

Side by Side

Marvin L. Birnbaum, MD, PhD

I call your attention to the *Special Feature* authored by Sergio Magalini (pages 377-382). I requested that Dr. Magalini write an introductory piece to a series on Qualitative Research Techniques which will begin in the next issue. His remarkable response is the result of an in-depth analysis of where we are in research today. I personally applaud his effort to bring us in-touch with this important and neglected aspect of our "science." Moreover, he has given us a definition of *quality* which can be applied to *all*, including traditional, quantitative research.

Unfortunately, any thoughts in the qualitative realm of research have been purged from our collective minds; we have been brought up believing that there is no other form of research except statistical proof. We have been taught to massage our data until they fit into the "required" mold and have paid little, if any, attention to the process from which our ideas for research are born. We have been forced to reject all for which we have insufficient knowledge to prove quantitatively through the use of or, as Dr. Magalini points out, often the "misuse" of statistics. As a result, we miss or reject much that occurs or has occurred in our respective worlds and minds which may have great relevance to our practice of medicine and our careers as researchers. Instead, we force ourselves to defend our *statistically proven facts* rather than to continuously re-evaluate those proven "facts" which may not be true or even real.

Much of this attitude is the result of our ignorance as to what qualitative research is, for we have never been exposed to its methods nor have we come to appreciate its value. We ignore what we do not understand. As such, we "reduce ourselves to think and act by rules and regulations that only instrumentally and marginally belong to, but do not characterize medicine - simple quantification integrated by statistical evaluation." Qualitative research is not just descriptive reporting of anecdotal experiences. It is structured research which attempts to prove or disprove definite hypotheses. It is how we practice medicine. It is this manner of thinking through which all quantitative research originates. It constitutes the bases upon which quantitative evaluations are formulated.

Thus far, we have published two excellent examples of qualitative research (Glittenberg, Vol 4:21-30; Klain et al, Vol 4:135-154) which each of us must admit have contributed substantially to our understanding of disasters. Much of what we do in Prehospital Emergency Medical Care and Disaster Medicine no longer will lend itself to prospective, randomized, controlled studies: a controlled population in an aircraft crash, train wreck, typhoon, or earthquake will not be possible; but much can be learned which will enhance our understanding of the medical issues, problems, and solutions.

Our disciplines are young and there is much we know little or nothing about. Qualitative research is science and is as important to our understanding of our work as it has been for each of the other sciences and *will be* for our sister branches of medicine. Qualitative research can be as important as is the quantitative. Indeed, as Dr. Magalini so aptly expresses it: "Qualitative observations are the seed of progress while quantitative ones only play a confirming and refining role." Qualitative research deserves "cognitive dignity" and must stand "at the side of quantitative research." It is with great pride that *Prehospital and Disaster Medicine* will try to help fill the black hole which exists in our understanding. I hope that together we can broaden our experience to make full use of this important aspect of medical research.

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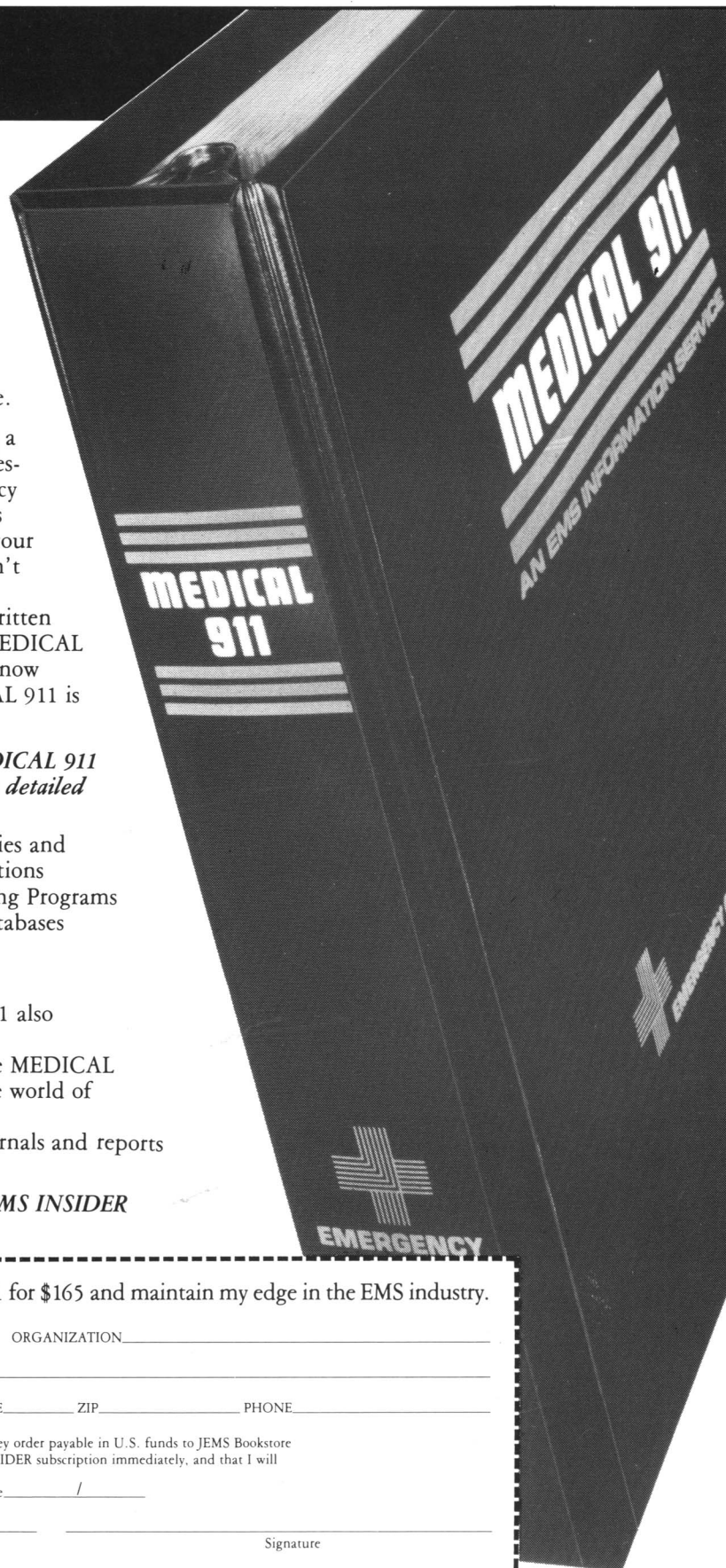
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