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“In praise of (acknowledging) ignorance”

Abstract:

Ignorance comes in many guises. Some people are ignorant in that they think they know, while in fact they don't. Such presumed knowledge is closely related to stupidity. Others are ignorant in that they don't know they don't know, which is one definition of naivety. In its most neutral and fundamental guise, however, ignorance is simply *not knowing*. In a knowledge society, not knowing is often considered a problem. If knowledge is power, as Bacon had it, then ignorance is a flaw. Unsurprisingly, then, many of us, and that includes doctors, find it hard to acknowledge and assume ignorance. The French psychoanalyst Jacques Lacan once described the role of the psychoanalyst as *le sujet-supposé-savoir* [the one who is supposed to know], and many doctors indeed act accordingly.

In recent years, some philosophers and scientists have advocated a reevaluation of ignorance-as-not-knowing, both on moral (Driver 2009) and epistemic grounds (Firestein 2012), and in a wide variety of contexts. Some have even argued that our trust in medical expertise is at stake. 'The key factor that has contributed to the erosion of belief in [medical] experts is their unwillingness to admit to a lack of knowledge.' (Salecl 2020, 26) In medicine, however, there may be good reasons to eschew not knowing, which is that any suggestion or confession of ignorance, at least on the part of the doctor, threatens to erode the patient's expectations about the efficacy of a medical intervention. In other words, to acknowledge ignorance is to undermine the placebo effect, and given that mental disorders are generally more placebo responsive than other disorders, the problem of how to deal with ignorance is particularly acute in psychiatry.

In this paper, I start by defining a placebo as any medical intervention that improves the patient's condition via expectation effects. Then I argue that these effects are causally overdetermined, as they spring from a complex set of psychosocial features. I distinguish between features related to a) the intervention itself; b) the context in which it occurs; c) the relationship between patient and doctor; d) the patient's personality; and e) the personal qualities of the doctor. This final category of features breaks down in three subsets: *moral* qualities, such as attentiveness, empathy, and compassion; *epistemic* qualities, such as intelligence, experience, knowledge, and authority; and *physical* qualities, such as sex and age. Finally, I discuss some arguments for and against the relative importance of a doctor's epistemic qualities in causing the expectation effects involved in the placebo response. My tentative conclusion is that acknowledging ignorance will probably have a relatively small negative impact on the placebo effect, and that such impact may be met by a corresponding increase in expectation effects caused by other features, such as honesty and trust in the relationship between patient and doctor.