“As humans our continued physical existence depends on states of affairs in the world itself, not on states of affairs in our mind or language.”

R is for Realism — is our knowledge real or all in the mind?

Can we really know what the world as it is in itself is like? The theory that our knowledge represents states of affairs in the world as it is in itself is called ‘realism’. The contrary position, that statements only tell us about the models in my mind rather than states of affairs in the world, is called ‘anti-realism’.

Science tends to make quite concrete claims ($E = mc^2$, atoms are made of subatomic particles, $Fe^{2+} + 2OH^- \Rightarrow Fe(OH)_2$) and we tend to believe that these claims are capturing the truth about the world itself. Belief that our current knowledge accurately represents the world itself is termed naïve realism. But perhaps naïve realism is a mistake. After all we have no access to a God’s eye view of the world to cross-check the truth of any statement that we make.

Instrumentalism, a leading form of anti-realism, holds that believing successful theories must be true is a mistake. It judges theories only in terms of their usefulness. After all I can boil a kettle with Aristotelian science just as well as I can boil a kettle with Newtonian science. For an instrumentalist, scientific theory is seen only as a useful way of talking about specific sets of observations.

As modern science travels ever further from what is humanly observable instrumentalism becomes ever more attractive. I have never seen a subatomic particle. But modern science expects me to believe that the observable universe is made of subatomic particles because they are the most efficient explanation of what is observed in the incredibly artificial environment of a cyclotron.

Might there be a middle path? My argument for a modern scientific realism is simple. As humans we are *embodied* creatures; flesh and blood and composed of the same matter as the rest of the universe. Much anti-realism ends up as if reality is constructed by my thoughts. But as Kirk reminds us: ‘... we are not free to construct whatever world we choose. It is not in our power to “think away” floods, hurricanes, earthquakes or injuries’.

As humans, our continued physical existence depends on states of affairs in the world itself, not on states of affairs in our mind or our language.

So my argument against strong anti-realism rests on two points. First, that human perception is capable of giving us some information that has its origin in the world itself, albeit distorted to an unknown degree by the process of perception. Second, however as humans we are embodied creatures whose survival depends on our successful relationship to the world itself. Something must be connecting!

I am advocating critical realism: the view that we may indeed make statements that claim some relation to the world itself, but that as our models are unlikely ever to become either comprehensive or totally true representations of the world, (and indeed we would have no way of knowing that they were so if by chance they happened to be either), all knowledge claims must be provisional and in principle subject to revision.

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/UT5Z3V>.

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 1. Reflective notes

- How do we balance a healthy scepticism with downright cynicism for truth claims in general?
- How do we view truth claims in medicine?

Box 2. Further reading

Kirk R. *Relativism and Reality*. London: Routledge; 1999. An excellent philosophical survey; a little challenging for beginners.