

# Bolstering the biomedical paradigm

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It is perhaps distressing, but true, to acknowledge that there is an established hierarchy of journals in the health and medical field. A so-called ‘leading’ journal in this area is *The Journal of the American Medical Association* or JAMA, as it is almost universally known. JAMA boasts an impact factor of 30, which it states is “one of the highest in medicine and science.”<sup>1</sup> As well as having a long history – JAMA has been published since 1883 – JAMA also claims a “[b]road reach, with more than 14.4 million annual visits to JAMA online and the largest print circulation of any general medical journal, with more than 315,000 recipients worldwide.”<sup>1</sup>

Developments and initiatives taken by such a journal can have impacts across the breadth of the health and medical fields nationally and globally. We have therefore read with mixed emotions the new JAMA Guide to Statistics and Methods, which started over the summer of 2014.<sup>2-5</sup> This series of brief and explanatory articles dealing with tricky statistical issues in plain English should be a ‘must read’ for both students and practitioners in the health arena. It is clearly important for all health professionals to have at least some degree of statistical literacy, even if they have no desire to pursue advanced training in this field. Critical evaluation skills are essential to be competent consumers of statistics. Too often we have heard people state

simply “I don’t speak stats,” or equivalent words, with a helpless shrug of the shoulders.

However, one of the most important issues raised by the new JAMA Guide is the continuing relegation of certain forms of research and “ways of knowing.” The latest guide serves once again to bolster the biomedical/quantitative paradigm, which is already firmly established on a pedestal. Given the global reach and impact of this journal, such a series of articles not only reflects, but also reinforces the dominance of biomedical/quantitative approaches. Other research paradigms, which often include a more participatory approach to knowledge development, remain relegated to the margins. It seems highly unlikely that this series will be followed by a similar one exploring what are broadly termed ‘qualitative’ research approaches and associated methods.<sup>6</sup> After all JAMA has barely explored this area in the past.<sup>7,8</sup>

This is unfortunate as, in the same way that many people find statistics incomprehensible, it is clear that many researchers and practitioners in the medical and biomedical fields approach (or retreat from) ‘qualitative’ research equally baffled. This is hardly surprising. Implicit in these approaches is a questioning of one’s philosophical standpoint, as well as issues of power and ethics. To begin to explore these approaches in a meaningful manner (i.e., moving beyond post-positivism) is to face questions relating to epistemology, ontology, axiology, language/rhetoric and methods. This is uncomfortable ground for many, as it involves an acceptance of ‘truths,’ rather than truth, and ‘knowledges,’ as opposed to knowledge. While these fruitful philosophies, approaches, and methods operate outside of the quantitative paradigm, they need to be explored and utilized. Many of these approaches are fundamentally committed to working with individuals, groups, and communities. They are determined to do research

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with people, rather than on, or to, people. More dialogue between differing paradigms is required. Patients and communities ultimately stand to benefit. While JAMA and allied journals continue to narrowly focus on biomedical approaches, it is imperative that other journals, particularly those with an orientation like Social Medicine, work to foster dialogue and understanding of other more participatory and holistic “ways of knowing.”

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