LEARNING AND RESEARCH APPROACH FOR POLICY MAKING

APPROACH TO POLICY DEVELOPMENT AND RELATED TEACHING

In a democracy all organisations are expected to operate within the law. **A policy is an official statement of organisational expectation, intent or direction, which may or may not be directly or primarily based on law.** Law is the strongest form of social policy, in that it represents the minimum standard of community expectations, and accordingly there is ideally some punishment for ignoring it. On the other hand, a lot of law may appear aimless, overwhelming, unclear, conflicting or apparently irrelevant to the situation, so one needs to use common sense and evidence about the related economic, social and environmental context to come to a conclusion about any matter.

The principal aim of business is to make a profit. The principal aim of government is ideally to regulate society on behalf of citizens or to provide a related service, sometimes in competition with the private sector service provider (e.g. in child care centres, schools and hospitals). In democratic government, the elected politicians commonly make policy and public servants or related service managers administer it. The clear separation of policy making and its implementation is often essential in order to gain effective transparency or openness, which is required for any reliable comparison of service outcomes, whether the services are delivered by the public or the private sector.

In discussions on this website the concept of health policy is interpreted in its most broadly environmental, social and therefore holistic sense. Our teaching takes a sociological approach to societies and environments, which is also consistent with recommended World Health Organization and related United Nations practice, in order to promote health and sustainable development. This does not necessarily require a dominant medical focus on hospital or related matters which are also directly related to physiology, as democratic government is elected by the people and ideally sets and reflects its standards more broadly.

In this sociological approach to teaching policy, students are first invited to situate themselves in a particular family and related geographic, historical, economic, political and cultural environment, in order to promote health in the self and others. The teaching introduces and differentiates theoretically and practically between a range of influential academic, bureaucratic, professional and other community management perspectives in order to assist understanding of how greater health and sustainable development may be achieved. Assessments require critical application of the learned perspectives to the self and others in a range of relevant communities and environments which are often self-selected. They are normally written but also allow production of alternative forms of personal expression and evidence-based judgment. For example, students have the opportunity to make a 7 minute fiction or documentary film about health as part of the learning process.

POLICY DIRECTION AND CONDUCT OF RESEARCH

The creation of Western society has been brought about in large part by research and development. Research may be thought of as any activity aimed at solving problems or which is

undertaken in an attempt to discover the apparent truth about something.   However, we are more likely to dignify our attempts at problem solving or discovery with the word 'research' if these activities are undertaken in an increasingly logical and sustained way, and from the basis of a prior understanding about an existing and traditionally approved body of knowledge, which is apparently related to the matter under consideration.

Even if we confine ourselves to a discussion of health research, the potential parameters of discussion and means of approaching the subject appear infinite. The body and its mind often cannot be understood or positively treated in isolation from an understanding of the historical and environmental influences which produced them, whether healthy or not. Without this broader understanding, it may be very difficult to gain a clear idea of the reasons for any particular health related situation, and how to improve it. Clean water and good sanitation are keys for good life.

On the other hand, the medical model of research has been very successful in improving health, not by changing the surrounding environment of individuals, but by an increasingly sophisticated understanding and related interventions upon the body, primarily with drugs or surgery. It remains a moot question how comparatively effective various solutions to mental health problems have been. Is more drug research the answer or would more religious teaching be preferred - or something completely different? I'm barracking for more comedy, drama and popular song. You now see where my weakness lies.   In youth I was an English/history and drama teacher.

The World Health Organization (WHO) defines health holistically, as 'a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity'. In 1986 the WHO stated that the determinants of health include peace, shelter, food, income, a stable economic system, sustainable resources, social justice and equity. The first principle of the Rio Declaration on Environment, which was agreed by United Nations (UN) members in 1992, states that human beings are at the centre of concern for sustainable development and are entitled to a healthy and productive life in harmony with nature. This is a key driver of our direction.

Health is also relative. Approximately 600 million of the world's two billion children under eighteen live in absolute poverty. In 2002 a meeting of the World Summit on Sustainable Development pointed out one in five children in the poorest parts of the world will not live beyond their fifth birthday because of environment related diseases. It adopted the goal of reducing this mortality rate by two thirds by 2015 through addressing household water quality and availability, hygiene and sanitation, air pollution, disease vectors, and injuries. An awareness of international agreements and standards may usefully guide comparative research, to promote internationally or nationally consistent and also inquiring approaches to measurement and comparison aimed at improving health outcomes.

In Australia, the Statement on Ethical Conduct in Research Involving Humans produced by the National Health and Medical Research Council (NHMRC 1999) guides all institutions or organizations that receive NHMRC funding, or which have established human research ethics committees. The statement indicates there are many definitions of research and that it is difficult to find an agreed one. Until recently it left the problem unresolved.   In 2004, however, the NHMRC stated that:

> Research is original investigation undertaken in order to gain knowledge and understanding and make this widely available. It includes:
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> - Work of direct relevance to the needs of commerce and industry, as well as to the public and voluntary sectors;

- Scholarship;
- The invention and generation of new ideas, images, performances and artefacts including design, where these lead to new insights, and
- The use of existing knowledge in experimental development to produce new or substantially improved materials, devices, products, processes, including design and construction

The NHMRC states that research specifically excludes routine testing and analysis of materials, components and processes as distinct from the development of new analytic techniques. It also excludes development of teaching materials that do not embody original research.

In 1997 the Health and Medical Research Strategic Review stated that Australia should develop a focus on the prioritized creation and assessments of interventions and policy. Adopting definitions from the WHO it stated the national research effort should take three forms. Fundamental research should generate knowledge about problems of scientific significance. Strategic research should generate knowledge about specific health needs and problems. Research for development and evaluation should create and assess products, interventions and instruments of policy that seek to improve on existing options. That seems sensible to me.

The perspective of the Health and Medical Research Strategic Review appears consistent with the Boyer approach to scholarship (1990) which has growing support in Australia, (according to the report of the Senate Employment, Workplace Relations, Small Business and Education References Committee, 2001, p.211). The Boyer model seeks to integrate teaching and research activities and distinguishes between four forms of scholarship. Discovery creates new knowledge. Integration puts it in an intellectual context. Application applies it in useful ways for individuals, industry and institutions. Teaching facilitates student learning and developing scholars in all these areas. Besides 'Everybody learn and everybody teach', Mao Zedong also said, 'Knowledge begins with practice, and theoretical knowledge which is acquired through practice must return to practice'. Although possibly consistent with the Boyer model, Mao's views are no longer fashionable, so don't go quoting them or you will never get ahead.

On the other hand, you might find it interesting to ponder the great American sex researcher, Alfred Kinsey, whose team took over 18,000 personal case histories, primarily to write two books, in 1949 and 1953. The first described male sexual behaviour and the second described female sexual behaviour. Kinsey's findings, especially about women's sexual experiences, were very shocking to large sections of the U.S. community. He was told to give up either his university teaching or his research. Since he loved doing both and saw them as related he was extremely angry about this. I recommend reading Gathorne-Hardy's biography of Kinsey for a fascinating discussion of how a biologist with the world's largest gall wasp collection came to embrace his new, more elevated subject and what drove him to change his academic direction. Read how he coped with the problems of getting a sample of interviewees who were representative of the US population for this controversial subject area. The debates about whether the gender, age and type of questions asked by Kinsey's team and later researchers influenced their respective studies are also fascinating. Kinsey's team found greater diversity in sexual behaviour in comparison with later, major US and British studies, where middle aged, middle class women (the 'blue rinse brigade', according to Gathorne-Hardy), were heavily represented among interviewers. (Do you tell your mother what you do in that department?)

TOWARDS BETTER COORDINATED AND FUNDED RESEARCH APPROACHES

Australian researchers are funded mainly in three different ways and he who pays the piper calls the tune. Some get funds by making successful applications to professional and academic peer groups, which have been established to make such selections by government funded, independent, research bodies such the Australian Research Council (ARC) or the NHMRC. The research funded by this method depends primarily upon the academic interests of the applicants and those of the related selection body. Other funding may be available as a result of the researcher undertaking projects mainly required by private sector interests on one hand or by government related interests on the other.

Different funding methods have different research expectations and incentives attached to them. In the university system the researcher is traditionally expected to publish and to win grants or to patent findings or perish. In the private sector one may be expected to keep research and its results a secret, in order to protect a potential commercial advantage. Governments may or may not allow contracted researchers to disseminate their findings freely. At a conference of the Medical Foundation and the College of Health Sciences of Sydney University in 2002 a definition of 'commercialisation' suitable for more collaborative ventures was offered by the Sydney University Business Liaison Office. It was 'the process of transferring research outcomes to the community in a manner which optimises the chances of their successful implementation, encourages their use, accelerates their introduction and shares the benefits among the contributing parties'. This approach is potentially useful for integrating commercial, collegiate and government research and funding objectives and incentives more effectively in the public interest.

The Australian university research direction is increasingly required to support a commercial and national focus. This more planned perspective on research and development contrasts with the traditionally separate funding models which may provide researchers with contradictory requirements and incentives, depending on how they are funded. From a health planning and related quality management perspective, Australian tertiary education content, delivery and assessments should be better designed to assist identification, prioritization and control of health risks in regional communities, including workplaces, in order to promote health and development.

This should also assist the prioritization and development of strategic research. A more broadly integrated education and research model ideally would assist governments, industry and communities to implement national and international goals and standards in a constructive, critical and comparatively objective manner. Commercial interests, however, are driven primarily by market requirements rather than a broader view of human needs. For example, I have it on good authority that breeding unusual flowers for North American tables is more commercially viable than finding cures for infectious diseases in underdeveloped countries.

Quality management, like action research, proceeds in a spiral of steps composed of consultative planning, action and evaluation of the results. Quality management at the national, regional or organisational level depends upon transparency, which normally requires separation of policy and administration with the former in the driver's seat. The National Expert Advisory Group on Safety and Quality in Australian Health Care (1999) recommended that health ministers lead the way in promoting a safety and quality enhancement ethos throughout the health system.

However, traditional academic freedom of speech needs to be protected in any attempt to increase the national or commercial research focus, because it is vital for uncovering the apparent truth, against the vested commercial or political interests which would otherwise wrongly shape it. To help achieve this, broader and more open consideration should be taken to the duties of care and disclosure which employers, practitioners, researchers, workers, clients and communities may

owe to each other.   These roles have increasingly been created in the shadow of feudal law, which deserves to be questioned more broadly in more democratic communications media.

OBSERVATION, COMMUNICATION, MEASUREMENT (AND ME)

In the nineteenth and early twentieth centuries, research was often associated with an individual or team recording observation and experiments made upon inanimate or living matter, rather than with recording communication between people, where someone is dictating the exchange, or thinks he is. In his 1948 article 'The Bucket and the Searchlight: Two Theories of Knowledge', the famous philosopher Karl Popper said the Ancient Greeks thought of our minds as a kind of bucket in which perceptions and knowledge accumulate. Popper, however, distinguished between passive perception and observation. The latter is an intensely active process. He pointed out that an observation is always preceded by a particular interest, a question or a problem – in short, by something theoretical. Observations are always very selective and presuppose the existence of some system of expectations, which are usually posed as hypotheses or theories.

A research hypothesis or expectation or theory precedes the observation even though an observation that refutes a certain hypothesis may stimulate a new view. According to Popper, the purpose of science consists in trials, in the elimination of errors, and in further trials guided by the experience acquired in the course of previous trials and errors. However, no theory may ever be regarded as absolutely certain. No scientific theory is sacrosanct or beyond criticism. Science is not interested in having the last word if this means shutting off our minds from experience which challenges our preconceptions. Science is about learning from experience - that is learning from our mistakes in order to understand better. Although this is the idea, the reality may be very different as substantial money, prestige and reputation are attached to maintaining ruling views.

Other philosophers of science, such as Kuhn and Feyerabend, pointed out that exactly what one observes and the expectations one will have as a result of it, depend very much upon one's personal interests and the cultural background which produced them. (For example, if an Inuit and I were examining snow, my perceptions would probably be limited to the view that it was very cold.) In another context, Popper stated that all social administration should be conducted as experimentation and thereby combines discovery and implementation in one process. Kurt Lewin, who was the father of action research, supported this perspective, and stated that action research also proceeds in a spiral of steps composed of a cycle of planning, action and fact finding about the results of action. He noted the importance of standards, saying that one cannot judge whether an action has led to improvement unless one has criteria for evaluating the positive or negative relationship between effort and its desired outcome.

The effective evaluation of social administration depends upon a variety of forms of observation, communication and measurement. However, the evaluation of the outcomes of social activities is usually a much more speculative endeavour than the evaluation of experiments conducted on inanimate or living matter. In exchanges between people, the subjective understanding, social interests and environmental context of both the researcher and the researched greatly increase the degree of uncertainty about any meaning or social consensus which superficially may appear to exist. However, honest communication and practice are both essential for the development of good evidence. Honesty is generally vital for the development of trust and health in any society. How honest is our communication? When do we lie, conceal or avoid and why?

Because of the decade I spent working in the NSW public service, I find the Popperian orientation to social administration is also my main orientation to research. I worked in the secretariat for occupational health and safety (OHS) public inquiries when national regulations

under state OHS acts were being developed. For example, I analysed all the submissions related to proposed national plant and hazardous substances regulations. I consequently understand the comparative power that independent government inquiries have to bring about social change. On the other hand, I am also keenly aware that submission makers have perspectives defined by their sectional economic or political interests and bureaucrats are often driven very narrowly by courts.

As an academic, I did continuous research to make submissions to national, state and other independent inquiries into health, insurance, education and research issues. I seek to provide a broadly integrative, public interest based research input and related recommendations, because I know this perspective is comparatively lacking, as the economic and career incentives to produce it do not generally exist. Everybody works for someone, but in a university one has more freedom than most to express what seems to be 'the truth', at least for now. I also use my academic freedom to email submissions to politicians, public servants, or other influential individuals from a wide variety of backgrounds. They may or may not act upon my recommendations. Then I modify my submissions and try to get them published in academic journals, which usually reject the holistic rather than discipline based approach that I have taken. What kind of research do you want to do and why?

My current research practice also grows from an early academic interest in the Weberian sociological concept of occupational closure and later concepts of dual market theory proposed by the U.S. economist JK Galbraith and other dual market theorists. This was central to my study for a PhD in industrial sociology, which I was awarded in 1983 for an examination of the historical changes in female employment patterns in four major industries in New South Wales. This perspective developed further as a result of the work I did in management and policy positions over a decade of employment in the NSW WorkCover Authority and the NSW Department of Industrial Relations and Employment. I also developed an interest in insurance and related legal systems. I am also a supporter of the Boyer model of scholarship.

My current teaching aims are mainly to support international human rights, health, environment protection and sustainable development by providing the means of implementing relevant international standards in a broadly sociological, holistic, critical and evidence based way. My lectures and assessments seek:

- To provide an understanding of a sociological approach and how it relates to the holistic perspective of the World Health Organization (WHO)
- To help students critically identify and control health and environment problems
- To assist coordinated implementation and critical assessment of relevant theories and standards
- To provide practical and theoretical understanding of the consistent, evidence based approach necessary for health planning and administration, health promotion, risk management, development and application of pathways of care, case management, action research, and program budgeting
- To provide postgraduate students with a transparent platform of knowledge to build upon.

RESEARCH MAY OR MAY NOT PRESENT DATA IN NUMERICAL FORM

It currently appears fashionable among psychologists and even among some sociologists to talk about 'quantitative' or 'qualitative' research, rather like alternative football codes. In my view, this is an unhelpful distinction, in the sense that numerical or non-numerical data should be equally welcomed by anyone who seeks to shed light on something. Government inquiries, for

example, often seek a wide range of different types of evidence. The term 'qualitative research' appears to me to cover all research methods or related activities which do not depend upon the numerical presentation of data in order to produce a logical base of evidence about a matter under investigation. To those most fond of the term 'qualitative' research, however, it primarily appears to mean asking people questions, then writing down and analysing their answers at length. The alternative, 'quantitative' approach primarily appears to involve doing statistical computations on the ticked responses that those researched have made to questions and potential answers which have previously been provided by the researcher's questionnaire.

I think the price of ignoring the historical, political, economic and related cultural context of such exchanges may be that extremely narrow, naive and distorted studies are produced, no matter whether they are called 'qualitative' or 'quantitative'. The research questions which could be pursued using non-numerical methods are actually never-ending, and so are the kinds of methods which could be used to pursue them.   For example, if one wanted to know about work practices on NSW construction sites in order to improve them, one might interview all WorkCover inspectors and other relevant experts working in the industry. As a public servant I undertook this exercise and wrote a report on behalf of all inspectors, to a Royal Commission into the construction industry.   One might supplement such interviews with numerical data about injury and disputation rates in various areas of construction. One might also use relevant court or tribunal data to gain additional understanding about the causes of particular risks, in order to reduce them. One might need to make sense of all of this in the context of an understanding of how economic booms and slumps affect production in construction in Australia.

On the other hand, if one wanted to know whether or how prostitutes might be able to use their skills to promote community health, one might look at academic research and relevant Commonwealth, state or local government reports and other information related to the management of concerns such as sexually transmitted diseases, sex related crime, or certain types of disability.   On the basis of this information, one might undertake focus groups or individual interviews with relevant groups of sex workers, clients, and other people. To guide one's research one might use the WHO definition of sexual health, which is 'the integration of physical, emotional, intellectual and social aspects of sexuality in a way that positively enriches and promotes personality, communication and love' (Nutbeam and Blakey, 1990). The beauty of this definition lies in the appeal it should hold internationally, across communities which may have extremely strong but also extremely diverse views about appropriate sexual practices.

In my view you should first ask yourself what is the point of any research you intend to undertake before proceeding with the research design and development. In health research, data may be given numerical value for a large number of reasons. One of the most common is to improve the general understanding of the type and likely variations in the pattern of responses to questions about the characteristics, perceptions and preferences of very large numbers of people. I am a great admirer of the clarity, accessibility and utility of Australian Bureau of Statistics (ABS) data for the purposes of policy and service development. However, I am hopeless at mathematics, and therefore will not discuss numbers with you at all in my lectures. I put my trust in the ABS in regard to all issues of probability and other statistical matters. I am sure I would be a much better researcher if I were also better at using their products.   On the other hand, I am not an idiot, and I believe I see an awful lot of numerical rubbish posing as research – not from the ABS, of course.

Gathering, recording, explaining and drawing conclusions from the communication of personal perceptions is often the researcher's task. The best way of doing this will depend on the research aims. Patients using a particular drug might have their vital physical signs periodically read by a doctor, or might be given a periodic questionnaire, or be interviewed in depth about how they

feel, on the assumption that all this is the result of particular drug usage. Outcomes of such processes might then be compared against other treatments. The results may also be compared with other results obtained when dealing with a apparently similar group of people who are a 'control' group and therefore given no special treatment at all.

The ABS undertakes some of its surveys as a result of questions and lengthy discussions developed with government agencies and relevant others requiring specific information about an issue (e.g. the extent and type of voluntary work, or child care needs and preferences), in order to meet community requirements better. Whether health research relies upon turning data into numerical value or not, the undertaking often involves communication with people who have personally experienced, or at least have some ideas, about a matter under consideration. On the other hand, any person's knowledge or views about a matter may relate only to their own particular situation or context. They may also be comparatively deeply and broadly informed about the issues under discussion, or comparatively ignorant. Their views may be self-interested or disinterested. They may be willing or reluctant to engage with the concerns of the researcher. They may say one thing in the questionnaire, and do or think another, etc. The idea of garbage in garbage out is not invalidated by giving responses as numbers. How good were the questions?

DISCIPLINE BASED APPROACHES TO RESEARCH

The knowledge and perspectives one brings to a matter, and the methods one uses to study it generally depend upon one's professional or related bureaucratic, academic or community status, and on one's access to resources. However, the range of different perspectives and approaches one might bring to research are potentially so broad that there seems to be little more that one can usefully say on the topic. The more one already knows about the grounds which apparently relate to a matter, the more fitted one is normally considered to be to research it further.

In a university, an initial review of academic literature apparently relevant to a topic is usually how one identifies the specific context in which research from a particular academic or related intellectual perspective will be undertaken. Nevertheless, boundaries between various bodies of knowledge are artificial creations. Professional and academic disciplines and theories have been driven primarily by the historical development of law and government funding, following industrial and related technological developments. A great many academic disciplines and related theoretical boundaries have primarily been established during the 20th century as a result of the industrial efforts of groups of specialist practitioners who have sought to maximise their own opportunities as they have also served the expansion of markets, the general governance and the increasing requirements of capitalist development for mass and specialised education. Compare the contemporary mania for research driven by narrow professional specialisation with the Renaissance breadth of Leonardo da Vinci, or the intellectual reach of giants such as Charles Darwin or Max Weber. Today the researcher invariably makes his or her way in the academic world primarily through loyal attachment to an increasingly specialised career structure, and its more generously endowed dispensers of opportunity. One must play by their rules to get ahead.

As Andrea Dworkin the US feminist writer reminds us, however:

> The purpose of theory is to clarify the world in which we live, how it works, why things happen as they do. The purpose of theory is understanding. Understanding is energizing. It energizes to action. When theory becomes an impediment to action, it is time to discard the theory and return naked, that is without theory, to the world of reality. People become slaves to theory because people are used to meeting expectations they have not

originated – to doing what they are told, to having everything mapped out, to having reality pre-packaged (Brown and Smith, 1992).

The point of theory, which is largely composed of a previously established learning, or body of knowledge, is to use it to observe and try to understand life in order to improve it. People probably become slaves to theory primarily because of careerist theoretical specialisation. They may develop a vested professional interest in continuing to think in a particular direction, and may not want to hear other views, even if the latter may have broader explanatory power or appear to be more useful. Holistic, multi-disciplinary and practical approaches to explaining the world may provide a corrective to this professional, academic and economically driven tendency. One can legitimately test a theory, but should avoid being driven by it. One should generally arrive at and debate sociological and related interpretations because one genuinely believes that the weight of the evidence supports one particular theoretical view over another, in relation to a specific problem or set of circumstances. However, abstract discussions of concepts such as 'anomie', 'alienation', 'privatisation', or 'economic rationalism' may involve little more than academic sloganeering in the absence of their clearly explained reference to specific historical conditions in comparative economic, political, geographic and cultural contexts.

The Stanford University rugby jersey has written on the back 'You cannot measure courage'. If this is true it is noteworthy that we are unable to measure one of the human characteristics and related behaviours our culture appears historically to have valued more than most others. Would you want to promote or measure courage for health reasons? Do you think you could? Health related communication may often be driven by the requirement to manage social problems such as suicide, or by the desire for personal change. Depending upon the subject matter, the expert's interview or administration of questionnaires may sometimes provide comparatively inadequate forms of communication and information about an apparent problem.

The context of health communication is often fleeting, and a great deal of vital information about the subject may be unknown. Asking people questions, let alone intimate questions, is problematic at the best of times. For many reasons, they may wish to remain silent or tell the questioner only what they think he or she needs or wants to hear. What can any stranger confidently know about what makes you tick? How well do you understand these influences yourself? Do you want to tell them how you really think or act and could you? Such issues may make the concept of the 'expert witness' in court cases highly problematic. How much reliable knowledge can any psychiatrist gain from short meetings with a person in a foreign environment in comparison, for example, with the knowledge that an intimate, long term acquaintance would have about them. Who is the real expert and on what evidence?

POSITIVIST APPROACHES TO RESEARCH AND THEIR LIMITATIONS

As indicated earlier, the boundaries between academic disciplines are artificial. For example, the structural functionalist and conflict perspectives in sociology are likely to overlap with many of those contained in academic disciplines such as economics, politics, history, industrial relations, public administration, government and geography. Social interactionist perspectives in sociology, which seek primarily to understand subjectivity and its effects, are more likely to overlap with perspectives held in disciplines such as anthropology, psychology or philosophy. The statistical method may be used to handle data in all these fields.

Social interactionist views came partly from growing 20th century reaction against positivism. Those labelled positivists often applied the same kind of scientific assumptions about cause and effect in social contexts that have been applied effectively in the physical and natural sciences.

For example, positivists may assume that human thought and behaviour can, like the behaviour of matter, be measured comparatively effectively. This is often attempted as a result of quantifying communication. Just as the behaviour of matter can be quantified by measures of weight, temperature, and pressure, so positivists may believe that methods of objective measurement can potentially be devised for human beliefs, attitudes, motivations and related communication. Such measurement is sometimes said to be the only legitimate basis for interpreting behaviour.

Some positivists argued factors not directly observable or effectively measured, such as the apparent emotions, meanings and purposes of others, must be ignored as they cannot be dealt with in research. For example, if the majority of adult members of society enter marriage and produce children, these facts can be readily observed and quantified. However, the range of meanings people give to these activities, and their reasons for marriage and procreation, are not observable. Some positivist may ignore these latter issues as they appear impossible to know or measure. On the other hand, what is unknown about a situation may nevertheless have major explanatory power, depending on what one wants to know. For example, think of the different circumstances in which babies may be conceived. If some babies are planned and some are accidental, what emotional, social or economic difference may this make to the child, its parents and other community members? If you asked people about their feelings and circumstances surrounding the conception of their children, would you necessarily believe their responses?

Because subjectivity is the centre of our being (and of our world according to some accounts) I certainly do not think a holistic health perspective should ignore it. However, such research is fraught with difficulties which need to be honestly acknowledged. The foundations of personal knowledge and communication are often far from stable in both the researcher and the researched. The subject's frankness may depend upon how safe he or she feels about making revelations which might be judged negatively. On the other hand, people change and develop as a result of their interactions with others. Despite its limitations, personal communication, analysis and action undertaken in cooperation with other people is the stuff of daily life and growth. The subjective or emotional context and response should therefore also be the object of health analysis, in order to try to understand and improve the health of individuals and communities. Fostering participation of individuals and communities in decision-making at all levels of health service planning and delivery is already an Australian national health goal. This should also have major implications for research design.

The inevitable lack of scientific rigour in many communication exercises should not prevent these important undertakings but researchers need to work in genuine partnerships with industry and communities and have an appropriate level of humility in regard to their powers of labelling, understanding and resolving concerns. Problematic examples of positivism may occur when the researcher, who may claim to measure personal qualities or attitudes, is ignorant of the multiplicity of subjective interpretations and their related contexts which each respondent may attach to questions. The tick-the-box method of answering questions about complex matters may be quick and easy but may not provide much reliable information about what is really happening in practice. The questions may have been made up under the control of researchers who have insufficient knowledge of their perceived relevance to each subject, and how they may be interpreted in any particular environment or at any particular moment. The respondents' diverse understanding and related answers to closed questions about subjective matters are then analysed statistically. The questionnaire and its results may accordingly be treated as if this mixture of dominating construction and response has been transformed into a higher level of scientific and objective value, as a result of complex statistical manipulations. How many examples of this have you seen? It sometimes seems to me that such researchers do not really want to hear anything that might make them feel uncomfortable. Do you want to help clients find and tell their

subjective truth in order to decide an appropriate way forward for the individual and community, or do you mainly want to keep those in the professional driving seat happy, whoever they are?

In spite of their shortcomings in some settings, questionnaire methods are in danger of being increasingly adopted as a result of a general quest for cost-effective and data driven management. Such methods superficially appear to produce comparable data, and may also superficially provide the appearance of scientific rigour, as well as offering technical ease of application, and low cost. However, the considerable limitations of many of these professionally driven, positivist approaches to investigating diverse subjectivity suggest that a broad and collaborative range of report and self-report methods should generally be used to collectively explore and recommend on individual and group situations. Duckett (2004) suggests that health care practitioners should generally provide cure measures and clients should generally provide care measures. However, social interactionist and related psychological perspectives need to be clearly grounded in an analysis of a much broader social canvas or the analysis risks being comparatively trivial and misinformed. I think this is a common problem in the education of women, because traditional socialisation has sharpened their interest in personal caring behaviour, often to the detriment of a broader understanding of industrial and political organization and related economic management. An education which primarily meets this traditional micro-focus, risks the continuing preparation of females for comparatively naïve and powerless social roles rather than for social leadership or management positions. It also tends to reinforce traditional gender perspectives, which continue to be comparatively narrowly and rigidly driven, both professionally and domestically. The alternative is to seek broader, more cooperative, consultative and holistic approaches to social analysis and recommendation, in partnerships with communities and industry.

THE NUREMBERG JUDGEMENT: WE ARE ALL CONDEMNED TO BE ETHICISTS

As the Nuremberg trials of Nazi war criminals appeared later to establish in the Nuremburg Judgment, the socially approved decision makers should never be the only people who are unable to escape responsibility for a general lack of ethical concern. Should we ever be able to rely on following orders as our only excuse for unacceptable outcomes in which we appear, in some way, to be implicated? Existential philosophers such as Sartre, Camus and de Beauvoir pointed out that we are condemned to be free. As conscious beings we cannot escape personal responsibility for our responses to our surroundings because we are 'condemned' to have choices about our attitudes and actions. The ethical obligation upon those who disagree with decision-makers should normally be to speak out on why a generally approved decision seems wrong to them. In some communities one would obviously have to be a lot braver to do this than in others, which is why I personally find the university still such a congenial workplace. Freedom of speech may also be conceptualised as public right and duty to speak honestly on matters of importance. The more informed one is and the more responsibility one has, the more important this duty becomes. The debate engendered by free speech ideally should be part of the general learning process. This is the democratic ideal. A related ideal is that the rights of the individual to develop needs to be protected, even, or especially, when they are not part of a majority group or related consensus.

The Discussion Paper on the Protection of Human Genetic Information (Australian Law Reform Commission (ALRC)/NHMRC 2002, pp 289-305) claims that in recent public debates relating to the regulation of genetic research, 'ethics' has sometimes figured as the adversary of science. The report claims it has been argued, for example, that an 'inevitable tension' exists between the 'scientific community' who want 'unfettered opportunities for research', and the 'moral and ethics community' which seek guidelines and restrictions. The discussion paper points out that ethics need not be defined in opposition to activities like medical research. Ethical conduct should rather be seen as an integral aspect of all such activities, as they relate to the interests of all

members of society, which includes scientists and ethicists as well as an extremely wide range of other professional and community groups. (The latter may have some of the most up to date and relevant personal knowledge or experience of the matters being debated.) The discussion paper goes on to argue that from the broader vantage point, the aim is not primarily to 'balance' ethical commitments against scientific or medical interests, but to ensure that scientific and medical interests are pursued in ethical ways, in the interests of the whole community. This broad ALRC/NHMRC position seems reasonable, particularly as both scientists and ethicists in democracies depend substantially on the public purse for their sustenance and development.

The ALRC/NHMRC paper approvingly quotes a statement by Saunders and Komesaroff that:

> In a given situation, there is often no unique single, valid ethical decision or action. What makes a decision ethical is therefore not its substantive content, but the process that generated it – namely, the quality of the dialogue and the reflection in which the protagonists engaged.

It concludes that ethical inquiry is consistent with scientific inquiry, in that it is centrally concerned with the kind of procedures or discussions that allow all relevant sources of information and viewpoints on a disputed matter to be taken into account in coming to a decision. In its exploratory sense, ethics is a rational and impartial activity, concerned to inform and justify decisions and actions in a community context. However, this does not imply that an ethical judgement will be a conclusive one. On the contrary, ethical judgment, like scientific activity, is necessarily an ongoing activity, since our community life is continually developing, along with our knowledge and our related conception of truth. This is not to say we take no backward steps.

The Discussion Paper on the Protection of Human Genetic Information argues that an emphasis on reason does not imply that ethical procedures seek to exclude or devalue emotion. Rather, they should seek to understand and compassionately evaluate all views and information, however passionate or dispassionate, in the context of the broader social and environmental influences and conditions which produced them. The discussion paper states:

> Many submissions emphasised the importance of education and debate in the area of genetics and favoured the view that ethical authority should be concentrated neither at the 'top' nor the 'bottom' of the hierarchy. Ethics should not be regarded as a matter solely for individual judgment; but nor should it be the preserve of an elite, whether political, scientific, professional or moral. Instead, ethical authority should be distributed across the system, encouraging an open minded and responsible attitude on the part of all decision-makers.

This view is consistent with the inclusive requirements of national health service delivery and general democratic management. It is also consistent with quality management and risk management, as they are ideally practiced. Relevant international agreements and conventions should provide local practitioners with guidance because they represent the moral framework within which an extremely diverse international community is ideally seeking to operate.

THE NHMRC AND THE BELMONT REPORT

The NHMRC Statement on Ethical Conduct in Research Involving Humans (1999) which guides Australian university ethics committees, bases its discussion of ethical principles on the 'Georgetown Mantra', contained in the Belmont Report which was produced by the U.S. National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research in

1978. This report was a highly progressive step in the context of its times because it sought to avoid repetition of barbaric military, government, and academic research practices which had been unveiled.   In these practices, researchers and their powerful patrons treated unsuspecting people as if they were expendable objects. Researchers lied and even subjected people to sickness and death, in order to study the process of their decline or recovery after experimentation. This kind of thing was done not only in Nazi Germany, but also in many other supposedly more ethical countries of the world, including Australia.   For example, in the 1950s nuclear experiments were carried out at Maralinga, in which the British Government treated Aborigines, Australian servicemen and even its own troops as scientific guinea pigs. A study of this was undertaken by John Keane, who is professor of politics at the Centre for the Study of Democracy at the University of Westminster in London, and whose father was there. There are plenty of other horrifying historical examples of highly exploitative research work. Extremely unethical experiments are likely to be going on today, especially upon the poor.

The guiding ethical principles described in the NHMRC statement and the earlier U.S. Belmont Report are apparently consistent with the school of principalist or jurisprudential ethics, described in the Discussion Paper on the Protection of Human Genetic Information and based on the traditions of the British common law. This field of ethics is said to be characterised by:

> an assumption that scientific progress is essential for the good of humanity, coupled with a concern to protect individual and group rights that may be endangered in the course of scientific research. It seeks to establish principles that must be respected in carrying out this work, building upon traditional principles of medical practice such as those set out in the 'Georgetown mantra' which requires respect for autonomy, beneficence, non-maleficence, and justice.(ALRC/NHMRC 2002, p. 294).

The conclusion in the ALRC/NHMRC discussion paper is that the 'Georgetown mantra' principles 'offer some ethical guidance'. However, it is noted that submissions to its inquiry have not argued for the establishment of any fixed set of moral or legal standards….but have emphasised the need to cultivate a robust and inclusive culture of ethical discussion and debate (2002, p. 303).   The ALRC/NHMRC 2002 report concludes that:

> A balanced response to the range of ethical opinion expressed would also retain a central role for the established principalist conception of ethics. That role may be twofold – to define the position of important professional stakeholders and to provide a starting place from which to develop a more inclusive and mutually respectful approach to ethical discussion and decision-making (p. 305).

I think that broad and public interest based frameworks are needed for the development of all evidence gathering and related recommendation. Researchers and their particular group of subjects are far from the only people who may be affected by research outcomes. The conduct of research should ideally be open and able to withstand the broadest possible public scrutiny, which is a basic requirement of democratic accountability as well as scientific progress. The confidentiality of research subjects, like that of business clients, should be protected through the application of the National Privacy Principles called up by the Commonwealth Privacy Act. Use of de-identified data in research; guaranteed confidentiality and security of identified data; and the vital importance of informed consent are central principles of this process, unless alternative action can be shown to be in the public interest, or people are happy to be identified.

However, I am yet to be convinced that research involving experiments on human bodies should be treated in the same conceptual fashion as research which merely involves talking to people.

Australian academics already have a university code of conduct to guide us, and we are expected to publish our research results for comment. The requirement for openness (transparency) is commonly more effective and cheaper than any other form of regulation. I have often argued that the best and cheapest form of regulation related to academic research based on communication might be to provide all researchers with business cards, which say prominently on the back:

> If you don't want to talk to me, then tell me to go away. If I don't go, ring Sydney University, Extension 000 to complain.

In my view, the idea that academics and students should not talk to people without the prior approval of other academics on an ethics committee, often involves unhelpful delusions of academic grandeur which may also undermine the potential for students to learn in cooperation with their local communities. In many areas of research, people who are not academics will have a much clearer idea of what kind of issues might be sensitive, than will those who are usually ensconced in ivory towers. I think it would be better for academics and students to do more talking and listening to community representatives, with or without ethics committee approval. Then everybody can learn more from the encouragement of open exchange – a form of education.

THE NHMRC VIEW OF ETHICS AND THE GEORGETOWN MANTRA

Supposedly following the US Georgetown Mantra, the Australian National Statement on Ethical Conduct in Research Involving Humans outlines some ethical principles, beginning with the integrity of researchers. Principles also include the commitment to research questions that are designed to contribute to knowledge, a commitment to the pursuit and protection of truth, a commitment to reliance on research methods appropriate to the discipline, and honesty (NHMRC 1999, p. 3). I find it hard to see how a commitment to reliance on research methods appropriate to the discipline is linked in any way to honesty or to the pursuit and protection of truth. Disciplinary boundary riding has often been the hallmark of the mediocre mind and the self-interested performer. Major intellectual progress has often been made by those who transgress the normally accepted conceptual boundaries erected for them by their supposed peers or betters.

The professionally protective values enshrined in first place in the NHMRC statement on the integrity of researchers appear home grown, as a result of the Joint NHMRC/AVCC statement and guidelines on research practice (1997). The supposed primary commitment by U.S. researchers to autonomy (ALRC/NHMRC 2002 p.294) is not mentioned in this NHMRC discussion of ethics. The Belmont report of 1978 outlined three major ethical principles, which also guide the NHMRC. These are respect for persons, beneficence and justice. The NHMRC claims that respect for persons essentially entails the view that individuals should be treated as autonomous agents and that persons with diminished authority are entitled to protection. There is no mention here of whether those 'with diminished authority' are also entitled to empowerment, as is implied in World Health Organisation (WHO) agreements such as the Ninth General Program of Work of the WHO for the Period 1996-2000. This program had the primary goal of increasing the span of healthy life for all people in such a way that the health disparities between social groups are reduced internationally and within countries. This implies a special concern and funding to meet the needs of those most disadvantaged. Ignoring this requirement means that research will usually be established to meet the requirements of the wealthy, who can pay for the end product. Is this ethical? I don't think so because it lets facelifts and related concerns drive.

The NHMRC states that beneficence is the obligation to maximise possible benefits and minimise possible harms. The document is unclear about the range of stakeholders who possess such obligations, but states:

Researchers exercise beneficence in assessing the risks of harm and potential benefits to participants, in being sensitive to the rights and interests of people involved in their research and in reflecting on the social and cultural implications of their work (1999, p. 4).

The idea that exercising care is an example of beneficence rather than an expectation of service seems an inappropriate position for health researchers. In comparison, state OHS acts provide all Australian employers and workers with a legislated duty of care. Employers must provide a safe place of work and workers must work safely. Employers are required to identify and control risks in consultation with workers provided with information and training. A wide range of industry codes of practice support the general duty of care contained in OHS legislation. A different approach to work from that outlined in the code of practice may be used at the workplace, as long as it can be demonstrated that this is just as safe or safer than implementation of the code. The use of codes of practice has ideal similarities with use of pathways of care in the health sector.

National health promotion goals and a related planning process were clearly established in Australia in 1986 and the approach ideally continues today. A key social justice goal established then was to foster participation of communities and individuals in decision-making at all levels of health service planning and delivery (Commonwealth Dept. of Human Services and Health, 1994). How does this goal of client inclusion and involvement now relate to the NHMRC's view of beneficence and justice in relation to research? According to the NHMRC, the principle of justice 'addresses the resolution of the question of who ought to receive the benefits of research and bear its burdens'. However, the ensuing discussion of cultural relativism provides no guidance in regard to this question. It ignores relevant international and national agreements and the related potential of risk identification and control processes for achieving sustainable development through the increasing implementation of evidence- based approaches to practice in a broader range of comparative regional and community contexts beyond the medical approach.

CONCLUSION

Australian policy appears to support the development of an internationally planned approach to health and sustainability, at least at the level of government and related service ideology, if not in its professionally driven conceptions of appropriate research development and ethics. The latter appear to be driven by traditional professional incentives for occupational closure and advancement. A more broadly planned and effectively coordinated approach to research in Australia is necessary, in order to support the nationally planned approaches to health service delivery, health promotion and sustainable development which are emerging in regional community contexts and internationally. The positivist brush with which researchers usually paint a society and its institutions is often unfit for the job of filling in the vital details about the multiplicity of interactions between emotional subjects who are unique in many senses. The 'true' or subjective nature of any person or group may remain stubbornly unknown or hidden, inconsistent, and constantly subject to change. The human mind is certainly a mystery worth entering into, but with humility and respect, rather than pseudo-scientific dogmatism.

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