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Ethical and political issues in contemporary research relationships

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Abstract

This article discusses how ethical and political issues affect contemporary research relationships. It focuses on the responsibilities of researchers studying organisations and elites, and the discussion draws upon the author's experience of researching NHS primary health care services. The paper reviews the spread of "ethical guidelines" from medical to social research. Such guidelines primarily address ethical problems relating to individual researcher-researched relationships. Sociologists have criticised the application of medically-based guidelines to social research, while often accepting an ethical framework based on the researcher-researched dyad. But this limited conception of ethical responsibilities leaves complex organisational power hierarchies and their effects under-theorised. Researchers may then be vulnerable and lack guidance where organisational loyalties and market mechanisms have undermined the traditional supports of academic independence and professionalism. Sociologists could learn from critical medical scientists' responses to some related ethical dilemmas, as some medical researchers have experienced these issues more acutely and for longer.

Keywords

Elites, ethics, NHS, institutional relationships, professionalism, contractualism, organisational research

Introduction

This article discusses ethical and political problems associated with contemporary research relationships, and researchers' responses to these. While the "research relationship" often appears in the singular, today's researchers frequently face a number of highly mediated and perhaps competing research relationships within an increasingly commodified and contractual research environment. These relationships include their position within their own employing organisation, their relationships with organisations employing their interviewees or of which their interviewees are members (from campaign groups to commercial organisations), their relationships with broader publics who may have an interest in their research,

and relationships with ideals which may (or may not) be embodied in the objects or subjects of research.

Such complex, conflicted relationships may be elided by easy talk about “stakeholders” and “users” that portrays external benefits from research as enhancing its value. While researchers should be accountable to others, such assumptions silence power imbalances and competing interests: what happens when benefits to some “stakeholders” harm others? This paper discusses the limits of official and critical approaches to research ethics, and considers whether we can learn from medical scientists’ responses to these issues. Dominant frameworks for thinking about research relationships have been imported from medical to social science; regardless of how appropriate social scientists consider this isomorphism to be (e.g. Dingwall 2006) medical scientists’ responses to ethical and political dilemmas may be instructive. This includes the important issue of how free speech may best be protected when speech is increasingly “interested”.

In key sections the paper draws upon two recent research projects: primarily web-based research into “insider critics” of medicine, and an in-depth sociological case study into NHS organisations in the context of growing corporate involvement in health care. The former informs comparisons made between medical and social researchers, and the latter provides a case in which some ethical and political dilemmas of research relationships were particularly salient. The NHS inspires great loyalty among those who use it, both as embodied in specific places and organisations and as a more amorphous ideal. Yet while appealing to egalitarian principles it comprises a hierarchical and often secretive set of organisations, which may not always welcome public or research scrutiny.

Social researchers need a critical reformulation of research ethics to take account of the increasingly corporatised and bureaucratic contexts within which we work, including our workplaces and our research “objects”. Rethinking research ethics with a focus on power and organisations could help to ensure that the new watchword of “relevance” (Demeritt and Lees 2005) is seen in broader and more political terms, not merely as a responsibility to provide material for managers of researched organisations. Researchers have responsibilities to wider publics (as discussed in the October 2007 issue of *Sociology* entitled *Sociology and its Public Face(s)*) and to those who may be disadvantaged by ways in which researched organisations currently operate. Researchers’ ethical responsibilities stretch beyond

the classic researcher-researched dyad but do not stop at the sponsor's head office either.

The growth of ethical review

Ethical issues are increasingly discussed “up front” in social and medical science through ethical review procedures. In UK social science the Economic and Social Research Council (ESRC) Research Governance Framework (2005) represents a watershed, as the ESRC is the major funding body for social scientists. As in the medical research guidelines upon which it draws, informed consent is prioritised, implying that the researcher-researched relationship almost always takes priority over other considerations. In medical science, this principle began to be embedded in regulatory systems after the horrific experimentation revealed during the Nuremberg Trials (Weindling 2004). Revelations about scandals within democratic countries, where doctors acting on behalf of the state had disregarded the rights of individuals, encouraged the shift to greater control over medical research. In the UK, the National Health Service is the public healthcare provider and through its research ethics procedures it acts as gatekeeper to medical research populations. It also regulates social research involving NHS patients, staff, or premises (Richardson and McMullan 2007).

However, it is unclear why procedures developed in response to medical scandals should apply to social scientists. Dingwall (2006: 51) argues that in social research “risks to human subjects are not comparable [with medical research] and the power relationship between researcher and researched is so different as to render prior scrutiny irrelevant and inappropriate.” Although both medical and social research have acted to support elite agendas, the power relationships constructed through each may differ greatly. Medical research exerts power directly upon individual bodies, while social science has tended to contribute to elite knowledges and policy formation “at a distance” (Rose 2006). Traditionally, sociologists contributed to such agendas through large-scale social surveys providing detailed information on representative samples of citizens. Material from such studies is available for secondary use yet this is not generally seen as ethically problematic in the same way as primary research. Re-using survey data without asking respondents' permission to conduct the new study is not viewed as “covert research”, providing that respondents have not opted out of secondary analysis. The generally cautious ESRC Research Ethics Framework states (2005: 8) that “[t]he secondary

use of some datasets may be uncontroversial and require only light touch, expedited review.”

Instead, the major concern in the ESRC Framework is the relationship between the researcher and her participants in primary research. The six core principles informing the framework are (1) integrity and quality, (2) full disclosure about the research to research staff and subjects, (3) confidentiality and anonymity, (4) voluntary participation by participants, (5) avoidance of harm to participants, and (6) avoiding or disclosing conflicts of interest. Point (2) specifically also makes reference to research *staff*, stating that informed consent requires that they “need to be made fully aware of the proposed research and its potential risks to them” (2005: 24). Despite this, the document does not offer more detailed guidance on disclosure to staff, risk management, and harm avoidance, saying only that research governance presumes that an organisation has “[p]rocedures to protect the interests of research staff and research students” (2005: 23).

Yet while the framework focuses upon the researcher-researched dyad, in its discussion of harm avoidance it goes beyond this to discuss risks to respondents’ organisations and businesses alongside risks to respondents themselves. While the key group constructed as “at risk” are participants, the document goes on to argue that “[i]n addition, researchers should attempt to avoid harm not only to an immediate population of subjects, but to their wider family, kin and community. *Research designs should consider potential harm to respondents’ organisations or businesses as a result of the work*” (2005: 25, emphasis added). Here harm is constructed as harm to organisations and businesses, but not to wider publics (such as groups affected by, but not related to, the research or its participants, either individuals or organisations). This raises complex and disturbing questions. Should researchers investigating an oil company’s corporate governance be primarily concerned about potential harms or benefits to people affected by oil exploration, or harms or benefits of the research to the oil company? Might harm to one cause benefit to another, and how would one choose between them? Do we have a responsibility to protect the “fund management community” in the same way as we might underprivileged communities? None of these questions is addressed by the framework, which seems to assume that benefits (to whomever) are “good” and harms (to whomever) are “bad”.

Interestingly, the UK Social Research Association's (2003) ethics guide seems more up-to-date in its more overt acknowledgement of competing relationships and interests. Perhaps this is because the ESRC funds academic research, while SRA members are based in the private and public sectors as well as in universities. The SRA is concerned to establish the social legitimacy of researchers working in diverse organisational locations, warning them to respect "moral" as well as "legal" codes of different groups and societies. Its guide suggests that researchers should negotiate control over data and results in advance with funders or employers, and acknowledges that harms and benefits may result to groups not directly affected by the research. Above all researchers are viewed as a professional group wherever they operate, a group that should be allowed significant leeway over its work but which must often cleave to funders' and employers' rights over the research agenda.

By contrast much ESRC funding is offered through open calls in which the research team determines the agenda, and an assumption of academic independence may cloud a consideration of constraints and conflicting pressures within which even academic researchers operate. Similarly, the British Sociological Association (BSA) code of ethical practice could be seen as minimising potential conflicts of interest by stressing co-operation between researchers and those paying for their services. While later stating that researchers must act professionally and balance different obligations, the BSA code maintains that (2002: 6) "[a] common interest exists between sponsor, funder and sociologist as long as the aim of the social inquiry is to advance knowledge, although such knowledge may only be of limited benefit to the sponsor and the funder.". Yet some contract researchers find funders show little interest in advancing knowledge of "limited benefit to the organisation" (e.g. Penn and Soothill 2006). This may even represent common knowledge, yet much discussion of such issues takes place unofficially in "safe" locations such as informal chats between conference sessions. Formal ethical guidance provided to social scientists seems of limited help to researchers in negotiating conflicting responsibilities in an increasingly commodified and contractual research environment.

Sociologists respond to ethical review

In response to the growth of ethical guidelines and committees, some sociologists (e.g. Dingwall 2006) have argued that our profession is low risk and does

not need to be regulated by outsiders. Rather than necessary or democratic, regulation has been characterised as a managerial strategy to police researchers. Yet while there may be truth in this portrayal, a defensive professional position fails to tackle the important ethical and political issues involved in contemporary social research raised over the past few decades by feminist and other critics (e.g. Oakley 1981). These critiques emerged out of the broadening of academia, and are of continued relevance. Falling back upon defensive professionalism carries the danger of appearing as a complacent grouping unwilling to tolerate external criticism; a standpoint sociologists have frequently criticised among doctors and other powerful professional groups. “To conceptualise ethics primarily as another discourse of power risks defending researchers’ power and denying research participants’ and others’ attempts to criticise unethical research.” (Alderson and Morrow 2006: 409).

However, accepting the case for outsiders to criticise social science need not mean accepting the framework, premises, or conclusions of existing ethical codes. A key question is who regulates. This appears more clearly in discussions over the ethical regulation of clinical research, which has been seen as more ethically problematic than social research, and where these issues have been discussed for longer. The regulation of clinical research may be conceived as being carried out by patient groups, by “community representatives”, by commercial or non-commercial “stakeholders”, by elected representatives, by peers, and by various combinations of these actors and organisations. Each group may have different and conflicting beliefs about how research should be carried out, and what its goals should be. This has led to debates about the content, form, and aim of ethical regulation, highlighting the competing power interests involved, and the variety of interested groups (see e.g. Richardson 2007). The current settlement may be far from satisfactory, but at least a clear discussion has begun among user groups and researchers about the various power interests in research.

Critical sociological discussions of research ethics tend to focus on the researcher-researcher dyad. Social scientists (e.g. Oakley 1981) initially concurred with influential medical approaches in conceiving of the research participant as powerless by comparison with the researcher. The conclusion drawn for many scholars taking this standpoint is that one should seek to “level up” the playing field; as Wilkinson (1986: 13) suggests, “at the very least, both [researcher and researched] are to be regarded as having the same status: as participants or collaborators in the same enterprise.” This means giving interviewees more control

over the research process, whether through collective participation or individual empowerment.

While the former, more outward-looking approach is embodied in action research aiming to mobilise disadvantaged communities, the latter has produced a researcher-as-therapist model. Kezar (2003: 395) argues that “[a]s a critical theorist, I believe that I should empower the people I interview to challenge power structures that limit their humanity.” Here research may become akin to Paulo Freire-style consciousness-raising; interviewer effects (i.e. the effects of the interviewer upon the interviewee, often characterised as “bias” in positivist methodologies) are the goal of the research. This has led on to more postmodern perspectives that question goals of enlightenment or empowerment, but still focus on the micro-politics of the researcher-researched relationship. Lather (1994: 43) suggests “fostering heterogeneity, refusing closure” through involving participants in writing up research, reporting interactions in multiple voices and co-creating Lyotardian “small narratives”.

The researcher-as-therapist model is harder to apply to elite interviewees than when “studying down” or researching social movements, as Kezar acknowledges. Even in the latter case, Daphne Patai argues that “[w]e should not anguish quite so much over our own roles”, which have less effect on participants than researchers might like to think. Recent feminist work has revealed power dynamics within researcher-researched dyads as complex and shifting (Tang 2002). The same researcher may be placed in very different ways vis-à-vis interviewees of different “race”, class, age, sexuality, or gender. This undermines assumptions that the researcher persona is inherently tied either to power or to empowerment.

The organisational complexity constituting many contemporary research environments further troubles the researcher-as-therapist model. Therapists have classically operated as individual professionals with high levels of control over their working environments (Donald 2001), a professional position with similarities to the traditional academic labour process at least for a tenured elite. Yet within academia professionals are increasingly constrained, and work in teams rather than alone. The growing extra-academic sector has even less resemblance to the individual toiler within the ivory tower. If it ever existed, the power of the academic worker to empower or enlighten her interviewees is threatened under these conditions.

A critical response to the new ethical barrage demands a recognition that most researchers are less like individual therapists and more like professionalised (or in some cases deprofessionalised) employees (Collinson 2004). Similarly, particularly for those of us working in “post-92” universities¹, our students no longer fit the traditional humanistic model: they may no longer see themselves only (or even primarily) as learners but also (or instead) as employees and parents. Academia has become casualised: UK higher education trade union UCU reports that nearly half of academic and academic-related staff are now on fixed-term posts, a figure that rises to nearly 85% for research-only staff (UCU undated). While many sociologists would see the discipline as more vocation than occupation (Holmwood and Scott 2007) recognising the structural changes that have taken place provides a clearer position from which to discuss contemporary challenges and to build alternatives for researchers and those whose lives they affect.

Studying power

A shifting sociological gaze towards elites and organisations provides further reason for re-assessing critical research ethics. As Luff (1999: 692) comments, “the emphasis on power-sharing and the vulnerability of the researched that has characterized much feminist methodology...may come from tendencies within feminist research to study the ‘powerless’ and therefore may not be transferable, indeed may be counter-productive, to the development of feminist theory and practice in research with the “powerful”.’ Nirmal Puwar refers critically (2004: 71) to “a fascination with the ‘down below’” – with subaltern voices as long as they speak in certain ways, on certain topics.

Issues of public interest may produce a responsibility to study under-researched elites. Yet “[t]he principle of informed consent can make it difficult to gain understanding of groups that do not want to be studied, such as business and government elites even if it may be argued that it is in the interests of public accountability that such groups should be studied.” (Bell and Bryman 2007: 68). An argument often given against studying unwilling respondents is that it could contravene sociologists’ obligation not to bring the profession into disrepute. However, a counter-argument might be that ensuring sociology’s reputation as a critical discipline might make elites more willing to expect – and perhaps accept –

¹ Institutions that were originally constituted as polytechnics, these universities tend to be teaching-led and attract a higher proportion of working-class students than “old” universities.

such criticism. Playing too “safe” can carry its own risks, as Penn and Soothill (2006: 4) have bitterly charted after having their research “buried”. They claim: “Research in the fields of health, education, welfare and employment now follows a safe ‘ethical’ path: one central plank of new ‘ethical’ protocols being that sponsors should not be ‘upset’!”

Critical ethnographers such as Dorothy Smith and George Marcus have encouraged social researchers to consider “researching up” and/or studying organisations that affect the lives of ‘the powerless’. Researchers may interview elites, as in my case study research. Where the investigator has limited control over the research direction or aims, the interactions involved are constrained (Odendahl and Shaw 2002). However, interviewing the powerful is in some ways less problematic than interviewing the powerless: unlike ordinary people, elites are confident that they have something of interest to say (Gewirtz and Ozga 1994), although such interviews call upon distinctive interviewer skills.

There are other potential problems: critical researchers “studying up” must consider potential effects upon their continued access to the field and perhaps their future careers. This aspect of organisational research may not initially be apparent to the inexperienced researcher. Walford, an established critical scholar who has studied educational elites, notes (1994: 89) that “the powerful have the ability to exclude researchers – in [my] case simply by limiting the supply of information about future meetings... Exclusion by one could easily lead to exclusion by all.” Moreover, publishing comment seen as critical by the powerful may lead to exclusion in the future. The additional problems of naming and potential legal threats mean that self-censorship is a key issue for those researching the powerful, but this remains under-discussed. Contract research, and the need to keep and win contracts, create pressures on researchers and make it important that they are provided with the advice and support necessary to gain acceptable rights over data, methods, etc. from sponsors and funders.

Part of this support must be the development of ethical frameworks that speak beyond individual researcher-researched relationships. In hierarchical, corporate and bureaucratised societies, such frameworks are necessarily limited and may leave researchers ill-prepared for conflicts with elites and organisations. Instead, we need ethical guidelines and analyses that also focus upon the organisations and power relations structuring research relationships, particularly where participants are

interviewed in their capacity as organisational representatives. I would argue that by involving ourselves with such entities, we take on responsibilities towards those affected by the organisation (positively and negatively). This is more specific than any general duty upon researchers to promote the “public good” through their work; it means that we should think about practical ways to meet these responsibilities, within the multiple ethical and legal constraints that we face. Below I discuss this example more specifically using my case study research within NHS organisations.

Ethics and organisations: researching the NHS

Here I reflect on how organisational power structures affected the ethical issues relating to my research. This involved critically studying NHS LIFT, a privatisation initiative, at both a local and national level through case study research supplemented by documentary analysis (see Aldred 2007). The ethical issues that I experienced were not recognised in the official NHS “ethics procedures”, which assimilate social to medical research procedures (Richardson and McMullan 2007). Social research’s failure to fit the medical paradigm can either delay or obstruct social research or, conversely, minimise the ethical issues that it poses. The ethical issues that I encountered were also, I felt, insufficiently acknowledged in the critical literature, for reasons outlined above. Through discussions with other researchers, I later learned that these experiences are far from uncommon. For organisational researchers, the need to manage many relationships beyond the immediate researcher-researched dyad (including power relationships between different participants) means that our research does not fit traditional critical models.

In my experience, this played out in relation to a number of ethical principles. Firstly, although anonymity and confidentiality are frequently portrayed in ethical frameworks as absolutes and universally positive (e.g. ESRC 2005) I found them connected to organisational power dynamics. While some participants demanded or expected confidentiality and anonymity, others wanted grievances and identities revealed. The latter was impossible while respecting the former, and the overwhelming weight of ethical codes prescribe anonymity and confidentiality. Yet I could not help but feel that I was letting down the GP practice manager who wanted me to publicise the dire state of her surgery.

While my work critiqued “closed policy networks and broken chains of communication” (Aldred 2007a) keeping important information from the public and

from research participants, I myself anonymised people, places, and organisations. However, anonymisation did serve a critical function in that information could be disseminated without particular individuals or organisations being blamed for structural failures. While on balance I feel this was the correct course of action, I found the dilemmas involved difficult, and would have benefited from the existence of more critical discussion about how (and whether) to operationalise anonymity and confidentiality within organisational research. In many cases it may not be practical to anonymise organisations; for example, where the organisation concerned is a national one easily identifiable by its purpose.

Secondly, informed consent may prove complex when researching organisations. I found the issue problematic when observing private meetings, being reliant upon gatekeepers to allow me access to the meeting and to other participants, and to secure consent from the latter. Particularly where the gatekeeper was a senior manager, it was hard to know to what extent consent was really “informed”. Less powerful participants were unlikely to feel able to object to my presence, especially if informed late on. However, this made for a naturalistic setting as such meetings frequently included new and/or unexpected people.

Unease about the imposition of my presence upon clinicians and junior managers was somewhat mitigated by the work that I was attempting to produce. Unlike the management consultants that sometimes appeared, I was not trying to impose new working relationships, nor to criticise or evaluate individual behaviour. Rather, using perspectives drawn from institutional and critical ethnographies, I wanted to assess the workings of a new policy model. I was constantly made aware of how little room to manoeuvre participants experienced, most of whom criticised official discourses and policies “behind closed doors”. While my sympathies might have lain more with GPs than with their managers, I tried to render managerial frustration with clinicians comprehensible. Both groups were trapped within confusing structures that left them no easy solution.

Disclosure and impartiality are more complex than assumed by ethical codes, and can put researchers at risk. The ESRC state (2005: 25) that “[d]eception by definition precludes consent and should only be used in a research setting where open and transparent research is impossible.” But how open and transparent should a researcher’s views and opinions be, particularly where she is conducting critical research and/or research with elite groups? Recently, I co-wrote an article for

Emerging Themes in Epidemiology and was asked about “non-financial competing interests”, defined as “political, personal, religious, ideological, academic, intellectual, commercial or any other [interest]” (ETE undated). Like the ESRC’s (2005) insistence on impartiality, this marginalises long established participatory and action research perspectives (e.g. Reason and Bradbury 2007).

Challenges on such grounds can be threatening for the junior researcher. As a PhD student I published a critical report on NHS LIFT for the trade union UNISON. The UNISON report included only publicly available material, because I had decided that it would be unethical to use data obtained by virtue of my PhD project. However, I was still criticised by a senior NHS Confederation manager who seemed to feel that I had deceived his organisation by not mentioning that I was writing the report when I asked permission to observe private meetings for my PhD. At that time I had not been commissioned to write the report, so was “in the clear”. But what if that had not been the case? Would I have been guilty of deception or at least of incomplete disclosure? The incident raises the question of whether researchers should disclose related activities: what levels of privacy should organisations have to keep out critical researchers?

Part of the problem here is – as Bell and Bryman (2007) suggest – whether organisations and businesses can be seen as analogous to persons. Can researchers be held accountable to the organisations they research, in the same way that they are responsible to the *people* they research? Should ethical frameworks set up to deal with relationships between two individuals be extrapolated and used to understand relationship between organisations, or between an individual and an organisation? Organisations and businesses are institutions created by people for specific ends, and I do not believe that one should assimilate them to the same ethical paradigm used to discuss responsibilities towards people.

However, organisational research relationships do need to be discussed in ethical terms. While undertaking my case study research I found it impossible to dissociate myself from obligations towards the NHS. More than an actually existing service, the NHS is an ideal and a part of collective memory in the UK (Tudor Hart 2006). Its goals – public provision of healthcare with equal access to all – motivate both service users and staff. Equally, the NHS is far from an ideal place in which to work. Craft (1995) comments: “Many trust employees are now ‘gagged’ by confidentiality or conflict of interest statements in their contracts which threaten them

with disciplinary action if they do not follow internal procedures for dealing with concerns about any aspect of their employment.” At the time of writing (January 2008) there are several high-profile cases involving such disciplinary action including that of Manchester psychiatric nurse Karen Reissman.² How do we deal with organisations that make ethical claims, or invoke ethical ideals, but which may be failing to live up to such promises?

At a conference in 2007 I spoke to a researcher who served on a Patients’ Forum, who was worried that insisting upon answers to difficult questions would damage her local hospital’s standing in the “local health economy”. In my own thesis local NHS management does not emerge particularly well even if the individuals and organisations described are neither named nor blamed. However, an engaged research agenda should include a commitment to hold organisations responsible to values that they claim to support. These will often be values seen as important by wider communities: for example, sustainability, corporate social responsibility, and equality of opportunity. Sociologists may be well placed to investigate systemic factors encouraging or blocking the realisation of such values, reaching beyond a performance management or audit approach to analyse how cultural, political, and economic context enable or disable particular forms of organisational behaviour. Where organisations are failing to live up to stated values or to meet user expectations, this needs to be critically understood, even though the immediate impact of research may be seen as negative for the organisation concerned.

The ethical values that helped to guide me through researching the NHS involved commitment to an ethos of public service. This does not necessarily mean loyalty to particular organisations, particularly when their distinctive qualities may be threatened (Hebron et al 2003). It is not peculiar to public sector organisations but is perhaps most closely associated with services that they have provided. In particular, the NHS has been associated with such an ethos (Tudor Hart 2006). The Commons Select Committee on Public Administration comments that “those services which are provided as public services ... carry with them intrinsic assumptions about equity, access and accountability” (quoted in Butler 2002). Many researchers are clearly motivated by such values, for example, in work on “food deserts”, fuel poverty, and

² Senior psychiatric nurse Karen Reissman was dismissed from her job at Manchester Mental Health and Social Care Trust in June 2007 on grounds of bringing the Trust into disrepute. Reissman claimed that she had been sacked for vocally opposing the effects of privatisation policies on care. See e.g. Crook 2007.

racism in the NHS. Such research may not always be welcomed by – or commissioned by – those who lead supermarkets, fuel companies, and NHS organisations, but it is no less worthwhile for this.

Critical research and interested speech

Thinking about broader motivations for research recalls the periodic debates within sociology over whether the profession has a broader public mission. Following Burawoy's election in 2004 as president of the American Sociological Association, "public sociology" gained renewed relevance in the United States, and the term spread to the UK with the British Journal of Sociology's (BJS) 2005 Public Sociology Debate and Sociology's 2007 special issue entitled *Sociology and its Public Face(s)*. However, proposals for renewing critical engagement with various publics can seem disconnected from a reflexive analysis of sociology's changing institutional location: "[A] theme that ought to loom larger in the work of all sociologists is the transformation in the social bases for science and knowledge and especially the implications of the transformation of the university for the very existence and character of sociology." (Calhoun 2005: 359-360).

The 1997 election of the UK Labour government heralded an increasing closeness of sociologists to government, with Anthony Giddens perhaps the most famous exponent of this rapprochement. Government officials contribute to prestigious sociology journals: in a 2004 BJS collection, Lauder et al's article on "a new policy science" is followed by papers from the Department for Education and Skills' Chief Economist and the Chief Scientific Advisor to the Home Office. A later response came from Philip Davies, then head of the Prime Minister's Strategy Unit. Davies' appointment after three decades as an academic sociologist symbolised the shift from the Conservative years, widely seen by the profession as a difficult time due to deep funding cuts and media attacks on the discipline: Platt (2003: 119) describes a Daily Mail headline from this period attacking "Sociologists – the saboteurs of Britain". Many are pleased that sociology has gained greater official recognition; but there is a need to critically analyse the effects of a shift towards what Burawoy calls "policy sociology". This remains an under-researched area with exceptions such as the discussion of institutional racism in Murji (2007).

While sociology may have not have produced the kind of scandals created by medical research, sociologists should resist the temptation to assume that sociology is always morally “safer” than disciplines such as medicine or accounting (Aldred 2008). Ethnography is increasingly used by multinational corporations and sociologists outside academia might be community activists – or employed by commercial organisations, according to an inaugural leaflet circulated by the British Sociological Association’s Sociologists Outside Academia Group. Where sociologists become closer to power there is a need to reconsider academic autonomy and critical analysis itself. Sociological research may even – like medical research – put lives at risk, as was charged in the recent controversy over the ESRC’s call for research proposals entitled “Combating terrorism by countering radicalism” (later withdrawn and reformulated, but with problems remaining: Attwood 2007). The government believes that sociology can be part of “British counter-terrorism policy”: but do sociologists want this, and should they?

Sociologists might learn from those medical scientists who have used social scientific literature to critique the effects upon doctors of even apparently trivial “free lunches” (e.g. Wall and Brown 2007) and whose journals discuss effects of research output being controlled by interested funders, and the growth of for-profit contract research organisations (e.g. Krumholz et al 2007). A recent special issue of the *International Journal of Epidemiology* (2008, 37:1) is devoted to debating *Corporate Influences on Epidemiology*. Such issues affect social scientists, although funders may be governmental departments rather than pharmaceutical companies. Medical scientist and practitioner responses are represented not only by academic publications, but also through organisations such as Healthy Skepticism (Australia) and No Free Lunch (US-UK). These groups’ activities and discourses presuppose an understanding that knowledge is socially-constructed, sometimes against the authors’ explicit statements to the contrary (Aldred 2008). They attempt to change the structural location of medical research, in order to produce data of public rather than primarily commercial interest. Practical solutions are promoted, from legislation and public funding of medical research to ways that professionals can improve research quality.

Critical medical scientists have studied the social construction of academic medical knowledge, in particular corporate research agendas and the commodification of research relationships (Aldred 2008). Analysing the changing research environment, they have argued over how best to defend researchers’

independence from power interests. However, the most prominent recent response from the UK social science community to similar issues lacks similar consideration of the economic, social, and political context shaping attempts to maintain academic independence. This initiative, the new pressure group Academics for Academic Freedom (AFAF, online at www.afaf.org.uk), was largely initiated and supported by social scientists and focuses upon “the right to offend”. The concept appears abstract, and it is unclear what the “right to offend” would mean for junior and contract researchers and precisely how it could be defended³. The website offers little in the way of advice and support on promoting and developing space for critical research.

Moreover, the “right to offend” is constructed as an elite professional privilege; the website states that “academics, both inside and outside the classroom, [must] have unrestricted liberty to question and test received wisdom and to put forward controversial and unpopular opinions, whether or not these are deemed offensive.” Clearly, this right does not apply to other employees, and the website does not argue that it should. How it might apply to social scientists working outside academia – often in less prestigious locations, marginalised by professional bodies – is obscure. But “academic freedom” is contested and its virtue far from guaranteed. It may be used as a managerial defence of privilege (Fine 1994), or may be the subject of dispute between more and less senior academics, or between academics and students. Within hierarchical communities freedoms will be mobilised within competing strategies, rather than forming a smooth whole.

By contrast to AFAF’s vision of unfettered academic freedom, Hind (2007) avoids utopianism and acknowledges the limitations of academic science. He argues that research agendas are far from independent from centres of money and power, and individual academics often have little structural freedom available to challenge such agendas. Thus “freedom of speech” might actually support elite agendas, just as free speech laws have been used to defend advertising. Hind argues that keeping freedom of speech alive in difficult times necessitates the creation of alternative fora in which academics can debate with non-academics.

Social researchers might usefully discuss proposals made by Hind and by medical scientists, and whether these may help to safeguard us and those affected

³ Indeed, some signatories have questioned the abstract nature of the call.

by our work. Thanks to critics, medical science publications now take seriously conflicts of interest, although radical scholars argue that disclosure is inadequate and such conflicts must be ended. However, this issue is relatively new for social researchers; as Bell and Bryman (2007: 67) comment, management researchers rarely disclose affiliations and consultancy is seen as an unproblematic benefit. More critical analysis is needed of the commodification of social research: here we may learn from medical scientists' critiques of corporate funding of clinical research. While social researchers lack techniques that kill or injure participants (Dingwall 2006) social research, like medical research, may have damaging effects at a societal level. These effects could relate to what we do as researchers, but also to what we do not do, if we fail to analyse and critique organisations and elites. Such issues should be the subject of professional and external debate, as with respect to medical research. This vision sees research ethics as practical and critical, neither accepting the label of "business-facing" nor retreating into a defence of existing, traditional, or imagined professional practice.

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