

Chiropractic Update



Update 92

Comment from ASRF Chiropractic Updates Editor - The following article was published by Canadian researchers in the September 2006 issue of the [International Journal of Evidence-Based Healthcare](#). Below I have included the abstract followed by a number of excerpts from the full text version of the paper that can be accessed via the following link - <http://www.blackwell-synergy.com/doi/full/10.1111/j.1479-6988.2006.00041.x>

Deconstructing the Evidence-based Discourse in Health Sciences: Truth, Power and Fascism

Background Drawing on the work of the late French philosophers Deleuze and Guattari, the objective of this paper is to demonstrate that the evidence-based movement in the health sciences is outrageously exclusionary and dangerously normative with regards to scientific knowledge. As such, we assert that the evidence-based movement in health sciences constitutes a good example of microfascism at play in the contemporary scientific arena.

Objective The philosophical work of Deleuze and Guattari proves to be useful in showing how health sciences are colonised (territorialised) by an all-encompassing scientific research paradigm - that of post-positivism - but also and foremost in showing the process by which a dominant ideology comes to exclude alternative forms of knowledge, therefore acting as a *fascist* structure.

Conclusion The Cochrane Group, among others, has created a hierarchy that has been endorsed by many academic institutions, and that serves to (re)produce the exclusion of certain forms of research. Because 'regimes of truth' such as the evidence-based movement currently enjoy a privileged status, scholars have not only a scientific duty, but also an ethical obligation to deconstruct these regimes of power.

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Excerpts from the full text version (<http://www.blackwell-synergy.com/doi/full/10.1111/j.1479-6988.2006.00041.x>) -

Within the healthcare disciplines, a powerful evidence-based discourse has produced a plethora of correlates, such as specialised journals and best practice guidelines. Obediently following this trend, many health sciences scholars have leapt onto the bandwagon, mimicking their medical colleagues by saturating health sciences discourses with concepts informed by this evidence-based movement.² In the words of Michel Foucault, these discourses represent an awesome, but oftentimes cryptic, political power that 'work[s] to incite, reinforce, control, monitor, optimize, and organize the forces under it' (p. 136).³ Unmasking the hidden politics of evidence-based discourse is paramount, and it is this task that forms the basis of our critique.

Drawing in part on the work of the late French philosophers Deleuze and Guattari,^{1, 4} the objective of this paper is to demonstrate that the evidence-based movement in the health sciences is outrageously exclusionary and dangerously normative with regards to scientific knowledge. As such, we assert that the evidence-based movement in health sciences constitutes a good example of *microfascism* at play in the contemporary scientific arena. The philosophical work of Deleuze and Guattari¹ proves to be useful in showing how health sciences are colonised (territorialised) by an all-encompassing scientific research paradigm - that of post-positivism - but also and foremost in showing the process by which a dominant ideology comes to exclude alternative forms of knowledge, therefore acting as a *fascist* structure.

At first glance, EBHS seems beneficial for positive patient outcomes, which is a primary healthcare objective.⁸ As a consequence, it is easy for healthcare researchers and clinicians to assume that EBHS is the method to assure that patients receive optimal care.⁹ While EBHS does acknowledge that healthcare professionals possess discrete bodies of knowledge, EBHS advocates defend its rigid approach by rationalising that the process is not self-serving because improved healthcare and increased healthcare funding will improve patient outcomes.^{21, 7, 10}

Consequently, EBHS comes to be widely considered as the *truth*.⁹ When only one method of knowledge production is promoted and validated, the implication is that health sciences are gradually reduced to EBHS. Indeed, the legitimacy of health sciences knowledge that is not based on specific research designs comes to be questioned, if not dismissed altogether. In the starkest terms, we are currently witnessing the health sciences engaged in a strange process of eliminating some ways of knowing. EBHS becomes a 'regime of truth', as Foucault would say - a regimented and institutionalised version of 'truth'.

We believe that EBM, which saturates health sciences discourses, constitutes an ossified language that maps the landscape of the professional disciplines as a whole. Accordingly, we believe that a postmodernist critique of this prevailing mode of thinking is indispensable. Those who are wedded to the idea of 'evidence' in the health sciences maintain what is essentially a Newtonian, mechanistic world view: they tend to believe that reality is objective, which is to say that it exists, 'out there', absolutely independent of the human observer, and of the observer's intentions and observations.

They fondly point to 'facts', while they are forced to dismiss 'values' as somehow unscientific. For them, this reality (an ensemble of facts) corresponds to an objectively real and mechanical world. But this form of empiricism, we would argue, fetishises the object at the expense of the human subject, for whom this world has a vital significance and meaning in the first place. An evidence-based, empirical world view is dangerously reductive insofar as it negates the personal and interpersonal significance and meaning of a world that is first and foremost a *relational* world, and not a fixed set of objects, *partes extra partes*.

Of course, we do not wish to deny the material and objective existence of the world, but would suggest, rather, that our relation to the world and to others is always *mediated*, never direct or wholly transparent. Indeed, the sociocultural forms of this mediation would play a large part in the way the world appears as full of significance. Empirical facts alone are quantities that eclipse our qualitative and vital being-in-the-world. For example, how should a woman assign meaning to the diagnosis she just received that, genetically, she has a 40% probability of developing breast cancer in her lifetime? What will this number mean in real terms, when she is asked to evaluate the meaning of such personal risk in the context of her entire life, a life whose value and duration are themselves impossible factors in the equation?^{15, 18}

A starting point for health sciences would be to promote the multiplicity of what Foucault describes as subjugated forms of knowledge (*savoirs assujettis*): these forms of knowledge are ways of understanding the world that are 'disqualified as non-conceptual knowledges, as insufficiently elaborated knowledges: naïve knowledges, hierarchically inferior knowledges, [and] knowledges that are below the required level of erudition or scientificity' (p. 7).²⁰ These forms of knowledge arise from below, as it were, in contradistinction to the top-down approach that characterises the hegemonic thrust of EBHS. For Foucault, a subjugated knowledge is not the same thing as 'common sense'. Instead, it is 'a particular knowledge, a knowledge that is local, regional, or differential' (pp. 7-8).²⁰

In our view, this positive process begins with a critique of EBHS and its hegemonic norms. As we have argued, according to postmodern authors, these norms institute a hidden political agenda through the very language and technologies deployed in the name of 'truth'. Again, Foucault sums up this position in his critique of modern medicine: 'Medicine, as a general technique of health even more than as a service to the sick or an art of cures, assumes an increasingly important place in the administrative system and the machinery of power' (p. 176).²¹ Here, in such an 'administrative system' and a 'machinery of power', we find a classic allusion to what Hannah Arendt defines as totalitarianism or *fascism*, as we defined it earlier. For her, somewhat optimistically, totalitarian regimes are not the simple result of an innate evil in humankind; rather, totalitarianism is a political phenomenon that emerges from a confluence of socio-historical forces. She writes that 20th century totalitarianism is essentially an ideology that arose to fill a political vacuum in post-World War I Europe, when positive laws increasingly came to be replaced by terror.²²

The ossifying discourse that supports EBM is the result of an ideology that has been promoted to the rank of an immutable truth and is considered, in learned circles, as essential to real science. We could add here that its ossified language is a method of communicating in coded form, in stereotyped and dogmatic phraseology - an ideological message that will not be contradicted or challenged by its authors, but will always be understood by initiates.³ In this way, in its capacity as an ossifying discourse, the term 'evidence-based movement' (including concepts associated with it) sustains itself with its lexicon of acceptable ideas and forms.

The Cochrane Group has created a hierarchy that has been endorsed by many academic institutions, and that serves to (re)produce the exclusion of certain forms of knowledge production. Because EBM, as a 'regime of truth', currently enjoys a privileged status, there exists a scientific and ethical obligation to deconstruct such regime. Given the privileged relation to knowledge defining the intellectual mission, intellectuals are well located to deconstruct the 'truth' and to 'speak truth to power', to use Foucault's expression. Unfortunately, most would prefer not to hear alternative, marginalised discourses because the latter tend to expose the very power relations that create our current situation and prop up those academics/scientists with a vested interest in the status quo.²⁶ However, we believe that one of the roles of the intellectual is to decolonise, to de-territorialise the vast field of health sciences as it is currently mapped out by the EBM.

Critical intellectuals should work towards the creation of a space of freedom (of thought), and as such, they constitute a concrete threat to the current scientific order in EBHS and the health sciences as a whole. It is fair to assert that the critical intellectuals are at 'war' with those who have no regards other than for an evidence-based logic. The war metaphor speaks to the 'critical and theoretical revolt' that is needed to disrupt and resist the *fascist* order of scientific knowledge development.

The evidence-based enterprise invented by the Cochrane Group has captivated our thinking for too long, creating for itself an enchanting image that reaches out to researchers and scholars. However, in the name of efficiency, effectiveness and convenience, it simplistically supplants all heterogeneous thinking with a singular and totalising ideology. The all-embracing economy of such ideology lends the Cochrane Group's disciples a profound sense of entitlement, what they take as a universal right to control the scientific agenda. By a so-called scientific consensus, this 'regime of truth' ostracises those with 'deviant' forms of knowledge, labelling them as rebels and rejecting their work as scientifically unsound. This reminds us of a famous statement by President George W Bush in light of the September 11 events: 'Either you are with us, or you are with the terrorists'. In the context of the EBM, this absolutely polarising world view resonates vividly: embrace the EBHS or else be condemned as recklessly non-scientific.

In conclusion, in *The Human Condition*, Hannah Arendt points to one way to combat totalitarianism. For Arendt, the opposite of totalitarianism is politics, by which she means, politics guided by free speech and a plurality of views: speech is what makes man a political being. If we would follow the advice, so frequently urged upon us, to adjust our cultural attitudes to the present status of scientific achievement, we would in all earnest adopt a way of life in which speech is no longer meaningful. (pp. 3-4)²⁷

When the pluralism of free speech is extinguished, speech as such is no longer meaningful; what follows is terror, a totalitarian violence. We must resist the totalitarian program - a program that collapses words and things, a program that thwarts all invention, a program that robs us of justice, of our meaningful place in the world, and of the future that is ours to forge together. Paradoxically, perhaps, an honest plurality of voices will open up a space of freedom for the radical singularity of individual and disparate knowledge(s). The endeavour is always a risk, but such a risk is part of the human condition, and it is that without which there could be no human action and no science worthy of the name.

Plurality is the condition of human action because we are all the same, that is, human, in such a way that nobody is ever the same as anyone else who ever lived, lives, or will live. (p. 8)²⁷

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