

Introduction – my position:

I am an independent researcher, having come at psychiatric medical research from the ‘left field’ that is, from outside of medicine, and even the sciences. I have nevertheless accomplished some important breakthroughs. One smaller insight has been published in a medical journal, and another is in review at a top-tier medical journal. (This is in addition to several articles published outside of medical interest journals.)

The Problems:

Risk-aversion:

Medical research in Australia is risk averse. It is heavily encumbered by top-heavy structures with ‘PI’s’ and ‘CI’s’ who are largely there to make sure research funds are correctly accounted for. These supervisors are rarely occupied with grass-roots study, but they do lead the direction research takes. This creates a top-down research culture (see below). Risk aversion has another unwanted side effect – it disables innovation. By nature, surprise findings are never where they are expected to be. They are outside of traditional viewfinders and they are identified by aberrant data – by focusing on outliers. It is the overwhelming tendency of PI’s and CI’s in Australia to attempt to bury or dismiss these outliers, because findings that come out of outlier data tend to create exceptions to the very rule that research centres are ‘trying to prove’. Worse still, sometimes they threaten to destabilise whole research directions, and therefore the research centres also. A conclusive finding should spell the end to a research initiative – it’s therefore not in the interests of research centres to discover too much too quickly.

Top-down research drivers:

Research centres are focused on very specific questions that don’t reflect the whole science. Strong research agendas have their place, but they prohibit the diversion of discoveries outside of their own field. This creates a fractured research climate that doesn’t come together as a ‘mosaic’ as some would have it, but something more atomized: research fiefdoms.

Australia’s medical research fiefdoms: Duplication

Medical research in Australia is fractured into autonomous research fiefdoms, and these often concentrate on very similar territory, frequently excluding one another. Not only does this decrease collegiality, it also diminishes returns because administration is multiplied, and very similar research is conducted in several locations.

Positive research bias:

Survival in research means making the most out of small gains and playing down (or even dismissing) any outliers, detractors and contradictory findings. This means creating the perfect circumstances for a positive feedback bias. This creates knowledge distortion of a very high order. Where researchers hear only what they want to hear (and retransmit that knowledge via citations etc.) and dismiss what they don’t. Yet aberrant data is absolutely essential and requires more attention than the primary data source, after all – there are presumably already strong hypotheses supporting these. As mentioned above, exceptions are important because they can redefine the field of knowledge. On a 1850’s movie set, the one object from 1950 may only be a ‘blip’ in the data, but it is one that tells you – if you’re listening, that you’re 100 years off target. I can give specific examples in personal communication, but

the problem must be much more widespread than I can report, and this is not a forum to whistle-blow on minor misdemeanours of otherwise very good researchers. What I want to say is that oppositional data, approaches and radicalism in general is part of the scientific discourse and should be embraced, not dismissed – but what if they are threatening enough to bring down a fiefdom? To propose a valid alternative? They have to be rejected, because too much is at stake.