

## IDENTIFYING THE MEDICAL PRACTITIONER'S EPISTEMIC AUTHORITY

The general medical practitioner plays an important role as a sort of epistemic intermediary between a patient and a vast body of medical knowledge and expertise. At a bare minimum, such an epistemic intermediary should be the source of reliable testimony: in diagnosing an illness, prescribing treatment, identifying the appropriate specialists, etc.

In some sense, we would like to consider such doctors as *epistemic authorities* on these issues: we tend to defer to them when it comes to which beliefs we hold, as we assume that they are more likely to have true beliefs in the relevant medical domains than we are. There is reason to be sceptical of this, however: such practitioners do not themselves have a vast amount of knowledge in any specific area of medicine, and, rather worryingly, they are not often up-to-date with much of the relevant research in any given area of medicine.

Rather than be a sceptic about such epistemic authority, however, I would like to consider an alternative model for the epistemic relationship between general practitioner and patient. I suggest that such medical practitioners (should) play the role of epistemic authorities in a very particular sense: as cultivators of the patient's *understanding* of certain issues. This is not necessarily an understanding of the particular and technically difficult first-order issues—such as the causes and physical nature of a patient's illness, for instance—but rather an understanding of medical *practice* itself, and the various epistemic considerations that are relevant in medical decision-making. A practitioner's epistemic authority is grounded in her ability to epistemically situate her patient, and to provide the latter with the appropriate tools for navigating an epistemic domain that is, in many respects, opaque to the non-expert.

Only by cultivating a patient's understanding of medical practice can a practitioner ensure that the patient make sense of her own position *vis-à-vis* the reasons, evidence, and decisions, relevant to her situation. Given that a patient has to make the final decision of whether or not she should take a certain course of action, she can only do so effectively if she is epistemically well equipped. This view has important consequences for medical practice, in that: i) a patient's having a better understanding of her own place within medical practice should improve the effectiveness of her treatment (on the assumption of the benefits of various psychological factors), and ii) a patient's having a better understanding of how her own reasons, evidence, and experience relates to medical practice will only help her better communicate these to the practitioner, allowing the latter to better refine her own sense of the patient's situation, as narrative medicine claims she ought to do.

Building on Christoph Jäger's definition of *Socratic Epistemic Authority*, I formulate an account of epistemic authority to capture this kind of epistemic role. I argue that epistemic *authority* can come in many forms, and that the value of such authority is not necessarily grounded in, or at least not merely grounded in, a more reliable connection to the truth. There are, after all, other epistemic values than truth, and it may be that we should defer to an authority in search of these other epistemic ends. In doing so, I argue that there is a place for a variety of epistemic values in medicine beyond that of truth, and that the specific example of the patient-to-medical-practitioner relationship suggests that we should not oversimplify our analyses of epistemic expertise, or authority, merely in terms of true beliefs. The epistemic goods that our epistemic superiors can provide us far surpass this.