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A Logic of Question and Answer –the role of inquiry in evidence based healthcare

The aim of this paper is to look critically at the epistemic role that inquiry might play in the context of evidence-based healthcare. I draw on the epistemology of R G Collingwood, and suggest that his approach to philosophy as dependent on a 'logic of question and answer' could offer important insights for evidence based medicine.

A key problem in evidence-based medicine is how one should integrate our best evidence, such as randomised control trials and systematic reviews, with more nuanced aspects of clinical practice such as intuitions and clinical judgement. On the one hand, one risks creating a "cookbook" approach to medicine which neglects the values, needs and preferences of the individual patient. On the other end of the spectrum one risks becoming too dependent on clinical intuitions, which are prone to false positive results and offer sub-optimal care. The question then is how to marry these two facets of clinical practice.

I suggest that the key to answering this question is to look at the importance of *asking questions* in clinical contexts. Clinicians asking patients (and themselves) questions is clearly integral to the processes of diagnosis, prognosis and treatment. For instance, they need to ask a patient what their symptoms are, and what they want/expect to get out of treatment, and what treatment options they would find preferable. Perhaps surprisingly, however, this aspect of healthcare seems to have been largely overlooked in the literature on the philosophy of medicine. This tends to look at concepts such as health, illness, disease, recovery as absolute (if subjective) concepts outside of the context of the relationship between practitioner and patient. What this approach risks neglecting is the importance that these questions and conversations have on the meaning and truth values of statements made about health in these contexts. For example, what would contradict a statement, the focus or emphasis of it, and what constitutes an appropriate response to it, all depend on what sorts of questions they are directed towards.

R G Collingwood's philosophical method looks specifically at the epistemic importance of inquiry on the meaning of statements. He argues that the meaning, truth and correctness of statements cannot be viewed in isolation from the questions that they are intended to answer. The meaning of a sentence does not come from its propositional form and referents alone, but rather it only makes sense if we also consider the question(s) it is directed as an answer to. Asking the right questions is therefore a fundamental part of philosophical and scientific investigation. Collingwood looks at these kinds of investigations as analogous to archaeological ones. In an archaeological dig, one asks questions that direct one's investigation, and these ultimately determine whether an excavation is successful or not. In the case of both archaeology and philosophy, these investigations take the form of a 'question and answer complex', and this structure determines what it would mean for the investigation to be fruitful.

Applying this framework to the context of medicine, I suggest, provides us with a new way of looking at the role that evidence might play in medical decision-making. Evidence can be seen as a crucial tool for the investigations involved in healthcare, but relying on these tools excessively would be akin to blindly digging in the middle of a field. These tools are only useful if guided by a doctor or archaeologist who knows how to ask the right questions to guide her investigation.