This editorial introduces a special issue of Communication and Medicine (C&M). It is, however, an ‘atypical’ special issue, unlike the conventional special issue organised around a specific theme, with designated guest editor(s) taking responsibility for its organisation and execution. Instead, it is a selection of the written-up versions of presentations (in oral or poster format) from the 19th COMET (Communication, Medicine and Ethics) conference, hosted by the University of Insubria, Italy, in 2021.

It is not uncommon for thematic panels presented at conferences to metamorphose into journal special issues. Here, however, we are talking about a handful of presentations selected from the entire conference event. The advantage of an event-based special issue like this one is that it showcases the remit of COMET as an interdisciplinary, multi-themed conference. As far as C&M is concerned, this issue is an attempt to bring together a range of current topics under one ceiling (in this sense, not very dissimilar to any regular issue). Perhaps, then, this issue should be labelled a ‘special regular issue’. Whatever the label, though, this issue should not be lumped together with the genre of ‘conference proceedings’. The selected papers have gone through the usual double-blinded peer review procedure to ensure quality as would be the case with regular submissions to C&M.

It has been a long period of gestation to get to this point. This extended timeframe relates firstly very specifically to this special issue, as it has taken nearly two years from the COMET 2021 presentations for the full-fledged journal articles to be submitted, followed by the routine peer review process, necessary revisions and formal acceptance. Secondly, it refers to the relational affinity between the COMET conference and the C&M journal. The linkage between COMET and C&M goes back 20 years. The inaugural COMET conference was held in 2003, hosted at Cardiff University, UK. In the following year, 2004, the inaugural C&M issue appeared. It was my intention in the formative years to forge stronger ties between the conference and the journal, by earmarking one of the three of the issues of the journal per year to be designated as a special issue. Such a special issue would convincingly display the range and quality of presentations at the COMET conferences. Simultaneously, the journal would receive a good number of quality submissions, which would help it to thrive in a very competitive field of activity, with its interdisciplinary remit.

Over the years, several COMET presentations have made their way into the regular issues of C&M. However, there never was a sufficient number of COMET-linked papers submitted to fill a single C&M issue. As such, 2023 marks the first occasion for a collection of papers from a single COMET conference to be grouped together as a single C&M issue. Of necessity, it has to be a slimmer issue given the final number of accepted
mss, but the hope is that it will serve as a trigger for more holistic COMET-linked C&M ‘special’ issues in the future.

COMET 2021, from which all the papers have originated, had to be organised in a digital format in the midst of the COVID-19 pandemic, as has also been the case with COMET 2022, which was hosted at The Hong Kong Polytechnic University. At the time of writing this editorial, COMET 2023 is scheduled to return to a physical format very soon at University College Cork, Ireland, and this coincides with the appearance of this ‘special’ issue. I am very heartened that a COMET-linked ‘special’ issue has finally happened after 20 years, albeit in a leaner format.

It is commonplace in natural sciences, and especially medical sciences, for authors to write up and publish their work before presenting their findings at conferences. The presentation then serves the purpose of both timely dissemination as well as receipt of ‘hot feedback’. In human and social sciences, more generally, we reverse this process by beginning with a conference presentation and then writing it up for publication, time permitting. Both routes have intrinsic merits. However, we know that many conference presentations in our field never see the light of the day; i.e., they do not quite translate into journal articles. Both experienced and inexperienced scholars are somehow trapped in the allurement of conference presentations. For many of us, another conference is already round the corner to look forward to, which distracts us from the presentation that has just been performed in the not-so-distant past conference. So, immediate translation of conference presentations needs to be a priority and this special issue bears testimony to this translational agenda.

I mentioned earlier about this being an atypical special issue, i.e., it not being a thematic special issue. So, I take this opportunity to briefly introduce the individual papers as a way of signalling the range of sites and themes covered. With regard to study sites, this issue includes the dental clinic setting (Bowman, Sale, Payne, Vinall-Collier and Tugnait); the medical education and clinic examination setting (Leadbetter, Fletcher and O’Sullivan; Lusk); and the public and social media setting (Grossi, Paredes, Palaniswamy, Jansen, Picozzi and Randhawa; Fiammenghi).

Bowman and colleagues focus on dental professionals’ role perceptions when delivering explanations about periodontal (gum) disease. This study is particularly welcome, as there are not many discourse-oriented studies of dental professional practice. Drawing on interview data, the authors identify as many as six ‘discourse categories’ associated with dentists’ role – Clinician, Mentor, Educator, Collaborator, Rapport Builder, Professional – and these categories are discerned via linguistic markers in particular reference to how the dentists deliver explanations to their patients about gum disease. In making the broader point that professional roles are indexed in language use, the authors discover that not all dentists embrace the entire role-set and that individual practitioners position themselves differentially, especially to accommodate patient personalities and preferences. The typology of ‘discourse categories’ offered does, however, have practice implications and can be embedded into current curricula and training provisions.

Grossi and colleagues deal with the topical theme of organ donation and transplantation, with special attention paid to tailoring of public communication for migrant and ethnic minority populations. They focus on the European migration scene and draw attention to the poor levels of literacy among migrants and ethnic minorities (MEMs) regarding organ donation and transplantation, which impacts ‘accessibility, quality and outcomes of care’. This, then, clearly calls for some form of communication intervention concerning public messaging. The authors engage with theoretical and practical as well as ethical issues underpinning targeted and tailored messages in the public domain. For a very long time, the field of health promotion has been struggling to cope with the dichotomy of general and specific audiences. The MEMs pose an additional communicative challenge. The notion of ‘vulnerability’ is foregrounded and mapped on to the four ethical principles of autonomy, beneficence, nonmaleficence and justice, all of which have a communicative dimension. For instance, gaining/giving informed consent and being involved in shared decision making in any given context are communicatively accomplished. The authors provide exemplars of good communicative practice from selected organizations within Europe, Australia and the UK against the backdrop of regulatory demands for
transparency to engender trust. This is particularly topical and salutary in the context of what may be called ‘organ trafficking’ in recent years, with its coercive and therefore unethical aspects.

Leadbetter and colleagues analyse medical students’ clinical communication performance in terms of emotional cues in the examination setting involving simulated patients. Within the framework of patient-centred medicine, attending to patients’ affective stances mediated through verbal and non-verbal cues assumes significance. In simulated OSCE (Objective Structured Clinical Examination) environments, the emotional/affective cues are difficult to identify and respond to. But careful attention to them in the form of ‘provide space responses’ does help calibrate medical students’ communicative competencies, including situational awareness. The cues also signal individual patients’ concerns, preferences and expectations, and ignoring them or responding to them inadequately can potentially compromise patient outcomes. The authors empirically demonstrate that ‘OSCE clinical communication ratings could differentiate between students who adopted patient-centred facilitative behaviours and those who did not’. This goes on to suggest that patient-centredness is manifest at both clinical and communicative levels and that both aspects are intricately intertwined but can be studied as decipherable units at the analytical level.

Lusk also locates her work in the domain of medical education/training, as she focuses on professional identity formation with regard to what she calls ‘anticipated shame’. She theorises the notion of affect in relation to self—other role-relationships within the broader canopy of ‘medical cultural values’ embedded within given societal structures. In her exposition she twins shame and stigma in the formation of professional selfhood. There is mounting pressure on medical students to embody and identify with the normatively defined core medical cultural values. Such a pursuit of professional ideals might hinder individuals from owning their past shameful experiences or even envisage ‘anticipated shame’ and ‘anticipated stigma’ that are not only disruptive and discreditable but may also lead to discrimination and marginalization. In juxtaposition to the conventional negative attributes associated with shame, Lusk draws attention to the positive, prosocial dimension of shame as ‘a means of turning the self towards honor’, and thus that ‘shame can drive positive behaviors through a desire to align with social expectations’. Lusk offers some useful insights about the role ‘affect’ in general should play in medical education/training.

Finally, Fiammenghi deals with the public and social media setting in revisiting the pro-vaccination and anti-vaccination narratives in the MMR vaccine-autism controversy. The heydays of this controversy are in the past but it raises its ‘ugly’ head within the mainstream media and social media spheres from time to time as publics remain concerned and mystified by the alleged linkage between the MMR vaccine and the onset of autism. In her study design, Fiammenghi examines both mainstream and social media outlets – readers’ letters to the editor and Facebook comments – in the UK setting. Both datasets exhibit active public participation in news construction, inclusive of misinformation/disinformation. She finds that there are striking structural similarities between pro-vaccination and anti-vaccination stories (with some exceptions, e.g., the presence or absence of a resolution component). The differences are visible when it comes to making claims and counter-claims and sourcing of key argumentative narratives. Additionally, parents and legal guardians routinely upgrade their personal experiences to accord them equal evidential status as publicly available facts and figures when putting forth their arguments in relation to vaccination, including vaccine hesitancy. The personal experiences are never neutral accounts, as they are filtered through ideological and cultural viewpoints.

The paper by Carlotta Fiammenghi has received the inaugural COMET Researcher Award. The Award was launched in 2021 to give recognition to the best research paper presented at a COMET conference. The underlying idea is to encourage doctoral and postdoctoral researchers to access the conference as well as the journal at an early stage of their career. This is not only the first award; it is also the first such award that has transformed into a full-length journal article, and I very much hope this trend will continue in the future years. The award comprises a certificate, conditional acceptance for publication in C&M and one year’s free subscription to the journal.

The eligibility criteria for the COMET Researcher Award are as follows:
the author must currently be a postgraduate or postdoctoral researcher;
the paper will have been accepted for oral or poster presentation at COMET;
the theme fits broadly within the remit of C&M; and
if the paper has been jointly presented at a COMET conference with supervisors/other colleagues, the written version must be singly authored by the postgraduate/postdoctoral researcher.

A panel of peer reviewers assesses the quality of the submissions against a set of guidelines and decides on the winner. The review-cum-revision procedure for the winning submission to be accepted as a publishable article in C&M is very much the same as any regular ms.

In closing this editorial, I look forward to receiving a good number of regular submissions from COMET 2023 as well as submissions for the COMET Researcher Award. The thematic panels may also consider proposing special theme issues (or, half-issues) as the case might be. A closer affinity between COMET and C&M is a realistic promissory indeed.