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Social Medicine in Latin America and its multiple viewpoints on qualitative research

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Mercado FJ, Robles L. La Medicina Social latinoamericana y sus miradas múltiples sobre la investigación cualitativa [Social Medicine in Latin America and its multiple viewpoints on qualitative research]. Salud Problema, Nueva época (Mexico City, Mexico) 2004 July–December; 9(17):39–6.

Objectives: To explore the relationship between social medicine and qualitative research, and the positions adopted by the former with respect to the latter. **Methodology:** Descriptive analytical.

Results: To the authors, social medicine and qualitative research are two fields in health which overlap in their criticism of the hegemonic medical model. The development of initiatives forging collaborative links between these two fields, promoting studies of the health-illness-health care process which might reinforce the critical viewpoints of these areas, are nonetheless tentative and limited. The authors identify four positions with respect to qualitative research in the field of social medicine. The first is exclusion: a position influenced by the thought of Juan César García, who adopts a critical position towards idealistic currents of thought (neo-Kantian, phenomenological and ethnomethodological) in which gualitative research is considered to be phenomenological and classified as reactionary. At the same time, it constitutes the theoretical support for the social and health care policy of capitalist government. The second is subordination: influenced by the ideas of Jaime Breilh, to whom science is neither qualitative nor quantitative but both; he believes that the two types of research can be integrated at the technical level but not at the level of methods or theories. This position recognizes interpretive currents (constructionism and phenomenology) and their incorporation into social medicine as a methodological element. The third is dialogue: the ideas of María Cecilia de Souza Minavo are important in this position. She proposes dialectic hermeneutics as an approach to qualitative investigation, as she claims that gualitative investigation carries with it a certain imprecision, as it assumes the superiority of quality over quantity. The fourth is methodological neutrality: a pragmatic, utilitarian position in the use of the gualitative techniques, termed by the authors an "eclectic happy medium." **Conclusions:** To the authors, it is evident that social medicine in Latin America takes different positions on qualitative research. They claim that this leads to a risk of reducing qualitative research to mere methodology and neglecting it as a field of knowledge. They also warn that the current challenge facing social medicine is one of adopting an interdisciplinary vision and constructing objects of knowledge from different levels of reality.