

Palliating Uncertainty:

Tools from the Pragmatism of William James, MD



Ariel Dempsey, MD
DPhil Science and Religion
University of Oxford



Castle is a bit old

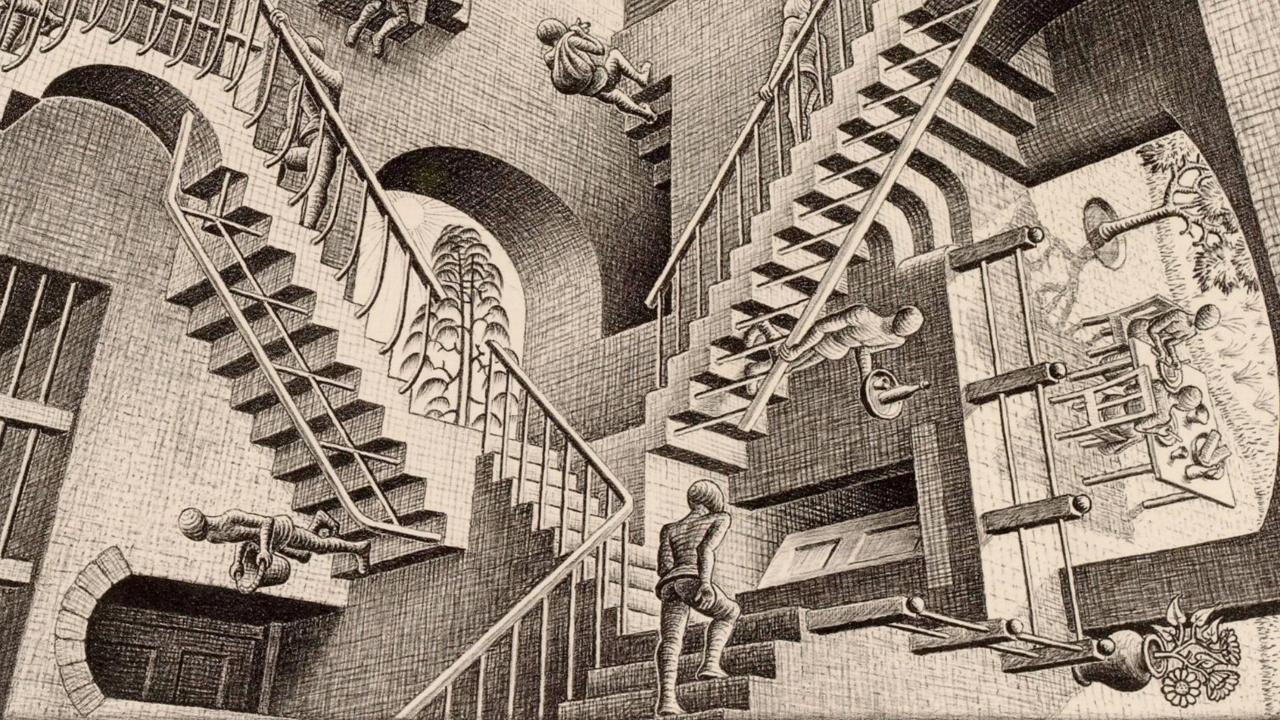
Not being funny but the castle is really old and in terrible condition, restoration is essential or an alternative would be to demolish and put a better attraction for tourists as its taking up a lot of space in town. Would not recommend, tourist trap.

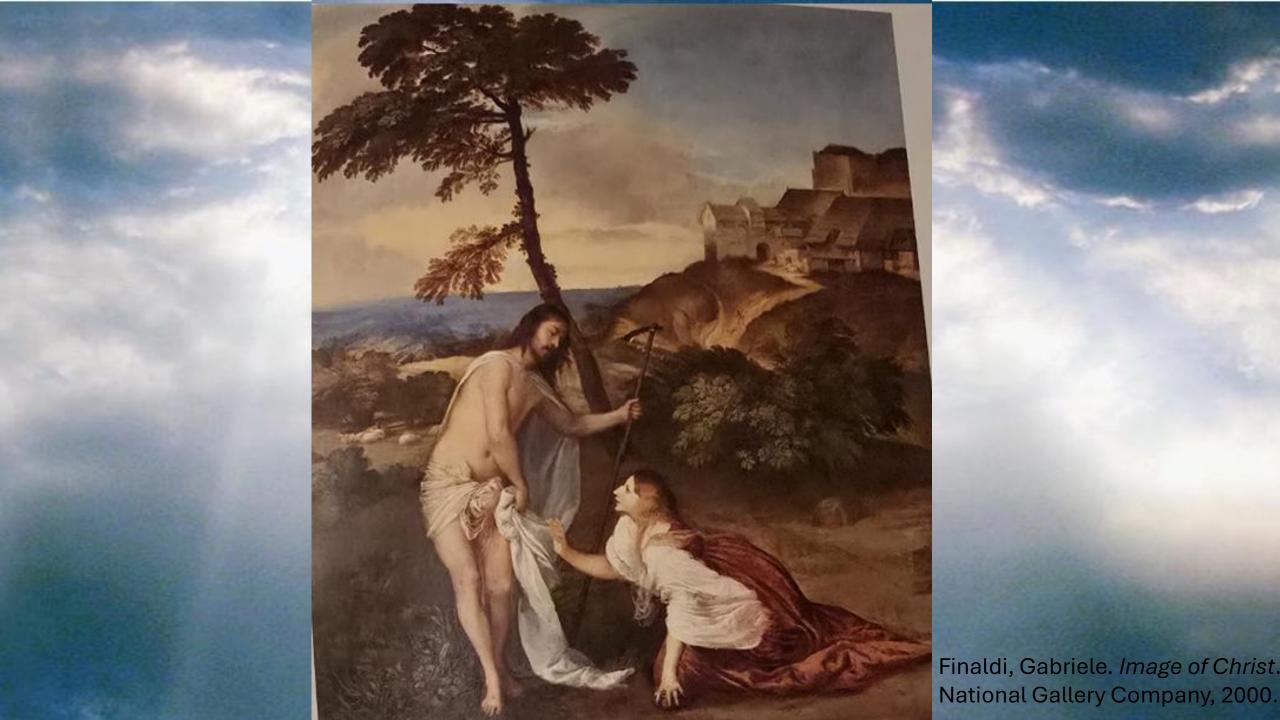












Palliating Uncertainty:

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Outline

- 1. Managing Expectations about Uncertainty
- 2. Turning Attention to Action
- 3. Palliating Uncertainty

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"Uncertainty creeps into medical practice through every pore. Whether a physician is defining a disease, making a diagnosis, selecting a procedure, observing outcomes, assessing probabilities, assigning preferences, or putting it all together, he is walking on very slippery terrain. It is difficult for nonphysicians, and for many physicians, to appreciate how complex these tasks are, how poorly we understand them, and how easy it is for honest people to come to different conclusions."

~ David Eddy, MD

Uncertainty in Medicine

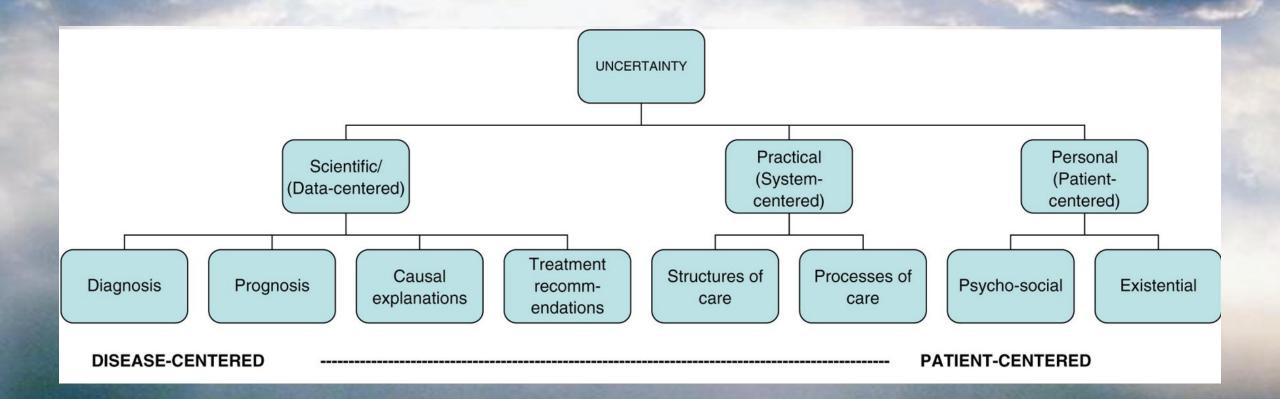
- avoidance
- denial
- disregard
- indecision
- paralysis
- over-treatment
- over-investigation
- over-medicalization



Varieties of Uncertainty in Health Care: A Conceptual Taxonomy

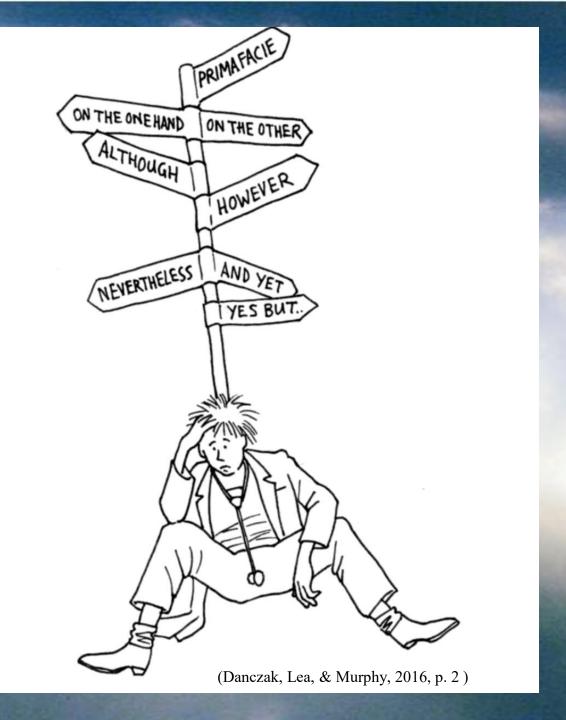
<u>Paul K. J. Han, MD, MA, MPH, William M. P. Klein, PhD</u>, and <u>Neeraj K. Arora, PhD</u> <u>View all authors and affiliations</u>

<u>Volume 31, Issue 6</u> https://doi.org/10.1177/0272989X10393976



"Objective evidence and certitude are doubtless very fine ideals to play with, but where on this moonlit and dream-visited planet are they to be found?"

~William James,
"The Will to Believe"



Exercise—Stand up if...

1. If you've ever been unsure how to apply guidelines to a patient in front of you.

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- 6. If the stories of your patients have ever made you ask question about your own life and meaning.
- 7. If you've ever seen something happen in your practice that some people might call miraculous.



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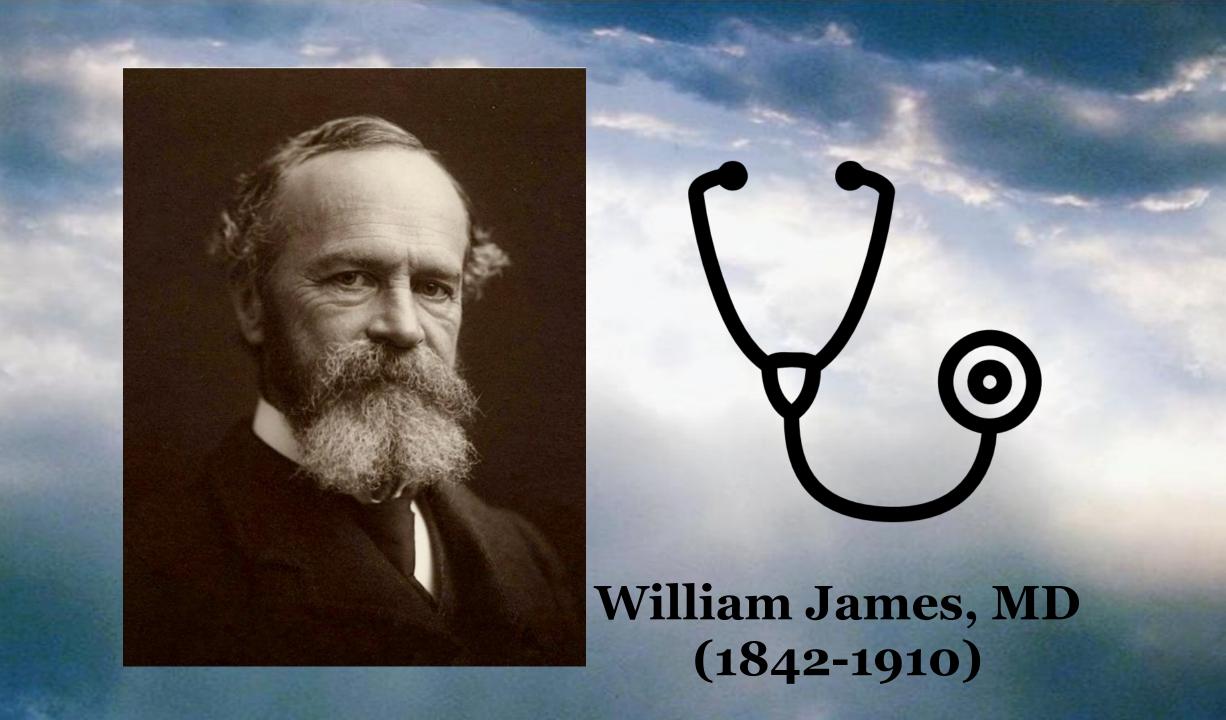
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1. Managing Expectations about Uncertainty

2. Turning Attention to Action

3. Palliating Uncertainty





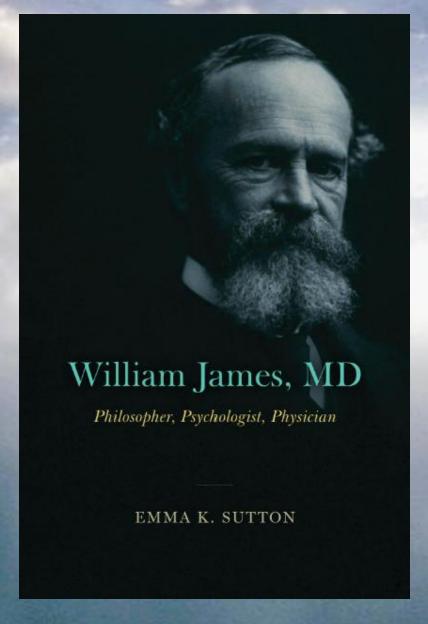
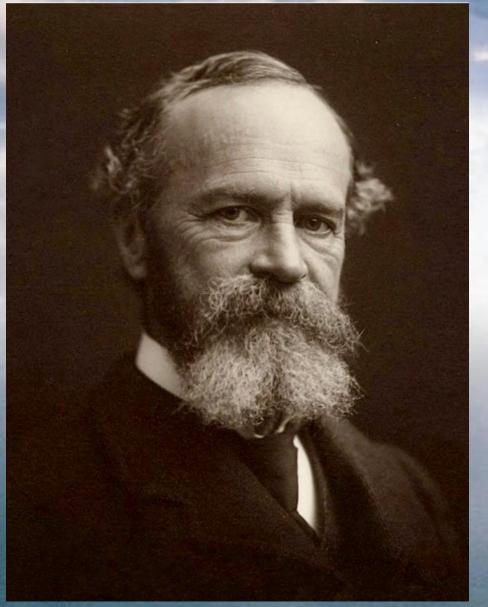




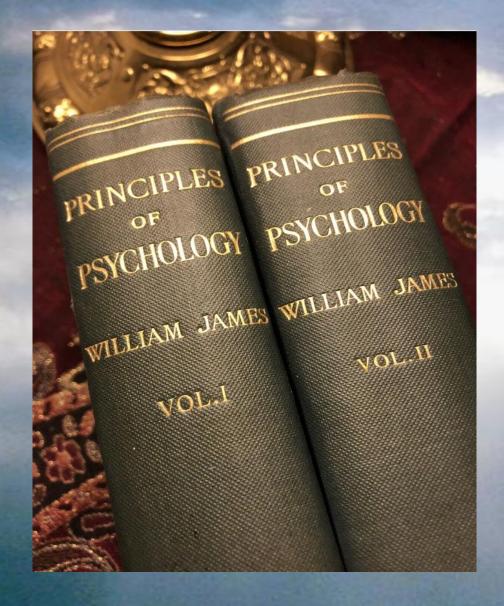
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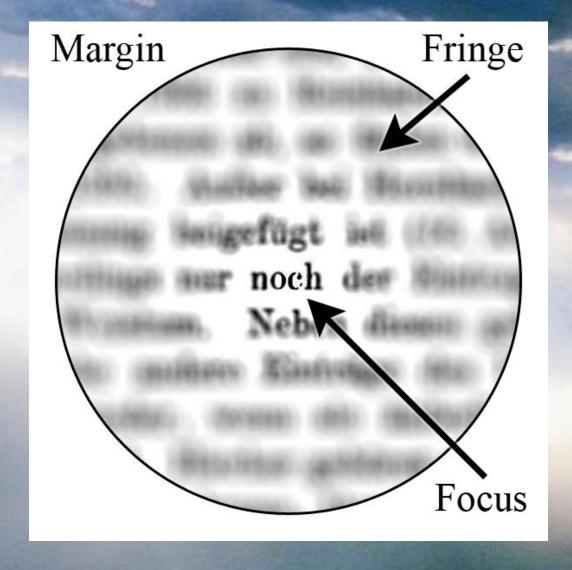
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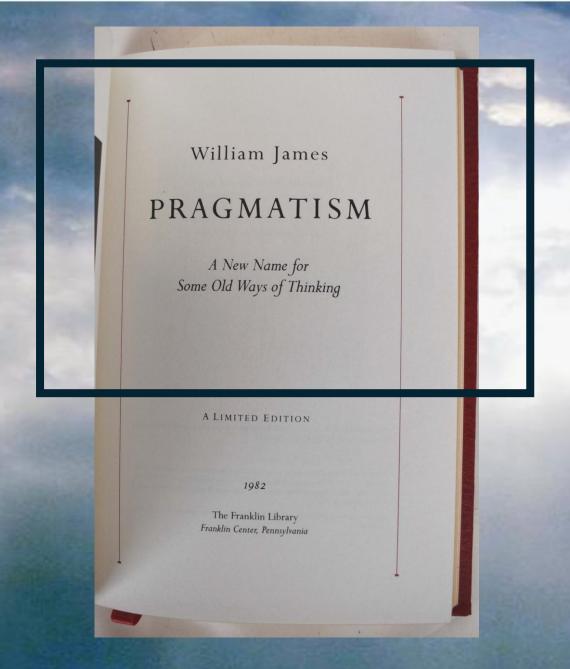


Michigan Answers[™]





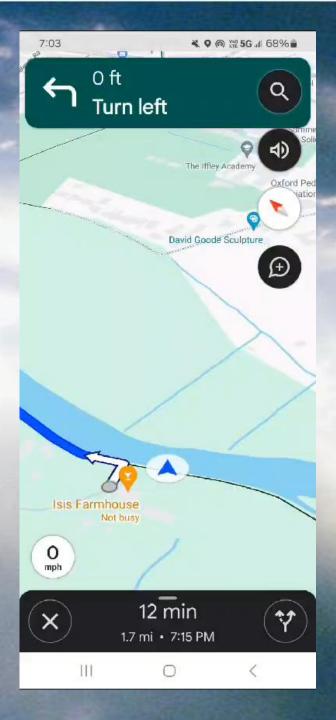




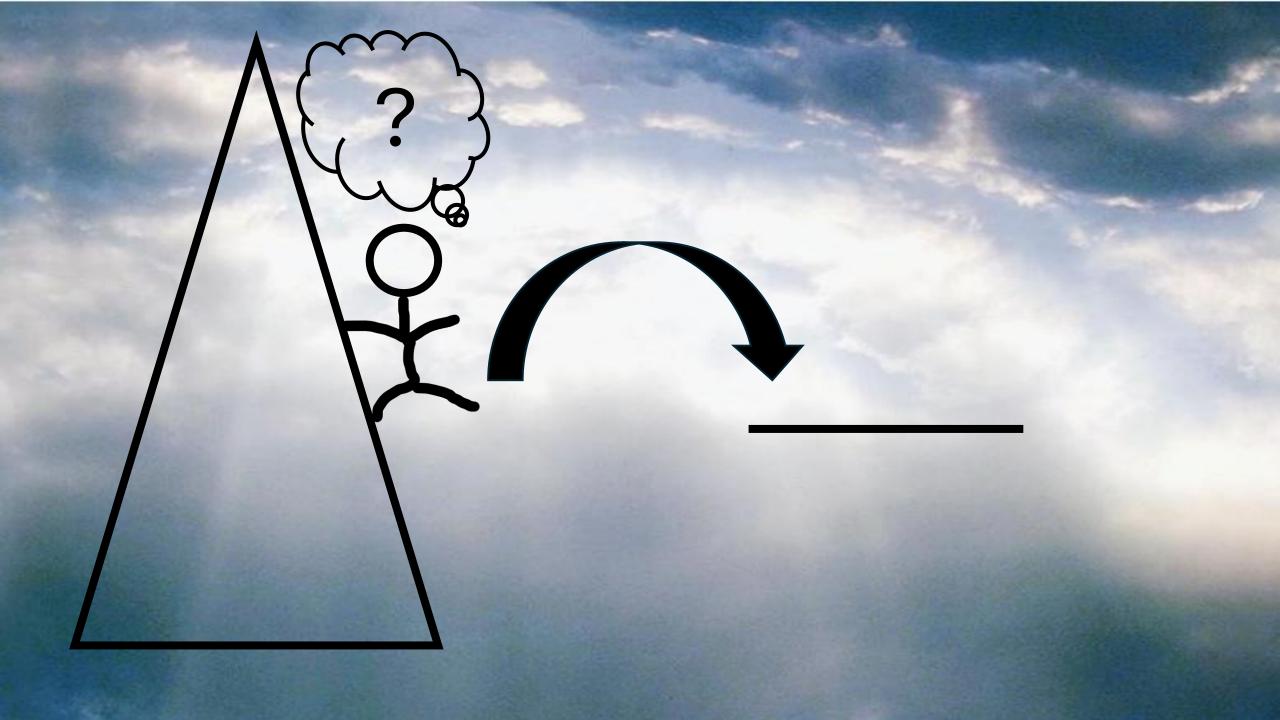


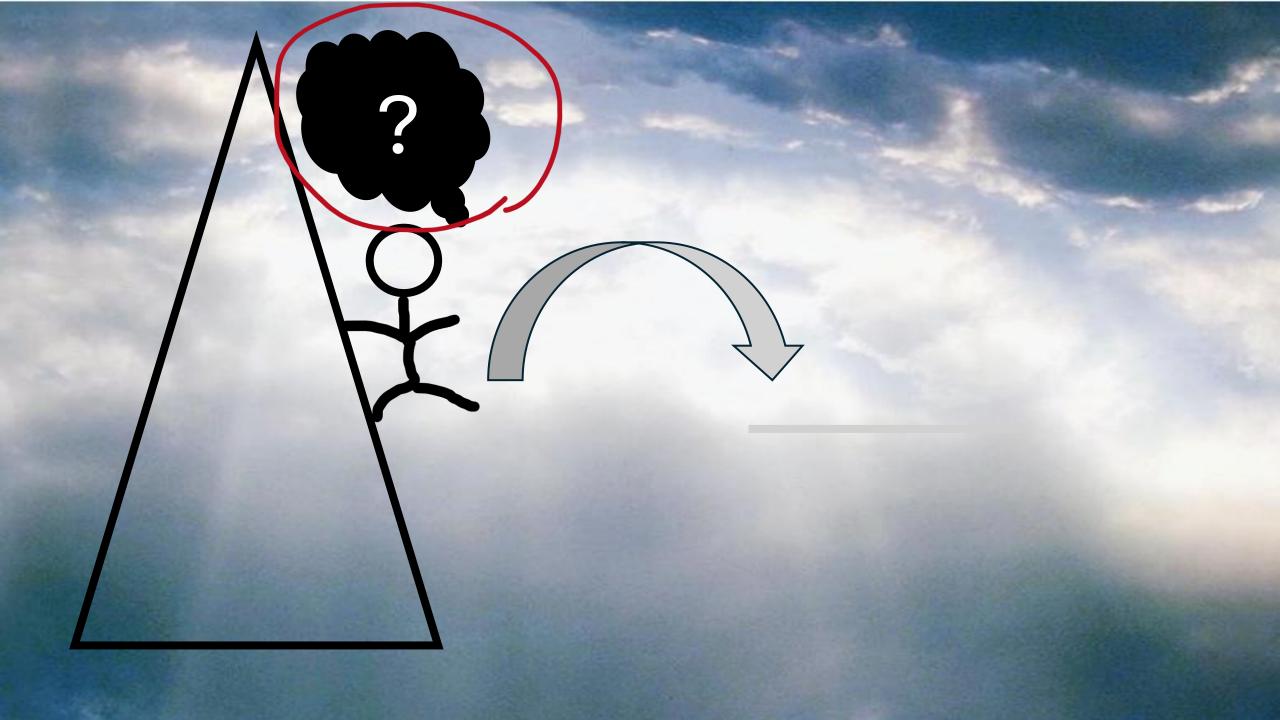


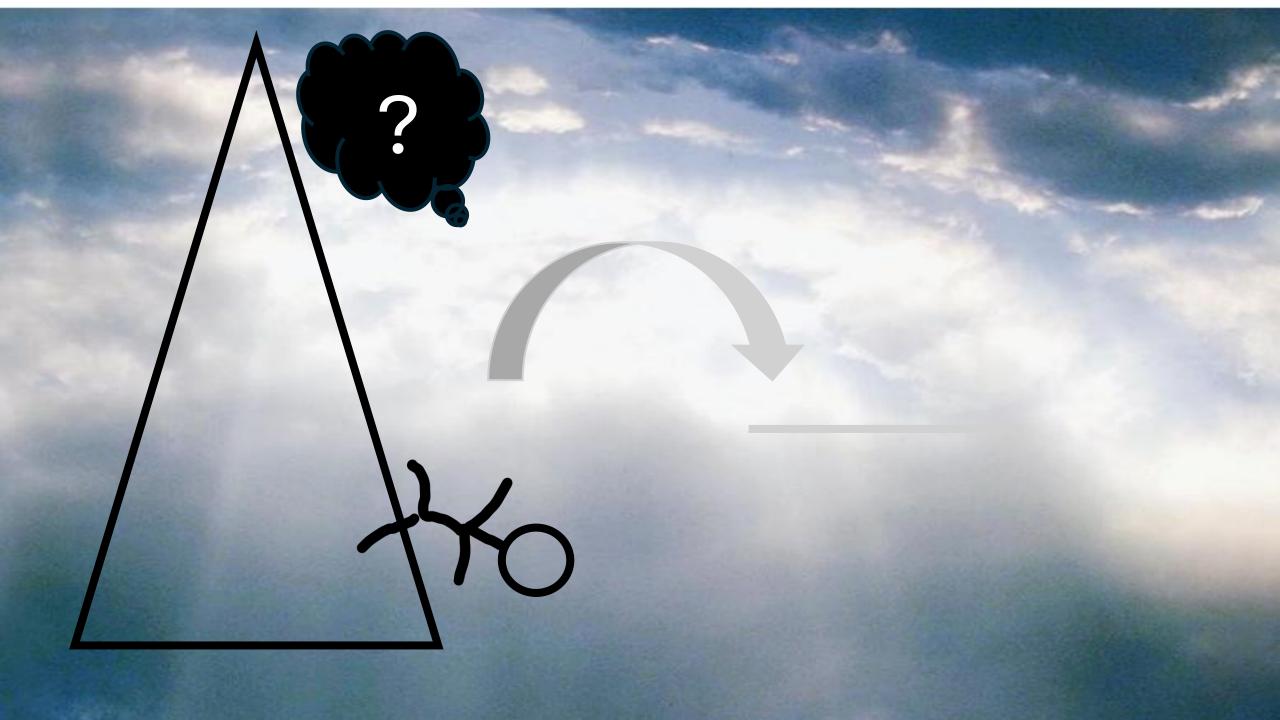


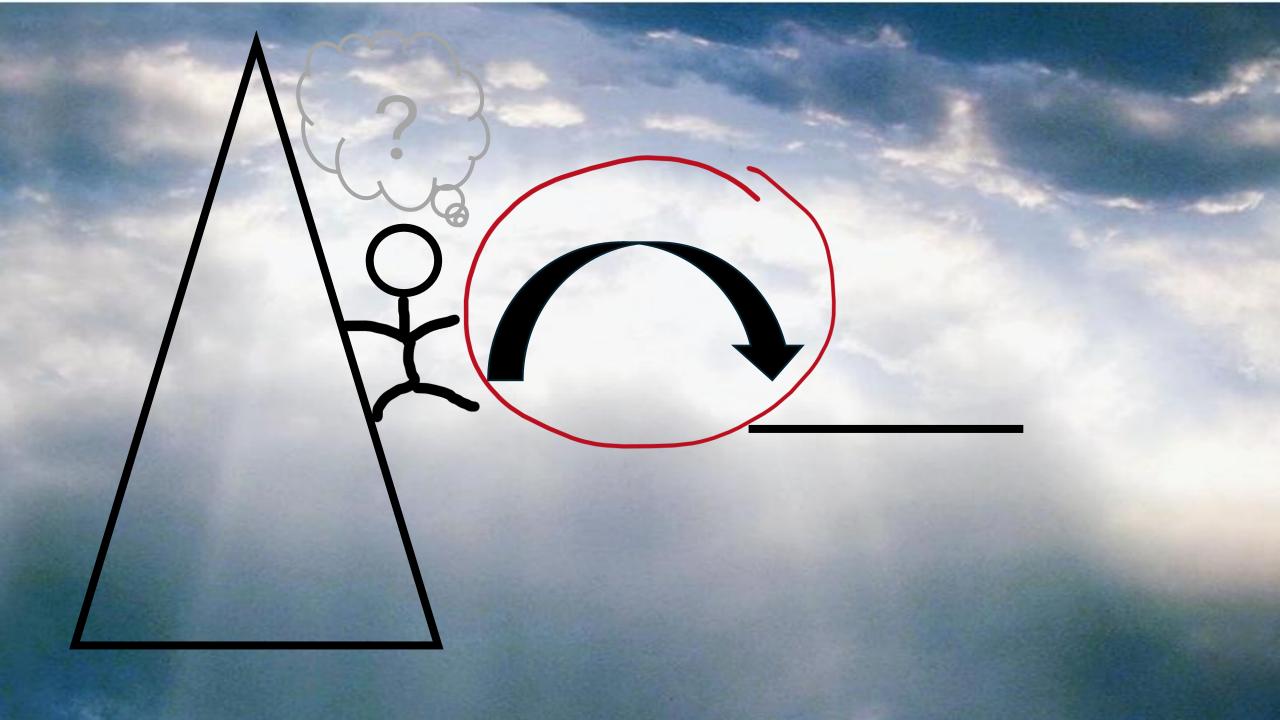














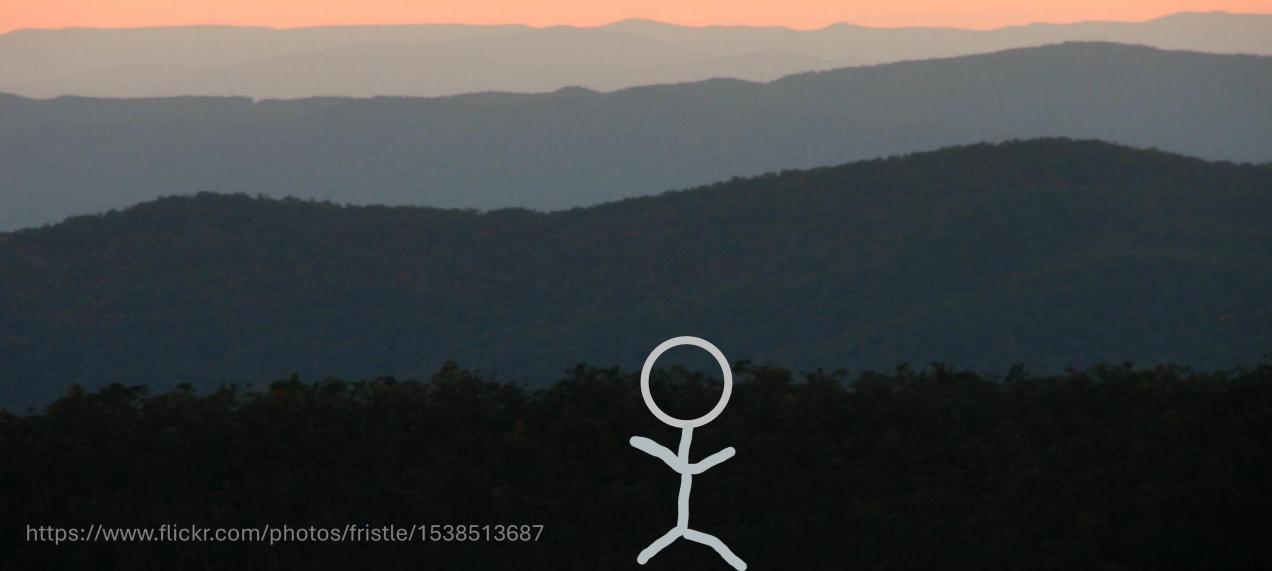
"In all important transactions of life, we have to take a leap in the dark...We stand on a mountain pass in the midst of whirling snow and blinding mist through which we get glimpses now and then of paths which may be deceptive. If we stand still, we shall be frozen to death. If we take the wrong road, we shall be dashed to pieces. We do not certainly know whether there is any right one. What must we do? 'Be strong and of a good courage.' Act for the best, hope for the best, and take what comes. If death ends all, we cannot meet death better."

~William James, "The Will to Believe"

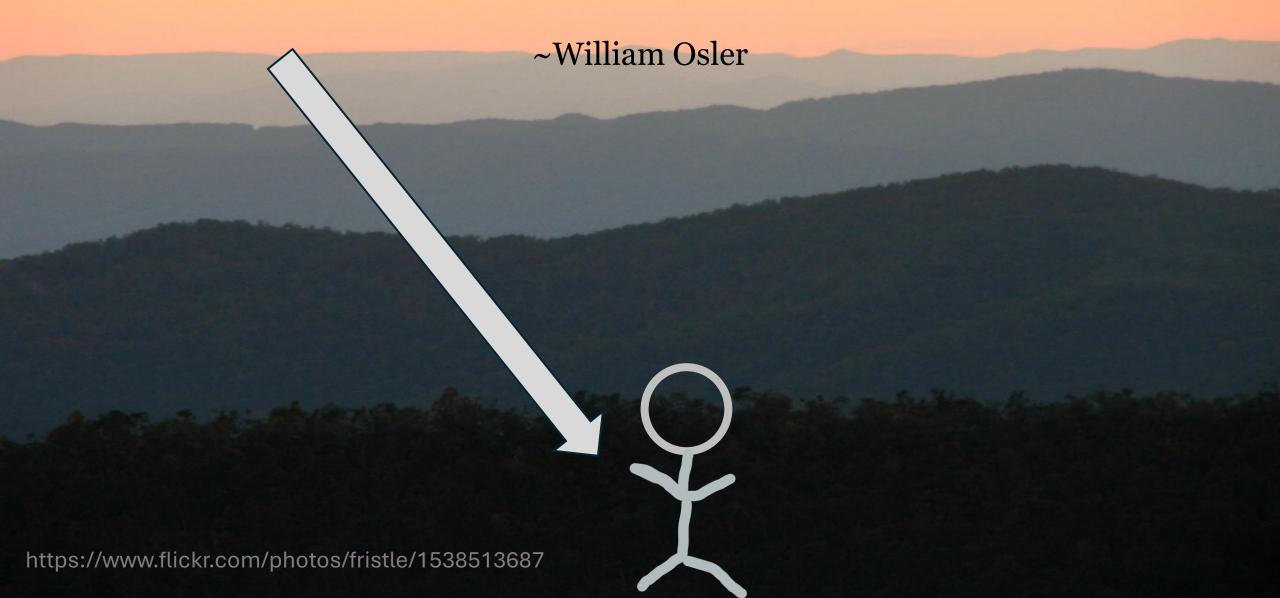


"Our task is not to see what lies dimly at distance but to do what lies clearly at hand."

~William Osler

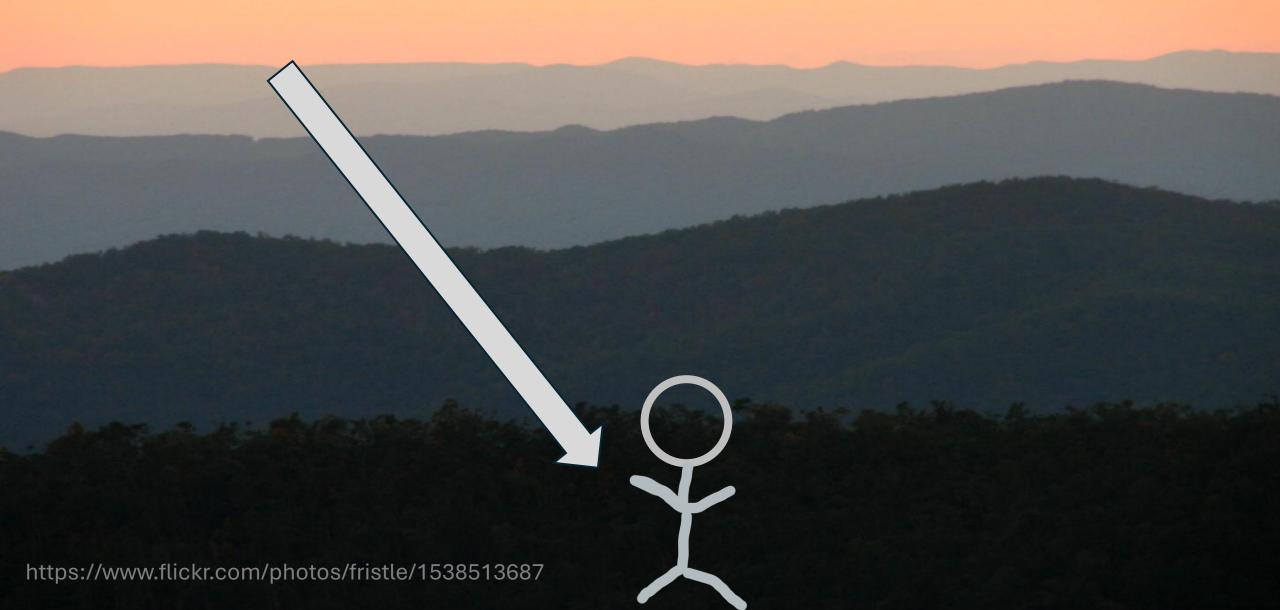


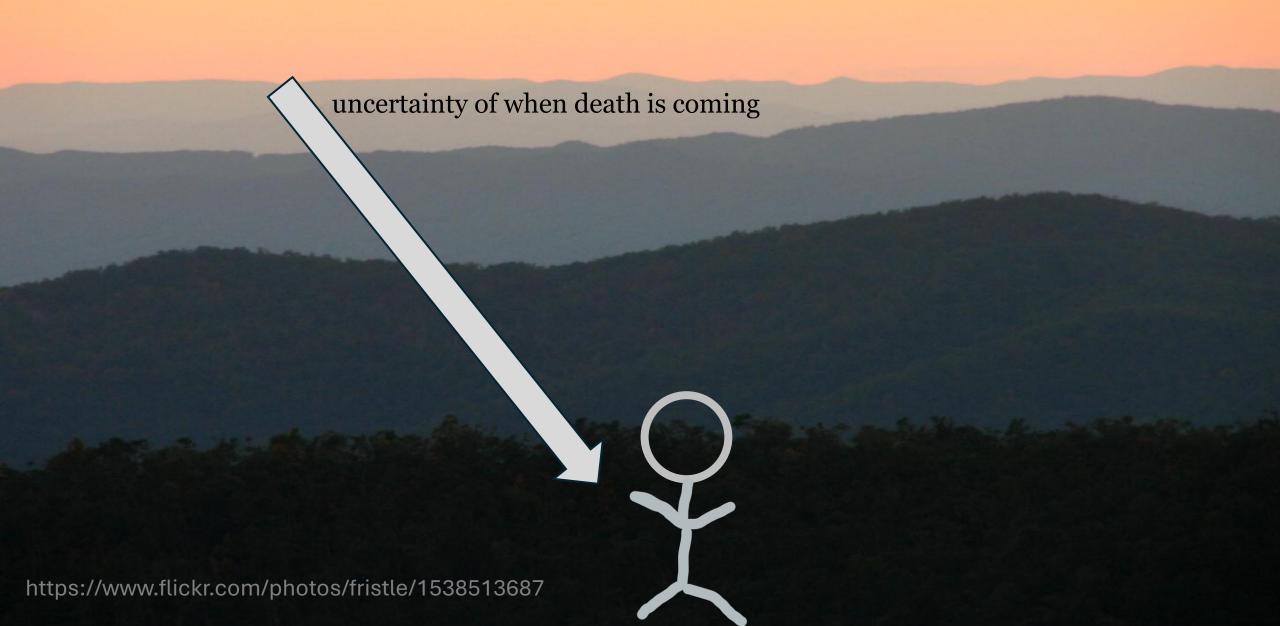
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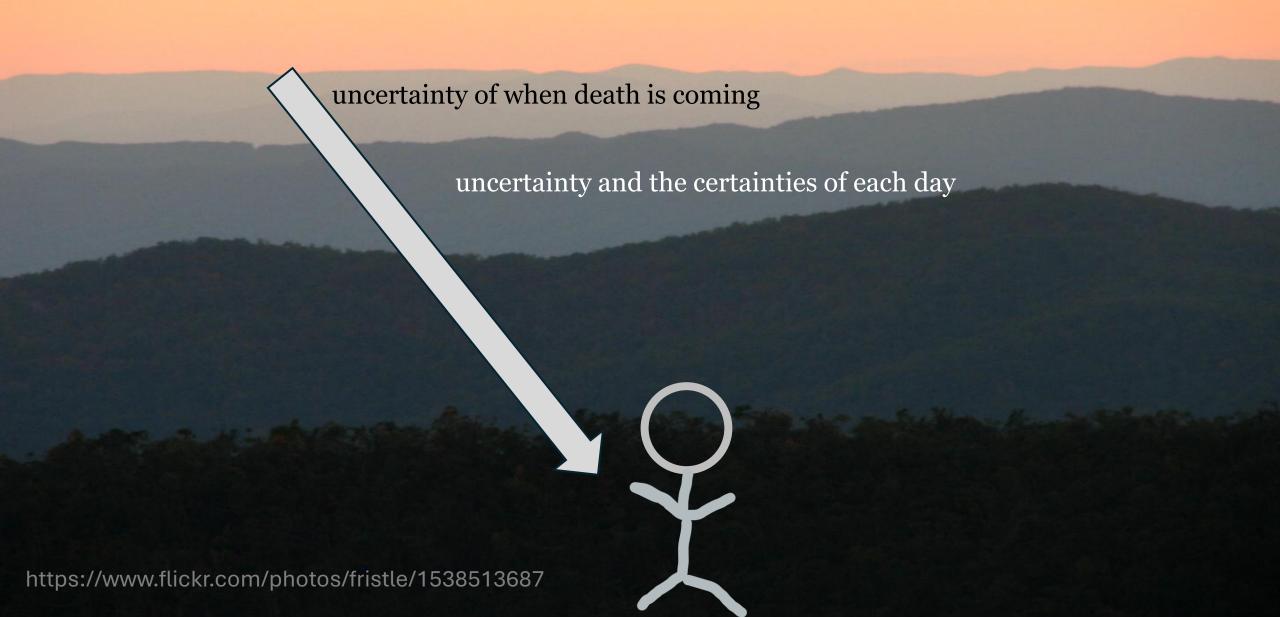


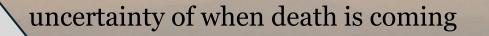


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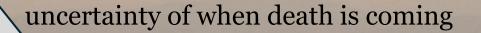




uncertainty and the certainties of each day

managing pain was a guiding star





uncertainty and the certainties of each day

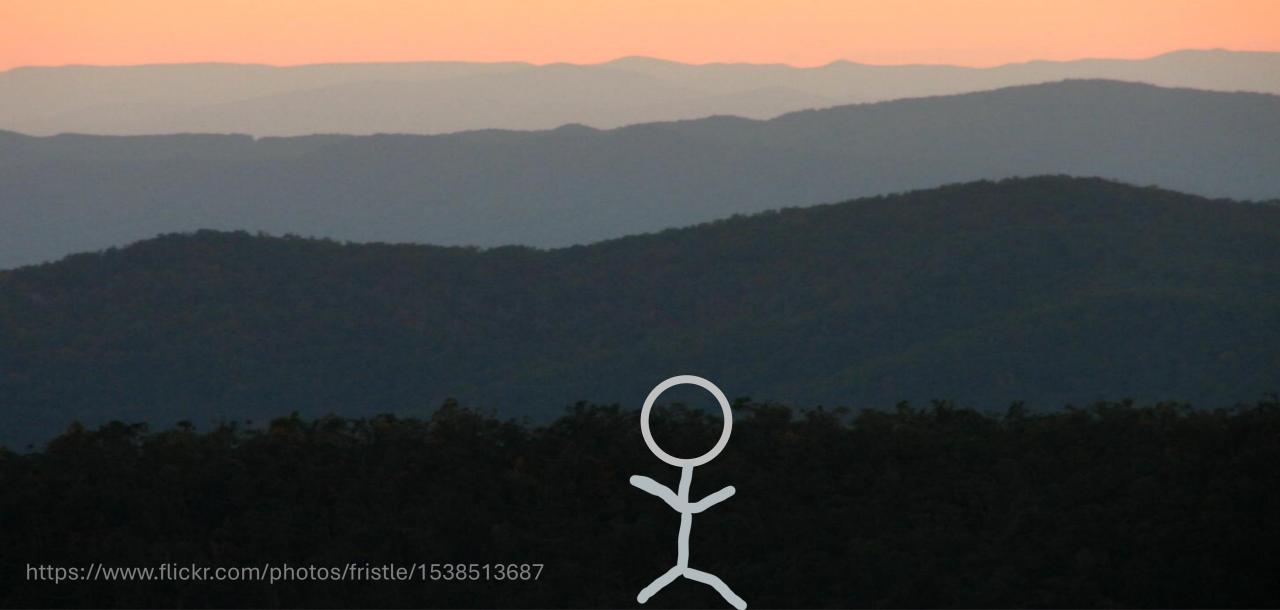
managing pain was a guiding star

value of each day with her husband

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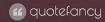


But Why Bother?

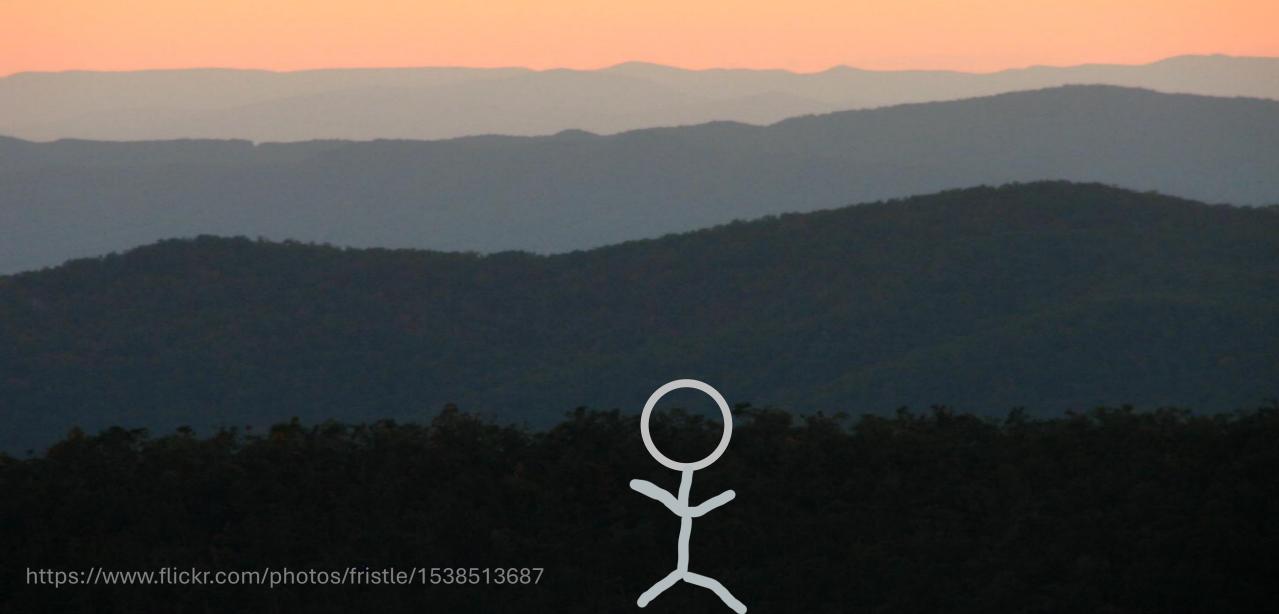


Even if I knew that tomorrow the world would go to pieces, I would still plant my apple tree.

Martin Luther



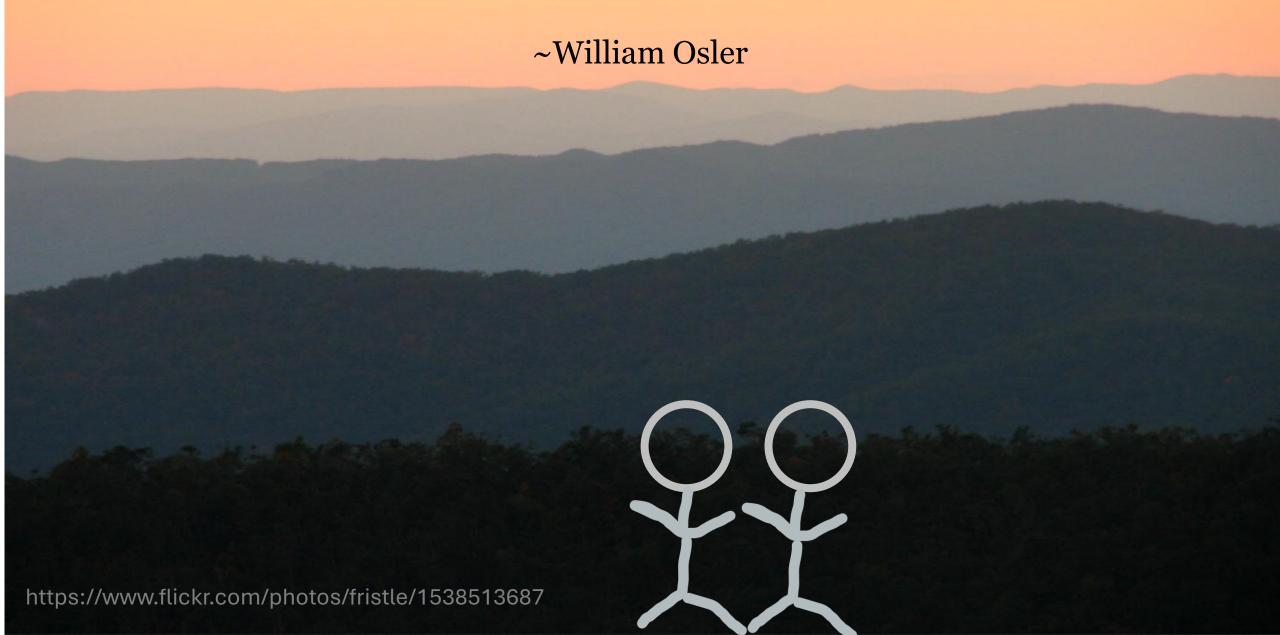






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"Our task is not to see what lies dimly at distance but to do what lies clearly at hand."







Joana D. McKeoun 1992 - 2013

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Therapeutic Effectiveness



By skillfully combining elements contained within each of the domains, clinicians are able to achieve optimal therapeutic effectiveness.



T

THERAPEUTIC APPROACHES

- . Clarify & name sources of distress
- Problem-solve
- Educate, inform client
- Debunk myths
- · Reinforce client strengths & positive ways of coping
- · Provide techniques (e.g., mindfulness, Therapeutic Touch)
- · Advocate for client with the care team
- · Foster positive relationships between client & family
- · Elicit client needs
- Probe for feelings underlying events & circumstances
- Help client identify what they can & can't control
- Help client understand by mirroring & reflection
- . Use silence to encourage client expression
- Explore image & metaphor
- · Offer comfort through touch
- · Acknowledge spiritual distress



CREATION OF A SAFE SPACE

- Provide privacy
- Provide calming environment
- Assure confidentiality



PERSONAL GROWTH & SELF-CARE

- · Maintain a balanced life
- Work at self-awareness
- Acknowledge / work through our own fears
- Acknowledge your own feelings of vulnerability or helplessness
- Debrief with colleagues
- Value professional development



THERAPEUTIC PACING

- Listen attentively
- Hold or ground client
- Keep client in the here & now
- Maintain slow pace don't rush therapy
- Encourage client to talk about fear & distress
- Normalize & validate client experience & distress
- Use skillful tentativeness, i.e., 'purposefully hesitant' so as to be non-threatening



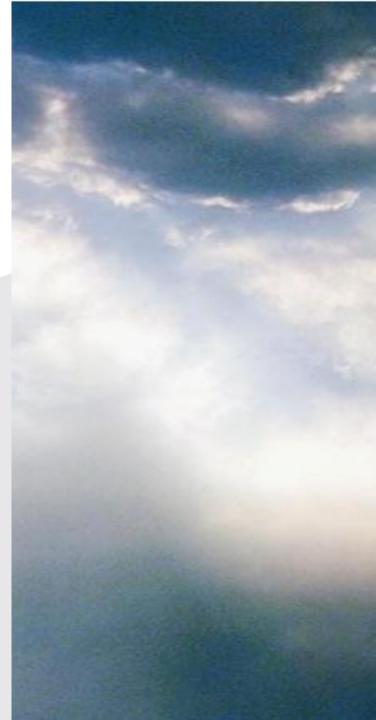
THERAPEUTIC PRESENCE

- Being compassionate & empathetic
- Being respectful & non-judgmental
- Being genuine & authentic
- Being trustworthy
- · Being fully present
- Valuing intrinsic worth of client
- · Being mindful of boundaries
- . Being emotionally resilient



THERAPEUTIC HUMILITY

- Do not avoid emotion
- · Tolerate clinical ambiguity
- . Be able to explore difficult topics
- · Accept and honour client as expert
- Be a catalyst for therapeutic change
- . Trust in the process
- 'Sit with' client emotional distress
- Avoid urge to have to fix
- Model healthy processing of emotion





"Are you afraid? Somewhere a thousand swans are flying through winter's worst storm."

~Mary Oliver, Little Alleluias



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Bill's Story

clideo.co







Problem Statement

- 1. Culture of Certainty
- 2. Attention focused on reducing uncertainty with more knowledge and technology
- 3. Approaches to uncertainty modelled after the management of disease, "examine, diagnose, fix"

Palliating Uncertainty

- Managing Expectations: "Medicine is a science of uncertainty"
 ~William Osler
- 2. Turning attention to action: Addressing the effects of uncertainty on our patients' lives in a plurality of ways, both biomedical and relational.
- 3. Approach to uncertainty modelled after palliative care because, at the end of the day, uncertainty is a condition that is incurable and something that we all live with.

- 1 Managing Expectations about Uncertainty
- 2. Turning Attention to Action
- 3. Palliating Uncertainty

How am I meant to use this in practice?

Palliating Uncertainty

Biomedical interventions Focused on uncertainty

Psycho/social/spiritual interventions
Alleviating effects of uncertainty

Nonabandoment
Therapeutic Presence
Focused on the
person



Bill's Story



Biomedical interventions Focused on uncertainty

Psycho/social/spiritual interventions alleviating effects of uncertainty

Therapeutic Presence
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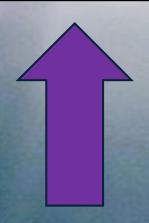
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Bil's Story



Biomedical interventions Focused on uncertainty

Psycho/social/spiritual interventions alleviating effects of uncertainty

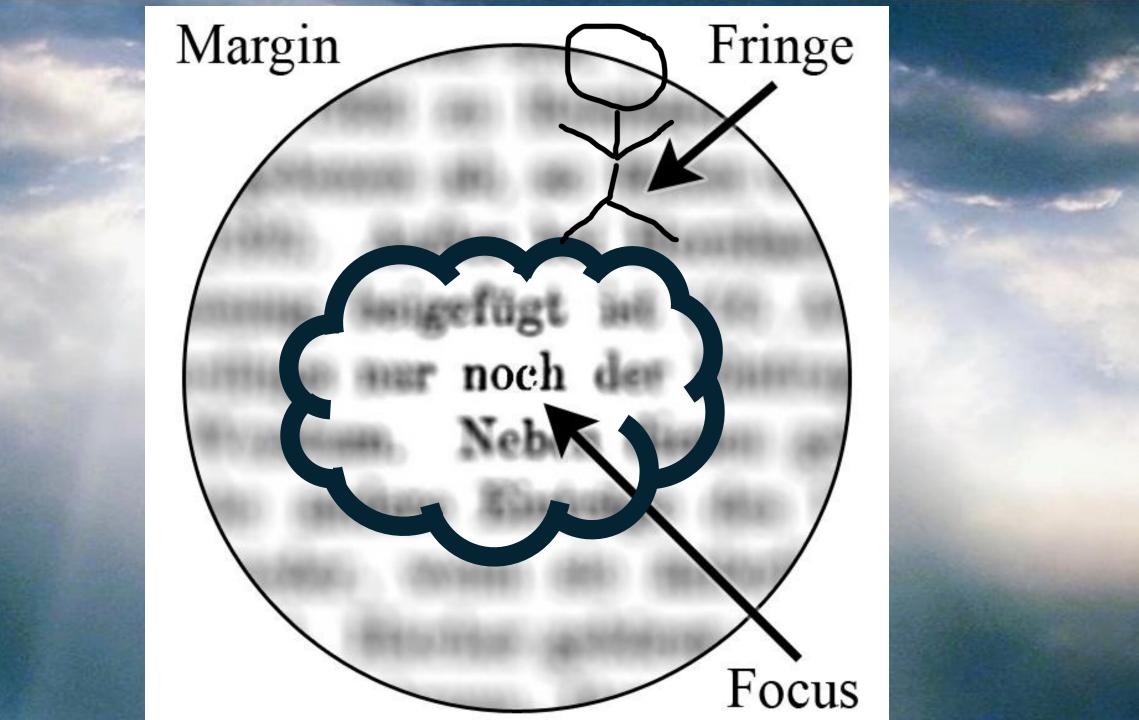
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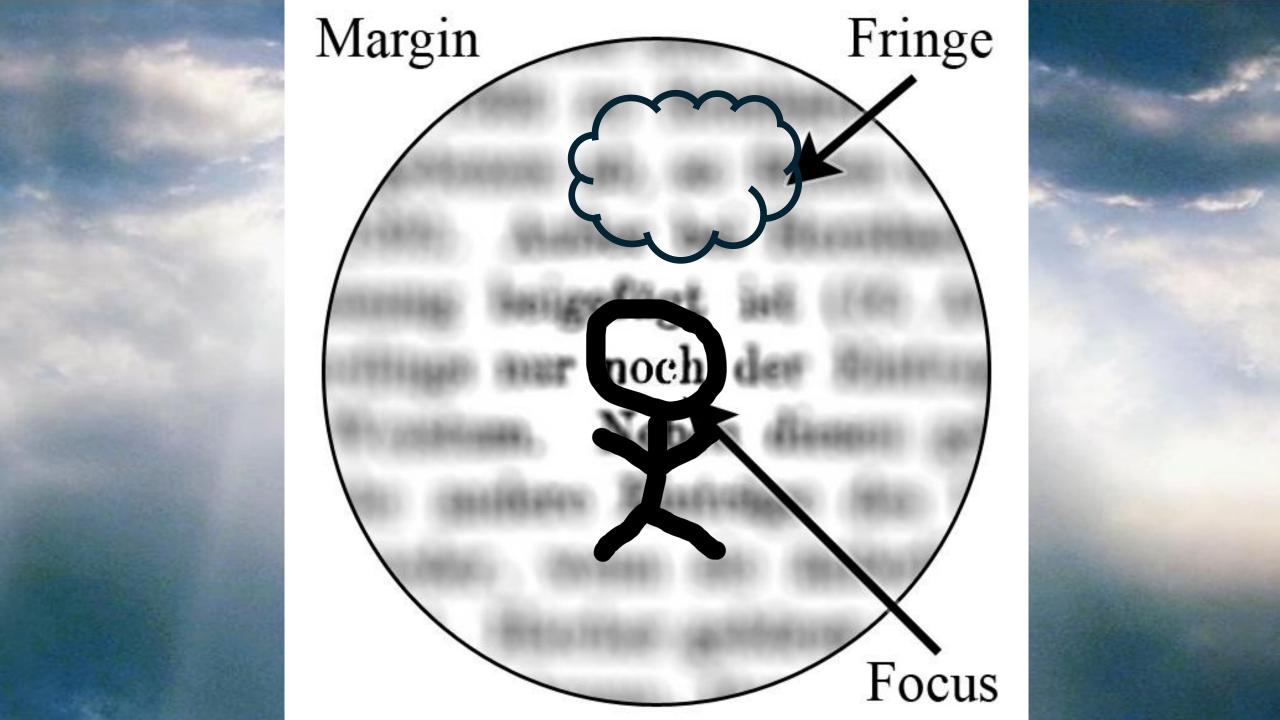


Bill's story



- _ Alleviating suffering of uncertainty
- (+) Living with uncertainty







"I'm sorry I don't have a crystal ball"







1. Takes action to support patients i managing the uncertainty 2. Builds partnering relationships with them

A Guideline for Practice

1. Managing Expectations

Listening "Here is what we don't know"

A Guideline for Practice

1. Managing Expectations
 "Here is what we don't know"
 2. Turning Attention to Action "Here is what we can do."

A Guideline for Practice

1. Managing Expectations	Listening
	"Here is what we don't know"
2. Turning Attention to Action	"Here is what we can do."
3. Living with Uncertainty	"I and my team will be with you through this."

"Medicine is uncertain. We can acknowledge it, accept it, and we can still make a plan."

"Being with our patients is a way of taking action."

"Naming the uncertain and focusing on what we can do in the here and now. Sometimes what we do here and now is wait. Sometimes what we do here and now is be with."

Take Home Points

Managing Expectations:

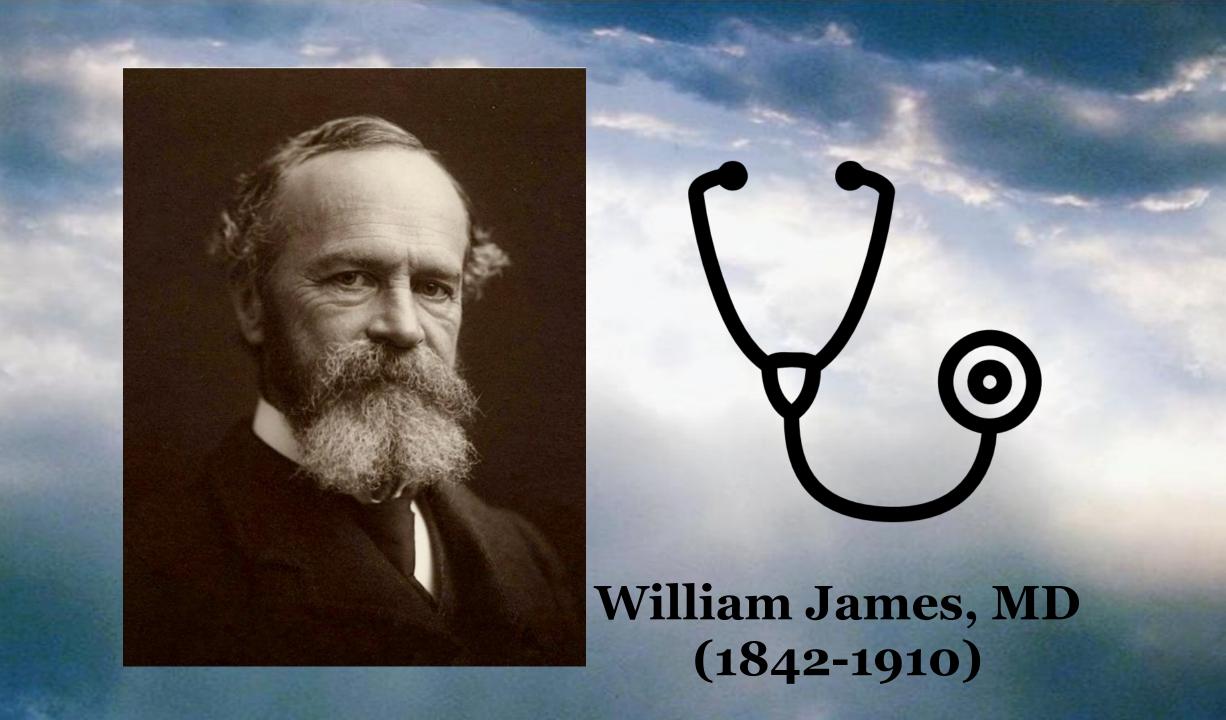
- "Medicine is a science of uncertainty," William Osler. Acknowledge, normalize, and empathise with experiences of uncertainty.
- Uncertainty, and responses to it (avoidance, denial, overtesting, overtreatment, etc.) can cause pain and suffering.
- Uncertainty is not just a problem to be fixed, but an experience to be palliated
- It is not the communication of uncertainty that undermines trust but how that uncertainty is communicated. Physicians' expressions of uncertainty don't negatively affect patient satisfaction if they 1.) Take actions to support patients in managing the uncertainty and 2.) Build partnering relationships with their patients.

Turning Attention to Action

- Pragmatism shifts attention away from futile quests for certainty and towards meaningful action. As Osler says, "Our task is not to see what lies dimly at a distance but to do what lies clearly at hand," By focusing on the immediate and tangible, practitioners can help patients and families navigate uncertainty without becoming paralyzed by the unknown.
- The analogy of a spinning compass arrow in a navigation app illustrates this approach: sometimes, the only way to determine the right direction is to start walking. Similarly, in palliative care, taking small, meaningful actions that relieve suffering, honor patient values, and affirm nonabandonment can provide clarity and comfort amidst uncertainty.
- The response to uncertainty is not just knowledge, but action and presence. Being present and affirming nonabandonment is itself a therapeutic and powerful form of action. Presence, listening, and nonabandonment are not passive—they're therapeutic.

Living with Uncertainty

- Uncertainty in medicine is inevitable—and shared. Uncertainty is not a flaw in medicine but a reality of it, one experienced not only by patients but also by physicians. Acknowledging this experience and walking alongside a patient through it can transform uncertainty into opportunity for healing connection.
- Share the burden of uncertainty. Uncertainty is held together in community, with patients, their families, our colleagues, healthcare teams, with communities both in and beyond healthcare.
- The approach of Palliating Uncertainty seeks to limit the uncertainty, but the goal is not always to remove it. The goals of Palliating Uncertainty are to alleviate the suffering caused by uncertainty and to help people live—even flourish—in the midst of uncertainty.
- We meet uncertainty not as a problem to be solved, but as a condition to be lived—fraught, felt, and full of possibility. It is not only medicine, but life itself that calls us into the uncertainty: to stay with it honestly and to act within it bravely, to suffer and alleviate its suffering together.
- Life can be lived fully, meaningfully and joyfully even in the midst of uncertainty.



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Thank you

email: ariel.elizabeth.dempsey@gmail.com

my mentor in Palliative Care, Dr John Mulder

&

my grandparents, Norm and Jinny Kiel

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Resources for Further Reading

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Turning Attention to Action

What will you now do?

How can you put into practice what you've heard?

What is something you are going to do differently or do more of?

email: ariel.elizabeth.dempsey@gmail.com



Did You Catch What I did?







