

Wisdom and the path-dependent politics of biomedical research

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In their reply to my commentary (Mason et al, 2017; Simandan, 2017) Mason et al provide a thoughtful and engaging discussion of my original points, and go beyond it, to offer a glimpse of the politics of current biomedical research. They highlight further evidence that neoliberal policies, such as structural adjustments (see also Peck, 2013; Simandan, 2010a; 2011a), are a causal factor in the increased prevalence of tuberculosis. They point out how fear, shame, and the anticipation of contempt have led tuberculosis patients to worry about disclosing their diagnosis to friends and family, and therefore, to compound their medical problems in the long term and to generate avoidable risks for their families and for public health. In sum, it becomes abundantly clear that tuberculosis cannot be understood simply as a biomedical problem, and instead, requires a breath of social, historical, cultural, and political dimensions of analysis (Mason et al, 2016). I have argued at length elsewhere that specialized research programs are not sufficient for grasping the complex problems that confront our social world, and that we need to practice “the wise stance” towards them (Simandan, 2002; 2010b; 2011b-c, 2013; 2016). One of the attributes of wisdom is the ability to address a problem through multiple inter-related frames of reference

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(Sternberg and Jordan, 2005; Walsh, 2015). It therefore strikes me that the integrative framework Mason et al have articulated is a welcome step towards practicing the wise stance in biomedical research. I will follow with interest the development of their research program and will only add here two suggestions for further enquiry prompted by their reply.

The first suggestion pertains to broadening the target of their theoretical framework.

Tuberculosis is an infectious disease, and it is almost tautological to note that infectious diseases are inherently social phenomena. This fact opens up the prospect of generalizing Mason et al's framework to all infectious diseases. This would be no easy task, as it requires a careful negotiation between generalizing and remaining attentive to the unique signature of each infectious disease. But it would help inject a much needed social dimension to biomedical research, a field still mired into a problematic scientific imaginary that naively reifies the separation between the objective realm of science and the subjective realm of values, politics, and morals (Rosenberg, 2015).

And this point brings me to the second suggestion for future enquiry: we need a more incisive analysis of the path dependent processes (Rixen and Viola, 2015; Simandan, 2012) through which tuberculosis has been constructed and framed as a biomedical problem. The discursive construction of tuberculosis as a disease enables the apparently natural step of conceiving of it as a problem to be addressed by medical researchers, as an issue of biomedical research (Abbott, 1988; Foucault, 2012; Rosenberg, 2014, 2016). This narrow framing is a power move that over decades has systematically legitimized the pattern of access to research funding mentioned by

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Mason et al: whereas “hard science” medical projects can secure such funding, investigators from fields interested in the social dimensions of this disease (health geography, health economics, medical sociology, and medical anthropology) have often been left out. In other words, we need to become more cunning about the politics of biomedical research and the power wielded through the framing and reframing of tuberculosis and other diseases.

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