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The Unattainable Gaze

In the contemporary world, we are taught to perceive science and medicine as some of the most credible fields. With instantaneous access to these fields through the internet, we are overloaded with medical data and claims. Additionally, living in a world that seems to be frantically fighting through a pandemic only adds to the question of reliable information we as a society can trust. For many of us, we seek out a physician in these times of uncertainty, searching for the most accurate answer to our problems from the “experts”. Doctors use their years of education and knowledge of science and medicine to convince us of the truth, and the truth is unbiased and objective, right? In the *Birth of the Clinic,* Michel Foucault analyzes language and rhetoric used in the practice of medicine throughout history and how that can be interpreted and communicated by other clinicians, patients, etc. During the late eighteenth century, a new medical gaze based on empiricism was developed. Empiricism was a structured gaze where signs and symptoms had to be seen and observed in order to be recorded and valued. The new “practice required of the officer of health was a controlled empiricism: a question of knowing what to do after seeing; experience was integrated at the level of perception, memory, and repetition” (Foucault 81). The purpose was to create a system of diagnosis in which biases were left out. Disorders could be concluded after only statable symptoms were recorded, and there was thought to be no room for misinterpretations. This transition in medical practice was revolutionary in terms of defining scientific knowledge. Although clinicians during this time thought they were entirely objective and truthful, Foucault disputes this as an accurate claim. In his analysis of the medical gaze, he claims clinicians are never able to ensure objectivity in their practice. The assumption that objectivity and authority of doctors ensures “truthful” and “correct” practice still lingers today. Since the publication of the *Birth of the Clinic* in 1976, technological advancements have made Foucault’s argument that much more significant. Awareness of concepts like implicit bias are proof that unintended partiality is still an issue in discourse today.

The universal presumption of the authoritative clinicians having complete objectivity in their practice stems from the emergence of empiricism. Foucault gives context around how the empirically based system came about and the logistics of what clinicians were required to do in their practice. The diagnosis process developed following the requirement of higher education. During the French Revolutionary war, unqualified people stepped in to practice because of the strong need for clinicians. The improper diagnosis and treatment that the untrained clinicians used resulted in a requirement of education for medical professionals after the war. Universities now required the completion of classes such as chemistry, biology, and clinical prior to being able to practice medicine. Previously, clinicians used philosophies and judgments from systems that weren’t based in science as we are used to today. This changed as the rich supported medical training through universities. Starting in the late eighteenth century, “it was no longer the gaze of any observer, but that of a doctor supported and justified by an institution, that of a doctor endowed with the power of decision and intervention… It would be untrue, no doubt, to see in late eighteenth century clinical medicine a mere return to the purity of a gaze long burdened with false knowledge” (89). Foucault recognized required education as an important step in terms of gaining medical knowledge; however, he admits that this knowledge was still somewhat partial. The credibility now lies in the gaze of “a doctor supported and justified by an institution”, as opposed to the individual clinician. The gaze has not disappeared, but only taken another form with more credibility. He adds that this transition in clinical medicine was not “a mere return to the purity of a gaze”. We are reading in Foucault’s voice as he believes that this calculating system does not ensure “pure” or unbiased communication. The gaze’s change in costume does not eliminate its partial nature, regardless of its increase in credibility.

Judy Segal similarly discusses the increase of physician credibility throughout history in the *Health and Rhetoric of Medicine*. Inevitably, with credibility came authority, and the image of what a doctor was factored into how we as patients started accepting their opinion without question. Segal notes: “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). The newly empirical system and acquired authority supported the hierarchy of knowledge between the patient and the clinician. Soon, rhetorical symbols emerged; white coats and stethoscopes established power, knowledge, and objectivity in each clinician’s practice.

Science and medicine are constantly striving for an all knowing, impartial system in which every diagnosis is correct, every treatment decision is unbiased, and the language used in every clinician’s conversations with patients is equitable. Because doctors were viewed to be of the highest credibility, and authority, we as a society started to believe they had found the all-knowing system. However, Foucault disputes this by describing this delusional goal in chapter seven as “a speaking eye”:

Overall these endeavours on the part of clinical thought to define its methods and scientific norms hovers the great myth of a pure Gaze that would be pure Language: a speaking eye. It would scan the entire hospital field, taking in and gathering together each of the singular events that occurred within it; and as it saw, as it saw ever more and more clearly, it would be turned into speech that states and teaches; the truth, which events, in their repetitions and convergence, would outline under its gaze, would, by this same gaze and in the same order, be reserved, in the form of teaching, to those who do not know and have not yet seen. This speaking eye would be the servant of things and the master of truth. (114-115)

The tone in which Foucault describes the all-knowing speaking eye exemplifies the irrationality of the concept. His choice of diction, “the great myth of a pure gaze”, illustrates how Foucault is arguing that there is no such thing. Regardless if it is the gaze of an observer, an institution, or the most credible doctor, an entirely transparent and unprejudiced gaze is unattainable. The visuals we observe must somehow be translated into something that can be communicated. The transformation from an image to the language we use is the unavoidable time in which each unique perception contains partiality. The paragraph above clearly depicts Foucault’s argument that even in the most controlled environment, each perception is unique to one’s own gaze. There would have to be a higher being, a “servant of things and the master of truth” to oversee all biases of people in order to extract and communicate the absolute truth. Another phrase that I think is important to recognize is when Foucault mentions the speaking eye will communicate with “those who do not know and have not seen”. There is no human who has seen or known anything without any influences such as parents, friends, the media, etc. Even if we are given unbiased information, we perceive it differently depending on our unique past experiences. Foucault adds this line to emphasize the irrationality of the “speaking eye” and all that would have to be true in order to achieve the pure gaze.

Foucault continues to support his claim by describing the purpose of language itself. He discusses this idea that language is the key to knowledge, and without it, we technically know nothing. He describes a theoretical postulate that reads “all that is visible is expressible, and that it is wholly visible because it is wholly expressible” (115). The reason that we acquire knowledge is not through the visible itself, but the expressed meaning we make of it. If we didn’t have language to express perceptions, the visible components would be irrelevant. This theory is really interesting and ties in extremely well to prove that Foucault believes there is no potentiality or even purpose of an objective being. We cannot gain knowledge without the interpretation created by using language, and maybe that is a positive thing.

Foucault’s purpose in disputing the possibility of the pure gaze is not to encourage arguing against any and all claimed truthful information. There is a limitation to which we can argue and disprove; moreover, at some point we as a society have to accept these biases to move forward. After all, it’s important to look at how objectivity plays into making a perspective valuable. If it were possible, would being entirely “objective” even help to provide the best medical care? Stephen Gaukroger, the author of *Objectivity: A Very Short Introduction*, might argue otherwise. Gaukroger analyzes the many definitions of objectivity and how each has its own validity in different contexts. This acceptance of several definitions supports his claim about intersubjectivity. He discusses authority and objectivity and their inaccurate relationship with reliability. Gaukroger recognizes the idea of intersubjectivity: accumulating information from a variety of perspectives rather than deeming the most authoritatively supported argument as “the correct one”. He analyzes the web source Wikipedia to strengthen his support of the value of intersubjectivity. Wikipedia is a cumulative source of information where anyone who wanted to contribute their information could. He writes:

“the difference between a traditional reference work and Wikipedia is not, then, that one is biased and the other not. But nor is it that the traditional reference work argues from authority of the author whereas, in Wikipedia, authority emerges from the product rather than from the standing of the person who wrote the entry” (Gaukroger 15).

There is a process of “sifting and accumulation” that occurs, and from that information left is where we can gain knowledge from a variety of perspectives. After accepting the pure gaze is unattainable, we can start to understand that although not entirely objective, there are ways to collect valuable information. As a society we have shifted from crediting one perspective to crediting several at one time.

So how do we apply these concepts to the medical field? At the end of the day, who can we trust to make the best decision for diagnosis and treatment? Both Gaukroger and Foucault would agree that in the medical field, doctors should not be credited for having the most truthful and objective opinions. Rather we should use them as resources in an alliance to make medical decisions. Acknowledging that doctors are people with bias too can help patients understand perspectives and give them enough knowledge to make an informed decision alongside their doctor about their health. Judy Segal reflects on this concept of a patient-clinician alliance and notes how “we should trust physicians themselves to act on their best knowledge, and we should act on our best knowledge too” (Segal 152). We should value and consider each and every perspective regardless of authority, objectivity, etc.

Discourse of all communication contains rhetoric that could influence the way we perceive information. This recognition of biases is an important skill, but it doesn’t mean we shouldn’t value or trust information that is partial. Ultimately, everything we read, see or interpret is influenced by bias is some way. Foucault’s argument supports this with his dispute of the pure gaze. His analysis has affected the way in which I think about my own endeavors in school, work, and socially. We have access to even more information than we can imagine due to the technological advancements that evolved after Foucault had written the *Birth of the Clinic* in 1976. The abundance of access to resources, whether that be academia or not, can be exceptionally overwhelming. In the past fifty years, the technological advancements, media, and our accessibility to knowledge has greatly changed the way we are able to communicate with people. Not to mention the overwhelming number of informative claims we see during a pandemic. Recognizing biases has become more difficult, and even more imperative. Foucault’s awareness of the unattainable objective is particularly significant in the medical field today. The Kairos of his perspective could not be more influential and thought provoking than it is at this time, during a pandemic filled with doubt and uncertainty. As someone hoping to have a career in medicine, the relationship with Foucault’s text I created while simultaneously experiencing COVID-19 is singular and will have a lasting effect on the way I view medicine.

*Works Cited*

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