



WWW.DAUPHINE.PSL.EU

19.06.2021

Spaces of argumentation and their interaction - Some elements of thought inspired by controversies and dispute in France during the Covid-19 crisis

Gabriella Pigozzi and Juliette Rouchier

*The First International Workshop on Logics for New-Generation Artificial
Intelligence (LNGAI 2021)*

18-20 June 2021, Hangzhou, China

Motivation

- Work in progress, no formalisation yet;
- Covid-19: circulation of arguments in public spaces;
- Particularity: presence of scientists on the media;
- February 2020: scientific knowledge on SARS-CoV-2 virus constructed and shared in “real time” => emergence of *controversies*;
- Collision between media (short temporality) and science (slow and consensus not always synonym of truth);
- Interested in the interactions and exchanges between these worlds;
- In Zhe Yu and Shier Ju’ talk: context is different culture background, norms and values and preferences over them. Change of a context: a strategy to get consensus. All participants share same norms (possibly with different preferences);
- Instead, our interest is at *debate switch* leading to opinion polarisation or incommunicability;
- How can different groups debate when sharing information, evidence, refer to different notions of acceptable arguments and proof standards?

Introduction

- March 2020: Dr Raoult learns by a Chinese colleague that chloroquine could work on the SARS-CoV-2 virus in vitro;
- Few weeks later: hydroxychloroquine (HCQ) can reduce viral load (even more in combination with azithromycin (Az));
- Results were not accepted because preliminary;
- The debate in France became very heated;
- Recorded some arguments that circulated;
- We have no medical competence to assess the correctness of the arguments;
- Our interest: exchange of arguments in a real case, between different worlds, with different notions of “rationality”.

May 2020



The fact that some defend Raoult proves he's a guru (and those people are easily influenced)

For some media, by May 2020, Raoult is 'over'.



This proves that Raoult is not serious. He doesn't accept criticism. He's a charlatan. [Attack ad hominem]



At the moment, the priority is to treat patients. Others can prove that the protocol works (medical practice vs. research).



Though RCT have been sometimes been useful, they are expensive (so financed by pharmaceutical industry, uninterested in proving efficacy of old molecules), and often biased.



RCT pose some serious ethical concerns



Raoult commits an insufficient sample fallacy (the evidence is insufficient)



Randomised controlled clinical trials (RCT) are the gold standard: it must be used to prove the treatment [Argument from established rule]



Scientific Publications: RCT can just prove the non-rejection of an hypothesis, not that the hypothesis is correct



(March 2020)
HCQ+Az => Reduction viral load when given at first symptoms



Donald J. Trump
@realDonaldTrump

HYDROXYCHLOROQUINE & AZITHROMYCIN, taken together, have a real chance to be one of the biggest game changers in the history of medicine. The FDA has moved mountains - Thank You! Hopefully they will BOTH (H works better with A, International Journal of Antimicrobial Agents).....

101K 7:13 AM - Mar 21, 2020

49.1K people are talking about this

March 2020

#FauciLeaks: 25/3/2020 email exchange between Dr. Anthony Fauci, American immunologist, who was the main adviser of Donald Trump and then of Joe Biden, and Jean-François Delfraissy, President of the Scientific Council:

On the therapeutic level, Yazdan Yazdanpanah has taken my place and who is now leading REACTing.

Tomorrow morning a french-european medical trial will begin, under the control of the WHO, with 5 arms (placebo/kalatra/kalatra +interferon béta / product of Guilead / hydroxychloroquine alone or in combination for next week).

As you may know, we are currently facing a press buzz since the announcement made by Dr. Raoult about the effectiveness of hydroxy-chloroquine. His data is not particularly convincing. We can distinguish a slight positive signal but it must be confirmed by a well made randomised trial. We also started a monkey-model study with HC and we should have the results by the end of next week. Also a cohort of severe COVID+ patients have been created and some will be treated with HC : we will analyse those results with all the consciousness needed. It will also be possible to do a prevention trial for healthcare

NIH-000232

professionals and aging people with HC. I have an enormous political pressure to release HC and to give it to everyone but I am currently resisting...

How is the situation in the USA, especially after Trump's announcement ? What is the NIH position ? What will be put into force ?

Thanks for your answer.

I put Yazdan Yazdanpanah in a copy of this email.

Best regard

Pr. Jean-François Delfraissy

Président | *President*

Comité consultatif national d'éthique pour les sciences de la vie et de la santé



Randomized controlled trials—a critical re-appraisal

Dorothee Mielke^{1,2}  • Veit Rohde¹

Received: 5 May 2020 / Revised: 31 August 2020 / Accepted: 22 September 2020

© The Author(s) 2020

Abstract

Randomized controlled trials (RCTs) are considered to represent the gold standard of scientific studies and paved the way for evidence-based medicine (EBM). Besides the initial aim to improve the quality of patient care, EBM is used in the meanwhile for political and economic decision-making and legal issues as well. A review of the literature was performed, followed by a search using links and references of the detected articles. Additionally, homepages for German institutions of public health were screened. Substantial limitations of RCTs and EBM health care could be identified. Based on the selected literature, 80% of the medical treatments have low evidence. RCTs are expensive and are mainly performed by the industry nowadays. A publication bias for positive results exists. Some RCTs are of low external validity. Many studies have a low fragility index. Nonetheless, negative RCTs could be of benefit for the patients. The results of RCTs, gained in a distinct patient population, are partially generalized. RCTs should be analyzed critically before adopting the results to daily clinical routine. It is not really justified to use RCTs and EBM for political and economic decision-making and legal issues as seen today.

Keywords Randomized controlled trial · RCT · Fragility index · Evidenced-based medicine · EBM

“My team and I believe we have found a treatment. And in terms of medical ethics, I feel that I have no right as a doctor not to use the only treatment that has been proven so far.”

(Interview D. Raoult, *Le Parisien*, 22/03/2020)

Consulter le journal

Se connecter

ACTUALITÉS ÉCONOMIE VIDÉOS OPINIONS CULTURE M LE MAG SERVICES

OPINIONS · CORONAVIRUS ET PANDÉMIE DE COVID-19

TRIBUNE

Didier Raoult
Microbiologiste

Didier Raoult : « Le médecin peut et doit réfléchir comme un médecin, et non pas comme un méthodologiste »

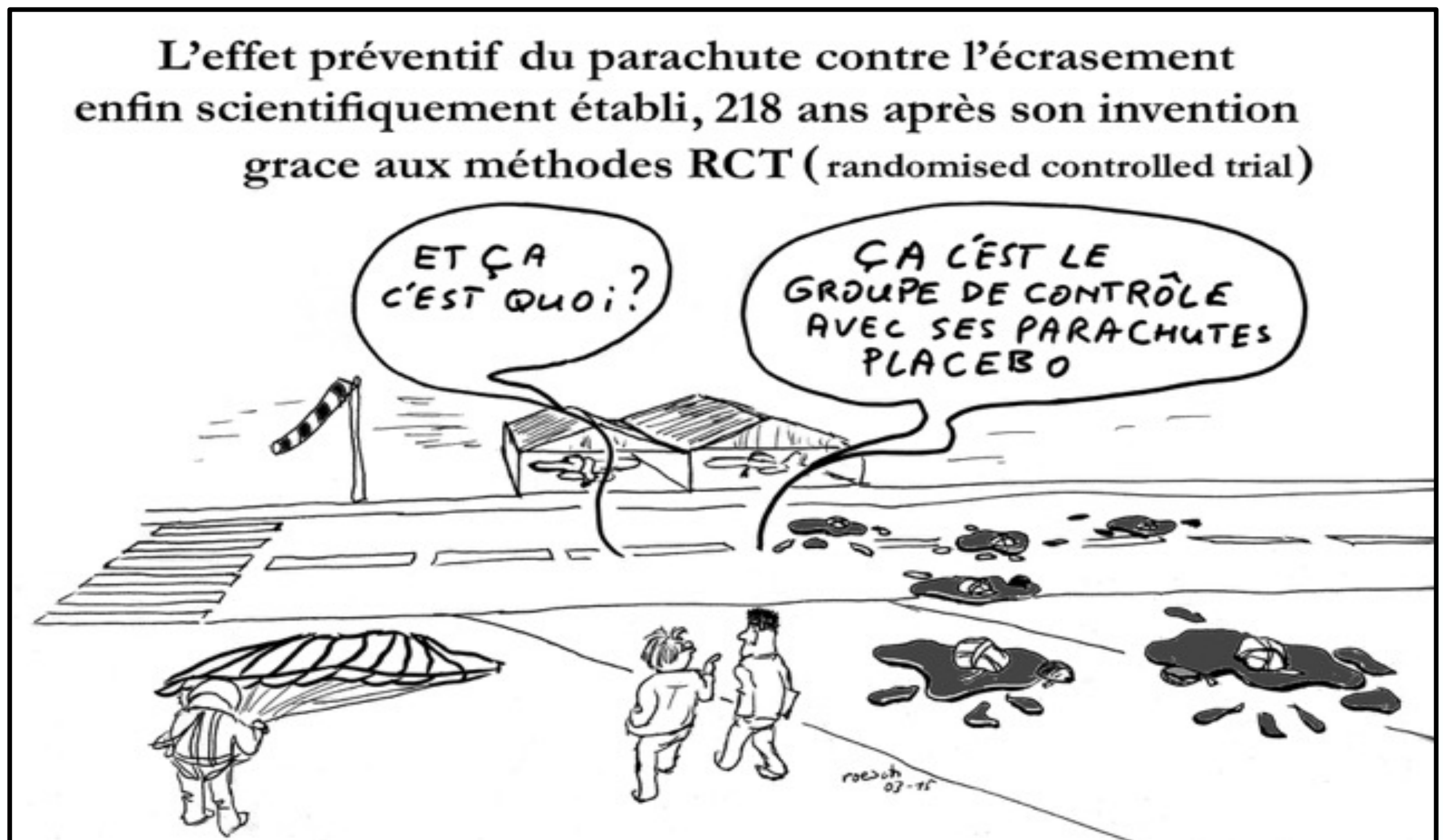
Dans une tribune adressée au « Monde », le microbiologiste de Marseille, promoteur de l'utilisation de l'hydroxychloroquine contre les infections à coronavirus, justifie ses méthodes et s'en prend aux règles éthiques actuellement en vigueur en France.

Publié le 25 mars 2020 à 21h33 · Mis à jour le 26 mars 2020 à 17h56 | Lecture 5 min.

Article réservé aux abonnés



“To those who say that thirty multicenter studies and one thousand patients are needed, I answer that if we were to apply the rules of the current methodologists, we would have to redo a study on the interest of the parachute. Take 100 people, half with parachutes and half without, and count the deaths at the end to see which is more effective.”
(Interview D. Raoult, *Le Parisien*, 22/03/2020)





FEATURE

He Was a Science Star. Then He Promoted a Questionable Cure for Covid-19.

The man behind Trump's favorite unproven treatment has made a great career assailing orthodoxy. His claim of a 100 percent cure rate shocked scientists around the world.



June 2020



Mainstream media accept *The Lancet* paper, they do not hear these arguments => HCQ/Raoult is still dangerous => The question is settled (*confirmation bias?*)



June 02, 2020

After investigation from *The Lancet*, the authors *retract the* paper. His editor describes it as a “shocking example of research misconduct”.



This is nonsense. I trust what I see, not some big data poorly managed



Data are highly suspicious: data manipulation or faked data



Scientific community found serious flaws in the Lancet paper



Friday, May 22, 2020

The Lancet published a ‘multinational registry analysis’ paper on HCQ for Covid-19 (Mehra et al.). The paper concluded HCQ did not work for Covid-19 and led to increase mortality rate.

22 May 2020



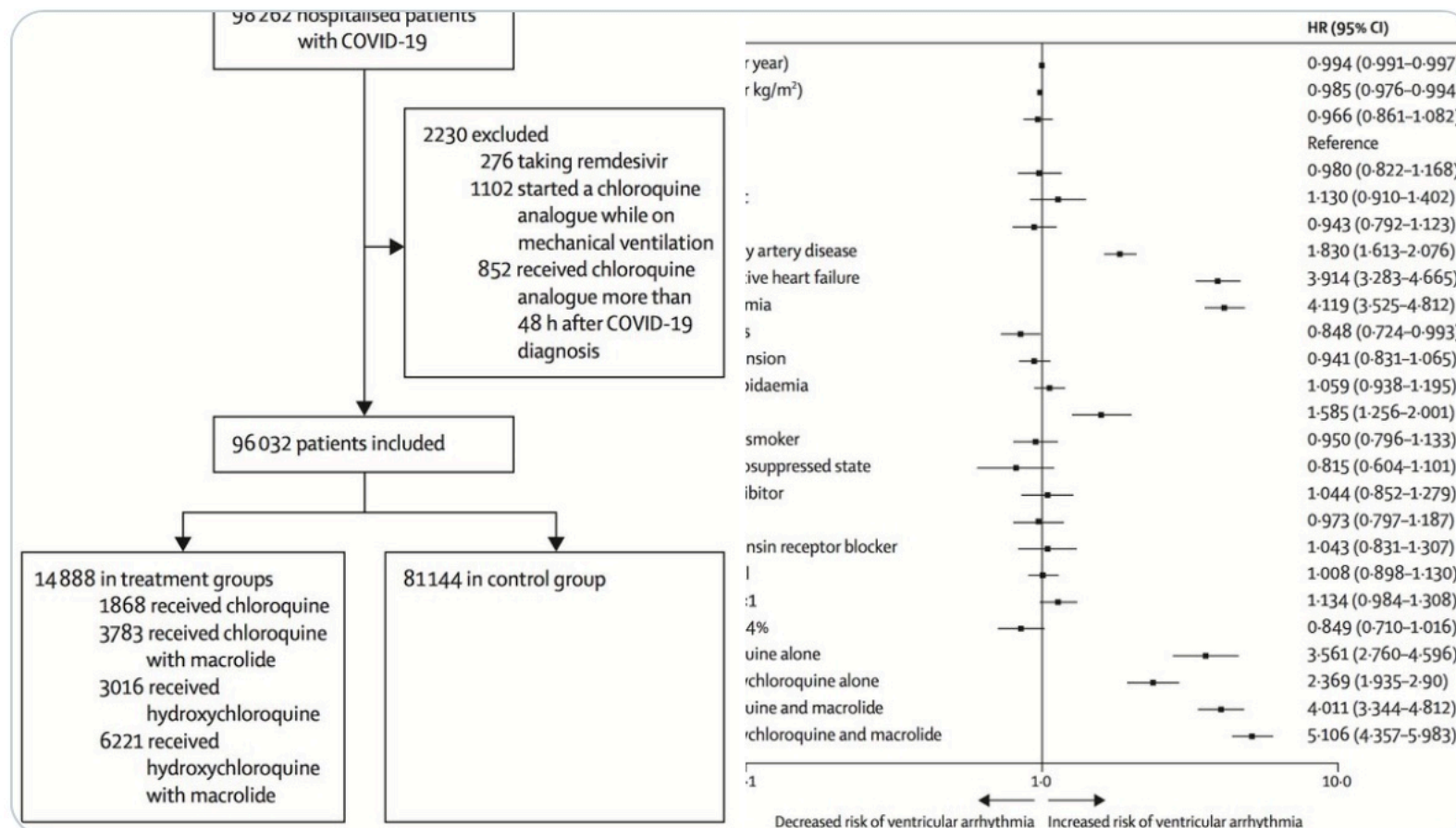
Dr Gaetan Burgio, MD, PhD.

@GaetanBurgio



Huge observational study that just came out in [@lancet](#) on 96,032 [#COVID19](#) patients including 14,888 treated with [#hydroxychloroquine](#) HCQ or CQ ± AZ showing no benefit against [#COVID19](#) but significant increase of serious adverse cardiac effects (QTc)

[thelancet.com/lancet/article...](https://www.thelancet.com/lancet/article...)



2:54 PM · May 22, 2020



331



See the latest COVID-19 information on Twitter



Didier Raoult ✓

@raoult_didier



Les dernières études publiées sur l'hydroxychloroquine montrent une discordance entre les données observationnelles et les analyses rétrospectives de bases de dossiers de patients.

A l'IHU, nous faisons confiance à la réalité, pas au big data mal maîtrisé



4000 patients traités VS Big Data : qui croire ?

Bulletin d'information scientifique de l'IHU - Nous avons le droit d'être intelligents ! Pr Didier Raoult, ...

[youtube.com](#)

12:25 PM · May 25, 2020



♥ 12.1K



See the latest COVID-19 information on Twitter