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# Towards an ethics of authentic practice

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## Abstract

This essay asks how we might best elaborate an ethics of authentic practice. Will we be able to agree on a set of shared terms through which ethical practice will be understood? How will we define ethics and the subject's relation to authoritative structures of power and knowledge? We begin by further clarifying our critique of evidence-based medicine (EBM), reflecting on the intimate relation between theory and practice. We challenge the charge that our position amounts to no more than 'subjectivism' and 'antiauthoritarian' theory. We argue that an ethical practice ought to question the authority of EBM without falling into the trap of dogmatic antiauthoritarianism. In this, we take up the work of Hannah Arendt, who offers terms to help understand our difficult political relation to authority in an authentic ethical practice. We continue with a discussion of Michel Foucault's use of 'free speech' or *parrhesia*, which he adopts from Ancient Greek philosophy. Foucault demonstrates that authentic ethical practice demands that we 'speak truth to power.' We conclude with a consideration of recent biotechnologies, and suggest that these biomedical practices force us to re-evaluate our theoretical understanding of the ethical subject. We believe that we are at a crucial juncture: we must develop an ethics of authentic practice that will be commensurable with new and emergent biomedical subjectivities.

## Introduction

We borrow our title from Miles and his colleagues [1], whose Editorial Introduction and Commentary suggested that our recent essay [2] sought to challenge Evidence-Based Medicine (EBM)'s 'ethics of compliance' and hold out instead for an 'ethics of authentic practice'. While we find this to be a provocative binary and a very good place to begin, we nevertheless hesitate: Our critics will justly ask how we define 'authenticity', and what kind of ethics this could be – what will it look like in practice? We should then take pains to discuss our view of ethical health care, all the while acutely aware that the terms that we use might not be acceptable to our critics, or that the warrants that underlie what we take to be 'evidence' might not be shared. These struggles are at the heart of ethical life, and so here, in pages such as these, and in daily clinical practice, it must be said that the best of what we do is agonistic – an authentic struggle – and thus a prima facie definition, if not a practice, of ethicality.

We are grateful to Professor Andrew Miles for the opportunity to engage in this important ongoing dialogue concerning EBM. With him, we hope that the issues raised in these pages will be reflected upon by others in the community and beyond. We are no less grateful to our generous respondents and critics [3–6]. In this paper, we take pains to respond to them. We begin by remarking on the relation between theory and practice. Here once again, in the clearest possible way, we defend the role of theory in the applied sciences. We argue that without theory, practice is blind. We then situate EBM in relation to theory and practice, demonstrating that, without critical theoretical insight into the epistemological and political assumptions that underpin the logic of EBM, EBM amounts to an unethical and dangerous practice.

Here we engage directly with Miettinen and Miettinen [6] on the question of ethics, honing in initially on their authoritarian/antiauthoritarian binary. We seek to clarify our position in response to Miettinen and Miettinen, but they have prompted us to reflect further on what an 'ethics of authentic practice' might look like. On the one hand, ethics cannot be defined as blind obedience to authority, a function of 'professional integrity' or 'professional discipline' [6]; quite to the contrary, we have argued that such blind obedience to authority is unethical. On the other hand, ethics cannot be defined simply as a 'rejection of authority'. The authoritarian/antiauthoritarian binary proves to be both false and dangerous. The question remains: how should we conceive of an 'ethics of authentic practice'?

The rest of our paper takes up this daunting challenge. We turn to Hannah Arendt, whose work responds in part to the Nazi

  

atrocities when it asks: how is ethics possible under dictatorship or totalitarianism? How, she asks, can we have ethics in the face of a suffocating power and moral authority? We follow Arendt in her discussion on ethical thought. Arendt's concepts of 'solitude' and 'silent speech' help to light the way towards an ethics of authentic practice, we argue. We also look to the later work of Michel Foucault because, like Arendt, he takes up the Ancient Greek theme of self-relation and conceives of this relation as an ethic of 'care'. 'Care' is not an epistemic relation, but is defined as an ethical practice. For Foucault, as for Arendt, this self–self relation is also a relation of speech, 'speaking truth to power', politically, and risking the self in order to do so. From our discussion, then, we will suggest that an ethics of authentic practice involves a relation of risk – not a calculative or epistemological risk, but a risk-of-self, a risk whereby the self risks itself in the pursuit of truth, knowledge and a meaningful life.

Our paper concludes by discussing the relevance of postmodern theory for an ethics of authentic practice. We briefly point to some of the ethical challenges that are arising thanks to burgeoning biotechnologies. Remarkably, recent advances in technology suggest that the fragmentation of the knowing subject – for which postmodern theorists suffered so much grief – may prove to be true! In their focus on genes or on the brain, for example, these technologies suggest a fragmented subject, and thus raise problems that are unanswerable according to the terms of traditional ethics (e.g. reason, autonomy). It is therefore time to work together to imagine an ethics of authentic practice that will be commensurable with new technologies. This crisis in health care has not been adequately addressed. And given this exigency, it is therefore all the more incumbent upon us, ethically, to challenge the power and moral authority of EBM, along with its multiple stake-holders and supporters. With this reflection, we hope that we have in some small way carved out a space for future dialogue.

## The relation between theory and practice: the lesson of the Copernican revolution

We believe it is a mistake to conceive of theory as something that arises solely out of – and is blindly faithful to – empirical evidence or practice. This is not the purpose of theory. Instead, we have known at least since Copernicus that theory must escape the surly bonds of empiricism, sometimes to arrive at 'truths' that empiricism is unable to discover on its own. Before Copernicus, the Ptolemaic system together with the cosmogony narrative of the Bible placed man firmly at the centre of the cosmos. To be sure, there was something 'self-evident' in doing so. But, as Michael Polanyi notes, 'Copernicus gave preference to man's delight in abstract theory, at the price of rejecting the evidence of our senses, which present us with the irresistible fact of the sun, the moon, and the stars rising daily in the east to travel across the sky towards their setting in the west' [7]. Of course, it turns out that our sensual evidence led us to the wrong conclusions. To continue to privilege 'evidence' in support of Ptolemy or the teachings of the Bible becomes an article of faith – bad faith, because one must wilfully ignore the greater objectivity and greater intellectual and epistemological coherence of the Copernican system. And for those who think this is a quaint example, we might point to analogous debates that rage to this day over the place of creationism or 'intelligent design' in the science curriculum of some US states. With these analogies, our suggestion is that EBM demands an adherence that is akin to such bad faith or wilful ignorance.

To engage in theory, then, is not a lesson in 'narcissism' or 'intellectual profligacy', as Miettinen and Miettinen suggest [6], but an antidote to it. Theory should require us to make an interpretive leap – a leap of good faith. It means that we must displace ourselves from the centre of the cosmos; we must begin by acknowledging our human finitude, the limits of human knowledge. In Polanyi's words:

> A theory is something other than myself . . . A theory, moreover, cannot be led astray by my personal illusions. To find my way by a map I must perform the conscious act of map-reading and I may be deluded in the process, but *the map* cannot be deluded and remains right or wrong in itself, impersonally [7].

According to late French philosopher Michel Foucault, theory is also a tool for resisting dominant discourses; it is a powerful weapon against the status quo and received ideas that seek to map the landscape of scientific knowledge. A theory is a *machine*, made of parts (concepts) that can be assembled and reassembled, and that can be used to look at things from another point of view. Consequently, theory opens up new ways of seeing and new ways of thinking.

Theories are machines that see into the inner workings of things; they interrogate and challenge governing apparatuses. It is precisely towards these governing structures that our critique is directed – towards academia, but also towards governmental agencies and their decision-makers, those who are responsible for policy development, implementation, regulation, monitoring, promotion, and so forth. The link between the latter (power) and academia (knowledge) is well established. One of the purposes of theory is to unveil the myriad connections between scientific empiricism and networks of power/authority – between academic researchers and multiple modes of governance and support – and as a consequence, to *problematize* this power-knowledge apparatus. This becomes all the more complicated as academia and the scientific disciplines become increasingly allied with and recuperated by corporations – and as governments are ever more dominated by corporate interests. According to Canada's prime minister, for example, the new national strategy for science and technology research is in the direction of privatization (corporatization), 'to effectively harness market forces in the pursuit of scientific progress' [8]. In the domain of health care, corporate and governmental power exploits empiricists (researchers, academics) in order to pursue their own goals and to develop conservative policies that promote corporate agendas. It works both ways: not only are 'market forces' harnessed 'in the pursuit of scientific progress', but 'scientific progress' itself is regulated by, responds to, and is measured by 'market forces'. In the end, scientific progress *is* economic progress; however, this is defined by the economists of the day. This may change, but until it does, we will continue to see how the evidence-based movement provides the perfect means to seduce decision- and policy-makers because it provides them with the ready-to-use corporate, governmental, and economic protocols they need to support a particular agenda.

## If EBM is the answer, what is the question?

One rather effective rhetorical strategy deployed by EBM acolytes is to ask critics like us just what system we would propose,

 

if not EBM. The failure to provide an immediate answer, the terms of which, moreover, would be comprehensible and acceptable within the particular idiom that informs EBM, is taken as proof that EBM is the best possible system at present, and that we ought to assert with Dr Pangloss [9] that we inhabit 'the best of all possible worlds'! Here, we would like to suggest that when critics like us hesitate to respond to this question, it is because we are troubled by the terms of this question and the additional interrogations that it raises. For instance, we ask, 'If EBM is the answer, what is the question?' What presumptions are operating such that EBM – or indeed, *any* such system – seems like the only way forward? What is the *purpose* of medicine and allied health sciences if EBM or any other 'system' is going to fulfil that purpose? When EBM apologists ask, 'So what *should* we be "doing", if not EBM?', they short-sightedly presume that there must be an analogous 'system' in place, and that health care could not function in any other way. Refusing (or debating) the terms of the original question is tricky; in the absence of fair debate, our authentic refusal is often met with the posture of moral indignation – part of the smokescreen that hides the truth of the critique. Just because we do not offer an alternative 'system' does not mean that our premises are invalid and our conclusions unsound.

Buetow's commentary [3] on our article raises the question of the question itself – that is, the question of questioning, and whether and how we might pose questions with integrity, authentically. We agree with his remarks on Sartre, when he says precisely what would be needed to pursue a Sartrean 'ethics of integrity':

> A triple 'non-being' inheres in questioning . . . (1) the uncertainty of the authors; (2) the possible negative response to the questioning; and (3) the opposition between the possible answers [3].

Our own form of critical questioning must concede all three. We confess, we remain uncertain as to what – if any – 'system' would offer the best health care and what evidence would be most helpful for policymakers. We have called for an open debate [2,10] that would begin to lay out some of the presumptions of good medicine, interrogating the warrants that underlie what will constitute 'evidence' and 'truth' in the health sciences. Ours has been a critical intervention, an appeal, a provocation, but certainly not an authoritarian 'answer'. Nor, for that matter, should our position be construed as sweepingly 'antiauthoritarian', for we recognize that here we too would be acting in bad faith if we promoted a straightforward authoritarian antiauthoritarianism, as it were – surely a contradictory position. The way forward must, in our view, be tentative and marked with uncertainty. This is not to say that we cannot have values and convictions, but it means acknowledging the implicit danger in aligning 'epistemic certitude' and an authoritarian stance. For surely this latter is the way of 'State Science', it is the way of totalitarianism. Indeed, we agree, there ought to be a 'negative response to the questioning', as Buetow [3] points out – otherwise we arrive at an ethics of compliance from which there is 'no exit'. And finally, yes, there must be an 'opposition between the possible answers'. This almost goes without saying; however, an ethics of authentic practice will not stop at the oppositions themselves, but will ask further questions: how are they oppositional, and why?

## Revisiting the question: authoritarian or antiauthoritarian?

Here we must turn to the claims advanced by Miettinen and Miettinen [6] in their commentary on our article. They write:

> What is needed in medicine is neither the direct presentation of scientific evidence to practitioners, as in EBM, nor the rejection of authority as advocated by Murray *et al.* but rather the establishment of a suitable network of scientific authorities to develop, organize, and present knowledge derived from evidence [6].

First, we would disagree that EBM amounts to 'the direct presentation of scientific evidence to practitioners'. Certainly that is what it *pretends* to be – and thus it pretends to honour the clinician's integrity. In truth, however, EBM presents evidence that has already been synthesized and that has already undergone rigid meta-analysis (based on a highly political process, a 'hierarchy' of evidence) or meta-synthesis; the 'evidence' does not speak for itself, but it is in fact a synthesis of evidence that obeys the paradigmatic rules of postpositivism, and is packaged and delivered for ready implementation by medical and healthcare practitioners. It is not 'direct'; it is spoken in someone's voice. Moreover, in our article we alluded [2] to some of the vested interests of the various EBM 'stake-holders', all of which (political, ideological, socio-economic, etc.) must be taken into consideration when 'evidence' is exalted to the level of 'truth' through mechanisms that are hardly explicit.

Second, EBM disciples will say that EBM *already* fulfils what Miettinen and Miettinen [6] claim 'is needed': proponents of EBM believe they have already established 'a suitable network of scientific authorities to develop, organize, and present knowledge derived from evidence'. This is EBM's mandate if ever there was one! And so we have pointed to the ways that EBM has, in recent years, become part of the Establishment – promoting itself as a network that is backed by scientific authority and that succeeds in disseminating its research findings, its guidelines, its so-called best practices, and indeed, its authoritarian worldview. In the end, the question is whether 'this' is what medicine 'really needs'. The pressing question is and remains: What are the needs of health care clinicians and patients? Does a hierarchy of evidence provide what they need? Are preformatted and ready-to-use best practice guidelines sufficient for providing the best possible quality of care?

While we may indeed agree with Miettinen and Miettinen's conclusion that EBM is curiously non-evidentiary in nature, we must take issue with them when they assert that an authority is required and that it must be 'genuinely' evidence-based. How? By what means? By what power? And by whom will the so-called 'authority' be authorized to speak and to promote a specific agenda? What will serve as persuasive evidence for such authority? And what will make it 'genuine'? The EBM camp believes it has the answers. And Miettinen and Miettinen [6] believe they have the answers, but we find their treatment to be obscurantist, referring to such notions as *gnosis* and the *transubstantiation* of evidence through synthesis. This has an oddly religious ring, and so one wonders whether such doctrines are, in the end, no more than articles of faith.

Third, and most significantly, are we really advocating 'the rejection of authority', are we really 'arguing against authority and for self-empowerment (and self-direction) of practitioners' [6]?

Not exactly; we were careful to avoid such formulations, and for good reason. Here, once again, we slam into the question of authority. Miettinen and Miettinen [6] propose a simple (ready-to-use) binary, authoritarian vs. antiauthoritarian, and claim that our position is firmly antiauthoritarian (and by implication, reactionary). Simply put, we must reject their binary as reductive and lacking in nuance. Indeed, such binaries, we have argued, can be downright dangerous. Where Miettinen and Miettinen [6] propose a binary distinction between 'intellectual integrity' and 'professional integrity', for example, we must worry. We were shocked to read their words: 'what is expected of practitioners of medicine is not intellectual but professional integrity' [6]. Why, we must ask, should the professional integrity of a clinician not also include an intellectual integrity? This is what we have argued. Instead, Miettinen and Miettinen define 'professional integrity' as 'adherence to professional discipline rather than adhockery driven by subjectivist intellection' [6]. The direct implication here is that 'intellectual integrity' amounts to no more than subjectivist adhockery! Setting up a false binary and then 'proving' one term by making a straw man of the other strikes us as an action underwritten by neither professional nor intellectual integrity. And in the worst case, we might conclude that in 'adher [ing] to professional discipline', 'professional integrity' amounts to nothing more than obedience to rules and guidelines, nothing more than obedience to professional authority. In such case, questioning professional authority would be dismissed as 'adhockery driven by subjectivist intellection'.

## Hannah Arendt on authenticity and authority

If we were to propose an 'ethics of authentic practice', what relation would it have to authority? How could it judge which authority is good and which is not? How would it remain vigilant in the face of authority, without becoming too paranoid, say, of the implicit dangers and temptations of authority, of a power that corrupts? And finally, what would such an ethics look like, bearing in mind that if it is critical of authority, it could not very well itself be authoritarian without being hypocritical. In other words, it could not be prescriptive, and it could not merely offer a set of rules, guidelines or a moral code to follow – and all of these, we note with dismay, are what we find as the cornerstone of professional bioethics today. By contrast, we would be forced to align ourselves with Jacques Derrida, who has written, 'There are ethics precisely because . . . there *is* no rule. There are ethics because I have to *invent* the rule; and there would be no responsibility if I knew the rule . . . That's where responsibility starts, when I *don't* know what to do' [11].

Ethical practice, then, is not merely procedural; it has something to do with thought, when our thinking struggles with itself, when we do not know, and when we acknowledge our epistemic finitude. While we acknowledge that following a moral code is often better than nothing, it is not ethical in itself. Note that Derrida's 'invention' must not be read as 'adhockery driven by subjectivist intellection'. Ethical responsibility begins, he writes, where a kind of procedural or technical knowledge arrives at its limit, where it does not or cannot apply, or where it applies only under duress. Copernicus was 'inventive' in precisely this sense: in his willingness to challenge the authority of the Church and the Science of his day, it would be fair to say that he experienced the search for greater objectivity and greater intellectual and epistemological coherence as an ethical duty.

Arendt spent the better part of her career reflecting on ethical duty in the face of authority. Her work responds in part to the Nazi atrocities, and to how the killing of human beings became something that was authorized – the ethic of the day, the 'correct' procedure to follow, replete with elaborate guidelines and rules. It is important to recall that the killings began before the first Jewish pogroms, as medical killing. According to these first policies, 'incurably sick persons' were killed 'the humane way', which in the Nazi formulation meant 'granting people a mercy death' [12]. Already in 1920, for example, two distinguished German professors published *The Permission to Destroy Life Unworthy of Life* [13] – a policy paper of sorts that argued its position by recasting 'permission' as a moral duty. One of the authors, Alfred Hoche, professor of psychiatry, would go on to write the following words:

> The state organism . . . [is] a whole with its own laws and rights, much like one self-contained human organism . . . which, in the interest of the welfare of the whole, also – as we doctors know – abandons and rejects parts or particles that have become worthless or dangerous [14].

It is worth citing Hoche here to show how medical power and authority – 'as we doctors know' – became deployed through a wider set of claims (and not without medical 'evidence') about the public good and about the duty that we owe in the name of 'welfare'. In this formulation, the doctor – and by extension, the citizen – is ethically obliged to honour the 'laws and rights' of the organism – or at least this particular definition of them. No doubt Professor Hoche would have argued rather eloquently for 'professional integrity' and an 'adherence to professional discipline'. Such obedience was built into the Nazi regime, and problems of conscience were meant to be swept aside in the name of the greater good. One Nazi slogan from 1931 captures this well: 'My Honour is my Loyalty' [12].

In the face of this barely imaginable perversion of reality, Arendt's question can be stated in the baldest of terms: what is the basis for ethical practice under a totalitarian regime? She will respond that it is *not* by virtue of categories or rules that one can be said to lead an ethical life. And clearly, within a totalitarian regime, it is certainly *not* by virtue of one's obedience to written laws and codes that one leads an ethical life; on the contrary, sometimes one is ethically obliged to speak and to act out against them, even if it is at great personal risk. Indeed, for Arendt, what is in some ways more disturbing than the events of the Holocaust is the fact that, when the Nazi regime came to an end, ordinary Germans were so willing to adopt yet another code. Arendt's point is that moral norms and standards are not in themselves reliable because they are readily exchangeable, they 'can be changed overnight, and all that then will be left is the mere habit of holding fast to something' [15]. Moral 'feelings' are not reliable either: 'feelings', she writes, 'indicate conformity or nonconformity, they don't indicate morality' [15]. At best, feelings are a social barometer. And finally, intelligence is also no guarantee of ethicality. The most intelligent person can also be the most wicked, and so we are doomed if we reduce ethics to epistemological questions.

What, then, can we rely on when systems of authority are suspect, when our feelings are unreliable, and when our intelligence cannot be trusted either? For Arendt, this is a political and ethical question. And to answer it, she looks not to the way the

 

individual relates to the external world, nor to the individual's relation to others or even to a set of codes or norms; she rather turns to the individual's relationship to him- or herself. She defines this self-relation as *authentic thought*: 'Since Plato, thinking has been defined as a soundless dialogue between me and myself' [15]. Now, it may sound odd to speak of two selves and to suggest that the relation between them takes place in a 'soundless dialogue'. Here Arendt stresses that the subject is reflexive and, at times, doubled – not in an epistemological sense, but in an intimate and ontological sense, when the subject reflects on itself and on the meaning of its existence. This takes the form of a *silent* speech – a tacit questioning that asks 'Who am I?' instead of the epistemological question, 'What am I?' By asking 'who?' the subject is concerned not with some knowable or communicable content; rather, the subject is a subject of address to itself – the subject expects and even demands an answer of itself, even if that answer is not easy to accept. The answer will not contain a positive piece of information, but it will speak to how the subject *stands* with itself. For Arendt, the self's relation to itself is primary: 'my conduct towards others will depend on my conduct towards myself' [15].

## Michel Foucault on *parrhesia*

Michel Foucault [16] helps us to complete Arendt's idea of the self's dialogue with itself. In Foucault's terms, this inner and intimate dialogue is defined as the 'care of the self' – a relational practice the authenticity of which is ontological, rather than epistemological. Thus, for Foucault, 'care' cannot be reduced to a set of rational propositions or epistemologically based best practices. But 'care' is nevertheless a form of knowledge. Foucault understands 'care' as the form of knowledge that is called for by the Delphic Oracle – 'Know thyself!' (*gnòthi seauton*!). 'Care of the self' is, in Foucault's view, the defining moment for philosophy. 'Care' marks a self-relation that is not originally based in conceptual knowledge as it has been for us since Descartes, reaching an apotheosis with scientific positivism. Instead, Foucault turns modern rationalism on its head when he argues that the proper relation of self-care is the prior and necessary condition for any epistemic knowledge whatsoever. In other words, without an authentic disposition, without a genuine integrity, and without an ethical 'art of living', the self can have no meaningful access to truth and knowledge. Knowledge and truth are not abstract concepts in the mind, but they are lived and embodied relations. Knowledge and truth are connected to a world, and it is that world that lends them meaning. 'Care of the self' is therefore a relation that asks 'who?' rather than a relation that asks 'what?' only in order to arrive at some conceptual content. Indeed, for Foucault, it is the relation that is primary, the relation that makes me who I am, that underwrites my disposition to the world and to others.

Therefore, this relationship of the self to itself constitutes a kernel of resistance, opening ever-new possibilities to challenge discursive practices of domination and to fight against ever-emerging modes of *subjectivation* of the self. But this is not 'adhockery driven by subjectivist intellection'. On the contrary, it is necessary if we are going to engage critically and meaningfully in the world – the basis of a meaningful practice. According to Gadamer, self-knowledge is linked to action because 'the person acting must know himself and decide and cannot let anything take this responsibility from him' [17]. The reflective self therefore must know itself, understand itself, and make sense of the world if it is expected to act and to accept the consequences of its actions:

> The ability to decide is not related to knowledge of a principle, a rule defining what is good; rather it is related to the possibility for action when one undertakes to know oneself as a theorist; that is, as one who can reflect upon the authentic basis for action [18].

The self's relation to itself, as a relation of 'care', has nothing to do with imposing the individual as a new modus operandi or generalizing this inner dialogue as a new (hegemonic) discursive practice. Rather, it is concerned with how we form the self, and with how – by what techniques and technologies – the self will be governed, by itself and by others. Implicit here is a question of political action. The ways in which the self is constituted will determine the modes of its resistance, the avenues that are open to that self for dissent, criticism, and for the 'art of living' whereby that self will struggle to define new, more ethically just, modes of existence for itself and for others.

Thus, for both Arendt and Foucault, thinking must be sharply distinguished from technological know-how, from the mindless implementation of (best practice) guidelines or the fulfilment of codes. Instead, true thought takes place in that self-relation that Arendt calls 'solitude', and it entails what we would call an ethics of *authentic* risk – a risk that involves a meditation on human finitude (existential, ethical, intellectual), a risk that the self takes when it asks, truly, '*Who* am I?' It is the risk of the self itself, when it dares to call itself into question, when it dares to speak its name, and when the very meaning of its existence is tied to that meaningful speech. In Arendt's words: 'Although nobody knows whom he reveals when he discloses himself in deed or word, he must be willing to risk the disclosure' [19]. Again, Foucault has a parallel understanding of risk in the concept of *parrhesia*, which he borrows from Ancient Greek philosophy:

> *Parrhesia* . . . is linked to courage in the face of danger: it demands the courage to speak the truth in spite of some danger . . . When you accept the parrhesiastic game in which your own life is exposed, you are taking up a specific relationship to yourself: you risk death to tell the truth instead of reposing in the security of a life where the truth goes unspoken . . . *Parrhesia* is a form of criticism, either towards another or towards oneself, but always in a situation where the speaker or confessor is in a position of inferiority with respect to the interlocutor. The *parrhesiastes* is always less powerful than the one with whom he speaks [20].

This kind of speech does not blindly advocate 'the rejection of authority', but it questions the manifold of authority and power, despite the risks and dangers – because it is the ethical thing to do. We believe that scholars have this duty. Ethical speech is only possible when we are free to choose from a plurality of points of view, when speech and meaning are not foreclosed, as they are in methodological fundamentalism.

This, too, is the 'care of the self'. It is an ethic of discomfort because this caring self–self relation is marked by a certain agony; it is the crucible of my ethical life. When I speak to myself, when I ask myself 'who am I?', I might not like the answers I hear, but I have an obligation to ask all the same. This voice is not simply that niggling little voice in my head that seems to parrot a catalogue of moral virtues, codes, or best practices that have been

internalized over the years (from religious or educational or parental authority, say). Instead, it is a questioning that struggles to invent the very terms, the mode by which I will relate to myself such that I will be most true to who I am, and most true to the greater objectivity and greater intellectual and epistemological coherence of our shared world.

These agonies represent ethical and political choices, chosen in the face of authority. Again, the terms of this self-relation are not, strictly speaking, terms of epistemic knowledge; they would fail Cochrane's standards for 'evidence'. 'I have always believed', Arendt writes, 'that no one can know himself, for no one *appears* to himself as he appears to others' [15]. She italicizes the word 'appears'. There is something, then, about subjective life that is an 'appearance', even though Arendt seems to misuse this word. If I 'appear' to myself, it is only *in* speech, and here, more precisely, only in an inner speech, in a dialogue with myself, in what Arendt calls 'silent speech'. Technically, this is no 'appearance' at all, at least not in the visual sense of appearance; nor is it evidentiary knowledge, as Arendt makes clear. It is an ethical and inescapable obligation to be-with-oneself, and this, too, calls for 'care of the self', in Foucault's sense. Indeed, I have an infinite obligation to myself first because I cannot get free of myself, I cannot stop up my ears to this speech, as it were. I am condemned to live with myself. I am not free to break up with myself, so to speak: 'if I do wrong I am condemned to live together with a wrongdoer in an unbearable intimacy; I can never get rid of him' [15].

Arendt and Foucault point us towards an 'ethics of authentic practice' and begin to answer how we might conceive of an ethics in the face of authority. When we suggested that there are analogies between the vast medical-industrial-academic complex [2] and fascist or totalitarian modes of authoritarianism [10], we were being provocative but still quite serious. Both Arendt and Foucault draw similar analogies, and taken together, their ethical response should not be dismissed as a brand of 'self-empowerment' or 'self-direction'; nor is it 'adhockery driven by subjectivist intellection'. While it could be argued that conscience – if that is the best name for what they are describing – must be acquired or learned, this criticism would miss the point. What is paramount for both Arendt and Foucault is the ethical *relation*, the relation of ethical thought to speech and language – to the modes by which the self relates to itself, takes up a relation of care, and thinks in 'solitude'. We must take seriously Arendt's famous (Aristotelian) claim that 'speech is what makes man a political being' [19]. She expresses a profound worry about how certain ideological approaches in the sciences (our medical-industrial-academic complex) will affect speech:

> The 'truths' of the modern scientific world view, though they can be demonstrated in mathematical formulas and proved technologically, will no longer lend themselves to normal expression in speech and thought [19].

Here again Arendt distinguishes technological know-how from ethical speech and thought. She writes further:

> If we would follow the advice, so frequently urged upon us, to adjust our cultural attitudes to the present status of scientific achievement, we would in all earnest adopt a way of life in which speech is no longer meaningful [19].

It is this lack of meaning that is so horrifying to Arendt, an ethical vacuum in which anything can be justified – in the name of science, progress, efficiency and even 'ethics'.

'Appearing' to oneself, or dialoguing silently with oneself in solitude and care – these are ways of living with oneself, they reveal the value of life, and have little to do with the communication of facts or information. The language of my ethical self-relation is fluid and mobile; it is contextual and responsive; and it is akin to what Derrida means by 'invention' – I must struggle at each juncture; meaning is a rhetorical accomplishment; and it is never fixed for all time. No doubt this will prove unsatisfactory for those readers who demand some positive content to an ethics of authentic practice. So be it. We offer, instead, an opening, a dialogue, a gesture '*towards* an ethics of authentic practice', as we say in our title. It is an invitation as well as a risk of public self-disclosure (Arendt), an act of *parrhesia* (Foucault). And for those who have read this far but continue to worry that this discussion amounts to no more than a 'postmodern' posturing (although given the gravity of our topics, how could this be?), we would like to conclude with a few reflections on why 'postmodern rubbish' may not quite be ready for the dustbin of history.

## Concluding remarks: 'postmodern' challenges to(ward) an ethics of authentic practice

We have come under attack for writing what some have deemed 'postmodern rubbish', and so in our recent essay for this journal [2] we drew on philosophers who are not considered 'postmodern' in order to make the same point. Here we turned to Sartre, adopting and adapting his discussion of 'bad faith' for this debate, and we invoked Kant, an Enlightenment thinker, and even Socrates, that rabble-rousing philosopher. We did this because we wanted to challenge EBM acolytes like Hodgkin [21] who, somewhat histrionically, align EBM with Enlightenment and the critique of EBM with the 'death of belief' and the rise of relativism and uncertainty. This latter offers a mere caricature of 'postmodern thought', a straw man, but we are growing accustomed to such argumentative fallacies, and have marvelled how they are anointed as Truth notwithstanding. But we understand their resistance and fear. What worries most people is probably what Lyotard [22] once called the end of the 'grand narrative', the end to totalizing versions of Truth, the God's-eye view. Abandoning the 'grand narrative' also means abandoning the arrogance that we could occupy a position of Truth and Knowledge with as much epistemic (and moral) certainty. Postmodern theorists strive to show the violence and injustice implicit in such a position; for some, postmodernism is even a lesson in humility. We would argue that postmodernism calls for a kind of *Copernican Revolution* in which man is displaced from the centre of the cosmos, dethroned, forced to the periphery, forced to consider more than just his own sovereign perspective. It is hardly non-sensical, despite some of the hysterical reactions with which it is met – reactions motivated by narcissistic self-preservation and the preservation of the rights and privileges that have accrued to that version of selfhood. And once again to drive home the analogy: this privilege is akin to the power and authority enjoyed by EBM and the vast governmental–industrial–academic complex that supports it.

Thus, the death of this privileged 'self' or 'subject' is significant from an ethical perspective. Traditionally, ethics has been founded on such a 'self' – on 'personhood', the autonomous subject, the subject of reason, presumed to be able to calculate and knowingly to give her consent (we still sign consent forms for medical procedures even if we have only scant 'knowledge' of that to which we

 

'consent'). The subject is presumed to have the capacity to reflect *knowingly* upon herself to arrive at a decision, and this self-relation is presumed to be an *epistemic* relation, a relation based on reason. For the same reason that we presume a subject to be ethical, we presume her to be responsible, answerable for her crimes. But what if we are, as Nietzsche once quipped, unknown knowers, knowers who are unknown to ourselves? What if science discovers a gene for violence or criminality, or what if increasingly sophisticated brain imaging technologies prove that certain violent or criminal behaviours are correlated with the shape of, say, the hippocampus? Whom do we hold responsible? Where is the person, that old-fashioned locus of agency, self and responsibility? Is personhood being relocated to our genes or to our brain shape or neural chemistry? No doubt EBM will offer to solve these riddles through the wisdom of meta-analysis or meta-synthesis, charting the statistical likelihood of criminality based on the synthesis of brain 'data' correlated with some measurable behaviours. While this sounds like a scene from the popular science fiction film *Minority Report*, these considerations are not so far-fetched. Several such legal cases have already been brought to trial in the United States [23]. So, while it may be tempting to follow Miettinen and Miettinen in their claim that Kant himself should be our 'genuine authority' because he promotes 'the native rights of human reason' [6], we must counter that the rationality of the human subject – and the givenness of his or her reason – is itself now in question. Perhaps human reason is not a 'native right' after all.

At an ever-increasing rate, advances in science and technology are posing new and heretofore undreamt-of challenges to medical ethics and the ethics of 'genuine authority'. Advances in biotechnologies are beginning to force even the most conservative critics to admit that the human subject is fragmented – something that postmodern theory has been saying from the start. For a less sensational example of how the lessons of postmodern theory are becoming realized through advances in science and technology, consider the practice of genetic screening for the breast cancer genes BRCA-1 and BRCA-2. What effect will this 'knowledge' have on a woman's subjectivity, and by what terms will she be said to be 'responsible' for – and to know – herself within these terms? Murray writes: 'how, we might ask, is a woman expected to understand a genetic test that "predicts" her to have a 28% chance of dying of breast cancer in her lifetime? Suddenly, she is no longer dealing with a 'real' medical crisis, but with a potential one. In this gesture, she is quantified, reduced to a bare statistic' [24]. Her subjectivity will, in a sense, become unnavigable. In the words of one researcher, she will be 'living in prognosis', a state defined as 'the collision between subjective life and objective death' [25]. In its flurry of so-called facts, medicine sometimes forgets the existential dimensions of its practice, forgets the caring aspect of healthcare, and so authentic medical practice ought not to abandon the existentialist attitude, as Buetow [3] rightly suggests. Medicine is often about questions of life and death, and medicine figures into patients' understanding of a meaningful life, a life worth living. If medical practitioners really think these questions can be dismissed as 'esoteric' or 'postmodern rubbish', then this would, we believe, count as evidence for the decline of actual health *care* (to be distinguished from *technical knowledge*) that Couto contests [4].

To be sure, medical and biotechnological advances will increase. This progress threatens to outstrip our intellectual and ethical capacities to make sense of them existentially (if it has not already done so). This calls for an ethics beyond good and evil, beyond authoritarianism and antiauthoritarianism. These binaries, with their various moral and epistemological valences, will prove to be too reductive. And so here is an emergent – and serious – challenge for an ethics of authentic practice. Can we imagine an ethics of authentic practice that would be commensurable with burgeoning biotechnologies and other advances in the health sciences? Certainly this is a question – an ethical question – that we must address together. We hope that we have in some small way added to this discussion. It is time – past time – to acknowledge the crisis in healthcare ethics. This crisis is exacerbated by the power and authority of EBM, along with its complex of stake-holders and medical-industrial-governmental supporters. More than this, however, the power and authority of EBM proscribes what is needed most – an open dialogue. Therefore, it is time – past time – to challenge, to dismantle, the power and moral authority of EBM in the name of an ethics of authentic practice.

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