

# Doctors of Education

*It's a good thing people's lives don't depend on educational research — or do they?*

By Diane Ravitch

It was an ordinary trip to California — or so I thought. But 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 my left leg, but my dog forced me to leave the house. I dragged myself outside and ran into my neighbour, a radiologist. I asked him whether to put hot or cold compresses on my leg. By chance, he noticed that I was short of breath. Recognizing the classic symptoms of something I knew nothing about, pulmonary embolism, he told me to call my doctor immediately.

The rest of the story is quickly summarized. I went to the emergency room at the local hospital, where my neighbour's diagnosis was soon 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.

Once 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 make the diagnosis, and the drugs and protocols that were to be used.

As I lay there listening to them discuss my condition, I was deeply grateful that my treatment was based on medical research, and not educational research. I began to fantasize about being in the hands of education researchers. The physicians around me dissolved....

The first thing that I noticed was the disappearance of the unanimity in the medical community. Instead, my new specialists began to argue over whether or not anything was actually wrong with me. A few thought I had a problem, but others scoffed and said that this was tantamount to blaming the victim. Some challenged the concept of ‘illness,’ claiming that it was a social construct, utterly lacking in objective reality. Others rejected the evidence of the tests. One of the noisier researchers maintained that any effort to focus attention on my individual situation merely diverted attention from gross social injustices.

These education experts could not agree on what was wrong with me, 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 sore legs. Who was to say that these behaviours were inappropriate or inferior? Some people who were short of breath and had sore legs were actually happier, I learned, than people without 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.

Just then, the hospital administrator walked in and said that she had received a large grant from the government to treat people with my symptoms. Suddenly, many of those who had been arguing that nothing was wrong with me decided that they would be part of the effort to cure me after all.

Unfortunately, the assembled authorities still could not agree on what to do to make me better. Each had his own favourite cure, and each pulled out a tall stack of research studies to support his proposal. One group urged bed rest, another vigorous exercise. One proposed a special diet, another favoured no restrictions. One recommended Drug X, but another called for Drug Y. And some newly-minted doctors of education said that my body would heal itself when it was ready.

Back with my medical doctors, I was grateful to be surrounded by men and women with 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 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.

If my diagnosis and treatment had not been grounded in solid medical research, I would not be here to tell my tale. Our society rightly insists on valid medical research — after all, lives are at risk.

Now that I am on the mend, I wonder why we don't insist with equal vehemence on well-tested, validated education research. Lives are at risk here too!

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