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In this report, the author alleges the efficiency of Ichthaid--a nutritional supplement derived from fish oil--in preventing colds and further asserts the capability of Ichthaid to lower absenteeism in local schools and workplaces. To buttress his recommendation, the author cites a study showing high fish consumption and low doctor-visiting frequency in Meria. We are also informed that colds are the most frequent given reason for absences from school and work. However, close scrutiny of this argument reveals a lack of critical evidence and we are therefore unable to evaluate this conclusion. As a result, further information is needed to form a better evaluation of the author's recommendation.

To start with, while the author provides information concerning the high fish consumption and less frequent medical visits for the treatment of colds in Meria, we need more evidence to demonstrate the causal relationship between the former and the latter. For example, we need to know whether high fish consumption in Meria means that people eat a large amount of fish; in addition, detailed proof will be of great significance to determine whether people visit doctors infrequently because of a lower incidence of catching colds as opposed to other reasons, such as excessively high hospital fees. If new evidence shows that people do eat a massive amount of fish and catch colds less often, then fish's efficiency in preventing colds can be confirmed and the author's recommendation is therefore more convincing.

In addition, although the writer claims that the most frequently given reason for absence from local school and work is colds, he needs to provide more evidence to validate the assertion. ~~Since absence due to illness is widely accepted in both schools and workplaces, using colds as an excuse not study or work is naturally a reasonable possibility.~~ Therefore, we need additional evidence indicating whether people asking for absence have lied about the reasons. If new evidence shows that colds do play a crucial role in absenteeism, then we are disposed to believe that the author's conclusion is advisable. On the contrary, if the evidence shows us the contrary, then we remain doubtful of the recommendation given in the argument.

Even if new evidence is provided that fish's efficiency in preventing colds as well as the contribution colds make towards local absenteeism, we need more information to show that Ichthaid is an effective, if not more, as fish in prevention of colds. Specifically, we need to know whether fish's ability to prevent colds originates from in its oil and not in other parts such as the bones. Moreover, it would be of great of help to know whether elements in fish remain functional after a serials of artificial process. In addition, the author would benefit from clarifying the relationship between the usage of Ichithaid and its efficiency in preventing colds. If it is fishbone instead of fish oil that prevents colds, or artificially process medicine lags in efficiency, or overuse of Ichthaid is found to be counterproductive, then the author’s conclusion is weakened and the recommendation should therefor be rejected. Otherwise, it should be encouraged.

To sum up, the current information available in this argument does not sufficiently substantiate that proposed usage of Ichthaid will preclude colds in schools and workplaces and further lower local absenteeism. As a result, we need more evidence to better evaluate the writer’s recommendation.