empirical Research on Human Research Ethics* 6, no. 3 (2011): 19-30.

5. S.D. Goold, L. Damschroder, and N.M. Baum, “Deliberative Procedures in Bioethics,” in *Empirical Methods for Bioethics: A Primer*, ed. L. Jacoby and L.A. Siminoff (Oxford, U.K.: Elsevier, 2007).

6. Rowe and Frewer, “A Typology of Public Engagement Mechanisms.”

7. S.D. Goold, “Allocating Health Care Resources: Cost Utility Analysis, Informed Democratic Decision Making, or the Veil of Ignorance?” *Journal of Health Politics, Policy and Law* 21, no. 1 (1996): 69-98; and M.J. Garland and R. Hasnain, “Health Care in Common: Setting Priorities in Oregon,” *Hastings Center Report* 20, no. 5 (1990): 16-18.

8. S.D. Goold et al., “Choosing Healthplans All Together: A Deliberative Exercise for Allocating Limited Health Care Resources,” *Journal of Health Politics, Policy and Law* 30, no. 4 (2005): 563-601.

9. L.W. Black et al., “Methods for Analyzing and Measuring Group Deliberation,” in *Sourcebook of Political Communication Research: Methods, Measures, and Analytical Techniques*, Routledge Communication Series (New York: Routledge, 2009); R. de Vries et al., “Assessing the Quality of Democratic Deliberation: A Case Study of Public Deliberation on the Ethics of Surrogate Consent for Research,” *Social Science and Medicine* 70, no. 12 (2010): 1896-1903.

10. Goold et al., “Choosing Healthplans All Together.”

11. See S. Evans-Lacko et al., “Laypersons’ Choices and Deliberations for Mental Health Coverage,” *Administration and Policy in Mental Health and Mental Health Services Research*, March 2011 (epub), DOI: 10.1007/s10488-011-0341-4; S.D. Goold et al., “Will Insured Citizens Give Up Benefit Coverage to Include the Uninsured?” *Journal of General Internal Medicine* 19, no. 8 (2004): 868; M. Ginsburg, S.D. Goold, and M. Danis, “(De)constructing ‘Basic’: Citizens Define the Core Elements of Coverage,” *Health Affairs* 25, no. 6 (2006): 1648-55; and A. Baechtiger et al., “Disentangling Diversity in Deliberative Democracy: Competing Theories, Their Empirical Blind Spots and Complementarities,” *Journal of Political Philosophy* 18, no. 1 (2010): 32-63.

12. S.Y.H. Kim et al., “Effect of Public Deliberation on Attitudes toward Surrogate Consent for Dementia Research,” *Neurology* 77 (2011): 2097-2104.

13. De Vries, “Assessing the Quality of Democratic Deliberation.”

14. G. Rowe et al., “Difficulties in Evaluating Public Engagement Initiatives: Reflections on an Evaluation of the UK ‘GM Nation?’ Public Debate,” *Public Understanding of Science* 14, no. 4 (2005): 331-52.