ABSTRACT. Drew Leder's "Clinical Interpretation: The Hermeneutics of Medicine" [1] is an essay which understates its case and thereby opens itself to misinterpretation. This response to Leder argues for a more thorough-going hermeneutic for both medicine and science. At the conceptual as well as the practical level, modern medicine and its scientific foundations are hermeneutic enterprises. The purpose of this essay is to argue that we should not back away from this more radical thesis. Embracing it will result in less alienation of physicians from patients, and of physicians from the tasks of medicine.

Key words: clinical interpretation, hermeneutics, science

Drew Leder [1] addresses the inexpungible subjectivity of clinical judgement and the importance of interpretation in medicine for humane, patient-centered care. He argues for medicine as a literary art, complete with texts and subtexts, and for the uses of literary criticism as a metaphor for medical practices. While some may think Leder has stretched a point and overstated his case, my claim is that he has understated his thesis. Leder's overall approach suggests that he wants to soften the more radical epistemological implications of his thesis in favor of a more modest practical one. My aim is to argue that Leder's critique applies not only to the practice of medicine, but also to the conceptions of science on which medicine relies.

I

By citing Kuhn rather than the more trenchant work of Michael Polanyi (who is referenced but not discussed), Leder tempts the reader to think that a positivist philosophy of science is inadequate because it fails to recognize the value aspects and historical-cultural components of science. He notes: "the 'facts' scientists collect are pre-shaped by their theories, and these theories in turn are shaped by cultural values and social forces" ([1], p. 9). This sounds harmless enough and, stated in this way, unarguable. This leads Leder to conclude, following Kuhn, that all medicine and also scientific activity is hermeneutical in nature. But the deeper, more important thesis is that the concept of scientific
knowledge and scientific activity as ‘objective’ – a concept central to positivist medicine – is itself a piece of hermeneutics. Because Leder deflects attention away from this more radical reading of his own text, he seems to understate his case, then to subtly repudiate its significance as he opens the next paragraph with the assertion “modern medicine rests on a theoretical foundation provided by the sciences” ([1], p. 9). But what concept of ‘the sciences’ is at work here? Presumably the ‘post-empiricist philosophy of science’ of Kuhn, but then it is unclear what sort of foundation this is or can be. The more radical and cogent implication is that ‘science’ as a concept, hence theoretical “foundations” in sciences, are hermeneutical gestures as well. No less than medicine, the concept ‘science’ and science as activity is not only open to hermeneutical readings with texts, subtexts, telos, and all the rest, but is itself an example of hermeneutics. Leder comes close to this near the end of the paper, as he speaks of medical objectivity as a flight from interpretation. He rightly insists that “medicine has sought to escape its hermeneutical foundations and reconstitute itself as a pure science” ([1], p. 19). True. Medicine has hermeneutical foundations, but Leder fails to return to recoup his earlier ‘post-empiricist’ posture and recognize the irony of evoking a notion of ‘pure science’ as itself a stable or regulative conceptual benchmark. On Leder’s own terms a pure science or any notion of science which would claim foundational status (as “facts” to be applied) bespeaks a hermeneutics of alienation. At a minimum, “pure science” ([1], p. 19) should be put in quotes, to remind us of the new and less univocal character of this piece of our conceptual repertoire. Instead, Leder emphasizes the “subjectivity, ambiguity, and opacity” of interpretation. And this is, of course, true. It is also true that medicine involves hermeneutics because science is irreducibly hermeneutical and not just because medicine is an “applied science”, whatever that phrase might now mean. This is not, of course, to say that science becomes forever equivocal, but that it ceases to be a foil for subjectivity and human interpretation.

It is precisely here that Polanyi would have been useful. For rather than begging the issue of the status of science by evoking its supposed opposite – values, subjectivity, ambiguity – Polanyi insists that these sets of oppositions (objectivity/subjectivity, fact/value, science/hermeneutics) are fundamentally misguided and must be rethought. What is needed is not merely the moral and historical contextualization of the theories of science but a recognition that throughout its theory and practice, at its very core, science is the sort of human activity which positivist paradigms distort and obscure. Polanyi’s work focuses on the personal coefficient in all human knowing, but he insists that this does not make science subjective, for “the discovery of objective truth in science consists in the apprehension of a rationality which commands our respect and arouses our contemplative admiration … a vision which speaks for itself in