

Summary

In medicine, clinical practice is generally understood as the application of biomedical science. This scientific « core » is then, supposedly, complemented by compassionate attention to the person of the patient. This has been described as a « dual discourse ». Science occupies one pole of the duality. The other pole has been represented by terms that are less precise and more fungible. Its designation has varied across time, for example, with the biopsychosocial approach, ethics, patient-centeredness, therapeutic empathy, and narrative medicine. There is, however, one clinical domain acknowledged as practical and difficult to reduce strictly to the application of biomedical science—the interpretation of bodily signs and symptoms considered as manifesting an inner morbid process. In such a perspective, the aim of clinical education is focused on equipping the student with the principles and skills of history taking and physical examination. The remainder of medical practice can all be conceived of as the application of biomedical science to the patient's case.

The understanding of clinical practice as characterized above is open to criticism. Aristotle proposed, in the *Nicomachean Ethics*, that practice is not the simple application of theory and should be approached on its own terms. In this perspective, the physician's craft, with clinical decisions taken and actions initiated, is caught up in the ebb and flow of life; in relationships and institutions; in empirical knowledge, handed down from past generations; in the history of ideas and practices; in the geography and politics of a particular place.

This thesis represents an effort to apprehend clinical practice as a lived experience, situated in unique and singular contexts. The analysis first focuses on discourses shedding light on a number of determinants and constraints of clinical practice. It explores the history of medical science and techniques (such as, for instance, the role of cadaver dissection or experimentation on living animals), considers the anthropology of medicine as an ethos, and analyzes emergent phenomena such as evidence-based medicine, patients-as-partners, and spiritual care. The second component of the thesis is empirical in nature. It strives to understand clinical practice as a lived experience of the clinician.

On the basis of in-depth interviews with physicians, respected for their clinical excellence, and patients, with an extensive experience of the health care system and health care professionals, I propose a phenomenological description of clinical practice. Referring to the notion of *situation* in the works of Jean-Paul Sartre, I describe clinical practice as an engagement-in-the-situation. This engagement has five facets, named (based on the content of the interviews): *doing an honest job*, *trespassing boundaries*, *creating the magic bubble*, *personal responsibility*, and *readiness*. It is through the clinician's engagement that a given situation unfolds as a *clinical* situation. With respect to patients, it is the concept of *solicitude*, as discussed in Martin Heidegger's *Being and Time*, that helps elucidate their experience of the clinician-at-work. The patient seeks an anchor point in the chaos of illness. This anchor point is experienced and evidenced in the physician when the latter's engagement is perceived as solicitude. Solicitude is a necessary condition of engaged care—a care that is fully equal to the situation at hand.

This thesis is, therefore, a defense of clinical practice as a phenomenon irreducible to external, universal principles, notably the statistical and algorithmic principles so prevalent in the current era of evidence-based medicine. Importantly, it is also a critique of the dual discourse. It argues that clinical practice is not experienced as an amalgam of techno-scientific knowledge and compassionate emotion; rather, it is the clinician's engagement-in-the-situation. From this vantage point, teaching clinical practice must revolve around preparing clinicians to be ready and able to engage personally in the situations that constitute their daily professional life.