

Entertaining fascism?

Our respondent's title aptly betrays and performs the reductive bias that infects evidence-based medicine (EBM). Indeed, our respondent relies on the presumed self-evidence of such binaries (e.g. 'evidence' vs 'feeling') as the basis both of their criticism and of EBM in general. But it was precisely this manner of thinking – and its deleterious political effects – that motivated our critical essay in the first place. What evidence is there, we might ask, for the easy separation of evidence and feeling, 'depth' and 'width'? Who will police this border? And with what authority?

Still, we must admire our respondent's title for its witty intertextuality. It alludes to the 1970s BBC television comedy, *Never Mind the Quality, Feel the Width*.¹ The show was about two tailors in London's East End, one a Jew, the other an Irish Catholic. The reader who has never seen an episode can no doubt imagine the hapless high jinks of these two characters as they struggle with religious difference. But it is unclear whether this is an appropriate allegory for what distinguishes EBM from those of us who, according to some EBM advocates, would rather 'feel the width'. After all, our difference is a question of evidence: it would be hypocritical to reduce position either to a declaration of faith or to a comedy, if we follow the title's allusion.

To address some confusion, we stated explicitly that EBM relies on 'a plethora of correlates', and never claimed that EBM is a 'homogeneous ideology'. More precisely, we argued that the *effects* of EBM are homogenising, totalising, and dangerously normativising – collective *ideological effects* that form a kind of critical mass (journals, granting bodies, awards, etc.), demonstrating a 'knowledge . . . valued for its "performativity"', to re-cite our respondent in a less flattering light. And we agree that there are resistances afoot, locally, in micropractices, at the margins. However, we disagree that they have increased 'under the EBP influence', rather than arising in conflict with it. With this claim, however, EBP seeks to occupy and co-opt those dissenting voices, claiming them as its own, domesticating and neutralising them – again, 'performatively', 'not to produce "truth" but to produce better outcomes'. Thus, only by sleight of hand can EBM claim to promote genuine pluralism. Specifically, by what or whose evidence will something count as a 'better outcome'? Our respondent begs the question of evidence here and throughout.

Regrettably, their characterisation of our discourse as 'entertaining verbosity' only stands as further evidence of EBM's intolerance. Our respondent disingenuously dismisses

our argument as mere verbiage, some barbarian babbling that is prejudged as illegitimate, if not idiotic. Rather than address our specific arguments, our respondent rejects the work of Deleuze and Guattari because it is supposedly just as exclusionary as EBM! The justification for this bold claim comes down to the respondent's own refusal to engage with difficult philosophical texts. But nothing in our argument relies on the arcane knowledge of Spinoza, Nietzsche, Marx, Freud or Heidegger. By this ruse they sidestep the real issue, preferring 'to avoid the political overtones' of our argument because our use of the word 'fascism' is controversial. But the situation *is* political, despite the controversies. Our respondent's 'preference' – which is seemingly genteel, passive or even innocuous – is nevertheless an unwarranted depoliticisation of matters.

In contradistinction, genuine critique *opens* discourse and allows for a plurality of political views. If we have 'politico-intellectual ambitions', we avow them as critical. This is not the 'barely comprehensible' fascism or 'effusive complaint' that our respondent imagines. Our purpose was to disclose the often invisible and insidious politics of EBM. This is a politics that our respondent 'prefers' to disavow – ironically, in the name of 'propriety'. And remarkably, we are the ones who are made to seem mean-spirited in our critique. Why? Because EBM is deployed in part as a deep morality. EBM positions itself as morally virtuous, the champion of the sick, whose interests it claims to represent. Consequently, we are made to seem hostile to public health interests. By casting the critique of EBM as inherently immoral, EBM would immunise itself from scrutiny; its self-righteousness is a form of censorship. The only way forward is through authentic dialogue, and so *The International Journal of Evidence-Based Healthcare* must be commended for its willingness to promote a discourse on what many see as the industry's categorically incontestable foundations.

In closing, we turn to Foucault: 'No one should ever think that there exists *one* knowledge or *one* power, or worse, *knowledge* or *power* which would operate in and of themselves. Knowledge and power are only an analytical grid' (p. 52).² In other words, an analysis of knowledge and power is the lens through which critique might emerge. This ought to produce a plurality of discourses, rather than foreclose upon them. Foucault initially defines critique as 'the art of not being governed quite so much' (p. 29). While it is a question of quantity, more subtly it is a question of quality: *how* am I governed, *how* am I subject to a particular regime of truth? Freedom and democracy hang from these questions, and reside in the possibility of critique. More

precisely, here Foucault understands critique as a *movement* within which each of us might *claim the right to question* what appears most incontrovertibly as 'true': 'critique is the movement by which the subject gives himself the right to question truth on its effects of power and question power on its discourses of truth. . . . Critique will be the art of voluntary insubordination, that of reflected intractability' (p. 32).

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References

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