Exploring the proliferation of consensus statements in a risk society and whether they can facilitate the re-establishment of elite credibility.
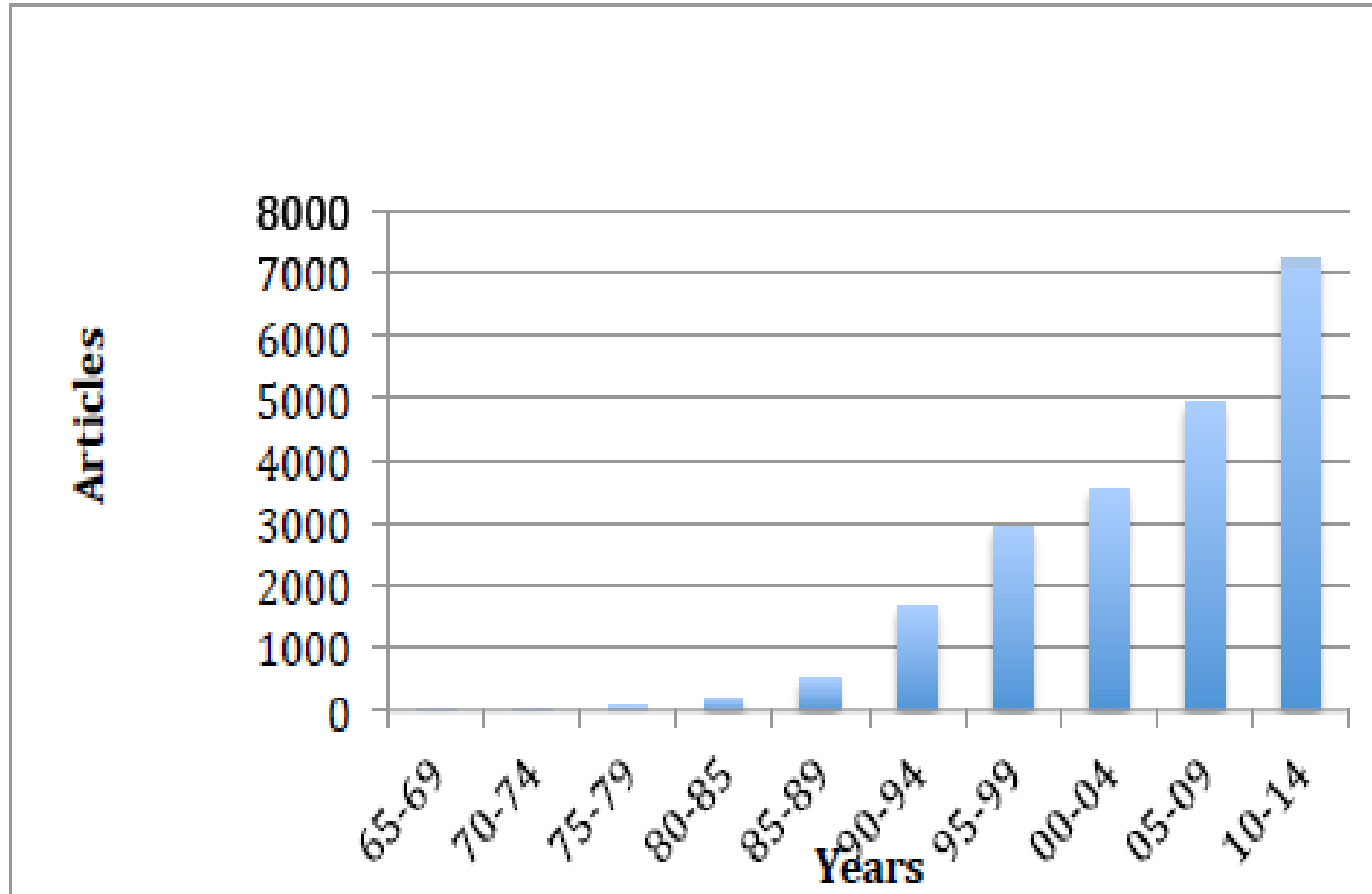
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- Risk Society:

"a systematic way of dealing with hazards and insecurities induced and introduced by modernisation itself (Beck 1992:21)
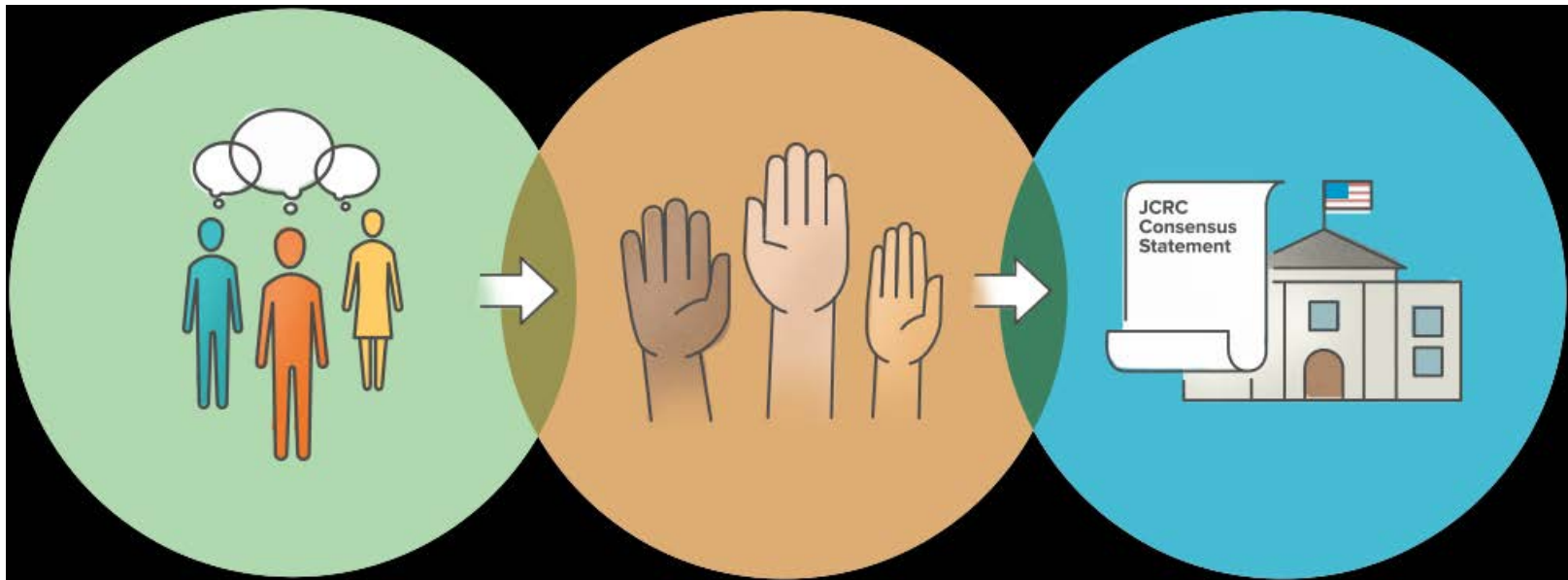
- A consensus statement (CS) helps inform practical actions in an environment of uncertainty

- Definition: *a document developed by independent panel of experts, usually multidisciplinary, convened to review the research literature for the purpose of advancing the understanding of an issue, procedure, or method*

- Gap:
  - few works critically engage with their role and function in the policy and scientific world.
  - few studies making the link between deliberative democratic frameworks and the generation of CS.
- Aims:
  - to consider the rationale behind the proliferation of the increase in CS
  - to consider their utility to both the policy and scientific communities
  - Are CS good quality and therefore potentially serving as an antidote to decreasing public confidence in expert opinion.
  - to ascertain whether they facilitate serve democratic imperatives.

- 25 semi-structured interviews undertaken

- 16 US, 4 Australia, 5 UK

- obesity, medical imaging, depression, genetic testing

- Interviews: iterative and through the snowball effect

- Audio-recorded, transcribed, coded in NVivo

- questions were informed by concepts in deliberative democracy about environments that foster deliberation (deep inclusion, qualitative equality, joint intentions (Young, 2000)

- Participants - peak national agencies/commissioning agencies/ policy makers/practitioners/consumers.

1. review evidence when it appeared multidirectional:

"One [reason for the recent proliferation of CS is that] in areas where scientific evidence exists on maybe two sides of a question and in other

2. when evidence was flimsy, establish a consensus based on expert opinion

"They began to discover there was very skimpy, if any, evidence at all to substantiate doing a lot of those procedures"

➢ The need for policy makers and clinicians to obtain a peer-informed legitimacy for decision-making:

…The process itself being open and having every constituency we can identify and if there are some that aren't represented on the committee itself, we invite them to give presentations to the committee and to write those presentations up so they can be appended. Then we publish a report that includes all these statements of people who came to give testimony in addition to those of the committee who write the basic sections of the report. It's a pretty thorough process, airing all of these points of view.

Quality:

- Type 1 > Type 2:

"I think that probably consensus statements if you look at it in terms of hierarchy around evidence and the availability of evidence, consensus statements are generally at the bottom of the pile because what we tend to go for where we can is we'll go for overviews like systematic reviews of systematic reviews as per the Cochrane handbook. We'll do systematic reviews ourselves on single issues. It's only where you don't have a lot of evidence where you will bring experts together who will then work through a particular issue to provide advice".

- Evidence grading to signal quality

- The type of stakeholder involvement (who?)

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- The nature of stakeholder involvement (how?)

I kind of hooked up with three colleagues and I knew were leading research in the field and I say, "How do we go about it?" And together we decided that we could contact ... We would establish very transparent mechanism which we invite people who have track records of publication and expertise in the field. And that was easy there because there were not many. And then the remaining people, we invited from all the areas that were related to diabetes, including leading representatives of organisations or leading clinical trialists, et cetera, who might not have had expertise yet of bariatric surgery.

- Broader democratic ideals of legitimacy, power-sharing, accountability and transparency ideals present but not principal

  - *There is some sense of a secret society into how this information is all vetted, discussed, and reviewed, although I do think their exhaustive reports really cover it completely. I think that just reflects a lack of trust in general among people for anything that we do.*

  - *Those [poorly constructed consensus] statements are not put together with participation on the panels being as broadly representative of all stakeholders;*

  - *According to the clinical guidelines that you should trust, it's better if the funding agency is separate from the panel of scientists that make the recommendation and separate from the evidence reviewer, so that there's kind of an independence;*

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  - *Anyone can nominate any topic publicly. On the task force's website, anyone can write in a topic to be nominated.*

- Democratic imperatives appeared to be a secondary factor for commissioning agencies
- Conflicts of interest were discussed as an important area to be managed and each consensus forum had a strategy of dealing with them
- Professional conflicts were deemed less serious than financial conflicts of interest and profiteering from the establishment of CS.
- The influence of industry funding was not apparent from the research sample for the case studies in question.
- The creation of CS is that consensus in and of itself is the goal

- CS seek to further scientific imperatives
- The democratisation of science and the establishment of a consensus is a means of giving credibility and attempting to return to its former status of *truth*.

- *"Science, which played an essential part in setting everything in motion, has excused itself from the consequences and takes refuge for its own part in decision-making, into which modernity transforms everything anyway. Therefore, what matters now – the conclusion goes – is to make this basis for decision-making publicly accessible, according to the rules provided for such things in the recipe book of modernity: democratisation. The proven instruments of the political system are to be expanded to conditions outside it. The pallet of suggestions extends from parliamentary checks on corporate technology development, to special 'modernisation parliaments' in which interdisciplinary groups of experts would look through, evaluate and approve plans, all the way to inclusion of citizens' groups in technological planning and the decision-making processes in research policy"* (Beck, 1992, pp. 228-229).

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- The democratisation of science should be a primary value

- Consensus fora exhibit the clear signs of democratisation

- An idea prevails that scientists prefer to conduct their activities "behind closed doors" and operating like a "secret society".

- Making democratisation a clear objective for scientists and policy makers to the broader public

- Processes already being spoken about (i.e. transparency, accountability, legitimacy, power-sharing etc.) are better known.

- Engenders public confidence who largely feel isolated from the activities of the so-called elites.

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