

KNOWING IN AN “ERA OF ALTERNATIVE FACTS”

WISE GP focuses on the way that GPs and primary care clinicians generate and use knowledge to support everyday clinical and practice-level decision making. We describe this activity as the **knowledge work** of clinical practice. Every GP is a [knowledge worker](#).

HOW DO WE KNOW WHAT WE KNOW?

WISE GP champions the *thinking work of person-centred general practice*.

A good GP can't do their job just by '[knowing a little bit about a lot of things](#)'. Because every patient is different.

Whether we working with our patients to make sense of their illness or health concerns, or to find ways to deal with it, we are actively involved in creating and using new understanding and knowledge.

But how do we know whether we are doing the 'right thing'? If we are generating [knowledge-in-practice](#) every day, how should we, our colleagues and our patients judge that? How do we know we can trust that knowledge?

Evidence Based Medicine gives us a framework to judge biomedical knowledge – the scientific understanding of pathology and (some of) its treatment. But what about the other types of knowledge that we use in everyday practice:

- the knowledge that our patients bring in to our consulting room (from a variety of sources)
- our local knowledge of our community – [local epidemiology](#) and our team's [mindlines](#) for practice
- the [knowledge we generate through our consultation with the patient](#)
- knowledge from the behavioural sciences and other disciplines on understanding illness and health in the community context¹

Wenzel challenged us to think differently about how we educate medical students for modern practice in an “[era of alternative facts](#)”. But the same argument applies to every practitioner working in primary care to deliver person centred care. In a consultation, how do we judge between the 'facts' brought by our patients, what we know from practice, and what the guidelines share with us on scientific knowledge?

¹ e.g. see Taylor RY, Smith BH, van Teijlingen ER. Health and Illness in the Community an Oxford core text. 2003, Oxford University Press, Oxford.

Philosophers have asked questions about ‘how we know what we know’ for centuries in a body of scholarship known as ‘epistemology’: the theory of knowledge. This body of work offers us support for the day-to-day practical clinical problems we face.

We already use philosophy in clinical practice every day. For example, the philosophical study of ethics has translated into the ‘applied ethics’ that we use to support best practice.

We are now seeing new work on ‘applied epistemology’². Debates that have previously been the preserve of philosophers and scientists are now becoming a [vital part of everyday practice](#) – including for clinicians.

CLINICAL EPISTEMOLOGY – A DANGEROUS IDEA?

Epistemological challenges are an integral part of everyday practice. Everyday clinical practice requires each of us to judge between competing knowledge, information, and data.

How to do this effectively, robustly, safely is one of the biggest challenges of modern times. Raising fundamental questions on how we design future practice, including debates on:

- The Future Doctor: can we replace doctors with robots?
- The future clinical team: what skills, values and aptitudes do we need in our workforce, and how do we select and train for these?
- The future workplace design: what resources do we need for knowledge work, including the organisational set-up needed
- Future healthcare management: how do we best oversee, support, enable and monitor the knowledge work of the future workforce to ensure the best outputs for our patients, staff, healthcare systems and society.

At WISE GP, we propose that we need [new thinking](#) on CLINICAL EPISTEMOLOGY – the theory and practice of knowledge for healthcare.

Our [Dangerous Idea](#) is that every GP and primary care clinician needs to be part of this work: to re-invigorate general practice on the principles of robust person-centred knowledge work.

WISE GP champions everyday scholarship to improve the daily work for patients and practitioners alike. But also to drive a new vision of our professional role and of healthcare practice.

We are taking this forward through a new SAPC [Special Interest Group](#). To find out more, please do contact Joanne: joanne.reeve@hyms.ac.uk

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² Coady D, Chase J. The Routledge Handbook of Applied Epistemology. 2019, Routledge, London.