

Box 1. Reflective notes

- Do you agree with Kant's challenging views about how we can know things?
- How much have medical 'facts' changed in our professional lifetime? How much does it matter?
- How critical are we when presented with new knowledge?
- 'In medicine, people matter more than facts' — discuss.

Knowledge — how we think we know things

A friend of mine is fond of saying 'I don't believe in facts, facts change'. But is that a fact? There are all sorts of difficulties about knowing things. Here are three.

The problem of perception

Immanuel Kant stated:

'As the senses never enable us to know things in themselves, but only their appearances, all bodies must be held to be nothing but mere representations in us, and exist nowhere else than merely in our thought.'

We have no God-like comprehension of the billions of particles around us. We do not experience the curvature of space, the mutability of time. We cannot know the world. We can only know about the world through our senses.

And the senses do not report directly to our conscious mind. They are filtered, interpreted and modified by an active process of perception, a process through which our mind constructs preliminary internal models out of sensory data. The beautiful and natural image of the world in our conscious mind is constructed within our brains from a huge body of digital data from the sensory nerves. It is not the real world.

Which model of reality?

Kant also states that 'intuitions without concepts are blind'. By 'intuitions' he means individual pieces of sense data. By 'concepts' he means what we would call theories or models. Kant's view is that our understanding of all sense data depends on the theories that we hold about the context of the data. Einstein stated 'theory cannot be fabricated out of the results of observation ... it can only be invented'. Our observations and theories cannot ever be accepted as a final objective truth, but must remain open to doubt and reformulation. All knowledge is provisional.

Attribution theory

We have a need to see our world as predictable and controllable. We therefore construct our personal worlds to work like this. Attribution of cause is a normal human mechanism shared by doctor and docker alike. What is different is the nature of the

evidence that is accepted as establishing a causal link. But once that link is accepted the causal attribution will be accepted as a 'fact', and the world interpreted accordingly. As Richard Asher said *'ideas are much easier to believe if they are comforting ... Just as we swallow food because we like it not because of its nutritional content, so do we swallow ideas because we like them and not because of their rational content'*. We are all of us somewhat too inclined to believe what we read in our favourite journals.

None of us can cope with thinking about the whole world. We can only deal with the world by ignoring most of it. We select out the strands that we need. We construct knowledge by making up mental models that represent the world for us. When we get really good at manipulating a defined subset of this totality we define this bit as 'fact'. Our models of the world then determine our perception of reality. Trust me — I know.

CPD further study and reflective notes

The notes in Boxes 1 and 2 will help you to read and reflect further on any of the brief articles in this series. If this learning relates to your professional development then you should put it in your annual PDP and claim self-certified CPD points within the RCGP guidelines set out at <http://bit.ly/14GS5NS>.

If your reading and reflection is occasional and opportunistic, claims in this one area should not exceed 10 CPD credits per year. However if you decide to use this material to develop your understanding of medical philosophy and ethics as a significant part of a PDP, say over 2 years, then a larger number of credits can be claimed so long as there is evidence of balance over a 5-year cycle. These credits should demonstrate the impact of your reflection on your practice (for example, by way of case studies or other evidence), and must be validated by your appraiser.

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Box 2. Further reading

Primary source

Kant I. *Critique of Pure Reason*, 1781. Translations widely available, for example: London: Everyman, 1993: Part II, Section 1.

Further study

Do give Kant a try, but you may find Warburton's explanation of Kant more accessible: Warburton N. *Philosophy, the Classics*. London: Routledge; 1998, Ch 10.