Doubt as a Strategy: Doctors for Life, Medical Autonomy and the Challenge to Scientific Consensus

A Dúvida como Estratégia: Médicos Pela Vida, Autonomia Médica e a Contestação ao Consenso Científico

La Duda como Estrategia: Médicos para la Vida, Autonomía Médica y la Concurso al Consenso Científico

RESUMO
O objetivo deste artigo trata-se de um mapeamento do discurso do Médicos Pela Vida, grupo de médicos que se uniu em defesa do uso da cloroquina e do "tratamento precoce" como cura e profilaxia para a Covid-19. Buscamos identificar quais discursos sobre o tratamento ou cura da Covid-19 estão em disputa e como se apropriam de determinados saberes. Utilizamos Análise de Discurso Textualmente Orientada, proposta por Fairclough (2001) embasada em conceitos foucaultianos. O grupo utilizou a dúvida como estratégia discursiva para contestar o consenso científico, valendo-se da autonomia médica e enfatizando incertezas científicas para manter a aparência de um debate aberto. O caso ilustra como a disputa pelo saber-poder pode reconfigurar o conhecimento em cenários de crise e desinformação.
DESCRITORES: Médicos Pela Vida; Pandemia da Covid-19; Consenso científico; Poder-saber; Autonomia médica.

ABSTRACT
The objective of this article is to map the discourse of Doctors for Life, a group of doctors who came together to defend the use of chloroquine and "early treatment" as a cure and prophylaxis for Covid-19. We sought to identify which discourses about the treatment or cure for Covid-19 are in dispute and how they appropriate certain knowledge. We used Textually Oriented Discourse Analysis, proposed by Fairclough (2001) based on Foucaultian concepts. The group used doubt as a discursive strategy to challenge the scientific consensus, taking advantage of medical autonomy and emphasizing scientific uncertainties to maintain the appearance of an open debate. The case illustrates how the dispute over knowledge-power can reconfigure knowledge in scenarios of crisis and misinformation.
DESCRIPTORS: Doctors for Life, COVID-19 Pandemic, Scientific Consensus, Power-Knowledge, Medical Autonomy

RESUMEN
El objetivo de este artículo es mapear el discurso de Médicos Pela Vida, un grupo de médicos que se unieron en defensa del uso de cloroquina y el "tratamiento temprano" como cura y profilaxis del Covid-19. Buscamos identificar qué discursos sobre el tratamiento o cura del Covid-19 están en disputa y cómo se apropian de ciertos conocimientos. Se utilizó el Análisis del Discurso Orientado Textualmente, propuesto por Fairclough (2001) basado en conceptos foucaultianos. El grupo utilizó la duda como estrategia discursiva para desafiar el consenso científico, aprovechando la autonomía médica y enfatizando las incertidumbres científicas para mantener la apariencia de un debate abierto. El caso ilustra cómo la disputa por conocimiento-poder puede reconfigurar el conocimiento en escenarios de crisis y desinformación.
DESCRIPTORES: Médicos por la Vida, Pandemia de la Covid-19, Consenso científico, Poder-saber, Autonomía médica

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INTRODUCTION

The cure for Covid-19 has been the subject of disputes and controversies since the beginning of the coronavirus pandemic. In Brazil, there has been a clash between scientific and political discourses, in a context in which medical entities have taken ambiguous and distinct positions. The federal government created a cocktail of drugs called Kit-Covid with the promise of curing and preventing the disease, even though its ineffectiveness has been proven by scientific consensus. However, the Federal Council of Medicine (CFM - *Conselho Federal de Medicina*) authorized the use of Chloroquine in the treatment of Covid-19.

The objective of this article is to map the discourse of the group Doctors for Life (MPV - *Médicos pela Vida*), which is a group of doctors who came together to defend the use of chloroquine and "early treatment" as a cure and prophylaxis for Covid-19. We seek to understand how chloroquine emerges as a possible treatment for the Coronavirus pandemic, based on a Foucauldian approach that seeks to identify which discourses on the treatment or cure of Covid-19 are in dispute and how these discourses appropriate certain knowledge, generating opinions and designating which practices are possible, desirable or required when defining appropriate conduct regarding medicalization, isolation or vaccination.

The medical profession is analyzed as a professional group with its own interests that has positioned itself in favor of medical authority, associated with the authority of expertise, as a strategy to seek to ensure what they determine as their rights. We discuss how adherence to the use of Chloroquine is not necessarily about denialism or lack of trust in scientific consensus, but rather challenges scientific evidence that threatens their interests or beliefs. The context of a health emergency opens space to use doubt as an argumentation strategy to question scientific consensus in a context of misinformation. Thus, the question we want to answer is how the relationship between knowledge and power occurs. [1] and the knowledge-power represented by the scientific consensus regarding the use of chloroquine and the Covid-Kit during the Covid-19 pandemic in Brazil?

METHOD

To answer the research questions, we will use Textually Oriented Discourse Analysis (TODA) [2] based on Foucauldian concepts. Simply put, discourse is what is uttered by someone in a position of authority on a given subject, at a given time, who disputes the space of legitimacy in the dimension of truth. The speakers of the discourse that we will analyze are from the Doctors for Life Group. The research corpus [3] involves the publication of one of the group's Manifestos on its digital platform, which addresses issues such as vaccines, early treatment, medical autonomy and matters related to politics.

The position of doctors is invested with a truth value, which is why it has repercussions in other dimensions of society, such as political decisions on crisis management during the pandemic and popular conceptions about disease and treatment. Therefore, the text unit will be analyzed in terms of its function, how they argue and which other spheres are associated, in order to understand how chloroquine becomes an object. The two groups are similar and different from each other in several arguments. Doctors for Life (MPV) defends early treatment and the freedom to practice the profession, considered by its members as a heroic act that saves lives.

The proposal for analyzing the corpus involves three dimensions of discourse that are superimposed in (social) practice. (1) analysis of discursive practices; (2) analysis of texts; and (3) analysis of the social practice of which the discourse is a part. Thus, the analysis consists of interpreting how the discourse is produced, interpreting it textually, and elaborating an interpretation of both in light of the social practice in which the discourse is situated(2). Overall, the work does not address social practice, but deals with a reconstruction of the order of discourse. The specificities of each stage of the analysis will be detailed as proposed by Fairclough in the book Discourse and Social Change (2001).

The discursive practice (1) analyzed is medical practice, focusing on the MPV group, its organization, performance, and impact on the pandemic. In Foucault, discourse is a practice that regulates behaviors and conducts, going beyond language. "Things said" by authorized subjects are linked to the dynamics of power and knowledge of their time. Exercising a discursive practice implies following rules and exposing the internal relations of discourse, as in medical practice and in the construction of scientific consensus.

In the analysis of texts (2) we use three topics to account for the analysis: **objective, function and context**.

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Each text analyzed is a statement that must present the following criteria: a) referent; b) the subject; c) the associated field and d) materiality.

a) The **referent** of a text defines its theme and objectives, the very thing that the discursive practice deals with, differentiating it from others. Textual analysis involves identifying its type (narrative, descriptive, expository, argumentative or dissertative) to understand its context, interlocutors, social function and linguistic adequacy. Delimiting textual genres allows us to better explore their purpose. Coherence is central to understanding how texts are interpreted and who they serve. Intertextual and interdiscursive issues influence textual ambivalence. For example, defending medical autonomy can be associated with defending chloroquine and opposing scientific consensus. Intertextuality reveals the construction of the text, its references to documents, concepts or predominant discourses.

b) The **subject** of the discourse occupies a specific position, such as a doctor, scientist or institution, influencing the legitimacy of the statement. The identity, status and values that mark the social position they occupy impact the production and reception of the text, as well as its purpose, whether individual or collective. Who writes and how they write influences both the production and reception of texts. Language, whether formal or popular, determines the reach and repercussion of the message, influencing its acceptance or questioning.

c) The **associated field** defines the context in which a text is inserted and how it relates to other statements (diseases, medications, treatments), such as the search for an effective treatment for Covid-19, which has mobilized various enunciative modalities regarding early treatment in Brazil. Different actors (presidents, doctors, scientists) speak from specific positions, with their own rules and criteria. Discursive formation establishes these conditions, determining who can state something and under what prerequisites; it is a set of conditions that make it possible for objects to emerge to which the discourse can refer, or about which something can be stated.

d) **Specific materiality** involves texts and websites as records that can be repeated and analyzed, mediated by techniques, practices, and social relations. The focus is on analyzing the texts themselves and the website where they were published. Interactional control is a central criterion, determining who writes on whose behalf, how agendas and topics are structured, and how ideas are connected in the text. Grammatical analysis examines expressions of causality, attribution of responsibility, use of active or passive voice, metaphors, and thematic patterns (e.g., whenever he talks about x he talks about y, when he mentions a he relates it to b). The meaning of words is essential, considering cultural meanings, semantic variations, and possible erasures or contradictions in the discourse. Interdiscursivity reveals tensions and heterogeneities that permeate the utterance.

Returning then to the dimensions of discourse, the third and final one deals with social practice (3), of which discursive practice is a part, and helps to explain its effects on society. This involves analyzing ideological and hegemonic impacts on knowledge systems, relationships and social identities. Discourse is not only language, but also action, "speaking is also doing", inserted in disputes within the "games of truth". These problematizations emerge from the relationship between discursive and non-discursive practices in a specific historical context. [4]

RESULTS

The Doctors for Life movement consists of a group of doctors who share with President Jair Bolsonaro the belief that chloroquine should be used as a treatment for Covid-19. On its website [5], they identify themselves as doctors of all specialties [7] who are willing to treat patients early to avoid "pre-hospital abandonment", intubations and risk of death. They produced a proposed protocol to serve as a guide for other doctors and raise awareness among authorities. The website has a tab for news, articles, editorials, videos, petitions and manifestos. The page, which was launched in February 2020 through a manifesto published in some newspapers, functions as a vehicle for promoting doctors who are willing to treat patients and prescribe medications, including using messaging apps such as WhatsApp.

They argue that their protocols are not impositions, but guidelines, and that "evidence-based medicine is important, but it is not everything", and that "clinical practice and life experience should never lose their sovereignty"; "medicine is an autonomous science capable of treating, caring for comprehensive health and saving lives", and therefore cannot be subject to external interference of any kind. Doctors must have the courage to defend medicine and life and must treat all patients as they treat themselves. [5]

The text chosen for analysis is the second manifesto published by the group, which had the greatest impact and contained requests directed to the government. The second manifesto, dated July 11st, 2020, contains 12 requests and is addressed to the Supreme Federal Court, the Federal Government, the National Congress, the Legislative Assemblies, the City Councils, Governors and Mayors, and civil society institutions. In defense of "health and life, the autonomy of the practice of Medicine, and the patient's right to access medical treatment prescribed for Covid-19," the text claims to be speaking on behalf of doctors from all over Brazil who say they watch in

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disbelief as they intervene in medical practice when dealing with patients by "authorities, managers, politicians, institutions, mainstream media... it seems that, all of a sudden, almost everyone has decided to interfere in the medical act, trying to determine how and with what we should treat our patients diagnosed with or suspected of having Covid-19."

The rulers are accused of governing for their own benefit, "rulers strive to defend personal projects of small, petty, evil power", which would be causing an increase in the number of deaths and

> secondary consequences of indiscriminate isolation/lockdown policies, such as increased mortality from many other diseases that are no longer treated, such as cancer, cardiovascular and metabolic diseases; psychiatric illnesses; and all future deaths, caused by increased hunger and violence, the result of the drastic reduction in economic activities and hunger, especially in the poorest and largest layers of our population. [6]

We return here to the conspiracy theory presented by the MPV that hidden interests of power groups that "block the doctor's free therapeutic decision or, simply, use strategies to instill fear in the doctor to treat the patient based on their own knowledge and professional experience". This speculation, which suggests that there are individuals interested in causing harm to the practice developed by doctors in the treatment of Covid-19, for unclear reasons, is very reminiscent of a conspiracy when it mentions these hidden interests. To complement these attacks that they say they are suffering, the text speaks of an "orchestrated action against THE AUTONOMY OF THE DOCTOR AND THE PATIENT", regarding a lawsuit filed by the CNTSS (National Confederation of Health Workers). Thus, it leaves an image of doctors who fight against hidden interests, who fight for the lives and rights of doctors and patients, positioning themselves as national heroes who face a certain system that is against them.

The requests to the STF are: that it does not allow "undue interference in the practice of Medicine, to safeguard health and Life. Very well stated in CFM Opinion 04/2020" (8); that restores the authority of the Ministry of Health as the highest health authority, ensuring the co-responsibility of states and municipalities, as the diversity in the way of facing the pandemic would reduce it "to a mere financier of actions not designed by it";

> Promote a line of conciliation and consensus, through the creation of a forum or National Monitoring Committee for Covid19, bringing together the MS, Conass, Conasems, MP, CFM, and representatives of independent civil society, in order to pronounce on: publication and validity of scientific studies (discarding those that brought shame to the World Health Organization and secular journals such as The Lancet, having even been unpublished, with an apology to the international scientific community). It is also worth remembering that less than 10% of diseases have treatments supported by Level 1A studies.[6]

By suggesting the existence of a national forum or committee to pronounce on the validity of published scientific studies, the MPV suggests that scientific consensus, in itself, is not a sufficient result for anything and argues that it is unreliable, pointing out alleged mistakes made by journals, resulting in retractions of the publication of articles. Furthermore, it argues that many diseases do not have treatments referenced in level 1A studies. In this manifesto, the scientific issue is brought up for debate and the emphasis is on encouraging doubt about scientific consensus.

Doubts arise around scientific controversies in the specific context of the pandemic, because scientific statements were produced at great speed and scale. The speed of scientific production and research seeking a solution to the pandemic, thanks to massive investments, quickly allowed the emergence of many hypotheses and tests. The different degrees of rigor generated many provisional conclusions, especially in the first few months, leading recently published articles to be retracted shortly after their publication. Many studies were discarded, new evidence was produced and, during this period, social media, newspapers and social networks published and reported on all these events, highlighting the incompatibility between contradictory research.

The MPV asked the Ministry of Health for financial resources for outpatient care, the establishment of a protocol and guidelines for early care and a change in advertising campaigns: that is, "instead of encouraging people to stay at home and only seek care when experiencing more serious symptoms, advise them to seek medical attention when the first symptoms of the disease appear";

> Ensure the availability of medicines for COVID-19 in all phases, especially in pre-hospital settings. In pharmacies and in public and private networks. Medicines such as: Ivermectin, Nitazoxanide, Hydroxychloroquine, Azithromycin and Zinc Sulfate; [6]

These demands to the Ministry of Health, apparently, were met, since

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Secom made advertisements for exactly this purpose and the Covid Kit was also proposed with the intention of distributing these medicines in pharmacies and hospitals throughout Brazil. The States and Municipalities were asked to create the campaign "MEDICINE IN HAND! (REMÉDIOS NA MÃO! in the original)" to ensure adequate medical care and the necessary conditions for prescribing and delivering medicines;

> Availability in pharmacies and in public and private pre-hospital care networks of medications such as: Ivermectin, Nitazoxanide, Hydroxychloroquine, Azithromycin and Zinc Sulfate, [...] Through several successful practical experiences and observations, carried out in several countries and in Brazilian services, it was evident that these medications, used to treat other diseases for many years, with insignificant side effects in appropriate and well-known dosages, can also have a positive effect in the treatment of COVID-19, contributing to the reduction of the rate of hospital admissions, admissions to Intensive Care Units, the use of respirators, recovery time and especially its fatality rate. We also realized that treatment instituted in the milder or moderate phases of the disease saves lives and reduces the costs of treating this pandemic, shortening the disease cycle and allowing Brazilians to return to normal life more quickly. Someone needs to answer why private health plans opted for early, cheap, home-based treatment, saving many lives, while many states and municipalities opt for expensive, hospitalized treatments, with high mortality rates among Brazilians; Implement social isolation aimed at patients and contacts, with adequate testing, monitoring, and control. [6]

We would like to draw attention to the following specific passage: "Through several successful practical experiments and observations carried out in several countries and in Brazilian services, it has been shown that these medications, used for many years to treat other diseases, have insignificant side effects...." We would like to highlight the terms "practical experiments and observations". Here, the argument is not based on scientific consensus or placebo tests, but on practical experiments and observations, probably carried out by doctors, nurses and other professionals in the field. In this discourse, the figure of scientific authority is completely replaced by the figure of the doctor, who is clinical and practical. These two figures compete for the space of legitimacy that defines who can state what is "true", they compete for the knowledge-power that will be considered in decision-making. To conclude, when it asks the Federal Council of Medicine to monitor "scientific studies and present them to the National Pandemic Monitoring Committee, considering the validity of the studies, the phase of the disease and the sacred right of the doctor to prescribe and the patient to accept the proposed treatment", it once again submits scientific knowledge-power to medical power-knowledge.

DISCUSSION

Generally, the fight by medical and political groups against scientific consensus is not motivated by doubts about the legitimacy of the statements of scientific consensus, but rather by disrupting public debate on certain subjects for private interests. [9] The consensus is questioned, because while there is doubt about what is true, it is possible to affirm that chloroquine and other drugs can still be effective in treating Covid-19, even without evidence, since there would be the possibility of their effectiveness "still being proven".

As scientific consensus becomes fundamental to the dynamics of economics and politics, it begins to mediate decision-making and becomes a battlefield of conflicting interests. Since scientific consensus provides the basis for society's most legitimate discourses, those who disagree can react by counterposing theories with supposedly scientific arguments. One strategy that has proven effective in these situations is to induce doubt on topics on which there is already a scientific consensus, with the strategy of "keeping the controversy alive", that is, as long as there is no proven theory, any theory can be in force and competing for the status of truth. Thus, it is not a question of denying scientific consensus, but of maintaining doubt, that is, questioning the consensus. [9]

The MPV's position, in general, proposes the defense of prophylactic medications to the detriment of immunization via vaccines. The group's argumentative strategy opposes the two practices. On the one hand, it proposes an alternative therapy (according to scientific consensus), which is cheap and therefore provides "more humanized" care. On the other, it distances itself from the proposal of immunization via vaccines, because these would be related to political and commercial interests. Thus, the MPV seems to assume that, even without being aware of it, the scientists who developed the vaccines operate according to the hidden interests of large pharmaceutical companies. This strategy of legitimizing its arguments criticizes the current biomedical model.

Discussions about the use of chloroquine to treat COVID-19 have led to the idea that the evidence found

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by scientists should be presented clearly to the public, who will make their own decisions based on the evidence. This seems reasonable, but who would actually know how to evaluate this evidence? When we think about what science has to offer us, we think of definite, concrete, and immutable facts. The idea that there is always uncertainty, because it is a process of construction, seems to make it confusing, flawed, or incomplete. Uncertainty is what drives science, but it also makes it vulnerable, because out of context, doubts can represent fallibility and lose the status of real scientific knowledge. This is the great trick of the "merchants of doubt," as the author calls people who use the normal uncertainties of scientific consensus to undermine public debate on certain subjects of interest to them, that is, they challenge scientific evidence that threatens their interests or beliefs. It is interesting to think that most people expect certainty and proof, not a consensus among experts based on the accumulation of evidence and obeying rules, methods, reviews and evaluations. [9]

Oreskes & Conway (2010) state that doubt is resolved within Science. Within Science, this means that there is a modus operandi that involves the creation of hypotheses, testing, peer review, journals, periodicals and reliable articles, with strict rules for publication. If we consider the situation of chloroquine, it is true that experimental treatments can be used under special conditions, but if there is no effect, they should be abandoned. However, if evidence of effectiveness emerges, the consensus may change.

For all these reasons, there are no "two sides" in these cases. There is accepted scientific knowledge, and even if there are questions to be answered, if the question that the research set out to answer is accepted and constitutes a consensus of opinion among experts on the subject, it is accepted scientific knowledge. [9] Thus, it is asymmetrical to treat these cases as opposing viewpoints, because it is assumed that both are valid. The MPV treats, in a way, the two "sides" as competitors in the same quality of knowledge. According to Oreskes & Conway:

> While the idea of equal time for opposing views makes sense in a two-party political system, it doesn't work for science, because science is not about opinion. It's about evidence. It's about claims that can be, and have been, tested through scientific research—experiments, experiments, and observations—research that is then subjected to critical review by a panel of scientific peers. Claims that have not gone through this process—or have gone through it and failed—are not scientific and do not deserve equal time in a scientific debate (p. 32). [9]

Even when a consensus had not been reached, research was already indicating results contrary to the safety and efficacy of chloroquine. Even after the efficacy was not corroborated, when it came to public debate, the discussion was "balanced" as if the efficacy of the drug had not been falsified. The balance was interpreted, it seems, as giving equal weight to both sides. Aside from the president, those who spoke out in favor of chloroquine had no specific expertise in research or health issues, but they had power and influence. They used their medical and/or political credentials to present themselves as authorities and used their authority to try to discredit any science that ran counter to their values.

The defense of chloroquine continued for over a year as if it were a "side" in a scientific debate, but this "confrontation" was not intended to advance science; the goal was to build a set of "scientifically" based data, useful for defending doctors from counterattacks. This production of "scientific facts", as a strategy, created the impression of controversy simply by asking simple and obvious questions, in addition to accusing scientists of being ideological, while defending itself with arguments of patient freedom and medical autonomy. The goal was to fight science with "science", that is, arguments with a scientific appearance, using scientific terms, false experts, studies that had already been falsified but used as truth, although without any basis in rigor or method. Thus, their arguments exploited the gaps and uncertainties in existing science and "scientific research" was used to divert attention.

Freedom is a fundamental aspect because it is the basis of the main arguments that will justify adherence to early treatment. The first of these is freedom, which is invoked to claim medical autonomy, guaranteeing the doctor the power to make decisions about the patient's treatment without undue external interference. Ideally, medical practice should be guided by scientific evidence and ethical principles. However, medical autonomy is claimed to ensure that professionals are better able to define the best therapy for the patient, rather than research that is still being carried out with drugs, so it is imperative that they have the freedom to recommend treatments outside of scientific consensus.

The consensus on refuting the effectiveness of Chloroquine and the other drugs in the Covid-Kit was established only in the scientific sphere, the Brazilian government continued to defend the adherence to "early treatment" by the population. [9] We then return to the concept of 'double truth' [11], which suggests that reality can be interpreted differently among different scientific communities (or even within the same community). During the pandemic, different communities

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(scientific, political, medical and social) interpreted and approached the disease and its treatments in different ways. While a consensus was expected, what was known changed in a short space of time, leading to multiple 'facts' coexisting throughout the pandemic. We can say that part of the scientific community focused on producing vaccines, doctors and researchers also sought evidence-based treatments that were constantly revised as new research emerged.

Thus, consensus depends on the formation of beliefs. Beliefs are propositions considered true even when the proof of their truth has nothing to do with scientific or logical criteria; they arise from conviction based on lived experience and tend to establish their authenticity through processes of psychological rationalization, and are preserved and strengthened under socially established resources. [12] Dissident groups tend to organize themselves based on a new consensus, and are strengthened by dissenting beliefs and values, which often blur the lines between what is true and what is plausible. In Brazil, the Covid-Kit was a matter of dissent among scientists, doctors and politicians. There were basically two poles, one made up of people who defended the use of the drug cocktail and the other formed by people who were against the distribution of the Covid-Kit.

The MPV group, in general, presents more conspiratorial evidence and does not validate the refutation of the efficacy of early treatment medications. However, scientific data, when useful in some way, is appropriated and used in their texts. Scientific consensus appears within an ideal that it should be value-neutral and when it disagrees with scientific consensus, it accuses it of being contaminated by certain beliefs or ideologies. Scientific consensus is also ideally read as an open process, therefore, it should not exclude other alternative theories until a theory is absolutely proven, otherwise any theory can always be true. They selectively use scientific data with which they agree, but do not validate those data with which they disagree, and suggest that in some cases "the truth" is being silenced, altered by ideological interests and the truth cannot come to light. Furthermore, they themselves present and propose their own data, studies and research, so they also recognize the authority that scientific data presents, but argue to present data in a purer and non-ideological way.

Every scientific statement is open to criticism and peer review. Journals rarely publish negative results, but when they do, in the case of Didier, for example, when a refutation occurs, there is always a retraction. Refutation and retraction are the path to more up-to-date results with greater epistemic strength. This notion of science determines that knowledge has a provisional nature, that for the advancement of knowledge construction to occur, statements currently considered true will at some point be overturned to make room for new consensus. Thus, theories are replaced by new ones, and this is how science advances. This is an important issue when thinking about the argument about chloroquine, which has been cited several times as a matter of time, as a truth to be revealed. The aspiration to claim the status of true (or possible true) directly involves the perishability and permanence of scientific consensus. [9]

The consensus is the target of criticism from groups unhappy with scientific authority, who attack it with the intention of devaluing its legitimacy. In the case of chloroquine, the groups' objections involved interests, beliefs and a dispute over authority. The scientific consensus was established; what was missing was the acceptance of a group of people outside the scientific community. In these cases, when the dissent comes from outside the scientific community, further scientific investigations are unlikely to resolve the issue, because what motivates the criticism is generally not scientific considerations. [9]

CONCLUSION

The MPV adopted a discursive strategy that undermined scientific consensus by inducing doubt. By placing the physician as the central figure in defining scientific truth (regardless of established scientific validation methods), it shifted the credibility of research to the individual judgment of professionals, favoring subjective interpretations over empirical evidence. The second manifesto uses medical autonomy as a central argument to support the prescription of drugs with no proven efficacy against Covid-19. The MPV's approach followed a logic similar to that described by Oreskes & Conway (2010) when dealing with the "merchants of doubt". By emphasizing the uncertainty inherent in the scientific process, the group created the impression that the efficacy of chloroquine was still provable, despite evidence to the contrary. In this way, the MPV did not explicitly deny science, but used strategies to maintain the appearance of an open debate. The MPV case illustrates how the dispute over knowledge-power can unfold in contexts of a health crisis. The instrumentalization of doubt, the polarization of scientific debate and the appeal to individual freedom were central elements in the dissemination of a narrative that positioned itself as an alternative to scientific consensus. Studying this phenomenon helps us understand how the production of knowledge can be challenged and reinterpreted in contexts of misinformation and power struggles.

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1. Knowledge-power is taken from Foucault (1996), who talks about the disputes surrounding what is accepted or not as true and the economic-political role it plays. For Foucault, it is not possible to conceive of a truth outside the dimension of power, since truth itself implies power. Power produces knowledge, power and knowledge are directly implied; there is no power relationship without the correlative constitution of a field of knowledge, nor knowledge that does not presuppose and constitute at the same time a power relationship. Therefore, it is impossible to sustain a true discourse without a concomitant exercise of power.

2. FAIRCLOUGH, N. Discurso e mudança social. Brasília: Editora Universidade de Brasília; 2001.

3. Bauer and Gaskell propose a way to build a corpus in qualitative research in the Social Sciences. The elements that make up the corpus can be diverse, offering a multitude of information. The main steps for building a research corpus would be: preliminary selection, analysis of this variety and expansion of the data corpus until no more variety is discovered.".

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6. MÉDICOS PELA VIDA. Manifesto dos Médicos pela Vida. Disponível em: https://medicospelavidacovid19.com.br/manifesto/index.php?manifesto=2. Acesso em: 8 jun. 2023.

7. MPV texts generally use a certain scientific syntax, using scientific terms and expressions and referring to facts, although these are not cited. An article published in 2022 analyzes the academic and professional information of the MPV. The analysis is based on the list of 276 medical professionals listed on the MPV website and on academic and professional information collected on the websites of the Federal Council of Medicine and the Lattes Platform of the National Council for Scientific and Technological Development. The content analysis points to the centrality of the specialties of Homeopathy and Acupuncture in the MPV population when compared to the group of specialists in Brazil. The significant adherence of homeopaths and acupuncturists to the MPV movement can shed light on the understanding of specific medical rationalities, allowing us to distinguish which categories and ideas about health and disease processes are in dispute.

FERRARI, IW et al. "Tratamento precoce", antivacinação e negacionismo: quem são os Médicos pela Vida no contexto da pandemia de COVID-19 no Brasil? Ciência & Saúde Coletiva, v. 27, n. 11, 2022. [citado em 8 de junho de 2023] Disponível em: https://doi.org/10.1590/1413-812320222711.09282022.

8. CONSELHO FEDERAL DE MEDICINA. Parecer CFM nº 4/2020 - 14 de abril de 2020. Disponível em: https://portal.cfm.org.br/noticias/cfm-divulga-posicionamento-sobrecampanha-de-vacinacao-contra-covid-19/. Acesso em: 18 out. 2022.

9. The book Merchants of Doubt by Naomi Oreskes and Erik Conway (2010) describes how a group of scientists and advocates of economic and political interests sowed uncertainty about widely accepted scientific issues, such as smoking and breast feeding. They did not directly deny the science, but created an appearance of controversy by highlighting uncertainties and limitations in the research, fueling the idea that there was a legitimate debate. These "merchants of doubt" were funded by self-interested corporations. By using respected scientists and manipulating the public image of science, they made it difficult to perceive the scientific consensus.

ORESKES, N; CONWAY, E. Merchants of Doubt: How a Handful of Scientists Obscured the Truth on Issues from Tobacco Smoke to Global Warming. New York: Bloomsbury Press; 2010.

10. EL PAÍS BRASIL. Bolsonaro amplia uso da cloroquina admitindo que pode não ter eficácia e trazer efeitos colaterais graves. Disponível em: https://brasil.elpais.com/brasil/2020-05-20/bolsonaro-amplia-uso-da-cloroquina-admitindo-que-pode-nao-ter-eficacia-e-trazer-efeitos-colaterais-graves.html Acesso em: 18 out. 2022.

11. FLECK, L. Gênese e desenvolvimento de um fato científico. Trad., Georg Otte, Mariana Camilo de Oliveira. Belo Horizonte: Fabrefactum; 2010.

12. BOUDON, R. A Sociologia como ciência. Petrópolis, Rio de Janeiro: Vozes; 2016.

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