



Public participation: methods matter; a response to Boaz *et al.*

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The commentary on our paper from Boaz *et al.* is both welcome and pertinent, especially in its call for greater critical attention to be paid to some of the underlying principles of participation as well as to techniques and methods (1,2). In some respects our paper and subsequent research was designed to allow us to measure and better understand the impact of participating in a citizen's jury on the jurors' views and expressed preferences (1,3). This allowed us to develop a more rounded appreciation of the costs and benefits of practical forms of deliberative democracy. These practical investigations are, we believe, important when debating the principles of participation and in particular the concern raised by Boaz *et al.* about the achievement of 'genuine' participation (2). Ever since Arnstein proposed the concept of a ladder of participation in 1969 (4), there has been a tendency to impose a normative dimension onto what was essentially an analytical construct, such that moving up her ladder leads us towards more 'genuine' forms of participation and may even be seen as a stairway to participatory heaven (5). Our research offers further evidence of the potential for deliberative events, such as citizen's juries, to provide excellent opportunities for 'ordinary citizens' to engage in complex health policy debates and to make sophisticated contributions to them. But it also shows that this is an expensive process and it is difficult to imagine it being applied on a very wide scale to the full panoply of contemporary health policy concerns. One way forward is to move away from the notion that the active involvement of all citizens in all decisions that might affect them is the zenith of participation in practice and to ask ourselves a more modest set of questions every time we plan a participatory event (or are invited to join one). These include: who is being invited to join this event and what is the

basis of the invitation (expertise, enthusiasm, demographic characteristic or randomness); what are the terms of engagement (informing, framing, debating, deciding) and what is the scale of engagement (strategic, programmatic or personal)? While there is no right answer to any of these questions, having an answer is especially important for we know that uncertainty and ambiguity on these dimensions underpins much of the dissatisfaction in practice with many participatory exercises and leads to serious concerns about how 'genuine' they are. The achievement of rights-based approaches to health in practice requires this kind of attention to detail both in theory and in practice.

Ethical issues

Not applicable.

Competing interests

Authors declare that they have no competing interests.

Authors' contributions

PB drafted the response, all authors reviewed the response for academic content and approved the final version.

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