

From the Editor

The healing environment

Following the College's acknowledgement of the role of the environment and arts in health and well-being in two publications,^{1,2} we were pleased to host our first conference on 'The healing environment' in February. Among the distinguished speakers was HRH The Prince of Wales, whose eloquently delivered keynote address is published in full in this issue.³ The impact of the environment on health and healing – whether in the hospital setting or the wider community – is no longer in doubt. I am therefore delighted that we are able to elaborate further this message with Professor Sir Michael Marmot's authoritative paper on the social environment and public health, and in the report of the conference at which views on these topics were so convincingly expressed.⁴

Uncertainty in clinical practice

*In practice, decision-making is always in the face of uncertainty.... Waiting for an impossible absolute truth means never doing anything.*⁶

There are no absolute truths other than those of mathematics and formal logic. Even Descartes discovered this when searching for certainty in the book of scientific life in the seventeenth century.⁷ Indeed, we live our lives in the face of countless uncertainties resolved only by making judgements. Theory and experience may clash. Similar dilemmas confront us in clinical practice where decisions must often be made in the face of uncertainties.

The numerous uncertainties of clinical practice have been elucidated by Saunders.⁸ Aside from the uncertainty of ignorance, which needs to be recognised, there are always uncertainties in relation to understanding patients and their medical histories (interpersonal uncertainty); moral uncertainties, for example whether or not to treat or withdraw

treatment from an individual patient; and uncertainty in application of treatment, questioning, for example, whether existing guidelines apply to this particular individual patient or not.

Despite the many uncertainties, most patients expect to be offered clear guidance on diagnosis, treatment and prognosis. Yet calculations of risks and probabilities on these questions are beyond the comprehension of many patients and doctors – a subject to be addressed in a forthcoming issue. To convey unavoidable uncertainty within the consultation without confusing the patient and causing him or her to lose confidence requires a skill which needs to be acquired both by education and experience. The Kennedy Report⁹ addressed this issue in its statement that 'an attitude of public service also calls for the ability to convey uncertainty without fearing that it will appear weak'. This topic is also being addressed by the College through its Patient Involvement Unit.

Spurious certainties

The existence of spurious certainties in today's environment makes discussion of uncertainties even more difficult. Highly specific guidelines, for example, create a sense of certainty, yet their recommendations may be based on the lowest level of evidence (C) and are therefore already based on clinical judgements. Clinical trials using large populations do not necessarily point to the best treatment for an individual patient, and articles in the *Lancet* have recently addressed this issue.¹⁰ Modern treatment of Type 2 diabetes is a case in point: large clinical trials have resulted in a degree of poly-pharmacy which has led physicians to suggest that both failure with compliance and questionable effects of multiple drug combinations may make desirable long-term objectives in fact unattainable.¹¹ These spurious certainties are compounded by a widespread

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belief in the certainty of science; in fact, the reality of science concerns attempts to resolve uncertainty.

Yet our society frequently demands certainty. Politicians sometimes portray areas of scientific uncertainty as political certainty, especially when political expediency so dictates, when judgement of the assessment of risk would be more appropriate. On occasion, politicians have interfered with the interpretation of scientific observations, as President Bush has done in the USA.¹² Lawyers too may demand of expert witnesses opinions that may also be taken as forensic scientific evidence, leading to damaging – and usually much-publicised – outcomes.

Risk and fallibility in clinical judgements

However, judgements must be made in order to take action even in the face of inevitable uncertainties. Making judgements involves taking risks, understanding that occasional errors seen with hindsight will occur. This necessary fallibility in clinical practice¹³ is probably an essential ingredient of the growth of experience and clinical wisdom. Clinicians seeking to practise without risk can cause needless anxiety, while incurring huge costs by undertaking unnecessary and sometimes harmful investigations or treatments in the fruitless search for certainty. It has been estimated, for example, that to give all those suffering from peanut allergy the equipment to administer adrenalin would cost this country £20 million for every life saved.¹⁴ Lobby groups and politicians often ignore risk strategies to the great detriment of society as a whole.

The way forward

How then can we learn approaches to handling so much uncertainty in the context of clinical practice? The issues need discussion not only in the context of undergraduate education but even more importantly in the postgraduate training of doctors who need to understand the different notions of uncertainty and how to handle them. Furthermore, resolution of clinical uncertainties should be addressed wherever possible by NHS clinical research, a seriously neglected area addressed in this issue by Chalmers *et al.*¹⁵ The College's Ethics Committee is also discussing approaches to uncertainties in clinical practice. But education regarding uncertainties needs to go beyond that of doctors alone. Managers and politicians should share these questions, and the public and our patients also need to understand them.

Every professional must make appropriate judgements in the face of uncertainty. Consultants in the medical profession are appointed to take that responsibility on their shoulders – 'to take responsibility not only for handling difficult situations but, in particular, for managing the uncertainties which feature in so many clinical encounters'.¹⁶ If medical and other professionals were to relinquish control over the handling of

uncertainties, that would lead to the end of professional responsibilities as currently defined. These issues are key to professional behaviour and are being addressed by the College's working party examining professionalism in medicine.

The search for certainty pervades all our lives. It was neatly expressed in Pirandello's thought-provoking play bearing the appropriate title *Absolutely (perhaps)*. But Donald Rumsfeld, USA Secretary of Defence, showed unexpected appreciation of the problem when he said:

As we know, there are known knowns; these are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know; but there are also unknown unknowns – the ones we don't know we don't know.... It is the latter category that tend to be the difficult ones.

Uncertain indeed!

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