ABSTRACT. Supported by Ian Hacking’s concept of “intervention,” and Charles Taylor’s concept of “intentionality,” this article argues that doubting is acting, and that doubting is therefore subject to the same demands of responsibility as any other action. The argument is developed by using medical practice as a test-case. The central suggestion is that the demand of acting responsibly limits doubt in medicine. The article focuses on two such limitations to doubt. Firstly, the article argues that it is irresponsible to doubt that our actions can harm other people. Secondly, the article argues that it is irresponsible not to strive for coherence between our utterances of doubt and our other actions. Incoherence here can cause “cultural impoverishment.”

In a larger context this article also argues that medicine can enrich our epistemology, because medical knowledge displays important traits of knowledge that are down-played in traditional epistemology derived from mathematics and physics. In particular, medicine makes it possible to get the relation between ethics and epistemology into sharper focus. The endpoint in medical epistemology is “responsible action,” and not certainty in and of itself.

KEY WORDS: action, doubt, epistemology, ethics, intentionality, intervention, limits, responsibility

Traditional epistemology, founded upon mathematics and physics, seems to be based on a tacit minimalism: the assumption that it is always easiest to defend the statement that claims the least.

This minimalism has had a profound influence on both epistemology and the philosophy of science. One effect of this influence is that doubt is given very favourable conditions: almost no beliefs are accepted as legitimate. Consequently, it has become commonplace to express doubt about things that, prima facie, it would seem most unreasonable to doubt. It has, for example, become commonplace to doubt whether causes really exist (empiricism), or whether we can know anything at all about how the world really is (social constructionism and relativism).

The influence of these hyperbolic conceptions of doubt has been profound – more profound than is warranted in their quite restricted argumentative basis. The credibility of these conceptions of doubt
hinges on a selective use of test cases. More precisely, much hinges on
the privileged position that is given to quantum physics as the
favoured epistemological test case. But “this focus on the natural
sciences derives from the little-examined belief that the philosophy of
science ought to restrict itself to the purist forms of science.”1 It is not
a self-evident fact that physics deserves a privileged position in
epistemology.

I would like to draw attention to two traits of quantum physics
that tend to be overlooked, but which influence any epistemology
derived from this area of science.

Firstly, most of us know next to nothing about quantum physics.
Therefore, we do not know how to evaluate the claims made on
behalf of this science and these scientists. For example, is it really true
that some physicists have a purely instrumental attitude towards
quarks?

Secondly, the answers to the questions posed within quantum
physics do not really matter to us anyway.

The last point is the most important. Few of us really care about
what physicists think, what they do, or what the current state of their
knowledge is. We are indifferent, and this indifference is noteworthy,
because it means that the subject we have chosen as our exemplary
type of knowledge in effect lacks one significant trait of knowledge as
knowledge is usually conceived: knowledge usually has a value for us.

Hence, choosing quantum physics, or any other type of pure
natural scientific or mathematical knowledge, as our epistemological
vantage point means choosing a vantage point where the practical
and ethical sides of knowledge are played down right from the start,
in the framing of the problem.

This is different from a medical vantage point. Medical knowledge
has an obvious ethical side: it is used to reduce suffering and promote
human flourishing. A medical vantage point therefore makes it easier
to focus in on the limits to legitimate doubt, because these limits are
just as much of an ethical as of a strictly epistemological nature.

Utterances of doubt are one example. When a physician expresses
doubt, his words will have an effect on his patients. That is to say, his
utterances are speech actions;2 and the asymmetric power relation in
medical practice increases the impact of these actions. A responsible
physician must take this effect into account when talking to his
patients. A physicist or a mathematician, on the other hand, need not
take this effect as seriously, because their utterances of doubt have
little effect on people outside a closed circle of colleagues.