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Epistemic Humility: Each to Their Own!

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Taran and Detsky draw parallels between the act of viewing modern art, and the over-zealous need to diagnosis all ailments. There is merit to this position. They are right to note the limitations of diagnosis to explain everything. The idea that we can ultimately find a diagnostic niche for all health complaints is aspirational, yet imperfect.

However robust their belief in the limitation of diagnosis, the argument they use in its support is flawed. They draw our attention to the study of aesthetics and art. Reminiscing on a recent gallery tour, they maintain that artistic interpretation is subjective and personal, and assert that that in this field, experts "have nothing to appeal to other than [their] own experiences, values, and opinions." They insist that medicine should take a page out of this book.

This observation lacks epistemic humility. To explain: an episteme is a particular system of thought in which truth is established according to a set of concordant rules. For example, the epistemic setting of medicine sees truth as established empirically, on the basis of observations, experimentation and generalization. In a religious episteme, truth is established on the basis of faith. In aesthetics and art history, interpretations of art works can be undertaken via the analysis of a range of sources and methods: the historical context, the materials and techniques, and the surrounding artistic milieu.

Why we assert that Taran and Detsky lack epistemic humility is because in the face of their own misunderstanding of art, they have imposed the rules of medicine onto an entirely different epistemic setting, as if the truth of visual interpretation could, or should, be subjected to the rules of empiricism (observations, experimentation and generalization).

Art criticism, while generally not empirical, is not entirely subjective either. It is anchored in a strong tradition with well-established disciplinary techniques. There are rules and standards for other forms of knowledge that differ from those in medicine, and because one field does not use medicine's empirical approach does not reduce their arguments to "opinion."

We applaud the intersection, cross fertilization and debate between the cultures of sciences and the arts, but remind readers that these domains (and their epistemologies) are different. We overlook those differences at our peril: each to their own!

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CONFLICT OF INTEREST: None Reported