Chapter 4
The Serious Healer: Developing an Ethic of Ambiguity Within Health Professions Education

Mario Veen and Megan E. L. Brown

4.1 Introduction

Though of relatively recent popularity within our field, philosophers have wrestled with ambiguity for millennia. With roots in the Latin word *ambiguus*, which can be taken to mean "doubtful" or "double meaning" (Pinkus 2013), the focus of philosophy has often been to escape doubt, to deduce the singular meaning of the cosmos, of life, and of people, to eliminate uncertainty from our interactions with the world.

Of late, ambiguity, or inexactness, has been acknowledged as inherent to practice as a healthcare professional (Luther and Crandall 2011). There may be ambiguity, for example, in diagnosis, or creating optimal management plans. Yet, interest in this topic and area of study succumbs to the notion that ambiguity should be reduced, tolerated only when avoidance is impossible. Developing an ethic of ambiguity within health professions education (HPE) that encourages trainees and educators to embrace the fundamental role of ambiguity in human existence is necessary to help learners succeed within the increasingly uncertain landscape of healthcare.

In this chapter, we consider the tensions between ambiguity and certainty that manifest within HPE and propose de Beauvoir's foundational text "The Ethics of Ambiguity" ([1947] 2018) as a guide in developing pedagogy which facilitates adaptable professional identity formation amongst trainees (see Chapter 3 for an overview of identity literature in the field and proposed alternative to the concept of professional identity).

M. Veen (✉)
Department of General Practice, Erasmus University Medical Center, Rotterdam, The Netherlands
e-mail: m.veen.1@erasmusmc.nl

M. E. L. Brown
Imperial College London, London, UK
e-mail: megan.brown@imperial.ac.uk

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4.2 Tensions Between Ambiguity and Certainty

Ambiguity is, rather ironically, itself an ambiguous term. It is, therefore, important to consider: what is ambiguity, and how do we relate to it? These two questions are interconnected. If ambiguity is an undesirable state where we do not yet have desirable clarity, then our relationship might be one of accepting when we cannot change ambiguous situations and seeking out clarity where it is possible to do so. However, if ambiguity is not 'not yet certainty' but, instead, a default condition of our existence, then we must come to terms with this fact of life. In this way, the very definition and conceptualisation of ambiguity we adopt within HPE influences the way we handle the concept within pedagogy and research.

We anticipate that, within HPE, there may be differences in the value and importance individuals place on the concepts of ambiguity and certainty. As the health professions and science are intimately related, those that prefer certainty may connect their relationship with ambiguity to a standing in, or preference for, the natural sciences. These leanings are often referred to as a basis for the claim that certainty is, and should be, the default. However, this is no longer the case (Prigogine and Stengers 1997). Quantum physics, for instance, operates on the basis that it is fundamentally impossible to have certainty, and works with probabilities: a quantum particle has an ambiguous position that is described as a field.

4.3 Ambiguity Within Health Professions Education

Though there is no consensus definition (Hancock and Mattick 2020), research within HPE has attempted to cast light on the experiences of practitioners in reference to ambiguity, sometimes with aim of minimising or eradicating ambiguity, and sometimes with aim of informing educational strategies that teach others how to handle the experience of ambiguity. A particularly popular concept within HPE literature is 'tolerance of ambiguity'. Tolerance of ambiguity has been associated with improved wellbeing amongst healthcare trainees and reduced risk of burnout (Hancock and Mattick 2020). The online Cambridge English Dictionary (2020) defines the noun 'tolerance' as 'the ability to deal with something unpleasant or annoying, or to continue existing despite bad or difficult conditions'. Words matter, and the use of the term 'tolerance' implies that, definitionally, ambiguity is an unpleasant experience that we should seek to avoid. Though some authors have attempted to redefine 'tolerance' to reflect a range of positive and negative psychological responses towards ambiguity (Hillen et al. 2017), the tacit message inherent to the use of this term remains suggestive of a desire to avoid ambiguity. Indeed, the body of research concerning ambiguity within HPE seems to continue to interpret ambiguity as a negative experience. Despite attempts to remove the negative connotations of the term 'tolerance', ambiguity is not conceptualised as a default condition of our existence, but as an absence of certainty, a distressing black hole within HPE.

Viewing ambiguity *only* through this lens—as an absence of certainty—stifles opportunities to progress thinking within HPE. If, instead, we conceptualise ambiguity as a default condition of existence, approaches to teaching and practice may be revolutionized in ways that could promote wellbeing beyond existing pedagogy.

4.4 Simone de Beauvoir and Ambiguity

Simone de Beauvoir is the veritable mother of ambiguity as a topic of contemporary discourse within academic circles, and her writing offers one such fresh view of ambiguity as a condition of existence, rather than an addition to it. An intellectual associated with the philosophical tradition of existentialism (the core tenant of which is that existence precedes essence), de Beauvoir philosophises at length about the nature of ambiguity and how to rationalise the concept in her foundational work 'The Ethics of Ambiguity' ([1947] 2018).

For de Beauvoir, ambiguity arises from a tension inherent to the human condition. Human beings are both subjects and objects simultaneously. A *subject* has agency and is free to decide and act in the world, whereas an *object* is at the mercy of other forces and has no will of its own. Just think of an operation: the surgeon is in control; they decide where to cut and how. But the patient in this scenario is just a body, an inanimate object that has no say in their operation.

As human beings, we have a material body that is made of the same stuff as rocks and plants and tables. A table will never be a rock, just like a 1.80-m-tall person will never be a 1.50-m-tall person. If we are genetically disposed to have blue eyes, or to have a high risk of a certain disease, we are at the mercy of these 'facticities'. At the same time, we can be *aware* of our height, of our medical condition, and continuously recreate ourselves through choices and actions. Whether I am courageous or not depends on what choices I make in high-risk situations, each time. If I have been lazy or cowardly in the past, I can transcend this now by acting in an ambitious or courageous manner.

In addition to the ambiguity of our human condition—of the tension between our bodies and minds—there is also an ambiguity between an individual's past (which has happened and is therefore a known, given thing) and the future they are about to freely create. Given that the future effects of our present choices cannot be known, we feel the ethical weight of every decision we make. This is a "felt ambiguity between antecedent limits (facticity) and future possibilities (transcendence)" (Schroeder 2005, 299).

Ambiguity also pertains to what human beings create. Advances in technology, often perceived as progressive and positive, have led to negative outcomes. De Beauvoir names the atomic bomb as one such example. As we see in Chapter 16, our current way of life which has given us so much prosperity and fostered significant advancements in healthcare, also now endangers the livability of our home planet. In medical decision-taking, health care professionals are acutely aware that a surgery can be a solution and a risk at the same time. All medication has some kind of

side effect, and, sometimes, the cure is worse than the disease. Ambiguity arises from the unknown effects of our decisions. Chapter 17 also describes our ambiguous relationship with technology. Bernard Stiegler (2013) calls this the pharmacological dimension of technology: the same technique can be a poison, or a potion depending on how you use it.

The ambiguity of decisions de Beauvoir calls our attention to also extends to decisions and actions concerning others: what I choose and create freely may impede the freedom of others. They can become tools in my plan, means to an end. Upholding and advancing the freedom of others is, as we will discuss later in this chapter, the basis of de Beauvoir's recommendation for an ethics of ambiguity—a way of living in an ambiguous world where each one of us create our own meaning through our choices and actions.

De Beauvoir calls on us to *embrace* the fundamental ambiguity of our existence that comes about through tensions in the human condition, tensions between the past and future, tensions regarding human creation, and tensions concerning the freedom of others. Without ambiguity, de Beauvoir argues, we would not have either freedom, or ethics. We only have ethics because we can make mistakes. Ethics—including medical ethics—are no instruction manual for what to do in each situation. On the contrary, ethics are necessary *because* there is an inherent ambiguity for which no instruction manual can provide a solution. Even the choice for which set of guidelines to use, and when to adhere to or deviate from them is a free choice.

Translating this call to education: there is only the possibility to learn if there is the possibility to fail. Failure—at a task, or failing to answer a teacher's question, for instance—is not an impediment to education, it is its very condition. In all these ways and more, ambiguity is foundational to education. Even the construction of certainty—as imbues the stereotype of the paternalistic all-knowing white coat-wearing doctor—is not a negation of ambiguity, but a response to it, namely, by treating the world as a collection of facts and certainties.

In the remainder of her book, de Beauvoir takes one's relationship to ambiguity as a starting point to describe different levels of maturity. The degree to which, and way in which, I relate to my human condition defines where I am in this typification. Once we have accepted that ambiguity is the human condition, and the default condition within HPE, then we can draw upon de Beauvoir's typification as a description of professional identity development.

4.4.1 The Game of Being Serious: The Serious Healer

Children generally grow up in a protected environment in which all ambiguity is shielded off to them by adults. Unaware of the financial, health, and ethical choices their parent had to make in the convenience store to choose the food they have on their plate, children are simply tasked with eating. Their parents are their idols, literally, in the sense of all-knowing, all-powerful gods. They are unaware of how they lie awake at night thinking about which choices to make. When children play with each other

and imitate a 'mother' or a 'doctor', de Beauvoir writes, they are actually *serious*. The role they play is that of the idol. The "game of being serious" (de Beauvoir [1947] 2018, 39) is to treat choices and values as *things*. Bedtime is just as real a *thing* as a table you can bump into. This is not just the case for children.

At one point in our lives, however, the illusion of living in an unambiguous world is shattered, and the world is revealed to be profoundly ambiguous. The transition to adulthood—not in the sense of age, but in the sense of having a mature relationship to ambiguity—depends on how people respond in those moments in which existential ambiguity is revealed. This can be the moment when a loved one dies, when an adult breaks out in tears, or even a moment where an adult hesitates. Most people, at least in the early stages of their identity development, respond to the condition of ambiguity by remaining *serious*. It means that they now *choose* one identity, but consequently treat this identity as a real *thing* instead of a *choice*. They start to *believe* that they are the identity they have created. In de Beauvoir's existentialist philosophy, at least, we never *are* an identity (an essence). We are *nothing* in essence and *always* becoming.

Within HPE literature, professional identity development is most commonly conceptualised as a fluid process—one's identity is not fixed but, rather, always forming, shifting, and changing (Monrouxe 2010). We see de Beauvoir's philosophy echoed here in that we are always becoming. At the beginning of healthcare training, students are highly motivated, but their sense of what it means to be a healthcare professional is often unrealistic and idealistic. The attending (or consultant) appears as an all-knowing physician, and the best one can do is to imitate them as closely as possible. However, there is always a moment in training where students realize that even the most senior members of the healthcare team are operating on the basis of an ambiguous world. There are no perfect choices. At these moments, students and trainees can either choose to embrace ambiguity, or to choose one identity or model for being a healthcare professional that they stick to as the way a doctor should act. For instance, is their 'move' to always refer to 'the evidence' as if the scientific literature will tell them what to do, ignoring science's inherent uncertainty and epistemological pluralism (Tonelli and Bluhm 2021)?

The "game of being serious" is not just played by children. As De Beauvoir ([1947] 2018) remarks, "all men have been children" (37). She writes that this game

> …can take on such an importance in the child's life that he himself actually becomes serious. We know such children who are caricatures of adults. (idem, 39)

Writing in the 1940s, De Beauvoir commented on women of her time who could be playful not *despite* their not being regarded fully adult (e.g., having the right to vote), but *because* of it: "they can exercise their freedom, but only within this universe which has been set up for them, without them (39)." It is easy to connect this to the context of medical education, and the debates about students being 'in the lead' and having to take ownership of their training. If we do not regard them as mature learners from the start, we might present certain guidelines and ways of dealing with ambiguous situations as set in stone. It also makes clear that "serious" does not primarily refer to our everyday use of the term, as a stern attitude, but to regarding values as things.

The crucial point here is that, if a person's response to ambiguity is to stick to one identity, they regard their identity as fixed. They may be highly talented and have chosen a way that very closely fits with how we want healthcare professionals to be and act in our society. Their fixed identity may work under given circumstances, but if circumstances change and require them to be or become something else, they run into difficulty. The serious healer has made their choice of what kind of doctor or nurse or physiotherapist to be at one discrete moment in time. In one instance they recognise ambiguity, in the sense that there are multiple possibilities for how to 'be' a member of their profession, and run from it, sticking to one way of being for the rest of their professional career.

But, de Beauvoir continues, there are other options. We need not all be serious healers in regard to our professional identities. There are chances for development beyond this stage, towards more mature identities, or ways of being.

4.4.2 The Nihilistic Healer

When approaching life as a serious healer fails, individuals may adopt a nihilistic way of being. Faced with circumstances requiring identity flexibility and adaptability but being unable to change in the way they need due to their choice of a fixed identity, a serious healer may become conscious of being unable to meet the demands of their profession, their patients, their colleagues, their students. Feeling unable to be anything, they may become a nihilistic healer, who actively chooses to be nothing. Deciding to give up any values in the face of a meaningless existence is an attempt to rid nihilistic healers of the anxiety of their free human condition. If they decide to be nothing, they deny the world, and they deny themselves. In contrast to children who, arguably, also deny the world, for nihilists, denial is a choice—they are aware of the world, of their freedom to choose, but run from this by retreating into nothingness.

There is a parallel between de Beauvoir's nihilist and the family of philosophical views known as relativism. Relativists argue that facts are relative to an individual person, or the context in which they are assessed. You may be familiar with a relativist yourself, when disagreeing with them they may return—'you have your opinion, I have mine, and they are all equally valid'. In relativism, you can choose to be who you want, to have the opinions you want regardless of the 'facts' of the matter. This is true only because relativists subscribe to a nihilistic view of the world, existence is all equally meaningless and pointless. Unlike the serious healer, who believes that there is only one model for being a healthcare professional, nihilistic healers focus on nothingness, the rejection of all values and fixed ways of being as a futile form of control. For students and trainees, it is of paramount importance to understand that, just because there is not one fixed identity of a healthcare professional, does not mean that practice is boundary-less and chaotic, that people can be whatever type of healthcare practitioner they want to be. Healthcare practice, importantly, must adhere to safety standards, if we don't treat people in certain ways or to certain guidelines, they will get sick and may even die. The nihilist is dangerous in a medical setting

because they refuse to engage meaningfully with ambiguity, to make necessary decisions. Though nihilists and relativists may think they are no longer taking a stand for anything, because everything is pointless, not taking a stand on anything, precisely *is* the stand nihilists and relativists take. Retreating into nihilism and refusing to make resolute decisions or take a stand for colleagues or patients is not only dangerous, but a decision in and of itself.

Within healthcare, nihilistic healers may also appear disillusioned, to reject the values of their profession or values they once held dear. They may possess little-to-no motivation to practice, or to work towards achieving a set of goals, even goals which are self-serving. Becoming a nihilistic healer is a negative response to the failed approach of 'serious healer'. It is not a stage we all travel through, or an approach to life we all experience in the same way. Support is paramount and recognising nihilistic views of the world as a possible response to difficulties in dealing with the ambiguity of existence should inform healthcare professional education and support.

4.4.3 The Adventurous Healer

Emerging from a nihilistic orientation, or directly in response to the failure of a "serious" approach to life, an individual may become an adventurous healer. Adventurers aim their efforts and lives at the pursuit of pleasure, and of glory. They do not deny their existence as nihilists do but acknowledge their desires and take delight in the pursuit of them. Adventurers are unattached to the end goal of their pursuits, enjoying action for its own sake, rather than for the pursuit of freedom for others. In the pursuit of their goals, they may treat other people as *objects*, as things, rather than as free and subjective beings.

Adventurous healers may view making a diagnosis within medicine as an expression of freedom and subjectivity. They may not see themselves as bound by "serious" values such as those responsibilities associated with long-term patient follow up, complex treatment, side effects of diagnosis and treatment, negative mental health sequelae because of their input. Making an accurate and complex diagnosis is a conquest to adventurous healers, they do not experience any particular attachment to, or connection with, the patients they meet, beyond their pursuit of this conquest. In this way, adventurers are indifferent to the content of their choice—they do not care who they treat, or for what reason, so long as the conquest exists.

They also wish to have their freedom, their conquest, recognised by others—they may seek self-promotion which acknowledges their skills, or to amass material wealth in recognition of their plight. In this way, patients are treated as objects by the adventurous healer, as 'things' through which adventurous healers express and realise their own freedom. Rather than being genuinely motivated by the needs of others, adventurers are primarily concerned with their own gratification and action for action's sake. Though adventurous healers embrace freedom to a greater degree than serious healers or nihilistic ones, this approach to life and healthcare practice is still a character of "bad faith" (Reynolds 2006, 150)—it is inauthentic—in that,

through embracing their own freedom, adventurous healers fail to recognise and uphold the freedom of others—in this case, of patients.

4.4.4 The Passionate Healer

In time, the adventurous healer's motivations may change, and they may attempt to make themselves complete through the pursuit of projects, rather than through more self-serving pursuits. With this change, they become the 'passionate healer'.

The passionate healer is the closest of the aforementioned ways of living towards accepting and upholding freedom, but similarly to the adventurous healer, the passionate healer treats other people as objects in the pursuit of their own, personal freedom. Passionate healers seek fulfillment by throwing themselves into their hobbies, relationships, and their jobs. Unlike the adventurer, the passionate healer is not indifferent to their patients, to the reasons why they are engaging with them, they are, instead, passionately attracted to them. In many ways, the passionate healer is similar to the serious healer. Like serious healers, passionate healers choose a value to live by and organise their life around their value. Within healthcare, this may be work with a particular patient population or demographic, with people with a certain disease or illness, or with patients receiving a particular sort of treatment. However, unlike the serious healer, who denies their freedom by adhering to a fixed identity, the passionate healer chooses this identity as an expression of personal freedom.

However, passionate healers still fail to treat others as subjective, free beings as they conceptualise patients as objects of their passion e.g., their passion for a certain treatment modality, disease management or social justice value. As de Beauvoir puts it:

> …the whole universe is perceived only as an ensemble of means or obstacles through which it is a matter of attaining the thing in which one has engaged his being. Not intending his freedom for men, the passionate man does not recognise them as freedoms either. He will not hesitate to treat them as things. (28)

One could suggest whether, if the value a passionate healer is devoted to is noble, such as the pursuit of social justice, or treatment of a rare and complex disease, whether it matters that they may treat individual people as objects. Yet, being driven by their passion makes passionate healers potentially dangerous in a medical setting. Like the adventurous healer, they may demand their passion is recognised and validated by others, seeking this validation at the expense of upholding patient freedom. Everything is ultimately subordinate to their passion, they are blinded by it, and in professions that demand the holistic care of patients, and a patient-centered approach to practice, this way of being is at odds with best practice.

4.4.5 The Genuinely Free Healer

The character we should all aspire towards, according to de Beauvoir, is that of the genuinely free human. Freedom is crucial to all ethical action. Without realising our personal freedom and upholding the freedom of others, it is impossible to live a moral existence. The genuinely free person, for de Beauvoir, is the only character who can promote the freedom of others. In healthcare roles, where significant power dynamics exist between practitioners and patients, actively promoting the freedom of patients is essential in the pursuit of patient-centered care that values the thoughts, opinions, experience, and lives of patients.

Realising freedom involves embracing the ambiguity of existence, rather than shying away from it, and acknowledging it as a foundational premise of our being. In doing so, we can make free choices in our day-to-day lives, and take responsibility for these choices, our attitudes, opinions, and values. This is the only way in which humans can justify their actions, if recognition and embracement of ambiguity and personal responsibility is at the heart of the moral choices we make. Freedom is not an absolute value—viewing it as such would risk turning one into a serious person who prizes a transcendent value and fixed identity above all else—rather, it is developed through our *relationships* with other people. Freedom is not even really a value as such, rather an end we should all aim to achieve in our interactions with others.

It is impossible to know the future, and so impossible to know whether the decisions we make will uphold the freedom of others. The important thing here is *intent*, recognising one's own freedom and the freedom of others requires the active pursuit of liberation, the desire of freedom for other people. For de Beauvoir, upholding the freedom of others involves social and political action to liberate the oppressed. Regarding health care, this may involve advocacy in regard to social determinants of health, national policy, or legislation. It involves recognition that the freedom of others is central to identity as an ethical health care practitioner, and that this requires social and political action.

4.5 Towards a Pedagogy of Ambiguity Within Health Professions Education

We can draw upon de Beauvoir's recommendations to offer insight as to how we can move towards facilitating a pedagogy of ambiguity within HPE. De Beauvoir ([1947] 2018) remarks that the "serious man" is the most widespread of all disingenuous attitudes towards ambiguity, because "every man was first a child" (37). We speculate that the same may be true of healthcare students and trainees—they are most likely to adopt the attitude of a 'serious healer' regarding the development of their professional

identity. As such, the following practice points are posed with the intention of shifting the dial amongst students and trainees, encouraging them to become genuinely free.

4.5.1 Start with Yourself

We recommend that those interested in moving towards a pedagogy of ambiguity within HPE first reflect on their own relationship with ambiguity, and attitude towards it. The more we recognise our own discomfort with ambiguity, or ways of coping with ambiguity that align with one of the disingenuous attitudes de Beauvoir outlines, the more readily we will be able to identify similar struggles amongst students and trainees. Possessing the ability to identify when a student may be struggling to cope with the ambiguity of medical practice is an essential first step in providing students with the support they need to move towards an attitude of genuine freedom regarding ambiguity. Further, de Beauvoir highlights that the genuinely free individual is the only person that can truly promote the freedom of others. Given this, in order to support the professional identity development of those one teaches and supports, educators and faculty must also embrace ambiguity themselves to become genuinely free. This is, perhaps, easier said than done—we do not expect educators or faculty who may currently possess a 'serious' attitude to become genuinely free overnight. Rather, we encourage all those invested in HPE to reflect on their attitudes, challenge them, and consider how they can aspire towards genuine freedom in the way that de Beauvoir illuminates.

4.5.2 Acknowledge Ambiguity

We have already mentioned the necessity of embracing ambiguity. Referring to earlier points in this chapter, we feel ambiguity is best conceptualised as the 'ground' of certainty. That is, ambiguity is fundamental to our experiences, and certainty depends on ambiguity as a preceding condition. In Chapter 5, the concept of 'acknowledgement' is proposed in reference to the practice of empathy. Applying this concept to ambiguity, it can be said that we all must acknowledge ambiguity to work towards a pedagogy of ambiguity within HPE. Acknowledgement is defined by Chapter 5 as 'any communicative behaviour that grants attention to others and thereby makes room for them in our lives'. We must grant attention to ambiguity as a fact of medicine. Acknowledging the condition of ambiguity within medical practice and HPE opens a relationship with the concept and helps us become familiar with ambiguity as a way of *being*, as opposed to something that is merely *experienced*, within our professional lives.

4.5.3 Start Early

Often within HPE, we try to protect or shield our students and learners from certain complexities, only opening complex doors at later stages of their training. De Beauvoir might say of this that, in protecting students from considering and acknowledging ambiguity, we treat them as children and shape them to be 'serious'—we have not offered them the chance within our pedagogy or curricula to develop in any other way. Exposing students to the practice of ambiguity and engaging in open, honest discussion about the ways in which we may acknowledge the ambiguity of medicine at an early stage of students' healthcare training and careers may go some way to encouraging students to move past a 'serious' attitude to ambiguity.

4.5.4 Connect Embracing Ambiguity and Ethical Action

For de Beauvoir, embracing ambiguity or, as we have proposed, *acknowledging* ambiguity, is the precedent to ethical action. That is, without developing one's relationship with ambiguity, it is impossible to act in a truly ethical way that supports and promotes the freedom of patients. We speculate that positioning ambiguity as central to the ethical practice of medicine may increase interest in discussion of the concept amongst institutional leaders, faculty, and students themselves. Many healthcare professionals are drawn to healthcare as a way to do some good in the world. Ambiguity is an important key in unlocking this potential, by way of ethical action.

4.5.5 Focus Action on the Needs and Freedom of Patients

The final practice point we would like to highlight concerns focusing on the needs and freedom of patients within education and educational spaces, rather than on upholding abstract values. As we have previously discussed, freedom is not an absolute value, it is developed through our relationships with other people, and is an end to aspire towards within interactions. As educators, we must all reflect on the ways in which we actively pursue the liberation of patients, and any abstract values or ideals that may be preventing us from upholding freedom for others. The concept of professionalism, for an example, may be treated by a 'serious healer' as an abstract value that is prized and pursued above all else—their professional identity is fixed to this concept. Yet, it is increasingly recognised that organisational definitions of professionalism are often restrictive, iniquitous, and may prevent engagement with advocacy for patients (Brown et al. 2020).

Table 4.1 Practice points

1	Start with yourself and lead by example by reflecting on your own relationship with ambiguity and certainty
2	Acknowledge ambiguity as a fact of medicine
3	Start early with students and trainees in regard to the acknowledgement of ambiguity
4	Promote embracing or acknowledging ambiguity as a precedent to ethical action within medicine
5	Focus action on the needs and freedom of patients, rather than on upholding abstract values

Action in this context, for de Beauvoir, involves social and political action to liberate the oppressed. Within HPE, this may involve engaging with, and encouraging student engagement with, healthcare advocacy and the challenging of the social inequities at the root of healthcare inequality. Upholding a concept like professionalism as an abstract value above the needs and freedom of patients in this context contributes to the oppression of patients and is a character of bad faith regarding ambiguity. As such, this practice point recommends that, at the core of students', trainees' and practitioners' professional identities must be a focus on the needs and freedom of patients. Chapter 9 considers concrete ways in which a desire for social justice may be practically enacted within HPE and so is also of relevance here.

The practice points outlined in the above sections are summarised for clarity in Table 4.1.

4.6 Conclusion

In this chapter, we set out to consider the tensions between ambiguity and certainty that manifest within HPE, and the ways in which de Beauvoir's comprehensive text 'The Ethics of Ambiguity' can act as an authority in developing a pedagogy of ambiguity within HPE. We propose that such a pedagogy would act as a robust facilitator of professional identity within higher education, encouraging students to *acknowledge* ambiguity at a formative stage of their education, supporting them as they come to terms with the fact of ambiguity within medicine, and promoting ethical action through a focus on the liberation, or freedom, of patients.

Ambiguity is not something we must merely learn to tolerate within HPE—rather, it is foundational to our very professional development. Reframing pedagogy in a way which recognises that ambiguity is the ground to certainty will move HPE and research closer to a central aim of HPE. That is, closer to graduating professionals who respect and uphold the freedom of others, above all else.

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