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Language of Medicine

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Acceptance of the Uncertainty of Medicine

Living in a world during a pandemic and having instantaneous access to medical knowledge through the internet can be unsettling. I’m sure that many of us can relate to experiencing a unique symptom, looking it up, and finding the worst-case scenario on WebMD. We are overloaded with medical data and claims, and it can be disorienting trying to sort through it all. For many of us, we seek out a physician in times of uncertainty, searching for the most accurate answer to our problems from the “experts”. The trouble is, the experts don’t always seem to know the answer or worse, they might give us the wrong one. Over the course of history, physicians have gained authority and prestige while patients have been dismissed. In *Health and Rhetoric of Medicine*, Judy Segal analyzes several aspects of biomedicine throughout history and its effects today. In chapter one Segal writes: “The emerging authority of physicians came only in part from the measurable benefits of their treatments. Their authority came also from the work of professional inclusion and exclusion performed by guilds and organizations of allopathic physicians” (Segal 32). She discusses the concept of clinicians being the most “fit” for practice when the empirical gaze was introduced. The concepts of empiricism and authority support the hierarchy between the clinician and the patient. She adds, starting in the nineteenth century, Fissell argued “doctors began to sound like doctors, and patients’ voices disappear” (Segal 29). Rhetorical symbols emerged; white coats and stethoscopes established power and knowledge in each clinician’s practice. However, the authority behind clinicians should not dismiss the thoughts and experiences of each patient. Why do we value opinions supported by authority more than those without? Does having authority deem someone’s opinion more objective? Why are the patient’s self-recorded symptoms often disregarded if they are not physically seen? A stream of questions surface when debating whose judgement has the most validity.

When analyzing whether the patient or the clinician should be valued more in medical practice, I think it is important to question how objectivity plays into what makes a perspective valuable. Does having authority make your opinion more objective? Does being “objective” even help to provide the best medical care? Before comparing the patient and the clinician, we must understand that throughout history, being objective was thought to be an important factor in finding truth. Medicine aims to find truth in science. Clinicians want to find one singular answer or diagnosis to each problem. In *Objectivity*, Stephen Gaukroger discusses how one definition of objectivity: accurate representation, “strengthens and secures the justification requirement (in scientific knowledge), not because it has anything to do with the truth requirement” (Gaukroger 9). We are all able to use forms of objectivity to justify an opinion, but this singular truth that we strive for in medicine is often hard to find. Moreover, being objective is not the medium to finding truth. This point is important when thinking about whose opinion to validate. Being objective and using knowledge from one’s expertise supports the justification of one’s perspective, but it doesn’t prove truth of their perspective. Additionally, there is not one perspective that is always “true”. Often, more than one opinion can have truth. This concept can be hard to acknowledge, especially in medicine. Clinicians want to find the best and most accurate answer. Patients want to find the most helpful treatment. The problem is, there is rarely a time when one treatment is agreed to be the “best”.

Although not always correct, the clinician is most times more knowledgeable than the patient. There are reasons why people specialize in one career or one field. The more training and education on a subject is thought to make you more capable to make decisions in that field. I don’t want to discredit doctors and the immense training they endure. Doctors complete anywhere from eleven to fifteen years of training before they are able to practice as an attending in their chosen specialty. Biomedicine has been used to empirically treat and diagnose patients. An important aspect of any practice is certainty; “the textual markers of certainty, for example, are tied to conventions of medial authority; statistical argumentation plays out the scientific bent of biomedicine; the inquiring mind is a trope aimed at securing professional cooperation, and so on” (Segal 2). For centuries, empiricism has been used in medicine to be “certain” of knowledge. The “statistical argumentation” used illustrates how previous data can support one theory or another. Previous patient cases can be used as learning opportunities in attempts to provide a better treatment plan for the next patient. Does that mean that clinicians can be entirely certain about each diagnosis? No, but there is thoughtful consideration supported by data behind each decision. The difference between the clinician’s opinion and the patient’s opinion is not objectivity, but authority and expertise. Both are entitled to their opinions, but that does not mean that we disregard the superior knowledge of doctors. When discussing compliance and trust of a clinician, Segal notes in chapter seven, “Physicians must have genuinely superior knowledge in medical matters. Otherwise, on what basis would they be qualified to practice medicine?... Expertise itself is not the problem. It is a resource” (Segal 142-143). Although there are several issues with medical diagnosis, the knowledge clinicians have should be used in making an informed decision. Rather than seeing the clinician’s opinion as an authoritative order, the clinician should be used as a resource in a patient-clinician alliance.

Without taking any legitimacy from the clinician, I question whether the patients’ perspective is any less reliable. When a clinician makes the call on one’s diagnosis, does the patient have the right to disagree? Are the patient’s own experienced symptoms and self-diagnosis any less accurate? Although their opinion is not supported by years of training and education, it can be argued that their opinion is imperative in medical care. Stephen Gaukroger discusses authority and its inaccurate direct relationship with reliability. He recognizes the idea of accumulating information from a variety of perspectives rather than deeming the most authoritatively supported argument as “true”. He analyzes Wikipedia against other sources that advertise their authority:

One thing at issue here is the question of authority. On the face of it, the contrast is between reference sources written by people identified as authorities, and those written simply by people who have an interest in the subject. But there is something misleading about this contrast…. For it to work as a reference source, we do not want to know what anybody at all thinks, but what someone who is well-informed about the subject matter thinks. And we want what that person writes to be balanced. Well informed and balanced articles are wheat, in the main, we get in Wikipedia, and this is what helps make it the single most consulted reference source throughout the world (Gaukroger 15).

Gaukroger identifies that Wikipedia is a source where people who don’t have the credentials are able to share their perspective and opinions on issues. They are able to share what they might have learned from other friends or family members rather than knowledge from their structured education. Gaukroger notes that Wikipedia is “well informed and balanced”; there is a variety of sources and ideas, and that the accumulation and diversity of ideas is where we are able to find the most valuable information. This idea relates to the patient-clinician alliance Segal discussed in chapter seven. Regardless of credentials and authority, the patient’s perspective is just as valuable as the clinicians. Following Gaukroger’s theory, gathering the opinions of several doctors, patients, and their family members would result in balanced and well-informed information in which decisions could be made from.

From analyzing both perspectives in medical practice, I find the concept of a patient- clinician alliance beneficial. Rather than a hierarchical system where one opinion is valued the most, an environment where critique and discussion are present could be worthwhile in medicine. In the last pages of *Health and Rhetoric of Medicine*, Segal reflects on how “we should trust physicians themselves to act on their best knowledge, and we should act on our best knowledge, too” (Segal 152). She acknowledges how we as patients should credit those with more training, but not to forget our own knowledge and instincts either. While analyzing Segal and Gaukroger’s texts, I was hoping to find some kind of answer to my opening questions. As someone who aspires to find a career as a Physician Assistant, this issue is immensely significant. At what point do I trust my own opinion over my patients? Or vice versa. If I do accumulate a variety of opinions, how do my patient and I decide which treatment to use? In a field where ambivalent answers are not rewarded, the fact that I am only able to offer a deeper understanding is frustrating. Like in medicine, there are not always resolutions, and accepting inconclusively is hard. Analyzing different perspectives on this issue, however, did help me in understanding a new way of gathering information. Not only are my physicians’ and teachers’ perspectives valuable, but so are my own. My peers are able to justify their opinion in the same way that our professors are. In one sense, this gives me a new confidence in my own views as well as an appreciation for those views who might not have the highest credentials. In another sense, it has grounded me. I hope to remember this when I am a Physician Assistant and understand that despite not having authority or expertise in medicine, my patient’s experiences and opinions are just as valuable as my own. This leveling of hierarchies is so significant in today’s world as we get more competitive and autonomous in our culture.

Works Cited

Segal, Judy. *Health and the Rhetoric of Medicine*. e-book, Southern Illinois University Press, 2008.

Gaukroger, Stephen. *Objectivity: A Very Short Introduction*. 1st ed., Kindle ed., Oxford University Press, 2012.