Editorial

Empiricism in Family Practice

One of the interesting aspects of family practice is the opportunity for the physician to make clinical observations of a relatively large number of patients with a wide variety of health problems. Most of us have had the occasion to observe certain clinical phenomena that seem contrary to accepted theory or at least different from the observations of others. This experience may lead to several possible questions. One might speculate that the observation was faulty, that the interpretation of accepted theory was in error, that some unknown variable was influencing the biologic phenomenon being observed, that the theory did not actually apply to the patient populations being observed, or that possibly the theory was faulty.

There may still be other explanations. In any event, when these observations are made, it should cause the physician to pause to consider their implications. If, after careful review of the facts, no adequate explanation is forthcoming, the physician may seek the experiences of others, either directly or through the literature. If the observed phenomenon still escapes illumination, then one is in a position to consider the development of a researchable question. It is at this point that clinical research may be undertaken.

Unfortunately, what sometimes occurs is that the physician may tend to assimilate his observations into his clinical judgment process and prematurely begin to apply those observations to similar subsequent clinical situations. It is this practice that is labelled "empiricism" and is severely criticized by many.

Empiricism is "a former school of medical practice founded on experience without the aid of science or theory." It is considered equivalent to quackery or charlatanry. When used as an adjective, empirical means "relying on experience or observation alone often without due regard for system and theory." This definition is the older one. A more recent definition is "capable of being verified or disproved by observation or experiment."

In the sense of this latter definition, empirical observations would certainly seem to have an important meaning to family physicians. Family physicians are in an excellent position to make empirical observations. However, we are also at risk if we attempt to apply those empirical observations without benefit of scientific or systematic proof of their validity and reliability.

It would appear that there is potential value in sharing empirical observations with our colleagues. We must, however, not imply to others nor infer from the observations of others that empirical observations alone can be used as a basis for clinical decisions. Those observations can and should be used to formulate questions that can be systematically investigated. By using observations in this way, family physicians can and do make important contributions to medical knowledge.

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