J. Biosoc. Sci., (2017) **49**, 563–565, © Cambridge University Press, 2016
doi:10.1017/S0021932016000638 First published online 21 Nov 2016

Debate

WISDOM AND THE PATH-DEPENDENT POLITICS OF BIOMEDICAL RESEARCH

DRAGOS SIMANDAN[1]

Geography Department, Faculty of Social Sciences, Brock University, Ontario, Canada

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 Simandan, 2010a, 2011a; Peck, 2013), 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 programmes are not sufficient for grasping the complex problems that confront our social world, and that we need to practise 'the wise stance' towards them (Simandan, 2002, 2010b, 2011b, 2011c, 2013, 2016). One of the attributes of wisdom is the ability to address a problem through multiple inter-related frames of reference (Sternberg & Jordan, 2005; Walsh, 2015). It therefore strikes me that the integrative framework Mason *et al*. have articulated is a welcome step towards practising the wise stance in biomedical research. I will follow with interest the development of their research programme 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 in 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).

[1] Email: simandan@brocku.ca

And this point brings me to the second suggestion for future enquiry: we need a more incisive analysis of the path-dependent processes (Simandan, 2012; Rixen & Viola, 2015) 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 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 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.

Acknowledgments

This research has been funded through Insight Grant No. 435-2013-0161, provided by the Social Sciences and Humanities Research Council of Canada.

References

Abbott, A. (1988) *The Birth of the Clinic: An Archaeology of Medical Perception*. Routledge, London (originally published in French in 1963).

Mason, P. H., Roy, A. & Singh, P. (2017) Reciprocity-building and the importance of interdisciplinary collaboration in tuberculosis research. *Journal of Biosocial Science* doi: 10.1017/S0021932016000626.

Mason, P. H., Roy, A., Spillane, J. & Singh, P. (2016) Social, historical and cultural dimensions of tuberculosis. *Journal of Biosocial Science* **48**(2), 206–232.

Peck, J. (2013) Explaining (with) neoliberalism. *Territory, Politics, Governance* **1**(2), 132–157.

Rixen, T. & Viola, L. A. (2015) Putting path dependence in its place: toward a taxonomy of institutional change. *Journal of Theoretical Politics* **27**(2), 301–323.

Rosenberg, A. (2015) *Philosophy of Social Science*, 5th edition. Westview Press.

Rosenberg, M. W. (2014) Health geography I: Social justice, idealist theory, health and health care. *Progress in Human Geography* **38**(3), 466–475.

Rosenberg, M. W. (2016) Health geography II 'Dividing' health geography. *Progress in Human Geography* **40**(4), 546–554.

Simandan, D. (2002) On what it takes to be a good geographer. *Area* **34**(3), 284–293.

Simandan, D. (2010a) On how much one can take: relocating exploitation and exclusion within the broader framework of allostatic load theory. *Health & Place* **16**(6), 1291–1293.

Simandan, D. (2010b) Beware of contingency. *Environment and Planning D: Society and Space* **28**(3), 388–396.

Simandan, D. (2011a) Kinds of environments – a framework for reflecting on the possible contours of a better world. *The Canadian Geographer* **55**(3), 383–386.

Simandan, D. (2011b) The wise stance in human geography. *Transactions of the Institute of British Geographers* **36**(2), 188–192.

Simandan, D. (2011c) Is engaged pluralism the best way ahead for economic geography? Commentary on Barnes and Sheppard (2009). *Progress in Human Geography* **35**(4), 568–572.

Simandan, D. (2012) Options for moving beyond the canonical model of regional path dependence. *International Journal of Urban and Regional Research* **36**(1), 172–178.

Simandan, D. (2013) Learning wisdom through geographical dislocations. *Professional Geographer* **65**(3), 390–395.

Simandan, D. (2016) Proximity, subjectivity, and space: rethinking distance in human geography. *Geoforum* **75**, 249–252.

Simandan, D. (2017) Considering neoliberalism, contempt and allostatic load in the social dynamics of tuberculosis. *Journal of Biosocial Science* doi: 10.1017/S0021932016000614.

Sternberg, R. & Jordan, J. (eds) (2005) *A Handbook of Wisdom. Psychological Perspectives*. Cambridge University Press, Cambridge.

Walsh, R. (2015) What is wisdom? Cross-cultural and cross-disciplinary syntheses. *Review of General Psychology* **19**(3), 278–293.