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How Doctors Think: Clinical Judgment and the Practice of
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James Lindemann Nelson

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How Doctors Think: Clinical Judgment and the Practice of Medicine.

By Kathryn Montgomery. New York: Oxford Univ. Press, 2006. Pp. 256. \$39.50 (hardcover).

Throughout her distinguished career as a medical humanist and medical educator, Kathryn Montgomery has drawn on her keen understanding of the ways in which narrative shapes human understanding and on her close acquaintance with how physicians are formed to make the case that medicine is significantly misunderstood when it is thought of as a science (Montgomery 1993). In *How Doctors Think*, she treats this idea not as a view to be argued against, but as an illusion that needs to be dispelled. Rather than providing a linear, cumulative argument—breaking down the sub-tasks that need to be achieved if the main thesis is to be supported, and proceeding to knock them down in proper sequence—her book circles its target, looking for the sources of the illusion’s tenacity and mobilizing various solvents against the sticky places.

Indeed, Montgomery allows her target to drift about a bit. Her “official” point is that medicine is not science as the logical positivists conceived science to be—an enterprise that provides access to “an exact and unmediated representation of reality” (p. 10). But that, of course, doesn’t take much showing these days: *physics* isn’t science as the logical positivists conceived science to be. Montgomery’s real concern is to account for why such a caricature continues to haunt both thought and practice, how it both helps and harms us, and why the harms outweigh the helps.

At times, however, the book’s case against the medicine-as-science thesis seems mounted in a way that doesn’t depend on such a dusty impression of what science is. The case against this version of the view seems to involve fairly technical points about different styles of inference that characterize clinical versus actual scientific reasoning, as if to say that even sophisticated accounts of science won’t capture what is so distinctive and significant about how doctors think. Here readers may find a bit more to cavil about. For example, Montgomery claims that clinicians, unlike scientists, typically reason “abductively”—in other words, they start “from a particular phenomenon, and, using preliminary evidence, hypothesize its possible causes; those hypotheses are tested against details revealed by closer examination” (p. 47). Yet an abductive strategy—“inference to the best explanation”—is widely invoked as a staple of scientific reasoning. So perhaps her remarks here are directed against the official target, a positivist-flavored, yet still socially influential fantasy about what science is, rather than the real thing.

What seems most revelatory about the book’s “therapeutic” agenda is the powerful and poignant story that unifies many of its chapters and all its major themes: the story of her struggles with her daughter’s breast cancer. That recurring narrative thread is the heart of the book, and it starkly and sensitively poses

a painful question that faces patients, those they love, and even doctors. If our lives include the kind of absurd irruption that confronts Montgomery, and if, like her, we are clear-sighted, we cannot pretend that medical understanding isn't severely limited—that its surest source of knowledge, abstract and general, misfits its domain of practice: individual, concrete, particular, anomalous people. Why, and to what extent, then, does it make sense for us to put ourselves into doctors' hands, to suffer interventions we don't fully understand and that will often harm us? What kind of understanding of medicine can sustain us when our children are very ill?

Debunking the medicine-as-science thesis doesn't solve this problem; if anything, it sharpens it. What is needed is an account of how doctors think, a version that accommodates what is really plain—that doctors aren't positivist scientists—but that they have powerful, authoritative, healing knowledge and the trustworthy values to direct it properly. Montgomery provides an account of clinical judgment that is inspired by Aristotle's notion of *phronesis*, or practical wisdom, and this strikes me as exactly the place to start. Practical wisdom concerns people as agents, and it is thus distinguished from theoretical wisdom, the goal we pursue when we contemplate the nature of reality (when, for example, we are scientists). The person of practical wisdom doesn't act by formulae or rules; that's for novices. She does not possess apodictic knowledge; certainty is not a requirement for navigating the world effectively and admirably. Rather, a practically wise person develops a finely tuned sensitivity to what features of the world constitute reasons for or against different courses of action, and how those various reasons cluster together to support reasonable action. Practical wisdom is not learned from a book, but by example; the aspirant has to be lucky enough to find a mentor and pay close attention to how she sees, thinks, and acts, hoping eventually to catch on. The practically wise person may not be fully aware of how her grasp of the minute particulars of a given situation interacts with what is generally known or authoritatively believed to issue in action. But (with a bit of luck) her decisions will turn out to be correct more often than not—or at least more often than any other method could achieve.

Epistemologists since Aristotle have repeatedly acknowledged that human reasoning can't be exhaustively explained in altogether explicit terms—something always seems to evade any such effort. The trouble, of course, is that since we are dealing with a faculty that by its nature resists full explication, talking about practical judgment can seem frustratingly shallow—we don't really seem to understand what's going on much better than Aristotle did. If part of the point is to provide patients and families, doctors and medical students, and other health professionals with a more realistic account of the nature of physicianly expertise, an account that avoids absurd expectations and thus guards against crushing disappointment, yet at the same time provides us with a reasonable basis for trusting physicians even when they direct us down dark paths, then relying on the claim that they have achieved expert judgment can seem pretty thin.

Montgomery does a lovely job of describing important features of how clinical judgment is practiced and conveyed from the elders to the rising generation of clinicians. Scientific knowledge is a key part of the picture, of course, but clinicians' reasoning is also informed by anecdotes and aphorisms, which are typically in tension with each other (e.g., Occam's razor—"Look for a single diagnosis that can explain all the findings" versus Hickam's dictum—"It's parsimonious, but it may not be right" [p. 113]). Such heuristics mark out a field in which the rowdy interplay of particular facts and general principles can take place with some intelligibility, as clinicians attempt to construct satisfying narratives that make disparate elements of a case meaningful.

In an intriguing but curious chapter called "Knowing One's Place: The Evaluation of Clinical Judgment," Montgomery describes how medical students and other clinicians learn their proper places in the sets of conferences that different parts of an internal medicine faculty regularly stage to discuss clinical problems and their resolutions. The chapter is odd, because rather than explore clinical judgment by focusing on what the doctors in these conferences do, and noting what markers of excellence or mediocrity are revealed in the process, she discusses how the unspoken but powerful conventions governing medical hierarchy play themselves out in seating arrangements. At first glance, this looks like a missed opportunity; on reflection, however, we see that the students are exhibiting a kind of judgment, displaying how they can pick up on less than fully explicit norms for decision making and action. Montgomery carefully shows us how the development of clinical judgment has roots throughout the concreta of the practice of medicine and medical education. The suggestion seems to be that the students are being inculcated into a particular form of life, and their ability to participate skillfully in its crucial, highlighted moments—making a tough diagnosis, recommending a controversial therapeutic regimen—stems from their incorporation into that practice overall. Yet something more is wanted—not just a description of what goes on when people exercise clinical judgment, nor even what judgment's institutional accompaniments are, but an explanation of what it is about those institutions that enables judgment, and a justification of why it is reasonable to believe that those practices yield good results.

Montgomery tells a fascinating story about what does and doesn't go on in the practice of clinical reasoning and judgment. Will it make a contribution to breaking the spell that has made so many over-identify medicine with its indispensable scientific ally, and provide everyone involved in medicine with a more realistic and more useful conception of the source of medicine's rational authority? The deeper concern may be whether *How Doctors Think* offers not so much a disenchanting glimpse, as another spell-influenced vision—less distorted, but still not fully adequate to the task of answering how much trust we should place in doctors. Someone concerned with the problem that doctors sometimes think very badly indeed—that medical practice, including the exercise of clinical judgment, is replete with mistakes that cost an enormous number of lives every

year—might find this book rather too conciliatory. Montgomery is, at base, deeply impressed by the process of turning laypersons into physicians—she refers to it as a “moral education” (p. 140) and the use of “moral” has honorific overtones as well as descriptive sense—and by medical practice: “when all goes well, the doctor–patient relationship is one of the triumphs of human society” (p. 162). Without intending to denigrate doctors’ characters nor the vital importance of what they do, it seems in order to point out that if any education that “shapes habits of action in the real world” is by that token a moral education, then so is training assassins. When they go well, the novelist–reader relationship, the priest–penitent relationship, the mother–child relationship—indeed, perhaps well-going personal relationships *tout court*—are among the triumphs of human society. Perhaps as a result of her deep endorsement of medical practice, there’s little focus on the defects of clinical judgment, nor on whether it might be subject to systematic improvement.

Montgomery aims to vindicate the reasonableness of the patient’s trust that an interaction with a physician will be for her good. Yet medicine sparks other hopes as well. We dream of a continually improving medicine, one that will allow our children and grandchildren to enjoy a world where they are less threatened by illness, where morbidity tends to be compressed to late life and to be brief and well managed when it occurs. A crucial question is whether the road to that future involves improvement in clinical judgment as well as improvements in scientific understanding. We tend to think of contemporary physicians as better than their predecessors, at least in the sense of having a better shot at securing better outcomes, but that’s not, I venture, because we think that we have a more profound grasp on the interpretive, largely implicit dimensions of *phronesis*. It’s because we have a better grasp on the relevant biological and epidemiological facts.

How Doctors Think doesn’t provide the reader with reason to believe otherwise, which is a bit of a shame. However, one of the many important contributions of Montgomery’s book is that it prompts the question of whether expert clinical judgment should itself become a focus of significant inquiry as we try to dispel our illusions, ground more adequately our faith in our physicians, and make the substance of that faith more substantial for our children.

JAMES LINDEMANN NELSON

Philosophy Department
Michigan State University
jlnelson@msu.edu

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