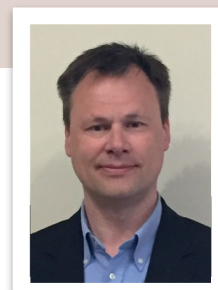


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Rhetorical question?

*"Repetition is the strongest figure of speech".
Napoleon Bonaparte*

"Should I take the 4th/5th dose? This question, almost rhetorical for some patients, tickles the ears of GPs who, like their patients, often feel exhausted by the almost three years of the pandemic.

This exhaustion, amplified by the influenza and bronchiolitis epidemics, can even lead to a lack of interest in Covid-19. And yet, from January 2020 to December 2021, the excess mortality due to Covid-19 has been estimated at 14.83 million worldwide¹. Life expectancy has by more than a year, compared with the pre-pandemic period. This is the sharpest fall since the Second World War. The organisation of healthcare has been disrupted in Europe², and has also been disrupted in Quebec and Canada, as shown by the accounts of Légaré et al. in this issue³.

So "should we take the 4th/5th dose? This is not a rhetorical question for GPs; it deserves an EBM-based answer. Even if the quality of the studies varies, vaccines appear to be safe and effective in preventing severe forms, hospitalisations and deaths against all variants. Answers to questions about the booster dose, waning immunity and the duration of immunity persist⁴. Some studies have even shown that hybrid immunity has better results in severe cases than immunity with two doses of vaccine⁵. Other questions are emerging, such as the impact of vaccination on the long Covid and post-exertional malaise described in this issue's recommended exercer 190⁶.

So "should I have the 4th/5th dose? Is this a purely rhetorical question for patients? Some expect an answer, because their decision is not based solely on statistical data. Their reasoning (like ours) is also emotional and may be based on errors stemming from subconscious mental procedures for processing information, known as cognitive biases. In this issue, you will learn about a number of biases and be able to answer patients' questions. For example, the naturalness bias means that the patient thinks the virus is not very dangerous and prefers to contract the disease rather than be vaccinated⁷.

Now imagine a patient who wants to favour "natural immunity"; who has read that it is better than vaccination and a doctor who has read the Practice Note 189 written on the basis of the New England Journal of Medicine article and the article on cognitive bias. The doctor could gently sway the patient's certainty and compare the bold gamble of contracting Covid-19 with the more reasonable gamble of being vaccinated.

How will he explain all this? He can use the three dimensions of the art of persuasion. The first is logos: the logic of the discourse, the arguments developed in the article by Fiolet et al.⁴. The second is ethos: the credibility of the person delivering the message, and you know the relationship of trust that health users have with their GP. The third is pathos: argumentation through affect, and here again GPs know how to create an emotional bond. It's all rhetoric, and it's in no way opposed to the shared decision-making model, but it does allow you to nurture your professional assertiveness.

References

1. Msemburi W, Karlinsky A, Knutson V, Aleshin-Guendel S, Chatterji S, Wakefield J. The WHO estimates of excess mortality associated with the COVID-19 pandemic. *Nature* 2023;613(7942):130-7.
2. Organisation for Economic Co-operation and Development. Health at a glance: Europe 2022-State of health in the EU cycle. Paris : OECD, 2022. Available at https://read.oecd-ilibrary.org/view/?ref=1168_1168166-bothnd4xv9&title=H%40G_2022_Europe_EN_summary_EN [consulted 13 January 2023].
3. Légaré F, Bélanger SG, Dofara GS. Situation au Québec et au Canada. *Exercice* 2023;190:67-9.
4. Fiolet T, Kherabi Y, MacDonald CJ, Ghosn J, Peiffer-Smadja N. Comparing COVID-19 vaccines for their characteristics, efficacy and efficacy against SARS-CoV-2 and variants of concern: a narrative review. *Clin Microbiol Infect* 2022;28(2):202-21.
5. Vaillant-Roussel H, Cadwallader JS, Ruelle Y. Brèves. *exercer* 2022;188:479-80.
6. Rochoy M. Malaise malaise, exacerbation of post-exertional symptoms in Covid Long. *Exercice* 2023;190:76-7.
7. Gocko X, Sousa-Barbosa J, Pozzetto B, Ploton C. Hesitation, vaccine refusal, COVID-19 and cognitive biases. *exercer* 2023;190:70-5.