

MARGINALIZING QUALITATIVE KNOWLEDGE: ETHICAL AND EPISTEMIC TENSIONS IN MEDICAL RESEARCH CULTURES

Abdullah Yıldız¹ Ayşe Kurtoğlu²

Abstract: This paper examines the challenges of qualitative research in medical contexts through our position as qualitative researchers, bioethicists, and ethics committee members in Turkey. We explore how biomedical paradigm dominance shapes qualitative research evaluation in medical settings, arguing that qualitative understanding is essential to medical knowledge production, not merely a methodological choice. Through experiential insights, we identify critical issues: insufficient methodological awareness among researchers, limited recognition of qualitative paradigms by ethics committees, and persistent epistemic injustice in evaluation processes, even within traditionally receptive fields. These challenges arise from deeper philosophical tensions rather than procedural difficulties. We propose reflexivity as both a methodological requirement and an ethical virtue to address qualitative research marginalization in medicine. Our analysis contributes to discussions about the relationship between ethics and science in qualitative research while offering practical insights for improving evaluation and support of qualitative methodologies in medical contexts.

Keywords: qualitative research, bioethics, research ethics, epistemic injustice, reflexivity

Marginando el conocimiento cualitativo: tensiones éticas y epistémicas en las culturas de investigación médica

Resumen: Este artículo examina los desafíos de la investigación cualitativa en contextos médicos, desde la perspectiva de investigadores cualitativos, bioeticistas y miembros de comités de ética en Turquía. Exploramos cómo el predominio del paradigma biomédico influye en la evaluación de la investigación cualitativa en entornos médicos, argumentando que la comprensión cualitativa es esencial para la producción de conocimiento médico, no una mera elección metodológica. A través de perspectivas experienciales, identificamos problemas críticos: la insuficiente conciencia metodológica entre los investigadores, el limitado reconocimiento de los paradigmas cualitativos por parte de los comités de ética y la persistente injusticia epistémica en los procesos de evaluación, incluso en campos tradicionalmente receptivos. Estos desafíos surgen de tensiones filosóficas más profundas que de dificultades procedimentales. Proponemos la reflexividad como un requisito metodológico y una virtud ética para abordar la marginación de la investigación cualitativa en medicina. Nuestro análisis contribuye al debate sobre la relación entre la ética y la ciencia en la investigación cualitativa, a la vez que ofrece perspectivas prácticas para mejorar la evaluación y el apoyo a las metodologías cualitativas en contextos médicos.

Palabras clave: investigación cualitativa, bioética, ética de la investigación, injusticia epistémica, reflexividad

Marginalizando conhecimento qualitativo: tensões éticas e epistêmicas nas culturas de pesquisa médica

Resumo: Esse artigo examina os desafios da pesquisa qualitativa em contextos médicos, através de nossa posição como pesquisadores qualitativos, bioeticistas e membros de comitês de ética na Turquia. Nós exploramos como a dominância do paradigma biomédico molda a avaliação de pesquisa qualitativa em contextos médicos, argumentando que a compreensão qualitativa é essencial para a produção do conhecimento médico, não meramente uma escolha metodológica. Por meio de experiências pessoais, nós identificamos questões críticas: consciência metodológica insuficiente entre pesquisadores, reconhecimento limitado de paradigmas qualitativos por comitês de ética e injustiça epistêmica persistente em processos de avaliação, mesmo em campos tradicionalmente receptivos. Esses desafios surgem de tensões filosóficas profundas mais do que de dificuldades processuais. Nós propomos reflexividade tanto como um requisito metodológico como uma virtude ética para abordar a marginalização da pesquisa qualitativa em medicina. Nossa análise contribui para discussões sobre a relação entre ética e ciência em pesquisa qualitativa ao mesmo tempo em que oferece insights práticos para melhorar a avaliação e o apoio a metodologias qualitativas em contextos médicos.

Palavras chave: pesquisa qualitativa, bioética, ética em pesquisa, injustiça epistêmica, reflexividade

¹ Department of History of Medicine and Ethics, Ankara University School of Medicine, Ankara, Turkey, abdyildiz@ankara.edu.tr, <https://orcid.org/0000-0001-5135-7200>

² Department of History of Medicine and Ethics, Ankara University School of Medicine Ankara, Turkey, akurtoglu@ankara.edu.tr, <https://orcid.org/0000-0001-8622-4547>

Introduction

The integration of qualitative research methodologies into medical research has evolved significantly over the past decades, moving from a peripheral status to a more central position in health care knowledge production(1). Many crucial aspects of healthcare - including patient experiences, decision-making processes, and delivery systems - require approaches that capture their complexity and contextual nature(2). Qualitative research offers unique capabilities in this regard, providing insights into the human dimensions of health and illness that complement and enhance traditional biomedical approaches(3,4). However, challenges persist in the integration of qualitative methodologies in predominantly biomedical research contexts. These challenges are particularly pronounced in settings where the biomedical paradigm maintains strong institutional dominance, shaping everything from research design to ethical review processes(5). This is particularly evident in Turkey, where our position as qualitative researchers, bioethicists, and ethics committee members highlights the systemic barriers to qualitative inquiry in medical contexts.

This study examines these challenges through our unique position in the Turkish medical research environment. Our experiences align with Dwyer and Buckle's concept of the "space between" inhabiting both insider and outsider positions simultaneously, offering insights into systemic challenges facing qualitative research within institutional structures designed for biomedical research(6). This positioning reveals power dynamics and institutional frameworks that shape research practices(7). In this context, we posit that the role of a bioethicist necessitates the facilitation of dialogue and the construction of a bridge between the qualitative researcher and the ethics committees(8). Our experiences and insights into the intricacies of this relationship, both from insider and outsider perspectives, are believed to contribute valuable insights to the field.

The primary focus of this article is qualitative research; however, it is imperative to recognize that in disciplines such as medicine, where human understanding is of paramount importance, the importance of qualitative understanding goes

beyond the realm of research methodology. This claim highlights the indispensability of qualitative orientation to contexts involving concepts such as meaning and understanding. Therefore, it is insufficient to view ethical problems in qualitative research only as a matter of technical processes. When discussing the ethical dimensions of qualitative research in medicine, it is essential to consider an ethical awareness that extends beyond conventional ethical procedures, from the initiation of a research project to its publication. The contribution of qualitative understanding to medicine possesses ontological and epistemological significance, underscoring the ethical implications inherent in the subordination of these research endeavors within medical domains. In the following section, we briefly address the ontological, epistemological, and ethical dimensions of qualitative understanding (and not merely qualitative research) in medicine. We believe that this section is also fundamentally important for experiential insights and discussions.

The Ontological, Epistemological, and Ethical Meaning of Qualitative Research in Medicine

Contemporary philosophers of medicine, such as Fredrik Svenaeus, as well as great physician philosophers of the past, such as Galen, emphasize in their reflections on medicine that medicine cannot be seen simply as a reductionist application of technical (or scientific) knowledge(9,10). In this context, medicine is not merely the reduction of existing knowledge to practice but a field of understanding and action that extends beyond this(11). The humanistic aspect of medicine, which should not be reductionist, has been emphasized since Hippocrates(12). However, while the technocratic reduction of medicine's approach to the individual in the modern period is a frequently criticized issue, it has been pointed out that professionalism in medicine should be rebuilt in a humanistic sense(13–16). The definition of health by organizations such as WHO or the person-centered medicine approach, which recently emphasizes the importance of understanding the first-person experiences of patients in different contexts (diagnostic, adherence, outcomes), is also seen to contain a strong emphasis on the aspect of medicine that should not be reductionist(17–19). These findings indicate that the effort to orient patients

and understand them in the field of medicine and medical research should not be reduced to a single paradigm. As educators and researchers working in fields such as medical humanities and biomedical ethics, we can say that, at least in our country, we are appreciated for emphasizing humanistic approaches, the importance of understanding the patient holistically, and the importance of ethical approaches and philosophical perspectives within the medical climate. However, when it comes to finding a place for these as a value in practice or research, we can express that we regret to see that these are generally considered as intellectual fields of endeavor that do not go much beyond appreciation (14, 16, 20). We have even been exposed to discourse from some basic science fields of medicine in which this endeavor is “paramedical work”. First, we do not take offense at being exposed to such discourses, but we can express our sadness at being exposed. In this discourse, we can say that we find it ironic that the effort to understand human beings in a multidimensional way with different dimensions, which we think is inherent in medicine, is interestingly reduced to a secondary or insignificant position, not inherent to medicine. Almost parallel to this, it is possible to express regret that qualitative research is also evaluated in a secondary position within the current medical paradigm. This problem stems from an insufficient understanding of the ontological and epistemological position of qualitative research in medicine. The challenges we face as researchers, bioethicists, and ethics committee members are closely related to this gap. Before sharing our experiences, we briefly note that qualitative research has strong ontological, epistemological, and ethical justifications for medicine. In addition, when considering our endeavor in the field of medical sciences, we would like to state that we do not see quantitative or qualitative methods as the opposite or alternative of each other. These studies are important complements of a whole and sometimes express enriching ways of looking at the same thing or reality (21, 22).

“What is it like, from the patient’s perspective, to suffer from illness? Answering this question is crucial to make sense of medicine as an endeavour struggling with other problems and having other aims than merely those of an ap-

plied biology.” (11)

Medicine is not only a science but also a field of action to alleviate human suffering, starting from understanding and making sense of it. We can say that understanding and making sense of pain and acting based on this constitute the basis of the ontological orientation of medicine. This makes medicine an intensely relational field (23, 24). When we think about the dimensions of understanding and signification and the relational dimension of medicine, we see that these dimensions cannot be easily reduced to a quantitative dimension. Therefore, when we look from this basis, we realize that qualitative orientation (or understanding) has a fundamental ontological meaning for medicine, especially for professionals working in this field, even before we come to the issue of “formal research”. This ontological basis inevitably pushes us toward a methodology that aims to understand and make sense of things that cannot be easily reduced to quantitative data in epistemological terms. While we position qualitative orientation as having primarily ontological and epistemological meaning, this is not a dualist view that excludes the biomedical perspective. The reason for our emphasis on the ontological and epistemological meaning of qualitative orientation is that despite positive developments in qualitative research (more evident in fields such as nursing), unfortunately, it is still common in mainstream medicine to position qualitative orientation as secondary or external (1). We believe that this problem is even more prevalent in developing countries, such as Turkey. We hope that some of these reasons will be more easily understood when reading the sections on our experiences. We now briefly examine qualitative research on the dimensions of meaning and signification. Medicine is inherently too complex to be reduced to a single methodology (16). As each patient is a unique and dynamic being, there is an inevitable gap between scientific knowledge of the general and universal and the application of this knowledge to specific situations. Understanding an individual requires grasping how universal principles interact with particular situations while attending to relevant contextual details (16). In fact, whether the physician realizes it or not, he/she carries these closely related tensions in his/her identity. A medi-

cal professional is inevitably a representative of a dual identity, equipped with scientific knowledge on the one hand, but also oriented as a practitioner toward other individuals of whom they/are a member. We think that clinicians are quite aware of this in their daily practice, but when it comes to scientific studies, for some reason, the acceptance of the absoluteness of the universal or scientific still predominates(25). However, the complexity of medicine and the people it deals with make methodological pluralism a necessity for research. In this context, it is important to be aware that a complex field of social reality such as medicine cannot be made sense of only with a positivist or post-positivist approach, and it is important to be aware of approaches such as constructivism or scientific realism. In this respect, it is necessary to take into account that medicine is a field where there are different layers of reality, as some authors have stated, and research to access them can be complex in this context(22). Through a variety of approaches, the experiences and knowledge of the individual who produces meaning and lives in a wide world of meaning becomes an extremely important subject of study. Therefore, it become an important issue to understand the meaning produced by the individual and the impact and meaning of this meaning in the field of social reality, rather than revealing a truth that just stands there. For instance, understanding a patient's experience—especially when it does not neatly align with the biomedical paradigm—requires a distinct effort to bridge this epistemic gap. However, this does not require strictly adhering to the biomedical model, nor does it mean abandoning it altogether. Rather, an epistemically humble attitude and an awareness of different perspectives will suffice.

When we examine the ethical implications of the marginalization of qualitative research, we see that this is not only a problem of methodological choice but also an attitude with important ethical consequences. The subordination of qualitative research and participants' experiences can be seen as a fundamental problem of injustice(26). This situation prevents the voices of disadvantaged groups from being heard and damages the principles of justice and beneficence, which are the basic ethical principles of medicine. The connection between

qualitative understanding and medical ethics, as Svenaeus emphasizes, is grounded in the fact that medicine is not a purely technical practice, but a field of understanding and action that extends beyond this(9). As Bleakley emphasizes in the field of medical humanities, the endeavor to understand the human being is a fundamental goal for both medical humanities and bioethics(27). This inevitably makes qualitative research an indispensable tool of understanding and signification for these fields.

Before sharing our experiences, we would like to emphasize that qualitative research in medicine is not only a methodological choice but also a requirement of the ontological structure of medicine, epistemological pluralism, and ethical responsibility. Considering the wide scope of medicine, the fact that it includes many different disciplines together, and that it interacts with different stakeholders as an institution, it is important to be aware that different views of reality and models of knowledge production may have different meanings in terms of ethics and values. It is a fundamental requirement for qualitative research to reach the position it deserves, especially for this awareness to become established in individual researchers, research ethics committees, journal editors, and academic institutions.

Experiential Insights from Inside and Outside

Being a bioethicist in the field of medicine offers us the experience of being in different positions. Participating in educational activities, including research and publication ethics, conducting scientific research, and serving on different ethics committees, depending on the nature of our field, are the main activities. In this context, we think it would be appropriate to present our experiences under headings related to our experiences in these fields of study. We would like to state that all these experiences have ontological, epistemological, and important ethical meanings. Key findings from our experiences include: weak methodological awareness among qualitative researchers; limited recognition of qualitative paradigms by ethics committees; positivist influences in evaluations; researchers' reluctance to defend their methodologies; and epistemic injustice in publication processes, even within traditionally receptive fields.

Problems before the ethics committee or the unbearable lightness of being a qualitative researcher!

As qualitatively oriented bioethicists, we've observed that qualitative research faces serious theoretical and practical problems. Despite its importance for understanding patients' experiences, qualitative research remains peripheral in medical curricula, often reduced to merely a title in statistics-dominated research courses. We observed that such courses are generally conducted by instructors with a statistical or quantitative orientation. All of these seem to implicitly relegate the visibility and importance of qualitative research to a secondary position. It is possible to state that a similar problem exists at the postgraduate level. Based on our experience—working in one of the most established medical schools in Turkey—qualitative research methodology remains insufficiently integrated into medical education, except in disciplines that have a relatively strong orientation toward the social dimensions of health. For instance, in our unit, a course on qualitative research methodology was introduced in 2023. However, bioethics remains the only well-established discipline within medicine in Turkey that primarily focuses on meaning and understanding, similar to the human sciences in medicine. One of the authors of this article taught this course, and his experience highlighted the inadequacy of qualitative research training in medical and health sciences curricula. Unsurprisingly, almost all postgraduate students in our courses—primarily from health sciences backgrounds—were unfamiliar with qualitative methodology. Furthermore, certain key concepts in qualitative research proved challenging for students to grasp. The primary obstacle was the pervasive influence of the established biomedical and statistical paradigm, which required continuous reminders to reorient students' perspectives. Even now, we encounter difficulties stemming from the entrenched statistical ethos when guiding students through qualitative research.

We are pleased to see a growing interest in qualitative research in Turkey as well as globally. This is evident in the increasing number of publications in the field. However, as mentioned earlier, the increase in publications on a methodology that is still insufficiently integrated into curricula has

important epistemological and ethical implications that warrant discussion. Our concern stems from observations and experiences in collaborative research with educators and other researchers. One key issue is that some individuals, perceiving themselves as insufficiently proficient in statistics or mathematics, view qualitative research as an easier alternative. To some extent, this reflects a misuse of qualitative research's ontological and epistemological foundations—particularly its focus on life experiences and the subjective worlds of research participants. Given the ontological, epistemological, and ethical significance of qualitative research, we consider this a serious ethical concern. This issue becomes even more critical when we recognize the substantial contributions and ongoing discussions surrounding qualitative research quality. When we ask a researcher conducting qualitative research why they chose this methodology, we often receive responses such as, "I don't know statistics, so at least I can do this [qualitative research]." Unfortunately, when we inquire whether they have received formal training in qualitative research, we frequently struggle to receive an affirmative answer.

This experience highlights two key issues. First, statistical data remains the dominant and more prestigious form of evidence, particularly in medicine and health sciences. While we do not argue that statistical methods lack value, qualitative research continues to be perceived as secondary and is often not treated as a field requiring rigorous training. This, in turn, raises concerns about both the quality of qualitative research and the competence of researchers engaging in it. From our perspective, this situation makes scientific competence—one of the fundamental requirements of research ethics—both questionable and problematic from the outset. However, we also want to emphasize that our critique is not intended to unfairly target academic units or educators providing qualitative research training. Nevertheless, when we compare the training we receive in Turkey, particularly in the health sciences, with the training available in countries where qualitative research is more established, we must acknowledge that qualitative education in Turkey tends to maintain a discourse that is ontologically and epistemologically closer to the post-positivist end of the spec-

trum. In this respect, it is possible to state that qualitative research is not addressed comprehensively within the spectrum of small q-big Q, and that the ontological, epistemological philosophical framework toward the end close to the big Q concept or interpretation is not sufficiently established(28). This may be significantly related to the dominant paradigmatic view in the field of health sciences(29). In conclusion, we would like to add that the ontological, epistemological, and ethical meaning of qualitative research in medicine has not been sufficiently discussed at the theoretical and philosophical levels. However, in fields such as medicine, where researchers from different disciplines and paradigms come together, it is important to be familiar with both our own paradigm and the approaches of the researchers we work with, even at a basic level(30). Yes, if we look at the field of health sciences in Turkey from a purely quantitative and practical perspective, we can say that a significant number of qualitative studies are being conducted. However, we observe that issues such as the meaning, foundations and value of qualitative research in different medical contexts - such as education, understanding experiences and clinical outcomes - have not been adequately addressed. In this regard, we would like to emphasize that existing training programs, where they exist, are largely limited to the practical aspects of conducting and publishing research, rather than encouraging a deeper engagement with its theoretical and methodological dimensions.

The predominantly negative experiential content discussed in this section is closely linked to the themes explored in the following two sections. While it is not our intention to suggest that every researcher must become a methodological expert, we believe that the lack of awareness regarding even basic concepts and the distinctive epistemological characteristics of qualitative research represents a significant issue in Turkey. This gap in understanding is directly connected to challenges encountered in research ethics committees and publication processes, which will be discussed later. However, this issue is not confined to Turkey; similar challenges can be observed in the publication process globally, including during editorial and peer-review evaluations. Moreover, as researchers who have lived these processes may

eventually serve on research ethics committees, become journal editors, or act as reviewers, the medical field needs to cultivate researchers and students who possess a solid grasp of their discipline and are well-acquainted with diverse methodological approaches(30,31).

Insights from inside the ethics committee: There was a lack of methodological awareness and relevant problems

Our experiences as both ethics committee members and applicants reveal that qualitative research applications in medicine are extremely limited compared to quantitative research and confined to certain fields. In addition, regarding qualitative and quantitative research categories, it is possible to say that research ethics committees treat many survey research that actually have a qualitative character as classical quantitative research. We believe that this situation is closely related to the established biomedical and statistical research paradigm. Although limited, qualitative research applications are also affected by this paradigmatic influence in various ways.

Reflecting on our applications, qualitative research either receives cursory approval or faces quantitatively driven critiques that force conformity to biomedical and statistical discourse. Both tendencies, we argue, present ethical concerns. The root of this issue lies in the composition of research ethics committees, which are predominantly oriented toward biomedical and statistical paradigms. Even when committee members possess some familiarity with qualitative research, they often evaluate it through a quantitative lens. As a result, ethical evaluations tend to emphasize concepts such as sampling, validity, and reliability—aligning with the expectations of statistics-based biomedical models. However, despite this methodological emphasis, the ethical dimensions of qualitative research and the researcher's relationship with participants remain relatively underexplored. In other words, prioritizing statistically driven evaluations can lead to formalistic and mechanistic assessments that overlook other ethically significant aspects. To some extent, this also contributes to the tendency for ethics committees to grant easy approval to qualitative research that is framed within a quantitative paradigm.

These problems largely stem from an insufficient understanding of qualitative research and its significance within medicine. The ontological, epistemological, and ethical dimensions of qualitative research remain poorly understood by researchers and ethics committee members alike. Two key situations illustrate this issue. First, based on our experience with ethics committees and research applications, we have noticed that researchers and ethics committee members from various health sciences disciplines often fail to situate qualitative research within a broad paradigmatic continuum. In practice, even when an ethics committee member claims to have a qualitative orientation, they frequently evaluate qualitative research as a singular methodological approach rather than recognizing its diverse paradigmatic orientations. Consequently, assessments, suggestions, and critiques tend to align predominantly with a post-positivist (small q) perspective. Second, this issue may also be influenced by ethics committee standards and review protocols. For instance, in nearly all of the ethics committees we have worked with or applied to, researchers are required to numerically declare their sample size in application forms. Such formal requirements may contribute to reinforcing a post-positivist framing of qualitative research. More broadly, the role of standardization, checklists, and guidelines in qualitative research remains a topic of ongoing debate worldwide(32). In this context, we can say that research ethics committees need guidelines that take qualitative research methodology into account and define it in detail instead of quantitative and statistically oriented application standards. This may provide an opportunity not only for ethics committee members and researchers to reflect on the nature of their research. In this context, it is essential to take into account the pluralistic orientation of qualitative research, which is not absolutist and allows flexibility, which some researchers rightly and persistently emphasize, in order not to fall into a new reductionism(32).

In the previous section, we highlighted that the awareness and competence of individuals conducting qualitative research regarding the nature of their work constitute a distinct problem category. We observe a clear reflection of this issue within research ethics committees. Researchers

must demonstrate methodological congruence; in other words, they should have a clear understanding of what they are doing and writing(29). Unfortunately, one of the challenges we encounter as ethics committee members is that when researchers receive feedback or negative criticism from the committee, they often struggle to defend their methodological position adequately. Even when we believe they are justified in their approach, they frequently remain passive in their responses. One possible reason for this is the perceived dominance of the quantitatively oriented biomedical paradigm, which may leave researchers feeling powerless in challenging the prevailing standards. However, in our view, another key issue is that many researchers have yet to reach what Braun and Clarke describe as the “knowing researcher” stage—a critical level of methodological competence(31). Additionally, it is not uncommon for researchers to adapt their approach to align with small q qualitative research or even quantitative methodologies due to the pressures of the “publish or perish” culture(33). This tendency to conform further entrenches the statistically oriented paradigm and reinforces existing ethics committee review processes. We argue that when researchers develop a stronger understanding of their methodology and confidently articulate their position, they may also encourage research ethics committees to critically reflect on their own evaluative frameworks(34-36).

Across all scientific disciplines in Turkey, the establishment of research ethics committees has been primarily shaped by legal regulations in the health sciences. Although regulatory changes in this field are frequent, legally binding clinical research ethics committees inevitably serve as a model when determining the principles for other ethics committees. We highlight this point because clinical research ethics committees operate within a predominantly biomedical and statistically oriented framework(37).

However, the role of research ethics committees extends beyond merely evaluating research protocols for approval. They also play a crucial role in promoting education, providing guidance, and shaping policies on research and publication ethics. Studies indicate that persistent challenges in this area suggest the need for research ethics com-

mittees to critically reassess their training, advisory functions, and policy development processes. In our view, it is essential for research ethics committees to adopt a comprehensive evaluative framework that considers the broader implications of their decisions. This requires committee members to develop the expertise necessary to engage with diverse research methodologies, contribute to their advancement, and intervene when necessary. Given the complexity of human understanding—an aspect that cannot be reduced to purely biological applications—we argue that research ethics committees should approach qualitative methodologies with a perspective that is both virtuous and flexible, prioritizing the depth of human experience in their assessments(3,9,14).

A disappointment: Epistemic injustice against qualitative research and the researcher; even in the field of bioethics

In the field of medicine, qualitative research continues to face challenges in gaining recognition, as many medical journals still do not prioritize it. Even when qualitative studies are included in the review processes of medical journals, they are frequently evaluated through a quantitative or post-positivist lens (32). Consequently, the experiences we discuss here will likely resonate with many qualitative researchers. As scholars engaged in both qualitative research and research ethics, we frequently encounter similar challenges. However, we believe that the core of our argument lies in the unique role of qualitative research in fostering an understanding of human experiences. Even in disciplines familiar with qualitative methods, a lack of reflexivity still poses challenges for researchers.

Bioethics, a field in which we conduct academic studies, shares a close relationship with medical humanities. The pursuit of understanding human beings is a fundamental aim of both disciplines, making qualitative research an indispensable tool for exploring and interpreting these fields(27). Although bioethics and ethics are often considered more theoretically driven disciplines, there has been a growing emphasis on empirical studies, particularly in bioethics. This shift has allowed for deeper exploration of individuals' values, decision-making processes, lived experiences, and their ethical and normative dimensions(38). Some scholars

have even referred to this trend as the “empirical turn” in bioethics(39,40). Given the nature of bioethics, qualitative research constitutes a significant portion of empirical studies in the field(41). In this context, it is reasonable to expect that journals specializing in bioethics and medical humanities would be well-versed in evaluating qualitative research. However, as we will discuss further, epistemic injustices against qualitative research and researchers persist even within these disciplines, raising important concerns about the way qualitative methodologies are assessed and valued.

However, as the title of this section suggests, we regret to acknowledge that even in leading journals in the field of bioethics and medical ethics, qualitative research articles are not uncommonly rejected based on post-positivist criteria during editorial and peer-review processes. To illustrate this, we would like to briefly share a recent experience with one of our articles that centered on “participant experiences”—ironically focusing on research ethics. We believe this case serves as a valuable example for understanding the epistemic position of qualitative research and its researchers. Our article was evaluated by two reviewers. One reviewer demonstrated a strong command of qualitative methodology, offering feedback and critiques that aligned with qualitative research principles. The second reviewer, however, approached the article from a distinctly post-positivist stance, raising concerns about generalizability and sampling that demonstrated a misunderstanding of qualitative research principles, including purposive sampling. While we could have addressed these critiques by clarifying the nuances of our methodology, we were denied the opportunity to do so. So, what happened? The editor rejected the article outright based on the quantitatively oriented reviewer's concerns, despite the qualitative-familiar reviewer recommending only revisions. The editor deemed the paper ‘unfixable’ due to supposed scientific method deficiencies. What makes this case particularly striking is that it took place in a well-regarded journal in the field of bioethics and medical ethics—a field where qualitative methodologies should, in principle, be recognized as essential. Following this decision, we mailed the journal to express our concerns regarding the editorial and review process,

highlighting the established role of qualitative research in bioethics and the ethical implications of dismissing qualitative methodologies based on positivist paradigms. Our motivation for doing so was our deep concern that qualitative research was being constrained by entrenched epistemological barriers, even within an ethics journal. We argue that this is not only a methodological issue but also an ethical one. These obstacles reflect a reductionist perspective that risks dismissing the lived experiences of research participants—an issue that extends beyond individual editorial decisions and speaks to broader systemic biases. Even in disciplines like bioethics, where understanding human experience is a fundamental aim, reductionist tendencies can reemerge if not actively resisted (32). Furthermore, we argue that this reductionism represents a clear case of epistemic injustice against qualitative research and its participants. On one hand, our qualitative methodology was treated as subordinate to positivist approaches—an instance of hermeneutical injustice (26). On the other hand, we were denied the opportunity to defend our methodological choices, constituting testimonial injustice. As Fricker correctly emphasizes, epistemic injustice is a pervasive issue across different disciplines, and at its core, it is an ethical problem. Overcoming such injustice requires not only intellectual and ethical virtues on an individual level but also a concerted effort to challenge and reform entrenched institutional biases(26).

At this point, it is essential to cultivate reflexivity regarding the ways in which the dominant positivist and post-positivist orientation in academia—especially in research ethics committees, editorial boards, and peer review—may inadvertently disadvantage qualitative research. In this context, we argue that reflexivity serves as both an ethically and intellectually meaningful starting point, functioning as a virtue that can help address issues such as epistemic injustice. Moreover, reflexivity can also be seen as a crucial tool for researchers to identify and develop their competencies in areas where they may lack expertise. Developing a deeper philosophical understanding of one's field, as well as the interdisciplinary areas it interacts with, is essential for fostering more informed and equitable evaluations(30).

Another concept closely linked to reflexivity and

worth considering in this discussion is epistemic humility. Epistemic humility entails an awareness that our engagement with knowledge and methodology is inherently fallible, and that we must remain open to the possibility of error(42). By embracing epistemic humility, scholars, ethics committee members, and reviewers can foster a more inclusive and reflective approach to diverse research methodologies, ultimately contributing to a more just and balanced academic landscape.

Know thyself! Reflexivity as an ethical virtue

Our experiences highlight how ethics in qualitative research extends beyond procedural compliance with ethics committees, challenging principle-based approaches in favor of more nuanced ethical engagement(43). We propose reflexivity—a practice central to qualitative research—should be recognized as an ethical virtue embodying the philosophical imperative: “Know thyself!” This concept is particularly relevant because, in our experience, a lack of reflexivity—ranging from individual researchers to institutional bodies such as journals and ethics committees—constitutes the most fundamental barrier to mutual understanding and intellectual development. We argue that this deficiency is a key inhibitor of epistemic openness and progress.

A qualitative researcher's awareness of their own ontological and epistemological position carries ethical implications and consequences. Thus, cultivating philosophical self-awareness among qualitative researchers is crucial. The first step in this process is foundational knowledge of qualitative research and its underlying principles—an issue we have identified as a major obstacle. This gap in understanding must be addressed to enable epistemological reflection, which, in turn, allows for deeper reflexivity throughout the research process. Therefore, it is imperative to embed qualitative research within the intellectual frameworks of scholars in medicine and health sciences, ensuring that its ontological and epistemological significance is properly acknowledged(21,30).

Reflexivity should also be emphasized as an ethical virtue for those in evaluative positions—ethics committee members, editors, and reviewers—both at an institutional level and as individuals.

Some scholars have underscored the importance of collective reflection, particularly in research groups composed of multiple researchers⁽⁴⁴⁾. We believe that this need for collective reflexivity extends to research ethics committees, which are expected to integrate diverse disciplinary perspectives and facilitate comprehensive epistemological evaluations. However, based on our experiences, we observe that biomedical and statistical paradigms continue to dominate these evaluative structures—either explicitly or implicitly—rather than fostering an environment that encourages critical reflection. Discourses emphasizing intellectual reflexivity must become embedded within the philosophical foundations and operational practices of research ethics committees.

We contend that fostering reflexivity in evaluative structures could promote greater epistemic equality, granting qualitative researchers a stronger voice when engaging with research ethics committees, editors, and reviewers. However, for research ethics committees and editorial boards to engage meaningfully in reflection, they must possess an informed understanding of diverse research paradigms. In fact, this expectation should be considered an essential virtue for those in positions of evaluative authority⁽⁴⁵⁾. Our experience suggests that these virtues must be actively and repeatedly reinforced. In this regard, we argue that a reflexive attitude serves as an essential and continuous ethical reminder for all those involved in the academic evaluation process.

Conclusion

Our experiences have revealed systemic challenges in the recognition and evaluation of qualitative research within medical contexts. These challenges reflect deeper ontological, epistemological, and ethical tensions within contemporary medical research culture. Our analysis highlights how the marginalization of qualitative research represents not merely a methodological preference but rather an epistemic injustice that has significant implications for medical knowledge production and practice.

The experiences shared in this paper demonstrate that even in fields traditionally receptive to qualitative approaches, such as bioethics and medical

humanities, researchers face persistent barriers rooted in positivist and post-positivist paradigms. This situation is particularly concerning in the Turkish context, where qualitative research education remains limited and research ethics committees often operate with evaluation frameworks better suited to quantitative methodologies. The irony of experiencing epistemic injustice in bioethics journals—a field that should be particularly attuned to issues of justice and understanding human experience—underlines the pervasive nature of these challenges.

Our analysis suggests that several critical areas require attention. First, there is an urgent need to strengthen qualitative research education within medical curricula to ensure that researchers develop not only methodological skills but also a deeper understanding of qualitative research's philosophical foundations. Second, research ethics committees should develop more nuanced evaluation frameworks that recognize the distinct characteristics and value of qualitative methodologies. Third, the academic publishing ecosystem must become more reflexive about its own biases and inclusive of diverse methodological approaches. The field of medicine continues to grapple with the complexities of human health and illness, and the need for diverse methodologies has become increasingly clear. Our experience suggests that resolving the tensions between ethics and science in qualitative research requires not only procedural changes but also a fundamental shift in how we conceptualize and value different forms of knowledge in medicine. Only through such transformation can we hope to develop a more inclusive and ethical research environment that serves both the scientific and humanistic aims of medicine.

We propose reflexivity as both a methodological requirement and ethical virtue that can help address these challenges. This approach requires all stakeholders—researchers, ethics committee members, and journal editors—to critically examine their own philosophical assumptions and biases. In medicine, where understanding human experience is crucial for effective care, the ability to move between different paradigms and appreciate diverse forms of knowledge production is essential.

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