Moving from Modernist Mythology

What is the prevailing orthodoxy?

Classical rhetoric

Influence

Commitment / consistency / social proof / authority / scarcity
what is the prevailing orthodoxy?

manifestations in narratives:
- modern utopias
- post-apocalyptic narratives
- dystopian movements
- tribalism

utopian science fiction
- Jules Verne
- Isaac Asimov
- Margaret Atwood
- Donna Tartt

dominance
- "(She was) into believing that productivity is not a paradigm at all, but simply how the universe really is" from "The One Percent Solution"

socio-cultural manifestations
- rise of technocratic elite
- centralized planning and control
- conglomeration (collectivisation)
- coercive enforcement
utopian scientism

Taylorism
Fordism
'measure & manage'
safety
authoritarian high modernism
manifestations in healthcare

practice guidelines
standardised procedures
outcomes measurement
dashboards
‘evidence-based medicine’
socio-cultural manifestations

rise of technocratic elite
centralised planning and control
consolidation (collectivisation?)
coercive enforcement
Total internal reflection: an essay on paradigms

Roger Knaebel

Abstract: This paper presents a personal view of the relationship between science and the humanities within medical education, arguing for a more even balance between the two. This view comes from the author's recent experience of exploring the literature on learning theory and the social sciences.

Background: For historical reasons, medical education is dominated by a positivistic paradigm which assumes the existence of a single objective external reality. This can lead one into believing that positivism is not a paradigm at all, but simply how the universe really is. Clinical practice, however, takes place in a much less certain world, where reconciling different interpretations of truth is an everyday necessity. This paper outlines the perks of multidisciplinary analysis to a traditionally "scientific" mode of thinking.

Total internal reflection: In physics, total internal reflection is a phenomenon whereby light is reflected from the surface of a liquid without penetrating it, thereby making it impossible for anyone within a pool of water to see outside it. The author uses this concept as a metaphor to describe a formation of perspectives which characterizes medical training, confusing students off from valuable sources of insight and understanding.

Conclusion: Medical education often fails to prepare learners with the tools they need to interpret the literature of other disciplines. In particular, it ignores the importance of recognizing different perspectives. The paper ends by pleading for a more inclusive approach to alternative paradigms within our educational system.

Keywords: Cultural diversity, curriculum, education, medical/medical humanities/education, professional practice standards.

Medical Education 2002;17:514-518

"... [seduced] into believing that positivism is not a paradigm at all, but simply how the universe really is."
fundamental question

how do we counter this dominance?

understand our target

classical rhetoric

modern persuasion / influence
how do we counter this dominance?

understand our target

classical rhetoric

modern persuasion / influence
who are our targets?

practitioners
organisational leaders
policymakers, regulators
others?

what are their characteristics?
none accepted the prevailing orthodoxy based on thoughtful examination & reflection
most don't have indication, time, resources, access to data, to undertake a complete analysis
so — they're open, willing to highly relevant information that helps make a quick decision
what are their characteristics?

none accepted the prevailing orthodoxy based on thoughtful examination & reflection

most don't have inclination, time, resources, access to ideas, to undertake a complete analysis

so -- they're open small bits of highly relevant information that helps make a quick decision
'there is no expedient to which a man will not resort to avoid the labour of thinking'
classical rhetoric

logos
ethos
pathos
logos
appeal to reason
little common ground
not heard
no standing
but possibilities of claiming the mantle of science
ethos

the heroic narrative
what admirable doctors do

example of 'hot-spotters' --
Gawande contradicting himself
pathos

again the heroic narrative

use what healthcare values

dismissed as anecdotal, but still sways clinicians, Boards, etc
influence

reciprocation
commitment / consistency
social proof
liking
scarcity

authority
in the wake of crisis

social proof
revisiting advice if your rival hospital just adopted ...
you are the only hospital that has not yet engaged ...

reciprocation
not the simple favour or gold for gold, rather making a connection
ask for the more, then back off to ask for what you really want

commitment / consistency
should work well with front line
this is what you do all the time
and - yet commitment to support innovative ideas
then - living in an innovative idea

liking
engaging - engagement of other leaders, professionals, backers, etc.
reciprocation

not the simple favour or quid pro quo

rather making a concession

ask for the moon, then back off to ask for what you really want
commitment / consistency

should work well with front line
‘this is what you do all the time’

first – get commitment to support innovative ideas
then - bring in an innovative idea
liking

similarity = engagement of other health professionals, leaders, etc
social proof

everyone's doing it
your rival hospital just adopted ....
you are the only hospital that has not yet engaged ....
authority

the mantle of science
scarcity

I'd like to help you but it's impossible right now, maybe next year ...
Moving from Modernist Mythology

- Classical rhetoric
  - Logos
  - Ethos
  - Pathos

- What is the prevailing orthodoxy?
  - Rhetorical devices
    - Appeal to reason
    - Appeal to custom
    - Appeal to emotion

- Influence
  - Resonance: commitment/consistency, social proof, liking, authority, scarcity