WHOLE HEALTH: CHANGE THE CONVERSATION

Advancing Skills in the Delivery of Personalized, Proactive, Patient-Driven Care

How Do You Know That? Epistemology and Health Clinical Tool

This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the Components of Proactive Health and Well-Being. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.
WHOLE HEALTH: CHANGE THE CONVERSATION
How Do You Know That? Epistemology and Health
Clinical Tool

It happens every day. Someone comes into see you, and they have strong ideas about what is going on with their health. They also have strong ideas about what they need to do about it. Those ideas – their understanding – may be quite different from yours. This clinical tool focuses on how to work with challenges like that. After exploring possible “ways of knowing” that people use, it offers recommendations on how to effectively handle it when your understanding of an issue is different from another person’s.

If care is to be personalized and patient-driven, clinicians must walk a delicate balance. It is important that they respect patients’ beliefs and take them into consideration as they create a Personal Health Plan (PHP). They must also honor their own perspectives and expertise as health care professionals. We live in an era where massive quantities of health information, both helpful and unhelpful, are readily available. Patients are learning about health online, from TV gurus, and in the magazines in the check out line. It can be challenging to work with patients whose beliefs about their health are much different from our own.

Epistemology, unlike neurology or psychology, is not an area of health care. It is a branch of philosophical inquiry which deals with knowledge and justified belief.¹ For the purposes of this clinical tool, it can be defined, very simply, as the study of how we know something is true.

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<th>Mindful Awareness Moment</th>
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<td>Something True for You</td>
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<td>Take a moment to think of a belief you hold to be true. It can be as simple as “The sky is blue” or “Never mess with the pancreas during abdominal surgery.” It can also be more something complex, such as, “I believe in an afterlife” or “I care about that person.”</td>
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<td>Now, take a moment to ask yourself what is the basis for your belief. In other words, how do you know this belief is true?</td>
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<td>To illustrate, let’s say you hold it to be true that “High cholesterol levels are bad for your heart.” How do you know that for certain? There are many potential answers. You might know it because you did research yourself to verify this. You may have been told by an authority on the subject. Or perhaps you heard it on television. You may have experienced the firsthand, because you had high cholesterol and then developed heart problems.</td>
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<td>The goal of this exercise is to get you thinking about all the possible ways there are to know something.</td>
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There are many sources of knowledge. Table 1 offers a fairly comprehensive list.

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<th>Table 1. Sources of Knowledge (Ways of Knowing)</th>
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<td><strong>Facts and figures.</strong> Measurements, numbers, statistics. This can include reading the statistical findings presented in evidence-based research.</td>
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<td><strong>Observation</strong>, empirical thought. You see patterns or take direct measurements yourself. You learn through your own senses. The scientific method is built on this approach.</td>
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<td><strong>Experience.</strong> You have experienced something as true in the past. We all have those “I have been burned by this before” experiences that inform how we practice. Anecdotal evidence may not be valued from an evidence-based medicine perspective, but it certainly has its appeal. Consider all the websites that are selling health products. Nearly all of them feature anecdotes much more prominently than scientific research.</td>
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<td><strong>Hands-on learning</strong> (heuristics) is another way to gather information. “I know this is how I want to place this suture, because it was how I learned to do it.”</td>
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<td><strong>Learning from others.</strong> This one is important, especially in this era of globalization. One needs only turn on a switch or look on a shelf to get hundreds – or thousands - of opinions from other people. Sources include:</td>
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<td>- Experts</td>
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<td>- Books, education</td>
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<td>- Media and advertising (&quot;Ask your doctor about...&quot;)</td>
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<td>- Propaganda</td>
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<td><strong>Social affiliations.</strong> Much of what we know as truth is informed by the people we encounter, be it family members, friends, coworkers, or people who belong to the same club or go to the same church. Culture, too, has a substantial impact on what we believe to be true. So does tradition (hermeneutics). There are many culturally-based illnesses – problems unique to specific societies or groups of people. (To learn more, start by checking out ‘culture-bound syndrome’ on Wikipedia at <a href="http://en.wikipedia.org/wiki/Culture-bound_synrome">http://en.wikipedia.org/wiki/Culture-bound_synrome</a>.)</td>
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<td><strong>Narratives, the arts.</strong> Story is powerful for us. To learn more about the impact of story and its role in healing, see the Narrative Medicine module. People from throughout history have passed down myths, stories, and histories to inform the generations that follow them.</td>
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<td><strong>Instinct and personality.</strong> “I can’t explain it. I just know because of who I am.” Instinct, as we know from the natural world, is a powerful source of information.</td>
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<td><strong>Intuition, inspiration.</strong> While perhaps valued less in conventional medicine, these ways of knowing inform “The Art of Medicine.” Most clinicians have made diagnoses or “outside the box” or suggested a therapy “just because I had a feeling it would work.” It often does.</td>
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<td><strong>Serendipity, chance, luck.</strong> Alexander Fleming learned that penicillin killed bacteria in part because of chance.</td>
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Collective consciousness. Is it possible for information to be understood by an entire group if one member of the group develops knowledge? Many people, including Carl Jung, have held that this is a way that understanding can spread.

Dreaming. In some cultures, this constitutes a very important source of knowledge.

Contemplation, reflection. Many people find that mindful awareness and intentional, focused reflection, using whatever method or tradition suits them best, can enhance understanding.

Faith. An important, and often intensely personal, means for understanding.

So What?

After focusing on the different ways of knowing listed above, people will often ask, “Okay, and what does this have to do with my practice?”

The reason it is important is that every day, clinicians must deal with differences in belief systems between themselves and their patients. How well they are able to do so can have an important impact on their ability to provide personalized and patient-driven care. It can also affect adherence to clinician recommendations, not to mention affect patient outcomes. These moments, where different perspectives collide, are known as epistemological clashes.

Mindful Awareness Moment

Think of a time when you and a patient did not see eye-to-eye on a specific topic.

- How were your perspectives different?
- What happened?
- What, if any, emotions or physical sensations did you experience when the patient told you what he or she believed?
- How did you handle the situation?
- What was the conclusion of the interaction?

Here are some examples of epistemological clashes that might arise in day-to-day practice:

- A patient refuses a blood transfusion on religious grounds, but her doctor feels it is potentially life-saving.
- A psychologist believes a patient is having hallucinations, but the patient feels he is seeing energy fields around people.
- A patient asks a nurse practitioner for a treatment for Candida that has spread throughout her body, but the nurse practitioner feels she is experiencing anxiety.
- An elderly man demands an expensive battery of tests he read about in a magazine that came to him in the mail, but the hospital team during rounds does not feel testing is necessary.
• A patient asks for acupuncture rather than general anesthesia for pain control.
• A woman wants an extended course of antibiotics because a non-VA clinician told her she has chronic Lyme disease, but her infectious disease consultant disagrees.

In most cases, these clashes of perspective arise around the following:

• What the diagnosis is or how best to make it.
• What therapy is best in a given situation. Often, a clinician will support a more conventional therapy while a patient prefers a complementary approach.
• When a treatment should occur. People differ in terms of how they triage problems.
• Whether or not a patient will have a recommended screening test.
• Perspectives on how accessible or available a clinician or health care team should be.

General pointers for working with people whose beliefs differ from yours

**Make certain you have a good understanding of their perspective.** Consider asking questions that begin as follows:

• Where did you get your information about that?
• What do you believe will happen if...
• Tell me more about why you believe that...

Reflect back to them your understanding of their beliefs. Carry the belief to its natural conclusion. For example, if someone is demanding a specific test, what does he or she expect to have happen if the test is positive?

**Be sure you have a good understanding of your own perspectives as well.** It can be helpful if you are clear about your opinions regarding specific controversial topics. For more information, see the clinical tool [Assessing Your Beliefs about Whole Health](https://example.com).

**Ensure that they are safe.** What is the worst-case scenario if they act according to their beliefs, and what are the odds that scenario will occur? If a preferred treatment or approach is unlikely to cause harm, and if they are not in urgent danger if they fail to receive conventional medical care that is known to be beneficial, is it possible to give them some leeway?

**Share your beliefs and opinions.** You have a right to have your beliefs known too. Respect theirs, but respect yours too. Be careful not to proselytize. Be aware of the basis for your own opinions. Don’t argue, and do not give the impression of being derisive or judgmental, or you will get nowhere. However, they are likely seeing you because they want to know your opinion, based on your training and expertise.
Give them the facts. Part of your role is to educate, to impartially tell them what the research shows to date. It can be helpful to have a list of evidence-informed books or websites to recommend for them. Make good use of the multiple online resources offered by the VA.

Examples of general health websites include:
- Cleveland Clinic. [http://my.clevelandclinic.org/health/default.aspx](http://my.clevelandclinic.org/health/default.aspx)

And some Integrative Medicine sites:
- University of Wisconsin Integrative Medicine. [http://www.fammed.wisc.edu/integrative](http://www.fammed.wisc.edu/integrative)
- University of Arizona, Free Integrative Medicine Tools. [http://integrativemedicine.arizona.edu/resources.html](http://integrativemedicine.arizona.edu/resources.html)

Don’t be afraid to say you don’t know. Do not criticize a belief simply because you do not understand it. It is okay to do your homework after the visit and get back to them. It is also okay to say that little is known about a topic, so it is hard for you to guide or advise them. Sometimes a pause before you give them your perspectives will allow you to consider your own perspectives in greater detail.

Be mindfully aware. Ask what the emotional context of the visit is for you. Are you feeling angry, nervous, sardonic, skeptical, or trying to suppress laughter? Why do you feel that way? If it is uncomfortable for you to discuss their concerns, be honest with them about that.

Patient-centered care moves us out of the era where clinicians could simply tell patients what to do. And the fact of the matter is that if patients do not agree, they will not follow the treatment plan anyway. By being aware of moments where your perspectives and your patients’ do not match up, and by following these simple guidelines, you may find that you not only engage the patient more fully in the Whole Health visit, but you also strengthen your therapeutic relationship. As that relationship evolves, you may find that patients are much more likely to take your recommendations into account.
Whole Health: Change the Conversation Website

Interested in learning more about Whole Health?
Browse our website for information on personal and professional care.

http://projects.hsl.wisc.edu/SERVICE/index.php

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References