

What if Research Really Mattered?

by [Diane Ravitch](#)
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It was an ordinary trip to California--or so I thought. I had taken long weekends to the West Coast many times before, but this time was very different. The difference revealed itself on the morning after my return to New York City: I could barely draw a breath. Some corner of my brain thought "exhaustion," or "prelude to a bad cold," and I decided to ignore whatever was happening.

Twenty-four hours after my return home, my left leg began to ache. Unable to sleep, I got up the next morning convinced that I had a really bad charley horse or perhaps a cramp. Ignore it, I decided, because I had to get through the work on my desk and get ready for a trip to Dayton, Ohio, and Chicago later in the week.

After a day at my computer, I could barely stand on the left leg, but my dog forced me to leave the house: She had to go out for a walk. I dragged myself outside and fortunately ran into my neighbor, a radiologist, who happened to be on his way to a community meeting. I asked him whether to put hot or cold compresses on my leg; by chance, he noticed that I was short of breath. He told me to call my doctor immediately. He recognized the classic symptoms of something I knew nothing about: pulmonary embolisms.

The rest of the story is quickly summarized: I went to the emergency room of the local hospital, where my neighbor's diagnosis was quickly confirmed. I had blood clots in my left leg and in both lungs. If I had not received prompt treatment, the doctors said, I might have died.

When I was in the intensive-care unit, the hospital's specialists gathered around my bed, explaining the diagnosis and treatment of pulmonary embolisms to other doctors, residents, and interns. The head of pulmonary medicine described the tests that had been used to ascertain my illness, and the drugs and protocols that were employed to stabilize the clots.

As I lay there, listening to them discuss my condition, I had a sudden insight: I was deeply grateful that my treatment was based on medical research, and not education research.

At first, I thought, that's a silly idea, you can't treat pulmonary embolisms with education research anyway. But as the conversation continued literally over my prone body, employing a vocabulary that I did not understand, I began to fantasize about being the subject of education researchers.

The physicians who hovered over me dissolved, replaced in my mind's eye by an equal number of education experts. The first thing that I noticed was the disappearance of the certainty that the physicians had shared.

Instead, my new specialists began to argue over whether anything was actually wrong with me. A few thought that I had a problem, but others scoffed and said that such an analysis was tantamount to "blaming the victim." Some challenged the concept of "illness," claiming that it was a social construction, utterly lacking in objective reality. Others rejected the evidence of the tests used to diagnose my ailment; a few said that the tests were meaningless for females, and others insisted that the tests were meaningless for anyone under any circumstances. One of the noisier researchers maintained that any effort to focus attention on my individual situation merely diverted attention from gross social injustices; a just social order could not come into existence, he claimed, until anecdotal cases like mine were not eligible for attention and resources.

Among the raucous crowd of education experts, there was no agreement, no common set of standards for diagnosing my problem. They could not agree on what was wrong with me, perhaps because they did not agree on standards for good health. Some maintained that it was wrong to stigmatize people who were short of breath and had a really sore leg; perhaps it was a challenge for me to breathe and to walk, but who was to say that the behaviors I exhibited were inappropriate or inferior compared to what most people did? Some people who were short of breath and had sore legs were actually happier, I learned, than people who did not exhibit these traits. A few researchers continued to insist that something was wrong with me; one even pulled out the results of my CAT-scan and sonogram. But the rest ridiculed the tests, pointing out that they represented only a snapshot of my actual condition and were therefore completely unreliable, as compared to longitudinal data (which of course was unavailable).

I was almost completely convinced at that point that the discord among the experts guaranteed that I would get no treatment at all, but then something remarkable happened. The administrator of the hospital walked in and said that she had received a large grant from the government to pay for treatment of people who had my symptoms. Suddenly, many of those who had been arguing that nothing was wrong with me decided that they wanted to be part of the effort to cure me.

But to no one's surprise, the assembled authorities could not agree on what to do to make me better. Each had his own favorite cure, and each pulled out a tall stack of research studies to support his proposals. One group urged a regimen of bed rest, but another said I needed vigorous exercise. One prescribed a special diet, but another said I should eat whatever I wanted. One recommended Drug X, but another recommended Drug Not-X. Another said that it was up to me to decide how to cure myself, based on my own priorities about what was important to me.

Just when I thought I had heard everything, a group of newly minted doctors of education told me that my body would heal itself by its own natural mechanisms, and that I did not need any treatment at all.

My head was spinning with all this contradictory advice. The room turned a few times, and I thought for a minute that I was in that house that got carried away by a twister in "The Wizard of Oz." Then, to my amazement and delight, I realized that I was back safe and sound (but very sick) in my bed in the intensive-care unit at Long Island College Hospital.

I looked appreciatively at the medical doctors around my bed, grateful to be surrounded by men and women who have a common vocabulary, a common body of knowledge, a shared set of criteria, and clear standards for recognizing and treating illnesses. They have access to reliable tests that tell them what the problem is, and they agree on treatments that have been validated over a long period of time.

The thought occurred to me that educators have something to learn from physicians. Medicine, too, has its quacks and charlatans. But unlike educators, physicians have canons of scientific validity to protect innocent patients from unproven remedies and specious theories. To be sure, not every important question can be resolved by scientific research, but medicine seems to have done a good job of identifying and implementing those that can.

I am grateful indeed that my diagnosis and treatment were grounded in solid medical research. Otherwise, I would not be here to tell my tale.

In our society, we rightly insist upon valid medical research; after all, lives are at risk. Now that I am on the mend, I wonder: Why don't we insist with equal vehemence on well-tested, validated education research? Lives are at risk here, too.

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