

### Science or sciences? Interdisciplinary dialogues in the crossroads

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The article “Knowledge references: analysis of Brazilian health journal instructions to authors”, discusses the opportunities that the journals devoted to health sciences have to incentivize the publication of qualitative research studies, and concludes, after addressing the submissions guidelines of these journals that there is an extremely low appreciation and presence of that kind of research. In spite of that low appreciation, the article highlights that some journals belonging to the Collective Health and Nursing areas break away from that pattern and publish a tad more research based on qualitative methodology. However, the predominance of quantitative studies, using analysis rooted in mathematical modeling, shows the epistemological and methodological supremacy of the quantitative rationale in the health area at large.

As a matter of fact, medical scientific production is different from those two above-mentioned areas. Those two areas made the attempt to engage in interdisciplinary dialogues with human and social sciences, and this attempt was made exactly for a reason so dear to Medicine, the issues around “care”<sup>1</sup>. Medicine, on the contrary, is in a quest to be as closest as possible to the nature sciences, and is scantily identifying itself with social or cultural topics, that are thus excluded from the notion that Medicine builds about what is “care”<sup>2,3</sup>. Social and cultural topics that belong to the humanities are exactly those that call for an approach linked to the methodology of qualitative research<sup>4,5</sup>, as is well remarked by the authors of the article under debate. In this way the scientific production in the medical field is polarized towards the strictly biomedical field even when is focused in life-related phenomenon. It has been engaged in the exclusive use (until recently) of an epistemology and a methodology that is characterized by one and just one way of resulting in scientific objectivity: the use of metrics and statistical associations, something we use to call quantitative research. And this full support is based in the belief of this is the only and exclusive way to arrive to objectivity, as it would allow for the complete neutrality of the epistemic subject, the researcher. This same researcher, that acts as a subject when choosing the object of the future research and when designs the empiric research, from that moment on is paralyzed as a subject. Is in that precise further step of the research process

that the hypothesis verification, the validation of the findings, and all the research itself happens<sup>6</sup>. The subject isolation in its interaction with the research object allows the researcher to believe that all validation actions, therefore all the objectivity of the resulting knowledge is created under the condition of neutrality of the subject-researcher.

This is an option inserted in a paradigm that confronts itself in a polar way with the paradigm of scientific production in human and social sciences. There is in these sciences an equally methodic production process, therefore a process by choice and following method rules that results in objective knowledge. But those sciences admit not only the plurality of methodological paths, due to different epistemic demands of the diversity of objects of knowledge, but also acknowledge and accept the interactions between research subject and research object as a component of the good quality of the resultant knowledge. In this sense it does not insist in methodological exclusivities and deals with quantifying as well as qualitative research in the perception that the subject-object interaction will always happen<sup>6</sup>, in different ways in each modality. From this point of view, no single way of doing science exists, nor it is possible to have a unique way of validating it. For this reason there is no plural scientific knowledge as different faces of the same knowledge, but sciences that are in themselves a plurality<sup>7</sup>.

Medical science will postulate, in defending its vantage point that the disease construct in use allows to have a foundation of its practice, well beyond the scientific status, anchored in an egalitarian ethics regarding the practitioners’ interventions. An historic witness of this point of view is the social representation that physicians make about their professional practice as a purely techno-scientific intervention<sup>8</sup>. This view postulates that if professional practice is undergoing undesirable distortions by the occurrence of problematic issues in the daily routine, this is due as a consequence of the poor institutional working conditions, but not inherently due to the medical practice.

The ethical proposal would therefore be based in practices shaped by the essential equality of bodies. This equality is proposed and considered as essential, because those bodies, as per the medical scientific knowledge, are not longer sick persons, they are limited to their biomedical dimension and alienated from both their subjectivity and the

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cultural or social influences of their vital context. Those sick persons are, for this mindset, an organic body and not a subject of the human condition. This mindset makes that beliefs and values that predominate in the epistemic process are equal to those that predominate in practice: neutrality as blockage or paralysis of the subject, both the researcher and practitioner.

Still, as well remarked by the authors of the aforementioned article, this perspective, both in the epistemological or the practical field is not in the benefit of the knowledge and practice of Medicine. On the contrary, this perspective is the cause of what may be observed nowadays: a large hindrance in acknowledging and dealing with chronic diseases. In those diseases, the sickness condition is not episodic or due to finish soon, but an extended or lifelong condition, thus acquiring a certain “existential normalcy”. Exactly in this type of disease condition, both dimensions that were previously supposed to be separated relentlessly permeate the bodies. The conflict is here present between the scientific knowledge in one direction and the practice going in another, different direction<sup>3</sup>.

This justifies the interest in carefully reflecting about the importance of impelling the scientific production in Medicine to be more open to qualitative research, as postulated by the authors. And we feel that they do so because they see in this aperture an indicator of an approach to social and human sciences. This aperture is not, from this viewpoint, just about new methodological options, but, and above all, new opportunities for knowledge, a knowledge that may renew the human and social foundations of any vital phenomenon, as well as in the foundations of the natural world.

In the end and as Donnangelo<sup>8</sup> noted in regard to the historical and social nature of the medical activity that is consubstantial with its techniques, physicians handle the sick persons in a technical manner but they also manipulate them in social

and historical ways, whether or not they accept this fact.

It is precisely under the perspective of having more clarity regarding the historical and social meaning of their activities that physicians may benefit from being acquainted to the socio-cultural determinants of diseases. In convergence with the critical issue already noted by Canguilhem<sup>9</sup> and still valid, this type of renewal of Medicine may allow physicians to have a knowledge and practice relationship with the sick person and not as presently, with the disease.

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