

Editorial

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What are the areas of research relevant to medicine, and what should be their teleology, that is, what goals should be pursued? What does it mean to contribute to the body of current medical knowledge from a southern hemisphere epistemology in the current times? How should research be financed in developing countries?

These and other questions are worrisome for young professionals who are currently seduced by the incentives of the market, within the context of limited personal resources coupled with a need for personal social advancement.

Many members of the current generation deny utopias, live in political utilitarianism, and choose between authoritarian populism and ultraconservatism. In this political vacuum, the few alternatives include being part of the regulatory bureaucratic apparatus or being professionals devoted to the free market.

Unfortunately, both alternatives focus on the doctors themselves, while neither takes into account the patient, nor the improvement of the quality of comprehensive and democratic care. According to O'Donnell, an Argentine political scientist, the modernization of the rural world is the fundamental task of the state, which, through its institutions, implements so-called national policies. This modernizing authoritarian function causes great tension in countries of delayed modernization, such as those of Latin America.

The authoritarian bureaucratic state stands as the most promising outlook for the bourgeoisie, by fulfilling certain functions such as guaranteeing economic normalization, deactivating the participation of the masses, and rebuilding social peace. In certain cases, as in Ecuador, the current crisis also captivates the emerging professional middle class.

The Ecuadorian political scientist Luis Verdesoto, has summarized this complex relationship by pointing out that "the phase of authoritarian populism that characterizes the country (...) has emerged as an exchange with a zero value among the democratic elements in the political system.

I give you more resources in exchange for you giving up your democratic demands; stability in exchange for expressiveness and real popular participation."

The discourse that appeals to modernization maintains an enormous power as a facade for the construction of hegemony, or to achieve acceptance among the distracted population. The masses look at a project to improve health that does not embody their aspirations and demands, but accept it under the promise of a desirable future of modernization and progress.

The important and even tragic aspect of this reality, according to Francisco Muñoz, lies in the fact that authoritarian models of modernization have fascinated the masses and the local intellectuals. It is a fascination without data to support it and does not make much of a dent in the collective consciousness. Educational institutions, professional associations, and other indifferent actors or enthusiastic collaborators are proponents of this modernizing state.

The modernizing project seeks the globalization of knowledge. Possible research would only occur in three contexts: (1) if linked to the needs of academic institutions, and to obtain master's or doctorate degrees, where the individual needs of the researchers is of primary concern; (2) if protocols are developed that respond to the needs of the entities that manage the research funds, be it the state or international cooperation - both with agendas already drawn, where research problems are ultimately functional; (3) to carry out research that complies with the norms and interest of the indexed journals that prioritize the positivist methods of science. An escape from these contexts forces the researcher to assume the quixotic task of patient-centered research.

So, can we carry out independent health research, and with it generate reflections of new knowledge that provoke a debate with the neo-institutionalist current that has constituted the ideological support of the official discourse of the power structure?

Can we overcome the positivist method in research, and recognize the need to incorporate the empirical parameters commonly used by the social sciences into the description of reality?

Is it possible to overcome a technocratic, elitist research model that excludes all critical thinking, to allow for a perspective that transcends the supremacy of the market?

These and other questions are what we seek to answer by challenging rural doctors to conduct research focused on patients, their families, and their communities.

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