Humility

John McMillan

Hume criticised 'humility' as a 'monkish virtue' and objected to it on the basis that such virtues 'stupefy the understanding and harden the heart, obscure the fancy and sour the temper.'[1] Despite the appeal of Hume's plea for less restraint and self-denial, other thinkers such as Kant consider epistemic humility to be fundamental, given the limits of our rationality and our struggle to know and do the right thing.[2] By epistemic humility, he did not mean weakness or being self-effacing, instead he was referring to an appropriate degree of self-respect that's tempered by an awareness of the ways in which we can go wrong. 'Epistemic' comes from the ancient Greek *episteme*, which is often translated as knowledge, understanding or acquaintance. So epistemic humility can be understood as an appropriate awareness of the limits of what we know, understand or have experienced.

There are a number of reasons why epistemic humility and being mindful of the ways we can go wrong is important for medical ethics. They include that ethics is interdisciplinary and often focuses on the new, it discusses ethical questions that require detailed and accurate information and that it analyses issues about which others have special expert knowledge.[3] We might also view humility as a clinical virtue. When healthcare professionals communicate with patients who are facing their own mortality or major threats to their way of life, we might hope that a sensitivity to what's at stake for patients, possibly a virtue like humility, is expressed.

It is an ethical concept that is relevant to a broad range of issues that have been considered in the *JME*. Deciding whether or not to provide treatment that aims at extending the life of a very ill child can raise profound ethical questions. Whether enough is known about experimental treatments to justify causing harm to a very ill child with limited prospect for recovery, was at the heart of the Charlie Gard case. Close *et al* emphasise the importance of recognising that there may be more than one way of looking at the ethics of these difficult and profound cases. They identified the following as a guiding principle for judicial decision making: 'Humility (understanding that there may be more than one legitimate perspective regarding treatment).'[4] This sense of humility is primarily epistemic too, it is the suggestion that even our firm ethical commitments could embody assumptions that not all will share and that is something we should have in mind when reflecting on the strength of our ethical convictions.

Writing in this issue of the *JME*, Farrelly observes that epistemic humility is crucial for the trust that most of us have in medical science. However, he thinks the carefulness implied by humility should not be emphasised at the expense of other intellectual virtues that he takes to be central to scientific progress. He says…

> …public health and medicine are informed by these rigorous epistemic virtues. But there are other significant, and often overlooked, creative epistemic virtues that are also integral to the medical sciences and promotion of the public good. Imagination and idealism in medical science are often underappreciated, even eschewed, especially when they challenge established assumptions and modes of thinking.[5]

Farrelly's paper serves as a reminder that all virtues should be evaluated as one amongst a set of virtues that are also important and will be applicable depending upon the situation.

Lokugamage *et al* reflect on how the concept of 'cultural safety' can be introduced into British healthcare education and practice.[6] For those of us from a former British colony, it is an interestingly reflexive use of that concept, given the origins of that idea. They observe that cultural safety…

> …could be seen as an ethical antiracist decolonial social justice strategy. Britain as the centre of a previous empire could reflect on the infliction of colonial injustices and learning from past mistakes and 'make good' whilst exhibiting cultural humility to learn from those previously colonised who have found solutions.

They mention 'cultural humility' because of the importance of not appropriating ideas that have meaning and originated in a different culture, but perhaps this too can be understood as a form of epistemic humility. Their discussion of cultural safety draws on work conducted in New Zealand schools of nursing during the 1990s. Papps and Ramsden coauthored what is probably the most influential article on the concept.[7] They describe the aims of cultural safety education as:

- To examine their own realities and the attitudes they bring to each new person they encounter in their practice.
- To be open minded and flexible in their attitudes towards people who are different from themselves, to whom they offer or deliver service.
- Not to blame the victims of historical and social processes for their current plight.
- To produce a workforce of well educated self-aware registered nurses and midwives who are culturally safe to practice.

Rather than training healthcare professionals to become experts on other cultures, it is a concept that emphasises the importance of reflecting on your own reality and attitudes and what they might mean for serving those you come into contact with in practice. While Papps and Ramsden might not have viewed this as a form of Kantian epistemic humility, it certainly is an approach that aims at encouraging healthcare professions to act with an appropriate degree of self-respect while being reflectively aware of what they bring to a clinical situation so as to minimise the ways in which things could go wrong.

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