

## The continuous intrusion of subjectivity in medical decisions

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Editor

*"When has ever reason ruled  
over feelings?"  
Stefan Zweig*

Contemporary medicine has its most solid foundation on positivist science, which tries to exclude subjectivity and focus on consistent, objective, hard, reproducible, verifiable and refutable knowledge. This approach has generated unquestionable benefits insofar as many ideas that used to dominate medical thought such as magic, prejudice, chance, supernatural forces, dogmas and beliefs are eluded in decision-making.

However, while both doctor and patient are human beings that not only think but feel, prejudice, fear, and blame and defend themselves, subjectivity is so important, that the best "scientific" alternative can fail and the worst can be successful. The best example is placebo, which cures or ameliorates, and the placebo effect that emblazons many colleagues and makes them successful in spite of their cognitive and psychomotor deficiencies. When the patient tells the doctor that just by seeing him/her he/she feels already better, the doctor's personality is acting on the patient's subjectivity, and not so much the doctor's science, knowledge or efficacy.

The medical profession has taken advantage of both the placebo effect and the tendency of some diseases to be self-limited to survive for centuries where it lacked true therapeutic effectiveness –at least as we know it today– and although the mechanism by means of which placebos act is unknown, it is thought to be

related to patient expectations and, obviously, to subjective elements.

Positivism tried to disesteem subjectivity or, at least, to neutralize its influence. Blinded and double-blinded research strategies have that purpose and it cannot be denied that their contributions have been numerous and convincing. However, it is also true that when hard knowledge is landed to be applied on everyday patients by everyday doctors, it is influenced by the subjectivity of both. For the doctor, subjectivity has to do with his/her authentic desire to make the patient better and not that much with demonstrating scientific knowledge, with the fear of failure, with the series of emotions the patient in question awakens in him/her, with the circumstances under which he/she carries out his/her practice, with immediate expectations, concerns about the patient's health and life, about preserving his/her professional prestige, etc. For the patient, of course, it is linked with the fear of experiencing complications or die, with the trust on his/her doctor, sacrifices and limitations imposed by disease, etc.

Positivism assumes that the object of study can be isolated from subjects under research and their thoughts, that observers are independent and not affectively involved and tries to eliminate any bias and preconception by excluding the participation of emotional or attitudinal factors. But the truth is that science is undergoing a paradigmatic change, where subjectivity acquires a new hierarchy; the mechanistic model is replaced by a probabilistic one, causal relationships are not direct or unique, each effect is the result of

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many causes, including desires, fears, apprehensions, wishes, concerns, aspirations, prejudices and beliefs; the relationship between cause and effect is relative, proportional, there are no categorical statements anymore and the observer's view influences on the phenomenon. Plastic arts have taught us that each spectator perceives differently and not necessarily accordingly to what the author wanted to say; the same can be said about music and poetry. "What is said about the observed thing tells more of the observer than of the observed thing". Creation belongs not only to those who produced the work, but also to those who appreciate or interpret it.

The patient brings along expectations, fears, desires and preconceptions that with no doubt influence on therapeutic responses. Medical decisions are often made under conditions of uncertainty or, in best case scenario, of risk: clinical practice is not an exact science. Osler used to say that it is "the science of probability and the art of uncertainty". Outcomes depend on a large number of variables, many of them out of the doctor's control. And it would be wrong for the professional to disregard what the patient expects, desires or fears.

It should be said that subjectivity is not synonymous with speculation, superficiality, inaccuracy or falseness. It is just the personal view of the subject, influenced by his/her emotions, appreciations, fears and desires; in no way can this vision of social reality, which

necessarily encompasses people comprehensively, be excluded. Subjectivity propitiates an approach to individuality, which in medicine is a declared principle: "There are no diseases but sick people". The same etiologic agents, the same organ damages, are expressed differently in different individuals. Each clinical problem has more than one solution, in spite of evidence-based medicine arguments. If offering each patient the best existing alternative for him/her is aspired, his/her unique characteristics, including his/her subjectivity, cannot be excluded. Although warning alert is in order: subjectivity can alter other forms of harm perception, but with no doubt imprints an exclusive and different label to each case.

Hard science representatives find it hard to believe that we clinicians lack certainties and move by probabilities; that the most we are able to approximately predict is that which has been shown in clinical trials, generally carried out under controlled conditions that many times are different from today's patient reality. Subjectivity imposes its label on the expression of symptoms, on their interpretation and, with no doubt, on the response to treatment. And it is not just another variable, but perhaps the one that most influences on outcomes. Therefore, clinical skills is not only the ability to more or less literally transfer the results of science to the medical care circumstance, but the need to know the patient in depth in order to estimate the likelihood of success and take advantage of his/her subjectivity.